

WS-CDC ARX - DFWED Focus Group Screener

Form Approved
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Antimicrobial Resistance Communications and Media Support Services Focus Group Screener for Providers on Antifungal Therapeutic Drug Monitoring *FINAL: January 10, 2024*

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 practices and opinions regarding your profession. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last up to 1 hour and 30 minutes. The sole sponsor of this activity is the Centers for Disease Control and Prevention (CDC).

I have a few questions to start. But first, to maintain participants' confidentiality, we will use first names only during the interview 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 answers and participation will be completely confidential.

Name: _____

Address (residence): _____

City, State, Zip: _____

Phone: _____

Email: _____

Recruiter: _____

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

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	Urban infectious disease physicians	8
2	Rural infectious disease physicians	8
3	Hospital or infectious disease pharmacists	8

Screening Questions

1. Are you a...?

Medical Doctor (hold an MD)		REQUIRED FOR PHYSICIAN GROUPS MAX 2 DO PER PHYSICIAN GROUP
Doctor of Osteopathic Medicine (hold a DO)		
Pharmacist (hold a PharmD)		REQUIRED FOR PHARM. GROUP
Nurse Practitioner		TERMINATE ALL
Physician Assistant		TERMINATE ALL
Other (Please specify)		TERMINATE ALL

2. 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

3. **IF MD OR DO** On average, how many hours per week do you spend in direct patient care? **RECORD ACTUAL HOURS**

20+ hours		CONTINUE
Less than 20 hours		TERMINATE ALL

4. **IF MD OR DO** Of those hours, what percentage is dedicated to adult care?

50% or more		CONTINUE
Less than 50%		TERMINATE ALL

5. **IF PharmD** On average, how many hours per week do you spend in clinical patient care? **RECORD ACTUAL HOURS**

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20+ hours		CONTINUE
Less than 20 hours		TERMINATE ALL

6. Do you have a medical specialty in infectious diseases?

Yes		REQUIRED FOR PHYSICIAN GROUPS
No		TERMINATE IF <u>PHYSICIAN</u> IF <u>PHARMACIST</u>, CONTINUE

7. Which best describes your work setting?

Hospital-based clinic or practice		RECRUIT MIX WITHIN EACH GROUP
Urgent care or immediate care clinic		
Community health center		
Solo practice		
Primary care or specialty clinic		
Single specialty group practice		
Multi-specialty group practice		
Hospital-based emergency department		TERMINATE ALL
Other (specify)		RECORD, CONSULT KRC

8. **IF HOSPITAL-BASED** Is your hospital setting an academic medical center or teaching hospital?

Yes		TERMINATE ALL
No		CONTINUE

TERMINATE PHARMACISTS IF NEITHER IS YES:

(1) SPECIALITY IN INFECTIOUS DISEASES

(2) WORK IN HOSPITAL-BASED CLINIC OR PRACTICE

PHARMACIST GROUP: RECRUIT MINIMUM 3 EACH (CAN BE BOTH AND COUNT TOWARD MIN FOR BOTH):

(1) SPECIALITY IN INFECTIOUS DISEASES

(2) WORK IN HOSPITAL-BASED CLINIC OR PRACTICE

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

A public health department		TERMINATE ALL
Pharmaceutical company or research lab		TERMINATE ALL
None of the above		CONTINUE

10. Here is a list of topics related to infectious diseases. How familiar are you with each of the following as they relate to your work? Are you very familiar, somewhat familiar, or not familiar? **RANDOMIZE ORDER, RECORD ANSWER FOR EACH**

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Antifungal therapeutic drug monitoring		ALL MUST SAY <u>VERY</u> OR <u>SOMEWHAT</u> FAMILIAR CONTINUE (DUMMY TOPICS TO MASK SUBJECT OF THE GROUPS)
Mpox, also called monkeypox		
Guillain-Barré syndrome		
Healthcare-associated infections		

11. In which state do you work? **RECORD STATE**

Northeast		MAX 4 IN ANY ONE REGION PER GROUP
South		
Midwest		
West		

12. How would you describe the location where you work?

Urban		CONTINUE
Suburban		
Small town		
Rural		

URBAN: REQUIRED FOR URBAN PHYSICIAN GROUP

RURAL: REQUIRED FOR RURAL PHYSICIAN GROUP

13. What is the ZIP code of your primary work setting? **RECORD ZIP**

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. Are you...? **MARK ALL THAT APPLY**

Female		RECRUIT MIX WITHIN EACH GROUP
Male		
Transgender, non-binary, or another gender		
Prefer not to answer/Decline		

16. 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

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17. Are you of Hispanic, Latino, or Spanish origin?

Yes		CONTINUE
No		

18. What is your race? Choose 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, LATINO, SPANISH, OR NON-WHITE PER GROUP

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Invitation

Thank you for answering all of 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, reported in the aggregate only, never in association with your name or identity. To make sure we capture your remarks accurately, we will record the interview. 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 you will review could include reading, so it is best 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 interview to make sure all the technology needed for the interview 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

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