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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Journal: Drugs & Aging

Title: Factors Influencing Hospital Physicians' Recognition of Prescribing Cascades: A Qualitative Interview Study

Running Head: Factors Influencing Hospital Physicians' Recognition of Prescribing Cascades.

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Online Resource 1: COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	See Data Collection section of Methods (page 7)
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	See Data collection & Reflexivity sections of Methods (pages 7 & 8)
Occupation	3	What was their occupation at the time of the study?	See Data collection & Reflexivity sections of Methods (pages 7 & 8)
Gender	4	Was the researcher male or female?	Not documented as not relevant to the subject matter.
Experience and training	5	What experience or training did the researcher have?	See Data collection & Reflexivity sections of Methods (pages 7 & 8)
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	See Reflexivity section of Methods (pages 8 & 9)
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	See Reflexivity section of Methods (pages 8 & 9)
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	See Reflexivity section of Methods (pages 8 & 9)
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	See 'study design' and 'application section of the TDF' sections of Methods (pages 6 & 7)
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	See study design, setting and recruitment sections of the Methods (pages 6 & 7)
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	See study design, setting and recruitment sections

			of the Methods (pages 6 & 7)
Sample size	12	How many participants were in the study?	See results section – opening section (page 10)
Non-participation	13	How many people refused to participate or dropped out? Reasons?	See results section – opening section (page 10)
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	See data collection section of methods (page 8)
Presence of nonparticipants	15	Was anyone else present besides the participants and researchers?	No
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	See Table 1 in Results section
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	See Appendix 2 and data collection section of methods (page 7).
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	No
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	See data collection section of methods (page 8)
Field notes	20	Were field notes made during and/or after the inter view or focus group?	See data collection section of methods (page 8)
Duration	21	What was the duration of the inter views or focus group?	See results section (page 10)
Data saturation	22	Was data saturation discussed?	N/A –data saturation techniques not recommended.
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	No
Topic	**Item No.**	**Guide Questions/Description**	**Reported on Page No.**
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	See data analysis section of methods (page 8)
Description of the coding tree	25	Did authors provide a description of the coding tree?	See data analysis section of methods (page 8)
Derivation of themes	26	Were themes identified in advance or derived from the data?	Conventional and directed content analysis was employed. See data analysis section of methods (page 8)

Software	27	What software, if applicable, was used to manage the data?	See data analysis section of methods (page 8)
Participant checking	28	Did participants provide feedback on the findings?	No
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	See Results Section (Table 2)
Data and findings consistent	30	Was there consistency between the data presented and the findings?	See Results and Discussion Sections
Clarity of major themes	31	Were major themes clearly presented in the findings?	See Results Section
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	See Results Section

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

Online Resource 2: Topic Guide

Section 1: Current knowledge base

1. Before being invited to participate in this interview, what was your understanding of the term 'prescribing cascade'?
2. Could you provide me with example(s) of (a) prescribing cascade(s) you are aware of?
3. You indicated that you learned about prescribing cascades in (undergraduate/postgraduate training): tell me more about that.

Prior moving to section two: 'Prescribing cascades can be described as appropriate or inappropriate; for example, an appropriate prescribing cascade would be using laxatives for a patient who has constipation secondary to opioid use required for cancer-related pain. An inappropriate prescribing cascade would be a calcium channel blocker causing ankle oedema resulting in the prescription of a diuretic. For the purpose of this study, we will focus primarily on inappropriate prescribing cascades for the rest of the interview'.

Section 2: Clinical practice

4. How often do you think prescribing cascades are recognised amongst general medical inpatients in this hospital?
5. What do see as the barriers to recognising prescribing cascades? (memory/ attention)
    a. Environment
    b. Social influences (team dynamic)
    c. Resources (phone, apps etc)

If participant indicated they personally have recognised a prescribing cascade or if they have witnessed a colleague recognising a prescribing cascade, ask Question 8

6. You indicated that you have/ your colleague has recognised a prescribing cascade: can you tell me more about it?
    a. Can you describe to me how you/your colleague determined it was a true prescribing cascade?
7. What resources do you find help you recognise adverse drug reactions /drug side effects/ prescribing cascades? *(e.g. other HCPs/ apps etc)*
8. What are the risks associated with not recognising a prescribing cascade?

Section 3: Priorities and social behaviours

9. Where are prescribing cascades on your list of priorities/considerations when reviewing a patient?
10. How would feel about informing a patient that you (unintentionally) initiated a prescribing cascade? i.e., that you did not recognise symptoms as a drug side effect and prescribed a second drug - instead of stopping the first drug.
11. Whose responsibility is it to recognise prescribing cascades?

a. Why do you feel it is your/their role?
b. If they do not say it is their role: ask what is their role in recognising prescribing cascades.

12. What do you see as the role that patients play in aiding the recognition of prescribing cascades?
13. If a patient attributed a symptom they were experience as a medication side effect, how might this change your review or management of them?

Section 4: Improvement strategies

14. What would help you or other doctors recognise prescribing cascades?
    a. Environment
    b. Social/ belief about capabilities
    c. Strategies to enhance knowledge/ understanding and recognition

That brings us to the end of the interview. Based on the topic or what we have discussed, do you have any other comments that you would like to add or anything that you would like to expand on?