Supplementary file 9. Evidence characteristics from snowballing

Author	Title	Country	Study setting	Practitioner group	Study design	Study description	Relevant findings	Relevance Richness Rigour*
Barker et al. (2022) (1)	The development and implementation of an evidence-based risk reduction algorithm for post extubation dysphagia in intensive care	Canada	Hospital	Respiratory therapists (N= 20) Physicians (N=14) Dietician (N=1) Physiotherapists (N=4)	Intervention development	Evaluation of the Swallowing Algorithm Post- Extubation (SAPE) algorithm and associated training to guide registered nurses to identify dysphagia and make decisions regarding referral to speech & language therapy.	After training, 74% of HCPs felt confident to identify OD risk factors. After following SAPE, 84% said they would consider SLT referral.	High relevance Moderate richness Rigour: 6/7
Bowen et al. (2023) (2)	Advancing health equity: A qualitative study assessing barriers and facilitators of implementing hereditary breast and ovarian cancer risk screening tools in community-based organizations	America	Community	Administrator (N=2) Patient Navigator (N=7) Nurse (N=7) Director (N=3) Community Health Educator (N=7) Volunteer (N= 5) Healthcare provider (N=3) Other (N=1)	Qualitative-Focus groups	Exploration of preferences for cancer risk screening tools and identified barriers and facilitators for screening tool implementation.	Screening tools which are quick, simple and with clear referral guidelines facilitate HCPs to decide whether to refer to SLT.	High relevance High richness Rigour: 7/7

Supplemental material

BMJ Publishing Group Limited (BMJ) disclaims all liability and responsibility arising from any reliance placed on this supplemental material which has been supplied by the author(s)

BMJ Open

Farpour et al. (2019) (3)	Dysphagia Management in Iran: Knowledge, Attitude and Practice of Healthcare Providers	Iran	Hospitals	Nurses (N=112) Physicians (N=54)	Cross sectional questionnaire	Investigating the knowledge, attitude and practice of healthcare providers in relation to OD management.	40% did not know the definition of OD and were unsure. Whilst most believed their role included identifying and caring for patients with OD, only 10% knew how to identify.	High relevance Moderate richness Rigour: 5/7
Guo et al. (2023) (4)	Nursing adherence, barriers and facilitators to conduct post-stroke dysphagia screening and assessment: A study based on theoretical domain framework	China	Secondary & tertiary hospitals	Nurses (N=956)	Mixed methods- Cross sectional online survey and semi-structured interviews	Exploration of nurses' adherence, barriers, facilitators and views on OD identification and assessment of post-stroke dysphagia.	Nurses with the required knowledge and skills felt more confident to identify OD. Integration of OD identification into electronic systems would prompt nurses to carry this out.	High relevance High richness Rigour: 4/7
Haggerty et al. (2005) (5)	Patients' anxiety and expectations; How they influence family physicians' decisions to order cancer screening tests	Canada	General practice	Physicians (N=351)	Cross sectional questionnaire	Investigation of the influence of patients' anxiety or expectations on physicians' decision to order cancer screening tests.	88% of physicians would be influenced to order a screening if they knew patients' expectations.	High relevance Moderate richness Rigour: 6/7
Ireland et al. (2018) (6)	General Practitioners' Use of Risk Prediction Tools and their Application to Barrett's Oesophagus: A Qualitative Study	Australia	General practice	GPs (N=5) Gastroenterologist (N=1)	Qualitative- Semi-structured interviews	Exploration of GPs' perspectives of the barriers and enablers to cancer risk prediction models and identification tools.	Due to workload, doctors prefer identification tools/protocols which are simple to use and easy to access. These prompt doctors to ask questions, provide clear guidance, aid in keeping focus.	High relevance High richness Rigour: 6/7
Murray et al. (2021) (7)	Four-hour swallow screening target for stroke – from	Australia	Hospital	Patients (N=365) Nurses (N=7) Nurse unit	Mixed methods- Cross-sectional	Investigation of nurses' compliance with identifying swallow	Checklists which are simple to use, have clear guidelines and	High relevance

	guidelines to practice: A mixed methods knowledge translation study			manager (N=2) Specialist stroke nurse consultant (n=1) Medical staff (N=2) SLT (N= 2)	observational and semi-structured interviews study	difficulties within the 4-hour target for stroke patients and exploration of clinicians' perceptions of enablers and barriers to meeting this target.	indicators, can be completed in a timely manner, and facilitate HCPs to identify at-risk patients.	Moderate richness Rigour: 5/7
Oliveira et al. (2020) (8)	Nurses' preferred items for dysphagia screening in acute stroke patients: A qualitative study	Portugal	Hospital	Nurses (N=20)	Qualitative-Focus groups	Exploration of signs and symptoms stroke nurses prioritize to identify OD in acute stroke patients.	Nurses investigate different signs of OD during informal identification. Informal processes lead to inconsistencies in identifying OD.	High relevance High richness Rigour: 3/7
Pierpoint et al. (2020) (9)	Post-stroke dysphagia: An exploration of initial identification and management performed by nurses and doctors	South Africa	Hospital	Nurses (N=21) Doctors (N=4)	Cross sectional questionnaire study	Investigation of how doctors and registered nurses identify and manage patients with post-stroke OD.	Without the required knowledge on OD or formal checklist, nurses and doctors have no standardised approach to OD identification and miss key symptoms of OD.	High relevance High richness Rigour: 5/7
Sánchez-Sánchez et al. (2021) (10)	Knowledge and Practice of Health Professionals in the Management of Dysphagia	Spain	Hospital Primary care	Nurses (N=400)	Descriptive cross sectional questionnaire study	Investigating the knowledge, attitude and practice of healthcare providers in relation to OD management.	Nurses and physicians were unsure of how to identify OD or the processes/tools used in their settings for OD identification.	High relevance Moderate richness Rigour: 5/7
Tudiver et al. (2001) (11)	Making Decisions About Cancer Screening When the Guidelines Are Unclear or Conflicting	Canada	Community	Family physicians (N= 73)	Qualitative-Focus groups	Exploration of factors involved in cancer screening decisions when clinical practice guidelines are unclear/conflicting.	Patient expectations and demands for screening were major determinants of physicians' decision to screen when guidelines were unclear.	High relevance Moderate richness Rigour: 5/7

References

1. Barker J, Davidson M, Fan E, Hellen S, Williams T. The development and implementation of an evidence-based risk reduction algorithm for post extubation dysphagia in intensive care. Canadian Journal of Critical Care Nursing. 2022;33(1):22–30.

2. Bowen A, Gómez-Trillos S, Curran G, Graves KD, Sheppard VB, Schwartz MD, et al. Advancing health equity: A qualitative study assessing barriers and facilitators of implementing hereditary breast and ovarian cancer risk screening tools in community-based organizations. Journal of Genetic Counseling. 2023 Apr 16;jgc4.1705.

3. Farpour S, Farpour HR, Smithard D, Kardeh B, Ghazaei F, Zafarghasempour M. Dysphagia Management in Iran: Knowledge, Attitude and Practice of Healthcare Providers. Dysphagia. 2019;34(1):105–11.

4. Guo Y, Guo L, Dong X, Yang C, Wang M, Gao H, et al. Nursing adherence, barriers and facilitators to conduct post-stroke dysphagia screening and assessment: A study based on theoretical domain framework. Journal of Clinical Nursing. 2023 Jan 30;jocn.16623.

5. Haggerty J, Tudiver F, Brown JB, Herbert C, Ciampi A, Guibert R. Patients' anxiety and expectations; How they influence family physicians' decisions to order cancer screening tests. Canadian Family Physician. 2005;51:1659–67.

6. Ireland CJ, Laws TA, Thompson SK. General Practitioners' Use of Risk Prediction Tools and their Application to Barrett's Oesophagus: A Qualitative Study. 2018;2(1).

7. Murray J, Havlis J, Varvounis N. Four-hour swallow screening target for stroke – from guidelines to practice: A mixed methods knowledge translation study. International Journal of Speech-Language Pathology. 2021 Sep 3;23(5):519–28.

8. Oliveira IDJ, Couto GR, Neves Da Mota LA. Nurses' preferred items for dysphagia screening in acute stroke patients: A qualitative study. NPT [Internet]. 2020 Jun 21 [cited 2023 May 4]; Available from: https://publish.kne-publishing.com/index.php/NPT/article/view/3351

9. Pierpoint M, Pillay M. Post-stroke dysphagia: An exploration of initial identification and management performed by nurses and doctors. South African Journal of Communication Disorders [Internet]. 2020 May 28 [cited 2023 May 9];67(1). Available from: http://www.sajcd.org.za/index.php/SAJCD/article/view/625

10.   Sánchez-Sánchez E, Avellaneda-López Y, García-Marín E, Ramírez-Vargas G, Díaz-Jimenez J, Ordonez FJ. Knowledge and Practice of Health Professionals in the Management of Dysphagia. IJERPH. 2021 Feb 22;18(4):2139.

11.   Tudiver F, Brown JB, Medved W, Herbert C, Ritvo P, Guibert R. Making Decisions About Cancer Screening When the Guidelines Are Unclear or Conflicting. J Fam Pract. 2001 Aug;50(8):682–7.