

Antimicrobial Resistance Communications and Media Support Services

Interview Screener for Healthcare Providers

May 10, 2024 V1

Introduction

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

You indicated that you are interested in participating in a one-on-one interview, conducted virtually, to discuss your experiences and opinions regarding a health topic. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last up to 1 hour. This activity is supported by the U.S. Centers for Disease Control and Prevention and interviews 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 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 participation is voluntary, and both their answers and participation will be completely confidential.

Name: _____

Address (residence): _____

City, State, Zip: _____

Phone: _____

Email: _____

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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Recruiter: _____

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

Recruit Summary

Audience	Number to Recruit
Primary care physicians	2
Primary care physician associates/assistants (PAs)	1
Primary care nurse practitioners (NPs)	1
Hospitalist physicians	2
Hospital physician associates/assistants (PAs)	1
Hospital nurse practitioners (NPs)	1

Screening Questions

1. What sex were you assigned at birth, on your original birth certificate?

Male		CONTINUE
Female		
Unknown		

2. How do you describe your current gender? You can select all that apply.

Male		MIN 3
Female		MIN 3
Transgender		CONTINUE
Something else		

3. **IF Q1 RESPONSE DOES NOT MATCH Q2 RESPONSE** Just to confirm, you were assigned **[Q1 RESPONSE]** at birth and now you describe yourself as **[Q2 RESPONSE]**. Is that correct?

Yes		CONTINUE
No		REPEAT Q1 and Q2

4. Are you a...?

Medical Doctor (hold an MD)		PHYSICIANS: REQUIRED
Doctor of Osteopathic Medicine (hold a DO)		
Physician Associate/Assistant (PA)		PAs: REQUIRED
Nurse Practitioner (NP)		NPs: REQUIRED
Other (Please specify)		TERMINATE ALL

5. What is your medical specialty?

Internal medicine		PRIMARY CARE RECRUITS: REQUIRED
Family medicine		
Combined internal medicine and pediatrics (med-peds)		
Infectious diseases		CONTINUE
Something else		TERMINATE ALL

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

Northeast		MAX 3 ANY ONE REGION
South		
Midwest		
West		

7. 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

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

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

9. 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

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

50% or more		CONTINUE
Less than 50%		TERMINATE ALL

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

Hospital		HOSPITAL RECRUITS: REQUIRED PRIMARY CARE RECRUITS: MAX 1
Urgent care or immediate care clinic		TERMINATE ALL
Community health center		PRIMARY CARE RECRUITS: MAX 2 ANY SETTING
Solo primary care practice		
Primary care group practice		
Multi-specialty group practice		

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Other SPECIFY		
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12. **IF HOSPITAL SETTING** Do you work in an emergency department?

Yes		TERMINATE ALL
No		CONTINUE

13. **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		HOSPITAL RECRUITS: MAX 1
Community hospital		HOSPITAL RECRUITS: MIN 1
Critical access hospital		
None of these		CONTINUE

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

Urban		MAX 5
Suburban		CONTINUE
Small town		
Rural		MIN 2

15. Do you, a spouse or partner, or a child work at (or affiliated with) any of the following?

Pharmaceutical company or research lab		TERMINATE ALL
Federal or state government agency, including a public health department		
Agriculture or food animal production		
Animal health (veterinary care)		
Market research, communications, or public relations		
None of the above		CONTINUE

16. 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

0 or 1		CONTINUE
2 or more		TERMINATE ALL

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

39 or younger		RECRUIT A MIX
40-49		
50-59		

60 or older

18. What is your race and/or ethnicity? Select all that apply. **MULTISELECT**

American Indian or Alaska Native <i>For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i>		RECRUIT A MIX
Asian <i>For example, Chinese, Asian Indian, Filipino, Vietnamese, Korea, Japanese, etc.</i>		
Black or African America <i>For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i>		
Hispanic or Latino <i>For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</i>		
Middle Eastern or North African <i>For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.</i>		
Native Hawaiian or Pacific Islander <i>For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</i>		
White <i>For example, English, German, Irish, Italian, Polish, Scottish, etc.</i>		

RECRUIT MINIMUM 3 TOTAL WHO SELECT SOMETHING OTHER THAN WHITE

SUMMARY: PRIMARY CARE PHYSICIANS

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

SUMMARY: PRIMARY CARE PA & NP

- **PA or NP**
- **Specialty in internal medicine, family medicine or med-peds**
- **Outpatient primary care role**
- **All other exclusions and quotas as specified**

SUMMARY: 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 quotas as specified**

SUMMARY: 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 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 provide their opinions and experiences. Based on your answers to the questions, we would like to invite you to participate in a virtual interview that will last approximately 60 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 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 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 interview to make sure all the technology needed for the interview is working properly. Is this interview something you are interested in and comfortable with?

Yes		CONTINUE
No		THANK AND TERMINATE

CONFIRM DATE AND TIME OF INTERVIEW

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