

Healthcare Provider (HCP) Focus Group

Thanks for joining us today. We're here to learn about your experiences with and perspectives on the peer support program that was offered to trauma survivors across their recovery journey. We'd like to understand how the peer support program influenced your clinical work, the care system around you, and patient outcomes. Your insights will help us assess the program's value and how to improve or sustain it moving forward.

The following is a list of events/occurrences that require you to stop the focus group. In addition to this list, use your discretion in assessing the circumstances that might indicate that a participant is feeling too pressured, uncomfortable or upset to continue the interview.

- 1. If a participant explicitly says to stop the interview***
- 2. If the participant verbally or physically implies that they would like the interview to stop (e.g. participant says "I don't think I can do this", etc...)***
- 3. If the participant is crying to the point of being unable to speak***

Upon stopping, ask the participant if they would like to reschedule the rest of the interview for a later date, if they feel they can continue after taking a short break, or if they would like to drop-out of the study.

Let's begin with a round of introductions — your name, role, and one word or phrase to describe how you see peer support fitting into trauma care.

1. From your perspective, what has been the impact of the peer support program on the trauma care experience?
 - What have you noticed (if anything) about how patients engage with their care after participating?
 - Has the peer support program changed anything in terms of patient behavior, mood, or participation?
 - What feedback have you heard from patients or families?
2. How well does the peer support program fit within existing care pathways and team workflows?
 - Has it aligned well with clinical goals, or felt separate/disconnected?
 - Did it support or duplicate the work of other team members?
 - Were there any disruptions or extra administrative tasks created by the program?
 - Was it clear who was responsible for what?
3. What has been your role (if any) in supporting or referring patients to the peer support program?
 - How were you informed about the program?
 - Did you refer patients, explain the program, or coordinate with the peer supporters?
 - In your view, what would an ideal level of staff involvement look like?

4. What do you see as the key benefit(s) of the peer support program for patients? What about challenges/drawbacks?
 - Have you seen patients gain something unique from peer support that clinical care doesn't provide?
 - Are there any risks, mismatches, or concerns you've encountered or anticipated?
 - Are there certain patient populations or conditions you think this model is especially good or not good for?
5. If the program were to continue or expand, what changes (if any) would you suggest?
 - Would you like to see more communication between peer supporters and clinical teams?
 - Are there timing or delivery aspects that could be better tailored to patient needs or system realities?
 - Any concerns about sustainability or scale?
6. Is there anything else you'd like to share about how the peer support program has influenced your practice, your patients, or the system around you?

Thank you for sharing your time and reflections. Your input is essential to understanding the broader impact of the peer support program and how it fits into interdisciplinary trauma care.