Survey v6.0 – Published version

Remark

Copyrighted figures used for the description of a given interventions were omitted from this version of the survey. The corresponding reference is given for each illustration.

Data policy

This questionnaire is anonymous. All data are stored on a secured server (Unisanté). Data collected during the survey will be used for one or more scientific publications. Data management will be in conformation with the New Federal Act on Data Protection (nFADP).

Introduction to the survey

This survey is proposed by the Family Medicine Department of Unisanté, from University of Lausanne and the Institute for Implementation Science in Healthcare, from University of Zürich. Its purpose is to evaluate Family physicians' views on several antimicrobial stewardship (AMS) interventions (i.e., the coherent set of action which promote the optimized use of antimicrobials) put in place in Switzerland and elsewhere. More specifically, we aim to evaluate the awareness, acceptability, appropriateness, and feasibility of six different antimicrobial stewardship interventions in the Swiss context. You will randomly be assigned three out of the six antimicrobial stewardship interventions to evaluate. The completion of the questionnaire should take approximately 15 minutes.

Part 0: screening

1   **What is your specialty?*** *(only one answer)*

> FMH specialty title in general internal medicine (or general medicine or internal medicine)
> Practicing medical doctor certification
> I do not have any of the aforementioned specialist title

2   **Do you have an additional FMH specialist title?***

> Choisissez un élément.

3   *If yes, do you consider family medicine to be your main activity?* (only one answer)*

> Yes
> No

4   **Where is your main clinical activity as a family physician taking place?*** *(multiple answers)*

> Medical practice
> Walk-in clinic
> Academic outpatient center (e.g., university hospital policlinic)
> None of the above

5   **Are your patients mainly adults?* (> 80% ≥ 16 years old)*** *(only one answer)*

> Yes
> No

Part I: socio-demographic characteristics

6   **Do you identify yourself as** *(only one answer)*

Man
Woman
No answer/other

7   **How old are you?** *(only one answer)*

< 30 years old
30-39 years old
40-49 years old
50-59 years old
> 60 years old

8   **During which decade did you start to practice as a family physician?** *(only one answer)*

< 1980
1980-1989
1990-1999
2000-2009
2010-2019
2020 and later

9   **How many family physicians work in your office?[1] (you included)** *(only one answer)*

1 (you only)
2-3
4-5
> 5

10   **How many other specialists work in your office (not including physicians in training)?** *(only one answer)*

0
1
2-3
4-5
> 5

11   **In which region are you practicing?** *(only one answer)*

1: GE/NE/VD/VS
2: BE/FR/JU
3: AG/BL/BS/SO
4: LU/NW/OW/SZ/UR/ZG
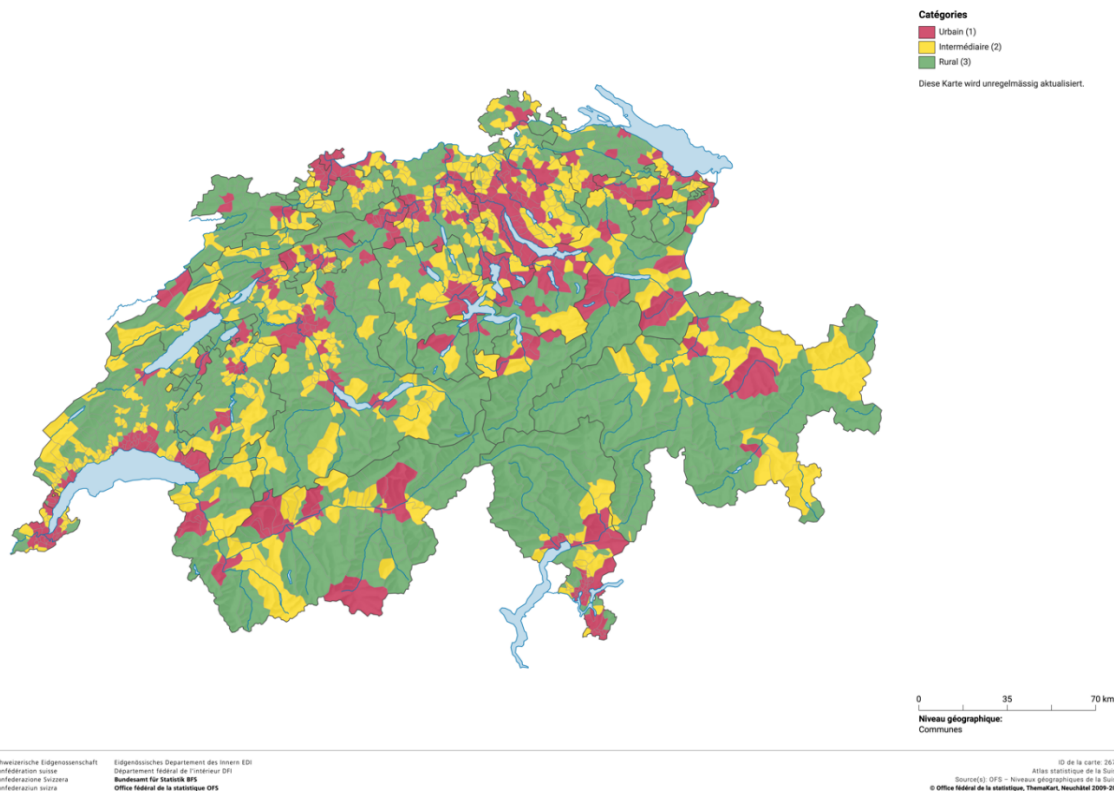5: AI/AR/GL/SG/SH/TG/ZH
6: GR/TI

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[1] FMH-certified general internal medicine specialist (including general medicine or internal medicine), or practicing medical doctor

12 **In which environment is your practice situated ? You can see this map in detail [here](#)** *(only one answer)*

Rural (green)
Semi-urban (orange)
Urban (red)

Typologie urbain-rural 2012

13 **How high do you estimate your annual consultation number? (yourself, not the entire practice)** *(only one answer)*

< 1000
1000 – 1999
2000 – 2999
3000 – 3999
4000 - 4999
> 5000

Part II: Antimicrobial stewardship interventions potentially influencing GP's knowledge on appropriate antibiotic prescription
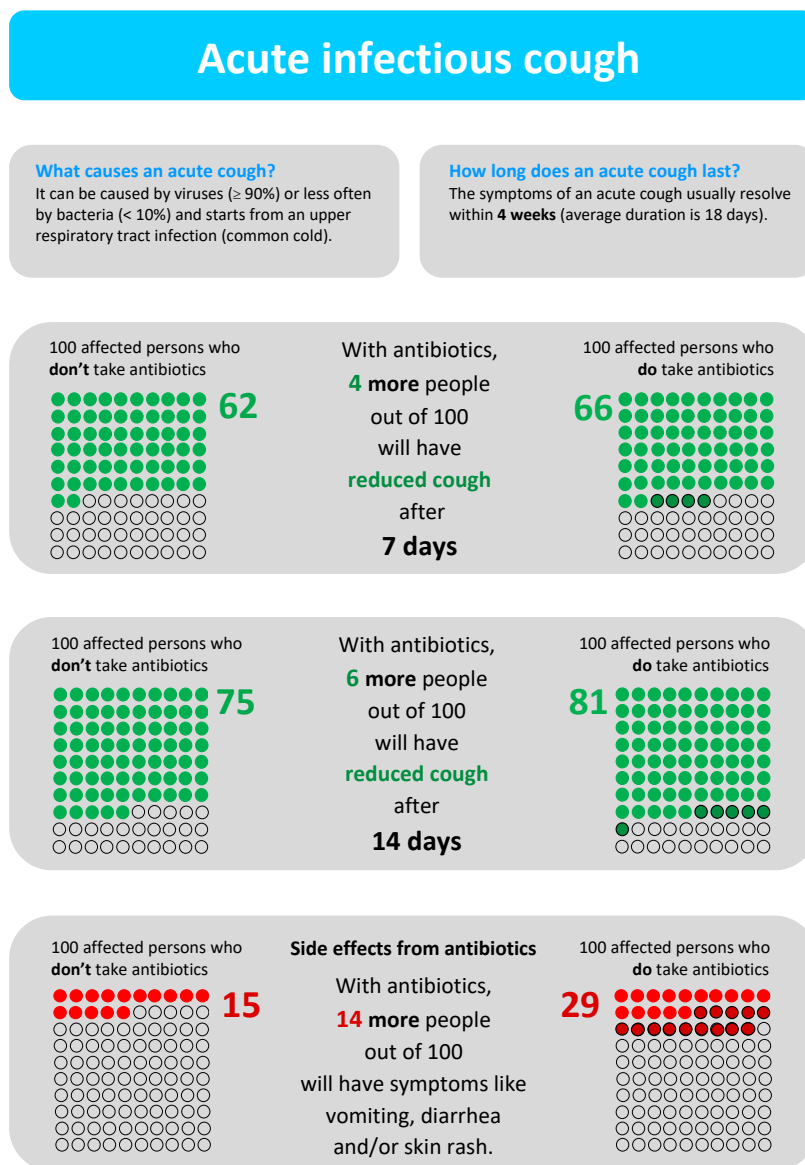
14 **When looking for an information, or to update your knowledge about appropriate antibiotic use, to which sources of information do you refer? Please select and rank some of these items from the most frequently used intervention to the least frequently used. Please leave the ones you were not aware of or never use in the left box. You don't have to order all of them.** *In the order of decreasing importance*

> International guidelines from WHO (aWare book)
> National guidelines from countries other than Switzerland (e.g., NICE guidelines, *Infectious diseases society of America,* etc.)
> National guidelines from the Swiss society of infectious diseases (SSI): ssi.guidelines.ch
> Regional hospital guidelines or nursing homes guidelines
> Articles published in Swiss professional journals (e.g., Primary & Hospital care, *Revue médicale Suisse*)
> Original articles published in peer-reviewed national or international journals
> Education during congresses
> Education during other continuous medical education events (e.g. symposiums, webinars, conferences lasting up to one day)
> Medical network quality circles
> Pharmacist-physician quality circles
> Website of FOPH regarding appropriate use of antibiotics
> Website with data on antibiotic resistance profiles in Switzerland (anresis.ch or infect.info or guide.anresis.info)
> Bern Institute for Primary Health Care (BIHAM) factsheets
> UpToDate website
> Textbooks (i.e., Compass®, Sanford Antimicrobial Guidebook, Mandell & Douglas, SURF-Med)
> Infectious diseases specialist advice
> Other, please specify

15 **If you wish to comment your answers, please write here:** *Free text answer*

On behalf of the Federal Bureau of Public Health and to support its health's strategy on antimicrobial resistance (StAR), a research team at BIHAM (Institute of Primary Health Care, University of Bern) developed summary information for primary care physicians and shared-decision making tools (clinical encounter support tools) that illustrates the risk-benefit ratio of antibiotic treatment in several situations (acute infectious cough, acute rhinosinusitis, acute sore throat, otitis media, and UTI). In the example shown below, it represents the number of patients needed to treat an acute infectious cough achieving a beneficial effect from an antibiotic treatment, as well as the number needed to harm with side effects of the antibiotics.

Acute infectious cough

What causes an acute cough?
It can be caused by viruses (≥ 90%) or less often by bacteria (< 10%) and starts from an upper respiratory tract infection (common cold).

How long does an acute cough last?
The symptoms of an acute cough usually resolve within **4 weeks** (average duration is 18 days).

100 affected persons who **don't** take antibiotics
62

With antibiotics, **4 more** people out of 100 will have **reduced cough** after **7 days**

100 affected persons who **do** take antibiotics
66

100 affected persons who **don't** take antibiotics
75

With antibiotics, **6 more** people out of 100 will have **reduced cough** after **14 days**

100 affected persons who **do** take antibiotics
81

100 affected persons who **don't** take antibiotics
15

Side effects from antibiotics
With antibiotics, **14 more** people out of 100 will have symptoms like vomiting, diarrhea and/or skin rash.

100 affected persons who **do** take antibiotics
29

Version 08.09.23

Courtesy of Bern Institute for Primary Health Care (BIHAM)

16 Were you aware of the existence of at least one of these shared decision-making tools?* *(only one answer)*

Yes

No

17 **This shared decision-making tool is acceptable, with the acceptability of the tool being defined as the tool being agreeable, palatable, and satisfactory.*** *(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree

I agree

I strongly agree

18 **This shared decision-making tool is appropriate, with appropriateness being defined as the perceived fit, relevance, or compatibility of the tool with the practice setting.****(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree

I agree

I strongly agree

19 **This shared decision-making tool is feasible, with feasibility being defined as the extent to which the tool can be successfully used or carried out within the practice setting*** *(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree

I agree

I strongly agree

20 **If you wish to comment your answers, please write here** : *free text*

21 **Please estimate how much time using this shared decision-making tool would add or save to the consultation** *(in minutes)*

These shared decision-making tools are supplemented with a factsheet containing key information (e.g., diagnostic features, red flags, and symptomatic and/or antibiotic treatment), as well as a decision-aid algorithm.

Courtesy of Bern Institute for Primary Health Care (BIHAM)

22 **Were you aware of the existence of at least one of these factsheets?*** *(only one answer)*

Yes

No

23 **This factsheet is acceptable, with the acceptability of the factsheet being defined as the factsheet being agreeable, palatable, and satisfactory*** *(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree

I agree

I strongly agree

24 **This factsheet is appropriate, with appropriateness being defined the perceived fit, relevance, or compatibility of the factsheet with the practice setting*** *(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree

I agree

I strongly agree

25 **This factsheet is feasible, with feasibility being defined as the extent to which this factsheet can be successfully used or carried out within the practice setting*** *(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree
I agree
I strongly agree

26   **If you wish to comment your answers, please write here:** *Free text answer*

27   **Please estimate how much time using this factsheet would add or save to the consultation** *(in minutes)*

The Swiss society of infectious diseases issues frequently updated [guidelines](#) aiming to support the appropriate use of antibiotics. The guidelines provide information about clinical features, diagnosis, symptomatic and/or antibiotic treatment of 23 infectious diagnoses. Those guidelines are available on an internet website ([ssi.guidelines.ch](#)). An extract of the guideline regarding community acquired pneumonia is displayed. The full guideline is available [here.](#)

Pneumonie / Pneumonie acquise en communauté de fr

⇕ EXPAND ALL

Définition	💬 🔗 ⌄
Diagnostic	💬 🔗 ⌄
Thérapie empirique	💬 🔗 ⌄
Critères de gravité	💬 🔗 ⌄
Traitement spécifique	💬 🔗 ⌄
Prévention	💬 🔗 ⌄
Références / Infos / Auteurs	💬 🔗 ⌄

Pneumonie   PAC   Adultes

Diagnostic   💬 🔗 ⌃

Imagerie
- En cas de suspicion d'une PAC (p.ex. signe vital anormal ou auscultation pulmonaire anormale) : (patient hospitalisé : exigée; patient ambulatoire : imagerie recommandée)
  - Radiographie du thorax (de face et de profil) pour confirmer le diagnostic (nouvel infiltrat sans diagnostic alternatif)
  - Alternative : échographie pulmonaire si personnel qualifié et si radiographie du thorax pas disponible (cave: pas de visualisation des pneumonies centrales)

Diagnostic microbiologique
- Si deux épisodes ou plus au cours des 12 derniers mois : Test VIH

Pour les patients ambulatoires :
- Les tests microbiologiques ne sont pas recommandés (dans les rares cas de suspicion d'épidémie ou en cas de pneumonie ne répondant pas aux bétalactames, un antigène urinaire pour légionelle peut être effectué)

Chez les patients hospitalisés :
- 2 paires d'hémocultures
- Test antigénique urinaire (légionelle, pneumocoque)
- Coloration de Gram sur le sputum et culture, si le sputum peut être analysé dans les 4 heures
- PCR (polymerase chain reaction) pour SARS-CoV-2 dans un frottis naso-pharyngé, une expectoration ou un lavage broncho-alvéolaire (pendant la pandémie)
- PCR (polymerase chain reaction) pour Influenza dans un frottis naso-pharyngé pendant la saison de grippe
- Ponction pleurale en cas d'épanchement (si possible)
- En cas de suspicion clinique ou épidémiologique particulière :
  - envisager une PCR pour *Mycoplasma pneumoniae* sur frottis naso-pharyngé ou sur sputum
  - envisager une sérologie ou PCR sanguine pour *Coxiella burnetii*
  - En cas de suspicion de tuberculose (p.ex. en cas de symptômes persistants) : recherche de *Mycobacterium tuberculosis* par microscopie et PCR

Thérapie empirique   💬 🔗 ⌃

En ambulatoire (Pneumonie légère)
- **sans comorbidités:** Amoxicilline 1 g par 8h **p.o.**, dose journalière maximale : 3 g
- **avec comorbidités :** Amoxicillin/Clavulanate 1 g q8h po
- **Alternative :**
  - Âge ≥ 8 ans sans comorbidités : Doxycycline 100 mg par 12h po ou Azithromycine 500 mg par 24h ou Clarithromycine 500 mg par 12h p.o
  - Patients plus âgés ou présentant des comorbidités, y compris la BPCO: Amoxicilline/Clavulanate 1 g par 8h po
  - Patients plus âgés ou présentant des comorbidités, y compris une BPCO, ou une allergie à la pénicilline : Azithromycine 500 mg par 24h p.o ou Clarithromycine 500 mg par 12h po (alternative: Levofloxacine 500 mg par 12 h p.o ou Moxifloxacin 400 mg par 24h p.o)
- **Autre possibilité:** pas de prescription d'antibiotique en cas de procalcitonine <0.25 µg/L

Durée du traitement
- 2–3 jours après normalisation de la température / stabilisation clinique ; en principe 5 jours
- Un traitement plus court est possible en cas de pneumonie légère/modérée avec évolution clinique rapidement favorable

A l'hôpital
- Début du traitement: rapidement après le diagnostic
- **Pneumonie de sévérité moyenne:** Amoxicilline/Clavulanate 2.2 g par 8h iv (en cas d'allergie à la pénicilline: Ceftriaxone 2g par 24h iv) +/- Azithromycine 500 mg par 24 h po ou Clarithromycine 500 mg par 12h po/iv pour 24–72 heures
- **Pneumonie sévère:** Amoxicilline/Clavulanate 2.2 g par 8h iv (en cas d'allergie à la pénicilline: Ceftriaxone 2g par 24h iv) plus Azithromycine 500 mg par 24 h po ou Clarithromycine 500 mg par 12h po/iv pour 24–72 heures
- Traitement plus long de macrolides en cas de :
  - Admission aux soins intensifs (durée : 48 heures)
  - Légionelle : test antigène ou PCR positif (passage à une monothérapie par quinolones)
  - Suspicion clinique/ épidémiologique de légionellose [1]
  - Identification de pathogènes atypiques (dans ce cas, arrêt des β-lactames)
- En cas d'allergie sévère aux β-lactames (anaphylaxie, intolérance à la pénicilline et aux céphalosporines) : lévofloxacine 500 mg par 12h p.o. ou i.v. ou moxifloxacine 400 mg par 24h p.o./ i.v.
- En cas de PAC sévère et en présence de facteurs de risque de résistance : [2] pipéracilline/tazobactam 4.5 g par 6–8h i.v. plus Azithromycine 500 mg **po** par 24 h oder Clarithromycine 500 mg par 12h **po/iv**
- Pendant la saison de la grippe : administration d'oseltamivir 75 mg par 12h p.o. tant qu'une grippe n'est pas exclue

[1] Prédicteurs d'infection à légionelle : exposition (hôtel, spa), température > 39.4°C, absence de sputum, Na+ < 133 mmol/L, LDH > 225 U/L, CRP > 187 mg/dL, thrombocytes < 171 G/L ; absence de réponse à un traitement antibiotique ne couvrant pas les légionelles

[2] Traitement antibiotique au cours des 90 derniers jours, hémodialyse

Courtesy of the Swiss society of infectious diseases

28 **Were you aware of the existence of the existence of the ssi.guidelines.ch website?*** *(only one answer)*

> Yes
> No

29 **This website is acceptable, with acceptability of this website being defined as this website being agreeable, palatable, and satisfactory.** *(only one answer)*

> I strongly disagree
> I disagree
> I neither agree nor disagree
> I agree
> I strongly agree

30 **This website is appropriate, with appropriateness being defined the perceived fit, relevance, or compatibility of this website with the practice setting*** *(only one answer)*

> I strongly disagree
> I disagree
> I neither agree nor disagree
> I agree
> I strongly agree

31 **This website is feasible, with feasibility being defined as the extent to which this website can be successfully used or carried out within the practice setting*** *(only one answer)*

> I strongly disagree
> I disagree
> I neither agree nor disagree
> I agree
> I strongly agree

32 **If you wish to comment your answers, please write here:** *Free text answer*

33 **Please estimate how much time consulting those guidelines would add or save to the consultation** *(in minutes)*

The list of all 23 guidelines is displayed below.

← Table des matières - SGInf-Guidelines ⓘ

Le nom ↑	Valable depuis
⫶ **Filtre (23 Directives publiées)**	
Abkürzungen Infektiologie; Antibiotika / Abréviations infectiologie; antibiotiques	09.09.2023
Borréliose, Maladie de Lyme	22.05.2023
Chlamydia (C. trachomatis) / LGV	05.04.2023
Diverticulite	05.05.2023
Endocardite infectieuse / Prévention	06.04.2023
Gastro-entérite infectieuse	05.05.2023
Gonococcie (N. gonorrhoeae)	05.05.2023
Harnwegsinfektionen bei Kindern und Jugendlichen	20.02.2023
Infection à Clostridioides difficile	05.04.2023
Infection à Mycoplasma genitalium	30.05.2023
Infection des voies urinaires (IU)	13.04.2023
Infections à Helicobacter pylori	03.11.2023
Infections du pied diabétique	05.05.2023
Osteoartikuläre Infektionen im Kindesalter	06.02.2023
Otite Moyenne Aigue	05.05.2023
Perioperative Antibiotikaprophylaxe bei Kindern	25.11.2022
Pharyngite	21.04.2023
Pneumonie / Pneumonie acquise en communauté	29.03.2023
Prostatite bactérienne	05.05.2023
SARS-CoV-2 /COVID-19 - Antiviral and immunomodulatory treatment considerations for hospitalized patients (continually updated)	18.10.2023
Sinusite bacterienne aigue	05.05.2023
Syphilis	06.06.2023
Uretrite chez l`homme	05.05.2023

Sélection de collection
SGInf-Gui... ▾

🔍 Chercher ...

SGInf-Guidelines

▸ 📁 Abdo...
▸ 📁 Haut-...
▸ 📁 Kardi...
▸ 📁 Resp...
▸ 📁 Urog...
📁 ZNS
▸ 📁 Non ...

⌄ FR   Changements Importants   Newsletter   Aide   Notes de version   Mentions légales

Courtesy of the Swiss society of infectious diseases

34   Do you suggest adding some other guidelines which could be useful for your practice? *(free text)*

The Federal Office of Public Health, together with several medical and pharmaceutical societies, has developed [material](materials)s to inform patients on using antimicrobials responsibly, usable from physcians and pharmacists. It contains an information sheet and a short video clip, available in 13 languages, emphasizing on using the correct dose, correct duration, and not to share antibiotics. It also explains why an antibiotic treatment might not be necessary in some cases. These information sheets can also be ordered in forms of posters or post-it to be used in the GPs' offices or pharmacies. An example in English is shown below.
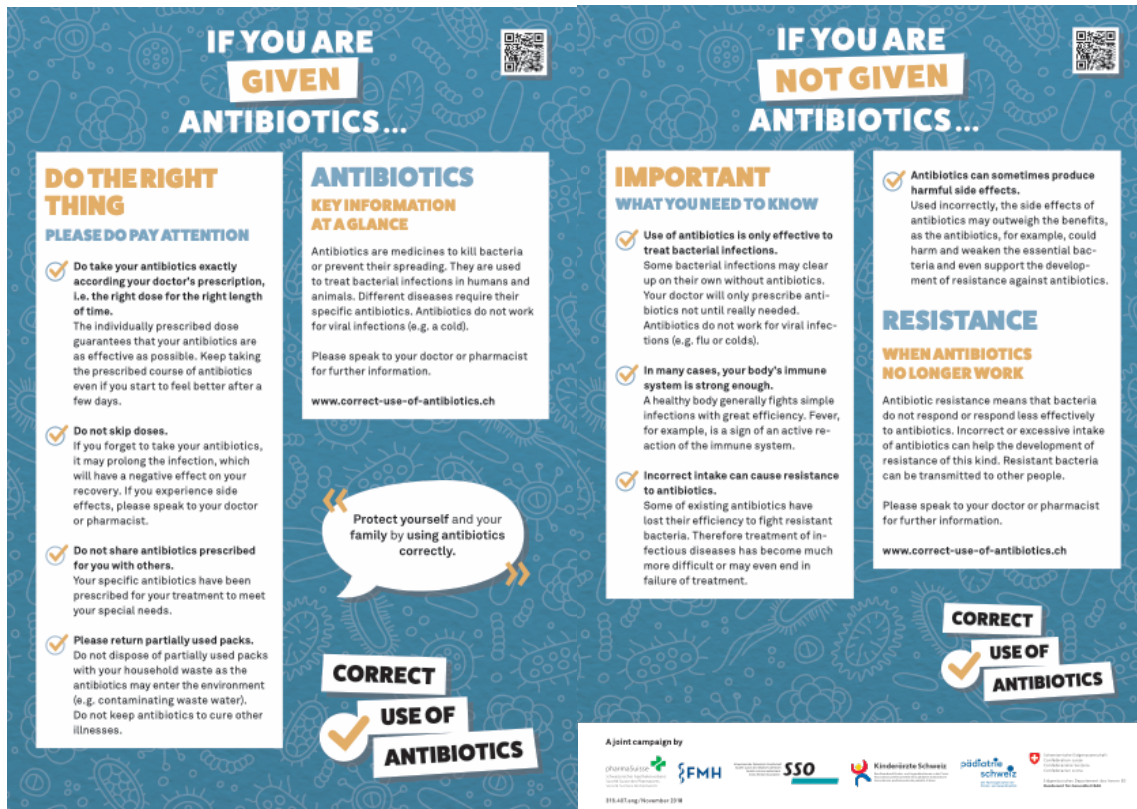
Courtesy of the Swiss Federal Office of Public Health

35 **Were you aware of the existence of these patient information materials?*** *(only one answer)*

Yes
No

36 *If yes, which part of this campaign were you aware of? (check all that apply)*

Patient information leaflet
Poster to hang in your office
Educational video
Post-its to stick to antibiotic prescriptions

37 **These patient information materials are acceptable, with the acceptability of this campaign being defined as these materials being agreeable, palatable, and satisfactory*** *(only one answer)*

I strongly disagree
I disagree
I neither agree nor disagree

I agree

I strongly agree

38 **These patient information materials are appropriate, with appropriateness being defined the perceived fit, relevance, or compatibility of these materials with the practice setting*** *(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree

I agree

I strongly agree

39 **These patient information materials are feasible, with feasibility being defined as the extent to which these materials can be successfully used or carried out within the practice setting.*** *(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree

I agree

I strongly agree

40 **If you wish to comment your answers, please write here:** *Free text answer*

41 **Please estimate how much time using these information leaflet would add or save to the consultation** *(in minutes)*

Audit and feedback of antimicrobial prescription is a potential system-wide antimicrobial stewardship strategy that could modify the behavior of primary care physicians and reduce inappropriate antibiotic prescription. The concept lies in analyzing antibiotic prescription data and providing feedback to clinicians on their prescription, with benchmarking with their peers. This intervention is used in some quality circles and has been tested in a Swiss-wide study (1). An example of such feedback given by a newsletter is shown below.

[Figure removed, from (1)]

⁴² Were you aware of the existence of such type of an intervention?* *(only one answer)*

Yes
No

⁴³ This intervention is acceptable, with the acceptability of an intervention being defined as an intervention being agreeable, palatable, and satisfactory* *(only one answer)*

I strongly disagree
I disagree
I neither agree nor disagree
I agree
I strongly agree

⁴⁴ This intervention is appropriate, with appropriateness being defined the perceived fit, relevance, or compatibility of an intervention with the practice context* *(only one answer)*

I strongly disagree
I disagree
I neither agree nor disagree
I agree
I strongly agree

⁴⁵ This intervention is feasible, with feasibility being defined as the extent to which an intervention can be successfully used or carried out within the practice context* *(only one answer)*

I strongly disagree
I disagree
I neither agree nor disagree
I agree
I strongly agree

⁴⁶ If you wish to comment your answers, please write here: *Free text answer*

⁴⁷ In your opinion, who should provide such personalized feedback? *(check all that apply)*

Health insurers
Quality circles
The national center for antibiotic resistance (anresis.ch)
An academic institution
Professional medical associations (e.g., FMH or cantonal medical societies)
None at all

Other

48 **In your opinion, when receiving personalized feedback, who should be compared to you (benchmarking)?** *(check all that apply)*

Members of my quality circle
All physicians practicing in my area (e.g., in a 10 km-radius)
Physicians of the same specialty from my canton
Physicians of the same specialty nationally
Quality indicators available at the national or international level (e.g., target of percentage of fluoroquinolones prescribed)
Other

49 **In your opinion, in which form should this feedback be provided?**

Quarterly report
Group discussion with peers
Included in the statistics of my practice
Other

50 **Please estimate how much time it would take to read and understand a personalized feedback?** *(yearly, in minutes)*

Several communication skills trainings were assessed for reducing antibiotic prescriptions in primary care in clinical trials. An internet-based communication skills training for physicians (2) was designed to facilitate usage of specific patient-centered communication skills by physicians in the case of an acute cough, using three elements of an effective consultation: to gather information about patient beliefs and expectations, exchange information and agree on management, and check the patient's understanding. This continuous medical education intervention contained both factual information for GPs as well as video clips illustrating how to use those communication skills in daily routine situations. The web-based training was complemented by an information booklet to be given to patients. Its mean time of completion was 37 minutes (3). An illustration of this internet-based program as well as the information booklet are shown below.

[Figure removed, from (2)]

[Figure removed, from (4)]

51   **Were you aware of the existence of this or any similar communication skills training?*** *(only one answer)*

      Yes
      No

52   **A communication skills training is acceptable, with the acceptability of a communication skills training being defined as it being agreeable, palatable, and satisfactory*** *(only one answer)*

      I strongly disagree
      I disagree
      I neither agree nor disagree
      I agree
      I strongly agree

53   **A communication skills training is appropriate, with appropriateness being defined the perceived fit, relevance, or compatibility of a communication skills training with the practice setting** *(only one answer)*

      I strongly disagree
      I disagree
      I neither agree nor disagree
      I agree
      I strongly agree

54   **A communication skills training is feasible, with feasibility being defined as the extent to which an intervention can be successfully used or carried out within the practice setting*** *(only one answer)*

      I strongly disagree
      I disagree
      I neither agree nor disagree
      I agree
      I strongly agree

55   **If you wish to comment your answers, please write here:** *Free text answer*

Several point-of-care blood tests can be used in the management of respiratory tract infections. They can give rapid information to identify patients who are most likely to benefit from an antibiotic treatment and those who are not. Point-of-care C-reactive protein (POC-CRP) is a potentially useful tool to safely reduce inappropriate antibiotic prescription in an acute infective cough in primary care according to some studies (5). The National Institute for Health and Care Excellence (NICE) in UK recommends the use of POC-CRP in suspected acute respiratory infection in adult patients, if, after clinical assessment, it is unclear if antibiotics are needed (an illustration of this guideline is shown). The Institute for Primary Health Care (BIHAM) from Bern University also suggests the use of POC-CRP in the management of an acute infectious cough (an illustration of the decision-aid algorithm is shown).

[Figure remvoved, from (6)]
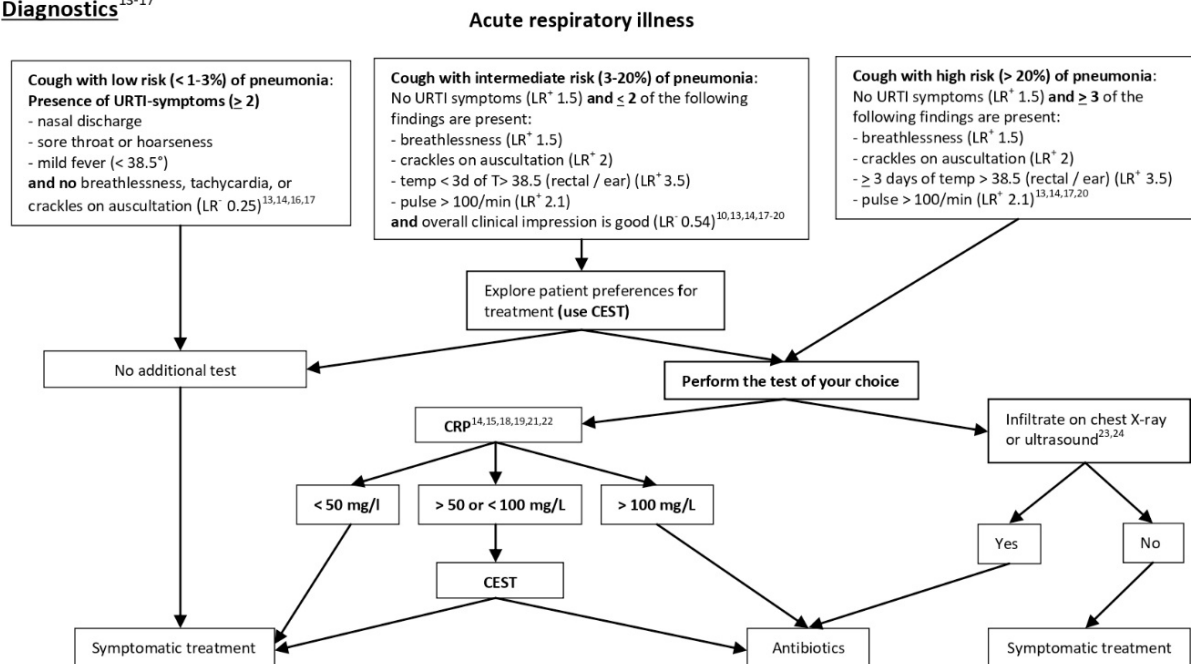
Courtesy of Bern Institute for Primary Health Care

56   Were you aware of the existence of POC-CRP for guiding antibiotic therapy in respiratory tract infections ?* *(only one answer)*

    Yes
    No

57   POC-CRP for guiding antibiotic therapy in respiratory tract infections is acceptable, with the acceptability of POC-CRP being defined as POC-CRP being agreeable, palatable, and satisfactory* *(only one answer)*

    I strongly disagree
    I disagree
    I neither agree nor disagree
    I agree
    I strongly agree

58   **POC-CRP for guiding antibiotic therapy in respiratory tract infections is appropriate, with appropriateness being defined as the perceived fit, relevance, or compatibility of POC-CRP with the practice setting.** *(only one answer)*

       I strongly disagree
       I disagree
       I neither agree nor disagree
       I agree
       I strongly agree

59   **POC-CRP for guiding antibiotic therapy in respiratory tract infections is feasible, with feasibility being defined as the extent to which POC-CRP can be successfully used or carried out within the practice setting*** *(only one answer)*

       I strongly disagree
       I disagree
       I neither agree nor disagree
       I agree
       I strongly agree

60   **If you wish to comment your answers, please write here:** *Free text answer*

61   **Please estimate how much time using point-of-care CRP would add or save to the consultation** *(in minutes, without taking count of the assay itself)*

Several point-of-care blood tests can be used in the management of respiratory tract infections. They can give rapid (i.e, during the consultation) information to identify patients who are most likely to benefit from an antibiotic treatment and those who are not. Point-of-care Procalcitonin (POC-PCT) is a potentially useful tool to safely reduce inappropriate antibiotic prescription in an acute cough in primary care, according to some studies (7). Its use is mentioned in the management of a a community acquired pneumonia by the Swiss society of Infectious diseases (ssi.guidelines.ch). An extract of the guideline is displayed. A request to include this test among the tests reimbursed for medical practices has been submitted to the Federal Commission for Analyses and Devices.

Empirische Therapie

Ambulantes Setting (leichte Pneumonie)
- **ohne Komorbidität**: Amoxicillin 1 g q8h **po**, Tagesdosis maximal 3 g
- **mit Komorbiditäten:** Amoxicillin/Clavulanate 1 g q8h po
- Alternativen:
  - Alter ≥8 Jahre ohne Komorbiditäten: Doxycyclin 100 mg q12h **po** oder Azithromycin 500 mg q24h oder Clarithromycin 500 mg q12h
  - Ältere Patienten oder Personen **mit Komorbiditäten** einschliesslich COPD: Amoxicillin/Clavulanate 1 g q8h **po**
  - Ältere Patienten oder Personen **mit Komorbiditäten** einschliesslich COPD und Penicillin-Allergie: Azithromycin 500 mg **po** q24h oder Clarithromycin 500 mg q12h **po** (alternativ: Levofloxacin 500 mg q12 h oder Moxifloxacin 400 mg q24h)
- **Optional: keine Antibiotikatherapie bei Procalcitonin <0.25 µg/L**

Courtesy of the Swiss society of infectious diseases

62 **Were you aware of the existence of POC-PCT for guiding antibiotic therapy in respiratory tract infections?*** *(only one answer)*

Yes
No

63 **Assuming the test is reimbursed, POC-PCT for guiding antibiotic therapy in respiratory tract infections is acceptable, with the acceptability of POC-PCT being defined as POC-PCT being agreeable, palatable, and satisfactory*** *(only one answer)*

I strongly disagree
I disagree
I neither agree nor disagree
I agree
I strongly agree

64 **Assuming the test is reimbursed, POC-PCT for guiding antibiotic therapy in respiratory tract infections is appropriate, with appropriateness being defined the perceived fit, relevance, or compatibility of POC-PCT with the practice setting .***(only one answer)*

I strongly disagree
I disagree
I neither agree nor disagree
I agree
I strongly agree

65 **Assuming the test is reimbused, POC-PCT for guiding antibiotic therapy in respiratory tract infections is feasible, with feasibility being defined as the extent to which POC-PCT can be successfully used or carried out within the practice setting*** *(only one answer)*

I strongly disagree

I disagree

I neither agree nor disagree

I agree

I strongly agree

66   **If you wish to comment your answers, please write here:** *Free text answer*

67   **Please estimate how much time using point-of-care PCT would add or save to the consultation.**
(in minutes, without taking count of the assay itself)

Part IV: Assessment of blood tests at the GP's practice

68 **Do you take blood samples in your practice?** *(only one answer)*

Yes

No

69 **Do you have laboratory devices in your practice?** *(only one answer)*

Yes

No

70 *If yes, which test do you perform in your own practice? (Check all that apply)*

Full blood count

CRP

Streptotest

D-dimer

Conventional troponin

Highly sensitive troponin

SARS-CoV-2 antigenic test

71 **Which point-of-care devices do you have in your practice?** *(free text answer)*

Part V: General question about antimicrobial stewardship in Switzerland

72 **How must an antimicrobial stewardship intervention be designed to effectively support GPs in taking decisions about antibiotic treatment?** *(free text answer)*

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