**Interview Guide: Clinical Champions**

*Please note: This is an interview guide, intended to be used flexibly, to allow for a conversational flow to the interview while covering the topics below. Prompts are included here as possible suggestions for elaboration if responses are short.*

Thank you for talking to me today. We know that patient navigation is a process involving many different people, rather than a single patient navigator, and the purpose of this interview is for me to learn about your role and how it fits into the process of patient navigation for breast cancer patients at [SITE]. We will focus primarily on the Translating Research Into Practice (TRIP) study that is ongoing here at [SITE]. I also recognize that the TRIP project and your work has been impacted by COVID-19, so if time permits,

 we would like to learn about how your role and breast cancer care at [SITE] have changed due to COVID-19.

However, in order to understand how your work may be different now, I first need to learn about your role within TRIP pre-COVID-19. Next, we will talk a for a bit about your specific role and responsibilities, pre-COVID-19. Finally, I will ask you to share how your breast cancer patient navigation efforts may have changed in response to COVID-19. There are no right or wrong answers to the questions I’m going to ask you today, I really just want to hear your thoughts and opinions.

Do you have any questions before we get started?

**PART 1: GENERAL KNOWLEDGE AND OPINIONS OF TRIP**

**OPENING QUESTIONS:**

* **To start, what is your title and position and how long have you worked at this hospital?**
* **In a few words, tell me about patient navigation at your site?**

|  |
| --- |
| **1: GENERAL KNOWLEDGE AND OPINIONS** |
| **Concept** | **Questions** | **Prompts** |
| TRIP Purpose | From your perspective, what do you think the TRIP project is aiming to achieve?What activities help achieve this goal? | ***Ask about:**** *Navigation Protocol*
* *Shared registry*
* *Aunt Bertha Screening*

 |
| TRIP Experience | Tell me about your experiences with TRIP? | What is your role in supporting TRIP?How has your role changed since TRIP was implemented at [SITE]? What is consistent with what you did before TRIP was implemented?How well has TRIP met your expectations based on what you first heard? How has it not? |
| TRIP Integration into Breast Cancer Patient Care | In your opinion, how does TRIP fit into your navigation program?How do TRIP team members facilitate the TRIP program? |  |
| TRIP Awareness | What are the venues in which TRIP is discussed on an ongoing basis? |  |
| Facilitators to TRIP or Navigation | How does [SITE] support TRIP? ***If Clinical Champion does not have much to say about TRIP, open to Patient Navigation more broadly.***What aspects of your specific role complement patient navigation? | What is working well about the patient navigation structure? What resources or people enhance patient navigation at your site? |
| Barriers to TRIP/Navigation(Ask about Registry/SNA/Navigator Network) | What challenges to patient navigation exist at [SITE]? ***If Clinical Champion does not have much to say about TRIP, open to Patient Navigation more broadly.***What aspects of your specific role constrain your ability to support patient navigation?What needs are difficult for navigators at your site to address for your patients? | Probe for:* Identifying patients in need of support
* Identifying most important patient needs
* Ability to address patient needs
* Following up on patient needs

What would you change about patient navigation here?Why are these needs particularly challenging, in your opinion? |
| TRIP Relevance/Acceptability | How relevant and useful do you think TRIP is to your patients?  | In what ways is it a good fit? In what ways is it not a good fit?For whom do you think the enhanced navigation that TRIP provides is most useful? |
| Section Closing | Is there anything else regarding the TRIP project that you would like to share? |  |
| REMINDER | *If the interviewee is primarily sharing insights into TRIP in the* ***present context (I.E. COVID-19),*** *gently remind the interviewee to speak about TRIP pre-COVID:*Thanks for sharing about your current experience with TRIP. I’ve learned a lot about your experience in recent weeks. Thinking back to pre-COVID-19 – what was TRIP like? What was happening then? |  |

**PART 2: COVID-19 RELATED CHANGES (if time permits)**

Now I have some questions about how COVID-19 has affected your institution.

|  |
| --- |
| **2: Navigation Guidelines** |
| **Concept** | **Questions** | **Prompts** |
| Practice Changes | What changes to TRIP/Navigation in general have occurred due to COVID-19? |   |

**PART 3: DEMOGRAPHICS**

Before we end, I would like to learn a little more about your background. Will you complete this 1-page survey? It will ask about basic information like race and education. *Hand survey (below) to participant.*

**CONCLUSION**

Do you have any final questions? Thank you!

**Non-TRIP Patient Navigator Demographics Survey**

Please complete the questions you are comfortable answering. Thank you!

Please describe your **gender** (check all that apply).

|  |  |
| --- | --- |
| * Female
* Male
 | * Cisgender
* Transgender
* Non-binary
* Another gender (please describe) --
 |

Please describe your **race** (check all that apply).

* American Indian or Alaskan Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
* Another race (please describe) --

Please describe your **ethnicity**.

* I am Hispanic, Latino, or of Spanish Origin
* I am NOT Hispanic, Latino or of Spanish Origin

Please describe any **languages that you speak**.

* English
* Spanish
* Haitian Creole
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your **highest level of education completed**.

* High school degree or equivalent
* Associate’s degree
* Bachelor’s degree
* Master’s degree
* Other (please describe) –

Please describe any **professional degrees** you have.

* Licensed social worker
* Registered nurse
* Other (please describe)

Please describe any **certifications or licensure** you have:

* Certified medical assistant
* Certified nursing assistant
* Licensed clinical social worker

What is the name of your hospital?

* Beth Israel Deaconess Medical Center
* Boston Medical Center
* Dana Farber Cancer Institute
* Massachusetts General Hospital
* Tufts Medical Center

What is the title of your position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been employed in my current position at this hospital for \_\_\_\_\_\_\_\_\_\_years.

I have worked at this hospital for \_\_\_\_\_\_\_\_\_\_ years.

I have worked in the field of breast cancer treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years.

Are you a cancer survivor?

* Yes
* No

Thank you