



PANDA-S Interview Topic Guide: Patients

1. Introduction

- a. Check that participant has read and understood the PIS.
- b. Explain arrangements for: consent, recording, anonymity, expenses where appropriate etc.
- c. Check patient's recollection of shoulder pain consultation (this will have been asked initially when arranging the interview)
- d. Ask the patient who referred them (if the consultation concerns an encounter with a physiotherapist) to assess if they have asked for a referral, self-referred, or if the referral decision was prompted by the GP.

2. Experiences of shoulder pain (where possible invite participants to expand on responses)

- a. Can you tell me about your experiences of managing your shoulder pain condition?
- b. What do you think caused your shoulder pain?
- c. In what ways has it affected your life?
Prompt on issues such as:
 - I. everyday activities
 - II. employment or unpaid work
 - III. social/ family relationships
 - IV. impact on mood
 - V. coping/ management strategies
- d. How (if at all) has the Covid 19 pandemic impacted on your experience of shoulder pain?
 - I. Prompt re impact on shoulder pain self-management, i.e. has managing shoulder pain been affected by Covid? Any additional challenges or barriers?
 - II. Impact of Covid on work? Family? If, so has this had any impact on experience of shoulder pain?
 - III. Anxiety/ distress related to managing shoulder pain during Covid?
 - i.e. has Covid increased distress related to shoulder pain?
 - IV. Issues around isolation/ loneliness related to Covid if applicable.
 - V. Access to services during Covid/ waiting times etc.

Views on consultation for shoulder pain (where possible invite participants to expand on responses)

- e. Consultation medium - was your consultation F2F, phone, video?
- f. If phone/ video, how did you feel about this?
 - I. Prompt re perception of main differences compared to F2F
 - II. Was anything missing a result of the consultation not being in-person?
 - III. Views on rapport building via phone/video.
 - IV. View on lack of hands on examination – did this impact experience of consultation, reassurance about pain etc.?
 - V. Perceptions about reassurance over the phone/via video
- g. For what reasons did you decide to go to your GP/ physio about your shoulder pain?
- h. Does your own view on the cause of pain match up with what you were told by your GP/ physio about possible causes?
- i. What were your expectations prior to the consultation, e.g. about tests, treatments, and what could be done for your pain?
 - I. Did you have any particular treatment preferences?
 - II. Were these expectations met?
- j. Have you been given a diagnosis or label for your condition?
 - I. If so, what is your understanding of this diagnosis?
 - II. Do you agree with this diagnosis?
 - If not, prompt as to reasons for this, e.g. do they feel that there is something else wrong with their shoulder that is as yet undiagnosed.
 - III. How important is it for you to have a diagnosis?
 - Prompt re issues such as gaining legitimacy, reassurance etc.
- k. Were you given any diagnostic tests, physical examination or a scan?
 - I. What are your views on the importance of these?
 - II. To what extent were these tests/ examinations appropriate in your opinion?
- l. To what extent did you feel reassured about your shoulder pain as a result of the consultation?
 - I. Prompt re reassurance about what, e.g. diagnosis/ cause of pain; ruling out pathology; reassurance about finding a cause/ diagnosis; reassurance i.e. treatment options?
- m. Did you feel confident in the knowledge and expertise of the GP/ physio who treated you?
- n. What did your GP/ physio tell you about how your pain is likely to progress and the likely outcome?
 - Prompt about perceived helpfulness or reassurance of this prognostic info.
- o. What advice were you given about managing your pain, work and other activities?
 - I. How helpful was this information/advice?

- II. How confident do you now feel in your ability to manage your shoulder pain?
- III. Has the way you manage your shoulder pain changed as a result of your consultation, and if so, how?
- p. Have you been following this advice since the consultation?
 - I. Prompt as to reasons for following/ not following clinician's advice.
- q. To what extent did you feel involved in decisions about your treatment during the consultation?
- r. How do you feel about the relationship you were able to establish with your GP/ physio in the consultation?
 - I. Did you feel listened to?
 - II. How important is this relationship to you?

3. Close of discussion

- a. Any other final remarks/additional views.
- b. Check that consent is still in place.
- c. Reimbursement of travel expenses etc. (where appropriate).

PANDA-S Interview Topic Guide: Clinicians - GPs

1. Introduction

- a. Check that participant has read and understood the PIS.
- b. Explain arrangements for: consent, recording, anonymity, expenses where appropriate etc.
- c. Check clinician's recall of specific patient and consultation being discussed; if necessary arrange to use consultation notes, patient history as an aid.
- d. Record the qualifications (level, experience), and if they have received specific MSK / shoulder training.

2. Communicating study to patients

- a. How is study communicated to patients?
 - . What information is given about what is involved in participation?
- b. How is consent for Keele to have contact details explained to patients?
 - . Prompt re communicating to patients the distinction between consent to have contact details as opposed to consent to actually take part? Do patients appear to understand this?
- c. How has the GP generally found patient responses to asking for consent for Keele to contact?
- d. Does this represent a burden for GPs in terms of time taken to gain consent?

3. Views and experiences of treating/managing shoulder pain

- a. Mode of consultation – differences in consulting with shoulder pain patients remotely vs. F2F in current Covid context:
 - o Suitability of remote consulting for shoulder pain
 - o barriers/ challenges
 - o what would prompt you to bring a patient in for a F2F consultation?
 - o How do you see the use of remote consulting for shoulder pain going forward?
- b. Can you talk me through your decision making in the management of this patient?
 - o Were any tests/ examination/ imaging carried out with this patient?
 - o Prompt clinician to discuss more generally the applicability of, and value attributed to, diagnostic tests, including physical examination and imaging.
 - o How has decision-making re management been impacted by the Covid pandemic?
 - Has this changed how you've approached management decisions in any way? If so, how?
- c. What factors influenced your treatment and referral decisions (*if applicable*) for this patient?

- d. Differences in management based on patient characteristics:
 - Age – younger vs. older patients?
 - Those in work vs. retired patients?
 - Acute injury vs. longer term pain problems.
- e. What are your views on reassurance for shoulder pain patients?
 - Prompt to discuss specific consultation, but also more broadly.
 - Does worry/ anxiety appear to have a big role for shoulder pain patients?
 - Do you routinely explore issues re worry/anxiety related to Covid? Was this an issue for the specific patient?
- f. How important do you regard making a diagnosis in the case of shoulder pain?
 - How would you define making a diagnosis in relation to shoulder pain?
 - How confident do you feel diagnosing shoulder conditions?
 - Are there differences for shoulder pain in terms of making a diagnosis when compared to MSK pain in other body site regions?
- g. How important do you feel it is to communicate a likely prognosis to the patient?
 - What would be your definition of prognosis in relation to shoulder pain?
 - How confident do you feel in communicating a likely prognosis?
 - Are there differences for shoulder pain in terms of assessing prognosis when compared to MSK pain in other body site regions?
- h. How did you communicate information to this patient about diagnosis, prognosis, treatment options etc.?
- i. Ask about value of a decision-aid for GPs re shoulder pain, and what information might be useful, e.g. in relation to either prognostic or diagnostic information.
- j. What advice did you give to the patient about self-management, work and other activities, and what influenced this advice?
 - Did you use any resources to assist in giving advice, e.g. a specific leaflet or direction to NHS website etc.?
- k. What are your views about establishing an effective therapeutic alliance?
 - How did you try to achieve this in the specific consultation?
 - Importance of continuity and having an established relationship with the patient?
 - Did the extent to which you were able to establish this alliance influence your decision-making (e.g. diagnosis, estimating prognosis, referral for diagnostic tests, treatment choices)?
 - How confident do you feel that this patient will have followed your advice?

4. Close of discussion

- a. Any other final remarks/additional views.
- b. Check that consent is still in place.
- c. Reimbursement of travel expenses etc. (where appropriate).

PANDA-S Interview Topic Guide: Clinicians - Physiotherapists

5. Introduction

- a. Check that participant has read and understood the PIS.
- b. Explain arrangements for: consent, recording, anonymity, expenses where appropriate etc.
- c. Check clinician's recall of specific patient and consultation being discussed (if applicable); if necessary arrange to use consultation notes, patient history as an aid.
- d. Record the qualifications of the physiotherapist (level, experience)

6. Views and experiences of treating/managing shoulder pain

- l. What factors influence your treatment and referral decisions for shoulder pain patients (first presentation)?
 - o Prompt re what factors might lead you to consider injecting or onward specialist referral?
 - o Has decision-making re management been impacted by the Covid pandemic?
 - Has this changed how you've approached management decisions in any way? If so, how?
- m. Differences in management based on patient characteristics:
 - o Age – younger vs. older patients?
 - o Those in work vs. retired patients?
 - o Acute injury vs. longer term pain problems?
- n. Mode of consultation – differences in consulting with shoulder pain patients remotely vs. F2F in current Covid context:
 - o Suitability of remote consulting for shoulder pain
 - o barriers/ challenges
 - o what would prompt you to bring a patient in for a F2F consultation?
 - o How do you see the use of remote consulting for shoulder pain going forward?
- o. How important do you regard making a diagnosis in the case of shoulder pain?
 - o How confident do you feel diagnosing shoulder conditions?
 - o Prompt re role of physical examination (and how this has been affected by Covid)
 - o Are there differences for shoulder pain in terms of making a diagnosis when compared to MSK pain in other body site regions?
- p. Value attributed to investigations and imaging?
- q. How important do you feel it is to communicate a likely prognosis to the patient?
 - o How confident do you feel in communicating a likely prognosis?
 - o Are there differences for shoulder pain in terms of assessing prognosis when compared to MSK pain in other body site regions?
- r. What are your views on reassurance for shoulder pain patients?

- Does worry/ anxiety appear to have a big role for shoulder pain patients?
- Do you routinely explore issues re worry/anxiety related to Covid? Was this an issue for the specific patient?
- s. What sorts self-management advice would you usually give to patients?
 - Prompt re resources, e.g. a specific leaflet or direction to NHS website etc.?
- t. What are your views about establishing an effective therapeutic alliance?
 - How is this achieved?
 - What impacts can this have on patient outcomes?
 - Does the extent to which you were able to establish this alliance influence your decision-making (e.g. diagnosis, estimating prognosis, referral for diagnostic tests, treatment choices)?

7. Close of discussion

- a. Any other final remarks/additional views.
- b. Check that consent is still in place.
- c. Reimbursement of travel exp expenses etc. (where appropriate).