

## INTERVIEW GUIDE FOR FOCUS GROUPS ROUND 2

### INTRODUCTION AND OPENING QUESTION

The purpose of today's discussion is to get your feedback on a structured communication tool that is intended to aid discussions about treatment and prognosis with older trauma patients and their family members.

With that in mind, let's get started by going around the table one at a time. Please tell us your first name and what your role is on the trauma team.

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### TRANSITION QUESTION

**QUESTION:** Okay, let's move to the first set of questions. For this question, please tell me about the challenges you have when you are talking to families of older patients with serious traumatic injury about treatment and prognosis.

**Q1:** Can anyone else describe the kinds of challenges you face when talking with family members of older patients with serious traumatic injury about treatment?

**Q2:** How do you and others in your professional role on the trauma team help patients and families to understand their prognosis?

**VIDEO:** Next, I'd like to show you a video. The video is about 10 minutes long. It shows a surgeon presenting options to the family members of an older patient with serious traumatic injury. In this video, the surgeon will use a structured communication tool. We'd like you to watch the video and then we will ask some questions about the communication tool that the surgeon uses. Please note that we have used this tool with surgeons and patients who were enthusiastic about its use in the acute care surgical setting. We are looking to get your input on how this tool could be used in the trauma setting.

A few notes about this patient. James Wilson is a 79-year-old male with multiple comorbidities who presented to the emergency room yesterday evening as a level 2 trauma after a motor vehicle crash. He had been driving on the highway when severe weather with heavy rainfall caused his car to hydroplane and roll down an embankment. He has several severe injuries and is now post-trauma day 1 in critical condition in the surgical ICU of the hospital.

Please note this video was made for research purposes. Given our time constraints we cannot show you all of the interactions this surgeon has had with the patient and family. This is an isolated conversation about treatment options. I am also passing out a copy of the diagram that the surgeon uses in the video, so you can reference it as the video plays.

**HAND OUT SHEET 1 (Hand Written Graphic Aid)**  
**PLAY VIDEO 1**

So now I have a few questions about the Best Case/Worst Case tool that was used in the video.

Imagine the trauma attending used this tool with a patient you were caring for.

**VQ1:** How might this tool be helpful to **you** in caring for this patient?

**VQ2:** How might this tool help **you** get information about the patient's prognosis?

Thank you for your responses. When we showed this to other clinicians like you, they told us it might not work for all patients, because often there isn't a specific decision to be made, there are many different clinicians involved, and when there is a decision to be made, sometimes it happens the day after admission, like in the video, or sometimes it's days to weeks later.

So, next, I'd like to show you a different video. In this video we will see the trauma ICU team rounding on a different patient, Laurel Rodgers. Ms. Rodgers fell while walking her dog three days ago and has many injuries. In the video, the team uses a different version of the Best Case/Worst Case communication tool that has been modified for daily use in the ICU.

**PLAY VIDEO 2**  
**HAND OUT SHEET 2 (Typed graphic aid with "Enjoys" oval on back)**

Here is a copy of the graphic aid you saw in the video, one for each person.

So now I have a few questions about this new version of the Best Case/Worst Case tool you saw in the video.

**VQ3:** How might you use this tool to talk to patients and families when the surgeon is not around?

**PROBE:** How might you use the graphic aid to review what the surgeon said with patients and families?

**PROBE:** How might the graphic aid fall short when you are talking with patients and families?

Let's now look at the other side. This was filled out by this patient's family in our ICU at UW.

**VQ4:** Assuming the surgeon gives you a graphic aid where this circle is left blank, how might you use this side with patients and families?

**PROBE:** Would you be comfortable writing on the graphic aid?

**VQ5:** How might you use this information to understand what is important to your patient?

**VQ6:** Where might you keep the graphic aid while the patient is in the ICU?

**VQ7:** What might prevent you from using this communication tool in the trauma unit?

**VQ8:** How might different members of the trauma team use this communication tool to communicate with patients and families?

**(HOLD UP SHEET 1 AND THE BACK SIDE OF SHEET 2)**

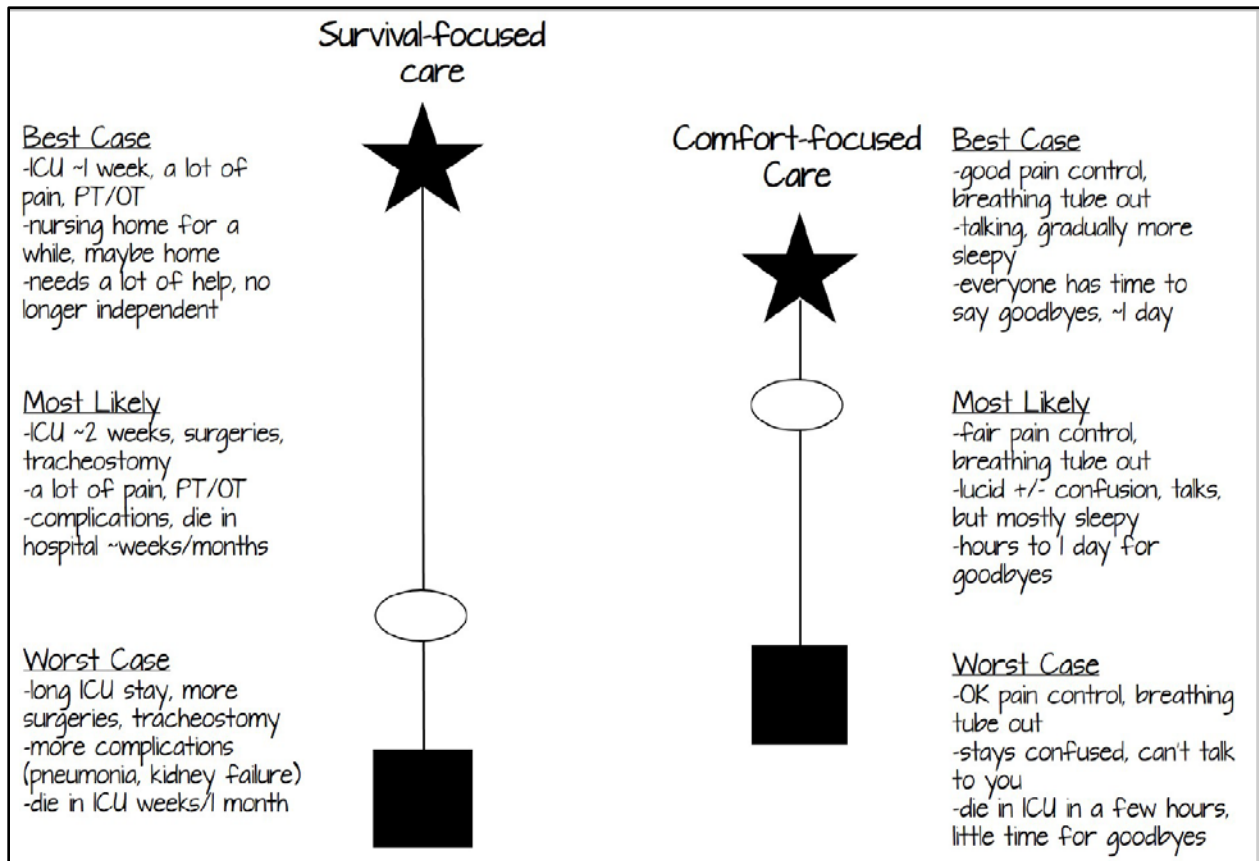
**VQ9:** How might you use this information (on the back side) when there is a decision to be made for this patient, like in the first video?

**(HOLD UP SHEET 1 AND THE FRONT SIDE OF SHEET 2)**

**VQ10:** How might you use the information on the front side when there is a decision to be made?

**FINAL Q:** Is there anything else about either the Best Case/Worst Case communication tool that you think would be important for me to know?

**Hand out sheet 1 given to focus group participants (Hand Written Graphic Aid)**



**Hand out sheet 2 given to focus group participants (Typed Graphic Aid and 'Enjoys' Oval)**

Patient ID: 00001

	Day: 1	Day: 2	Day: 3	Day: .....	Day: .....
(Event)	Fell down stairs	intubated	Strokes on MRI		
(Best Case)	surgery to fix broken bones, pain controlled, physical therapy, home in about 1 week, can work in a few months	surgery to fix broken bones, tube out after surgery, ICU for 3 days, Hospital 2 weeks, nursing home 3 wks then home	Wakes up tomorrow, Tube out end of week, ICU 1 week, hospital 12 months, nursing home 3 months, maybe home...		

Front

(Worst Case Scenario) Many days in ICU. Stress of injury is hard on body, get sicker, need more treatments, machines, and life support. Ultimately die in hospital.

Enjoys:

(Patient Name)

Back

- Music - needs it loud because she is hard of hearing.
- loves TV especially reality shows
- loves to talk about her grandkids and her cat (August)
- loves popcorn, dt. pepsi and food
- her daughter's service dog "yellow lab named 'chica'"