Appendix

Clinician Interview Guide

Research study: Primary care clinicians' perceptions of introducing near-patient testing for common infections into routine care in South Africa: a qualitative study of barriers and facilitators to adoption (PETRI Study)

<u>SECTION A</u>

1. Tell me about the last time you had to make a decision about whether to prescribe an antibiotic for a patient in your clinic with a respiratory tract infection (e.g. chest, ear or throat infection) or urinary tract infection.

2. Can you tell me about how you came to that decision?

Prompts: How long had the patient had symptoms for? What did you base your decision on? How confident were you about your decision?

3. Do you feel pressure from patients to prescribe antibiotics even when you don't feel medically it is justified?

Prompt: How do you manage patient expectations currently?

4. What advice did you give the patient about their infection?

Prompts: Did you offer to see them again? Was the patient satisfied with your decision?

5. Are you aware of pressures related to antibiotic use/stewardship programs that currently affect you or monitor your antibiotic prescribing in the Western Cape?

6. If you think back to that patient (above) with the respiratory (or urinary tract) infection, what do you think was important for you when diagnosing and managing the patient's infection?

7. Are there ways you can think of as to how the management of common infections

could be improved?

SECTION B

I'd now like to ask you a few questions about near-patient testing or point-of-care testing for common infections. Point of care tests (POCTs) for common infections are currently not part of everyday clinical practice however other POCTs are commonly used in clinics in South Africa for e.g. diabetes and glucose monitoring.

By POCT for a respiratory (or urinary tract) infection, I mean a test (e.g. finger-prick blood test, or swab) that is performed in the clinic/day hospital and provides you with a value within several minutes that will help clinicians make a better decision about whether to prescribe an antibiotic or not.

8. What point-of-care tests [if any] are available/do you use in this clinic?

Prompts: For example, urine dipstix. For which condition(s) are POCTs used? For what purpose is the POCT used (e.g. monitoring, diagnosis, referral)? How frequently is the POCT used for this condition? How are patients notified of their results?

9. Can you tell me a little bit of what you know about POCTs in general?

Prompts: What have you heard about POCTs? What illnesses do you think they can help

diagnose? Have you ever used a POCTs for infections?

10. How do you think POCTs can help guide your antibiotic prescribing decision for a

respiratory (or urinary tract) infection for example?

Prompts: What are the benefits of using a POCT? If there was POCT that could accurately

distinguish between viral and bacterial causes of respiratory infections, what impact would

this have on your clinical practice?

11. What would you want a POCT to achieve?

Prompts: What would be important to you if you were going to use a POCT? What would not

be important to you? Do you have any concerns about using POCT for example, its

accuracy?

12. Can you think of any barriers or problems of introducing a POCT here in your clinic?

Prompts: Why did you think this will be a problem? Can you describe this? How do you

think we could overcome this problem? For example, what are the staffing/physical

space/other implications of introducing (new or more) POCTs in your clinic?

13. What impact might point of care CRP testing have on your relationship with patients,

or patients' experience, or their desire to consult for respiratory infections in your

clinic?

14. What information do you need about a POCT for infections before you would be

comfortable introducing this test in your clinic?

Prompt - cost, safety, accuracy information. How would you want this information

communicated?