

Additional File 3: RAPiD Process Evaluation Interview Topic Guide

Demographic questions	Is your practice fully NHS/Private?
	Do you practice as a NHS or Private dentist?
	Where did you qualify as a dentist?
	In what year did you qualify as a dentist?
	Have you ever attended any continuing professional development (CPD) courses on antibiotic prescribing?

Section A: Experiences and response to A&F

Domain	Core Questions:	Possible prompts
Complexity/ Design quality	Do you recall the graphical feedback on your antibiotic prescribing you received in early May and again at the beginning of November, 2013?	What do you recall the feedback document containing? <i>(e.g. graph of antibiotic prescribing rate- with your Health Board comparison and/or information)</i>
	What are your general opinions about the feedback that you received?	Were the graphical data presented in the feedback easy to understand? <i>(e.g. your prescribing rate only/ your prescribing rate vs. Health Board)</i>
Intervention characteristics: Advantages	How useful did you find the content of the feedback? <i>(without comparator group)</i> And/or	(If Yes/No) In what way?
	How useful did you find the Health Board comparison received with the feedback? <i>(with the Health Board comparator group)</i> And/or	What do you think were the strengths of the feedback? What do you think were the weaknesses of the feedback?
	How useful did you find the summary/information received with the feedback <i>(for text based intervention group)</i> <i>(Example: Prescribing courses of</i>	

	<i>antibiotic treatment can encourage the development of antimicrobial resistance and therefore must be kept to a minimum)?</i>	
	If you were to receive this type of feedback on a regular basis, what do you think an adequate interval might be?	Quarterly, 6 monthly, yearly etc.
Adaptability	In what ways do you think the feedback could be improved?	
Goals/ Implementati on climate	Did you discuss the feedback materials with your practice team or other colleagues?	Where did you discuss? e.g. Team meeting/social gathering
	Did you set any goals/targets after receiving the feedback on your antibiotic prescribing practice?	What were the (goals/targets)? <i>e.g. something achievable such as reducing antibiotic prescription by 5 a month or so</i> (If no goals were set), Why did you decide not to? Did you make any plans on how to change your antibiotic prescribing practice to target these goals? <ul style="list-style-type: none"> • What are those plans? • Can you elaborate on that?
	In general do you think receiving this particular feedback might change your antibiotic prescribing practice?	Why? Or why not?

Section B: Facilitators/barriers to implementing A&F

The last part of the interview will focus on managing patients with bacterial infections.

Domain	Core Questions	Possible prompts
Knowledge	Are you aware of the Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance on ‘Drug Prescribing for Dentistry’?	When should antibiotics be used/not used for patients with bacterial infections? If mentioned ‘local measures’- What do you understand by using local measures?
	Do you know what the guidance recommends for managing patients with bacterial infections?	
<p><i>As you have already mentioned/Just for clarification for the purpose of this interview:</i></p> <p>The guidance recommends that when treating bacterial infections, local measures should be used as a first step. For example, drain pus if present in dental abscesses by extraction of the tooth or through the root canals, and attempt to drain any soft-tissue pus by incision. The guidance also states that antibiotics are appropriate for oral infections where there is evidence of spreading infection or systemic involvement, but should only be used in conjunction with and not as an alternative to local measures.</p>		
Skills	How do you normally treat patients who present with bacterial infections?	
	What skills are required to carry out local measures in the first instance?	<u>Anything about:</u> <ul style="list-style-type: none"> • time management • Communication/persuading patients
	How do you deal with situations when patients are demanding/expecting you to prescribe antibiotics?	
Beliefs about capabilities	How difficult is it for you to use local measures instead of prescribing antibiotics?	(If not difficult): Have you ever experienced any difficulties when trying to apply local measures?
	What difficulties have you encountered when trying to apply	What would have helped you to overcome these problems?

	local measures?	<ul style="list-style-type: none"> • self-efficacy • training • time management (as a barrier to utilise local measures)
Optimism	How confident are you that you can apply local measures (as a first step) to manage patients with bacterial infections?	Are you optimistic that you can manage bacterial infections using local measures as a first step?
Emotion	Do you feel worried or concerned about managing patients with bacterial infections by local measures?	(If Yes) Does this impact on your decision?
Beliefs about consequences	What are the benefits_of using local measures 'as a first step' instead of prescribing antibiotics to manage patients with bacterial infection?	Are there any benefits/disadvantages of using local measures <ul style="list-style-type: none"> • To you? • To your patients? • How about time? • Staff resources? • Any financial issues?
	Are there any downsides_of using local measures 'as a first step' instead of prescribing antibiotics to manage patients with bacterial infection?	
	How do the benefits and downsides weigh up?	Do you think the downsides outweigh/balance the benefits?
Reinforcement	What are the incentives for you using local measures as a first step?	Is there any financial incentives?
	What are the disincentives for patients while treating them with local measures?	e.g. pain/fear
Memory, attention and decision Processes	What would you consider when making the decision about whether to use local measures or prescribe antibiotics 'as a first step' to treat patients with bacterial infections?	What triggers your decision? Is there anything else?
Environmental context and resources	What factors within your practice influence your decision? (whether you prescribe antibiotics or use local measures to manage patients with bacterial infections)	To what extent do these factors influence your ability to use local measures? Any other (physical/resource) factors? <ul style="list-style-type: none"> • Time • Workload • Any other resources- e.g. staff

	What are the factors related to your patients that may influence your decision?	Any other patient related factors? <ul style="list-style-type: none"> • Prophylaxis following surgery/previous medical history • Patient expectation • Patients circumstances (e.g. Away for a holiday) • Uncertainty of diagnosis
	What about factors outside your practice that may influence your decision whether you use local measures or prescribe antibiotics?	E.g. Health board/ policy
Social influences	Would you say your decision on how to manage bacterial infections are influenced by your colleagues/practice? Would you say your decision on how to manage bacterial infections are influenced by your patients?	Facilitate or hinder?
Behavioural regulation	Are there procedures or ways of working that would make it easier using local measures 'as a first step' to treat bacterial infections?	Can you identify any training needs to use local measures more consistently? Are there any courses need related to time management? Are there any guidelines, which you feel should be more specific to managing bacterial infections using local measures?
Other	Is there anything else that you feel is important that we haven't yet covered?	

That's me come to the end of my questions, thank-you very much for your time.