

**Draft Diagnostic Safety Supplemental Item Set  
Cognitive Interview Guide**

**3/26/19**

## Draft Diagnostic Safety Supplemental Item Set: Cognitive Interview Guide

Respondent ID#:	Interviewer:
Respondent Job Title:	Note Taker:
Date & Time of Interview:	Tape Recorded?

### Introduction and Oral Consent

Hello, my name is \_\_\_\_\_. I have [a/two] colleague(s) with me here – [NAME(S)]. We work for Westat, a private research company in Rockville, Maryland. Thank you for taking the time to complete the survey and talk with us.

Westat is developing survey questions for the Agency for Healthcare Research and Quality, Department of Health and Human Services that ask about the culture in medical offices supports the diagnostic process, accurate diagnoses, and communication around diagnoses. You recently completed a set of draft survey questions for this survey.

I am talking with you today to find out how the survey questions worked for you – for example, were the questions easy to understand and answer? Were any of the words vague or confusing? I am interested in what you think about the questions, and I will be asking you what the questions mean to you. There are no right or wrong comments.

This is a research project and your participation is voluntary. You may skip any question you do not want to answer and you may stop the interview at any point. I expect the interview to take about 1 hour. We take many steps to keep your comments and survey responses private. I will discuss your responses only with other project team members. We will not include your name or your medical office's name in any written findings reports. We may include quotes in our internal notes to help us understand better the phrasing you and others use to describe your experiences.

I will be happy to answer any questions you may have about this task. If you have any questions about your rights as a research participant, you may contact Westat's Human Subjects Protections office. Would you like that phone number? *(IF YES: Please call 1-888-920-7631 and leave a message with your full name, the name of the research study that you are calling about, and a phone number beginning with the area code. Someone will return your call as soon as possible).*

Next we will walk through the survey and I'd like for you to tell me about how you decided on your answers and any other reactions you might have had to the questions. I'll also ask you some specific questions to help us better understand how the survey is working. Your comments will help in identifying possible problems *[IF APPLICABLE: and thank you for providing some of those comments on the survey in the boxes we provided]*. Please don't hesitate to share any thoughts, bring up problems, suggest wording changes, or say which items you prefer – the whole purpose of this interview is to improve the items and use the best ones in the survey.

Do you have a copy of your survey?

Because I want to pay close attention to what you say, I would like to tape record our interview so that I can listen to it later to see if I missed anything. Is that okay?

**TURN ON THE RECORDER:** I need to ask your permission again so that it is recorded: Today is mo/day/year at [time]. Do you agree to participate in this interview and to have it audio recorded? ...Great, Thank you. Before we start, do you have any questions? Okay, let's begin.

**Composite: Time Pressure (scale: Strongly Disagree – Strongly Agree)**

<b>Draft Item</b>	<b>Interviewer Script, Probes, and Notes</b>
	1. This office has flexibility with scheduling longer appointment times when needed.
2. Providers take the needed time with patients, even if it means extending the appointment time.	
3. Providers have enough time to review the patient's medical history relevant for their presenting problem.	[Only providers should have answered]
4. Providers have enough time to conduct a complete physical exam for the patient's presenting problem.	[Only providers should have answered]
5. Providers have enough time to fully consider all of the patient's symptoms when making a diagnosis.	[Only providers should have answered]

Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the survey. 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: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (XXXX-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

**CONTINUED – Composite: Time Pressure (scale: Strongly Disagree – Strongly Agree)**

Draft Item	Interviewer Script, Probes, and Notes
6. Providers have enough time to consider potential alternative diagnoses.	[Only providers should have answered]
7. Providers have enough time to consult with colleagues about complicated cases.	[Only providers should have answered]
8. For patients with complex issues, there isn't enough time to reach an initial diagnosis in a single appointment. (negatively worded)	[Only providers should have answered]  [DO THEY CATCH THE REVERSE CODING?]

**Composite: Testing and Referral Process (scale: Strongly Disagree – Strongly Agree)**

Draft Item	Interviewer Script, Probes, and Notes
1. Staff in our office know who is responsible for tracking tests.	What are you thinking of when you read “tracking tests”?
2. Our office has clear roles and responsibilities for tracking the tests that are ordered.	
3. When we have not received a patient's test results, it is clear who is responsible for following up.	What does “following up” here mean to you?
4. When we have not received a patient's test results, there are designated staff who are responsible for following up.	
5. When we have not received a patient's test results, this office follows up to find out if the test was done.	Can you tell me more about your office “follows up”? [how do they follow up – calling the patient, the facility? When do they follow up? Why would they follow up?

**CONTINUED -- Composite: Testing and Referral Process (scale: Strongly Disagree - Strongly Agree)**

Draft Item	Interviewer Script, Probes, and Notes
6. Our office follows a standard process to inform patients about their test results.	
7. Our office communicates all test results to patients, even if the results are normal.	
8. Our office documents when test results are communicated to patients.	What types of communication were you thinking about here? [probe about emails, a portal, calls, voice messages]
9. There are often unnecessary delays in communicating test results to patients. (negatively worded)	[DO THEY CATCH THE REVERSE CODING?]
10. When our office has a patient's test results, we provide them to specialists when making a referral.	
11. Our office attempts to receive a report from specialists we have referred patients to.	
12. When we have not received a patient's referral results, this office follows up to find out if the referral was used/they went to the referral.	<i>NOTE: Goal was to make sure concerning issues don't fall through the cracks. Can we get at this nuance with a survey item?</i>
13. We always call the patient to follow up on a referral if we think it's urgent.	What does "urgent" mean to you in this item?

**Composite: Communication and Teamwork Around Diagnosis (scale: Strongly Disagree - Strongly Agree)**

Draft Item	Interviewer Script, Probes, and Notes
1. Staff feel like they contribute to informing a patient's diagnosis.	In your own words, what does this items mean to you? (How does R interpret "contribute"?)
2. Staff feel it is not their job/role to provide input that contributes to a patient's diagnosis. (negatively worded)	Who were you thinking about when you answered this question? (Does R recall the definition of providers and staff at the start of the survey?) [DO THEY CATCH THE REVERSE CODING?]
3. Staff feel comfortable discussing patient diagnoses with providers.	
4. Staff are afraid to ask providers questions about a patient's diagnosis. (negatively worded)	[DO THEY CATCH THE REVERSE CODING?]
5. Staff feel it is not appropriate to ask providers questions about a patient's diagnosis. (negatively worded)	[DO THEY CATCH THE REVERSE CODING?]
6. To help inform a patient's diagnosis, providers seek staff input.	
7. Providers encourage staff to provide their perspective about a patient's condition.	
8. This office has regular meetings/huddles to discuss patient diagnoses.	

**Composite: Provider to Provider Consultation (scale: Strongly Disagree - Strongly Agree)**

Draft Item	Interviewer Script, Probes, and Notes
1. Providers in this office collaborate with other providers about unclear patient diagnoses.	What does “unclear patient diagnoses” mean to you? (Listen to what other words R uses – uncertain? Difficult? How are these similar or different?)
2. Providers in this office ask other providers for advice about uncertain patient diagnoses.	Can you tell me more about your response here? Who were you thinking about? (Are the other providers in this office or outside this office or could be either?)
3. Providers in this office collaborate to discuss difficult patient diagnoses.	
4. Providers in this office discuss possible diagnoses with other providers.	
5. When something doesn’t seem right, this office request second readings of test or imaging results.	Can you tell me more about when one would request a second reading?
6. To clarify a specialist’s diagnosis, providers in this office talk directly to them.	
7. When a specialist report needs clarification, providers talk with them directly to get additional information.	

**Composite: Documentation Around Diagnosis scale: Strongly Disagree - Strongly Agree)**

<b>Draft Item</b>	<b>Interviewer Script, Probes, and Notes</b>
1. Information relevant to a patient's diagnosis is easy to find in the patient's medical record.	
2. Information for making a patient diagnosis is easy to find in the patient's medical record.	
3. Providers make a note in the patient's medical record when they are uncertain about a patient's diagnosis.	
4. When a patient's diagnosis is complicated or uncertain, alternative/differential diagnoses are documented in the patient's medical record.	
5. When providers are uncertain about a patient's diagnosis, they document alternative/differential diagnoses.	



**Composite: Communication And Feedback About Diagnostic Errors scale: Strongly Disagree - Strongly Agree)**

<b>Draft Item</b>	<b>Interviewer Script, Probes, and Notes</b>
1. Providers in this office feel comfortable talking with other providers about diagnostic errors / incorrect diagnoses / delayed diagnoses.	
2. Providers are reluctant to talk with other providers about their own diagnostic errors. (negatively worded)	[DO THEY CATCH THE REVERSE CODING?]
3. When providers in this office discover their own diagnostic errors, they talk to other providers about it.	
4. When providers in this office discover a diagnostic error made by another provider, they talk to that provider about it.	
5. Providers discuss diagnostic errors they discover in this office with other providers and staff.	
6. In this office, providers and staff discuss ways to prevent diagnostic errors from happening.	
7. Providers and staff meet regularly to discuss diagnostic errors.	

**Composite: Communication with Patients scale: Strongly Disagree - Strongly Agree)**

<b>Draft Item</b>	<b>Interviewer Script, Probes, and Notes</b>
1. If providers are uncertain about a diagnosis, they let the patient know.	
2. If providers are unsure about a diagnosis, they let the patient know there could be other possible diagnoses.	
3. Patients often contact the office to find out the results of their tests because they were not notified. (negatively worded)	<p>What time period were you thinking about here? (How frequent is “often”?)            What were you thinking about when you read “contact”? (Was R thinking about calls, email, portal?)</p> <p>[DO THEY CATCH THE REVERSE CODING?]</p>

**CLOSING:**

ADDRESS ANY WRITTEN COMMENTS RELATED TO THE DEMOGRAPHIC QUESTIONS.

[FOR RS WHO DID NOT SELECT DK/DNA]: Now I have a general question about the survey. I noticed you didn't select Does Not Apply or Don't Know - the response option in the last column. Did you notice it?

Do you have any additional comments?

Thank you very much for participating in this interview. Your comments have been helpful.

***TURN OFF RECORDER***