

### Second Round Invitation Email

# The Delphi Technique: Developing A Consensus on Indications, Timing and Core Outcome Measures for Rib Fracture Surgical Fixation

Dear Participant,

Thank you for completing round one. The scores have now been analysed and we would like you to take part in the second round of the consensus questionnaire.

We do hope you are able to help us with this stage of the process, your responses are very important to us. As a thank you, if you complete all consensus rounds, you will be acknowledged in publications of this study with your permission.

You can access the second round by clicking the link here.

I would like to thank you for taking part.

Miss Helen IngoeMBBSMRCSEd MSc

If you have any queries about this study please contact myself. Helen Ingoe, <a href="mailto:helen.ingoe@york.ac.uk">helen.ingoe@york.ac.uk</a> or If you have any concerns please contact Dr Catriona McDaid (Senior Research Fellow and Research Supervisor) Tel: <a href="mailto:+44">+44</a> (0)1904</a> <a href="mailto:321371</a> Email: <a href="mailto:catriona.mcdaid@york.ac.uk">catriona.mcdaid@york.ac.uk</a>, ARRC Building Ground Floor , York Trials Unit, Department of Health Sciences, University of York, Heslington, YO105DD

The participant information sheet that includes additional instructions can be accessed <u>here</u>

# **Questionnaire Opening Page**

### Consent

This question confirms your consent to take part in the study.

The decision to complete this consensus questionnaire is completely voluntary. If you do complete the questionnaire, information you provide will be included in our analysis along with anonymised direct quotes.

- I confirm I have read an understood the information provided above and in the participant information sheet
- I understand that the completion of this questionnaire is voluntary
- I agree to the use of anonymised quotes in publications
- I agree that my data gathered in this study will be kept and stored confidentially
- I understand I can drop out at anytime

It is encouraged that you complete all rounds as the reliability of the results could be compromised if you drop out. Even if you feel your views are in the minority compared to others within the group it is important to continue as the final results may overestimate the degree of consensus.

Do you agree with all of these statements and agree to take part in this study?

Yes

No

Are you an allied health professional, clinician, patient or carer? – drop down box

Patient or Carer (takes the participant only to the outcomes questions)

Allied Health professional (takes the participant only to the outcomes questions)

Clinician (takes participant through the full survey)

The first part of the questionnaire includes all statements that had some agreement and any new suggestions from the first round.

Statements are in three groups including indications for surgery, timing of surgery and outcome measures.

### Indications for surgery

In this section, each statement describes an indication for surgical fixation of rib fractures. We would like you to rate, which you feel are important and should inform a list of recommendations for rib fracture surgery.

The results if previously rated are given as a percentage and are shown. Please reflect on the feedback given before rating the second round. Through the whole process, you are not under any pressure to change your rating if you do not want to. It is perfectly fine for you to stick with your original rating even if you rated the outcome or statement differently to the rest of the group.

If you feel unable to comment based on your experience, please select 'unable to score'. Please rate on the scale

- 1-3 Not important
- 4 6 Important but not critical
- 7 9 Critically important.

If you would like clarification on any of the statements or further instructions, please click the link <u>here</u>

### An example of the format

A patient should be routinely offered surgical rib fixation for the following injury patterns

	Not Important 1-3		Important but not critical 4-6			Critical 7-9				
	1 Clinician 50% Patient 25% AHP 25%	2 Clinician 50% Patient 45% AHP 20%	3 Clinician 100% Patient 15% AHP 55%	4 Clinician 0% Patient 0% AHP 0%	5 Clinician 0% Patient 0% AHP 0%	6 Clinician 0% Patient 0% AHP 0%	7 Clinician 0% Patient 0% AHP 0%	8 Clinician 0% Patient 0% AHP 0%	9 Clinician 0% Patient 0% AHP 0%	Unable to comment Clinician 0% Patient 0% AHP 0%
Any flail segment	0	0	0	0	0	0	0	0	0	0

# Timing of surgery

In this section, each statement describes timing of surgical fixation of rib fractures. We would like you to rate, which you feel are important and should inform a list of recommendations on timing of rib fracture surgery.

The results if previously rated are given as a percentage and are shown. Please reflect on the feedback given before rating the second round. Through the whole process, you are not under any pressure to change your rating if you do not want to. It is perfectly fine for you to stick with your original rating even if you rated the outcome or statement differently to the rest of the group. If you feel unable to comment based on your experience, please select 'unable to score'. **Please rate on the scale** 

- 1-3 Not important
- 4 6 Important but not critical
- 7 9 Critically important.

If you would like clarification on any of the statements or further instructions, please click the link here.

### **Outcome Measurements**

In this section, each statement describes a type of outcome. We would like you to rate, which you feel are important and should inform a list of recommendations for a core outcome set on rib fracture surgery.

It is the expectation that the core outcome set will always be collected and reported as a minimum by future trials making it easier for trials to be compared and contrasted. Although other outcomes may be collected in trials we hope to by way of consensus to select the outcomes that should form only the 'core' outcome set.

The results if previously rated are given as a percentage and are shown for each study group type (clinician, allied health professional or patient). Please reflect on the feedback given before rating the second round. Through the whole process, you are not under any pressure to change your rating if you do not want to. It is perfectly fine for you to stick with your original rating even if you rated the outcome or statement differently to the rest of the group. If you feel unable to comment based on your experience, please select 'unable to score'. **Please rate on the scale** 

- 1-3 Not important
- 4 6 Important but not critical
- 7 9 Critically important.

If you would like clarification on any of the statements or further instructions, please click the link here.

Thank you for completing the questionnaire we will be in touch with the results and whether a third consensus round is required.

We thank you again for your continued support in this project.

If you have any further questions don't hesitate to contact the research team

Helen Ingoe, <a href="helen.ingoe@york.ac.uk">helen.ingoe@york.ac.uk</a> or If you have any concerns please contact Dr Catriona McDaid (Senior Research Fellow and Research Supervisor) Tel: <a href="https://example.com/research-fellow-and-research-fellow-and-fellow-fel