ATTACHMENT 11ʙ
Clinic Coordinator Interviews: Interview Guide, English

[INTERVIEWER READS] So, let's get started. As I mentioned, the purpose of this interview is to understand the challenges and best practices related to incorporating the Talk to Nathan About Prostate Cancer Screening decision aid into the clinical workflow of primary care. We consider clinical workflow to be a broad range of tasks performed by people in different roles within and between work environments to deliver care to patients. As such, clinical workflow can include activities that occur before, during, or after a patient visit.

[BACKGROUND INFORMATION: for interviewer only or to be referenced if needed to provide clarification for the participant] "Clinical workflow" has been defined as "a process involving a series of tasks performed by various people within and between work environments to deliver care." We recognize that "accomplishing each task may require actions by one person, between people, or across organizations – and can occur sequentially or simultaneously." (Davis, et al., 2019) In most care settings, others have noted, "clinical workflow is complex, reflecting the multifaceted nature of clinical tasks and the interdependencies between them." (Zheng, Ratwani, and Adler-Milstein, 2020). Drawing on these definitions, we are considering that clinical workflow, in a broad sense, "occurs between organizations, between people at a clinic, in one's own head, and before, during, or after a patient visit." (Agency for Healthcare Research and Quality, not dated).

Facilitators to Incorporating Nathan into the Clinical Workflow
1. What would you consider to be the best way for patients to learn about the decision aid?
    Probes
        ▪ From a primary care provider? Other providers or clinical staff?
        ▪ What are some other ways patients can learn about decision aids?

2. At what point in the provision of clinical care should patients be asked to view the decision aid?
    Probes
        ▪ Before or after a clinic visit?
        ▪ Where should patients view the decision aid? In the clinic or at home?
        ▪ For example, what do you think of integrating Talk to Nathan as part of a primary care visit?
        ▪ Would it be possible for clinical care coordinators to guide patients in reviewing Talk to Nathan at home before the visit? After the visit?

3. How easy would it be to incorporate this decision aid in a clinical setting?
    Probes
        ▪ What would help to make it easy or simple?

Barriers to Incorporating Nathan into the Clinical Workflow
4. What do you see as potential barriers to incorporating this decision aid in the clinic workflow?

5. [If relevant] How might these barriers be overcome?

Best Practices for Incorporating Nathan into the Clinical Workflow
6. What approaches or strategies would you suggest for incorporating this decision aid into the clinic workflow as seamlessly as possible?
    Probes
        ▪ What would make the process easier for clinical staff? Administrators? Patients?

7. What would you suggest as a best practice for incorporating this decision aid into the clinic workflow in your setting? (Interviewers: *acknowledge any related feedback from participants and ask for any additional feedback. Probe for best practices such as based on standardized clinic workflow practices).*
   Probe
   - Why would you consider this to be a best practice?

Final Comments
8. Before we wrap up, is there anything else you would like to share related to this decision aid or incorporating Nathan into the clinic workflow?

Thank you so much for your time today.