

Online Supplementary Material

Hsu C, Phillips WR, Sherman KJ, Hawkes R, Cherkin DC. Healing in primary care: a vision shared by patients, physicians, nurses, and clinical staff. *Ann Fam Med*. 2008;6(4):307-314.

<http://www.annfammed.org/cgi/content/full/6/4/307/DC1>

Supplemental Appendix 1. Sampling Methods and Recruitment Results

For both interviews and focus groups, we selected a random sample of patients from the computerized register of active patients and used a block sampling design to include males and females, and younger (aged 20-49 years) and older (aged 50-65 years) patients. To ensure patients were familiar with their primary care team, we included only those who had been established for at least 2 years and had 3 to 10 primary care visits in the previous year. We excluded patients with dementia, psychoses, or deafness. For the interviews, to ensure that patients had experience with ongoing health problems, we initially selected patients that had a least 2 of 4 chronic problems: diabetes, hypertension, depression, or chronic pain. We adjusted the selection criteria after we learned that many of these patients monopolized discussions with talk about their multiple medical problems. For the second patient focus group and for both mixed groups, we required history of only 1 of these health problems.

For the patient interviews, we sent 100 invitation letters; 18 patients volunteered, and 6 completed the interviews. For patient focus groups, we sent 671 letters; 40 patients volunteered, and 28 completed the discussions. In both cases, we stopped accepting volunteers after we had filled the sessions, so the overall responses rates cannot be calculated.

We selected a sample of clinical team members for interviews purposefully to represent the professional groups by region and clinic. We invited 5 physicians, and 4 completed interviews. We invited 10 to 15 nursing staff members (registered nurses, licensed practical nurses, and medical assistants), and 9 completed interviews.

For focus groups, the clinician sampling frames were all physicians (229) and nursing staff members (490) working in the primary care clinics in the 2 study regions. We sent invitations to all at their regular work e-mail address. We telephoned responders to confirm interest and to obtain informed consent. We then purposefully selected group participants to balance professional group, age, sex, clinic site, and region. Total clinicians completing focus group discussions included 23 physicians and 33 nursing staff members.

Supplemental Appendix 2. Focus Group Discussion Guide

I. Coming to a Common Understanding of the Term Healing

1. What does healing mean to you?
2. Can we come to a definition that works for everyone?

II. Mechanisms for Healing

1. What things contribute to healing?
Probes:
 - in clinical settings, such as the doctor's office?
 - in you personal life?
 - which people in your life contribute most to your healing?
2. What things contribute to a positive health care experience?
3. What things can get in the way of having a positive health care experience?

III. Suggestions

1. What suggestions do you have for doctors and nurses that might increase their ability to promote healing in their patients?
2. What suggestions do you have for the Group Health organization that might increase its ability to promote healing?
3. What suggestions do you have for increasing patients' ability to promote their own healing?
4. What suggestions do you have for increasing patients' ability to promote good health, to prevent disease, and to manage chronic conditions?
5. What suggestions do you have for increasing the health and well-being of the health care teams (ie, doctors, nurses, and support staff) at Group Health Cooperative?