

Reminder of context of study for interviewer:

Many visits to hospital emergency departments for epilepsy are clinically unnecessary. This is because they are by people with known, rather than new epilepsy, who have experienced an uncomplicated seizure. Research by our group indicates people with established epilepsy often attend hospital emergency departments for these seizures because they and their significant others (SOs) can lack confidence managing seizures. They say they want more information, are unsure as to what the effects of seizures are, do not know when medical attention is required, and some fear death. To better support these people, we are developing a seizure first aid training course for patients who frequently visit emergency departments, and their family and friends. The course will be adapted from an existing seizure management training course that has been delivered on a small scale by the Epilepsy Society.

Tools:

To help the interview process, take a copy of the course materials that were sent to the interviewee. The table of 8 topics covered may be a useful aide memoire for interviewees. The interviewee is also encouraged to bring any notes with them to the interview.

Areas to be covered by the interview with health professional/ user group stakeholders:

- Briefly, what is their area/ work/ career background?
- How are they involved in supporting people with epilepsy?
- What were their thoughts on the idea of the course?
- How successful/ unsuccessful do they think the course will be in improving patients and SOs seizure management skills and confidence? Any particular groups for which is likely to be most or least useful?
- What did they think from the course was most likely/ least likely to help patients make fewer clinically unnecessary ED visits?
- Are there any new things that they think the course needs to cover so that it is as helpful as possible? If so, what and how?

Specific areas to be explored here if not covered spontaneously:

- Some patients may hold disproportionate fears concerning the effects of seizures on the brain and the possibility of death. Does the interviewee think some course time should be given to the topic of what the effects of seizures are and the risks of events, such as status epilepticus and SUDEP? If so, what information do they think the course should provide and how?
- Does the interviewee think evidence on the high proportion of unnecessary ED visits for epilepsy should be explicitly presented to participants?
- Does the interviewee think some course time should be given to allow participants to discuss fears of unconsciousness/death in themselves and SOs; and seizure management?

- Participants might not be aware of emergency seizure medication and may also have incorrect beliefs about them. Does the interviewee think some course time should be given to the topic of emergency medication? If so, what information should be relayed and how?
- Some ED visits occur because the person is alone, has an uncomplicated seizure in a public place, and a bystander calls for an ambulance. Does the interviewee think some course time be given to the topic of how patients and families can help ambulance crews manage seizures in the community when appropriate, rather than having to transport the patient to ED? If so, what information or strategies do you think the course should provide patients with and how?
- Are there any things that they think should be removed from the course? If so, what and why?
- To accommodate that additional aspect/s, whilst keep the course length roughly the same, what you do they think could be removed and why?
- Are there any things currently covered by the course that they think should be changed? If so, what and how?
- What did they think about the way the course is delivered? (Group sizes, setting, educational facilitator background, capacity etc.)
- Do they have any thoughts on how the course will be received by PWE who frequently visit ED?
- Are there any barriers to participating and/or using information and training that they identify?
- Do they have any thoughts on how the course will be received by the family members and friends who attend the course?

One specific area to be explored here if not covered spontaneously - Does the interviewee think some course time should be given to how patients can best discuss their epilepsy and first-aid with friends and colleagues not on the course? If so, what information or strategies do you think the course should provide patients with and how?

- Did they identify any inaccuracies in the medical information that was presented? If so, what/ where?
- If the course were ultimately found to be effective, how do they think it could be best rolled out within the NHS? (e.g., identifying who needs it; how often courses should be provided; who pays for it) What would be the barriers and facilitators be?

Close:

- Any other questions or comments participant wishes to make
- Thank you for your time