Appendix 2. Clinician Interview Guide

Introduction: Thank you for meeting with me today, I appreciate your time and insights. Do you have any questions or concerns after reading the study consent document emailed to you?

VERBAL agreement TO PARTICIPATE IN INTERVIEW (INTERVIEWER INITIALS)?

_____ YES

_____ NO

VERBAL agreement TO RECORD INTERVIEW (INTERVIEWER INITIALS)?

_____ YES

_____ NO

- -

TURN ON RECORDING DEVICE NOW

- -

To begin, I am interested in hearing your thoughts, feelings, and experiences related to tracheostomy decision-making in the NICU. As a reminder, the information you provide will be kept confidential and the results from the interview won't identify you in any way.

First, to get started, can you tell me about your experience with shared decision making in the NICU?

This is the Child Tracheostomy Decision Guide designed by the Winnipeg Regional Health Authority. We are interested in how we can adapt this tool for parents considering tracheostomy for their child in the NICU.

The Decision Guide

1. What are your overall impressions of this guide?
    - What are your reactions to the content?
    - What are your reactions to the visual appearance?
    - How do you feel about the length of the guide?

2. What do you think is the most important information?

3. Do you think parents in the NICU will find this guide easy to understand? Why or why not?

4. Do you think the guide encourages one decision over another (that is, tracheostomy vs no tracheostomy)?

5. The tool was designed with a broad patient population in mind. How do you think the guide could be better tailored for parents of infants in the NICU?

6. Is there anything that should be included that isn't already?

The Decision Process

7. How does the guide compare to the current process of tracheostomy decision-making in the NICU?

8. When would be the best time to use this guide?

9. Who should discuss this guide with parents?
   - Neonatology attending/fellow, pulmonology attending/fellow, nurse?

10. What barriers do you see interfering with the use of the guide?

The Response

11. Do you think the guide will be effective? In what way?

12. Do you think this guide will meet the needs of NICU parents? How?

13. Before we end, is there anything else you'd like to discuss?

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TURN OFF RECORDING DEVICE NOW

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Before we finish, I have just a few questions that will help us know more about you and others who participated in this research. These will help us in our analysis, but will not identify you in anyway.

1. What is your gender?
   ___Female
   ___Male
   ___Non-binary
   ___Prefer to self-describe as ____________________________

___Prefer not to say

2. How many years of practice? _____ years
   ___ 0-2
   ___ 3-5
   ___ 6-10
   ___ >10

3. Practice area?
   ___ Neonatology
   ___ Otolaryngology
   ___ Pulmonology
   ___ Other _____

4. Team role?
   ___ Attending
   ___ Fellow
   ___ Nurse practitioner
   ___ Bedside nurse
   ___ Respiratory therapist
   ___ Other _____

5. Knowledge of Shared Decision Making
   ___ Never heard of term
   ___ Heard of term
   ___ Some understanding of term
   ___ Full understanding of term

6. Knowledge of Decision Guide/Aid
   ___ Never heard of term
   ___ Heard of term
   ___ Some understanding of term
   ___ Full understanding of term