

Supplemental materials for:

Kelly M, Freeman L, Dornan T. Family physicians' experiences of physical examination. *Ann Fam Med.* 2019;17(4):304-310.

Supplemental Appendix 1: Family physician's experience of physical examination interview guide

Interview set up: greeting, safe environment, study overview, purpose, consent and anonymity issues and express thanks.

Interviewer: In the next few questions, I'd like to ask you about your experiences performing physical examinations. To do this, I'd be grateful if you could think for a few minutes and select an example of physical examination. This may be any example –from a physical examination you performed recently or one that, for some reason, has stayed in your mind. The important thing is that it must be real, an experience that you can recall in detail. I will ask you some questions to help you recall the experience.

Prompts:

-Describe the experience as much as possible – why you were performing the examination, where did it occur, how long did it take, who else was there.

-May I ask you to think about how you felt as you performed the examination – the temperature of the skin, smells you maybe became aware of, things you heard, thoughts that were going through your mind as you performed the examination?

-How was patient during the physical examination e.g. nervous (how did you know), wanting reassurance (how did you know).

-What do you think your relationship with that patient was at the moment of performing the physical examination?

-Were you conscious of your own body during the physical examination? (e.g. if you had a headcold, how your hands felt)

-Can you describe how you used space when performing this examination? How is the room set up? Where (how) is the patient positioned? Where (how) are you moving?

-How long did it take?

-Did you use any equipment and did that play a role in your experience?

Wrap up: Questions, thanks

Appendix 1: Sample templates from analysis

Template A (early template)

Theme	Subtheme	Codes
Relationships	Expectations Therapeutic relationships	Trust Negotiation Case by case
Reassurance	Reassuring patient Connection	Healing Touch Hands on
	Reassuring doctor / Evidence	Knowing normal Confirming dx Ruling out What if? Zebras
Physical response	The pre-exam In the moment / time Intellectual response Emotional response	Fast/slow Surprise Feel for the patient
Teaching and learning	Old school Finding my style	Rote Back to basics
Misc	Technology Don't hurt the patient	

Template C (mid-analysis)

Pathic PE: where PE is used to reassure the patient, express understanding – for example where the physician feels PE not needed from a dx perspective but helps the patient.	Gnostic PE: drs describe the role of PE in problem solving
- To reassure the patient and address patient expectations	-part of Dr practice, extends hx taking; hypothesis testing
- The role of touch	-there is always room for surprise
- PE as a form of relationship & connection	-knowing normal
↘	↙
PE as embodied (integrates pathic & dx PE)	
Develop own style of PE	