

ADDITIONAL FILE 3 – Clinic Observation Guide

CFIR Constructs (determinants that might influence implementation)	Prompts
INNOVATION (interdisciplinary model of care, clinical encounter)	•Context (intake process, clinical programs) •Advantage/Benefit (reason for referral) •Complexity/Ease (duration of clinical encounters) •Acceptability (patient satisfaction survey) •Penetration (wait time) •Adapt/Tailor
INNER SETTING (CArE clinic)	•Physical Space (waiting room, number and size of rooms, sufficient chairs for caregivers, set up of clinic room, etc.) •Work Infrastructure (EMR, billing/fees) •Relationships & Communication (EMR, telephone, face-to-face, memos posted) •Culture (Equity, Patient-Centeredness) (language used when communicating with patients, patient population) •Priorities (observed emphasis of care) •Resources (information for patients, intake forms, EMR) •Training/Education/Support (onboarding process, staff training, staff meetings)
INDIVIDUALS (people working at or attending CArE)	•Leadership (who is involved and their roles, support for team members, how team members interact) •Healthcare Professionals (type and number, roles they take on [note - may not be typical for discipline], how they interact) •Patients (journey, rheumatic condition, severity and duration of condition, area of Ontario they live in, level of engagement, preparedness, power and decision making, therapeutic alliance) •Perspective (patient feedback, staff feedback) •Acceptability (patient feedback, staff feedback)

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IMPLEMENTATION PROCESS (activities and strategies)	• Reflecting & Evaluating (any mechanisms for soliciting patient feedback, staff feedback) • Adaptability & Fidelity (how closely is same model followed vs individualized to specific patient needs e.g., PT involvement, pharmacy)
OUTER SETTING (Ontario health system)	• Partnerships & Communication (referrals to/from outside of CArE) • Attitudes, Priorities, & Conditions (referral process) • Performance-Measurement (any evidence of quality monitoring system)