

**Breast Cancer Treatment
Population Needs Assessment Questions
Practitioner Version**

The Comprehensive Breast Program and the Center for Shared Decision Making at Dartmouth-Hitchcock Medical Center are conducting a survey to learn more about the needs of people when they are making decisions about treatment for breast cancer.

During the interview, we will be asking you questions about the health decisions people might make in your area of practice, such as decisions about breast cancer surgery, neoadjuvant and adjuvant treatment with chemotherapy, radiation therapy and hormonal therapy.

The information will contribute to a better understanding of the decision making needs of patients to improve planning of decision support.

All of the information we collect in this interview will be kept confidential.

PERCEPTION OF IMPORTANT DECISION

1. What decisions do patients with **newly diagnosed breast cancer** have to make in your practice?

2. Let's focus on one decision. . . one that is important and difficult for patients to make. (e.g. patients need a lot of help, or practitioner spends a lot of time) Which one would you choose?

3. What makes the decision difficult for patients?

[Probe:

Are patients: lacking information about options, pros and cons lacking information on the chances of benefits and harms

unclear about what is important to you lacking information on what others decide feeling pressure from others lacking support from others lacking motivation or not feeling ready to make a decision

lacking the skill or ability to make this type of decision other]

4. Thinking about this decision, which options are there??

5. What do you see as the main advantages and disadvantages of the options?

6. What is your usual role in making this decision?

[Probe:

Do you usually: make the decision for the patients, share the decision with the patients, provide support or advice for patients to make the decision on their own

7. What factors make it difficult for you to support your patients' decision making ?

8. What factors make it easier for you to support your patients' decision making?

9. Who else besides yourself and the patient is usually involved in making this decision?

[Probe:

spouse, family, friend health care provider other _____

10. What is their usual role in making this decision? (i.e. The person mentioned above)

[Probe:

Do they usually: make the decision for the patients, share the decision with the patients, provide support or advice for patients to make the decision on their own

RESOURCES

11. How do patients usually go about making such a decision?

[Probe:

Do they: get information on choices get information on how likely the choices are consider how important choices are, get information on how others decide or recommend find ways to handle pressure get support from others other]

12. What would help patients to make this decision?

13. What will hinder patients (get in the way of) making this decision?

14 What would help patients overcome some of the things that hinder (get in the way of) their decision making?

15. I will list possible ways to help some people with a decision, which ones do you think may be useful to your patients?

Counseling from health practitioner, IF YES, what types of practitioner _____

Discussion groups of people facing the same decisions, IF YES, what type of organization or group _____

Information materials

If yes, type of medium----> booklets, pamphlets videos CD ROMS
 Internet other, specify _____

If yes, who do you think should prepare information about the decision

pharmacies health societies (Cancer Society, Heart and Stroke Society)

expert medical and health practitioners government

consumer associations insurance companies

private companies that produce and sell drugs and health products

16. Is there anything else that would help you to do a better job supporting your patients decision making?

CHARACTERISTICS OF PRACTITIONER

17. **Age Category** twenties thirties forties fifties sixties or more
(guestimate)

18. **Sex** male female

19. **Practice Specialty** _____

20. **Practice Location** _____ urban rural

[THANK RESPONDENT]