Appendix 5. GP related measures

ТҮРЕ	DOMAIN	INSTRUMENT	DATA COLLECTION TIME POINTS
Outcome	Relationship between pain and impairment	Health Care providers' Pain and Impairment Relationship Scale (HC-PAIRS) [1, 2] 13 item scale. Each item is scored on a 7-point Likert Scale ranging from 'Completely Disagree' (1 point) to 'Completely Agree' (7 points), resulting in a possible range from 13 to 91 points; higher scores reflect a stronger belief that pain justifies disability and activity limitation.	-2w*, 4w, 4m
	Confidence	Self-confidence in managing back pain patients [3] Four items 1. I lack the diagnostic tools or knowledge needed to effectively assess patients with LBP* 2. I know exactly what to do to effectively treat patients with LBP 3. I am very comfortable treating patients with LBP. 4. How well prepared to manage LBP are you now? All rated on five point Likert scale where 1 = strongly agree and 5 = strongly disagree, except item 4 where 1 = very well and 5 = very poorly * item 1 is reversed	-2w*, 4w, 4m
	Reported clinical behaviour	Clinical case vignettes of patient with non-specific LBP with three items related to work, physical activity advice [4] Categorical outcome with five response options	-2w*, 4w, 4m
	Actual clinical behaviour	Electronic Medical Record notes audit (include investigation referral) Consult Record Form	Post each consult with patient participant
		Patient report immediately post appointment Did your doctor recommend or advise any of the following? (yes or no) Time off work Reduced hours at work Medication Physiotherapy/Osteopathy/Chiropractic Specialist X-rays or scans Blood tests	Post each consult with patient participant
		Items from modified Otago Costs and Consequences Questionnaire (OCC-Q) [5] Medication consumption Healthcare consumption	Gathered from patient participants at 2w, 3m, 6m†
Process	Treatment fidelity	Audio recordings – 1 recording randomly selected from each GP with audio available Consult Audio Record Checklist	Post each consult with patient participant

1

From: Darlow B, Stanley J, Dean S, Abbott JH, Garrett S, Mathieson F, Dowell A (2017). The Fear Reduction Exercised Early (FREE) approach to low back pain: protocol for a cluster randomised, parallel-group, superiority trial of patient impairment 6-months post general practitioner consultation.

ТҮРЕ	DOMAIN	INSTRUMENT	DATA COLLECTION TIME POINTS
	Consultation duration	 Audio recordings of all consults assessed for 1. Total consultation length 2. Back pain primary complaint addressed during consultation 	Post each consult with patient participant
	Satisfaction with training	Workshop evaluation form	0, (immediately after workshop - intervention group only)
	Learning	Back Pain Attitudes Questionnaire (Back-PAQ) [6] 34 item scale based upon six themes. Each item is scored on a 5-point Likert scale ranging from 'True' (1 point) to 'False' (5 points), resulting in a possible range from 34 to 170 points; higher scores indicate more unhelpful beliefs, lower scores indicate more helpful beliefs.	-2w, 4w, 4m
	Experiential learning	GP will record 1. The number of FREE consultations they conduct during the training period 2. The elements of FREE they use in the first three of these consultations 3. Their perceptions of the first three of these consultations	0 to 4w (during experiential learning period - intervention group only)
Demographic	Gender, age, ethnicity, history of back pain		-2w*
Practice characteristics	Years' experience, locality of practice		-2w*

^{*} Measure completed before attending initial workshop (for intervention practices) or matched timing for those in paired control group practice.

[†] Timing relates to patient participant timeline

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