

Online Supplementary Material

Pluye P, Grad RM, Johnson-Lafleur J, et al. The Number Needed to Benefit from Information (NNBI): proposal from a mixed methods research study with practicing family physicians. *Ann Fam Med.* 2013;11(6):559-567.

<http://www.annfammed.org/content/11/6/559>

Supplemental Appendix 3. Fifty-three Clinical Vignettes on Patient Health Benefits Associated With Physicians' Use of Information From an Electronic Knowledge Resource

MD ID Search ID	Bottom Line of Each Clinical Vignette	Types of Benefit ^a				
		1	2	3	4	5
MD08S03	Information on celiac disease was used to justify the management of the patient (no testing) and contributed to avoid an unnecessary diagnostic procedure.	X				
MD08S05	Information on Peyronie's disease was used to justify the management of the patient (no treatment, no referral) and it contributed to avoid an unnecessary intervention.	X				
MD08S06	Information on the fracture of the distal radius was used to justify the management of the patient (diagnostic procedure) and contributed to avoid an inappropriate procedure.	X				
MD08S09	Information on breast cancer was used to justify the management of the patient (no treatment) and contributed to avoid an unnecessary treatment.	X				
MD10S10	Information on uterine fibroids was used to maintain the management of the patient and to persuade another health professional (no ultrasound). It contributed to increase patient knowledge.			X		
MD16S02	Information on knee pain was used to modify the management of the patient (prescription of physical exercises) and contributed to improve patient health.				X	
MD16S04	Information on smoking cessation was used to modify the management of the patient (drug prescription) and contributed to prevent disease and improve patient health.		X		X	
MD16S06	Information on chronic neck pain was used to modify the management of the patient, and to persuade the patient to make changes (specific exercise program). It contributed to increase patient knowledge, avoid unnecessary treatment, prevent health deterioration, and improve patient functioning.	X	X	X	X	
MD16S09	Information on smoking cessation was used to persuade the patient to make changes (thinking about quitting). It contributed to an increase patient knowledge.			X		
MD20S02	Information on urinary tract infection was used to justify the management of the patient (dosage adjustment) and contributed to avoid inappropriate treatment.	X				
MD20S06	Information on atrial fibrillation was used to maintain the management of the patient (no drug prescription) and contributed to avoid an unnecessary treatment (anticoagulation).	X				
MD23S05	Information on hip dysplasia was used to persuade the patient to make changes (do not abandon the splint) and contributed to increase patient knowledge.			X		
MD23S07	Information on vaginal birth after caesarean (VBAC) was used to persuade other health professionals to make changes (accept VBAC) and contributed to avoid an unnecessary intervention, prevent health deterioration, and improve functioning.	X	X		X	
MD23S08	Information on prostate-specific antigen was used to persuade the patient to make a change (no screening test) and contributed to avoid an unnecessary procedure.	X				
MD25S03	Information on venous leg ulcers was used to justify the management of a patient (new medication) and contributed to improve patient health.				X	
MD27S03	Information on neonatal jaundice was used to modify the management of the patient (from 'blood test only' to 'hospital admission') and contributed to prevent health deterioration.		X			
MD27S04	Information on croup was used to justify the management of the patient (no hospital admission) and contributed to avoid an unnecessary intervention.	X				

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MD27S09	Information on acute conjunctivitis was used to justify the management of the patient (treatment with antibiotics) and contributed to avoid an unnecessary treatment.	X				
MD27S10	Information on hyponatremia was used to justify the management of the patient (appropriate rehydration and fluids replacement). It contributed to avoid an inappropriate intervention, prevent health deterioration, and improve health.	X	X		X	
MD30S03	Information on thoracic outlet syndrome was used to modify the management of the patient, and to persuade the patient to make changes (medication). It contributed to prevent health deterioration, and improve patient health.		X		X	
MD30S04	Information on gynecomastia was used to modify the management of the patient (diagnostic tests ordering). It contributed to avoid unnecessary referral.	X				
MD31S04	Information on uterine fibroids was used to justify the management of the patient (no intervention). It contributed to increase patient knowledge, and avoid unnecessary intervention (C-section).	X		X		
MD31S05	Information on menorrhagia was used to modify the management of a patient (medication) and contributed to avoid an unnecessary referral.	X				
MD31S07	Information on Down's syndrome was used to justify the management of the patient (medication for behavioural problem). It contributed to increase caregiver's acceptability of (satisfaction with) treatment, improve patient functioning (stabilisation), and avoid unnecessary intervention (no institutionalisation).	X			X	X
MD31S10	Information on obesity was used to modify the management of the patient (diet counselling). It contributed to increase patient knowledge.			X		
MD32S09	Information on urinary retention was used to persuade other health professionals to make a change (intermittent catheterisation). It contributed to avoid an inappropriate intervention (indwelling catheter) and prevent health deterioration.	X	X			
MD34S04	Information on celiac disease was used to justify the management of a patient (screening for other diseases) and contributed to avoid an inappropriate diagnostic procedure.	X				
MD34S08	Information on prevention of bacterial endocarditis was used to modify the management of a patient (from prescription of antibiotics to no antibiotics) and contributed to increase patient acceptability (satisfaction).					X
MD35S08	Information on herpes simplex was used to persuade the patient to make change (oral medication). It contributed to increase patient knowledge, avoid less appropriate intervention (cream), and prevent disease (acute episodes).	X	X	X		
MD37S02	Information on lupus erythematosus was used to justify the management of a patient (new cream), and contributed to increase patient acceptability of (satisfaction with) the treatment.					X
MD38S04	Information on hepatitis C was used to justify the management of the patient (follow-up) and contributed to prevent health deterioration.		X			
MD39S01	Information on gout was used to modify the management of a patient and to persuade a patient and a resident to make changes (preventive measures). It would contribute to prevent health deterioration (acute gout).		X			
MD42S01	Information on Wilson's disease was used to modify the management of a patient (diagnostic procedure). It contributed to increase patient knowledge and improve patient health and functioning.			X	X	
MD42S02	Information on dementia was used to persuade a patient to make a change (stop using ginkgo). It contributed to increase patient knowledge and avoid an unnecessary preventive intervention.	X		X		
MD42S03	Information on food allergy was used to persuade a patient to make a change (no testing). It contributed to increase patient knowledge and avoid an unnecessary diagnostic procedure.	X		X		
MD42S05	Information on kidney malignant neoplasm was used to persuade the patient to make a change (increased frequency of testing). It contributed to avoid inappropriate diagnostic procedure and prevent health deterioration.	X	X			
MD42S08	Information on paronychia and onychia was used to persuade a patient to make a change (surgery). It contributed to avoid inappropriate treatment, prevent health deterioration, and improve health.	X	X		X	
MD42S10	Information on hepatitis B vaccine was used to justify the management of a patient (administer a vaccine booster dose). It contributed to increase patient knowledge and avoid unnecessary preventive intervention.	X		X		
MD43S01	Information on methicillin-resistant staphylococcus aureus (MRSA) was used to justify the management of the patient (preventive measures) and contributed to prevent diseases.		X			

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MD43S02	Information on giardiasis was used to justify the management of the patient (medication) and contributed to improve patient health and prevent health deterioration.		X		X	
MD43S04	Information on malaria was used to justify the management of the patient (preventive medication), and it would contribute to prevent disease.		X			
MD44S01	Information on intraocular lens (cataract surgery) was used to better understand a specific issue about the management of a patient. It contributed to increase patient knowledge.			X		
MD44S05	Information on macrocytosis was used to modify the management of the patient, and to persuade health professionals to make a change (further testing). It contributed to increase patient knowledge.			X		
MD44S08	Information on breastfeeding was used to persuade another health professional to make a change (breastfeeding counselling). It contributed to increase patient acceptability of (satisfaction with) the treatment and improve resilience.				X	X
MD45S01	Information on black cohosh was used to modify the management of a patient and to persuade the patient and a health professional to make a change (no medication). It contributed to avoid an inappropriate treatment for a patient with breast cancer, and to prevent liver damage.	X	X			
MD45S04	Information on achalasia and esophageal spasm was used to maintain the management of the patient (nitrates) and contributed to increase patient knowledge.			X		
MD45S05	Information on mastalgia was used to modify the management of the patient and to persuade the patient to make a change (no prescription of evening primrose oil). It contributed to increase patient knowledge and avoid unnecessary treatment.	X		X		
MD52S03	Information on dementia was used to persuade a patient's caregiver to make changes (referral to geriatrics), and it contributed to increase a caregiver's knowledge about health care (planning homecare: support from the community and health care professionals).			X		
MD52S05	Information on screening for ovarian cancer was used to modify the management of a patient (test ordering). It contributed to increase patient knowledge, prevent disease, and improve patient functioning (decreased anxiety).		X	X	X	
MD53S03	Information on giardiasis was used to maintain the management of the patient (medication). It contributed to increase patient knowledge.			X		
MD56S04	Information on the Syndrome of Inappropriate Anti-Diuretic Hormone (SIADH) was used to justify the management of a patient (fluid restriction) and contributed to prevent health deterioration (severe hyponatremia).		X			
MD56S05	Information on the antinuclear antibody test was used to justify the management of a patient (more specific testing and clinical follow-up), and it contributed to avoid unnecessary diagnostic procedure.	X				
MD56S06	Information on systemic lupus erythematosus was used to justify the management of a patient (diagnostic criteria) and contributed to avoid unnecessary diagnostic procedures (no further testing).	X				

^a **Types of patient health benefits perceived by family physicians**

1. Avoid unnecessary or inappropriate treatment, diagnostic procedure, or preventive intervention.
2. Prevent disease or health deterioration (including acute episode of chronic disease).
3. Increase patient knowledge about health or health care.
4. Improve patient health or functioning or resilience.
5. Increase acceptability of (satisfaction with) treatment, diagnostic procedure, or preventive intervention.