

## **SUPPLEMENTAL MATERIAL: “Current Practices of Family Caregiver Training during Home Health Care: A Qualitative Study”**

### *Section A: Interview Guide*

Note: Data for this manuscript were collected as part of a broader qualitative project with the aims of identifying 1) current modes of caregiver training during home health and 2) major facilitators and barriers to provision of training in this setting. Due to the volume of information gathered and the distinct nature of these aims, we opted to share results related to each aim in separate manuscripts. The interview guide shown below was used for both aims.

#### *Initial Interview Guide:*

##### **Clinician characteristics**

1. Would you mind sharing your gender, race, and age?
2. What is your licensure? (RN, PT)
3. How many years of experience do you have working in home health?

##### **Identifying Family Caregiver Need for Training**

1. Tell me about your role in determining a family caregiver’s need for training?
2. How do you approach determining a family caregiver’s need for training?
  - a) At what point during the start-of-care assessment does this take place?
  - b) Do you based this on your own observations, patient characteristics, caregiver characteristics?
  - c) What sorts of questions do you ask, if you talk to the patient/caregiver about the need for training?
  - d) What kinds of observations are helpful to you in making this determination?
    - Do you watch the caregiver perform a given task?
    - Do you take note of their interactions with the patient?
  - e) How does your method of determination change, if at all, by caregiving activity?
  - f) Do you usually find that if a caregiver has a need for training with one activity they have a need for training across all activities?
3. Once you’ve determined whether there is a need for caregiver training, what do you do with that information?
  - a) How does this affect the plan of care, if at all? (additional visits? Incorporate training into future visits?)
  - b) Do you discuss this information with anyone? Like your supervisor or other members of the care team?
4. In some settings, they use a standardized checklist to assess a family caregiver’s need for training. What would be the benefits of using this in home health? What would be the challenges or barriers?

##### **Providing Training**

Now we want to move on to questions about how you actually provide training to family caregivers.

1. First, can you tell me broadly about your responsibilities related to caregiver training?

2. Can you give us an overview of how training is provided – things like who does this, how it's worked into the plan of care, etc?
  - a) What does this training usually look like? (Teach-back or instruction only? Family caregiver alone or with the patient? Based on a program you've seen or just your own experience?)
  - b) Who is in charge of providing training? Is it only you? Other members of the team?
  - c) Are there any patient or caregiver characteristics that change the way you provide training? (For example, if the patient has cognitive impairment, if they were recently hospitalized, if the caregiver lives with them?)
  - d) How long would you say you spend providing training? (Both number of separate visits in which training is provided and duration of time during each visit spent on training)
  - e) How do you report training that you provide? Is it recorded as a separate visit?
  
2. Are there any materials that you've used to either help you train family caregivers or learn how to train family caregivers?
  - a) Where did these come from? (Supervisor, your own google search, etc)
  - b) What do these look like?
  - c) How have these been helpful for you? What is missing?
  
3. When you provide training, is it usually a separate training visit? Or something that you're able to fit in during a regular care visit?
  - a) How long would you say you spend providing training? (Both number of separate visits in which training is provided and duration of time during each visit spent on training)
  
4. What are some reasons why you may not be able to provide training? What is the most common reason?
  - a) Personal factors: do you feel uncomfortable providing training to family caregivers?
    - If so, why? What resources would you need to overcome this discomfort?
  - b) Interpersonal factors: is the family caregiver unwilling to receive training? Are they unavailable during your visits?
  - c) Structural factors:
    - Do you ever plan to provide some training to a family caregiver but run out of time during your visits? If so, what are some of the main reasons you run out of time?
    - Do you expect the family caregiver to have received/be receiving training from another source?
  
5. What makes it easier for you to provide training?
  - a) Personal factor: Can you think of anything specific to your own personal characteristics or efforts that makes it easier? (Expertise/experience?)
  - b) Structural factors: Are there any training materials that you've found or been given that you use?
  - c) Personal/Interpersonal factors: Can you think of any family caregiver or patient characteristics or actions that make it easier to provide training?

6. Can you think of anything that your supervisor or organization does that makes it easier for you to incorporate family caregiver training during an episode of care?

- a) Structural factors: training program resources provided by the organization?  
Flexibility in scheduling?
- b) What are some things your supervisor/organization do to help you incorporate family caregiver training into your care?

### **COVID-19**

1. How has the COVID-19 pandemic affected your reliance on family caregivers during home health?
2. How has the pandemic changed how you communicate with family caregivers?  
(Frequency, mode of communication, topics discussed)
3. How has the pandemic affected how you provide training to family caregivers?

### **Next Steps**

1. What would be most helpful for you in terms of training resources that your agency could provide?
  - a) What format?
  - b) What content?
2. Do you feel that your clinical training prepared you to take on the role of training family caregivers? Why or why not?
  - a) Was there another type of education you received that prepared you for this role?
3. Is there anything that we didn't ask about that you think is important for us to know for this research?

Do you think that offering family caregiver training during home health is important? Why or why not?

Section B: Characteristics of Participating Agencies and Individuals

**Table S1. Characteristics of Participating Home Health Agencies and Key Informants**

<i>Home health agency characteristics (n=4)</i>				
Agency	Geographic region	Rurality	Ownership	Scale of operations
A	Mid-Atlantic	Urban	Not-for-profit	Local
B	West	Urban	Not-for-profit	Regional
C	Southwest	Rural	For-profit	National
D	Northeast	Urban	Not-for-profit	Local
<i>Key informant characteristics (n=19)</i>			<i>n (%) or mean (range)</i>	
Licensure		RN	11 (57.9%)	
		PT	8 (42.1%)	
Years of home health care experience			9.3 (1.5 to 23)	
Age			45 (28 to 63)	
Self-reported gender		Female	18 (94.7%)	
		Male	1 (5.3%)	
Self-reported race <sup>a</sup>		White	17 (89.5%)	
		Black	1 (5.3%)	
Agency of employment (study identifier)		A	6 (31.6%)	
		B	4 (21.0%)	
		C	6 (31.6%)	
		D	3 (15.8%)	
a) One key informant declined to share their race.				