

# **APPENDICES**



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## **IDE Master Graduation**

## Project team, Procedural checks and personal Project brief

This document contains the agreements made between student and supervisory team about the student's IDE Master Graduation Project. This document can also include the involvement of an external organisation, however, it does not cover any legal employment relationship that the student and the client (might) agree upon. Next to that, this document facilitates the required procedural checks. In this document:

- The student defines the team, what he/she is going to do/deliver and how that will come about.
- SSC E&SA (Shared Service Center, Education & Student Affairs) reports on the student's registration and study progress.
- IDE's Board of Examiners confirms if the student is allowed to start the Graduation Project.

#### USE ADOBE ACROBAT READER TO OPEN, EDIT AND SAVE THIS DOCUMENT

Download again and reopen in case you tried other software, such as Preview (Mac) or a webbrowser.

#### STUDENT DATA & MASTER PROGRAMME

Save this form according the format "IDE Master Graduation Project Brief\_familyname\_firstname\_studentnumber\_dd-mm-yyyy Complete all blue parts of the form and include the approved Project Brief in your Graduation Report as Appendix 1!

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family name initials	Bartas  AM given name Alexandra	Your master progran	nme (only select the options that apply to you):  () IPD
student number	5165369	2 <sup>nd</sup> non-IDE master:	
street & no.	Wille	_ individual programme:	(give date of approval)
zipcode & city	30	honours programme:	Honours Programme Master
country	The	_ specialisation / annotation:	Medisign
phone	061	_	Tech. in Sustainable Design
email	<u>a.</u>	_	Entrepeneurship

#### **SUPERVISORY TEAM \*\***

Fill in the required data for the supervisory team members. Please check the instructions on the right

** chair	Marijke Melles	dept. / section: HCD/AED		Board of Examiners for approval of a non-IDE mentor, including a
** mentor	Jasper Faber	dept. / section: HCD/DA	0	motivation letter and c.v
2 <sup>nd</sup> mentor	Kevin Moody		•	Second mentor only
	organisation: Amsterdam UMC			applies in case the assignment is hosted by
	city: Amsterdam	country: <u>The Netherlands</u>		an external organisation.
comments (optional)	3rd-mentror: Maarten Bedert; Organisation: Amsterdam-UMC; City: Amsterdam; Country: The Neth	 er <del>lands</del>	0	Ensure a heterogeneous team. In case you wish to include two team members from the same section, please explain why.

**TU**Delft

Procedural Checks - IDE Master Graduation

#### APPROVAL PROJECT BRIEF

To be filled in by the chair of the supervisory team.

chair <u>Marijke Melles</u> da	te <u>11 - 04 - 2022</u> sigr	nature
CHECK STUDY PROGRESS  To be filled in by the SSC E&SA (Shared Service Center, The study progress will be checked for a 2nd time just by	Education & Student Affairs), after apperfore the green light meeting.	proval of the project brief by the Chair.
Of which, taking the conditional requirements	EC X YES NO	all 1st year master courses passed missing 1st year master courses are:
rome <u>C. van der Bunt</u> da  FORMAL APPROVAL GRADUATION PROJECT To be filled in by the Board of Examiners of IDE TU Delft Next, please assess, (dis)approve and sign this Project E	. Please check the supervisory team an	nature <u>CB</u> and study the parts of the brief marked **.
<ul> <li>Does the project fit within the (MSc)-programme of the student (taking into account, if described, the activities done next to the obligatory MSc specific courses)?</li> <li>Is the level of the project challenging enough for a MSc IDE graduating student?</li> <li>Is the project expected to be doable within 100 working days/20 weeks?</li> <li>Does the composition of the supervisory team comply with the regulations and fit the assignment</li> </ul>	Procedure: V APPI  also approved for Medisig as discussed with the chair The full title should be: At Reported Outcome Measur with HIV	sugmenting the value of Patient res -PROMS- for people living chair and
name _Monique von Morgen da	te <u>4/7†2022 -</u> sigr	MvM nature

Chair should request the IDE



#### Personal Project Brief - IDE Master Graduation

## Augmenting the value of PROMS for people living with HIV

project title

Please state the title of your graduation project (above) and the start date and end date (below). Keep the title compact and simple. Do not use abbreviations. The remainder of this document allows you to define and clarify your graduation project.

start date

01 - 04 - 2022

03 - 11 - 2022

end date

#### **INTRODUCTION** \*\*

Please describe, the context of your project, and address the main stakeholders (interests) within this context in a concise yet complete manner. Who are involved, what do they value and how do they currently operate within the given context? What are the main opportunities and limitations you are currently aware of (cultural- and social norms, resources (time, money,...), technology, ...)

HIV (human immunodeficiency virus) is a virus that affects the body's immune system, weakening its ability to fight infections and diseases (About HIV/AIDS | HIV Basics | HIV/AIDS | CDC, n.d.). Since its discovery, HIV treatment has made strides forward and with current treatments the future for someone affected does not look as grim as it used to. However, living with HIV creates a demand for self-management, health literacy, and treatment participation of patients for the rest of their lives.

This project takes its beginnings at the HIV outpatient clinic at Amsterdam UMC, that treats people living with HIV (PLHIV). Their focus is on improving the quality of life, with the intent of providing small-scale and personal treatment for patients. The goal is to give an as healthy and ordinary life as possible while having a broad focus on somatic elements, mental conditions, and social problems that correspond with HIV.

Patient Reported Outcome Measures (PROMs), is a tool that will be implemented by the HIV outpatient clinic at Amsterdam UMC in May 2022. The clinic's aim is for patients to engage with PROMs and, hopefully, better engage in their own healthcare. PROMS is a scientifically validated tool which will be handled by the digital system of Epic and therefore not changeable under the scope of this project. PROMs are used to measure the quality of life of patients, and act as an early signaling system for the individualized care. To gather the data on PROMs it is essential that patients fill in questionnaires prior to their clinical consultation. The questionnaire provides the HIV treatment team with important insights into a patient's mental situation, treatment compliance, substance use, burden of HIV stigma, and more.

Research has shown that patients often do not see PROMs' long term value in helping them in their care. One of the reasons seems that PROMs do not have an immediate impact on the patient. This lack of short term payoff as well as under-utilization by clinicians leads to a lack of motivation in completing PROMs (Van Muilekom et al., 2021). Based on previous studies in other medical settings the team at Amsterdam UMC expects that gathering this data might therefore be difficult. However, if patients are more engaged with PROMs it could lead to a better overview of their own health and possibility to provide help when needed in a timely manner.

There is evidence that patients who are more engaged in their care have better health outcomes ("Patient Engagement," 2013). The relationship between what is called patient engagement, -enablement, -empowerment and -activation is overlapping and often times wrongly used synonymous, as we know from Fumagalli et al., (2014). Going by these definitions figure 1 was created as a guide for the terms in this project. In it, we see that patient engagement can both be the cause and consequence of patient empowerment, and it includes a form of participation and involvement. Patient empowerment is defined in three ways, either as the process of acquiring power, motivation, and ability, or the state of having these, or as the behavior of taking advantage of these. PROMs fits into these definitions as it can be a tool for patient engagement. Filling in PROMs, could be a way for patients to participate in their own health and could lead to further involvement.

Therefore, the goal of this project is to improve the patient engagement of people living with HIV with and through the use of PROMs.

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#### Personal Project Brief - IDE Master Graduation



introduction (continued): space for images

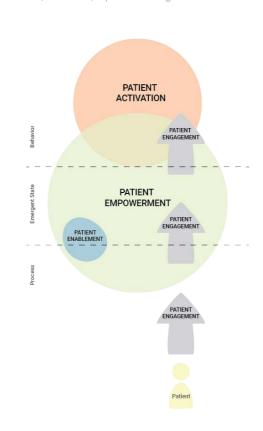


image / figure 1: Patient Engagement, Empowerment, Activation Model. Based on Fumagalli et al., 2014.

## Types of patients at Amsterdam UMC outpatient HIV clinic:

Patients who are very involved in their health. They are curious and ask questions during their appointments.

Patients who do not care to learn more about their health. They will not ask questions during their appointments.

Patients who want health professionals to tell them what to do. They do not want to be involved in their own health.

Patients who are too busy with other things in their life. They do not reflect on their health.

Too busy

Tell me what to do

image / figure 2: Types of patients based on staff observations at Amsterdam UMC outpatient HIV clinic.

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## **TU**Delft

#### Personal Project Brief - IDE Master Graduation

#### PROBLEM DEFINITION \*\*

Limit and define the scope and solution space of your project to one that is manageable within one Master Graduation Project of 30 EC (= 20 full time weeks or 100 working days) and clearly indicate what issue(s) should be addressed in this project.

Amsterdam UMC is planning to work with PROMs to collect patient data and insights on how to improve their patients' quality of life. Their intention is for the patients to fill out the PROMs at home before their appointments. During their appointments at the outpatient clinic, the patients will find out their scores and discuss them with healthcare professionals (HCPs). When patients do not understand the value of PROMs and do not engage in the conversation about PROMs during consultations, it could lead to sub-optimal treatment or longer wait times for the correct help. Additionally, if the patients do not fill in PROMs before appointments, they would at the clinic. Spending that time at the clinic to find out the answers to a PROM is also not a desirable solution. Patients might omit important information that can feel embarrassing to say aloud or they can otherwise forget the struggles they may have had since their last appointment.

Changing the current PROMs contents and the way it is designed to address patients feeling of disinterest is not possible because PROMs need to meet 'psychometric integrity'. Any alteration to the PROMs would require it to go through validation again (Moody & EATG PROMise Task group, 2021). For the same reason making different PROMs questionnaires for different types of patients (examples seen in figure 2) is also impossible.

The above concerns have been expressed by the team at Amsterdam UMC and are based on pilot studies and previous literature research with PROMs. The literature research from Amsterdam UMC and the literature research for this project brief focused on other groups of patients such as patients from pediatric care. Additionally, the PROMs for those studies were facilitated by the KLIK PROM Portal, a digital system that facilitates the use of PROMs for patients and HCPs. There is limited research regarding PROMs facilitated by EPIC for PLHIV, which is a potential limitation (and challenge) for this project.

#### **ASSIGNMENT\*\***

State in 2 or 3 sentences what you are going to research, design, create and / or generate, that will solve (part of) the issue(s) pointed out in "problem definition". Then illustrate this assignment by indicating what kind of solution you expect and / or aim to deliver, for instance: a product, a product-service combination, a strategy illustrated through product or product-service combination ideas, .... In case of a Specialisation and/or Annotation, make sure the assignment reflects this/these.

The project aim is to develop a design intervention that increases the engagement of people living with HIV in their own health and care process by means of PROMs.

The project will start with literature research: What has been done already in patient centered healthcare? How do health outcomes change based on how involved the patient is? What has been done in PROMs to stimulate patient engagement in their own health? How to use behavioral models to influence the patients' experience with PROMs?

Simultaneously, I want to dive into the context, by shadowing healthcare professionals at the HIV outpatient clinic. During this time I plan to connect with the patients at the clinic. Amsterdam UMC is also working on putting together a panel of patients, that I will have the opportunity to work with. This will allow me to better define the scope of the project and start user studies, as they are the main focus.

After initial discussions I aim to include the users in the design process by conducting generative sessions, including sensitizing materials to better prepare them for the sessions, interviews and tools to engage in co-creation with the users. Since this is a sensitive topic, these sessions will be done with one patient at a time to preserve anonymity. I want to involve the patients throughout the project to ensure the resulting design fits them. Low fidelity prototypes will be used for the initial testing. The goal for the final deliverable will be a more high fidelity prototype of a design intervention that increases patient engagement through interaction with PROMs.



#### Personal Project Brief - IDE Master Graduation

#### PLANNING AND APPROACH \*\*

Include a Gantt Chart (replace the example below - more examples can be found in Manual 2) that shows the different phases of your project, deliverables you have in mind, meetings, and how you plan to spend your time. Please note that all activities should fit within the given net time of 30 EC = 20 full time weeks or 100 working days, and your planning should include a kick-off meeting, mid-term meeting, green light meeting and graduation ceremony. Illustrate your Gantt Chart by, for instance, explaining your approach, and please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any, for instance because of holidays or parallel activities.

start date <u>1 - 4 - 2022</u> end date



The project plan takes into account 100 days of work, starting from 1st of April and ending on 3rd of November. The project week will generally consist of 4 working days, due to a part-time job.

There are 11 weeks that will contain 3 days of work, of which 9 are due to taking a course, that will take place on Tuesdays. The course is Drawing the Human Figure (ID5462), which will improve my visualization skills for this project and future projects. Due to my background being more technical and research oriented I strive to improve my visualization skills as a designer.

The other 2 weeks containing 3 days of work are due to the Easter holiday and taking a day off after the midterm presentation. Similarly, during week 39 I have scheduled only two days so I can recover after the green light meeting.

Additionally, 3 weeks off is included during the summer break. The last week of vacation is currently placed in August due to having to renew my passport, those dates are not final as it is not possible to know the exact date for this appointment.

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#### Personal Project Brief - IDE Master Graduation

#### MOTIVATION AND PERSONAL AMBITIONS

Explain why you set up this project, what competences you want to prove and learn. For example: acquired competences from your MSc programme, the elective semester, extra-curricular activities (etc.) and point out the competences you have yet developed. Optionally, describe which personal learning ambitions you explicitly want to address in this project, on top of the learning objectives of the Graduation Project, such as: in depth knowledge a on specific subject, broadening your competences or experimenting with a

I am passionate about designing for health, especially to help vulnerable groups. So this project aligns very well with some of my core values, because I think design should be all about the people it serves. With my background in Medisign this project will test my skills within the area and I hope to bring everything I have learned to bear.

The thing that speaks to me about this project is its focus on the wellbeing of patients, in all areas. Getting to experience and interact with this approach will only strengthen me as a designer.

I am looking forward to the opportunity to get some first hand experience in shadowing and observing in the health care context. The theory I have learned on observation and in-context studies will be refined into proper skills.

I hope to improve my skills in interviewing and use what I learned in courses like Context mapping and Context and Conceptualization. This is why I want to use what I learned in those courses through design and using generative tools.

As mentioned previously, my background is more technical and research oriented. This is due to my Bachelor's being in Medialogy (at Aalborg University), where projects focused on literature research and argumentation, implementation and statistics. In this project I aim to focus more on the design phase, especially ideation where I will experiment with different ideas. Due to the time constraints of this project, low fidelity prototypes will be used for the initial testing. The goal for the final deliverable will be a more high fidelity prototype.

#### References:

- 1. About HIV/AIDS | HIV Basics | HIV/AIDS | CDC. (z.d.). Centers for Disease Control and Prevention. Geraadpleegd op 1 april 2022, van https://www.cdc.gov/hiv/basics/whatishiv.html#:%7E:text=HIV%20(human%20immunodeficiency% 20virus)%20is,healthy%20and%20prevent%20HIV%20transmission.
- 2. Van Muilekom, M. M., Teela, L., Van Oers, H. A., Van Goudoever, J. B., Grootenhuis, M. A., & Haverman, L. (2021). Patients' and parents' perspective on the implementation of Patient Reported Outcome Measures in pediatric clinical practice using the KLIK PROM portal. Quality of Life Research, 31(1), 241–254. https://doi.org/10.1007/s11136-021-02950-x
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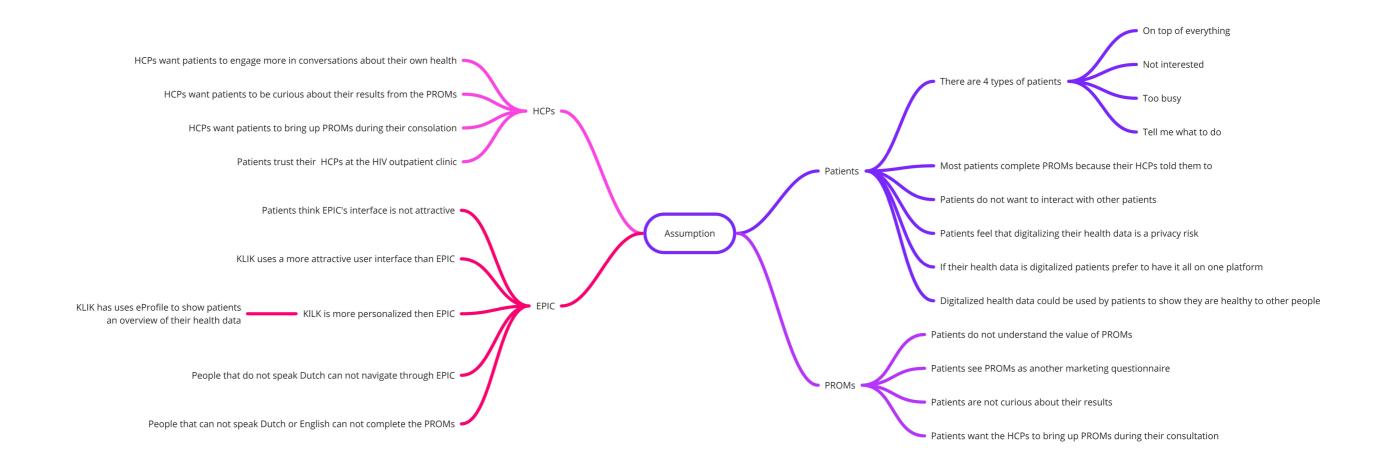
https://www.eatg.org/wp-content/uploads/2021/10/eatg-proms-in-hiv-research-referencereport.pdf

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Append	lix 2:	Assum	ption	Map
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An assumption map was used to have a visual representation of any assumptions made at the beginning of this project. It is a tool that helps identify and document the assumptions made about the target group, the problem, and the solution, and it is used to understand the potential risks and limitations of a design. The map was made based on initial meetings with the clients and initial research conducted. Not all assumptions are needed to be answered for the project e.g. In this instance the assumption that patients do not think the EPIC software provides an attractive interface will not be answered because changing the interface is out of the scope of the project.



<b>Appendix 3: Ir</b>	nterview	<b>Guide for</b>	<b>Patients</b>
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#### **Interview Guide**

#### Participants:

People living with HIV,

People that follow treatment at Amsterdam UMC, location AMC.

#### Timing:

- 1. Part 1: Introduction: 5 min
- 2. Part 2 Provotype 1: 5-7 min
- 3. Part 3 Provotype 2: 6-7 min
- 4. Part 4 Provotype 3: 7-9 min
- 5. Part 5: Wrap up: 3-5 min

(Total time: 26-33 min)

#### Materials:

- Consent form
- 2. Interview script
- 3. 1<sup>st</sup> Provotype
  - visual storyboard
  - o visual guide (only contains first 2 steps, as it is meant to immerse the participant, not to be used
- 4. 2<sup>nd</sup> Provotype
  - o visual storyboard
  - board with pins
- 5. 3<sup>rd</sup> Provotype
  - visual storyboard
  - o speaker
  - o phone with audio files
- 6. Pen and paper
- 7. Audio recorder
- 8. Gift card

#### Text Format:

Talking

Notes

#### **Heading**

- Question
  - Follow up question

#### **Interview Guide**

Part 1: Introduction

Thank you for taking the time to do this interview with me. I am Alexandra and I am coordinating this research project.

Amsterdam UMC is looking at ways to encourage patients to get more **involved** with about their well-being and health care experiences. Today, I would like to engage you to explore some possibilities to see what the most **acceptable and effective** way would be to **present reporting tools** to patients. Reporting tools consist of **questionnaires** that will be delivered through e-mails and on the web that will be filled out in preparation of the consultation at the hospital.

For this interview I prepared 3 possible **scenarios**. I would like to go through them with you as if you are experiencing the scenarios **firsthand**. For this I prepared some pictures and interactive materials to show what these scenarios would look like. The goal of these scenarios is to get your **expert opinion** as a patient.

I will be taking notes during this interview. I also have an audio recorder so I can look back to the interview in case I missed anything. Only I will read and have access to those notes and audio file.

Before we begin, I would like to give you a consent form.

Are there any questions you have before I start the interview?

Help them with any questions they might have.

If you are ready, I will start the audio recorder.

Start audio recorder.

General questions

I will start with some general questions.

- Where are you from?
- How old are you?

We are presenting people with a tool to report to us through MyChart/Mijn Dossier.

- Do you have an account with MyChart/Mijn Dossiier?
  - o *If yes:* How would you describe your experience with MyChart/Mijn Dossier?
  - o If no: What is preventing you from getting an account with MyChart/Mijn Dossier?
  - If they do not know what MyChart/Mijn Dossier is, give a brief introduction to MyChart.

Brief explanation of MyChart/Mijn Dossier: MyChart/Mijn Dossieris a patient portal used by Amsterdam UMC where you can keep track of your appointments, manage your health information, be in contacts with the healthcare professionals and have access to the reporting tools I mentioned previously.

From now I will refer to those reporting tools as PROMs.

- Have you heard about PROMs before?
  - o If yes: What is your impression of PROMs?

Part 2: Provotype 1

#### 1st Provotype

Now I will present you the 1<sup>st</sup> scenario. This scenario is set in the waiting room at the clinic. As we go through the scenario, I will show you some pictures to help visualize what is happening. Afterwards I will ask you some questions about the scenario.

Keep in mind that we are looking to see what the most acceptable and effective way would be to present reporting tools to patients. Feel free to ask any questions you have about the scenarios.

*Show illustration of frame 1.* 

Frame 1: This is the first picture where you as the patient enter the waiting room passing through the reception desk. The receptionist greets you and hands you a visual guide on how to set up MyChart and find the PROMs on MyChart.

Hands the patient the visual guide.

To show you what the visual guide would look like, I am showing you the first page.

Show illustration of frame 2.

Frame 2: The receptionist shows you to a computer in the waiting room.

Show illustration of frame 3.

Frame 3: You are following the visual guide and set up an account with MyChart. However, you get stuck at the step where you are supposed to find the PROMs.

Show illustration of frame 4.

Frame 4: The receptionist helps you with this step and shows you how to find the PROMs.

*Show illustration of frame 5.* 

Frame 5: You complete the PROMs.

Show illustration of frame 6.

Frame 6: You log out of your MyChart account and find a seat in the waiting room for the remaining waiting time before your appointment.

#### Questions:

- Do you see yourself going through this scenario in the future?
  - o Why?
  - o Do you feel comfortable?
  - o Do you think you would have any challenges in this scenario?
- How do you feel about filling in PROMs in the waiting room?

Part 3: Provotype 2

#### 2<sup>nd</sup> Provotype

Let's start with the 2<sup>nd</sup> scenario which is also set in the waiting room. I will follow a similar structure to the previous scenario.

Show illustration of frame 1.

Frame 1: You enter the waiting room passing through the reception desk. The receptionist greets you and asks you if you have completed the PROMs before your appointment.

*Show illustration of frame 2.* 

Frame 2: If you have completed the PROMs before your appointment, the receptionist gives you a box of pins that you can put on the waiting room wall.

Show illustration of frame 3.

Frame 3: You sit down in the waiting room and see that the wall has some drawings and some prompts to conversation that other patients contributed with. You are thinking about what to add to it yourself.

Similar to the picture, the wall would look like this...

Present the participant with a board with pins (Existing prompts before the interview: What is your dream travel location? How do you feel today? Show it with pins! or Do you have a headache?)

If you were in this scenario, what would you add to the wall? Can you use these pins to show me?

Participant adds to the board.

#### Questions

- Do you see yourself going through this scenario in the future?
  - o Why?
  - O Do you normally have enough time before your appointment to use pins?
- Would this be something that would motivate you to complete PROMs?
  - O How?
- What did you think about the questions on the board?

- O What were your thoughts when placing the pins?
- Do you see opportunities to fill out the PROMs should this become part of your care at the AMC before coming to an appointment?
  - o How?
- If they heard about PROMs before: Did you have a chance to fill in PROMs yet for your appointments?
  - o If yes: What helped you in completing PROMs?
  - o If no: What has prevented you from completing PROMs?
- When was the last time you waited for a long time?
  - O What did you do while you waited?
  - O How would you have liked to spend that time?
    - If they responded with a waiting instance outside Amsterdam UMC: Is this something you would like to do while waiting for your appointment at Amsterdam UMC?
      - If no: How would you like to spend the time in the waiting room at Amsterdam UMC?

#### Part 4: Provotype 3

#### 3rd Provotype

This will be the last scenario which is set at your home. In this scenario you own a chatbot/AI assistant such as Siri or Alexa.

- Are you familiar with these?
  - o If no: brief demonstration with Siri. e.g. Hi Siri! What is the weather today?

The chatbot/AI assistant wants to aid you in completing your PROMs. I will use this prompt (show speaker) to play as your chatbot/AI assistant, so you will be able to interact with it during the scenario. Let's get started.

Show illustration of frame 1.

Frame 1: You are at home and your chatbot wants to ensure you have time to talk about your health.

Audio File 1: Good evening! Do you have time for a quick chat?

#### Feel free to respond!

Response from participant.

Optional: Show illustration of frame 2. (This frame is optional based on the remaining time of the interview.)

Frame 2: The chatbot wants to make you sure you feel comfortable, so it gives you a few options to create a calming atmosphere.

Audio File 2: What would make you feel more comfortable at the moment: a calming scent, calming music or some breathing exercises?

Response from participant.

If the participant chose calming scent: open lavender scent bottle.

If the participant chose calming music: Play Audio File 3 with 15 sec of calming music.

If the participant chose breathing exercises: Play Audio File 4 with 15 sec of a breathing exercise.

Show illustration of frame 3.

Frame 3: The chatbot wants to help you complete the PROMs before your appointment.

Audio File 5: Did you have a chance to complete the PROMs?

Response from participant.

If yes: Audio File 5: I am happy to hear that!

If no: Audio File 6: I want to help you complete the PROMs before your appointment. Do you have any questions for me?

In case they do not respond: What would you ask the chatbot?

#### Response from participant

Based on their answer: Interesting question!

- Why did you ask the chatbot...?
- Why is it important for you to know...?

This chatbot was trained to answer a few questions. What question would you ask from the following illustration?

Show illustration of frame 4.

Frame 4: You are asking the chatbot one of the following questions: 1. How much time does it take to complete the PROMs? 2. Who can see my answers?

Response from participant

#### Based on the response:

If they chose 1: Audio File 7: Completing PROMs takes about 20 min.

If they chose 2: Audio File 8: Only the medical team has access to your data.

#### Questions

- Do you see yourself going through this scenario in the future?
  - o Why?
  - o Do you feel comfortable?
  - O Would you feel comfortable talking to a chatbot/Ai assistant about PROMs?
    - Why?
  - O What topics would you be comfortable discussing with the chatbot?
    - Whv?
    - If they do not mention health related topics: Would you feel comfortable talking to a chatbot/Ai assistant about your health?
  - o Do you think you would have any challenges in this scenario?
- What digital tools/technology do you use in your daily life? (In case they need examples: this could be a phone, computer, tablet...)
  - O How do you use them?
- With whom would you feel comfortable to talk about PROMs?
  - o Why?
- (If they completed the PROMs) Have you had a chance to discuss PROMs with a HCP?
  - o If yes: How did you feel about that experience?
  - o If yes: What have you learned from that discussion?
  - o If no: Would you like to discuss PROMs with a HCP?
    - Why?
- (If they did not complete the PROMs) Would you like to discuss PROMs with a HCP?
  - Why?
- What do you do when you have questions regarding your health between appointments?

#### Part 5: Wrap up

#### Additional questions

- What was your preferred scenario?
  - o Why?
- Which scenario did you not like?
  - o Why?

We are approaching the end of the interview, so I have a few last questions for you.

- o Is there anything else you would like to discuss?
- O Do you have any questions for me?

Thank you again for your time, if you have any other questions do not hesitate to contact me!

Give them a gift card.

Appendix 4:	Interview	Guide fo	or Nurses
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#### **Interview Guide**

#### Participants:

Nurses working at the HIV outpatient clinic at Amsterdam UMC, location AMC.

#### Timing:

- 1. Part 1: Introduction: 2 min
- 2. Part 2: Questions about the relationship between nurses and patients: 3 min
- 3. Part 3: Questions about patient involvement in their own healthcare: 4-6 min
- 4. Part 4: Questions about PROMs: 7-8 min
- 5. Part 5: Questions about MyChart: 5 min
- 6. Part 6: Wrap up 2 min

(Total time: 23-26 min)

#### Materials:

- Consent form
- 2. Interview script
- 3. Pen and paper
- 4. Audio recorder
- 5. Gift card

#### Text Format:

Talking

Notes

#### **Heading**

- Question
  - o Follow up question
    - Follow up to the follow up question

#### Interview Guide

Part 1: Introduction

There is an expectation that I have previously introduced myself to the nurses during an earlier stage of my project, where I shadowed them during consults.

Hello, first I would like to thank you for taking the time to do this interview!

As you might know, I am looking into ways that can help patients be more involved with their own health, with a focus on PROMs.

For this interview I have prepared three types of questions. First, I would like to better understand your perspectives on patient experiences and the relationship you have with patients. Second, I would like to better understand your perspectives on underserved populations. Third, I would like to find our how you assess on the patient involvement with their own healthcare.

I want to add that this research is not focused on the current implementation of PROMs but how they would ideally serve the patients in the future.

I will be taking notes during this interview. I also have an audio recorder so I can look back to the interview in case I

missed anything. Only I will read and have access to those notes and audio file.

Before we begin, I will give you a consent form.

Are there any questions you have before I start the interview?

Help them with any questions they might have.

If you are ready, I will start the audio recorder.

Start audio recorder.

Part 2: Questions about the unique relationship between nurses and patients.

I will start with some general questions.

- How long have you been working as a nurse at this clinic?
  - o How would you compare your relationships with patients now as opposed to when you started here?
- How would you describe your experience as a nurse?
  - o How many patients do you see in a day?
    - How does this affect your relationship with patients?

Based on the previous answers in Part 2, the following anecdote can be introduced to spark further reflection:

For A: Three of the patients whose consultation I observed gave you some heartfelt farewells for your retirement. I remember one of them gave you a thank-you card.

- What did that mean to you?
- How would you define your relationship with those patients?
  - o And how would you define your relationship with patients in general?

For the other nurses: Three of the patients whose consultation I observed gave a nurse who is retiring some heartfelt farewell. I remember one of them gave the nurse a thank-you card.

- Do you think this reflects the general relationship between nurses and patients at this clinic?
  - o Why
- How would you define your relationship with patients?

Part 3: Questions about the current patient involvement in their own healthcare.

- How involved do you feel the patients are in their own healthcare?
  - Optional question based on time: How often do patients research and bring up new information regarding their health?
    - What type of information do they usually bring up?
    - What patients would this apply to?
  - o What type of questions do patients have during appointments?
  - o How do your expectations change for each appointment based on the patient?
  - o Is there anything you would like patients to discuss more?
    - Why?
    - What patients would this apply to?
- What is the best way to explain a health-related issue to a patient?

Part 4: Questions about PROMs:

I will continue with some questions about PROMs.

- What would you like to get out of PROMs in your own practice?
- What should patients get out of PROMs?
  - o Do you think patients are aware of this?
    - In what way?

- o Optional question: Do you feel patients are aware of how PROMs can benefit them?
- What are patient attitudes towards PROMs?
  - o Can you give me an example?
- What concerns have patients brought up regarding PROMs?
  - o For each concern of interest: Why do you think they brought up this concern?
  - o For each concern of interest: What patients would have this concern?
- What do you think are the main challenges patients might experience with PROMs?
- How do you think digital skills or access to technology can affect patients interacting with PROMs?
- What do you think might help patients to complete PROMs?
- Can you describe for me who the patients are that would benefit most from PROMs in your practice?

#### Part 5: Questions about MyChart:

In the future, for patients to have access to PROMs, they first need to get an account with MyChart. Therefore, I would like to ask you some guestions about the patient experience with the platform.

For A: During my observations, I remember that you introduced a patient to MyChart and that this was not their first appointment at this clinic.

For the other nurses: From my observations, I remember a patient being introduced to MyChart during their consultation with a nurse. I also remember that this was not their first appointment at this clinic.

- Is MyChart introduced in this way to all patients?
  - o Why?
  - o How?
  - o At what point after becoming a patient at this clinic are patients introduced to MyChart?
- How many patients do you think could use MyChart?
  - o What patients are likely to use MyChart?
  - o What patients are least likely to use MyChart?
  - o What patients could become more likely to use MyChart
    - How?
- What concerns have patients brought up about MyChart?
  - o For each concern of interest: Why do you think they brought up this concern?
  - o For each concern of interest: What patients would have this concern?
- How do you think the concern for privacy can affect patients using MyChart?
  - o For each concern of interest: What patients would have this concern?
- Optional question based on time: What do you think are the main challenges patients might experience with MyChart?
- Can you think of ways to introduce patients to my chart more effectively?

Part 6: Wrap up

We are approaching the end of the interview, so I have a few last questions for you.

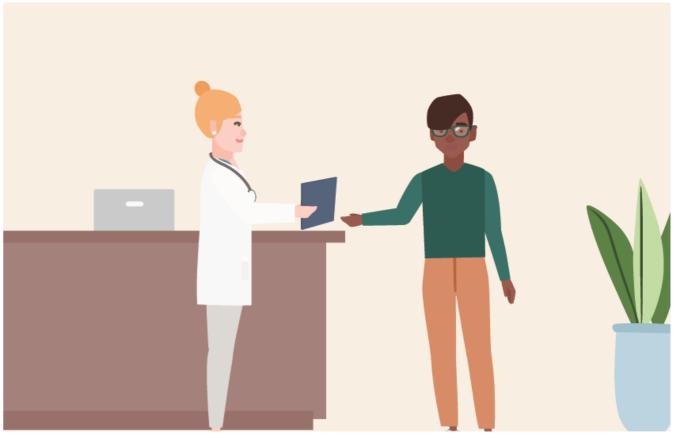
- o Can you describe the type of patient we can help with this project?
- o Is there anything else you would like to discuss?
- o Do you have any questions for me?

Thank you again for your time, if you have any other questions do not hesitate to contact me!

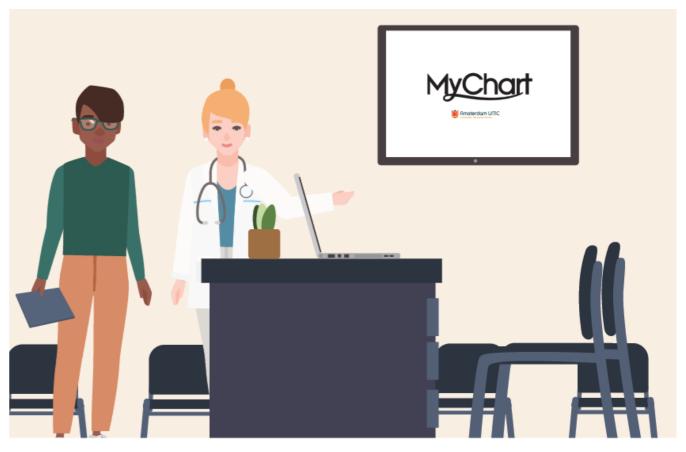
Give them a gift card.

## Appendix 5: Provotypes in English and Dutch

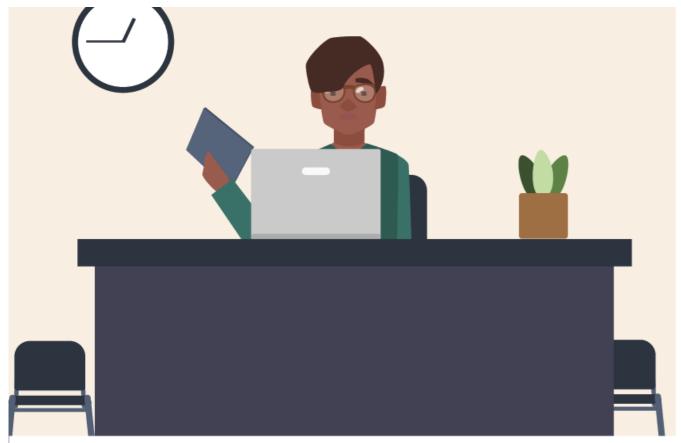
## Provotype 1 in English



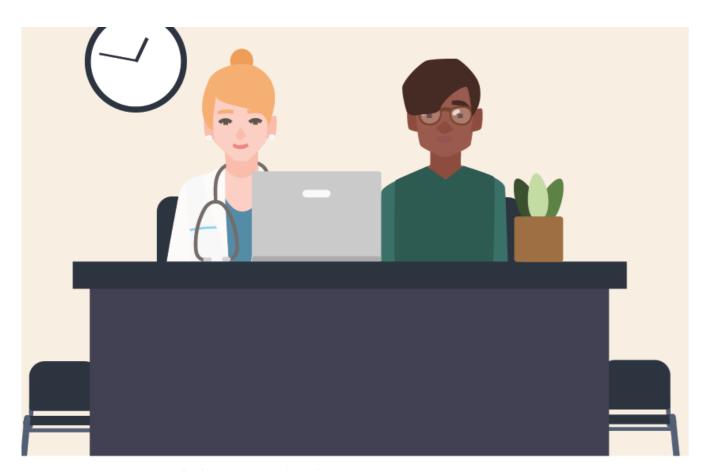
You enter the **waiting room** passing through the reception desk. The receptionist greets you and hands you a **visual guide** on how to set up MyChart.



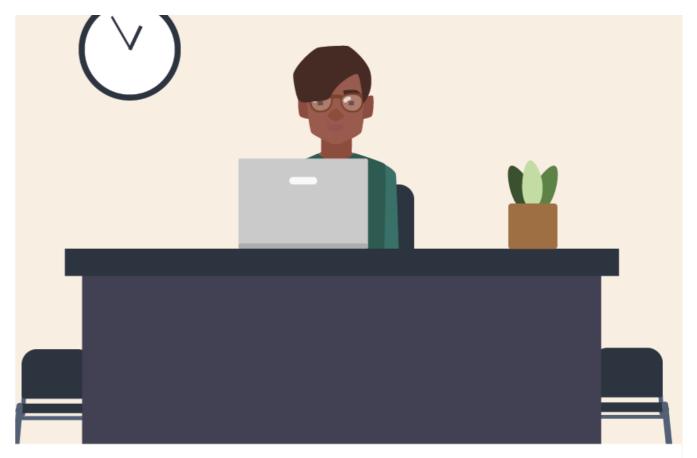
The receptionist shows you to a computer in the waiting room.



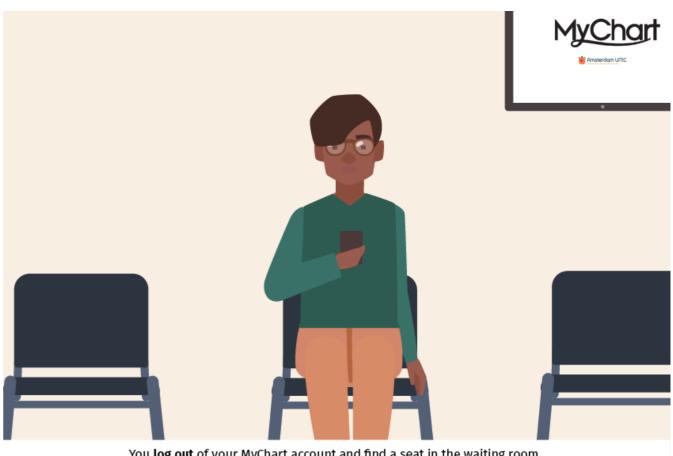
You are following the visual guide and set up an account with MyChart. However, you get stuck at the step where you are supposed to find the PROMs.



The receptionist helps you with this step and shows you how to find the PROMs.

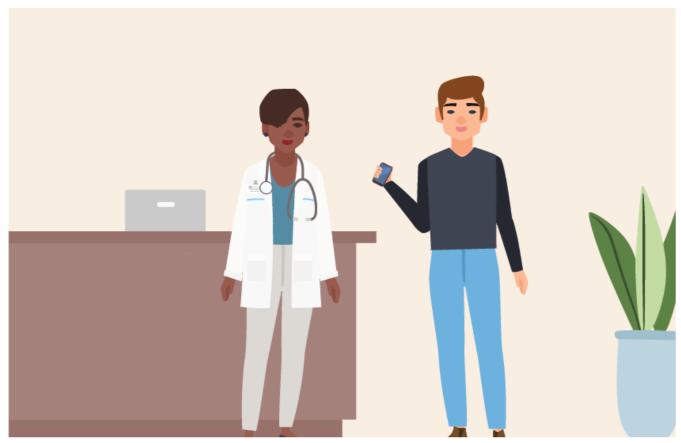


You complete the PROMs.



You **log out** of your MyChart account and find a seat in the waiting room for the remaining **waiting time** before your appoinmnet.

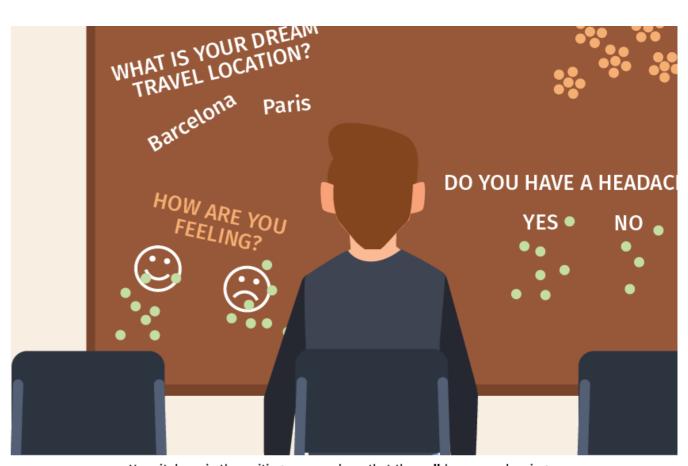
## Provotype 2 in English



You enter the **waiting room** passing through the reception desk. The receptionist greets you and asks you if you have completed the PROMs.

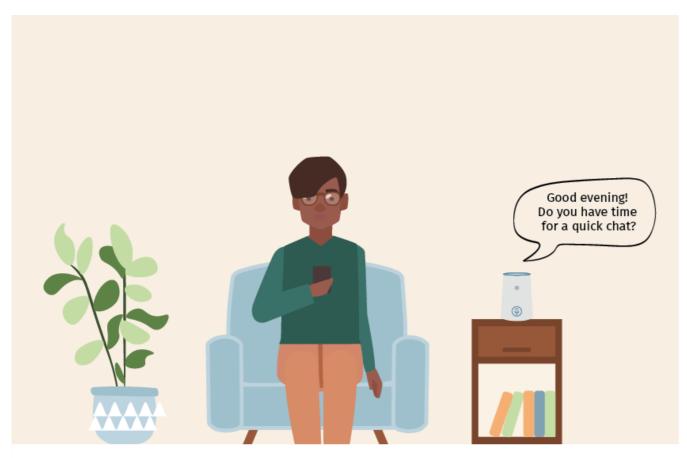


You completed the PROMs and the receptionist gives you a box of pins.

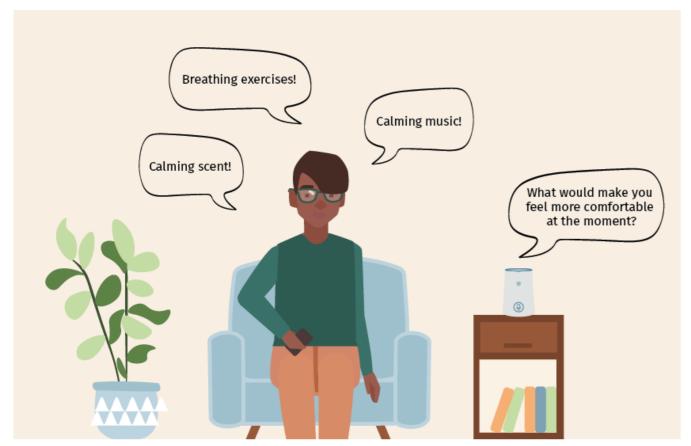


You sit down in the waiting room and see that the **wall** has some drawings and some prompts to conversation that **other patients** contributed with.

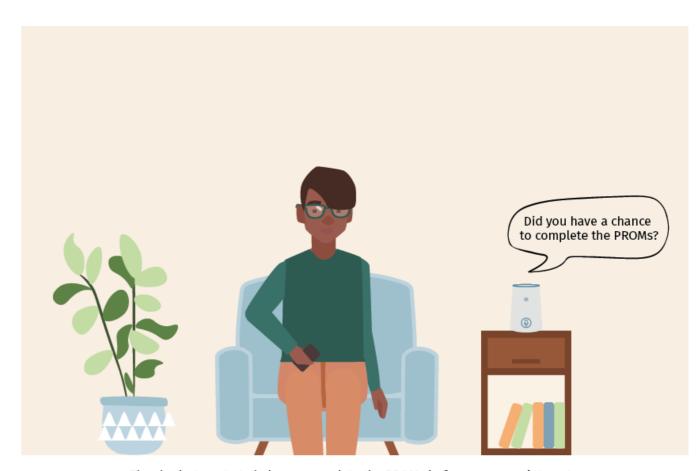
## Provotype 3 in English



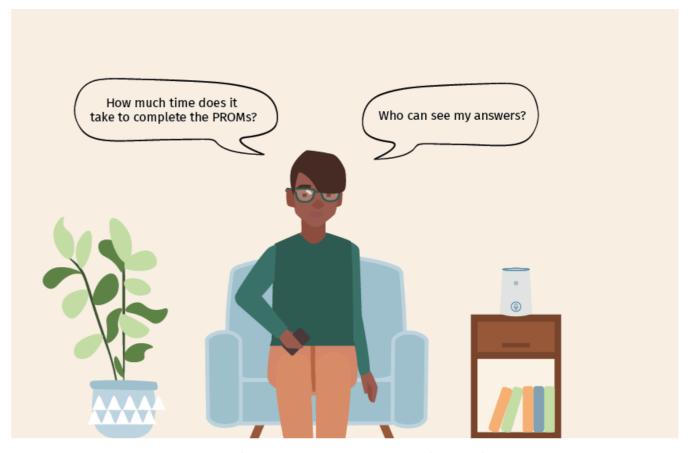
You are at home and your chatbot wants to ensure you have time to talk about your health.



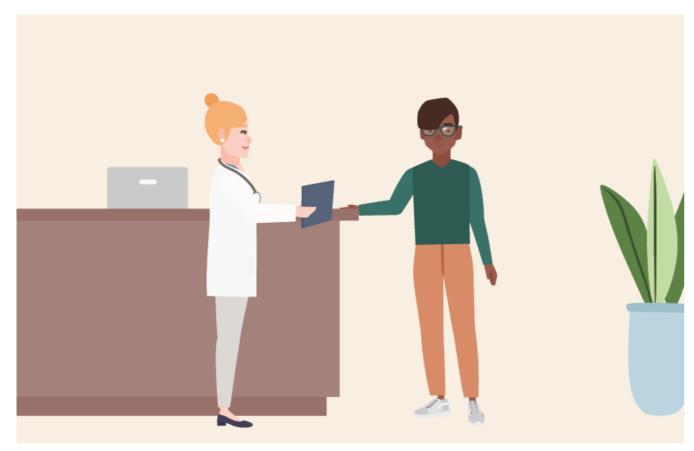
The chatbot wants to make you sure you feel **comfortable**, so it gives you a few options to create a calming atmosphere.



The chatbot wants to help you complete the PROMs before your appointment.



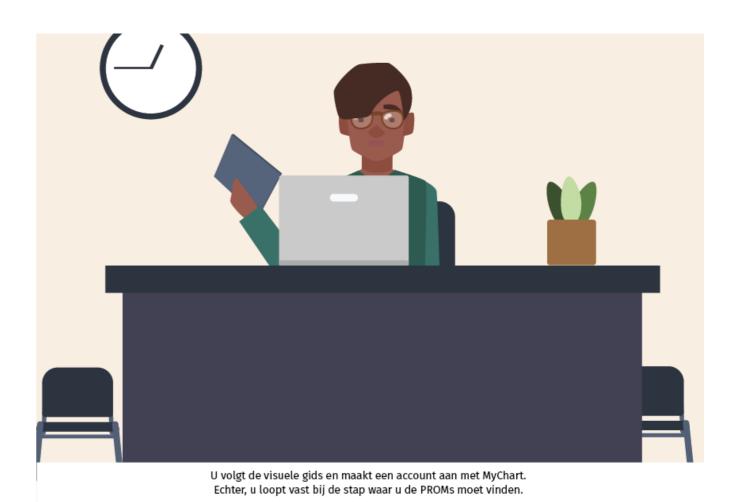
You are asking the chatbot one of the following questions.

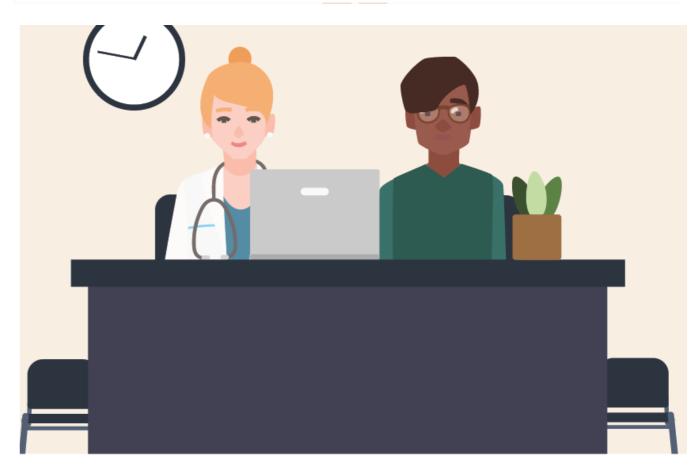


U komt de **wachtkamer** binnen via de receptie. De receptioniste begroet u en overhandigt u een **visuele gids** over hoe MyChart in te stellen.



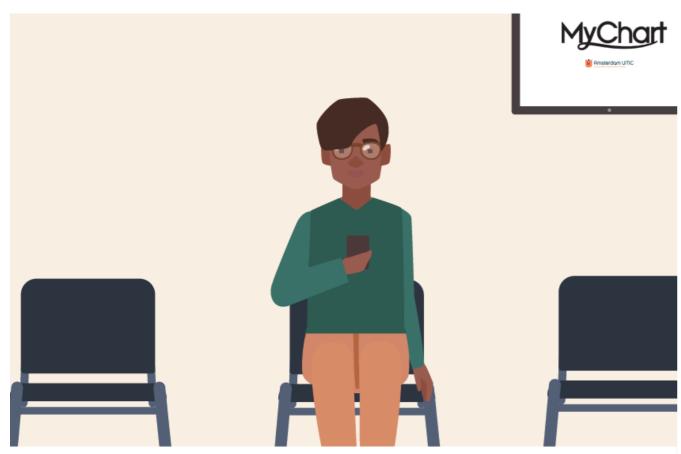
De receptionist wijst u de weg naar een computer in de wachtkamer.





De receptioniste helpt u bij deze stap en toont u hoe u de PROMs kunt vinden.

Je hebt de PROMs voltooid.

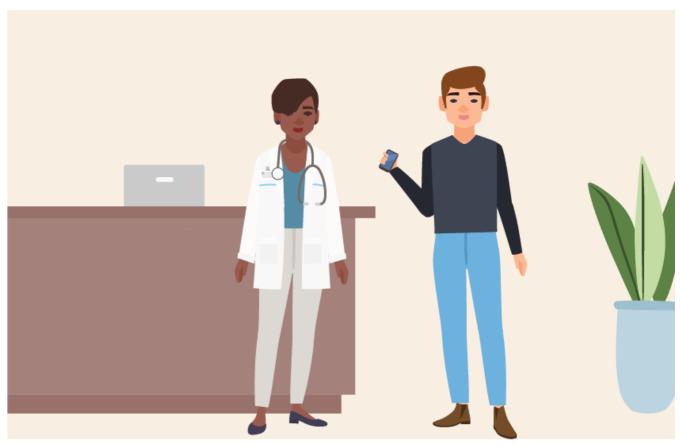


U **logt uit** van uw MyChart account en zoekt een plaats in de wachtkamer voor de **resterende wachttijd** voor uw afspraak.

## Provotype 2 in Dutch



Als je de PROMs hebt ingevuld, geeft de receptioniste je een **doos met spelden** die u op de muur in de wachtkamer kunt hangen.

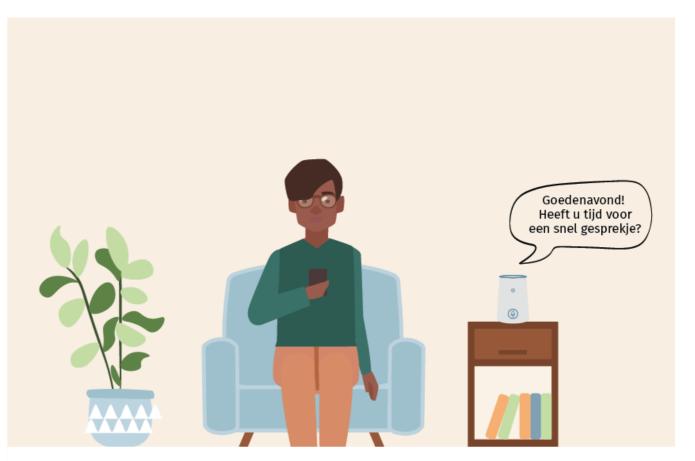


Je komt de **wachtkamer** binnen langs de receptie. De receptioniste begroet u en vraagt u of u de PROMs heeft ingevuld voor uw afspraak.



Je gaat in de wachtkamer zitten en ziet dat er aan de **muur** wat tekeningen hangen en wat gespreksaanknopingspunten waar **andere patiënten** aan hebben meegewerkt.

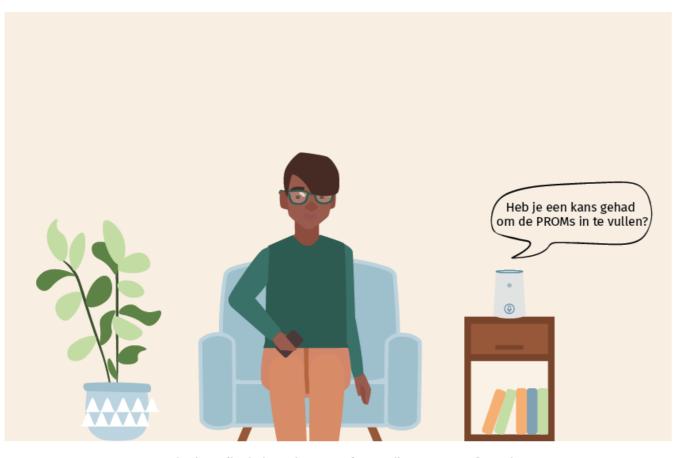
#### **Provotype 3 in Dutch**



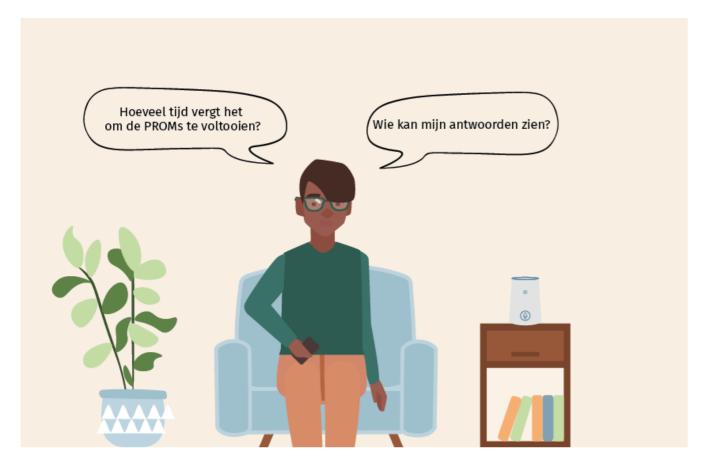
U bent thuis en uw chatbot wil ervoor zorgen dat u tijd heeft om over uw gezondheid te praten.



De chatbot wil ervoor zorgen dat je **comfortabel** voelt, dus het geeft je een paar opties om een kalmerende sfeer te creëren.



De chatbot wil u helpen de PROMs in te vullen voor uw afspraak.



U stelt de chatbot een van de volgende vragen.

## **Appendix 6: Filled in Wrosheets for Nurses**

## Is there anything you would like patients to discuss more?

Add your answers in the empty space below. You can do that using post-it notes or writing it directly on the empty space. Add as many answers as you want!

I am the Not up Problems Will be one that brought up from the asks to me even without questions **PROMs** the PROMs Not a lot of Where How Would like How it feels time to ask them to think PROMs when they Feelings they are about they can ask come to he can help doing everything everything clinic If there is Trauma No-Being Coping with anything HIV for a show from the ashamed longer period the nurse of HIV WHY? of time past misses Do they Sexual Using Sexuality Children want protection (only some health /Partners during sex patients) children

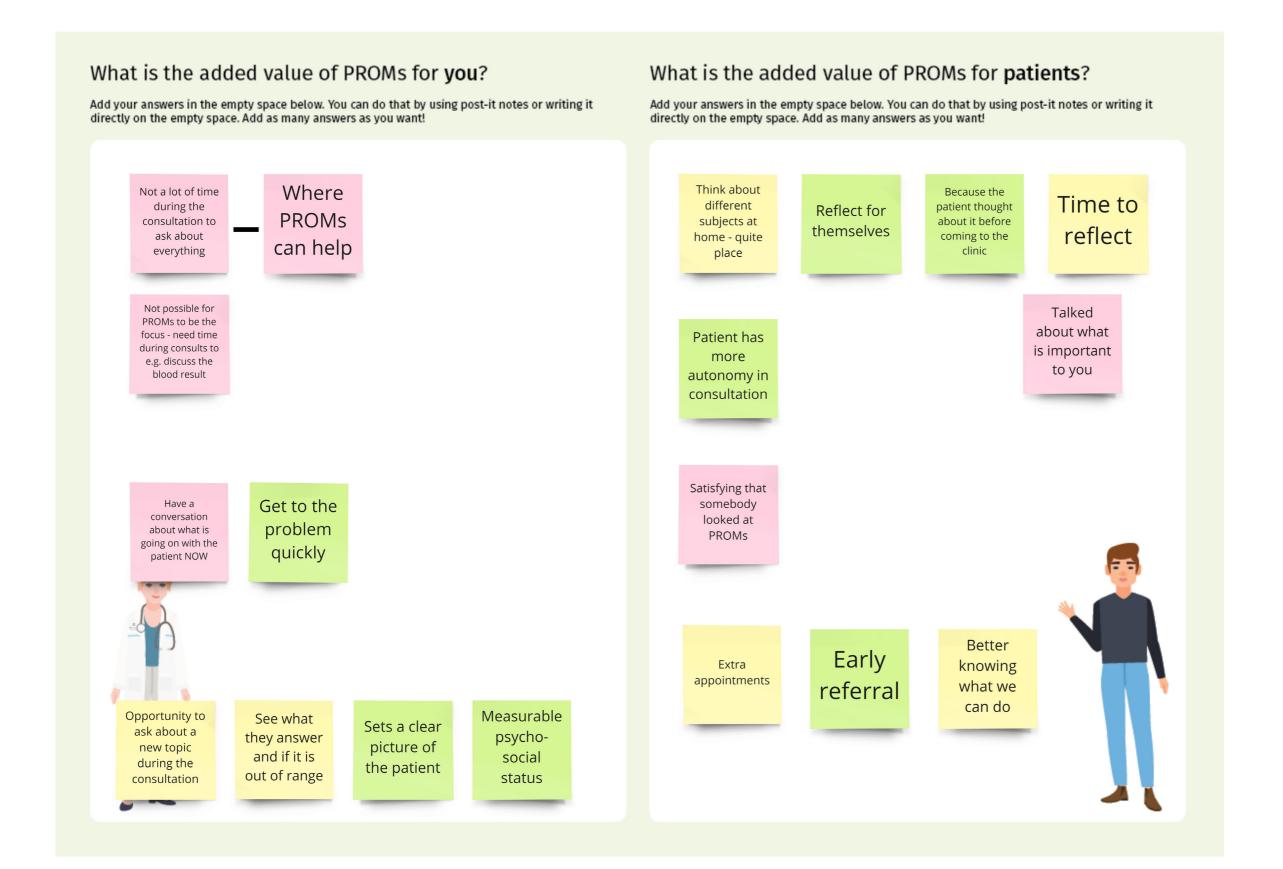
It is a nurse's responsibility to drive the discussion in the consultation

Nurses would like patients to talk about their feelings in general

Nurses think topics from PROMs would be brought up in consultations even without PROMs

Nurses would like patients to talk about their feelings about HIV

Nurses would like patients to talk more about their sexual health



Nurses think there is not enough time in the consultation to talk about PROMs. Nurses think PROMs can be used to bring up new topics in a consultation.

PROMs are a way for patients to self-reflect on their healthcare.

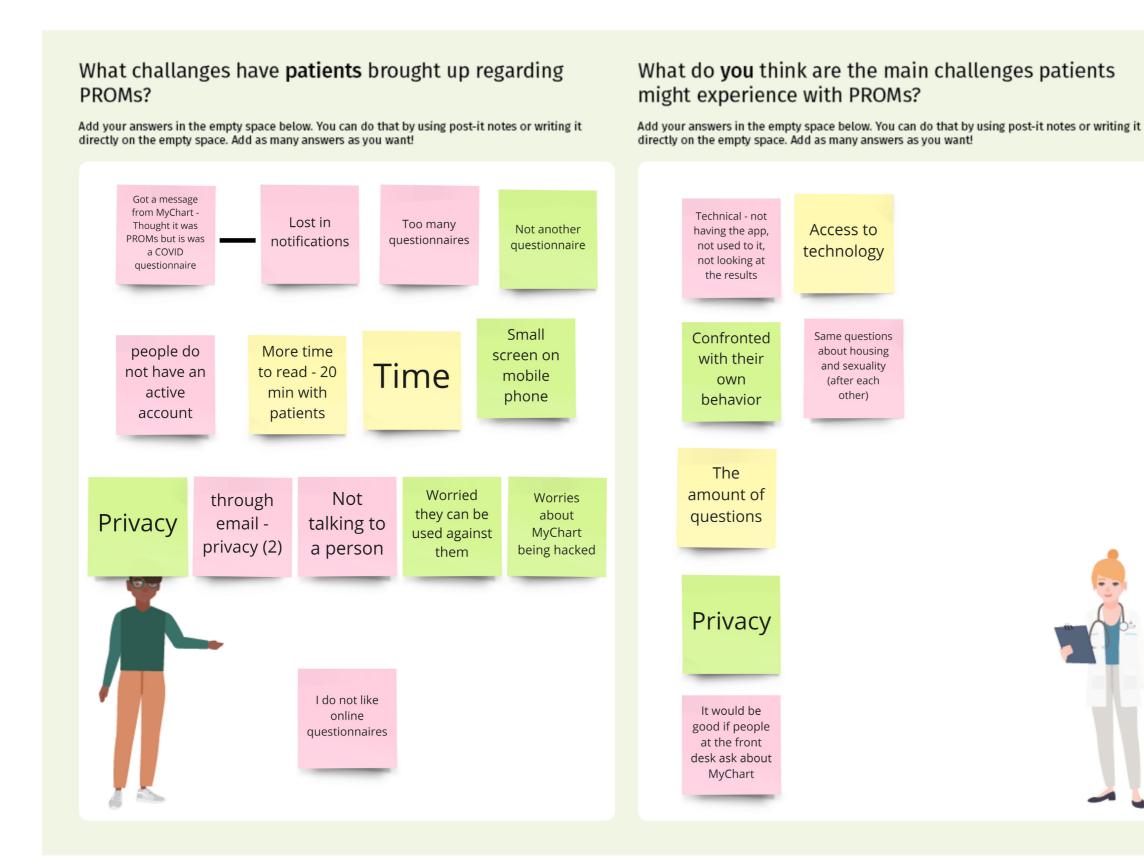
Patients would find it satisfying if they knew someone looked at their answers from PROMs.

Nurses think there is not enough time in the consultation to talk about everything, which is why they see PROMs as a useful filtering tool.

Nurses do not think there is enough time in the consultation to talk about PROMs. PROMs can give patients more autonomy during consultations.

PROMs can help nurses have a general picture about the patient with a measurable psycho-social status.

Nurses can learn how to support patients better by using PROMs.



Patients have communicated to nurses that there is an overflow of notifications from the hospital in general.

Patients have communicated technical issues with MyChart.

Nurses think technical issues or access to technology can play a big role on the likelihood of patients to fill in PROMs.

Nurses think patients have privacy concerns when it comes to PROMs and MyChart.

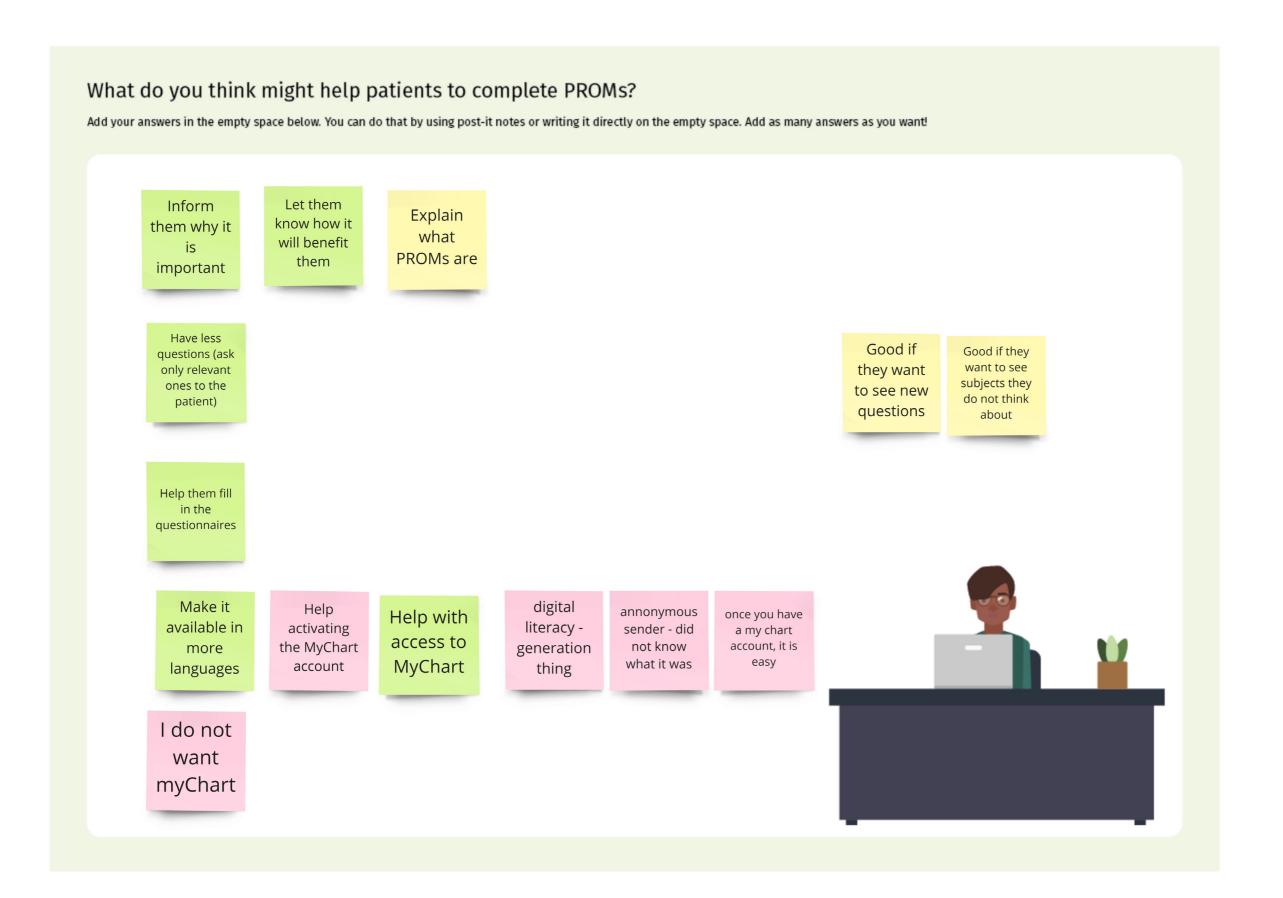
Patients have communicated concerns about privacy in regard to PROMs and MyChart.

Patients complained about the amount of time it takes to complete the PROMs.

Nurses think the questions from PROMs can be confronting to the patients.

Nurses think it would be helpful for patients to have an info point for MyChart where they can ask questions and voice any concerns.

Nurses think the amount of questions in PROMs can be discouraging to patients.



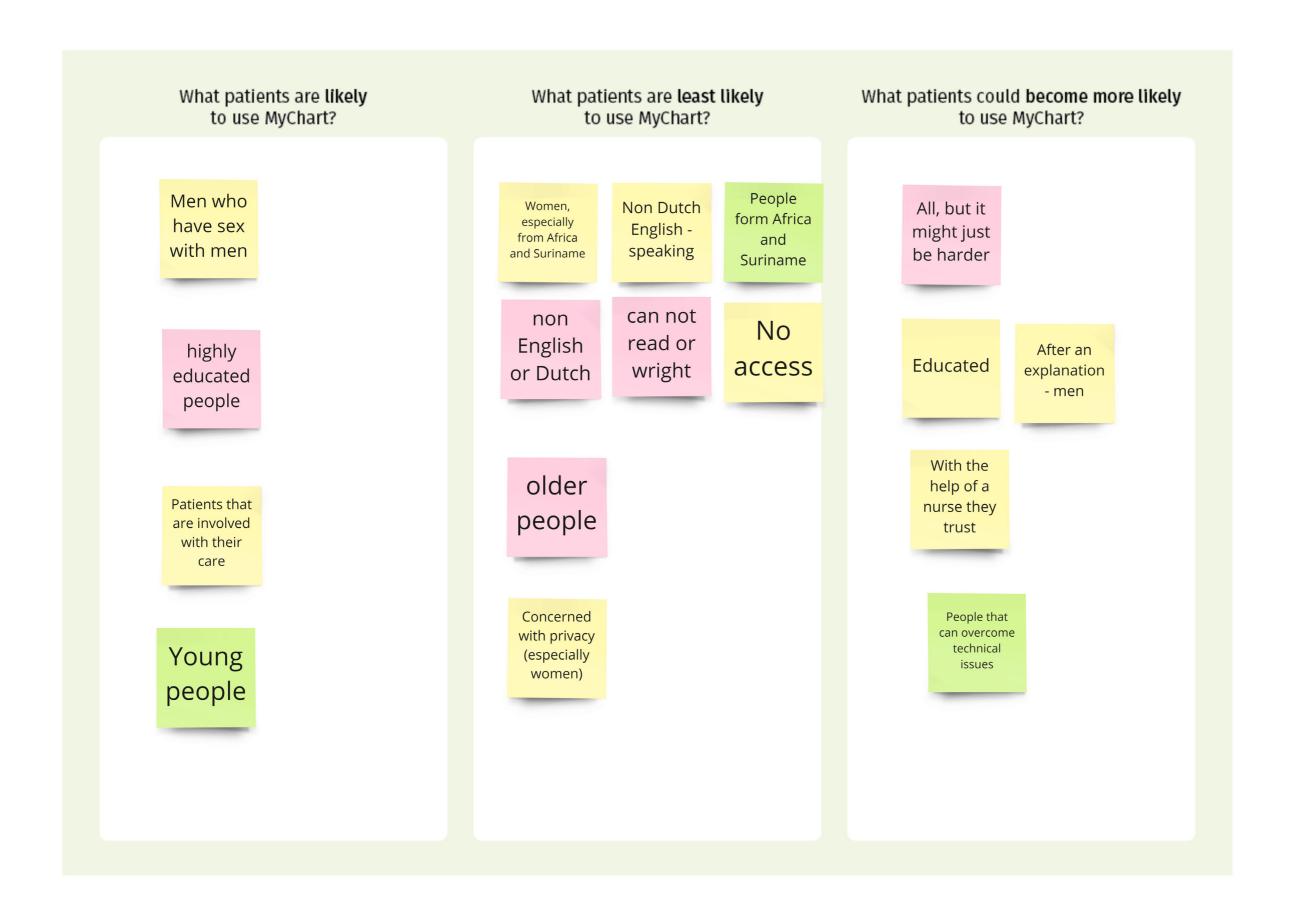
Nurses think explaining what PROMs are and their benefits can help patients fill in PROMs.

Nurses think PROMs need to be more accessible for patients struggling with technology or language barriers.

Nurses observed that there are patients that do not want MyChart.

Nurses think patients would be more likely to fill in PROMs if they had less questions.

Nurses think some patients would fill in PROMs if they would receive help, especially at the beginning, with both PROMs and MyChart.



Nurses think patients that are most likely to use MyChart are men who have sex with other men, highly educated, involved in their own healthcare.

Nurses think patients who are least likely to use MyChart are women, people from Africa and Suriname, non-Dutch and non-English speaking, illiterate, older, concerned with privacy and who has no access to technology. These categories can overlap.

Nurses think patients that can become more likely to use MyChart are educated, men (especially after receiving an explanation).

Nurses think all patients could become more likely to use MyChart, but it might just be harder for some.

Nurses think patients that can overcome technical issues can become more likely to use MyChart.

# Augmenting the value of PROMs Information for participation in interview

#### Introduction

Dear Sir/Madam,

With this letter, we would like to ask you to take part in an interview to determine the best way to present reporting tools to patients. Participation is voluntary. You can read about the interview in this information sheet, and what it means for you. Can you please read the information and decide if you want to take part?

#### 1. General information

This project is set up by the Amsterdam UMC, Location AMC.

#### 2. What is the purpose of the study?

The aim of this project is to gain insights from patients in the process of determining the most acceptable and effective way to present reporting tools, also known as patient-reported outcome measures (PROMs), to patients.

We want to ensure that people living with HIV, besides effective medical treatment, are able to experience a good quality of life. To achieve this, we are introducing specially designed tools to measure aspects of quality of life, including physical, mental, sexual health, as well as stigma and drugs and alcohol use. PROMs have become part of standard care you will receive during your annual consultation. PROMs are reporting tools that can help us and you identify possible physical or mental health problems. Unlike satisfaction surveys, PROMs are medical instruments that have been tested to reveal problems that people experience.

We know from experience elsewhere that these PROMs help identify potential problems earlier, improve communication between patient and the healthcare worker and better prepare patients for their consultations.

#### 3. What happens during the study?

The interview will last around 30 to 40 minutes and it will be located at Amsterdam UMC, location AMC. During the interview, the researcher will go through three different made-up scenarios which include ideas of how reporting tools could be presented to patients in the future. The researcher will ask questions related to these scenarios. This will help us to

1

develop a suitable way to present reporting tools to patients to ensure that all aspects are covered.

#### 4. If you don't want to participate or you want to stop the study

You decide whether you want to participate in the study. Participation is voluntary. If you don't want to participate you will continue receiving care as before. In case you participate, you can always change your mind and stop, also during the course of the study.

#### 5. Use and storage of personal data

You decide whether you want to participate in the study. Participation is voluntary. If you don't want to participate you will continue receiving care as before. In case you participate, you can always change your mind and stop, also during the course of the study.

As part of this study, we collect and store personal data. It concerns your name and contact details, telephone number and/or email.

#### How do we protect your privacy?

To protect your privacy, the data will be stored locally with no access to the cloud. Your name will be kept private. Your name will be anonymised, and contact details will be stored under an alias. Even in reports and publications about the study, nobody will be able to see that it was about you.

#### Who can see your data?

Some people within the Amsterdam UMC-AMC can see your name and other personal information without an alias. These are people checking whether the investigators are carrying out the study properly and reliably. These people will keep your information confidential. We ask you to give permission for this access.

#### For how long do we store your data?

We store your coded data for 1 year, from the conclusion of this project, within the Amsterdam UMC.

#### Do you want to know more about your privacy?

- Do you want to know more about your rights when processing personal data? Visit www.autoriteitpersoonsgegevens.nl.
- If you have any complaints about the processing of your personal data, we recommend that you first discuss them with the research team. You can also contact the Data Protection Officer of Amsterdam UMC-AMC: Marleen Inge Email: fg@amc.nl Tel.: 020-5662 015.

#### 6. In case there are any questions

When questions arise, you can contact:

Researcher / designer: Alexandra Bartas. Email: a.m.bartas@amsterdamumc.nl

Amsterdam UMC researchers:

Kevin Moody, k.moody@amsterdamumc.nl

Maarten Bedert, m.r.d.bedert@amsterdamumc.nl

#### 7. How do you give consent for the study?

You can first think carefully about this study. Then you tell the investigator if you understand the information and if you want to take part or not. If you want to take part, fill in the consent form that you can find with this information sheet. You and the investigator will both get a signed version of this consent form.

Thank you for your attention.

<sup>2</sup> 3

## Appendix: Informed consent form – subject

Belonging to

Research Peer Support

- I have read the information sheet. I was able to ask questions. My questions have been answered well enough. I had enough time to decide if I wanted to take part.
- I know that taking part is voluntary. I also know that at any time I can decide not to take part in the study. Or to stop taking part. I do not have to explain why.

- Please tick yes or no below.
☐ I give consent to storing my personal information within the Amsterdam UMC as described in this information letter
☐ I give consent to members of the research team to copy the necessary medical details and store these within the Amsterdam UMC.
I give consent to being contacted for a follow up interview.
want to take part in this study.
My name is (subject):
declare that I have fully informed this subject about the study mentioned.
f any information becomes known during the study that could influence the subject's consent, will let this subject know in good time.
nvestigator name (or their representative):

4

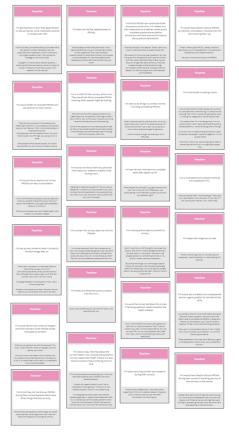
Appendix 8: Analysis: Statement Cards and	j
Clustering	

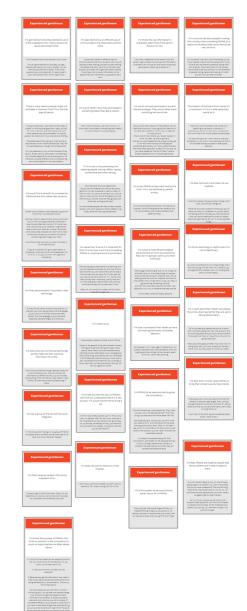
Couple	Couple	Couple	Couple
NA feels like the introduction they got about PROA's at the outputient clinic was informal and unappealing.	TVA thinks that HCPs are busy and can forget things.	YXX is discouraged from using MyChart because HCDs for them native they do not use MyChart, XXX felt further obsouraged by the HCDs when saled to use other means of contact than the app.	NA nould like an easier may stay informed.
hean, is it also something, because soday-the doctor inventions come of nGP says its a list of questions. They are not associated which into all questions they get also many question about how you false.	have, The last thing that's happening a lot with 6000s They've so budy with the work and so charact that they, "play calcitions something," On just, 1 Shiges.  They have soo thick more, they have so see	One big thing, they cannot read the app, We send a message, they continued the cause it is so officed, so now we go now make constraing the them in the continued to the continued to the continued to the continued to the other continued to the c	( think it would be wonderful because we have to find our everything surprises; (whering to the visual guide in-providigos 1).
s/st/	They have boo much work. They have body checks because every doctor has holder in the same. They love that work, they to very mile, but they are very love, if missed this, all did late you arready? See that they in the ARX's in heaptist.	And we ask today (mentions name of ACP) They say Till, no, don't use the app, just sail me. It's very difficult for us."	Couple
Couple		He also so "why do we use the app" I say, begins and all day and when we wanted do something to the evening you are not walknow. This is why we like to use the app. You can read it somethings.	
VX values privacy in regard to their diagnoss.	Couple	Couple	YIX expects different waiting intervals at the outpatient clinic.
That's just the only shing. Un, normally you, you expect them to do to it has prove and if injuried to it is the stimples them, you get a problem. Our landying spirit from you got and injuried to the young spirit from the other water with the providing spirit got from young spirit got from young spirit got them. On the young spirit is the timp providing spirit from the any other spirit is the spirit got providing the spirit got got got got got got got got got go	YA is more comfortable to answer questions about health at home.	YIA is curious about the information available at the hospital.	Most of the lone we, us, websel 50 minutes beduce we were says, and then we aboritise to well-builded in 100 ming with the previous packets, 50 most of the lines (s) the, uh, 15, 25 minutes.
THE THE SHAPE A THE DING SHAPE SHAPE THEY have any questions after the TIE provinged!  A fit of people would never do that beloade other people stilling there and see you are writing.	There's a big ofference between doing it at home or doing it over there because over the eryou will think the last pring you were the use at hume, you will prin a till be throw about what happened the last period.	I just find it indexisting about why they do it. Interesting of why the question is. I want	Couple
I want to keep things private.  This is desert means recover you not you'you' where.  And Songle In response to the little privative rising the redoctive the actions to you' doon. If it's along the about my freethome.  Coay, And the whole were my interest that is my debile, the interest is early interest that is my debile, they interest in the my private indicate and the action of the action of the action of the action debile and the action of the action of the action debile.	And then you time only whe's important that you are finding at mat moremer. And if you do it at home, you probably think about more trings, you feel the mate conformable in your connected. So then't also where you can answer the most easy.	earything of the Supple.  The Sport Supple only These products build prints.  If your yours a purple, and then I making of any fine yours and your products and the product of the product	YVA wants the HCPs to be more involved in their care.
dozor. Tex, of course (spine) if comfortable taking about healthcare with a chestor)	Couple	Couple	Our did doctor, but we, we move to another doctor belaude of it, everything we set, they say, you have to doctor internet.
Couple	YIX wants the HCP to pay attention to	YTA experiences cultural differences in medical sare, and is comparing the care here and the care in their country.	They do not later time to explore X. (referring to the Julius of difference; land)
	YIA wants the HCP to pay attention to them while at the clinic and does not want to lose the personal touch.	here and the care in their country.	Couple
THE SHIP RESIDENCE OF THE STATE OF THE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	She is very happy, the can set is done dodor at that nother dodor at that nothers. At more important to set at the southers. Here we you'd to have anything different? So if you can closure, the world not amount all the specifiers at all.	If you go to the death or hatchershall, always the first every you have to take the assessment what and then they seed you have. So have many you got to the death of you get exempting an easily. The last time that it my experience, and i come?	YIA wants a direct and personal connection to their HCP
President (Volugici).	This can also see it another way they. The decor- ces concerned why an one thing what the string will be small an extraction that the doubt has to do more personal another early reflected to do more personal another than the doubte while of the doubt in the first they have sink thy you and can adoubt everything.	The last time that is ny operations and is come; given Book And Trac understand chart active. See a Track And Trac understand chart active. See a Track And Trac understand story in pro- sense in the second of section and any understand very different lessage of section, the pro- sense is a second of the second of the second of the section of the second of the second of the section of the second of the second of the section of the second of the second of the desire say year, yet can feet orderwaters by the second of the second of the second of the desire say year, yet can feet orderwaters by the second of the second of the second of the desire say year, yet can feet orderwaters by the second of the second of the second of the desire say year, yet can feet orderwaters by the second of the second of the second of the desire say year, yet can feet orderwaters by the second of the second of the second of the desired of the desired of the second of the desired of the desired of the second of the desired of the	Wants direct connection to the doctor through that machine preferring to the challost in prevention 3.3
Couple	had any about specific storgs I see, and with this is feet like that is gonna disappear Jefening to: PRONE and how the personal south from MCP can disappear.	houseuputh.	A doctor can feel things. So your emotions in a Charbon. It cannot see it.
Yilk can not call the clinic due to language barriers (the chebot is in Dusch)	I work in automation. They by to make mings better with automation, but at the end it means that the real person has less time to did the same innig.	Couple	Couple
because I work, us, normal days and the connot get the normal sociol.	Couple	YOU faces stigme in their culture that can affect their family.	VIA can face stigma in their day to day life even if they try to be open about it.
you have to just some, they all some questions and if you mis amone explicing, you get reliably as the property of the propert	VIX finds it difficult to research their diagnosis at home due to privacy concerns.	The This community is big minimum. Foreself them sell on the objected she has, then people have to move the the whole family.	Practice denote also. They distriction when (i) have days and them just almost because rooms or, unit in or give to them anything because in just less your prediction. Those implies I say the
Couple	Their also because a private tring, if you've gonne seem, you have to lost how you seem, secure if you've not sometic on a private, with shower and people took in your history and they see someting about your disease.	Couple	Continuing Statistical Analysis and after that, they have they shall me. If they read no normal if they read no somition is a somition that is an armitive.
Y/A wants quick access to healthcare.	Couple	NA dismissed the first provotype due to the tack of understanding of PROMs long term.	You are not ecombin propriety out post, ment to explain. But even though, the denotes a not listening.
It's not the the same app, but it's a different sind	VA thinks a chatbot would be better at		Couple
It's not the the some app, but it's a different sind of thing you have and from the person has its amount you. I have "seen, I share of some "seen, news. Texts in my soverty. The red have a stop, but you have to amount a stool questions better you get an amount have.	VIA thinks a chattor would be better at finding a quick solution than a human.  "Indicate the majorate that a limit solution is considered to the consideration to the solution in the solution is the solution in the solution in the solution in the solution is the solution in the solution in the solution in the solution is the solution in the solution in the solution in the solution is the solution in the solution in the solution in the solution is the solution in the solution in the solution in the solution is the solution in the solution is the solution in the solutio	The first consent occurs with because the disclair diself-half flow little in fact at the questions?	NA would like their kids to be entertained at the outpatient clinic while they are waiting.
Couple	and one Charles (Street) has 10 lock at Citizen they find a new analysis for IC Year, 3s that out is always better than, UK, this area of the Cock is always better than, UK, this	Couple	The loans is funny. Also for the kids. No for the kids too.
NA thinks provotype 3 would be height as a reminder for appointments/completing PROMS.	Couple	VA always looks for a better solution if they are not happy.	
PROVE.			Couple
I son the set one pretering to providing 20% most height. They're given extend you at home. Her, you have to go to the heights' how did not answer perjodering to POOM.  The door needs to look anyon shadoon the day.	NA wants to be heighful to others but also to themselves.	So if something goes woring, I sweep sook for a southor It's set thing, And I think, on their wip Ower if policy and hopey with so specified to be sheetforing is not goes, one gorine mine on in real last about a short they areas. This is as a demiss, see by se sale with high but that didn't worn. Then you have is more than the didn't worn. Then	VIA had bed experiences in their care due to the lack of personal touch.
The disoner needs to look at your shouldon the day, at least a day before you go more. Come on Tale to one. Years, just reminder as a neminder to one. Years, just reminder as a neminder.	The, I think the most thing is because we had so much thought in the beginning to find a way, and we are things, there was no person and one can happy the way of the person and one can person and are made to the area and other and other area and other and are all others. Also the had to seek.  And then if you can be a little to the high for other cannot be a most of the area.	We are not gone at and let people sels ever up. There's a moment you've gone not accept it anymore and then she's gone be angly.	You not need antibulance, but you need only the doctor to sell to "year". They can house, I suppose.
Couple	And in this sale, it's not only for other people, but also for your ann shullon. It, something like this is mere for everybody, heart. Can make things, 1986.	Couple	Afterwis, when the normal dealer is stone, you can set.  They also have some system. They have to follow wire question. They have to follow wire question. They have to set of sector when it will. I wrote the dealers of this cause of they force you exposed. I set there is protein. You have to go have in your time in they all water. But There is for this processing many, but you have to go have.  If I can practing many, but you have to go have.
vix finds it difficult to give negative feedback, and if they do they feel no one will hear it.	Couple	having trust is important	home, july your times in the sold raise. But have a flu chi sharing man, But you have to go home. And after loss days almost deed.
Where are you going to compare it sometiming wrong, tendoney not strong part for feeling related by going read it, and if sometimally sports read, it don't not given all an information but the stoom read of an information for the stoom read of an information for the income they seed a processor startly street the stoom read for the compare in the stoom read for the compare the stoom read of the stooms.	The immersion in the Dutch culture helped Viii become more persistent about her care and what they want from it.	Sum the distant school me to some back to tax should, (whereing to when they through distant) he say, only are you genne leaded? say, the mory you you, it show a your meet. Fors, the book you, it show a your meet. Fors, the book	
194 a Nr. 2000 2023	in final and, its not normal to go applications doctor, everything the doctor say is right.	SEE'S wong. Then I have a position with my ear. They say, there's he doord, jobs have to go home. And than when I do, then the opcom is there. Then I get private medication. They will not put.	
	But when the care has for the birth of the first out of the care has for the birth of the first out of the care has sold in here are equal to you. So the first of the disclosed to the about, the lay, not, not, you've suiting books, can not give a late unity, you've suiting proposed varieties, but before the would go these, the about notice that you've suiting the you've suiting the care of the country to the country of the	In this, which provides an extension of the control	
	I mink that majob Busts, when you say other clients not oo it but not maily there. If you not on someoting is wrong, years	men arymow.	

Tech Guy	Tech Guy	Tech Guy	Tech Guy	
VIX planted using MyChart right away as it was introduced to them at their first appointment by a nurse.	YA thinks the lab results on MyChart are too complex for a normal patient.	VIA chose to complete PROAts on the computer so it is a lengthy questionnaire.	Y.X. thought the questions in PRCNIs were abstract and could be interpreted a lot of easys.	
Updrawn best her from vary gure new st ell of principation her should opp, until up principation her should opp, until up from persons, where yet principal, from their air for guint supprimend this one and when shot and that one should their principal with the production and should their principal with the should be seen as a should be seen as a second or dealer.	The seet of like require before when I was in Gentley, So I yet Google of inter brigg. So received we employing season should be considered to the property season of someting on the consideration of someting on the consideration of because as a number places, yet, and stort to the consideration of the consideration of the consideration of the consideration of the consideration of the consideration of some and property of the consideration of places and yet to the consideration of a place of the consideration of the consideration of the consideration of the consideration of the consideration of a place of the consideration of the consideration of the consideration consideration of the considerati	I did shore a computer Characterist part if was quite any an account of the computer of the co	The sease is the authority of factors of Property Counter (Figure 1) and the sease of the sease	
Tech Guy	Four-way joint cooling it.  Tech Guy	YOX values improving the efficiency of the Pealthcare (y)tem	Tech Guy	
VIA felt they needed to explain their answer which would add weight to the rale of the HCPL VIA think that the point of the questionnaire is to reduce the weight.	ViA uses NyChart to send questions to the		ViA thinks PRONs should be more personal ceditargated. In this way they could reduce the time at the clinic.	
The Job well med to the a principation to experience and to the a principation to experience and to the medium of the medium of the second to principation and the second to principation of discountation. The extension ring years may push other purchase of the principation of the princi	INCD.  Soft managed, this is the a less manufailed young as only and the second and young as of the fact that you are produced to the second and produced to the second and pursuants. I provide the second and the second and pursuants is a factor to the second and the second an	The language of their fact of the contract program and the graph and the contract program and the graph and the contract program and the program and the program and the contract program and the contract program and the program and the program and the contract program and the program and the contract program	Finance has been a memory or memory	
Y/A think PRCMs and consultations could overlock some issues in the same way.	Tech Guy	YIA thinks it would be difficult to ask for help at the clinic especially when the receptionist secretary is busy (wifering to providige fi)	Tech Guy	
This amount the case with the questionness, right in mean year, you try to foul on as much as possible. These six any somewheat, means a go, their six and for gene, it is a share where you have a conversation.	Vis thinks a guide should be easy to understand for everyone. Each step should be find out.	Only where you have a question for the secretary or recognishes. They may be built.	VIA would rather complies the PRDMs at home at their clinic, unless you come well in advance.	
Tech Guy	Type, store a guide, foreity ewyptie shibudible eller to de i, but gives then the store, cox, cox, citi, well-day should be alrea us by Chen. Jour make it is upon for earn. Their discretally what you want, to i swarping for the user. No open offersor their name.	Tech Guy  NA would like to spend the time at the clinic finishing early or answering	The PROSE Qualiforments, CE Quita is singify one.  One, is the first other perhaps should be only if you do to the perhaps should be only if you do to the perhaps should be only if you do to the perhaps of the first own in account.  You got come as how earny Suit if you have no do you though no how on you may go you have no do you though the house or an along you review option.	
YES thinks providing 2 deuts be used to gether data about the patients but YES, does not feel is the type to contribute to it.	Tech Guy	his vocal tied to spend the time at the cline finishing early or answering philosophical questions in their head. Movement they expressed it doesn't maily matter since they only wait 10-15 min.	Tech Guy	
Spot wouth's to contributing so the Stocker for port not into part of person. But it's a fun late in general, the not one contribution on Fybruses, that is contributed to be place and into and the amongst lot in here a following some state of the person who came during stockers, and in the person who came during that do not.	YIA thinks the reward from provotype 2 is not proportionate to completing PROMs.	प्राथमणाले पूर्ण प्राथम हा वह तथा हुए हुए प्राथम । मान मान वह वहिरादार हुए कहा है जा कि पार्टी अंक का राष्ट्रियोग्या के आपूर्ण वहारत है हुए होंगे का प्राथम के आपकार हुए कार्या, प्राथमित्र हुए के सम्बद्धार के स्थाप राष्ट्रियों हुए के हिन्दी हुए कहा हुए के हैं कहा कार्यु कार्या के हिन्दी हुए	VIA was currous to complete the PROMIS.	
Tech Guy	Otherwise you have to be an your priore, purplement research. The proy propers with their is the result of the proyect of their in resource town dropped in their resolutions; whereas the PRODE are done in her fair in rout.  It is any case, many you've date this, you've back to you plant again.	Tech Guy	Trees extent to do there (PROTE), three further as well, when it was, do it worky see it working.	
VIX considered the questions from 2900ks subjective and some even overwhelming. YOU would have the to leave a comment with an explanation for these.	Toch Guy	VIX does not have time for self-reflection, so they consider PRCNIs a good opportunity for it.	Tech Guy	
The guestions were guite subjective. I was stole to answer all of from Sun Text that I would be sensitive to have a fallowing Sun text and Sunsalidate that I would be sensitive to have a fallowing stolen with Johnson and Maria Sunsalidates. I was a fall of the subject to the	Yik would complete PROMs again to track their progression-progress and reflect on their health.	Self-reflection that's just, you never make time for that. So you are in a way forced to do mis.	NA is motivated to improve.	
or surreiting which jour half in one the questions or surreiting like the. Typu share surreiting like an extreme, surreiting like a short commercing help.	Even for And Event State which has a heart improved. The else for Factor for a starf heart. and reference From the Andricking energy year one energy you do it and to proper or not proper and proper or not proper and proper or not proper and the proper or not proper to the proper or not proper and the proper or not proper or the	Tech Guy	Progress because the rown. It is easy as the you yet writings the right easy.	
Tech Guy	Tech Guy	ViA thinks that PROMs provide too little feedback to keep people engaged in tracking their own health.	Tech Guy	
NIX feets 2000b) are a way for the gotiones to be excellented by the HCDs.  This has someone toxing every wire, the runs set to go of every feet of the HCDs. The runs set to go of the runs set to go	YOU gees PROMS as an opportunity track and change your lifestyle.	FOOIs to like once may half your or hold a year (our integer's you have a project integer change, you was more with medicals. If supple west to lost weight they to the girt. They west to lost on lost lost and you have least that, there were. If they didn't are applied and they were to lost they were the supple least that, there were. If they didn't are applied and they were they are they are they to be the health of the which gives you serve health or workers or as well.	Vikia recult oriented. Deadlines help them stay on track.  These a centres in an operatorist. It is just the recult of the first operatorist. The centres is not the control of the centres in the centre	
Promotion signaling that to you, sometimes you may not even notice when you've arrowering the questions.	Equality when the wis considing lists say the first one is set all the last one; and then you make a charge to your freeze.  You should be hopefully be after to refer the might might add to the motivation to leady your letting in the property of the property.	Tech Guy	messure that Does it may plus intimessor Proteinly treams.	
Tech Guy	Tech Guy	VIA thinks they might need help finding the PROMI when completing them at home.	VIA equid like to reduce the threshold of doing PROME, either by doing them on the phone, completing them multiple times.	
VIX finds feedback important to finow they are on the right track.  It shows you you're or the right track and you're not just weeking to the final ease.	YX uses M Google for simple tasks, because when it meases up more complex stuff XX gets annayed.	What question values you wait? Where do 1 find the another than 1 find the another than right in a first time for hearing about ARDAIN, or finance hearing than a finding to the finance of the finance o	and doing them at home.  I may want to mise things jud to the my phone, the second of makes the membral of actuary plants of makes the are ming just lease contains a make a ming just lease contains a make a ming just lease	
Ethick play parties on the operation and pulse in the parties of t	The Surger bing I have it. Only for very lates staff, the ping Spotly would are the firm, the weather had wear them to care for his Jungthing more complete than that Tab. It's really amonging.	Tech Guy	And compays complaine it in multiple drived? So if you are seen in the first line, so to guestion of Day. The areas are for the time, so to guestion of Day. The areas are guestion of Day of the areas are guestion of the areas areas are guestion of the areas areas are guestion of the	
YOR wants to have control over technology, not have a challoot start by balf.	Tech Guy  V.A nould not like to be put in a position	VX values their privary, especially in regards to their health. They would not share anything health valued through untituded servers.	Wherea hers, with any you can't mere amounty bit wis, surgine metal after a public over a text door or any you. They provide any got below accepted to the provide and accepted to the provide acc	
It should only be activated when I want, not just indicating as in a roung. That's when I we not a remove about the little when I want is an even an expense of the little when I want the recovery out out the recovery out any supersing you want to recovery out of the	VIA would not like to be put in a prostion that compromises their privacy.  You may not writtly into people they you are noting to be in their might just be gentle union; they copy, life in paying the privacy copy. This may indeed a more consensation you are not you maken you would be a prostion.	Restly deposits on the until the later impremental of good by Grope, alone or Apple impremental of good by Grope, alone or Apple stands and a supple produced provided makes a some power preference to the later some as a supple good of with power from the Grope power produced on the factors that Grope power produced and the supple produced of the stands and the supple power produced parameters. The Linguist produced service.	There are a lot of factors that contribute to how seture TIX as fact for regard to their privacy. YIX house factors fired out about those factors by themselves.	
He pinking Parkin (2015). Whenever his holding (Samira Australia) share parking the fluorestic (Samira) when 15 parking the fluorestic (Samira) when 15 parking share and property share	I just here when between go constrings without rely not want to have with those guests.  The belong them to do it.		Freeze is an independent audit, I need on have security receiving an executive, such drive year self- thread per independent meeting management and of the period of the period of the service. Of the region of the self-bull and the service. At the region of the self-bull and the service. At the region of the self-bull and the self-bull and self-bull and the self-bull and the self-bull and period of the self-bull and the self-bull and and of audition. Then region you promitted on the You required on the self-bull and self-bull and and of audition. Then region you promitted on the You required you self-bull and self-bull and You required you self-bull and self-bull and You required you will not self-bull and self-bull and You required you will not self-bull and you will not self-bull and You required you will not self-bull and you wi	
YON would like to feel in compal with technology to ensure their privacy.	VIA is only comfortable to talk about health to HCPs and dose family.	Tech Guy	Tech Guy	
Shall say building other you you those the minimum is physically discussed as leasted of your work in a say that the property of get in it, it can sail listen as everything.	net nedocatout in general. Foreit de roughy it my some my perens, han, theit and showed todays.	VIA thinks that is some questions from the PROMIT have the same answers in the future, they can be slipped in the next appointment.	YIA did not think they learned anything from discussing 2000s with the HCR.	
Tech Guy	Tech Guy	De discussifiée questions sie thought wee paging us. Page eines all river en se wee paging us. Page eines all river en se wee frongs mon, man good to make ein hings. Plus Pit glande same amant se sam sig them not sine.	No. And that I warry wood.	
You does not think about their health outside appointments unless they have to.	NIA feels discouraged to research their own health as they do not find the information they are looking for.	Tech Guy  Yik thinks the guide from the 1st scenario should be available renotally and therefore	Tech Guy	
I move found out or send an email of its urgent arrange professing conge in leaturem.  1 (set amove consect the decrear.  Proported in Semany once but not here.	The Nemhad NATIO do Electrose II, Ellerally dissort help the do Electrose you get so wany options what I sout be.	VIX thinks the guide from the lot scenario should be available remotely and therefore lower the direction of following it at the climic.  I think it is the opposes have that it a remose form paving about the guide form the following about the guide form the following about the guide form the following about the guide form the following.	VIA thorks the 3nd scenario would work well on MyChert as a notification system (e.g. to nemind you to complete PRCANS.	
Tech Guy	Tech Guy	Tech Guy	This issued perhaps we this vie the MyDer App where it just gives you a minflation. Did you complete it areasy?	
NA thinks confact with real people in healthcare is important.	VIA thinks having aneminder to do the PROMS would help them complete them in the future.		Tech Guy	
In the hopping of least purchased control with the presence of the department of the wholever response in the graph of the present of the wholever response in the graph of the present of the graph of	I como in men meny assura meliciarian. Juer perspise fragges in this minima almost me frene susera so mossima fragina in mana seria processor del presenta del processor del presenta del processor de	NA STORY meants about 6 distinct them to complete McColle, even fifting any just to complete McColle, even fifting any just graduate.  Assay sometime of meant just and in the control of	You would complete PROVE of HOTS, allest June 16 et play the street if it helps the HOTS is all help them in return.  I meet, FIX july asset by weaker suit, net doct in any case.  Fix you are all you want to do to any case.	
Bould as specific and as the beam of the company of	lay probability of these comparing the questionness.  I will just simply drogents. So marts why I seek to have some notifications in these, so I worst forget.  R.	And initiosing the injustment of the some Could be very low key then at least you have some very small have to, sometry as git in the coffee or sometring out make it as such a procision. That, that help work.	Elineya then doing their jisk or they solvely thin they need it. On the years about the solutions that they health in that service.	



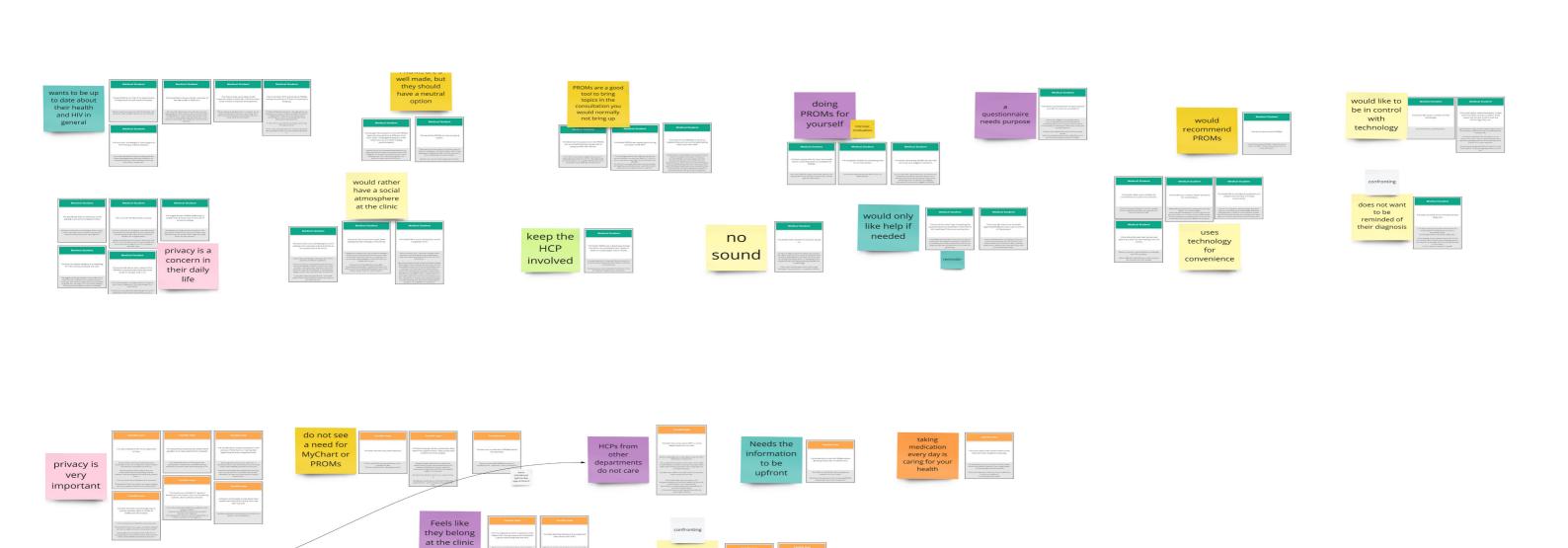






N3	N3	N3	N3		764	N4	ME	N4
YUR stanted working as a nurse when medical advancement stopped the virus from being a death sentence.	YIX experience how people went from thinking they were going to die to somewhat getting better and psycholopical challenges they experienced.	Younger people take the diagnosis more lightly than the close perevation, which makes the latter angry.	YIAhas a clase relationship with their patients, as for most of them the doctor and nurse are the only ones they can share their experience with the disease.	YOR 5 SING	started working at the outputient clinic ce 2016, but worked in MV care since 2009.	Because it is a chronic liness people see the HO regularly which helps form a connection.	XIX tends to bond more with people that need more help and that VIX sees more often.	The more problems the patient has, the closer the relationship with the nurse.
in that time, before I came, a lot of people ded because the treatment was not as good as now. And there was not so much londerlight about what is that virus and what is didning and how can we have their people of the can be a second	And of people, had some cavings and they all people is leavue they have hely were going to die. And from them sees all gonotion because they was a leavues and give, their haddright cover comments them:	Patients of today did not experience that They say three are tables for it, with not a problem. I also see patients who are much oble and here already for 20 years. I have found their back they	It's still a desired thesis, and I means that we usually see the same policyto every year, so you know each other. That the same with the patients and come now and the same with the patients and come now and the same with the patients and come now and the same with the	Since to	co 2015. Since 2005 I worked at the HPV director for children and smo2016, I, um, started to combine it with the um, adults, wh care	You get to know the people quite well, Excupe, they keep coming it is a threat chases, for if you don't people that around poly chinc (here you keep coming the come poly).	Enably digents because some people, they need must from purchas of the people, but the selection of offerest, with people with the once problems. You know that you have not you have not a making with their	And and as this is the more problems they. The more relationship with classe.
Triuschlad?  We know how Tid feet medicines are not always enough, and in that three in was not. So a for of people, whi may not and another always are as let glower, ample through they would the oldy one of two years. Out which they got the new medicine them they operated by the tabley are library larger with lates remyllatine.	point pomental feeting.  So there were a lot of populosing call problems (with their because first they lesses they were going to die and now it didn't happen. So they were all confused despressed and well, a lot of populosing of positions.	Patients of helips did not experience that They pay there are secured in a part in responsion. (also see patients who are much other and here always for 20 parts.) Their from them that they pit always may be a secured to the part of the pit always are they have the young passion. The young men always the secure of the parts of the first and patients are the parts of the pit and the patients of the parts of the patients of the half of the patients of the patients of the patients and their security of the patients of the patients of the and their security.	potenti i see develo, 22 years, Visi kinne auch selber quide veil and they fine a sixt of unificates in me, Su they seld me in all officings and the selber and the selber and the selber and the selber of citated, And of introver them yield by a basic of the negative and solding selber 4.5 to the distinct and the neutral service be only unest fair a lat- or people with the grown and selber a selber and of people with they can said selber their Blossoms and their complaints and what they comprehens.				neutrop with them.  Sometimes you refer them to other health care workers, takens, Some people are waitly in charge of their health and if they just need a precryption or do a bookined and faith is. It's need, it's ney others.	
Interpretation of the confidence of the confiden	N3	N3		Son	N4 me patients retain a strong bond with a nume even if everything is going well	NAE  Sue to signs of the diversic disease	N4	N4 VIA does not think P90Ms are supposed to
Man that hing say with other man usually			N3		me patients retain a strong bond with r nutrie even if exempting is going well as due to the impact the nume had on hem during their first appointments (when things were not as well).	Dive to stigms of the chronic chance compared to other chronic chances the band between the patient and nurse is more intense.	It is important for YIA to create a non- judgmental space where people can share their experiences. Wild decorbed a to a good when people that they have the internal relationship with feel this way.	VIA does not think PROMs are supposed to help the MCP but petients who cosume that might think the job is not easy.
have a community they can share their experience with. This is not true for most woman, people from Sunname or Africa or sharght man.	VIA and their patients know each other well. YIA has to sell the right questions in other to steer the patients in the right direction and give them proper support.	XXX sites to coach patients to solve their own problems.	10A-does not click with all patients.	Det that of the control of the contr	ti have to say there are a couple of patients in the beginning I saw a lot of street. People in early territors after justing at allugeness and in longituring to these a lot of install brackets year in shoot and they have to unit, unit, start accepting what happened.	I believe it is more than in other chronic diseases, but inform ranky know, whose the impact of which on your security that is semelting placed, bear with other chronic classes, the case you have to deal with the stigme and the judgment of other people. An users payers, Es the very good that they can talk about it. I think this was the initial contriput.		Well that's not the meaning of the WIOUs stat's for size. If you think about it from you; I warns make the little of the house sealer, their job could shim that they have the feeling to set any for us. But maybe they man
Because the man who have set with menusually have other persons or firmful who also warms positive. They fill who will a will want positive that who will a will a will be group, the women. It is a light other group, the women. It is a light other and of course the people from Surinam, from Africe, that a big stoom.	We know each other, I know what we did together because it in retry, mit, it also the later on artis- face to a rook. To also uninething in their tills. If by the understand them, there with questions to hear form them. We want you problem for them though that is a problem for them?	I by to support them and give them information, of convine.  And when I gap the information and task with them about their proteins they pay to see that they get idea for hos to operate their in-touching them to protein. So protein, the standing next other to high them to coach them also.	But there's all, there are also patients that you show continue what relationship with, that you don't have that clock.	APC Seminar Contraction (Internal Internal Inter	If I per them now, the problems are not the re. But you will have the connection. So they re. I have you would award in between you to see him, but you will have that connection to talk when they find go here. So this bond stays, even finds everything is going well.		Ity to be with and companiones and internation and thrisk its miley imported that to judge. If their is the safety propriet that to judge, Informit is usualed in a letting propriet from the control of their information in the safety of their information in their information in the safety of their information in the information in the information in their information in the information in the information in the information in their information in the informatio	
Strught may be set as one place, is it is specified and are notificed those places, is it is specified from an antith heat.  Abouges, yes, heat, heat, it's log secret and and it gives a lot of stress.	it's important to have the right questions and then be have less support them. It you give them questions in here super will be problem. If you offunce a lot, to higherfully get them in her right direction by fairing to them and giving them support is that can dealing themselves and direct the actions they creat disappropriate and direct the actions they creat disappropriate.	N3	N3		connectimes i connectimes you have been here in years you. Do you remember the first time to come here! And other stay of you. I was ing here, and you told me this and that, And I regist it and more groups to be stay again. So you do some reflection on the grows.	N4	N4	N4
NS	. N3		VIA thinks the demographic that is the most involved in their own healthcare is men that have sex with other men.		N4	Y.A would not complete PRCNs if they were a patient.		YIA believes the quality of consultations will not change if people do not complete PROMs
Y/A thinks lack of information about HIV can be very stressful for patients.	Nurses can make a lasting impression, expecially the first time when patients feel their world is turning upside down.	Some patients take the diagnosis lightly at the beginning, however that changes when they have to start their bearment. Nurse are there to support them with that.	I think a lot of them are involved (meaning involvement in their health, expectably the men. ). Drift the tren who have ass with man, not all of them but usually a legant of them.	YOR A	lets the patients know that the PRONS for ther own benefit and they should not be obligated to fill them in.	I will be horse! I don't inou if I would do tiff were a patient.  Because you per a lest frome or actually light something file that when I while dis appointment were and I thought wity duryou seems know all these peciations? 3st allogate Marking.	VIA-psimulates people to complete PRCMS as they believe in them.  Such do stimulate people have to do intercupar i believe in the	BUT years sometime to the abortings in it.  The car also have a consultation without the MOME. It is not that if you, don't have the MOME that the care will be less good. It will still be the same to be all off help you with everything last.  In help is have a letter conversation.
The programs women when I are them for the first one. And they just lines for one or two days that they are MY plotted during pregisary, Them would have write all the programs. They want them we safety alone, They they alone program does they are the programs of the They are they are applied to the they are the are the are the are they are they are the are the are the are they a		Because of course we shallow very much what. Ex- nection should Resist and principle resistant. Ex a large pulsar between the course greater of the text work, Surprising will be day, don't have to work, Surprising will be day. Dut freely of them sentions, then it and referred care. See sometimes forly, have taller effects, oil. I have to lide along up all the selection care. One day there and by some pollutions and short story, you are partly principles and short story.	N3		not be obligated to fill them in.  That depends on the negotiopal S. When you broduce HOAs, that's interesting I also self-		lelee in E.	
going to die. They don't know anything about HIX. 50 they only bean infloat people who have HIX who are wey sinny and going to die. That the only thing they know.	had one woman, the works on the card that my information and my letig and the first list with fire in the last with the middle of the card of the middle of the last with the middle of the card of the middle of the card of	then there will be some proteins and then its risk.  20 keep at they show truck in.  N.S.	Some tracks that might seem obstruct to		them to for you.  Out the an improvement for you, but they are colligened to do it in you explainshed a son-during the completion, to self-about things that makes to them, and then a bactor to them, and then a bactor to the substants to that a notifier as a bactor that could not be for them.		N4	N4
N3			the nurse, are not so the parent. So when partients are hold it is safe to not ware protection during intercourse till asks them what else they use for arti- conception.  The threp there not thriving about, Bicquire		that they should not feel obligated to \$1.5 to.		Some patients are involved in patient organizations or activities but Title next save if that has applying to do with health involvement.	Padents bring up questions about a cure relationships, travelling medication etc.
XXX thinks woman at the clinic are not that involved in their own healthcare.	N3	YIX asks patients questions about other aspects of their lies to see where support can be appropriate or where them is ack of knewledge about HIV.	The things they're not thinking about discusse usually they already get the inflormation from us, that they can have see without a continue. They start the reductional every law year or can see that the virtual outcodecable. But it means to the waters that they den't have an individually see. And then I say but what do you do for anti-		164	N4  VIA thinks if the patient is showing interest.		They have questions about a core is there a core yet?  They have questions about relationships. These new partner but call these about my with They have partner but call these about my with They have partner but they are partner but they have been been but they been but they have been been but they have been been but they be the but they have been been but they have been been but they be the but they
Not all women are to involved imensing modeled in their each health, and if issues there is the document that the control of the control of their each that the control of their each that their each their each that the each that their each that their each	YIA usually asks questions during appointments. Patients usually do not.	Questions about how they're doing van, with the cholers, van, uit, patients, van, if they faire, van, van, chick was the women, of course, if they have anti-conception.	And then I say but what do you do for anti- conception? You have another salide for it? No. 1 don't have. And there inequite his winners is any pregnant when they don't use a condom or any other and conception. Then they cit will be given. You'll, should not now for you. And there is go, by you'll was a child now for you. And there is go, by you'll was a child.		thirks patent involvement in their own are is very dependent of the patient.	Via thinks if the patient is showing interest in their blood repuls or showing up to appointments that means they are insolved. In that case most patients are insolved.	Some people are buy with patient organizations. Some are into action for example, other involvement or is that advantage because it diseases may have to do solveithing with you personally	They have questions about violationships. I have a new parties to infairtheer about may write their planes about may write their planes are assessed wherever their or average for that purposing on their planes and producing point they and regardless a lot about more where their planes are their planes are also also about more about their planes and their planes are also also also also also also also also
	I'm the are whe ask questions lockuse they don't ask the questions. I also, ask them if they have guestions me, Usually they so not here questions.	N3	Then they sit with digrayes, that, I think that's not now he has you, And then sign only provided a child with. They sign no soon, so. They soon week and conceptor. So what convey per you'll suind that's see in give an appointment with a Sonity doctor to fish about it have with a ginecologist.	20 Section 1	o general co maily hand to say, individ most, reciple and quite involved because they are recipied in their blood recults, almost everyone works to hear the recurst.	Most of the people are involved.  And if you go here for a blood of with and you should have been as to the country from to an incident that there is involvement, and also if you go to your approximents that's are an incident middle you are involved.	N4	Destingwith the HITP year disky the but also quite a to associal medication, side effects changes medication, sure.
NS	N3	11X thinks women (impecially form Africa and Suriname) are least likely to have MyChart due to the lack of resources.	N3	gree of	some jespie say tell me if its not good. Wool The people are involved, But if you add this and quarton, then inmediately gotal kinds of patients through my head.		YIA shows them the website, not just write it to make sure the patients understand. YIA does not know if they will use it again.	84
XXX-divinis 90006 can benefit them when looking if there is anything out of range with the patient. There this is a good means to bring it up during consultations.	Y/A also thinks that the questions from PROMs can be discussed in the consultation instead.	And of course the African women and the women from Surnam do orchase legicist. This is to grow the "Biblica are with which, discusse they don't have compared and they don't have money for this. To they don't have money for this. To they don't have have to use them.	Some guidents are heatant to use NyChert or PROMS, however since YSA explains what they are they start showing interest.		N4	N4. YIX satually recommends the HIV patient	is then you recommend its pallets beforing to the nitrogenium reducing day you feel like they read of the stranger and of the stranger in the stranger in the stranger is the return of	If patients have any problems, they usual come up in the consultation.
for me, it is good to see what they answer, and if they are come answers that are such of large. These sometimes can set they assert if they want to saik about it and to explain money pack. To see what is the problem and what can we do to begin to examine or to support of course.	Sid normally, I also ask questions and they usually also answer. Sit that I the same we have in a fails. 30 years.		Not all mant to do the questionneirs. It's still new, to a list of patients durit know yet about PROM, and it by to explain. Also the man who have MyChart it gos them the information in a linear of page i explain to free.	21 0.56	objects prefer to ask the HCPs about fevert health topics because they trust they have the right information.	VIX socially recommends the MIX patient organization willooks and the neouvest they provide for patients that want to know more.	provide to treat, have do so appared at write information that you can hard them. So It's not that longly when the wealthink but are open so and by heavy so can have of the information about, with when you're here have and you want a lot of information, you can have here or you want to meet years and you cannot be have different support groups.	EL NELVERY AND THE ANY THE THINGS WE TAKE allowed are settling the last of through that are in the PERSON Set fraging have problems with most three things. The settling that the last all EL NEL THE real way of all thing have before the things of the things of the last and the last any of the last way of the last and the last any of the last any of the last and the last any of the last any of the last and the last any of the last any of the last and the last any of the last any of the last any of the last any of the last and the last any of the last any of the last any of the last any of the last and the last any of the last any of the last and the last any of the last any of the last and the last any of the last any of the last and the last any of the last any of the last any of the last and the last any of the last any of the last any of the last and the last any of the last any of the last any of the last and the last any of the last any of the last any of the last any of the last and the last any of the
Sometimes there is an anover that can be new for the unit then we can talk about it. I can ask the patient 6, if he or the wants to talk about it.	N3	N3	I eigiban also about MyChart, that they can ase the liferinguid. The firey can adequate that is the coord and that they can also be need. appointment. And then usually the near think can use it. I had a few men warry that usered its stam byChart because i eigibands and it also eigiband about the PICHs. And they are disay now i want to relate that.	They transit lot of	by warraninow about sure. And what is going on in the field of research regarding max timeds and that land of bring. But looms as a of pallents who solutely have research or read about this.	It But look for the website of NV potent organization. No example, and there are a six of links at these are the Sixty you can think.  A Dir you recommend these are less to patients on a trust accommend they are the lay patients on a trust accommend they that you want.	and then I don't know what to do at home, I don't know fithey box again, frost people want to write it down or they put it in the phone.	there things, I think you will be the belief of their out. It's Utilitation were just atting here before the PRONE of course you are. Their personal this, you and about their you, their relations, their medication, they don't come up with it thermoleus.
NS	If there is an issue with a patient TIX can make an extra appointment or refer them to a specialist	YUK thinks there is no tine to talk about. PRCMs during an appointment, Typically the nurses are too busy.		Grand Control of Contr	lake the five side of the opt information. File on power lost something up then i conti- beliese everything that on the internet.	Not do because the NY patient organization is a neally gold organization and we work signified more and environment placely. Se il incrembe information on that website to skey.	i think the(sif) ou actually agent the section of the control sedgage. Then they can have a title bit of an idea.	N4
VIA thinks PROMs are a great tool for self reflection, especially from the conflort of your home.		My experience 2700At take for us more time to need of the quadronization and more discuss, we will have \$10 miles a partie, they varieties \$10 appointments used as yet \$20 miles district and appointments used yet \$20 miles district and \$10 miles miles \$10 miles district and \$10 miles \$10 miles miles the parties of miles of the beauty are always \$20 miles as have do as \$10 miles as \$10 miles as well as \$10 miles \$10 miles as \$10 miles as \$10 miles as the state of the state of the parties of the as arises. Let \$10 miles had \$10 patients in the miles great \$10 miles \$10	N3		N4	N4	NA	
To drivis about the different outputs that are discretioned in the questionness, not to think about it in home, in a quisit place to think if their is problem on the a problem for them, So I think that is good time; At the date has they know, ch. Lordy-have 25	And of course, if there's a problem them is also talk to the patient, we can have an only appreciation. The patient, we can have any three payments and we want to be a country or the resilience of the participant of the payment of	But you if I'm the only one who sees the patient included of the obtact. I have any 20 minute. I have to do a lot of things and to see the answers. Let time that 10 patients in the morning every 20 minutes.  A few days before inted to already look in the	VIX thinks time might be a patient concern when it comes to PROMs.	See	metopics do not always come up. like sexuality.	YIA would like patients to be able to ask anything, but sometimes they need a modge.	PROMs can identify issues earlier, that may not have come up in the consultation at all.	PROVis can be used to skip topics that a not urgent in a consultation. But you should not spend time on every topic.
mouse.	and Support, and set gas may mapped and gussells.  On another operator.  NO.	A fee days before I tried to already look in the parameter woulds. So thay need a new preception? And the political in the Societies than I have to sak to their dozen. I have to do the blood prossure, the weight, as for problems. The worker do septial would, the parameter devotions the molecular graphical groups problems, of in 28 menutes. And then I both have to talk about 1950/as.	There are a lot of questions, mapbe the time.	Joed 1 2000 Steam Name States	maybe for some patients it? Namit to discount, counting but for a lot of patients it? Instant all more they show that it? Way to task about this is to be consultation. So that's something you er to ask for And people dutt to the up-with it makes at it means to for they for any as shown makes at it means to for they for you as shown of times to they could be problems with this. Is Task all of the count hit for the counting for Task all of the counting for it.	I would like them to think that they can ask everything but assertimes we have to introduce it in a green live;	A Do you have time to ask about every single sown for all patients?  No No. And that is for us a really good thing about PROAS.	The addited value is the graph the a conversable about something that is ready going on how will the patient.  See your don't have to dissure a left of fridge that a ready something the conversable about a distribution of the conversable about a first the ordered to payable about a ready about the training about the left of the conversable about the training about 6.05 and everything that is a face to 30 during convolutions.
NS		We also have to talk about vaccinations. Do they have to vaccinations for "J" on they have Connect! Out they have Connect! Out they have the vaccinations against the Connect Years, so many topics that come, it's not possible in 20 monates.	N3	alet	of times there could be problems with this, is that also the case with you?	So we know some people have problems with this is that also the case with you because you? If that's the case who you have book to and made we can do something about it may be that.	Declare you don't have to all everything during a consultation, because sometimenyou start salking to come door, and they inmediately see. I know take about this take, or it's good that the level to sow or things are going using he do with my indistrating, for example.	enything but no hand to do during canadations.
If patients seem interested in PROMSM/Chart they ask for additional information to read from home.	Some patients do not one the value in PROMs as they believe they can sais about these topics during their consultation.	1 think I was 1 hour. 36 minutes, 46 minutes biss. The patients have to wait, his time to sell the specified of the velocities in limite common time, distinct has to fait about it need time, but don't have time for the PRCAst then also.	YIA thinks PROMs can cover subjects that are not normally covered in consultations.				And then you talk about death and you also talk about all the other subjects to notified you don't have to a good in one so you to not have to, but it good in you don't have to, but talk about this and then you don't have to, to talk about it the other through a the same time.  It is not all how their things a the same time.  It is not all how their things a the same time.	
Some people sty Ten inderested in that, Yeah you can send that to me, O' not head that information.	fome-people by, not i don't need that tidly not? Because they salk already. On we have to talk already.  There are topics maybe they don't shink about, in the questionness, but of course i divago self. It have a any politions, but any tolking, self with a partner, with the medicine, children's divide dispressed, with the medicine, children's divide dispressed that shad with any politic play want to the course and the shad with any politic play want to the course of the shad with any politic play want to the course of the shad with any politic play want to the course of the shad with any politic play want to the course of the c	NS	We can if churse englain. It's divery good if they want to look at the questions and region their are core subjects they comedly better think about, and may keep can think if their a problem or not if their is audique, they want to take about it will not or required.				And then you have the feeling that you help somebody. Inthis batter than Finey come and any early fine a dealy. Another during the Conversation sometimes you state that not earlything it also, but that that as larger of the .	
NS	course encode this about energificity they want to (six allow).  Sothers and hard so convince them, head, lessace they, whill they sentimes say, on, but we can about everything and must rater right, me say about everything and must rater right, me say about everything and must rater right, me say about everything and full, the say of the their referredation is they can read. Years to great our means and of course you can say meal.	Patients who do not talk a lot can benefit form PRDMs, however due to the close relationship between patient and nurse, 31A knows how to go around that.	in mercy a subject, may awar to have assume a con- me or mapple a subject. They have guardions about. Then they usually say, oit, I new this pee it. You claim send it set can lively at it.		764		N4	
Y/A thirks men that have set with other men are most likely to have MyChart.		A: What tiple of patients would PROMohele the mode.  In Nayon patients who controls so much Sut TOTAL of countered tons our cattlered. Six me add a	N3	77 (70)	The consultation can not only floors on ROSIs as there are other things a nurse might need to discuss.	N4	Some patients confused PRONs with other questionnaines sent by the hospitals.	164
Most likely to use thy Chart are the men who have see with men. They usually vent to see that, and that's the patients who are involved with their claim. That's the most likely patient.	N3	In highly patients who don't sik so much, like that of doublewes toke our patients, so we also a six of questions to get animose. So then when you present the PROMs, they say you will say out in the source of the patients	Y/A experienced women encountering trouble having across with technology and being ufraid of other people among about their health plaudion.		Only that the value, but the hard part is as not excepting the renhands of during mouletines. So maybe the consultation is not only to discuss PROME.	Patients would be more satisfied if PHCMs were discusses in the consultation. This way they know someone looked at it and they slid not do it for nothing.	There were definitely some problems they exclusive of the they git a recognition of the control of the control of the control of the git a position was deed COMO.	Technical toxues can deter patients from completing PROMs.
NS	VIA women are least likely to have MyChart, especially form Africa and Suriname.	NS		A1	You are saying that it should not become the book of the consultation?	And introd for a patient it would be more satisfying probably, other you have that it you find out the HOAKS, that somebody tooled at a frou talked about the thing that is important to you like this since to it should be more satisfying to the patients.	And because it think it union the hooded they thought shit for soft here been that questionness she Michael seem is work it. In they delive the Michael seems will be the Michael seems with the Michael seems of the questionness and not of soft will be to also seed to greated with an electric seems of the shall be seed by the Michael seems of the shall be seed to greated. That's what there is only all the shall be some shall be supplied to the shall be some shall be supplied to the shall be su	People has NyChel and they have this great thing have. But they don't have access to it, so the convertible to the foreign earth or and the
	The lead likely is of course what i mentioned alreads the values, usually from whice, Surname, other countries.	YAA thinks the language barrier can affect patients getting MyChart.	The women usually don't have computer or don't know how to use t. They are also affect that other people can nick at their realization due see in the computer that they have MRI.	per both lead of the most	is than it would be great if it may, but it's not easily it insulant them are more things, if the door obsert has the obsert at the same one. It's only with the house, then you have to do a if other of things are all the dismost the bland soults. Wegley your consultation should be a tide to cloger, but minks can help to those one on things that mally matter to the patient.	piters		People Name No Chart and They have this great they flow. But they found these access to it, to the common and it from your they accommonate, but they people flow to add the collection. They never account it has been accessed. In your file
Privacy is important to patients, sometimes begin piet diagnosis from family and friends. The hospital does not feel private all the time to them.  Because they're ahad that other people incu- sorument by year has to their people in them.	NS	And of neurile I's only in Datah and Singles. So we have a lot of Spanish, NewAppeas apacking patients. So that's not possible for them.	NS		N4	744	NA	M
Because they're ahaid that other people linkw about their HV and tax to their people linkw about their HV and tax to their people and tended. If those about the young did, that here was the person who links a link of the well those hour, there is a people link people is well for exempting a link of their well of the service of the version of the death. Here is also from Suringers 20 they put on floodbook that she has in V.	Y.A recalls patients being afraid of facilities at AMC, due to people they know our from their country) finding out about their diagnosis.	NS	WA thinks people that are very protective of their privary inspecially form other countries can not be convinced to do PROMs. Same goes for people with no resources couch as technology or finances.	Besi	sides technical problems, patients might at understand sechnology and wait until their appointment to ask about it.	Some patients do not like online questionnains and would nather salk about those topics with a person.	Yas personally timbs the order of questions in PROMs is a bit strange.	Not all patients use MyChart or use in regularly hindering them from doing PROSEs.
N3	Three also a patient from Chana that did not worthly git to the ANC (Farmary Section Stree was size pages from Chana stree) section three was also pages from Chana sorting them. That them ready interests they have a medical protection. They seemed they have a medical protection. They seemed they don't down of they are Solidies, they says I have other label out they do in 100 have they down.	YIR thinks people who are educated are most likely to use MyChart and PROMs after those are oplished to them.	The people uit. who are affaid that other people can read their information, I cannot change their thoughts, and the people who with those any tike has to see a complete their sin way that, of count they need factors. They read snow, I generate has been with that.	te	a people that filled in the forms, its usually they do if or they don't.	And some people say i don't want to do it because I don't like these sinine quedicensers, I whole you've have normal conversation with you.	But personally (their it's a little left shange that you have questions aloud housing and annually in the same questionness and a left change. They come after each other, indich as little left strongs lessouse all the questionness are usually suit of legical.	Introduction such could bring that not everybody. The app. Not everybody is used if it in Not everybody looke at their wealths regularly.
Y/A thinks that starting the PROMs tegether with a trusted IVCP can encourage people to do them.	a method profession, that sometimes they don't dans or if they are foulding they say, I say other ladest with high do I don't want to go there.	I think the people who are more educated,	First they need money to buy a computer, then they need help to use a computer. And then they he should help the other people with help then and see that they are not youther.	Social So	t acc couple threatechnical drings, it was after very spelled to me, then the more easy breaken freezing the age and a message, and they should the sit that it im not going a colour. That is also considered the site of the state of the couple of their in a mentile, if people have the provide set after instructing of the MECAN, then the response will be much more.	That is because some people really don't like all the orbite south. They feet that they are not to going the information to a person.	N4	
Maybe, it can help to do the IRGA's together with help.) I think they have to come here and with their number that they must regarder you can go through the questionness together. To help them and too jets and to open		I saw some men who did not have trychurt. DON'T think to recessory, but when it optimized about the PROUse and the questionness, and gave them the information on payer, that they say that sound investing. These wants batch by Cast and I will saw that guestionness and saw if the something from milk (E) height for the payof it can account the questionness.		So to Store	response will be much more.  It was more that they didn't knew who it came or and they thought on, well I will talk about it the nort time lose them.	N4	YIX thinks handling MyChart should be an administration task and they do not know enough about.	N4. It is easy to fill in PRONE once patter
show and to explain.		allower the questions. Selfow they deliver have any interest in high laws, Lake most, positive the value was the finance of proteins in my lab must pour will call ma, and it leave my next appointment; but it my planns, so (when it need high hat the ma, with the information) give them they say, class, that makes it information is give them they say, class, that makes it interesting.			N4	YIX believes it vouid be beneficial if patients when coming to their apparaments would go to the fixed disk to gettack about/reside issues with by/Chart.		It is easy to fill in PRDMs once patien have a MyChart account, fills think activating their account is the main obstacle to filling in PRDMs.
		n rewistong.		,	People that use MyChart regularly are more likely to SI in PROMs	But 1994 it would be good if people come to their appointments and they would go in the food deck. In the company of the people of the company of the about voyCoM-C Play sales and it would be to people at the ford desk on stimulate it.	From people don't have light set if ear in an jurit the form, authors time approved already when, it is not already when you can't the form and gree them a new code. Then largy you gold with find they. Clear levelight in their has it will be already to the above in a softward it is shall notice for work. I hallest its, its an administration thing.	I don't man that we have to make it may be for them letteringto 30,046 because the people with filled 51 in an out of our or of our or out of our out of out of our out of out of our out of out of our out of out of our out of out of our
					ee pacy's who can't message to VlyClart or esk then repuls, I think that they fill in INCOs; more often.		N4	why prepare from gar access to the questions.
					N4	N4	People from older generations would rather talk to somebody than get a digital platform.	
						There are patients that do not want MyChart and would prefer to call the narse of there is any problem.	Because they no not mady not obtain a conything digits. Not every facility to aboth that it this may parties and off on the thirt is a generation thing it think a title is not that it dies? If they is the action is people.	Tilk thinks people that are highly edget MyChert. In contract low educar people that do not speak the largu- not.  It is greater than the largunous contract that the largunous contract the largunous contract that large large contract the large contract that large large contract the large contract that large contract that large large contract that large large contract that large large contract that large c
					A did not hear a lot of complaints about 80 No extelde sechnical losses. Patients it have MyChartsald they would do it for next time.	But the people without big Chart, they a list of times big depth want it, ident want bigChart, i don't warns see my results, the gones call you if i have a presiden and that is is.	year to broke to knowle to previously the property of the property of the property of the property of the property of the property of characteristic all these things or the phree they just warns tak to constant,	It's a generation doing. Think a little bit, but that ident bits for sinks; the support purple, it who can be upon to younge the form of pumple with a final
					declare they get it from a soit of anonymous dec. They send on I was ended any what it was end sen a measure, but if thought? I all you when I go le your appointment. If I did not get any mail negative mechanism if you plain it, used people soid, solay need timer will out. The people with (solay need timer will out. The people with (solay need timer)	No.6	N4	NA
					SOL THE PROPER HISTORYCOME	Privacy is a meason patients do not get. Ne/Crest.	Some patients come from countries where their private information can be seen by the government which makes them reluctant to share information.	People with both high and low el motival technology.
					YIA thinks t will not be possible for aborts that can not read or write to get MyChect and in turn fill in PROMs.	NyCrart.  Tre phase of ourse times us some people are shad of the phase.	But people afred of privacy are connectives from offerent cultural bankground. Offers from	to also about education because not excepting that has a low selecation dis- solve things because its not like it
					MyChart and in turn fill in PROMs.  but you also have people that connut-read or refer. For those people it will not be possible, soon sometimely can hap there will that, but if they are will not the they connot contains.		countries where there is no private.  And that is also, of counter understandable of you consider a country where the government can actually one excypting or your medical file. Then you are about white about the private and or in the private and or in the private and while the private will also be letter.	entire things because its notified frequests are highly obscored on a mobile of the most or high rate of information, and may see that people with the education.
					rites. For those people it will not be possible.		and page and another the posterior also before.  So they stop out of one because other government organization will innovational you. So if that's which you know that when you have in the other to so all this entire information going on.	

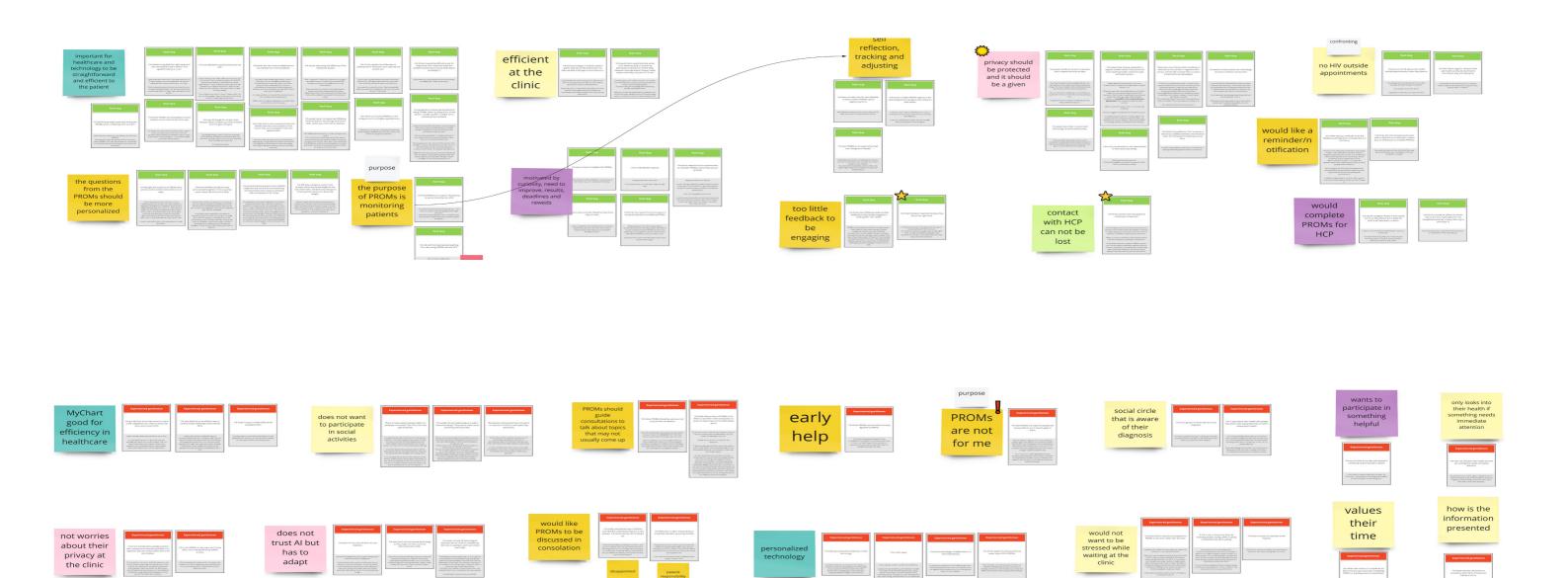
NI	NI	N1	NT	N2	N2	N2	N2
Pietiens get a list of notifications form MyChart making it difficult to distinguish the questionnaires.	VIA-thinks in order for patients to fill in PROMs they need to know what the benefit of PROMs is.	YIA did not experience patients being more open in PROMs than if they were in a consultation.	Yik thinks there are people that do not want to open up at all and others that are encouraged to open up because they filled in the PORMs.	Nurses do not know how patients use MyChart or how MyChart looks to patients.	IIIA thinks MyChart notifications should be more clear to the patient. Otherwise it is easy to miss the PROMs.	YIA thinks that their 20 years at the clinic has helped connect with patients, which makes it easier the patients to discuss agains from the PROMs.	IOX thinks PROMs have the potential to enourage patients to talk about topic they would not normally talk with them, as they've known them for so many years.
There's a reel that fitting shouly have highlant. High gar a let of how for the less time I have the present information and the hospital that the present information and the hospital that they have an apportment, their is away linear, that I for their he define hand it because he gate a let of information and he closed (seeily) that well the Questionance.	No. And what othe benefit for the first tracs and important the first hear to know what will do go of or them." What is the benefits in 2 man, the important of the builty of the 18th, the important of the builty of the 18th, and they don't don't have that _they don't don't have that _they don't don't have that They don't don't have that	Yes and no, because they trust you.  And at the other way what we see in the print as well is that they fill it as a print which will be a seen to the print as they want to this about, so it such in all people in hear more seen who half a leaf of the makes seen to half all and the makes seen in the file a seen as the seen and th	So to index odes, it this when people don't trust you you differed to work in the relationship on a contract to the solid of the second of the contract dots want to bit and the are deep people that feel in the questionname, so they want to talk should be second or the solid or the stability.	A You are not buggle hours o log in from the proyection of a patient?  NCS No. they have to did it the modives.	The digital world is opending, And that their are several messages from our frequest, for it ments for the learners for patient give a receipt or the learners for patient give a receipt earn from they direct, it, know how it shades to get the sequency the question makes to gradually a specific patient give ground the question makes for \$20,000, it means to be beforeasily inter-what interaggle loss is patient, get and what is it about.	20 in 1006. That's a big difference, I have a lot of parlents and I don't see a lot of the Account to the people i valually see, I have known for a very long time.  Teach, And that can go lash to 20 years, 50 years build up freedom, problemour reactionship, And build up freedom, problemour reactionship.	That the other point because it is new phase, it could be easier for the parties in make of fulfilling with mit, could have been for somerly years.
N1	NT NT	MI	NT	N2	N2	that swip is maken it eather spoodscollams from the PRCOs.	N2
If the patient does not want to talk about their answers on PROMs TITs would leave It.	YOU thinks you should be modiful when discussing certain topics with justimes, as it may force them to relieve traums.	Yok-recognizes that patients can form a strong band with the nurses expecially if they have worked at the supportent for a long period of time. But they do not consider this to reflect all patients.	V.A thinks nurses that have been here for longer and experienced the early stages of treating HV can have a deeper connection with the patients.	We tried to ack questions around it is go their PICOM amounts, but if the patients does not want to talk about a certain topic there is nothing they can do.	YAL agrees with N1 that you should be midful when patients set boundaries of what to discuss to avoid them having to railly extrain. This can have part than	YIX, thinks after a long time pastents form strong bond with the HCPs at the outparent time, and that is difficult to transfer over to other HCPs at the same clinic.	Y/A has a good relationship with most patients, where a let of them would not want to change H/C. Hawveer there are patients who do not want to have any kind of connection.
NO. And indeed the arrange type gran, do you need to discuss that their and and so when it is a not what on you do?	Introduced the traversal blang, if each like a closed state of closed in their brane and majors they consider on that for a large time, direct source, and many you've opening it is gain, and closely when you are distributed by you have a large of their produced to their source of the second to the region pension. But their source to their pension of the second to the region pension to every pension to ever a pension of their second to the second	(The numb) worked here for 25 more years and strept responsed And of consent by fired like they tensor per lab. In one thou it in feet to like every consultation of every sures.	10. And I think at a professional, the green in the role and the posses of the situations like the monotherapy and another through for like sex a number and as patients you green in that together. And states officement from one because I came have	And Indeed the answers youngles, the your want to obtained that not not And by when this is no. White can you have the same of	help the patient.  It can be util destructive because you open up something. So you have to do it with the because it can spanup convening transmits, which reuses have open up to the can be upon the can be		There a very good relationship with nearly exerytody, not with early look, And as an exemption (sign a relation) and as the context, lived to work ingetter with, that a patient that was being even by that doctor) wants in the back.
51. Tell, Serrylu less Elecular Proj Serfuero 51. Sel, Service Servic	you are deproting it is again, their state has any when you are discounting it, you have to be aware when it will cause for them, because it can be very perful to refer it.	WI	And shots offerent from the beaute I game have and them's already a combination framegy and private growing properties to be another properties of the properties of the growing project for disappet if properties for project in the project is a few price. There should be maple in that way, the address of substantial projects and projects in projects and projects in the projects of	Sometimes it isoppression to that, our i propers and isolitorane of another district, and i propers and isolitorane of another district, and iname of district, justices loss in very inequalitation clause now already passioned district presentation and them in raise a memory impression or increased in them in raise a memory impression or instruction designation things lackage them in show them's principling to clauses and them in changing.	So instead of doing good you do harn, but that's sky it is rided important to fallow the questions. Do you want to discuss that' has or he.	You can integrin, after 20 years if not longer, people that come from the beginning And so, people that you first 2 and host people are so within a solid to the solid that a solid time and when are lever difficulties are viewed pointing earlier people great to the year of the solid time are in the difficulties are viewed to the people and the people and the solid time are solid or combination and they are the time and the solid time are solid time and the solid time are commented.	So the regions by principles (and the patient back with one of the doctors is wish with and the office of the doctors is wish with and the office of the doctors his work with the other patients; it sees of or our art favor can happen. Set if so the patients is seen of our and their can happen. Set if so that a patients with a clinic happen. Set if so the patients is set in the can happen. Set if so that a patient with a clinic happen. Set if so the clinic happen is set in the can happen. Set if so the clinic happen is set in the clinic happen. Set if so the clinic happen is set in the clinic happen is set in the clinic happen. Set in the clinic happen is set in the clinic happen is set in the clinic happen.
It is introduct to how he copy winded	MT	There are also patients that do not want to come to the outpatient clinic.	N1	And then I ask the patients 'Billy I say it is pueblish about it' will, some patients and no, like with the trauma ket week, like, don't want to talk about it.	N2	And that is the same palents of thinks to the party were through that the well got an extreme party area. These had dipplemed prints over to (name had been been been been been been been shall up a harm admiration). These shapeships are won differently these pasters of according from any many and other party and party discloses in small control of their time area of and many and well in sales is and in our book and in pasters and well in sales is and in any and pasters and in the pasters of the company of throughout the palent.	N2
with patients, especially at the beginning when they are getting a let of information. It takes then to have followed bound out to small them to be shall about not to small them to be shall be	There are patients who are very proactive and do a lot of research on their health. Sometimes knowing new developments that the nurse has not heard yet.	And you have patients that don't warns some on the ward or they don't come. They don't be the pill region's They warns, And then well downs the problematic cases, because how con-you'st. Then Just heeft.	Some patients choose the social acceptable amovers, which makes it difficult to read them or give them separet. E.g. if they say they are taking their medication but they do not.	N2	10A would be apprehensive to talk about PROMs with patients they do not have a connection with.	Charged throughout the years. So to get back by your question. It takes effort and It takes time. And for some, it will happen and for some it will not.	YOA thinks culture can play a big role on how involved the gattert is in their own health. In some cultures patients expect the ICPs to know everything.
just Sying Su. John Kyu Siyu Siyu San Kahmahari yadi.  NJ Silm ali way siyan Anidati.  NJ San ali wa San ali wa San ali San Din distrir raju, wali, wa disuawali abiat dhu, while processing single anidati. Anidati.  NJ San ali wali san ali wali san ali wali san ali ali dhi wa San ali san ali san ali san ali aligatiwa san ali san ali san ali san ali aligatiwa san ali san ali san ali san ali san ali san ali aligatiwa san ali s	No. 35 very different there are people who look, everything up in their law file and they call you like. The sent has and the eighth, what is going on. They are very production. No. And Stay Solome everything on the internet.	the problematic costs, because how can you let. Elevin-Lorin head?	And they also say a list of social acceptable acceptabl	If the patients that do not want to have any connection with YVA need anything they usually know how to find YVA.	And if such a patient in such a situation, for instance, structing, rate, do you want to discore of No. Then I do not living it wip.	N2	But in Africa when people and if, they go to the hospital, they go to a dealer, they never call. they yet was in the three from the first in the whost partners, and then they need to have sometime, and then they need to provide the stay action and indignified to the pathod of Capital they would be considered to the stay action and indignified to the hospital of the pathod of the whole in the capital of the c
proximiting to the primers, hand feature flow, etc., while dip was have four did the figs to be support and taged for to find out what they have 5 tion in a N2 Very small dept and greats, And that it takes time. It lakes time.	NZ_mot like fallow are plant or the internet. And inter patients she like mot they about new developments then I do.	NI NI	pash, yeah, And, and sometimes they don't have the pill to 'implicatly, and other they apy they pile them another pro-see a high visit hand. So how are you gronor make them take your pilith declarate that's what you want. So that's the mississional appairing And how do you let them mississional appairing here one headers.	And then of course it happears that if they reset something from you, then suddenly they know where to time you. Those type of passets when they first in the PROVIDE or associational was involid be very apprehensive, like do I bring it up or no?	N2	The people that are least involved in their health need PROMs the most, However the nurses feel like they have to be on top of the patient just to make then show up.	wry active on using what is the shadoo? Caper they expect, you can wad their mind, which lie not true, but that has to do with the culture.
N1	There are a list of factors the nurses have to learn about a seteret in order to learn	People that are not that involved in their healthcare would come to the hospital only if there is a water problem. These people are usually no shoot for their negular wombinesses.	NI	N2	Nurses have to learn how to handle different types of patients. Afrile some patients want to be more invoked in shared-decision making others prefer to be a tid what to be a tid what to be.	And those an the group of patients, what we taked about, that adoubly need to get access to the MOME, the questionness, to try to make it offerently. If that to do not claims a relief, largy proof in those group of patients they get lost and you have to considerably follow them and make them for that have and could great them. The patients and could great the most for that have and could great the most for that have and could great the most for that have and could great them.	
There are different kinds of patients from the ones that just sile-their medicine regularly to the ones that lie about it and do not side them.	There are a list of factors the nurses have to learn about a patient it order to learn how to support them beat. Encluding, work, food, family, shallowure etc.) And also Thad a more of a two per old and a		NA would like patients to open up about their feelings. Expecially if they experience high stress before their appointment.	TIR had to learn and adjust their way of conducting a considerion based on what patients espect (mainly from patients from other cultures).	shared-decision making others profer to be still what to dis.  At this do you lead with offerent types of patients, with experience or in it. a foll of personnel skill, you have to decision? NO, Commonwhert 20,1 Marks.		N2
	And also that a men of a two year oil and a boby. She age at an eight on a both of 1 just 50 arises. And then 1 highly my 50%, 50 because of these commonouses the mount of purposers to the 6 to the morning, out then you've feath and you have form, and then a but of the loop you don't have to them about it ages. So a ten door floors, work, floor, if the family	provide about and with department and his second of the control of			3-life you have to devalued. 3-D Commissional Confidence 3-D Temperature of the service of the s	N2  There are patients that are very involved in	TITA thinks it is good to set boundaries with patients and let them know what you can or can not help them with.
And jumpitions on the parpituhus from one or person ship in a fair flower larger being the first playing it. The destrictions what the destrict it for playing it. The destrictions what the destrict it. In the properties one of the set hand from a Get over two gipting one of the set hand from a Get over two gipting one of the set hand from a first two sets of the destriction of the set of the major that destriction of the set of the resolution is even one or feel with a first of major that is not any of the sets of the sets of the properties of the sets of the	So a terral social florence, work, floor, fifther family should you went'y postion on must, if you have to hake to a root, if you have chooses.	and then you last facts in the Tex Year set that I haven't came for a while 5 of the Year as across process, that is ny separations for one year, but if they came they controlled it shall important. Because if it would be important, they would be important, they would be important, they would be important, they would be important.	Their beings, test, in general how they open up with the facings, like how their booms in here and when you can be the test the facings with the property and the property and property and call facility control their all hading and facilities, when they come in their all hading and facilities when they come in their all hading and facilities when you can be test.	You have to learn and to deal with offerent oblives. Con view by if the request from my colorest control to the part of the request from my commented to the request from the colorest part of some colorest part of part parts.  And that give against horse can but I know it? Once to they will not search the goal And then.	decision making seclarise that is what we do. They come know to handle that, And than they go like you led me what is should do, and then you like you led me what is should do, and then you do not have a solution and the part of the should be about the in figure out, all me how is your think if you won't what any you working.	There are patients that are very involved in their health and relearth everything related is 340. However, when they hing up all this information in the consultation it can become challenging for the surse.	There a few patients in my mind and the like, I leave that for you and prame diffeocors, I sometimes say that this is beyond my incodedge. I think it is legicle of sometimes with prames of 2 declarations; work with S. And I focus as no sometimes.
THE HE HAS BEEN TO A WAY TO A WAY TO THE TO THE ONLY WAY TO MAKE THE CONTROL TO A MAKE THE THE THE THE THE THE THE THE THE TH		logical. The hopping maninos them about their disease, about their HY fallus.		And that gives against how; an, but i know if i don't do it, they will not vaso the goal and then the vaso to the goal and the shall asserted from for indicate, afficiary segment from the indicate, afficiary segment themselves, to we request the just the surface do it. The indicate afficiary segment of the prescripting out of dogs; i great they against my prescripting out dogs; i	They don't some how to handle from and them the south them the south the south them the south them the south them the south th	They figure and all nur papers, written mestigations from America, Russia, Australia, And then they, short you with the number of their sholles, And Neverli you have of of Neuro their study and the substance of and they are 2427 behind a computer and very housed maybe pometimes too focused on their health, and anyting that is not reliable.	And usually when you are very clear from our port of view, people understand that as well. And then the year bit the questions with the serveral persons which in my opinions is every good, healthy station. Cleake we give our boundaries, and then, you just divide the every. Decision have there own specialists.
Another are early more than help dopined, the land applianting his help are propilly than just late their restliction regulately an proteiner. They ask to a new procession, get C. and, continue taking the pilo.		Some pasients do not communicate their reeds. Eg. Sox workers that have work oil late will not communicate that they can not make it to their approximation the marring intoward they will choose notice.		162	12: So it straining hermory from your cohargese, your area style of countaining.	And then those are very difficult patients to have because they that inconverge is preser, which is of stance than \$6.1 and it think like bloom up a title bit and it is pood that people bloom that own hasts if they want to know excepting about init, because it conversities the such claim radials.	ther our specialities.
NI	NI	core.	NT	Some patients experience can be very intense due to sligma, and some can bring that intensity when coming appointments, by hiding or calling betweened.	N2	N2	N2
TIA questions what is the role of the nurse when it comes to the high stress patients feel before appointments.	TIA would like to know why the no-shows do not come.	Int And we have guite storm, transporter securi- ularlam and they are discretized. Securical security from the approximately created in the security from a sometime convey. Security from the security from the security for the security from the security from the security approximate at 20 SE. Bey short security for the approximate at 20 SE. Bey short security for the proximate security from a could be as for the security for security from a could be as for the security for the security for the security for the security for the building to a confirmation of the security for the security for the building to the discovery security.	TIA thinks the earlier treatment for hill also caused a lot of trauma, especially physically.		Vik sansiri like nesteroh to telk more about		
There they be in the auditing room having the sales down, it goes down again, But before conting here, they experience a for drown. So, what is our role in the properties of the control in the control.	I photo with the replace, you want to linear why?	comething the exeming before they go earling, but they do not communicate that, is, they do not communicate that? Int. No. no. Normally they durit come.	No. And also the medication, the series piles were more task. Eaffectothe fit tasks, by dystraphy. So you could just their coming in and their you could release you them. Bookset the medicals.	Very shad of a meeting acquarishnosi. We have a fig Channer extraction, but name extraction, in the property of the property in the property of the purple of the subject of the property of the purple of the subject of the property of the purple of the subject of the property of the purple of the subject of the property of the purple of	their feelings, especially those of embanassment and shame.  Asothers's let of people who feel schemed	Yik would like patients to be more open about their result health, but they feel a lot of patients would rather net talk about.  8. Yik thinks this is where PRICA's coold help.  And sousihealth times (always try to bring two.)	in the BODD are made in limiting way, with no middle option or spon text option, making them believe their arrowers do not regresser; them anymore.
			10. And physical bearing because of domage of the nerve tissue. For the elderly group.	the store or the neighbors, in the watering soon, so that is also a measuremy septime to not show so in they want to see you as very complicated, at the connect of the hallows, Can I count And the at the connect of the hallows, Can I count And the it was life to travelor, and making in and nothing also were prosted, the at one power we per refused, when not playing and only you anythoria.	Also there's in of, require who feel inharmed having eth's agree with judging down the feelings por the worksheer about a half they would like patients in discuss more and feelings of emberrosoment and arbitrared is the same.	And securitizes have a lake to the form of an build would be more alies if patients would like to that which per count result health status, which of counts extremely official.  Cause you are taking in offwert announcer. List say you are taking in offwert announcer, last say you are served from your other and them? allegs a creating in my mind, where the patient.	N2: The questions about sexual health. I'm net top some if in the happy with all frees questions in the PECALS on eneed to have a lock at that. NY What do you men?  10. What they are too direct or too indirect? I have heard from patients on other courses as well,
NS NS	NI	₩ NI	VIA is trying to explain the benefits of	pas to great the control translation property can new sets HV.		Claus you are Carrier in Others to environment, and may be considered you will clear and the enti- shings a creating in my mind, where the patient anythings operate does not desired larger to up anough the entity and the occur pays thank goodness the partiest doesn't be shown service handly due in their air may important that their than the contract of their air and in the contract handly due in their air and in the particular country your research earth. Carrier air air a personal question should be.	NO, Wallet they are too direct or too indirect?! Next insure their parents of their stone as well. Next insure their parents on other stone as well. Next in parents of an insuitable, and exploitation that people till or about they feet, what they represent the section on these time, you are get a present the section on these time, you are get a contract their section of the section of other sections of the section of the section.
VIA thinks PRCMs can help get to the patient problems quitter and the problems become measurable.	VIX-thinks PROMs can signal source only on, that patients would have normally not mentioned, and get them an early referral to a specialist.	TIA does not think patients understand the benefit of PROMs, as they just rolled out.	YIA is trying to explain the benefits of PROVIS to patients by reling their psychological stauton, can be more measurable failuich heiges the nursery and they can reflect before an appointment.			And fifting say it's name of your business, I might ask it beings to life in general, including the merial health and the season health, so that's diag. I shaupt say it is private confidental and that helps And that the season to that it is what it good with the MODA's.	the quantions that needs some attention.  And I dissert must have been applied. The outside from the Pricint list openin must, what the petient wasts shall about IC That's what he heard from the patients.
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							convened and happy that at least we get the product questions in our system.

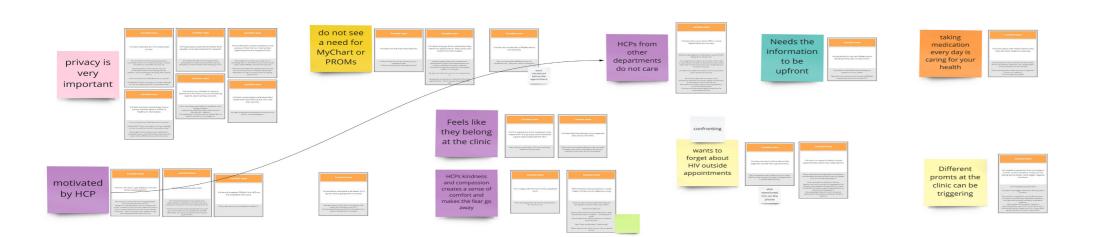


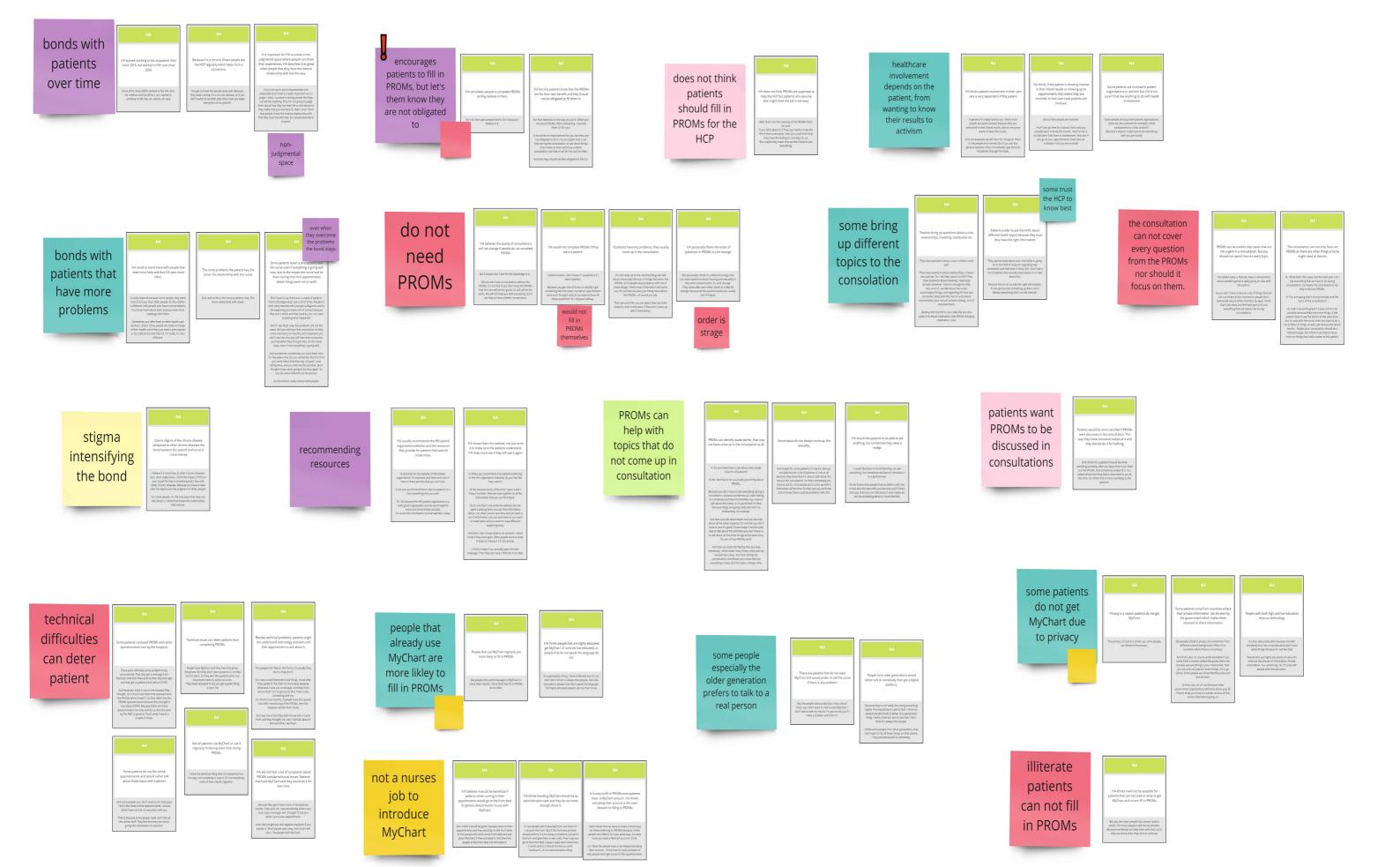
Different promts at the clinic can be triggering

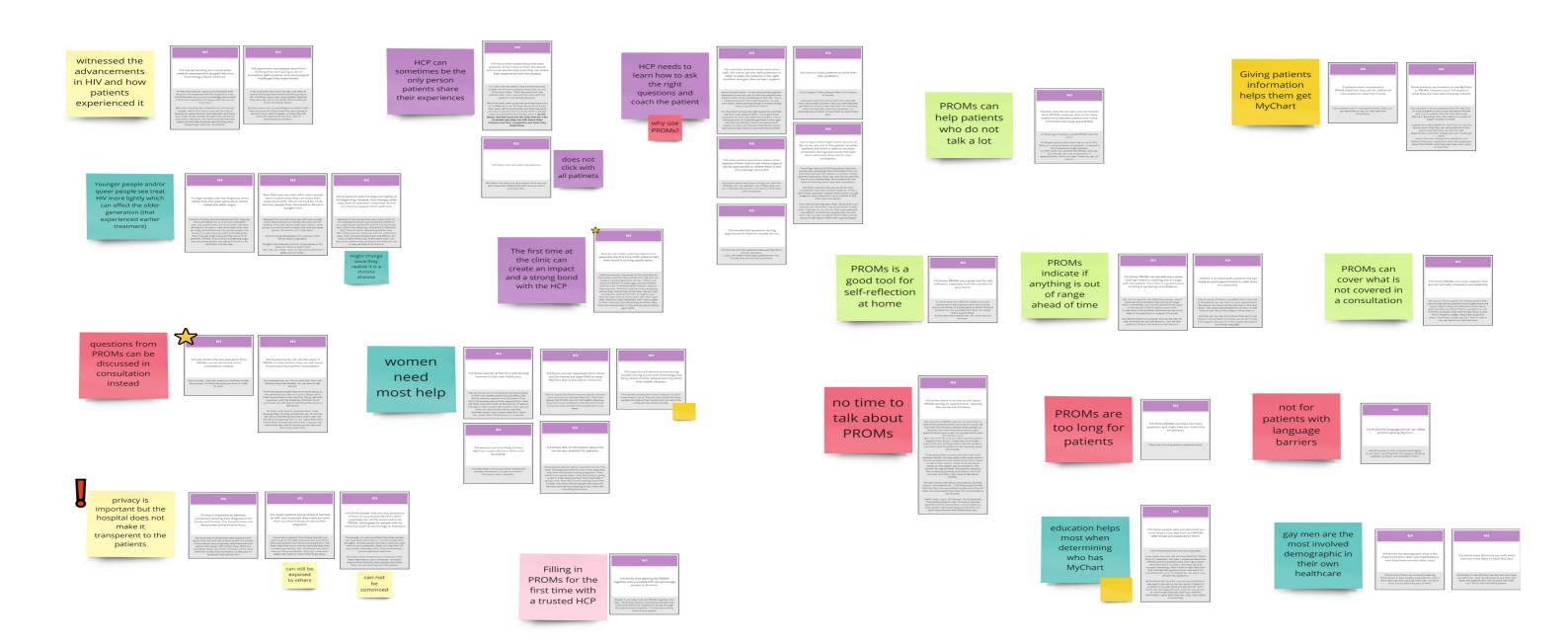


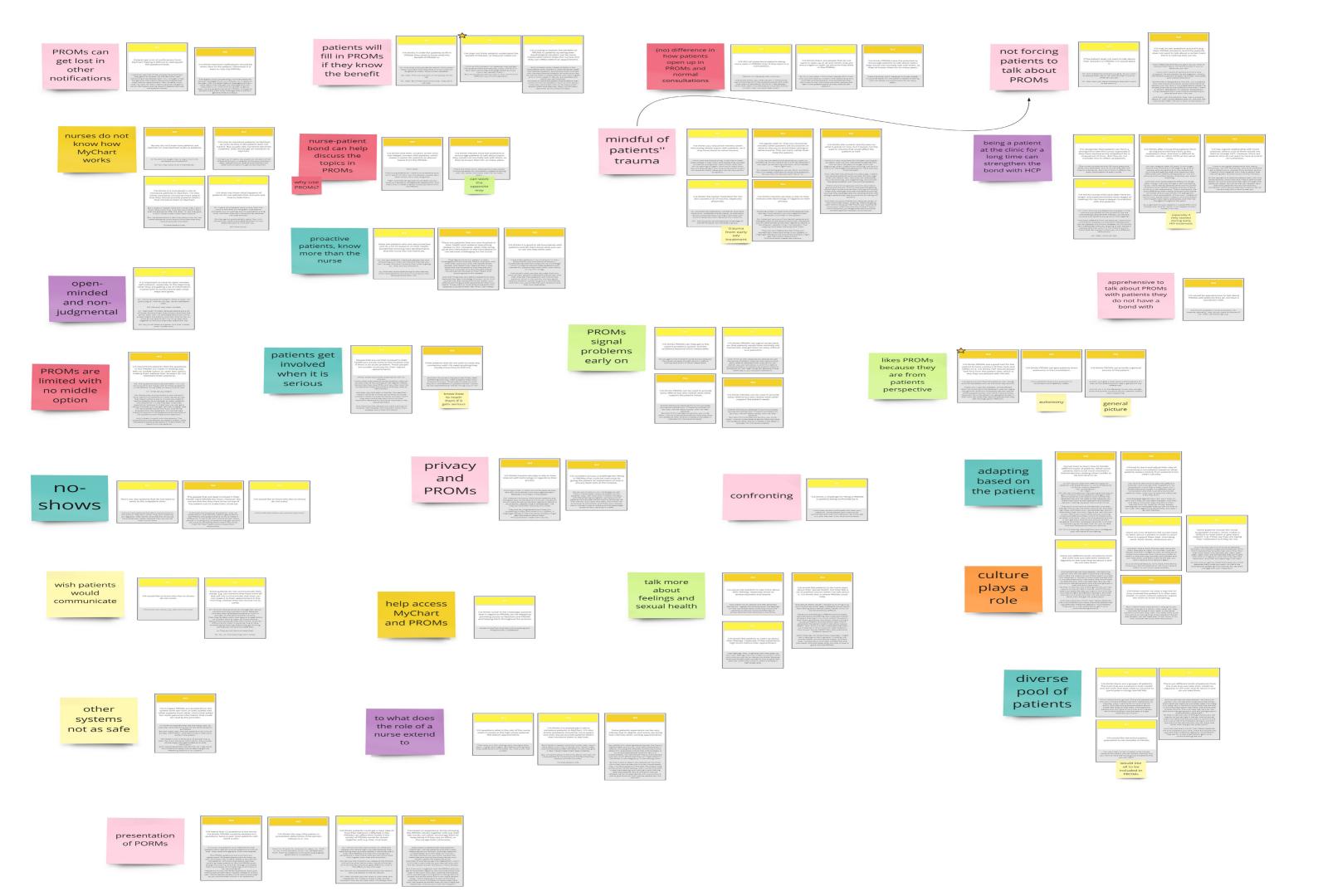
motivated by HCP

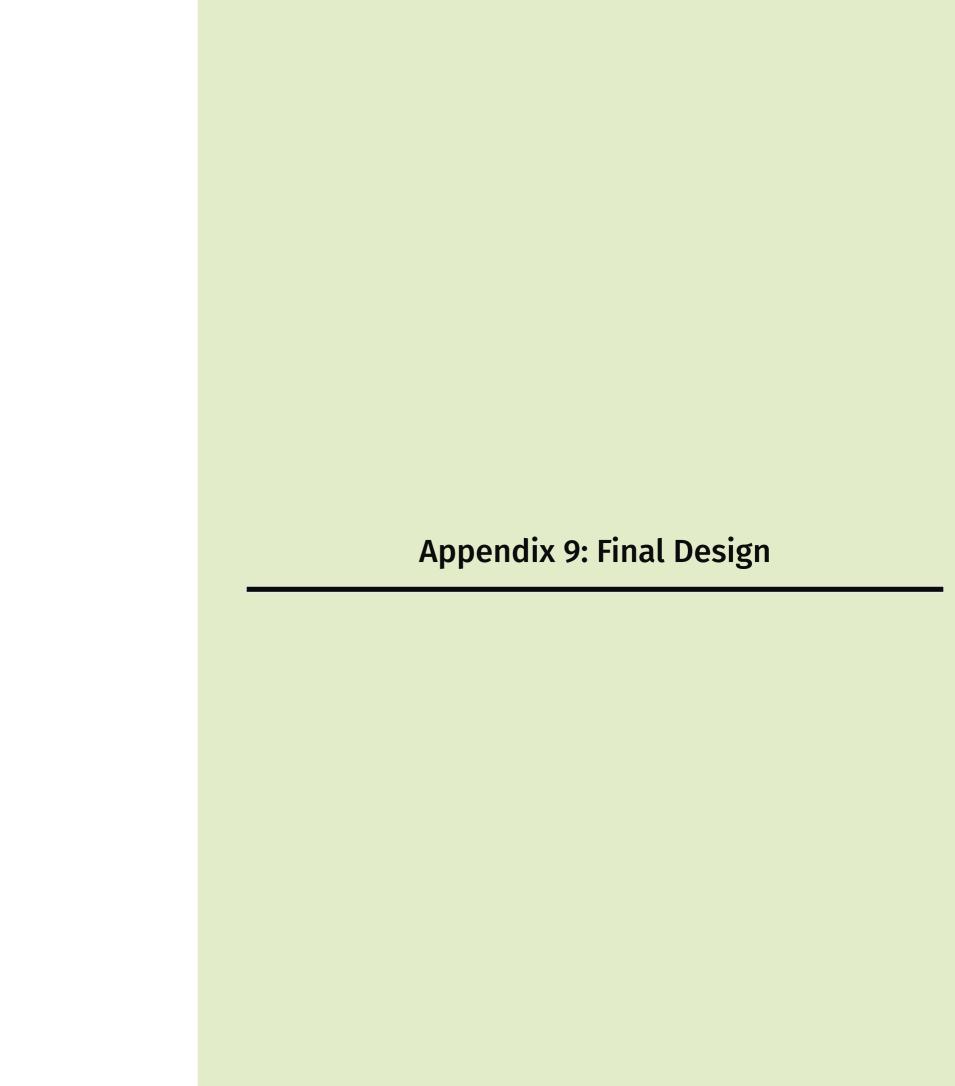




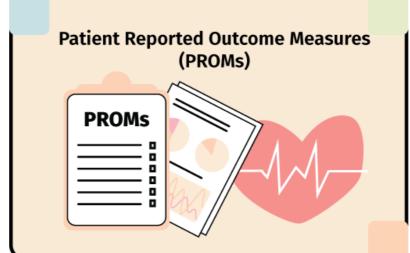


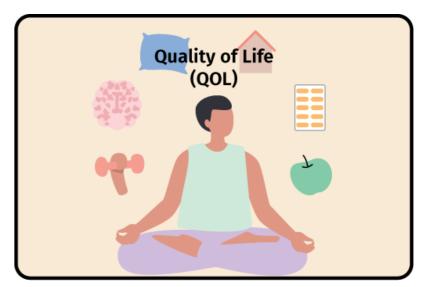






Back Front





Visual

version

Front

What are Patient Reported Outcome Measures (PROMs)? **PR**Gront

Also called PROMs

- Focused on the experience of the patient from the patient point of view
- A way for patients to inform doctors and nurses about their health and quality of life\*
- Patients can learn about their health and doctors and nurses can learn how patients are doing

What is \*Quality of Life (QOL)?

Describes the well-being and satisfaction that

Back

- peopleexperience in their lives Talking about well-being and satisfaction to nurses and doctors can help them know how to increase
- your well-being and satisfaction Can be influenced by different factors like Sleep,
- Exercise, Healthy Eating, your Environment, your Social Life, Mental Health, and Medication.
- These factors are addressed in PROMs

Front

What is \*Quality of Life (QOL)?

- Is a term that conveys the sense of overall well-being and satisfaction with life someone has
- It can indicate a patient's perception of and experience with a chronic disease
- There are many factors that can be measured to assess the QOL, including but not limited to: Sleep, Exercise, Healthy Eating, your Environment, your Social Life, Mental Health, and Medication
- PROMs address, amongst others, all of these factors and can therefore assess the current QOL of patients and help guide conversations with clinicians to improve their care

Back

What are Patient Reported Outcome Measures (PROMs)?

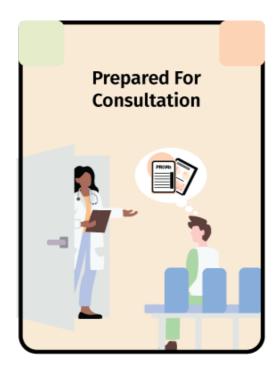
- · A way for patients to actively report about their patient experiee to their health care professionals
- · A way for patients to report about health-related topics with a focus on the patient's perspective
- Provide patients and health care professionals an overview of the patient's health and quality of life\*
- Patients can reflect on their health and health care professionals can reflect on how patients are doing

Visual

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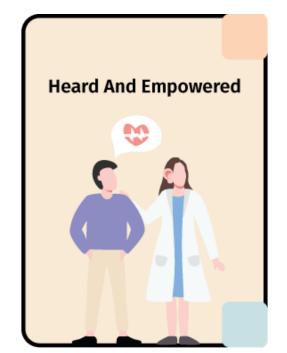
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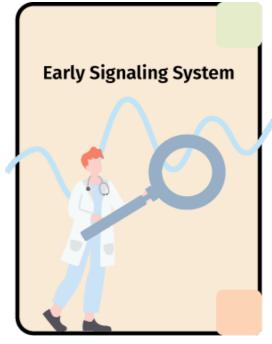










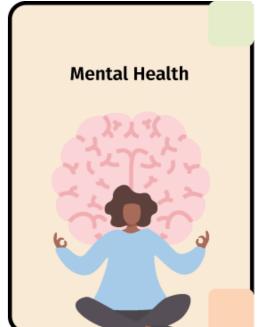


Visual version - topics

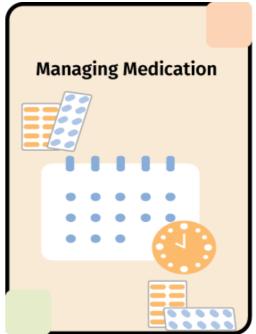


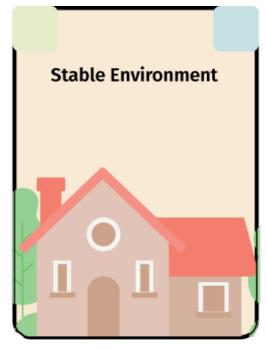












By giving patients the opportunity to report on their own health, PROMs can help patients identify areas they would like to discuss with their nurses or doctor.



PROMs can be used to track a patient's health status over time. This can show patients how their health has changed and identify areas that may need more attention.



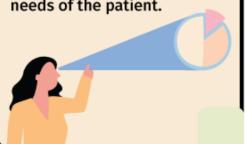
Giving a structured way for patients to communicate their health status. This can help ensure that patients and nurses and doctors discus the same aspects of the patient's health.



PROMs can help patients better understand their own health and empower them to make informed decisions about treatment. Nurses and doctors better understand the patient's perspective which leads to more personalized care.



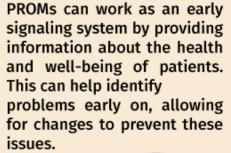
PROMs can be used to track a patient's progress over time and can help to identify areas of their life that may need more attention. They can also be used to adjust care plans to better fit the individual needs of the patient.



By giving patients the opportunity to report on their own health, PROMs can help make sure that care is made to fit the individual needs and priorities of the patient.



Shared decision making is a process where patients, nurses, and doctors work together to make decisions about treatment. PROMs can help this by giving patients a way to describe their priorities and by helping nurses and doctors understand the patient's perspective.





PROMs can have questions about your diet. A healthy diet can support the immune system and help protect against infections and other immune-related conditions.



PROMs ask about exercise as it can help improve the symptoms and management of many chronic diseases. It can help your physical health



PROMs touch on sleep as many chronic diseases can be better managed with sleep. Consistent sleep is also important for the immune system to protect the body from illness.



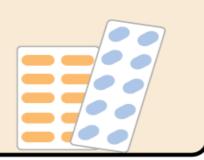
PROMs touch on mental health. Good mental health can help the ability to cope with the challenges of living with a chronic disease.



Focused communities and organizations, for a chronic disease, can help by giving education, encouragement, and help with healthy lifestyle behaviors.



PROMs ask questions about taking medication. By taking medication people may be able to live longer and have a better QOL.



A calm environment can help reduce stress and promote relaxation, which can be beneficial for people with chronic diseases who may be at higher risk for mental health issues.



Combo - MyChart

MyChart is an online portal that allows you to access your medical information, communicate with your nurse and doctor, and manage your healthcare.



Once registered, you can log in to MyChart on a computer or mobile device to access your medical information and communicate with your nurse and doctor.



MyChart will only use your information for authorized and necessary purposes, such as providing healthcare services and communicating with you about healthcare. If you have concerns about the privacy and security you can contact the customer service department.



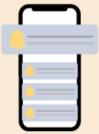
MyChart allows you to access your lab results. This is useful to understand the results of tests and track progress over time. The results should be discussed with your nurse and doctor.



If you have issues or questions about MyChart, you can contact the hospital's customer service department for assistance. You can find their contact information on the Amsterdam UMC website or by calling the hospital.



You may receive notifications through MyChart about appointments, test results, messages from your nurse and doctor, and prescription refills. You can customize notification preferences in MyChart account settings.



PROMs can be used to track a patient's progress over time:

- PROMs can help to identify areas of improvement or areas that may need more attention.
- They can also be used to inform treatment decisions and to develop care plans that are tailored to the individual needs of the patient.
- PROMs can give patients the opportunity to share their perspective on their own health and well-being.

Help patient - healthcare professional communication:

- PROMs provide a standardized set of questions that patients can use.
- PROMs ask about symptoms and functional abilities, such as the ability to perform daily activities or level of pain. This can help healthcare professionals understand the impact of the condition on daily life.
- PROMs can help to shift the focus of care from the healthcare professional's perspective to the patient's perspective, allowing the healthcare professional to better understand the patient's priorities and needs.

# PROMs can serve as an early signaling system:

- By collecting data about patient symptoms, functional status, and QOL, PROMs can help to identify potential problems or concerns early on, allowing for timely interventions to address these issues.
- For example, if a patient with chronic pain is reporting increased levels of pain and decreased function on a PROM, this may be an early signal that their pain management plan is not effectively controlling their pain and that changes may need to be made.

PROMs can help patients to gain autonomy:

- By giving patients the opportunity to report on their own health, PROMs can help to empower patients and encourage them to take an active role in managing their own health.
- PROMs can be used to inform treatment decisions and care planning. By giving patients the opportunity to report on their own health, PROMs can help to ensure that care is tailored to the individual needs and priorities of the patient.

PROMs allow patients to think about their health before their consultations:

- PROMs can help patients to identify areas of concern or areas that they would like to discuss with their healthcare provider.
- PROMs can provide a record of a patient's health status over time, which can be useful for both the patient and the healthcare provider to refer to during the consultation.
- So if there are any issues that they would forget bringing up PROMs can serve as a reminder.

# PROMs can help patients with self-reflection by:

- Providing a structured way for patients to reflect on their health. PROMs provide a standardized set of questions. This can help patients to focus on specific aspects of their health and to reflect on how these aspects are impacting their daily life.
- Tracking a patient's health status over time. This can help patients to see how their health has changed and to identify areas of improvement or areas that may need more attention.

Shared decision making is a process in which patients and their healthcare providers work together to make decisions about treatment and care.

- PROMs help patinets express concerns and preferences about their care which helps healthcare providers understand their perspective and needs.
- The results of the PROM can be discussed with the healthcare provider, who can use the information to help the patient understand the potential benefits and risks of each treatment option and make an informed decision about their care.

PROMs can help patients feel heard and empowered in their healthcare:

This is because they allow patients to express their own perspectives on their symptoms, treatment outcomes, overall well-being and experiences. PROMs can also help healthcare providers to better understand and address patients' needs and concerns, which can lead to more personalized and effective care.

Exercise and physical activity can enhance QOL by:

- Improves physical functioning. Regular exercise can help improve strength, flexibility, and endurance, which can help people with chronic diseases maintain their physical function and independence.
- Managing chronic diseases. Exercise can help improve the symptoms and management of many chronic diseases. For example, research has shown that regular exercise can help improve blood sugar control in people with diabetes and reduce the risk of heart attack and stroke in people with hypertension.

Eating a healthy diet can enchance QOL by:

- Enhancing immune system function. A healthy diet can support the immune system and help protect against infections and other immune-related conditions.
- Bettering overall health. A healthy diet can help reduce the risk of developing other chronic conditions, such as heart disease and cancer, and promotes overall well-being.

Social support can improve the QOL of patinets:

- Communities and organizations, can improve the management of the disease by providing education, encouragement, and accountability for self-management behaviors such as medication adherence and healthy lifestyle behaviors.
- Social support can prove emotional and practical support for people living with a chronic condition.
   A sense of purpose, belonging, and connection, can helps reduce stress and promote well-being.

Medication can have numerous benefits for people living with chronic diseases:

- Relief of symptoms. Medication can help to reduce or eliminate symptoms of a chronic disease, such as pain, fatigue, shortness of breath, and swelling.
- Prevention of complications. Some medications can help to prevent complications associated with chronic diseases, such as blindness in diabetes.
- Increased lifespan. By effectively managing chronic diseases with medication, people may be able to live longer and have a better QOL.

Sleep plays a critical role in maintaining overall health and well-being by:

- Maintaining immune system functionality. Sleep deprivation has been linked to an increased risk of infections and other immune-related conditions.
- Managing chronic diseases. For example, research
  has shown that getting enough sleep can help
  improve blood sugar control in people with diabetes
  and reduce the risk of heart attack and stroke in
  people with hypertension.

A healthy environment can provide numerous health benefits for people with chronic diseases:

- Reducing stress. A calm and peaceful environment can help reduce stress and promote relaxation, which can be especially beneficial for people with chronic diseases who may be at higher risk for mental health issues.
- Improved air quality. A healthy environment with clean air can help improve respiratory function and reduce the risk of respiratory conditions.

Taking care of one's mental health can improve the QOL of someone with a chronic disease by:

- Good mental health can promote self-management behaviors such as medication adherence and healthy lifestyle behaviors.
- Good mental health can help build resilience and the ability to cope with the challenges of living with a chronic disease. It can also provide a sense of purpose, meaning, and connection.

Text version - MyChart

Patients can register for MyChart through the hospital's website or by contacting the hospital directly.

- If the patient has any questions they can contact or visit the patient administration desk.
- Once the registration process is complete, patients will receive login credentials and instructions on how to use MyChart.
- Patients can then log in to their MyChart account using a computer or mobile device device to access their medical information and communicate with their healthcare team.

If patients have any issues or questions about MyChart, they can contact the hospital's customer service department for assistance.

- The contact information for the customer service department can be found on the Amsterdam UMC website or by calling the hospital directly.
- When contacting customer service, it is helpful to have the MyChart login information and any specific details about the issue the patient are experiencing.

There are several types of notifications that patients may receive through MyChart.

- Patients can receive notifications about upcoming appointments, when their lab results or other test results are available, messages from the healthcare team and others.
- Patients can customize their notification preferences in their MyChart account settings. This allows them to choose which types of notifications they want to receive, and how they want to receive them (e.g., by email, text message, or push notification).

MyChart is an online portal that allows patients of Amsterdam UMC to access their medical information and communicate with their healthcare team.

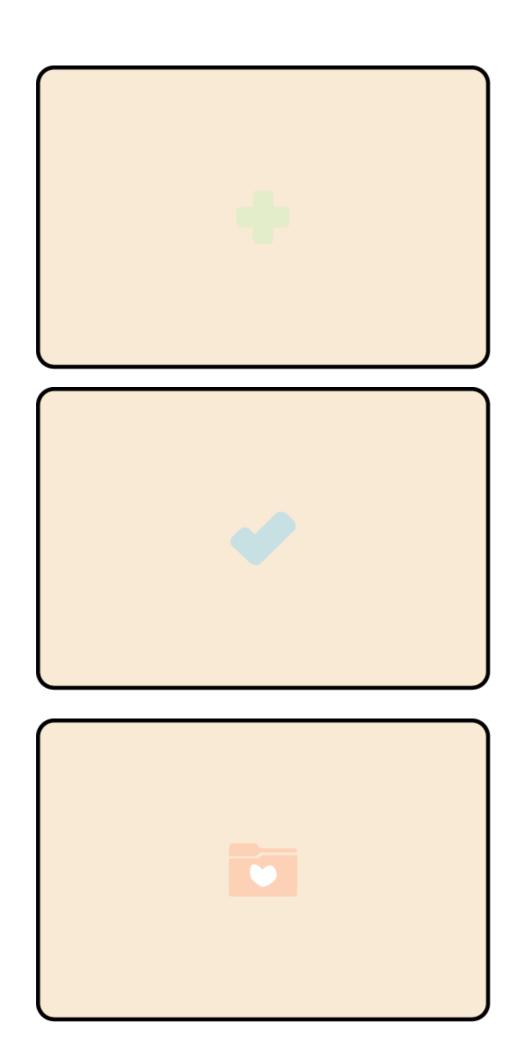
- MyChart is a secure and convenient way to manage their healthcare.
- Patients can view their medical records, test results, appointment information, and medication lists.
- They can also communicate with their healthcare team by sending and receiving messages, requesting prescription refills, and scheduling appointments.

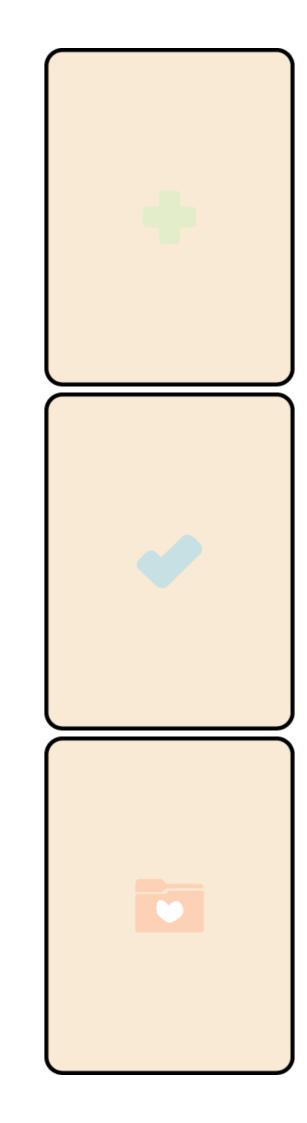
The privacy and security of patient information is a top priority for Amsterdam UMC.

- MyChart only uses patient information for authorized and necessary purposes, such as providing healthcare services, communicating with patients, and administering the MyChart portal.
- For privacy MyChart uses a unique login and password for patients and secure servers and encryption to protect patient information.
- For any concerns about the privacy and security contact Amsterdam UMC's customer service.

MyChart allows patients to access their medical information, including lab results.

- This allows patients to be more informed about their health and to be more involved in their healthcare decisions.
- By viewing their lab results on MyChart, patients can see the results of any diagnostic tests that they have had, such as blood tests or imaging tests. This information can be useful to track their progress over time.





Appendix 10: Evaluation Guide for Patien
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# **Evaluation Plan**

## Research questions (RQ):

# RQ related to the purpose of the card game:

- What is the **perceived value** of the card game according to the patients?
  - What is the perceived potential of the card game for future applications for patients?
- How do patients perceive their **knowledge about PROMs** being affected by the card game?
  - How do patients perceive their knowledge about the purpose of PROMs being affected by the card game?
  - How do patients perceive their knowledge about the benefits of PROMs being affected by the card game?
  - How do patients perceive their knowledge about how their data is being handled being affected by the card game?
  - How do patients perceive their knowledge about the connection between PROMs and QOL being affected by the card game?
- How do patients think the card game will affect their **motivation** to complete PROMs?

#### RQ related to the **usability** of the card game:

- How easy is the card game to use and understand for patients?
  - o How **clear** are the text and visual elements of the card game for the patients?
  - o How accessible does the card game feel for the patients?
- How guided do patients feel they are when playing the card game?
- What are the **pain points** of the card game?

#### RQ related to the **context** of the card game:

- What is the perceived value of the card game according to the **peer navigator** in their **role** with the patients?
- What is the perceived impact of the game **packaging** according to the patient?

For the introduction check Appendix 10

#### Procedure

The evaluation will go through three phases:

**Phase 1:** The researcher explains the game: what is the purpose and goal of the game, how to play it and the difference between the 3 categories. This will include a short demonstration of the gameplay. In this phase the researcher will answer any questions the participants might have about the game, project and/or consent form.

6-7 min

**Phase 2:** The participant plays through the game while thinking out loud. They can choose which category they want to play with.

10-15 min

Phase 3: Likert Scale (only for the patients and peer navigator)

5 min

**Phase 4:** Semi-structured interview about their experience with Phase 2. The participant will have access to all categories of the game during the discussion.

20-25 min

Total time: 41-52 min

#### **Participants**

# 4-5 patients

- Target group
- From previous user research

#### 2 nurses

- Provide holistic view on the patient population.
- Expert opinion on how patients receive information.

#### 1 peer navigator

- Their opinion on the value of the game.
- Find out if it is something they can use.

#### Materials and Set-Up

- 3 categories of the card game
- Audio recorder (a backup to the audio recorder)
- Interview script
- Pen and paper

#### Interview script for the patients:

#### General questions:

- What is your impression of the card game?
- Do you see yourself playing the card game?
  - O Why?
  - O Which category would you play with?
    - Why?
  - O Where would you play the game?
    - Why?
  - O Where would you put it in your home?
- Do you play any similar games in your free time? (ex. card games/board games/puzzles)
- What value could this card game bring to you?
- What would you change to increase the value of the game?
- What are ways the game could motivate you to complete PROMs? (maybe ask in the end)
  - What can be changed to increase how the card game can motivate you to complete PROMs? Did it make you curious about PROMs
- What is the game missing?

#### Questions about the content:

- What is your impression about the content on the cards?
- What did you learn from playing this game?
  - What did you learn about PROMs? (Why did you score this question with a ... in the questionnaire?)
  - What did you learn about the purpose PROMs? (Why did you score this question with a
    ... in the questionnaire?)
  - What did you learn about the benefits of PROMs? (Why did you score this question with a ... in the questionnaire?)
  - What did you learn about how data is being handled by PROMs? (Why did you score this question with a ... in the questionnaire?)
- What do you think about the amount of information on the cards?
- What do you think about the images on the cards?
  - What do you think they mean? (focus on the more abstract)
  - o What would you change about the visuals to make them more clear for you?
- How was your experience reading the text?
  - o Did you have any difficulties when reading the text? Can you show me an example?
  - O What would you change about the text for it to be more clear for you?
  - What content would you like to see on the cards?
- What are the ways the content could influence your motivation to complete PROMs?

One of the items from the questionnaire was *I* would need the guidance of another person to be able to play this card game you where you gave a rating of...

- Can you explain your rating?
- What kind of guidance would you need?
- Who would you ask for guidance?

One of the items from the Liker questionnaire was *I found the card game unnecessarily complex* you gave a rating of...

• Can you explain your rating?

Other questions:

Show the patients drawings of the potential packaging

- What is your impression about the packaging of the box?
- What would happen if you saw it in the waiting room?
- Does this seem suitable to have in your home?
  - o Why?
  - O What would need to change to be suitable to have home?

Appendix 11: Evaluation Guide for Nurses

For the introduction check Appendix 10

#### Interview script for the nurses:

#### General questions:

- What is your impression of the card game?
- What value could this card game bring to the patients?
  - o How does this apply to the different types of patients?
- What would you change to increase the value of the game for the patients?
- Do you think patients would play the card game?
  - o Why?
  - O How does this apply to the different types of patients?
    - Why?
  - O Which category would patients play with?
    - Why?
    - How does this apply to the different types of patients?
  - O Where would the patients play the game?
    - Why?
    - How does this apply to the different types of patients?
- What would you change to make the game more appropriate for the different types of patients?
- What are the ways the card game could motivate patients to complete PROMs?
  - What can be changed to increase how the card game can motivate patients to complete PROMs?

# Questions about the content:

- What is your impression about the content on the cards?
- What do you think the patients could learn from the card game?
  - O What do you think patients could learn about PROMs?
  - O What do you think patients could learn about purpose PROMs?
  - O What do you think patients could learn about the benefits of PROMs?
  - o What do you think patients could learn about how data is being handled by PROMs?
- How do you think the patients will receive the content on the cards?
  - What do you think about the amount of information on the cards in relation to the types of patients?
- What do you think about the images on the cards?
  - What do you think they mean? (focus on the more abstract)
  - O What would you change about the visuals to make them more clear for the patients?
- How was your experience reading the text?
  - o Did you have any difficulties? Can you show me an example?
  - O What would you change about the text for it to be more clear for the patients?
- How would you present the content on the cards to the patients?
- What are the ways the content could motivate patients to complete PROMs?

#### Other questions:

- What do you think will be the impression different types of patients will have of the packaging?
  - What would need to change to be more appropriate for the waiting room?
  - O What would need to change to be more appropriate for patients homes?

#### Interview script for the peer navigator:

# General questions:

- What is your impression of the card game?
- Do you play any similar games in your free time? (ex. card games/board games/puzzles)
- What value could this card game bring to you?
- What value could this card game bring to the patients?
- What would you change to increase the value of the game?
- How could this card game be applied in your role as a peer navigator?
  - O Which category would you use?
    - Why?
- What would you change to help your role as a peer navigator?
- What are the ways the card game could motivate you to complete PROMs?
  - What can be changed to increase how the card game can motivate you to complete PROMs?
- What are the ways the card game could motivate patients to complete PROMs?
  - What can be changed to increase how the card game can motivate patients to complete PROMs?

#### Questions about the content:

- What is your impression about the content on the cards?
- What did you learn from playing this game?
  - What did you learn about PROMs? (Why did you score this question with a ... in the questionnaire?)
  - What did you learn about the purpose PROMs? (Why did you score this question with a
    ... in the questionnaire?)
  - What did you learn about the benefits of PROMs? (Why did you score this question with a ... in the questionnaire?)
  - What did you learn about how data is being handled by PROMs? (Why did you score this question with a ... in the questionnaire?)
- What do you think about the amount of information on the cards?
- What do you think about the images on the cards?
  - What do you think they mean? (focus on the more abstract)
  - What would you change about the visuals to make them more clear for you?
- How was your experience reading the text?
  - o Did you have any difficulties? Can you show me an example?
  - O What would you change about the text for it to be more clear for you?
- What content would you like to see on the cards?
- What content would help you in your role as a peer navigator?
- What would you change about the content to be more appropriate for your role?
- How does the content influence your motivation to complete PROMs?

One of the items from the Liker scale was *I would need the guidance of another person to be able to play this card game* you where you gave a rating of...

- Can you explain your rating?
- What kind of guidance would you need?
- Who would you ask for guidance?

One of the items from the Liker scale was *I found the card game unnecessarily complex* you gave a rating of...

• Can you explain your rating?

# Other questions:

- What is your impression about the packaging of the box?
- What would happen if you saw it in the waiting room?
- Does this seem suitable to have in your home?
  - o Why?
  - What would need to change to be suitable to have home?

Appendix 13: Evaluation Qustionnaire	<b>Appendix</b>	13: Eva	luation	Qustion	naire
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# Questionnaire

# Part 1

Rank each statement from how much you agree or disagree with it. Don't think too much and simply cross the box that feels right.

		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1.	I think that I would like to play this card game frequently.					
2.	I found the card game unnecessarily complex.					
3.	I thought the card game was easy to play.					
4.	I think that I would need the guidance of another person to be able to play this card game,					
5.	I had fun while playing the card game.					
6.	I think I would not benefit from playing this card game.					

1

# Part 2

Rank each statement from how much you agree or disagree with it. Don't think too much and simply cross the box that feels right.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
<ol> <li>The game helped me to increase my knowledge and understanding of PROMs.</li> </ol>					
<ol> <li>The game helped me to increase my knowledge and understanding of the purpose of PROMs.</li> </ol>					
<ol> <li>The game helped me increase my knowledge and understanding of how PROMs can benefit me.</li> </ol>					
<ol> <li>The game helped me to increase my knowledge and understanding of how PROMs handle my data.</li> </ol>					

