

Additional file 3. Coding tree based on theory-based process model.pdf. Pdf file.

- a. Reflective process
  - i. Behaviour
  - ii. Outcome expectancy—*The HCPs estimate of whether the usage of the information prescriptions will lead to a certain outcome.*
    - 1. Improve interaction
    - 2. Improve patient outcomes
  - iii. Intention—*An indication of the HCPs readiness (or motivation) to use the information prescriptions. It is assumed to be an immediate antecedent of behaviour.*
    - 1. Most motivated
    - 2. Least motivated
  - iv. Action planning—*The extent to which HCPs have a specific plan when, where and how to use the information prescriptions.*
  - v. Self-efficacy—*The HCPs' perceived capability to use the information prescriptions, even in the face of potential barriers*
    - 1. Barriers
    - 2. Facilitators
  - vi. Coping planning—*The extent to which a HCP has a plan of how to deal with barriers to the usage of the information prescriptions.*
- b. Impulsive process
  - i. Automaticity—*The extent to which the usage of the information prescriptions has become a habit or routine.*
    - 1. Contextual cues—*Cues or prompts that remind the HCP to use the information prescriptions (e.g. pop-up, something the patient says, or having a stack of printed information prescriptions on the desk)*
    - 2. Habit formation
- c. Multiple behaviour process
  - i. Competing demands—*Alternative methods of delivering similar advice (e.g. leaflet by The British Heart Foundation) and that might compete with the usage of the information prescriptions.*