Appendix 5. Interview guide

Pathway selection

Show/ask the participant to look at the three diagnostic pathways.

If interview is by phone, CTA Coordinator will have emailed these to the participant prior to interview so that they can review during the interview

If interview is conducted by Zoom, the interviewer can share their screen to have the participant view the pathways

Ask the participant to choose a pathway and recent patient that best relate in terms of symptoms or cancer diagnosis.

Grounding

How many patients do you currently have with a cancer diagnosis?

Thinking of a patient you saw recently (chosen from step 1), tell us about the care you provided for that patient.

Probes:

What are some things you accessed to know what care to provide for this patient?

What did you use? What did you like about it? What did not work well?

Who on your team was involved in this patient's care?

Were there specialists involved in this patient's care?

How did you give and receive information with them?

How did you know what your role is? Theirs?

What would help clarify roles and processes in this patient's care?

Mental Simulation

Now I would like you to focus on the pathway you chose. Thinking of this same patient, I would like you to consider the following:

Counterfactual 1:

Had this pathway been available to you for this patient, would it have informed your approach, and if so how?

Would it have changed anything in your approach? (If yes, what specifically?)

How would have you used it? (E.g., with the patient? When? Which elements of it or all?)

Who else might have been involved? How would have you interacted with them?

What is useful about using a pathway such as this?

What about this pathway is off the mark?

What would you add or change?

Would this pathway enhance your experience of providing care? What about your patient's experience?

Counterfactual 2:

Where would you want to find or access this pathway?

How would you see this integrating into your work?

When thinking about this pathway, and others that are or might become available (e.g. lung cancer,

breast cancer, prostate cancer), how would you want to access these pathway?

Would you want them bundled together or kept separate?

If kept separate, would there be any exceptions? (I.e., would certain pathway be grouped together but others not?)

Appendix 5, as supplied by the authors. Appendix to: Pujadas Botey A, Barber T, Robson PJ, et al. Using care pathways for cancer diagnosis in primary care: a qualitative study to understand family physicians' mental models. *CMAJ Open* 2023. doi: 10.9778/cmajo.20220084. Copyright © 2023 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.

If bundled, which would you bundle together? Other ideas? The pathway we have provided as examples are for high-risk presentations, situations likely to be diagnosed as cancer. Where do you think resources for lower risk presentations fit? Where and how would you want to access resources for low risk presentations? Would you want them bundled with pathway for high-risk presentations? (E.g., three we have shown, also developing ones for head and neck cancer, sarcoma) How would you integrate these into your work? Do you have anything further to add about the use of clinical cancer pathway (specifically examples shown or in general)? Closing Do you have any questions for us, or any further comments?