### **SUPPLEMENTARY MATERIAL**

# Questionnaire Sample, as used in this study

## Section 1: Demographic Data

- 1. Age:
  - 20-30 years
  - 31-40 years
  - 41-50 years
  - 51-60 years
  - More than 60 years
- 2. Gender:
  - Male
  - Female
- 3. Number of years working as a doctor:
  - 10 years or less
  - 11-30 years
  - More than 30 years
- 4. Professional role:
  - Foundation doctor
  - Trainee in family medicine
  - Family doctor
  - Senior family doctor
  - Principal family doctor

- 5. Do you work in the private sector?Yes
  - No
- 6. Did you undergo or are you currently undergoing the Specialist Training Programme in Family Medicine (STPFM)?
  - Yes
  - No
  - Not applicable (Foundation doctors)

### Section 2: Revised Physicians' Reaction to Uncertainty Questionnaire

For every statement, please tick one option:

- 1. I usually feel anxious when I am not sure of a diagnosis.
- 2. I find the uncertainty involved in patient care disconcerting.
- 3. Uncertainty in patient care makes me uneasy.
- 4. I am quite comfortable with the uncertainty in patient care.
- 5. The uncertainty of patient care often troubles me.
- 6. When I am uncertain of a diagnosis, I imagine all sorts of bad scenarios patient dies, patient sues, etc...
- 7. I fear being held accountable for the limits of my knowledge.
- 8. I worry about malpractice when I do not know a patient's diagnosis.
- 9. When physicians are uncertain of a diagnosis, they should share this information with their patients.

- 10. I always share my uncertainty with my patients.
- 11. If I shared all of my uncertainties with my patients, they would lose confidence in me.
- 12. Sharing my uncertainty improves my relationship with my patients.
- 13. I prefer patients not know when I am uncertain of what treatments to use.
- 14. I almost never tell other physicians about diagnoses I have missed.
- 15. I never tell other physicians about patient care mistakes I have made.

(For each statement, participants were required to tick one of the following options according to how much they agreed with the statement: 'Strongly Disagree', 'Moderately Disagree', 'Slightly Disagree', 'Slightly Agree', 'Moderately Agree', 'Strongly Agree'.)

### Section 3: Factors Contributing to Uncertainty in Family Medicine

What factors do you think cause feelings of uncertainty in your work in primary health care? Choose one or more.

- Limited knowledge/practice in primary health care
- Medical knowledge/practice focused on acute care rather than on primary health care
- More familiarity with working in a team, rather than solo
- Limited skill/experience in diagnostic and clinical reasoning skills
- Limited communication skills
- Doctor's anxiety and stress
- Doctor's low self-esteem
- Doctor's high expectations for him/herself

- Doctor's negative past experiences
- Patient anxiety
- Patients' inappropriate prioritization of problems
- Ambiguous or vague presentation of illness
- Patient dissatisfaction with outcome of consultation
- Lack of continuity of care as outcomes of consultations remain unknown
- Having separate medical notes between primary care and hospital care
- Lack of comprehensiveness in medical records in primary health care
- Limited access to learning new evidence-based methods of care
- Limited time spent during patient consultation
- Stressful work environment
- Lack of positive feedback from peers
- Lack of support available from colleagues and/or administrative staff
- Lack of information available on logistical protocols in primary health care and hospital care
- Limited availability of quick investigations, including point-of-care blood tests,
  ECG's and imaging modalities
- Lack of other resources
- Other... (free text option)

Section 4: Strategies used to Manage Uncertainty in Family Medicine

What strategies do you use to manage uncertainty in your work in primary health care? Choose one or more.

- Seeking to identify the patient's main concern
- Communicating your uncertainty with the patient
- Safety netting
- Explaining red flags and warning signs to patients
- Sharing decision-making with the patient
- Allotting more time to the patient consultation
- Ordering tests and investigations to avoid missing anything
- Prescribing medications/treatment that may be necessary in the future, but not at present
- Asking the patient to come again for a review in the near future
- Asking for help or advice from colleagues or seniors
- Referring the patient to a field specialist for assessment and management
- Reflecting after the patient consultation, identifying skills which need to be improved and implementing ways to do so
- Looking up information during the patient consultation
- Looking up evidence-based research and guidelines
- Teaching younger doctors and engaging in discussion, thus using this as a means of refreshing memory and keeping yourself up to date
- Accepting that uncertainty is inevitable
- Sleeping on it and thinking about the particular problem even during non-working hours
- Other... (free text option)