

Supplementary File 2: Interview Coding Guide

Pharmacy Interview Study: Guide for interview coding and analysis

Behaviour of interest: Gathering information during consultations for Pharmacy medicine requests.

Research question: What are the key determinants to gathering information during consultations for Pharmacy medicines?

Coding guidelines

Coding employs directed content analysis (Hsieh & Shannon, 2005) and the 14 domains of the TDF (Cane, O'Connor & Michie, 2012).

1. Objectives of coding are to identify:
 - a) What we conclude about each TDF domain (is it a barrier or enabler to managing SELF-CARE consultations for Pharmacy medicine request?)
 - b) What we conclude about each participant's experiences of pharmacy medicine requests.
2. Where multiple domains are raised by interviewees within one utterance, judge which domain the main message of the utterance lies and code accordingly however it may be necessary to break up paragraphs into smaller chunks.
3. Where uncertain of which domain is appropriate, go with first hunch and asterisk quote in table to show uncertainty and highlight for team discussion.
4. Coding to more than one domain is possible
5. If insufficient information to justify a code but information deemed useful code to "other" category.
6. If after discussion, uncertainties remain then utterance to be 'double badged' within more than one domain.
7. Coding is to discuss the pharmacy staff own behaviour not that of the patients
8. If topics come up more than once in transcript then code again.

1. Knowledge	<ul style="list-style-type: none"> • Knowledge of named guidelines for eliciting information (Buttercups, WWHAM questions) • Procedural knowledge of use of guidelines to elicit information (how the guidelines are used)
2. Skills	<ul style="list-style-type: none"> • Ability to elicit information (e.g. communication skills) • Competence in obtaining information (e.g. building rapport)
3. Behavioural Regulation	<ul style="list-style-type: none"> • Ways of doing things that relate to pursuing and achieving desired goals, standards or targets (CPD courses, training) • Methods used when asking questions • Translating intentions into actions (e.g. at the individual level action planning; at the organisational level – guidelines)
4. Social/Professional role and identity	<ul style="list-style-type: none"> • Expression of own professional identity / job/ role professional boundaries • Comparisons about their role with that of other professions (GPs and other members of pharmacy team)
5. Social influences	<ul style="list-style-type: none"> • External pressure from other people e.g. views of other professions or members of the team • Influence of customers' views on their ability to elicit information
6. Beliefs about capabilities	<ul style="list-style-type: none"> • Perceptions of own competence in eliciting information during pharmacy medicine requests. • Perceptions about control of own behaviour e.g. whether seeking information is within their control • Self –efficacy - confidence and lack of confidence in employing skills necessary to elicit information and resist temptation, cope with stress and mobilize own resources to meet demand of the situation.
7. Beliefs about consequences	<ul style="list-style-type: none"> • Perceptions about outcomes and advantages and disadvantages of eliciting information (e.g. avoiding harm to patient, benefits to customer, harm or benefit to pharmacy business, NHS, financial long and short-term harms and benefits)
8. Goals	<ul style="list-style-type: none"> • Prioritising eliciting information – competing tasks • Importance of eliciting information • Commitment to eliciting information during pharmacy medicine requests

9. Intentions	<ul style="list-style-type: none"> • A conscious decision to perform a behaviour (when someone states “I always” or “I usually”) • Stability of intentions (always intend to elicit information during pharmacy medicine requests)
10. Reinforcement	<ul style="list-style-type: none"> • Any financial / non-financial incentives influence behaviour when eliciting information during pharmacy medicine request • Any positive or negative consequences that influence behaviour when eliciting information • Legal aspects
11. Optimism	<ul style="list-style-type: none"> • The confidence expressed that the best possible service is given to patients • Pessimism also coded within this domain i.e. eliciting information poorly achieved during busy periods
12. Memory attention and decision processes	<ul style="list-style-type: none"> • Attention control and decision-making. • Is eliciting information a problem because people forget to do this? • Any prompts that help memory • May be characteristics of the patient that influences decisions on how to elicit information i.e. red flag indicators (vulnerable groups) • Relating to the decisions they make and steps they consciously make when approaching a patient
13. Environmental context and resources	<ul style="list-style-type: none"> • Factors relating to the pharmacy setting • Environmental factors that influence the elicitation of information • Workload and time pressures
14. Emotion	<ul style="list-style-type: none"> • Feelings or affect about eliciting information (stress, anxiety)