

Implementation outcomes of synchronous videoconferencing groups at an ambulatory hospital: a pragmatic evaluation

Supplement

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S1: Table - Overview of self-reported measures and collection timepoints

Self-reported measures by outcome for facilitators (cross-sectional survey) and patients (including time-points of collection).

Outcome	Measure	Facilitator Survey	Patient Survey	
			Pre-Group	Post-Group
Implementation				
Feasibility	eHEALS	X	X	-
	Comfort with day-to-day technology (Likert scale)	X	X	X
	Experienced a technical or practical issue	X	-	X
	Plans to look at training materials	-	X	-
	Anticipatory technical and practical concerns	-	X	-
	Access to and use of technology devices	-	X	X
	Contacted technical support	-	-	X
Acceptability	Ease of use	X	-	X
	Satisfaction with care provided	X	-	-
	STTS-R Subscales	-	-	X
Appropriateness	Comfort with technical platform	X	-	X
Quality				
Safety	Anticipatory concerns about safety	-	X	-
	Experienced a safety issue	X	-	X
Effectiveness	Perception that quality care was provided	X	-	-
	STTS-R Q13	-	-	X
Equity	Sociodemographic profile	-	X	X
Efficiency	Time and effort for preparation	X	-	-
	Time and money of participation	-	-	X
Patient-centeredness	Able to address patient needs	X	-	-
	Confidence in use	X	X	-
	Impact on access to care	-	-	X
Group Process				
Group Process	Ease of virtual interactions with others	-	-	X
Impact				
Experience	Net Promotor Score	X	-	X
	Overall experience	X	-	X

S2: Survey – Facilitator Self-Report Questionnaire

Version date: May 17, 2021

Section 1: Technology Use

1a: General Questions

1.	How would you rate your comfort with using technology in your day-to-day life?			
	a.	Excellent	d.	Fair
	b.	Very good	e.	Poor
	c.	Good		
2.	Did you receive any training on the use of the virtual care platform for synchronous group video visits?			
	a.	Yes	c.	Unsure
	b.	No		
3.	Have there been any issues with technology that made it difficult to facilitate a group video visit?			
	a.	Yes → Continue to Q3	b.	No → Go to next section
4.	What technical issues made it hard to facilitate a group video visit?			
	[Free text]			

1b: eHealth Literacy Scale (eHEALS)

We are interested in your opinion and your experience using the Internet for health information. For each statement, please select the response that best reflects your opinion and experience right now.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

		1	2	3	4	5
1.	I know what health resources are available on the Internet.					
2.	I know where to find helpful health resources on the Internet.					
3.	I know how to find helpful health resources on the Internet.					
4.	I know how to use the Internet to answer my questions about health					
5.	I know how to use the health information I find on the Internet to help me.					
6.	I have the skills I need to evaluate the health resources I find on the Internet.					
7.	I can tell high quality health resources from low quality health resources on the Internet.					
8.	I feel confident in using information from the Internet to make health decisions.					

1c: Satisfaction and Experience with the Group Video Visit Technology

Thinking about the last group video visit that you facilitated, please tell us how much you agree or disagree with each of the statements below, using the following scale:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

		1	2	3	4	5
1.	The virtual care technology for group video visits was easy to use.					
2.	I felt comfortable using the virtual visit technology to provide group-based clinical care.					
3.	The patient participants were adequately prepared to participate in their group video visits.					
4.	The quality of care I could provide through group video visits was similar to those that are conducted in person.					
5.	Group video visits enable me to sufficiently address patients' clinical needs.					
6.	I felt satisfied with the care I provided to the group virtual visit.					
7.	Please share any feedback on how to improve the technical delivery of group video visits.					
	[Free text]					

8.	With regards to the virtual care technology used to participate in the group video visits, overall...									
	I had a very poor experience.									I had a very good experience.
	1	2	3	4	5	6	7	8	9	10

Section 2: Video Group Facilitation

1.	Thinking about the last group video visit that you facilitated, what type of group was it?			
	a.	Therapy	c.	Other → Go to Q2
	b.	Education		
2.	Please specify:			
	[Free text]			

2a: Costs and Benefits of Video Groups

Thinking about the last group video visit that you facilitated, please respond to the following statements using the following scale:

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

		1	2	3	4	5
1.	I spent the same amount of time on the virtual group visit (including preparation and planning) as I would have for an in-person group.					
2.	I spent the same amount of effort (including preparation and planning) as I would have for an in-person group.					
3.	I would be happy to facilitate a virtual group again.					
4.	In the future, I would like to have the option of being able to facilitate a virtual group.					
5.	In the future, if I had the choice between an in-person group and a virtual group, I would choose to facilitate the virtual group.					

6.	What were the benefits of facilitating a virtual group?
	<i>[Free text]</i>
7.	What were the drawbacks to facilitating a virtual group?
	<i>[Free text]</i>

2b: General Questions

1.	How confident do you currently feel in your ability to facilitate group video visits?			
	a.	Very confident	d.	Not very confident
	b.	Somewhat confident	e.	Not at all confident
	c.	Neutral		
2.	Has anything ever happened during any of the group video visits that made you worry about your privacy, confidentiality, or safety?			
	a.	Yes → Go to Q3	b.	No → Skip to Q4
3.	If you are comfortable in telling us, please expand.			
	<i>[Free text]</i>			
4.	Has anything happened during any of the group video visits that made you worry about the privacy, confidentiality, or safety of any of the participants ?			
	a.	Yes → Go to Q5	b.	No → Skip to Q6
5.	If you are comfortable in telling us, please expand.			
	<i>[Free text]</i>			
6.	Did any practical barriers (for example, where to sit, internet connection, interruptions, etc.) to facilitating the group video visits come up during any of the group video visits?			
	a.	Yes → Go to Q7	b.	No → Skip to next section
7.	If you are comfortable in telling us, please expand.			
	<i>[Free text]</i>			

2c: Overall Experience of Group Facilitation

1.	Overall...									
	I have had a very poor									I have had a very good

	experience facilitating virtual groups.									experience facilitating virtual groups.
	1	2	3	4	5	6	7	8	9	10
2.	How likely are you to recommend facilitating a virtual group to a colleague or peer?									
	Would not recommend at all									Would highly recommend
	1	2	3	4	5	6	7	8	9	10

Section 3: Questions about You

1.	Which of the following best represents your primary occupation? Select one option.			
	a.	Physician	f.	Health promoter
	b.	Physician assistant	g.	Social worker
	c.	Nurse	h.	Psychologist
	d.	Nurse practitioner	i.	Occupational therapist
	e.	Registered practical nurse	j.	Other → Go to Q2
2.	Please specify:			
	[Free text]			
3.	How many years have you been in practice? Select one option.			
	a.	1-2	d.	7-10
	b.	3-5	e.	More than 10 years
	c.	5-7	f.	Prefer not to answer
4.	How many video groups have you facilitated to date?			
	a.	None (0)	d.	4-5
	b.	1	e.	6 or more
	c.	2-3		
5.	Under which department/program do you facilitate group(s)? Select all that apply.			
	a.	Psychiatry – Reproductive Life Stages Program	e.	Cardiology
	b.	Psychiatry – Mental Health in Medicine	f.	TAPMI
	c.	Psychiatry – General	g.	Other → Go to Q6
	d.	Psychiatry – Trauma Therapy		
6.	Please specify:			
	[Free text]			
7.	How old are you?			
	a.	29 years old or younger	c.	40-49 years old
	b.	30-39 years old	d.	50 years old or older
8.	What is your self-identified gender?			
	a.	Man	d.	Prefer to self-describe → Go to Q14

	b.	Woman	e.	Prefer not to answer
	c.	Non-binary		
9.	Please specify:			
	[Free text]			

Section 4: Follow-up Information

1.	If you have anything else to tell us about your experience of facilitating a virtual group, please feel free to note it here.		
	[Free text]		
2.	Can we contact you for more information in the future on your experience with participating in a virtual group?		
	a.	Yes → Go to Question 3	b. No
3.	If you are comfortable with us contacting you for more information on your experience with participating in a virtual group, please provide the following information:		
	a.	Name: [free text]	b. Email address: [free text]

-End of Group Facilitator Questionnaire-

S3: Survey – Patient (Pre-Group)

Section 1: Technology and Participation

1a: Questions about Technology

1.	What type of technological devices do you have access to in your home? Select all that apply.			
	a.	Smartphone	f.	Personal assistant device (e.g. Google Home, Alexa, etc.)
	b.	Landline telephone	g.	Smartwatch
	c.	Tablet	h.	None of the above
	d.	Laptop computer	i.	Unsure
	e.	Desktop computer	j.	Other (please specify): <i>[free text]</i>
2.	How would you rate your comfort with using technology in your day-to-day life?			
	a.	Excellent	d.	Fair
	b.	Very good	e.	Poor
	c.	Good		
3.	Do you plan on looking at any of the technology training information, which is available on the Women's College Hospital website, prior to your first virtual group session?			
	a.	Yes, I have already looked at the training material.	c.	No
	b.	Yes, I will look at it prior to starting the virtual group.	d.	Unsure

1b: eHealth Literacy Scale (eHEALS)

We are interested in your opinion and your experience using the Internet for health information. For each statement, please select the response that best reflects your opinion and experience right now.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

		1	2	3	4	5
1.	I know what health resources are available on the Internet.					
2.	I know where to find helpful health resources on the Internet.					
3.	I know how to find helpful health resources on the Internet.					
4.	I know how to use the Internet to answer my questions about health					
5.	I know how to use the health information I find on the Internet to help me.					
6.	I have the skills I need to evaluate the health resources I find on the Internet.					
7.	I can tell high quality health resources from low quality health resources on the Internet.					

8.	I feel confident in using information from the Internet to make health decisions.					
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1c: Questions about your Confidence and Concerns about Group Video Visits

1.	How confident do you currently feel in your ability to participate in group video visits?			
	a.	Very confident	d.	Not very confident
	b.	Somewhat confident	e.	Not at all confident
	c.	Neutral		
2.	Do you currently have any of the following types of concerns about participating in a group video visit? Select all that apply. → If yes to any of the below, go to Q3, otherwise skip to next section.			
	a.	Privacy concerns		
	b.	Confidentiality concerns		
	c.	Practical concerns (for example, where to sit, internet connection, access to a computer or device, etc.)		
	d.	Other concerns		
3.	If you are comfortable, please tell us more about your concerns.			
	[Free text]			

Section 2: Questions about You

We are asking the following questions to get to know you a little bit better. You do not have to answer any questions you do not feel comfortable answering.

1.				
	What is your current self-identified gender? Select all that apply.			
	a.	Woman	d.	Transgender
	b.	Man	e.	Other (please specify): [free text]
	c.	Non-Binary	f.	Prefer not to answer
2.	What is your sexual orientation?			
	a.	Heterosexual	d.	Other (please specify): [free text]
	b.	Gay or Queer	e.	Prefer not to answer
	c.	Bisexual		
3.	What is your current marital status? Select all that apply.			
	a.	Married	e.	Widowed
	b.	Co-habiting	f.	Other (please specify): [free text]
	c.	Single	g.	Prefer not to answer
	d.	Divorced		
4.	What was your total household income before taxes (in CAD) last year? Select one option.			
	a.	\$0-\$29,999	e.	\$120,000-\$149,999
	b.	\$30,000-\$59,999	f.	\$150,000 or more
	c.	\$60,000-\$89,999	g.	Do not know

	d.	\$90,000-\$119,999	h.	Prefer not to answer
5.	What is your current employment status?			
	a.	Employed full-time	e.	Unemployed
	b.	Employed part-time	f.	Other (please specify): <i>[free text]</i>
	c.	Student	g.	Do not know
	d.	On leave (e.g. parental, medical, etc.)	h.	Prefer not to answer
6.	Which of the following best describes your racial or ethnic group? Select one option.			
	a.	Asian – East (e.g. Chinese, Japanese, Korean)	k.	Latin American (e.g. Argentinean, Chilean, Salvadorian)
	b.	Asian – South (e.g. Indian, Pakistani, Sri Lankan)	l.	Metis
	c.	Asian – South East (e.g. Malaysian, Filipino, Vietnamese)	m.	Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
	d.	Black – African (e.g. Ghanaian, Kenyan, Somali)	n.	White – European (e.g. English, Italian, Portuguese, Russian)
	e.	Black – Caribbean (e.g. Barbadian, Jamaican)	o.	White – North American (e.g. Canadian, American)
	f.	Black – North American (e.g. Canadian, American)	p.	Mixed Heritage (please specify): <i>[free text]</i>
	g.	First Nations	q.	Other (please specify): <i>[free text]</i>
	h.	Indian – Caribbean (e.g. Guyanese with origins in India)	r.	Do not know
	i.	Indigenous/Aboriginal not included elsewhere	s.	Prefer not to answer
	j.	Inuit		
7.	How would you rate your ability to speak and understand English? Select one option.			
	a.	Very well	d.	Not at all
	b.	Well	e.	Unsure
	c.	Not well	f.	Prefer not to answer
8.	Have you ever participated in an in-person group as part of your health care (e.g. in-person group therapy, in-person group health education, etc.)?			
	a.	Yes	c.	Unsure
	b.	No	d.	Prefer not to answer
9.	How would you rate your overall physical and mental health?			
	a.	Excellent	d.	Fair
	b.	Very good	e.	Poor
	c.	Good		
10.	Can we contact you for more information on your experience with participating in a virtual group or to clarify any of your responses to this questionnaire?			
	a.	Yes → Go to Q11	b.	No

11.	To contact you for more information, please provide us with the following information:	
	a.	Name: <i>[Full text]</i>
	b.	Email address or phone number: <i>[Full text]</i>

- End of Pre-Group Questionnaire -

S4: Survey – Patient (Post-Group)

Section 1: Technology and Participation

1a: Questions about Technology and Using the Virtual Care Platform

1.	What type of technological devices did you use to access the group video visits? Select all that apply.			
	a.	Smartphone	d.	Desktop computer
	b.	Tablet	e.	Unsure
	c.	Laptop computer	f.	Other (please specify): <i>[Free text]</i>
2.	Did you need to contact technical support at Women's College Hospital in order to participate in the virtual group visits?			
	a.	Yes	b.	No
3.	Were there any issues with technology that made it difficult to participate in a group video visit?			
	a.	Yes → Continue to Q4	b.	No → Go to next section
4.	What technical issues made it hard to participate in a group video visit?			
	<i>[free text]</i>			

1b: Satisfaction with the Virtual Care Platform

Please respond to the following statements on your satisfaction with using the virtual care platform for the video group you recently participated in using the following scale:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

		1	2	3	4	5
1.	The virtual care platform was easy to use.					
2.	I felt comfortable using the virtual care platform to participate in the group.					
3.	It was easy to interact with other group members online.					
4.	It was easy to interact with the group facilitator(s) online.					
5.	Having the virtual care platform improved my ability to access care.					
6.	If the virtual group was not available, I would have attended an in-person group.					

7.	With regards to the virtual care technology used to participate in the group video visits, overall...									
	I had a very poor experience.									I had a very good experience.
	1	2	3	4	5	6	7	8	9	10

Section 2: Experience and Satisfaction with the Virtual Care Group

2a: Comfort with Participation

1.	How comfortable did you feel when participating in your group video visits?			
	a.	Very comfortable	d.	Not very comfortable
	b.	Somewhat comfortable	e.	Not at all comfortable
	c.	Neutral		
2.	Did anything happen during any of the group video visits that make you worry about your privacy, confidentiality, or safety?			
	a.	Yes → Go to Q3	b.	No → Skip to Q4
3.	If you are comfortable in telling us, please expand.			
	[Free text]			
4.	Did any practical barriers (e.g. having a safe and comfortable space, internet connection, etc.) to participating the group video visits come up during the course of the group?			
	a.	Yes → Go to Q5	b.	No → Skip to next section
5.	If you are comfortable in telling us, please expand.			
	[Free text]			

2b: Satisfaction with Therapy and Therapist Scale – Revised

Adapted from Oei & Green (2008)

Please select the number that best describes your satisfaction with the group treatment and facilitator(s) in the video group that you recently participated in.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

		1	2	3	4	5
1.	I am satisfied with the quality of group therapy/education I received.					
2.	The facilitator listened to what I was trying to get across.					
3.	My needs were met by the program.					
4.	The facilitator provided an adequate explanation regarding my therapy or treatment [or health concern].					
5.	I would recommend the group to a friend.					
6.	The facilitator was not negative or critical towards me.					
7.	I would return to the clinic if I needed help.					
8.	The facilitator was friendly and warm towards me.					
9.	I am now able to deal more effectively with my problems.					
10.	I felt free to express myself.					
11.	I was able to focus on what was of real concern to me.					
12.	The facilitator seemed to understand what I was thinking and feeling.					
13.	How much did this treatment help with the specific problem that led you to this group?					
	1 – Made things a lot better					

	2 – Made things somewhat better 3 – Made no difference 4 – Made things somewhat worse 5 – Made things a lot worse
--	--

2c: Overall Group Experience

1.	Overall...									
	I had a very poor experience in my group.									I had a very good experience in my group.
	1	2	3	4	5	6	7	8	9	10
2.	How likely are you to recommend virtual group visits to a friend?									
	Would not recommend at all									Would highly recommend
	1	2	3	4	5	6	7	8	9	10

Section 3: Costs and Benefits of Virtual Groups

Based on your experience with this group, please respond to the following statements using the following scale:

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

		1	2	3	4	5
1.	Participating in the virtual group saved me time (e.g. travel time, arranging care for dependents, etc.) compared to an in-person group.					
2.	Participating in the virtual group saved me money (e.g. transit fare etc.) compared to an in-person group.					
3.	I would be happy to participate in a virtual group again.					
4.	In the future, I would like to have the option of being able to participate in a virtual group.					
5.	In the future, if I had the choice between an in-person group and a virtual group, I would choose to participate in the virtual group.					

6.	What were the benefits of participating in a virtual group?
	[Free text]
7.	What were the drawbacks to participating in a virtual group?
	[Free text]

8.	If you have anything else to tell us about your experience of participating in a virtual group, please feel free to note it here.
	<i>[Free text]</i>

9.	Can we contact you for more information on your experience with participating in a virtual group?		
	a.	Yes → Go to Q10	b. No
10.	To contact you for more information, please provide us with the following information:		
	a.	Name: <i>[Full text]</i>	
	b.	Email address or phone number: <i>[Full text]</i>	

- End of Post-Group Questionnaire -

S5: Groups offered through videoconferencing

List of groups offered at Women's College Hospital during the evaluation period via videoconferencing.

	Care Program	Group Name
1	Social Work	Moods Matter
2	Psychiatry	General Cognitive Behavioural Therapy Group
3		General Day Treatment Program Group
4		General Dialectical Behavioural Therapy Skills Group
5		General Safety Group
6		Mental Health in Medicine Mindfulness Based Stress Reduction Group
7		Postpartum Group
8		Reproductive Life Stages Skill Building Group
9		Women and Babies Group
10		Trauma Therapy Program Arts Bundle Group
11		Trauma Therapy Program Body Bundle Group
12		Trauma Therapy Program Couples Skill Group
13		Trauma Therapy Program Mind Bundle Group
14		Trauma Therapy Program Orientation Group
15		Trauma Therapy Program Relational Group
16		Trauma Therapy Program Relationship Bundle Group
17		Trauma Therapy Program Resourced & Resilient Group
18		Trauma Therapy Program Transform Trauma Group
19		Women Recovering from Abuse Program Building Resources Group
20		Women Recovering from Abuse Program Intensive Group
21	Addictions Medicine	Addictions Medicine Consult Service Group
22	Cardiac Rehabilitation	Heart Health Group Education Series
23		Group Exercise Session
24		Cardiac Rehabilitation Group Orientation for New Patients
25		Chronic Disease Self-Management and Support Group
26	Centre for Headache	Headache Education Group
27	Pain Clinic	Cannabis Education
28		Acceptance and Commitment Therapy Group
29		Acceptance and Commitment Therapy and Mindfulness Based Stress Reduction Information Session
30		Pain Education Session
31		Pelvic Pain Self-Management Group
32		Physiotherapy Group (Lower Body Focus)
33		Physiotherapy Group (Upper Body Focus)
34		"Pain University" Chronic Pain Self-Management Group
35		"Pain University" Chronic Pain Self-Management Information Session
36		Young Adult Clinic Education and Support Group