

## SUPPLEMENTARY INFORMATION FOR THE WEB

### Appendix 1 - Scene setting information

---

#### **Patients**

Please think about your recent medical experience.

Think about what you liked about it, and what you didn't like about it.

With this in mind, please think about your view of the ideal, or perfect medical doctor.

The ideal medical doctor is:

- someone who would treat you the way you want to be treated as a patient,
- someone you would trust to look after a close relative or friend.

Try to create a picture in your head of this doctor, thinking about the characteristics of this ideal medical doctor.

- Think about what behaviours the ideal medical doctor would exhibit when dealing with you and your family.
- Think about what values might be driving the ideal medical doctor to act in the way he or she does.

#### **Students**

Please think about your view of the ideal, or perfect medical doctor.

The ideal medical doctor is:

- someone you would like as your own medical doctor,
- someone you would trust to look after a close relative or friend,
- someone you would like as a mentor,
- someone you aspire to be.

Try to create a picture in your head of this doctor, thinking about the characteristics of this ideal medical doctor.

It may help you to think about your own characteristics, those of your peers and those of senior medical doctors you have encountered.

- Think about what behaviours the ideal medical doctor would exhibit when dealing with patients and their families, with senior and junior colleagues, with other health professionals and with non-clinical staff.
- Think about what values might be driving the ideal medical doctor to act in the way he or she does.

#### **Doctors**

Please think about your view of the ideal, or perfect medical doctor.

The ideal medical doctor is:

- someone you would like as your own medical doctor,
- someone you would trust to look after a close relative or friend,
- someone you aspire to be.

Try to create a picture in your head of this doctor, thinking about the characteristics of this ideal medical doctor.

It may help you to think about your own characteristics and those of your peers.

- Think about what behaviours the ideal medical doctor would exhibit when dealing with patients and their families, with senior and junior colleagues, with other health professionals and with non-clinical staff.
  - Think about what values might be driving the ideal medical doctor to act in the way he or she does.
-

## Appendix 2 - Results diagrams 1 - 6

In Appendix 2 all of the results diagrams for all three of the interviewed stakeholder groups, Doctors (Figures 1&3), Patients (Figure 2) and Students (Figures 4-6) are presented.

### *Interpretation of results diagrams*

Unlike laddering interviews in marketing about concrete products, results diagrams illustrating group attitudes to amorphous concepts, such as professional behaviour, are not necessarily hierarchical. Although results diagrams have a starting point (attributes) and in some cases participants reach an end-point (the reason why participants do or do not want the doctor to display certain behaviours), the diagrams represent associations between characteristics, many of which are interlinked horizontally as well as vertically. Furthermore directionality of association may be both ways. This is why, in this context, they are referred to as results diagrams rather than HVMS. Consequently, interpretation of the diagrams requires reference to different formatting styles to describe relationships.

- Attributes of the ideal medical doctor identified in the initial attribute elicitation phase are represented in bold.
- Positive outcomes (i.e. underlying reasons why participants wanted their ideal medical doctor to display particular attributes, and positive outcomes of such attributes being displayed) are in boxes.
- Negative outcomes (i.e. the underlying reasons why the participants did not want these attributes and negative outcomes of such attributes occurring) are in ovals.
- Intermediate characteristics are in non-box, non-oval, plain text.
- Unbroken lines between characteristics imply a simple association.
- Dotted lines represent a situation where doctors have not displayed the attributes / characteristics, and something has gone wrong.

For example, Figure 1 is the results diagram for the themes of “Team-working” and “Competence” as identified by the Doctors. There is an unbroken line between the attribute (in bold) “Good team worker & leader”, and the characteristic “Does not make mistakes or miss things”, from where there is a dotted line to the negative outcome (text in oval) “Patient wants a second opinion now”, and an unbroken line to the positive outcome (text in box) “Patient leaves feeling satisfied & helped”. This should be read as implying that participants believed that the doctor should be a good team worker / leader and that this was important because the doctor would then not make mistakes or miss things. If this was the case then the patient would leave feeling satisfied and helped; however if mistakes were made then the patient would want a second opinion.

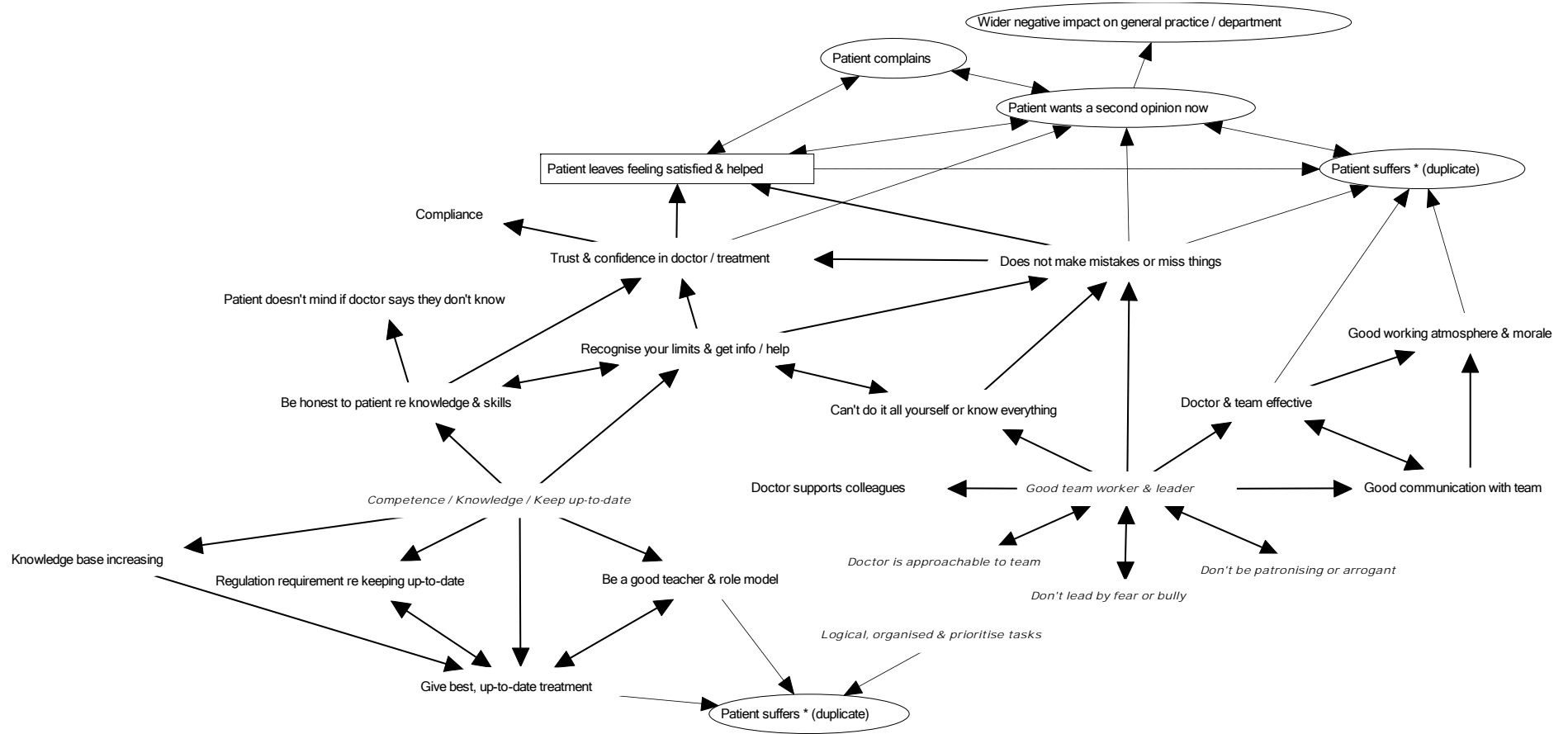
### *Example of how to describe a results diagram*

Following creation of the results diagrams, a verbal description of the findings is presented. An example for Figure 1 follows. Examination of Figure 1 indicates that Doctors felt that the ideal medical doctor should work well in, and lead, a team. This was associated with the attributes being approachable to the team, not being patronising or arrogant, and not leading by fear and bullying. A key reason why it was important to be a good team-worker was because it made the doctor and team effective; which, in turn, was important because if it did not occur the patient would suffer. Being a good team-worker also linked to the importance of communicating well with the team and supporting other members of the team. Being a good team-worker was also seen to be important due to a recognition that doctors could not know everything or do everything themselves; thus, they need to recognise their limits and get further information, advice or help if needed. If this did not occur then mistakes would be made. This, in turn, would impact on the patients’ trust and confidence, affect the patients’ view of the outcome, and lead to patients’ suffering. Being a good team-worker was also important because it led to a good working atmosphere and morale amongst the team. Doctors recognised that a poor working environment could have a negative impact on patient wellbeing.

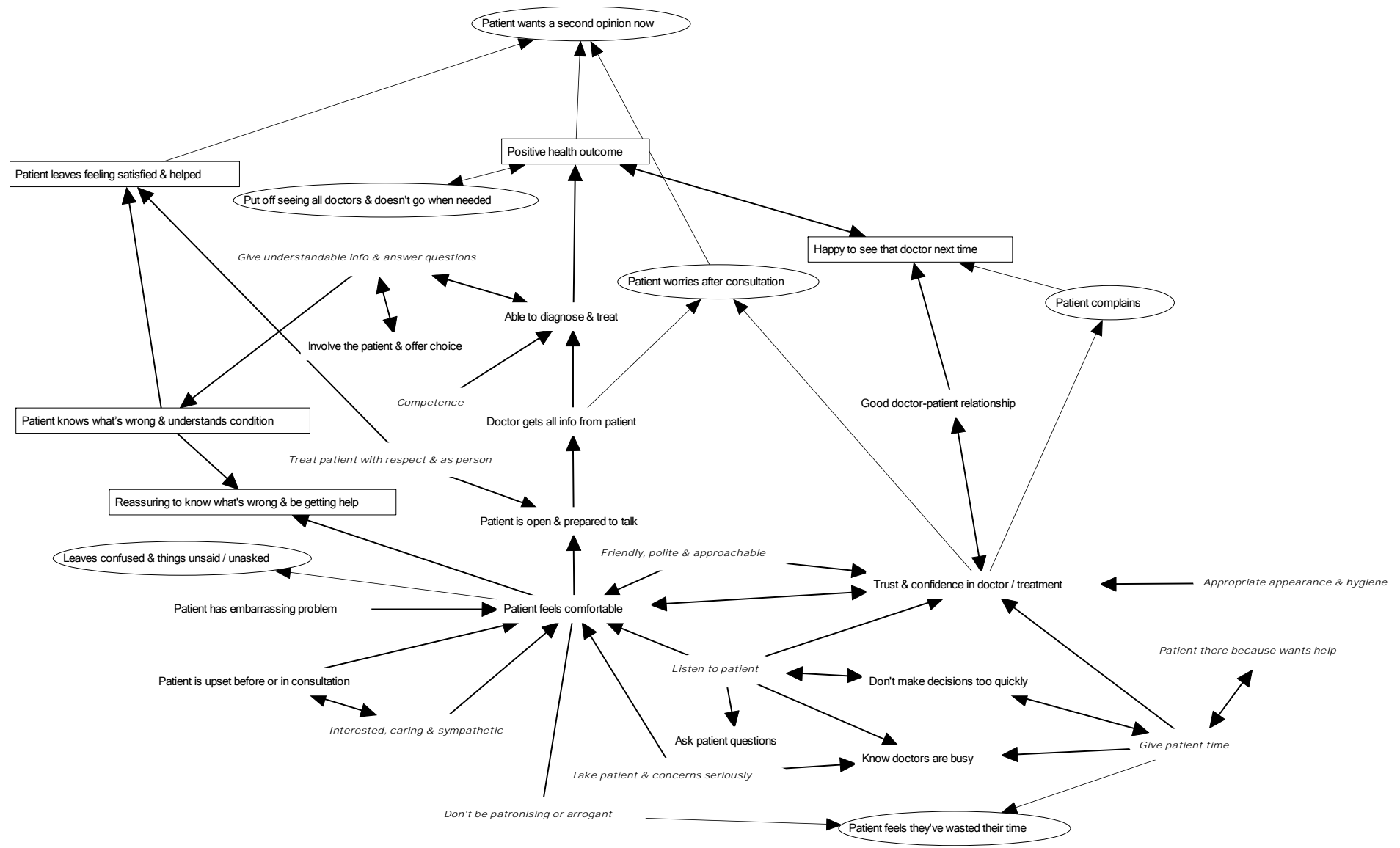
Doctors also mentioned that the ideal medical doctor would be competent, knowledgeable and to keep up-to-date. These attributes were highly interlinked and are illustrated as one item for interpretability. The attributes were associated with a recognition that as the knowledge base was increasing doctors could not just rely on the training they had received at medical school, they needed to maintain their knowledge, competence and keep up-to-date

in order to give the best, most up-to-date care. Furthermore, Doctors noted that there were regulations in place requiring them to keep up-to-date. Doctors also thought that they could not be good teachers or role models if they fell down in these areas. Doctors also recognised the need for doctors to be logical, organised and to prioritise tasks. Doctors also identified a need to be honest with the patient about their knowledge and skills, and they believed that patients would not mind doctors doing this (i.e. assuming that patients prefer the doctor to be honest about limitations rather than lying or attempting work beyond their capabilities). As with characteristics associated with team-working the Doctors noted the need for doctors to recognise their limits, get further information, advice or help if needed, and the related issues avoiding mistakes, and leading to trust and confidence. Doctors related possession of both team-working and competence characteristics to the patient leaving feeling satisfied and helped, and non-possession with the patient wanting a second opinion and suffering.

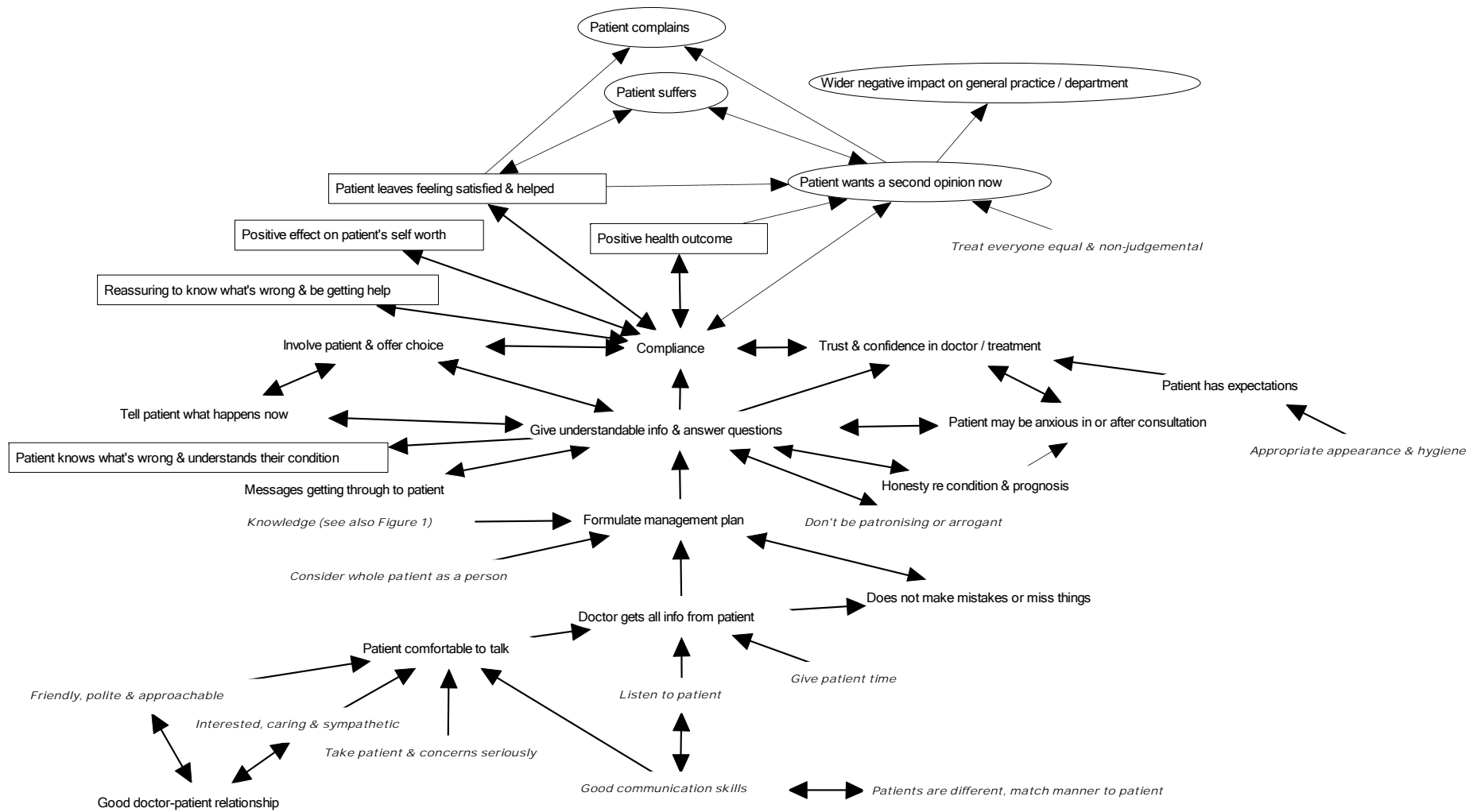
Figure 1: Doctors - Team-working and Competence



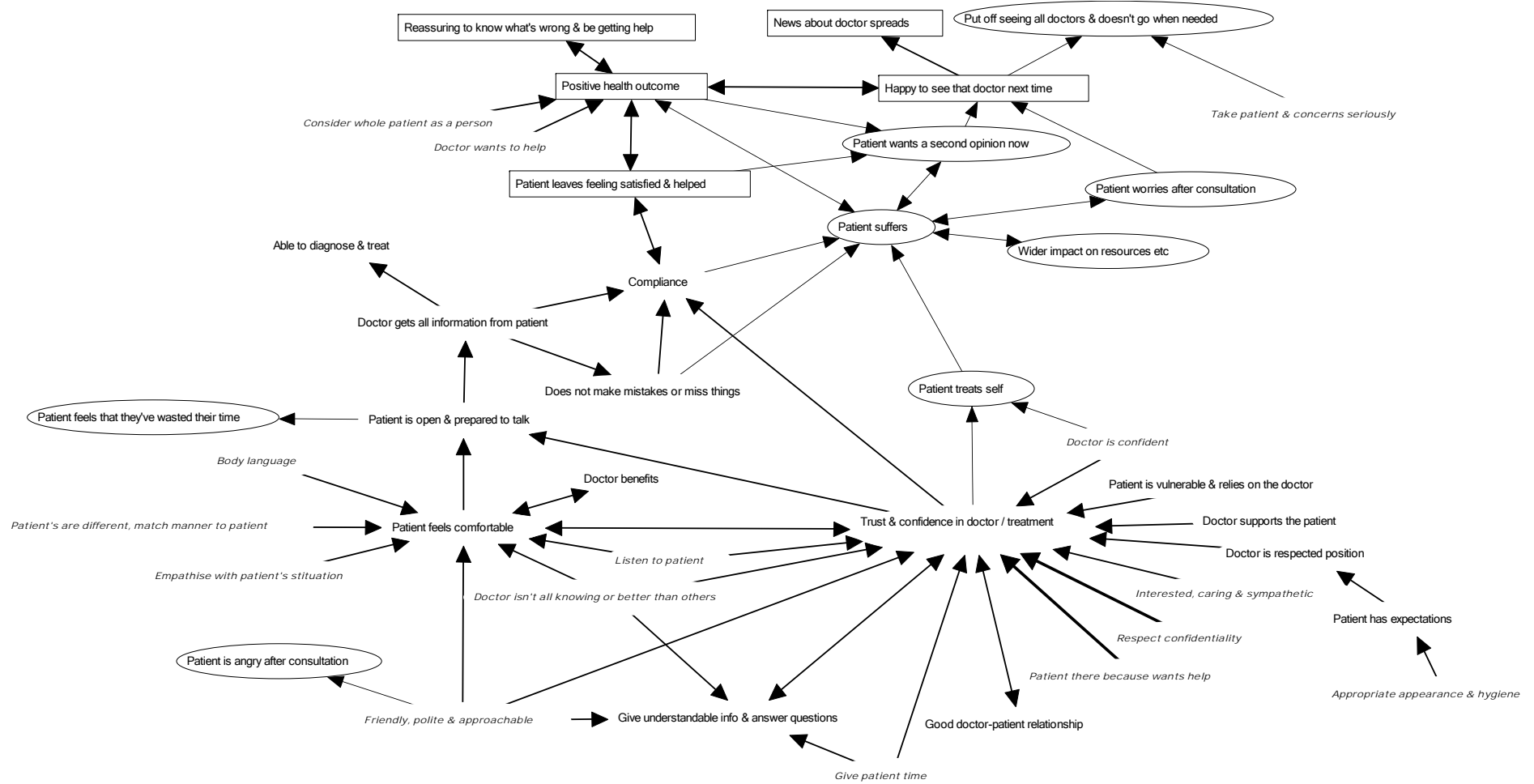
**Figure 2: Patients (all characteristics)**



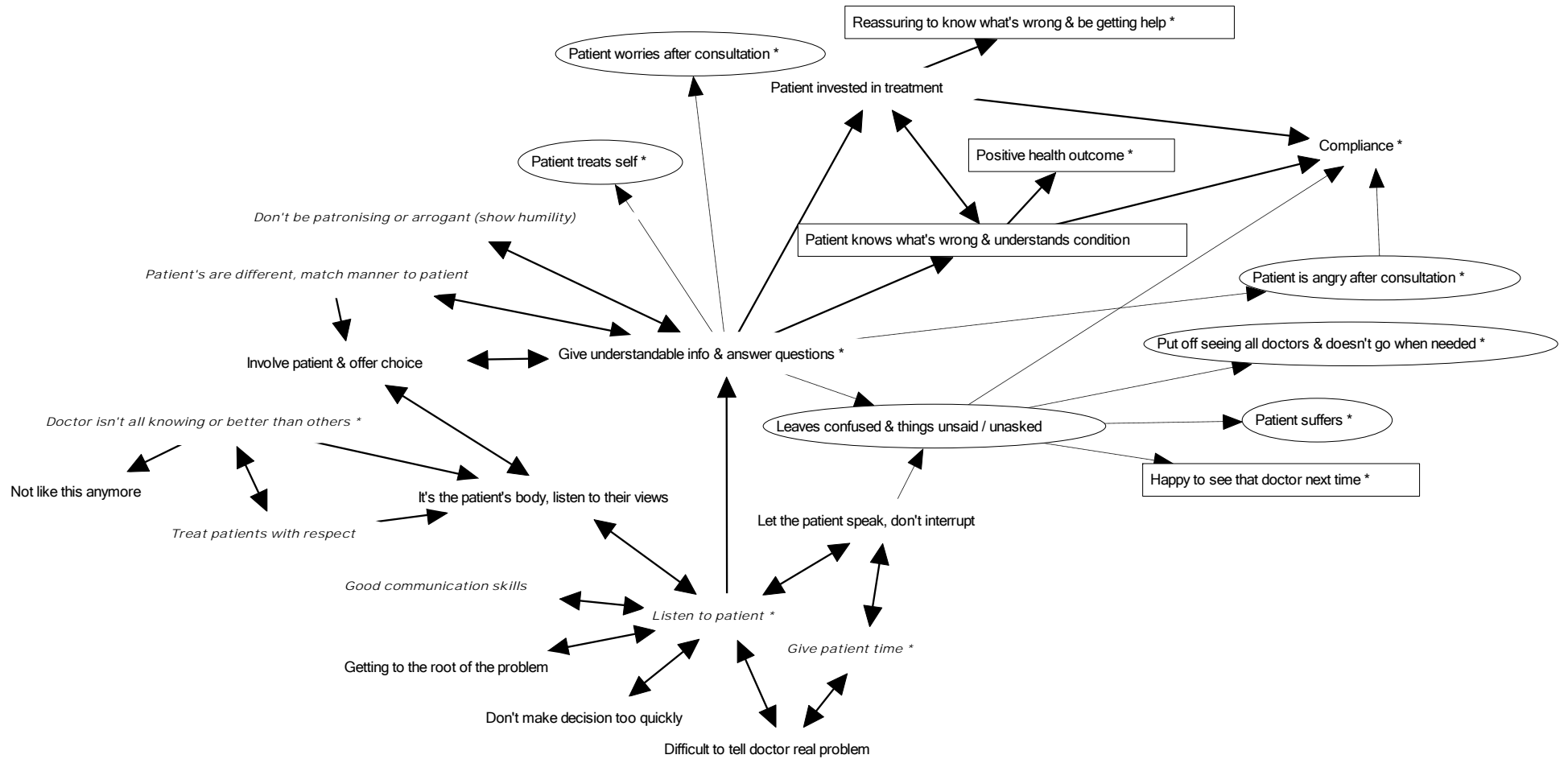
**Figure 3: Doctors - Communication and interpersonal skills**



**Figure 4: Students - Communication and interpersonal skills (Also refer to Figure 5)**



**Figure 5: Students - Communication and interpersonal skills: Focus on Listening and providing information (\* Refer to Figure 4 for additional links)**



**Figure 6: Students - Team-working and Competence**

