

Online Supplementary Material

Stille CJ, Rifas-Shiman S, Kleinman K, Kotch J, Finkelstein J. Physician responses to a community-level trial promoting judicious antibiotic use. *Ann Fam Med*. 2008;6(3):206-212.

<http://www.annfammed.org/cgi/content/full/6/3/206/DC1>

Supplemental Appendix. Telephone Interview Script for Evaluation of REACH Mass Physicians

Hello, My name is _____. I am a consultant working with researchers at Harvard Medical School. We are conducting a study of views/attitudes of primary care physicians about antibiotic resistance in children.

Our conversation should last no more than 15 to 20 minutes. Is this still a good time for you? (If YES, continue. If NO, reschedule.)

Any comments you make will be strictly confidential, and your name and other identifying information will not be connected in any way with your remarks. If you have no objections, I would like to tape our conversation so that I can refer to it later.

If YES: Thank you. I'm turning the tape recorder on now.

If NO: That's no problem. I will do my best to keep up with your comments.

I'd like to begin by talking about antibiotic resistance in general.

Topic 1. Awareness of the Problem of Antibiotic Resistance and Overprescribing

Leading Question

How serious do you think the problem of antibiotic resistance is in general?

Probes

- What about in your own community?
- Do you have a sense of whether it has impacted your own practice?
- Have you seen cases of treatment failure related to resistance?
- In your opinion, is the problem of antibiotic resistance getting better or getting worse?

Topic 2. Prescription Behaviors

Leading Questions

Have you changed your prescribing behavior at all in the past couple of years? If so, how and why have they changed?

Probes

- Are there any circumstances in which you prescribe antibiotics if you are unsure of the causes of the illness?
- Are you aware of how often other pediatricians prescribe antibiotics?
- What factors lead to prescribing antibiotics if unsure of the cause of the illness? (Possible answers: parental demand, difficulty in differentiating between viral and bacterial illnesses, if in doubt, prescribe, legal liability, not enough time to explain why antibiotics are not necessary, emergency department doctors, etc.)

Topic 3. Strategies for Reducing Antibiotic Usage

Leading Question

What do you think would be the most useful strategies to help decrease antibiotic use?

Probes

- Educating the community about which common conditions do not usually require antibiotic treatment
- Teaching physicians about improved diagnosis of bacterial vs nonbacterial infections
- Providing information to physicians on the latest trends in antibiotic resistance
- Watchful waiting (IF NOT SURE OF WHAT IT IS – the concept of deferring antibiotic treatment for acute otitis media of selected children for up to 72 hours and limiting management to symptomatic pain relief)
 1. What do you think about the idea of watchful waiting? Do you use it at all? (If YES) In which situations? (If NO) Why not?
 2. What factors influence your decision to use (or not use) watchful waiting?
- Short course (5 days) antibiotics for otitis media
 1. Do you use it at all? (if yes) In which situations? (if not) Why not?
 2. What factors influence your decision to use (or not use) shorter courses of antibiotics?
- What suggestions do you have for encouraging other types of physicians, such as emergency department docs to prescribe less antibiotics?
- One issue that we've heard about from other doctors is that time pressures prevent you from educating families on this issue. What would you recommend to help you educate your patients in a more time-efficient manner?

Topic 4. Antibiotic Resistance Campaigns

Leading Questions

What campaigns are you aware of to encourage pediatricians to prescribe fewer antibiotics?

Probes

- What do you know about those campaigns?
- Where do you get information on the topic of antibiotic resistance?
- How effective have those campaigns been in general?
- How useful have those campaigns been in your practice?

What types of educational materials regarding antibiotic resistance in children have you seen?

Probes

- Did they target physicians or the general public?
- Do you recall who produced them?
 1. American Academy of Pediatrics?
 2. The Centers for Disease Control and Prevention?
- Have you seen any journal articles on this issue?
- Have you seen anything online?
- Has there been anything sponsored by the industry?
- Have you actively looked for material on antibiotic resistance? If so, where?
- Have you learned anything from these materials?
- Have any of these materials led you to change your prescribing behavior?
 1. If so, how?
 2. If not, why not?
- Were any of the materials or information sources particularly informative?
 1. Useful? Which ones?
- Have you used any materials in your practice?
- Were there any materials you have seen that were not effective or useful?

Topic 5. REACH Awareness and Evaluation

Leading Question

Intervention doctors only: Are you aware of the REACH Mass Antibiotic Education Project?

If NO: REACH Mass is a community education initiative working with pediatric clinicians, parents, and day care providers to promote judicious antibiotic use in children and to reduce the prevalence of antibiotic-resistant bacteria. REACH Mass is a collaboration of several organizations including Harvard Medical School and several local health insurers. REACH Mass has developed education programs for parents of children under 6 years and daycare providers as well as clinician education programs. Have you heard of this program?

If YES: What do you know about REACH Mass?

Probes

- Have you seen any physician educational materials produced by REACH Mass? What have you seen?
 1. "REACH notes," which are periodic FAXes/e-mails sent to providers by the REACH Mass staff
 2. The REACH Mass Web site
 3. Feedback reports to practices about their antibiotic prescribing patterns
- Have you seen any parental educational materials produced by REACH Mass? What have you seen?
 1. Waiting room posters
 2. Brochures
 3. Stickers
 4. "Prescription" pads
- Are you aware of any dinner meetings organized by REACH Mass? If yes, did you attend? How helpful were they in providing information? Did they lead to any changes in your practice? Were there any surprises?
- Have you used any parental educational materials in your practice?
 1. What materials have you used?
 2. Have you distributed or used the material in your practice?
 3. How useful were they?
 4. What materials were particularly useful or not useful to your patients?
 5. Have you noticed any change in your patient's attitudes or awareness of the issue?
- Have you read any of the physician educational materials, such as "REACH notes," feedback reports, or visited the Web site?
 1. What have you read?
 2. Were they informative?
 3. Have they influenced your practice?
 4. What materials were particularly useful and informative?
 5. What materials were not particularly useful and informative?
 6. Would you say you are more aware or knowledgeable about the issue of antibiotic resistance as a result of the efforts of REACH Mass?
- Do you see yourself continuing to use REACH Mass materials in the future? If so, what?

Topic 6. Changes

Leading Questions

What could REACH Mass do to be more helpful? Is there anything else you think should be changed about REACH Mass (**Probe:** topics, materials, timing)?

REACH Mass is looking to use information learned from these interviews to plan future activities on this issue. Is there anything else you would recommend that you have not mentioned until now?