

Comprehensiveness of reporting assessment using COREQ (consolidated criteria for reporting qualitative research) checklist.

Key – Benzo = Benzodiazepines. CME = Continuing Medical Education. F = Female. FG = Focus group. Dept = Department. GP = General Practitioner. M = Male. MD = Medical doctor. NH = Nursing home. NP = Nurse Practitioner. NS = Not stated. PhD = Doctor of Philosophy. RCT = Randomised Control Trial. SSI = Semi-structure interview. VA = Veterans Affairs. Other abbreviations refer to study author initials.

		Lead author	Anthieren s	Britt en -	Cant rill	Clyn e	Cook	Dam esto y	Dicki nson	Dybwa d	Flick	Frich	Frie d	Iden	Illiffe	Moen	Parr	Raghu nath	Roger s	Schuli ng	Spin ewin e	Sube jl	Wer meli ng
Domain 1: Research team and reflexivity																							
Personal Characteristics																							
1	Intervie wer/faci litator	Which author/s conduct ed the intervieu w or focus group?	Yes - AT colle cted data. T Strobe took and processe d intervieu s	N/A Desc riptive surv ey	JD	FG - MB &BC, SSI - BC	JMC	NS	NS	TBD	NS	JCF & SH	TRF	KI	NS - 2 resea rcher s	Ring	JP	ASR did 1, 'Non-clinici ans' did remai ning 4	NS	HJG & JS (obser ver)	AS	NS	GB
2	Credenti als	What were the research er's credenti als? <i>E.g. PhD, MD</i>	NS	Mast ers, MD	Mast ers	NS	PhD	MD, PhD & Mast ers	Mast ers, PhD, MD, Psyc hiatrists	MD	NS	MD qualif icatio n as a mini mum	MD	MD quali ficatio n as a mini mum	NS	PhD	NS	NS	Profes sor of sociol ogy, Clinic al Psych ologis t & resear cher, 3 med stude nts, 1 GP & Senio	NS - ? MD	PhD min	NS	NS

																			lecturer				
3	Occupation	What was their occupation at the time of the study?	NS	NS	Research pharmacist	NS	Research psychologist	NS	Researchers, academics, clinicians	GP – 'Important as they were peers'	NS	NS	NS	All are specialists in family medicine, experienced GPs	NS	NS	NS	NS - 1 clinician, remaining authors were not	See above	NS	Clinical pharmacist & research fellow	NS	NS
4	Gender	Was the researcher male or female?	Y - could be derived	NS	F	F	F	F	NS	F	M	F	F	F	NS	F	F	NS	Mix	M	F	NS	F
5	Experience and training	What experience or training did the researcher have?	NS	NS	NS	NS	Experienced research psychologist, specialist in geriatrics & disse	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	Inferred	NS	NS	NS	NS

								mination																
Relationship with participants																								
6	Relationship established	Was a relationship established prior to study commencement?	NS	NS	NS	NS	NS	NS	NS	Peers - hence random selection of low-med prescribers (minimise selection bias) to match high prescriber sample	NS	NS - Run by Academic Dept GP + Norwegian Medical Association	NS	NS	Contact with practice staff when recruiting patients for SSIs	NS	NS	Mix - known and not known	NS	NS but likely - GP trainers and study conducted through Dept of General Practice at a local University	NS	Yes as this was a follow-up to a study in 2006	Follow-up to cross-sectional observation study so some familiarity	
7	Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. <i>personal goals, reasons for doing the research</i>	NS	NS	NS	NS	NS	NS	Peers + Qualitative study accompanied survey of all prescriptions for Benzos and opiates in Oslo revealing	NS	NS - Some participants had prior knowledge of the project.	NS	NS	Practices had been recruited into an RCT of Benzos withdrawal in long term users	NS	NS	NS	NS	NS	NS - Although Spinewin is well published in this space	Have insight from previous study	NS		

										prescribing profile of every Dr in area-participants would have had an idea about researchers' interests and motivations													
8	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. <i>Bias, assumptions, reasons and interests in the research topic</i>	NS	NS	NS	NS	Specialist in geriatrics & dissemination	NS	NS	NS	NS	Interest in continuing medical education & quality care	NS	First author or has long experience as NH Dr, concerned about improving health care in NHs.	NS	NS	NS	NS	All had interest in mental health.	NS	NS	NS	NS
Domain 2: study design																							

Theoretical framework																							
9	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? <i>e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i>	Qualitative methodology, content analysis	NS	NS	Theoretical analysis	Narrative analysis	Grounded theory analysis	Framework analysis	Phenomenological theory	Theoretical coding – presume analysis?	Thematic content analysis	Content analysis	Systematic text condensation & analysis	NS	Conventional context analysis	Consensual Qualitative Research Approach	Grounded theory & constant comparative approach	NS (Infer grounded theory - exploratory qualitative study)	NS	Grounded theory	NS	Framework analysis
Participant selection																							
10	Sampling	How were participants selected? <i>e.g. purposive, convenience, consecutive, snowball</i>	Purposive	Convenience	Purposive sampling of practices (across 4 health authorities) & patients with	Convenience sample of GPs working in a variety of different general practices involved	Purposive? "deliberate efforts to diversify experience level and practice setting"	Convenience	Drugs of patients purposively selected for study	Purposive (high Prescribers selected based on script volume, low-medium prescribers matched by geography	Convenience - physicians attached to NHs who delivered the routine data arm of study	Purposive - varied sample of GPs	Purposive - sample practices from academic, community & VA settings	Purposive - 24 informants from 23 NHs	Convenience sample of practice staff involved in care of 192 patients who agreed to participate	Purposively selected existing Further education and Quality groups - already functioning forum	Convenience	Mix - Purposive & convenience	Purposive - respondents drawn from sampling frame of 70 GPs who participate/host under grad traini	Purposive - see above	Purposive - teaching & non teaching, rural & urban hosp	Purposive - high and low Prescribers based on results of previous study	Purposive, informed by previous study

					in large practices	in a local CME discussion group				etc and then selected randomly	y				in the study	s for discussion			ng				
11	Method of approach	How were participants approached? e.g. <i>face-to-face, telephone, mail, email</i>	Initial letter, follow-up telephone	NS	Letter via senior partner. Practice to ID two partners	NS	Word-of-mouth, postal mailings, phone solicitations	NS	GPs approached by letter	Letter	Via NHs with phone follow-up - necessary to discuss the project due to physician hesitancy	Approached GPs through group coordinator and contacted by phone or email	NS	Face-to-face at professional meetings, email and nurses through calls to NHs.	NS - Recruited from PC research and teaching network of the Dept. of primary care and population studies of the Royal Free and UCL Med School	Through contacts at primary care centres in 3 large cities in Sweden	Division of General Practice newsletters, Flyers at workshops, individual faxes	NS	NS	NS	Telephone & email	Asked (?face-to-face) and then telephone follow-up required to encourage high Prescribers to participate	Letter and follow-up phone call

1 2	Sample size	How many participants were in the study?	65	7	22 GPs, 101 patients, 227 instances of PIP	8FG, 5 SSI	33	9	10	38	20	39 GPs (20 tutors)	36 physicians (2 NPs, 1 pharmacist, 1 physician assistant), primary care, Vet Affairs and academia	16 physicians (8 Nurses)	72 Drs/83 practice staff (from 25 practices), 192 patients	31	28 GPs	49GPs	22	29	5 Drs (4 nurses, 3 pharmacists, 17pts)	10 family physicians, primary care (5 high, 5 low)	10 GPs (5 high continuers, 5 low continuers)
1 3	Non-participation	How many people refused to participate or dropped out? Reasons?	37, Not stated	NS	NS	NS	NS	3 - None provided	5 - One retired, 2 PT, 2 no reason	High prescribers - 5 - time constraints; Med-low 10% - not stated.	NS	NS - 39/454 GPs, 20/80 Tutors	NS	NS	NS	NS	Advised participation. Guessing must have responded and 8 declined. Reas	18 - NS	NS	NS	NS - ?None	13 of the high Prescribers refused - 6 sick leave, 7 mainly due to time	NS

						disc ussion group			er infor mation provid ed.	vs 13.1). Special ist educat ion - 50% of high Prescri bers, 85% med- low Prescri bers. Some higher Prescri bers had good reputa tions, some electe d reps	2009 .		Affa irs and aca dem ia.	rienc e (1- 40yr s) and posit ion. FT and PT pres cribe rs			14. Mix rural ity		GPs, mostl y urban	es. Mean age 54 (39- 65). Mix urban /rural.		50% speci alists . Low pres cribe rs - 3 male s, 2 fema les, 12 yrs mean empl oyment, 80% speci alists (). Info gather ed in 2008	
Data collection																							
1 7	Intervie w guide	Were question s, prompts, guides provided by the authors? Was it pilot tested?	Yes, Not teste d but iterat ive appro ach subs eque nt to debrief ing sessi ons	Yes, but not teste d	App ropri ate pres crib ing indic ators were provid ed	N	Y	Y - NS	Yes & Uns ure	Yes & NS. Q's served as checkli st. Asked GPs to provid e narrati ves of the last 3 consult ations	Yes & No	Yes & new them es were fed back into later FGs	Yes	Yes & No but adde d 2 ques tions to the final FG as a resul t of FB from	No - prag matic appro ach (allo wed partic ipants to show under stand ing, raise issue	Yes & Yes	Yes	No - overvi ew of how FG condu cted but no conte nt	No	Hypot hetical case study, outlin ed positio n of GP and used questi on probe s where	Yes - publi shed separa tel y	Yes - Not pilot teste d	No

										(gap between ideal thinking and practice)				FG's 1 & 2	s, min risk of them changing behaviour					necessary. NS			
18	Repeat interviews	Were repeat interviews carried out? If yes, how many?	NS	N/A Descriptive survey	NS	No	No	No	No	No	No	NS	No	NS	No	No	No	No	NS	No	No	No	No
19	Audio/visual recording	Did the research use audio or visual recording to collect the data?	Audio taping	N/A Descriptive survey	Audio taping	Audio taping	Audio taping	Audio taping	Audio taping	Audio taping	Recorded (assume audio)	Digitally recorded	Audio taped	Audio taped	No	Audio taping	Audio taping	Audio taping	Audio taping	Audio taping	Audio taping	Audio taping	Video-taped
20	Field notes	Were field notes made during and/or after the interview or focus group?	Yes & debriefing	N/A Descriptive survey	NS	NS	NS	NS	Yes	NS	NS	Yes	NS	Yes	NS	Yes	Yes	NS	NS	NS	NS	NS	NS

21	Duration	What was the duration of the interviews or focus group?	NS	N/A Descriptive survey	NS	FG - NS, SSI - 5-10 min	NS	60-90min	NS	NS	45 min	NS	60 min	90 min	NS	60-90min	15-30 min	45-55 min	NS	2 hrs	60min	30-60 min	32 min (17-54min range)
22	Data saturation	Was data saturation discussed?	NS	N/A Descriptive survey	NS	NS	Yes	Yes	NS	NS	NS	NS	NS	NS	NS	Yes	Yes	Yes	Yes	Yes	NS	NS	NS
23	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	NS	N/A Descriptive survey	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	Yes	NS	NS	NS	NS	NS
Domain 3: analysis and findings																							
Data analysis																							
24	Number of data coders	How many data coders coded the data?	2	NS	1	NS	NS	NS	3 authors	1	NS	2	2 initially, then one after the coding structure had been	3	2 members participated in discussions	2 with audit by a third	3 initially to develop domains and then 1 person thereafter	2	4 authors	2, 3rd adjudicated	2	2	1 author - blinded to which participants were in which category

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25	Description of the coding tree	Did authors provide a description of the coding tree?	Yes	NS	NS	NS	No	No	Yes	Yes	Yes	Yes	Yes	Yes	NS	Yes	Yes	Yes	Yes	Yes	Yes	Yes - published separately.	Yes	Yes
26	Derivation of themes	Were themes identified in advance or derived from the data?	Derived	NS	Derived	NS	Derived	No clear themes	Derived	Both - Few preferred themes were used	Derived	Derived	Derived	Derived	Derived	Derived	Derived	Derived	Derived	Derived	Both - Inductive and defined descriptive codes.	Derived	In advance and derived (from responses to questions from extensive literature review)	
27	Software	What software, if applicable, was used to manage the data?	N/A	NS	N/A	Nvivo	QSR N Vivo 2.0	N/A	Nvivo 7	N/A	N/A	NS	NS	NS	N/A	Nvivo 1.2	NS	QSR NUD.IST 40	NS	NS	Nvivo 1.2	NS	NS	
28	Participant checkin	Did participants	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	Yes - 3 GPs	NS	NS	NS	Yes	NS	NS	

	g	provide feedback on the findings?															did						
Reporting																							
29	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. <i>participant number</i>	Yes	No	Yes	Yes	Yes & No	No	Yes	Yes	Yes (& they were identified)	Yes	Yes & Yes	Yes - limited though and no participant number	No	Yes	Yes & No	Yes & No	Yes	Yes	Yes	Yes	Yes & Yes
30	Data and findings consistent	Was there consistency between the data presented and the findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Too ltd to comment	Yes - v clear	Yes - also triangulated findings with pts	Yes	Yes	Yes	Yes	Yes	Yes

3 1	Clarity of major themes	Were major themes clearly presented in the findings?	Yes	Yes	Yes	No - too small	Yes	No	Yes	Yes	Yes - prescribe r approaches to treatment of sleep disorders with drugs in RAC F	Yes	Yes	3 clear themes although results section was limited	No	Yes - v clear	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3 2	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	No	Yes but limited	No - Presented one instance of diverse views re: patient receptivity to change.	No - too small	No	No	Yes - although limited	Yes - Premise of paper to explore views of low and high Prescribers.	Yes - apparent in three subthemes of paper	No but comprehensive given diverse aims	Discussion of conflicting views and minor themes (e.g. guidelines)	Ltd information in paper	Conflicting views were presented	Yes - presented conflicting views	Yes & in methodology described these as 'typical' or variant'	Yes - captured minor themes in text but not under subheadings	Yes - presented 'outlier views'	Consistently presented counterbalancing point of view	Theory and data triangulation - stronger methodology	Captured in methodology - high and low prescribers	Captured in methodology - high and low prescribers