

Attachment V - Patient Interview Protocol

Patient Interview Protocol

Form Approved
OMB No. 0935 -XXXX
Exp. Date XX/XX/20XX

Introduction

Thank you for agreeing to participate in today's interview. Your participation is very important to us. I'm [name] and I'm joined by our notetaker, [name]; we work at the RAND Corporation, a non-profit organization that does health care research. We are partnering with [institution] to learn more about the ways that providers communicate with patients. Today, we plan to talk about your recent visit with [provider].

This survey is authorized under 42 U.S.C. 299a. Your answers are voluntary, and the interview is expected to take about 45 minutes to complete. It has been approved for use under OMB Number 0935-XXXX. We could not conduct this survey without that authorization. We will protect your privacy to the extent allowed by law. [IF RESPONDENT ASKS ABOUT PRA, READ PRA STATEMENT].

Before we begin, I want to give some information about the interview.

- The interview will take 45 minutes or less.
- Your participation in this interview is completely voluntary.
- You can stop the interview at any time.
- If there is a question you don't want to answer, just tell me and we'll move on to the next one.
- Your decision to do this interview or not will not affect your health care in any way.
- We will not link anything you say here to your name or other identifiable information.
- I am going to audio record our conversation to help me remember what you say and with our notetaking. I'll destroy the recording once we finalize our notes.
- Finally, as a token of our thanks, we will send you [compensation].

Do you have any questions about this project or interview?

Do you agree to take part in this interview?

Do you agree to record the interview? IF YES: Ok great. Let me go ahead and start our recording.

This survey is authorized under 42 U.S.C. 299a. This information collection is voluntary and the confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 45 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. The data you provide will help AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. 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 (0935-xxxx) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857, or by email to the AHRQ MEPS Project Director at MEPSPROJECTDIRECTOR@ahrq.hhs.gov.

Patient Interview Questions

You recently had a healthcare visit/hospitalization with [provider].

1. Very briefly, can you tell me why you saw [provider] that day?
 - a. Did you have a specific concern?
 - b. Had you seen [provider] before? How many times/for how long?
2. How well do you feel your provider explained or communicated with you about your care in this visit?
 - a. *Probe: did your provider use medical jargon?*
3. To what extent did you feel heard and understood by your provider during the visit?
 - a. Why? (I.e., in what ways did you feel (or not) heard and understood?
 - b. Can you describe an instance during the visit when you did (not) feel heard and understood? (Note to interviewer: avoid personal or sensitive details)
4. Can you describe ways in which your provider could make you feel more (really) heard and understood?
 - a. What things could your provider do to help you feel heard and understood?
5. [*If not already answered*] Are there ways that you did not feel heard and understood by your provider during the visit?
6. How well do you feel [your provider] listened carefully to you during this visit? Why or why not?
 - a. *Probes: How could you tell that they were listening? OR*
 - b. What made you think that they were not listening to you?
 - c. Did [provider] interrupt you while you were talking?
 - i. [*If yes*] How did that make you feel?
7. To what extent did you feel had the opportunity to talk about all of the issues or questions that you wanted to discuss with [provider] at this particular visit?
 - a. Was there anything you wanted to talk about that you did not discuss during the visit?
 - i. [*if yes*] Why do you think these were not discussed (e.g., lack of time, provider didn't understand, etc.)?
8. How satisfied were you with the pace of your conversation?
 - a. Did you feel rushed, or did you have enough time to discuss the things that were important to you?

9. [*If time allows*] To what extent do you feel your provider understood what is important to you as part of your care?
- a. Why? Can you provide an example to explain more in detail?
10. How did communication in this visit differ from previous visits or visits with your other providers?
- a. What made it different to you?
11. [*If not already answered*] What would you want, if anything, to be improved about your visit in terms of communication with your provider?
- a. In other words, how would you like your provider to communicate differently?
 - b. What do you think can be improved in terms of communication with your provider?