

Antimicrobial Resistance Communications and Media Support Services

Focus Group Screener for Healthcare Providers

February 20, 2024 V4

Introduction

Hello. My name is _____ and I'm calling from _____, an independent communications firm.

You indicated that you are interested in participating in a group discussion, conducted virtually, to discuss your experiences and opinions regarding some health topics. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last up to 1 hour and 30 minutes. This activity is supported by the U.S. Centers for Disease Control and Prevention and focus groups are being conducted by their contractual partner KRC Research.

I have a few questions to start. But first, to maintain participants' confidentiality, we will use first names only during the focus group and your name will not be used in any study materials. CDC will not receive any personally identifying information that you provide. We will be asking you a few questions to ensure we are recruiting a variety of people, but the information will not be associated with your specific name.

IF TERMINATED DURING SCREENING PROCESS, READ: I'm sorry, we already have enough individuals in that category. Thank you very much for your time.

INTERVIEWER INSTRUCTION: If individual expresses concern at any point during the screening process, please note their concern and reassure them appropriately. Remind them that their participation is voluntary, and both their answers and participation will be completely confidential.

Name: _____

Address (residence): _____

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-1154



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City, State, Zip:

Phone:

Email:

Recruiter:

SEPARATE CONTACT SHEET FROM THE REST OF THE SCREENER AND SHRED AT THE END OF THE PROJECT.

Recruit Summary

| Group | Audience | Number to Recruit |
|-------|--|-------------------|
| 1 | Primary care physicians | 8 |
| 2 | Primary care physician assistants/associates (PAs) & nurse practitioners (NPs) | 8 |
| 3 | Hospitalist physicians | 8 |
| 4 | Hospital PAs and NPs | 8 |

Screening Questions

1. How do you currently describe yourself? Mark all that apply.

| | | |
|------------------------------------|--------------------------|--------------------------------------|
| Female | <input type="checkbox"/> | RECRUIT MIX WITHIN EACH GROUP |
| Male | <input type="checkbox"/> | |
| Transgender | <input type="checkbox"/> | |
| I use a different term [free-text] | <input type="checkbox"/> | |
| Prefer not to answer/decline | <input type="checkbox"/> | |

2. Are you a...?

| | | |
|--|--------------------------|-------------------------------------|
| Medical Doctor (hold an MD) | <input type="checkbox"/> | MAX 2 DO PER PHYSICIAN GROUP |
| Doctor of Osteopathic Medicine (hold a DO) | <input type="checkbox"/> | |
| Physician Assistant/Associate (PA) | <input type="checkbox"/> | MAX 5 EACH PER PA-NP GROUP |
| Nurse Practitioner (NP) | <input type="checkbox"/> | |
| Other (Please specify) | <input type="checkbox"/> | TERMINATE ALL |

3. What is your medical specialty?

| | | |
|--|--------------------------|---|
| Internal medicine | <input type="checkbox"/> | PRIMARY CARE GROUPS #1-2: REQUIRED |
| Family medicine | <input type="checkbox"/> | |
| Combined internal medicine and pediatrics (med-peds) | <input type="checkbox"/> | |
| Infectious diseases | <input type="checkbox"/> | CONTINUE |
| Something else | <input type="checkbox"/> | TERMINATE ALL |

4. In which state do you practice? **RECORD STATE, RECRUIT MIX**

| | | |
|-----------|--------------------------|--------------------------------|
| Northeast | <input type="checkbox"/> | MAX 4 IN ANY ONE REGION |
|-----------|--------------------------|--------------------------------|

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| | | |
|---------|--|------------------|
| South | | PER GROUP |
| Midwest | | |
| West | | |

5. Is direct patient care one of your primary responsibilities? (Direct contact with patients for the purpose of diagnosis, treatment, and monitoring)

| | | |
|-----|--|----------------------|
| Yes | | CONTINUE |
| No | | TERMINATE ALL |

6. Which of the following best describes your main role?

| | | |
|---|--|---|
| Comprehensive <u>outpatient primary care</u> , including health services that cover a range of prevention, wellness, and treatment for common illnesses | | PRIMARY CARE GROUPS #1-2: REQUIRED |
| Comprehensive <u>inpatient medical care</u> for hospitalized patients | | HOSPITAL GROUPS #3-4: REQUIRED |
| Other SPECIFY | | TERMINATE ALL |

7. On average, how many hours per week do you spend in direct patient care of any kind? **RECORD ACTUAL HOURS**

| | | |
|--------------------|--|----------------------|
| 20+ hours | | CONTINUE |
| Less than 20 hours | | TERMINATE ALL |

8. Of those hours spent in direct patient care, what percentage is dedicated to adult care?

| | | |
|---------------|--|----------------------|
| 50% or more | | CONTINUE |
| Less than 50% | | TERMINATE ALL |

9. Which of the following best describes your practice setting?

| | | |
|--------------------------------------|--|---|
| Hospital | | HOSPITAL GROUPS #3-4: REQUIRED PRIMARY CARE GROUPS #1-2: MAX 2/GP. |
| Urgent care or immediate care clinic | | TERMINATE ALL |
| Community health center | | PRIMARY CARE GROUPS #1-2: MIN |

| | | |
|--------------------------------|--|--|
| | | 2/GP. |
| Solo primary care practice | | PRIMARY CARE GROUPS #1-2: MAX 3/GP. |
| Primary care group practice | | PRIMARY CARE GROUPS #1-2: MAX 3/GP. |
| Multi-specialty group practice | | PRIMARY CARE GROUPS #1-2: MAX 3/GP. |
| Other SPECIFY | | PRIMARY CARE GROUPS #1-2: MAX 2/GP. |

10. **IF HOSPITAL SETTING** Do you work in an emergency department?

| | | |
|-----|--|----------------------|
| Yes | | TERMINATE ALL |
| No | | CONTINUE |

11. **IF HOSPITAL SETTING** Do you mainly work in any of the following types of hospitals? Select all that apply.

| | | |
|--|--|--|
| Academic medical center or teaching hospital | | MAX 2 TOTAL ACROSS ALL 4 GROUPS |
| Community hospital | | HOSPITAL GROUPS #3-4: MIN 4/GP. |
| Critical access hospital | | HOSPITAL GROUPS #3-4: MIN 2/GP. |
| None of these | | CONTINUE |

12. Is the practice where you work best described as...?

| | | |
|------------|--|------------------------|
| Urban | | MAX 5 PER GROUP |
| Suburban | | CONTINUE |
| Small town | | |
| Rural | | MIN 2 PER GROUP |

13. Do you work at or are you affiliated with any of the following?

| | | |
|--|--|----------------------|
| Pharmaceutical company or research lab | | TERMINATE ALL |
| Federal or state government agency, including a public health department | | TERMINATE ALL |
| None of the above | | CONTINUE |

14. How many times within the past three months have you participated in a focus group or one-on-one interview related to your professional expertise? **DO NOT READ LIST**

| | | |
|-----------|--|----------------------|
| None | | CONTINUE |
| 1 or more | | TERMINATE ALL |

15. What is your age? **RECORD EXACT AGE; DO NOT READ LIST**

| | | |
|---------------|--|--------------------------------------|
| 39 or younger | | RECRUIT MIX WITHIN EACH GROUP |
| 40-49 | | |
| 50-59 | | |
| 60 or older | | MAX 3 PER GROUP |

16. Are you...?

| | | |
|------------------------------|--|-----------------|
| Hispanic or Latino | | CONTINUE |
| Not Hispanic or Latino | | |
| Prefer not to answer/Decline | | |

17. What is your race? Select all that apply.

| | | |
|---|--|-----------------|
| American Indian or Alaska Native | | CONTINUE |
| Asian | | |
| Black or African American | | |
| Native Hawaiian or Other Pacific Islander | | |
| White | | |
| Prefer not to answer/Decline | | |

RECRUIT MINIMUM 2 WHO ARE HISPANIC OR LATINO OR NON-WHITE PER GROUP

SUMMARY QUALIFICATIONS FOR GROUP 1: PRIMARY CARE PHYSICIANS

- MD or DO
- Specialty in internal medicine, family medicine or med-peds
- Outpatient primary care role
- All other exclusions and per-group quotas as specified

SUMMARY QUALIFICATIONS FOR GROUP 2: PRIMARY CARE PA & NP

- PA or NP
- Specialty in internal medicine, family medicine or med-peds

- **Outpatient primary care role**
- **All other exclusions and per-group quotas as specified**

SUMMARY QUALIFICATIONS FOR GROUP 1: HOSPITALIST PHYSICIANS

- **MD or DO**
- **Specialty in internal medicine, family medicine, med-peds, or infectious diseases**
- **Inpatient care role for hospitalized patients**
- **Hospital setting**
- **All other exclusions and per-group quotas as specified**

SUMMARY QUALIFICATIONS FOR GROUP 1: HOSPITAL PA & NP

- **PA or NP**
- **Specialty in internal medicine, family medicine, med-peds, or infectious diseases**
- **Inpatient care role for hospitalized patients**
- **Hospital setting**
- **All other exclusions and per-group quotas as specified**

Invitation

Thank you for answering all my questions. As I mentioned, we respect your privacy and understand this information is confidential, and we will not disclose this information to anyone. We asked these questions because we want to speak with a wide variety of people who can review important information and provide their feedback. Based on your answers to the questions, we would like to invite you to participate in a virtual focus group that will last approximately 90 minutes. During the virtual discussion, you will need to have a reliable internet connection and use a desktop or laptop computer.

You will receive \$75 as a token of appreciation for your participation, which will be provided to you after you complete the discussion.

All of your feedback will be confidential and will never be reported in association with any personally identifying details like your name. To make sure we capture your remarks accurately, we will record the focus group. The purpose of the audio recording is to make sure we report accurately, but without any personally identifying information. Is this something you are interested in and comfortable with?

| | | |
|-----|--|----------------------------|
| Yes | | CONTINUE |
| No | | THANK AND TERMINATE |

The discussion is virtual, meaning that you can participate from the comfort of your home or office. You will not need to come to a facility and can meet us from wherever you are, but you will need to be in front of a computer or tablet with internet access. The information or materials you will review could include reading and visual content, so we request that you do not participate using a cell phone. You will also have to be in a quiet place. Someone will call you before the focus group to make sure all the technology needed for the focus group is working properly. Is this focus group something you are interested in and comfortable with?

| | | |
|-----|--|----------------------------|
| Yes | | CONTINUE |
| No | | THANK AND TERMINATE |

CONFIRM DATE AND TIME OF FOCUS GROUP

Please provide the best telephone number to reach you:

RECORD PHONE NUMBER

Please indicate how you would like us to confirm with you:

PHONE OR EMAIL, RECORD EMAIL IF PREFERENCE



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SEPARATE THE LAST PAGE (CONTACT SHEET) AND SHRED AT THE END OF THE PROJECT