Online Resource 3: Staff Interview Discussion Guide for Administrative support and Clinicians

Introduction:
Good morning/afternoon. Thank you for meeting with us today.

[Introduce interviewer(s) and the Study team]

The purpose of this interview is to hear about your experiences with measurement-based care at the Centre. Our goal is to understand how Check-in Care or measurement-based care is going at the Centre and to use your feedback to make improvements.

We will be asking questions about your personal experiences with MBC (here at The Centre, we called it Check-In Care) since you started working at the Centre. Most questions will be around what you think is working well and what you feel needs to be improved. *(For clinicians)* We are also interested in how you are using Check-In Care/MBC as part of your clinical practice.

Your contributions will be kept anonymous. We would like to record this interview with your permission and also take notes along the way. The audio file will be kept on a password-protected computer that can only be accessed by the study team. It will be transcribed and then deleted once the transcription is complete. Do I have your consent to record this interview?

The interview will last 30-45 minutes. You may ask for a break or stop the interview at any time. You may also decline to answer any questions that we ask.

Do you have any questions?

Do you consent to participate in this interview?

[Begin recording]

Demographics

1) Can you start by telling me about your role at the Centre?
    a. (If not offered) Can you tell me about the service you work in?

Introduction Questions

2) What does measurement-based care mean to you? How would you define Check-In Care/MBC?

3) What is your general personal attitude towards MBC at the Centre? E.g., you like it, you don't like it, you think it's helpful/not helpful
    a. Has that changed over the time you were at the Centre?
    b. What is your sense about the general attitudes of others at the Centre towards MBC?

4) Why do you think the decision was made to make MBC standard at the Centre?

5) Do you think that people are motivated to see Check-in Care/MBC succeed at the Centre? What is your (or their) motivation for wanting MBC to succeed?

MBC Acceptability/Appropriateness

Now I will ask about how MBC is going for you and clients at the Centre

1) What has been your experience with Check-In Care/MBC?
    a. How well does Check-in care/MBC fit within your work processes and practices?
    b. Did you/your staff receive enough training around Check-In Care/MBC when starting at the Centre?
    c. Do you/your staff have access to the information/materials you need to do MBC?
    d. Has Check-In Care/measurement-based care been reasonable to add to your/your staff's workload at the Centre?

2) What are some of the challenges with MBC
    a. What has been or could be done to help with the challenges you've encountered?

3) What have you noticed about youth or caregivers' experiences with Check-In Care/MBC?
    a. In your opinion, what are the benefits of Check-In Care/MBC for clients at the Centre?
    b. What are the drawbacks?
    c. How do you think Check-In Care/MBC could be changed to improve those problems or difficulties?

4) Do you feel like Check-In Care/MBC is a priority for leadership at the Centre?
    a. Do you feel that you are given the support you need to do the work needed for Check-In Care/MBC? e.g., time, extra staff
    b. If there is an issue with Check-In Care/MBC, is there the support you need to address it?

5) (*If relevant, i.e. if the person has been at the Centre since opening*). What might have made Check-In Care/MBC go more smoothly at the start of operations?

6) (*clinicians)* Do you have experience with MBC outside of the Centre? (e.g., other workplaces, colleagues who use it).

Questions about clinical experiences of using MBC

(Clinicians only)
Now we will ask questions more specific to using MBC within your clinical practice.

1) In MBC, we use PedsQL, RCADS and C-SSRS [describe measures]. Are these particular measures a good fit for the types of clients you see at the Centre?
    a. Do they add value for you as a clinician?
    b. Do these measures ask questions that are relevant to the clients you see at the Centre?
    c. Are they capturing the changes you see in your patients (i.e., you see scores decrease as a client's anxiety improves)
    d. Is there anything missing in these measures that you think would be important to ask?
    e. Is the summary report useful? i.e., the layout and the information that is included?

2) How does Check-In Care/MBC fit into your clinical practice?
    a. How do you use patient's scores in planning their treatment?
    b. Do you discuss client or caregiver responses to Check-In Care/MBC measures during your encounters with clients?

    If yes to Q2b:
    a. Do you think discussing the scores is beneficial for your client or their caregivers?
        a. Are you confident in your ability to use MBC in your practice?
        b. How confident do you think your colleagues are in using MBC?

    If no to Q2b:
    a. Can you tell me more about why you don't use Check-In Care/MBC within encounters?
        a. Are you confident in your ability to use MBC in your practice?

3) Are the time points that clients are filling out measures appropriate? Or would you like more frequent/less frequent assessments?

4) We've heard that there are times when a child or a parent's responses are quite different or when a client's scores don't seem to match with what they're telling you. Has this been a problem for you? How do you navigate these types of scenarios?

Closing questions

For all

Here are some final questions for you

5) What changes would you make to Check-in Care/MBC at the Centre to make it more effective in your service?

6) A lot of outcome data was collected as part of Check-In Care/MBC. What would you like to see be done with that data? (ideas for QI projects, research)

7) Is there anything else you would like to discuss?