

PREDOCS INTERVIEW CODING PROMPT FOR LONGITUDINAL ANALYSIS

Background

Analysis of the implementation of the PREDOCS consultation in 12 Dutch cardiothoracic centres (2016–2019), with a focus on the development of barriers and facilitators over time.

Research Context

Setting: 12 cardiothoracic centres in the Netherlands

Period: 2016–2019, interviews every six months

Time periods: Spring and autumn per year (8 measurement moments)

Respondents: 2–4 healthcare professionals per interview round per hospital

Total: ~250 transcribed interviews

STEP 1: TIME PERIOD-SPECIFIC CODING

1.1 Participant Analysis

For each hospital, first document:

- Total interviews: Number of interviews distributed across time periods
- Participants per time period: Number of interviews per half-year
- Participant roles: Which roles are represented per time period
- Unique respondents: Total number of different individuals
- Longitudinal continuity: Which individuals/roles remain consistently present

1.2 Time Period-Specific Coding

For each time period separately:

1. Identify time period: Note exact hospital code, year and season (e.g. Z03-2017-spring)
2. Code all PREDOCS-related statements according to the COM-B model
3. Present per time period in standard table:

Hospital	Time period	Quote	Speaker	Code(s)	Clarification
Z03	2017-spring	"[exact text]"	[role]	[code]	[explanation]

1.3 Selection Criteria per Time Period

DO CODE:

- Evaluative statements: "It is a lot of work", "We are enthusiastic"
- Value judgements: "It is going well", "It is a problem"
- Attitudes/beliefs: "I think it is important", "We do not see the benefit"
- Explicit barriers/facilitators

DO NOT CODE:

- Neutral descriptions: "We will start next week"
- Procedural statements: "We have scheduled four patients"
- Factual process descriptions: "We practise conversations"

STEP 2: COM-B CODEBOOK

IMPORTANT: CODE EACH HALF-YEAR SEPARATELY! Use the complete 64-code codebook with definitions from the Complete Coding Manual v2.0 (Additional file 4):

- CAPABILITY — 14 codes (8 barriers, 6 facilitators)
- OPPORTUNITY — 29 codes (20 barriers, 9 facilitators)
- MOTIVATION — 21 codes (11 barriers, 10 facilitators)
- TOTAL: 64 codes (39 barriers, 25 facilitators)

Refer to the Complete Coding Manual v2.0 for exact code names and definitions, specific examples per code, distinctions between similar codes, and all 64 definitions.

STEP 3: CRITICAL CODING PRINCIPLES (FROM MANUAL)

1. Distinguish neutral descriptions from evaluative statements

DO NOT CODE:

- Factual descriptions: "We will start next week"
- Procedural statements: "We have scheduled four patients"
- Neutral process descriptions: "We practise conversations"

DO CODE:

- Value judgements: "It is a lot of work", "We are enthusiastic"
- Evaluations: "It is going well", "It is a problem"
- Attitudes: "We will see", "I think it is important"

2. Use specific codes where possible

- f_Support from responsible surgeon (not general support)
- b_Process efficiency vs PREDOCS (not general time)
- b_Possible burden for the patient (not general 'adding to workload')

3. Code broader fragments for coherent problems

Example: Communication + expectations problem — code as one coherent fragment.

4. Distinguish subtle differences

Training:

- b_Lack of training = training was insufficient
- b_Need for more training = explicit wish for more

Workload:

- b_Adding to existing workload = extra work for nurses
- b_Possible burden for the patient = extra burden for patients

5. Do not over-interpret

Stay with what is literally stated. Do not add meaning not explicitly present. When in doubt: do not code.

STEP 4: STEP-BY-STEP APPROACH (FROM MANUAL)

Step 1: Read the complete transcript thoroughly

- Identify all statements about implementation of PREDOCS
- Note hospital code and year from transcript

- Note respondent's role

Step 2: Select relevant statements

- Focus on statements with evaluative language (good/bad, easy/difficult, enthusiastic/concerned)
- Describing problems or success factors
- Expressing attitudes or beliefs
- Naming barriers or facilitators

Step 3: Code according to the refined COM-B codebook

- Use the most specific code that fits
- With multiple aspects: assign multiple codes
- With coherent fragments: broader coding
- Use definitions to code consistently

Step 4: Quality control

- Check that all codes are genuinely evaluative/attitude-related
- Verify that specific codes have been used where possible
- Check definitions to ensure consistency

STEP 5: CROSS-TIME PERIOD COMPARISON

5A: Overview table per hospital

Create an overview table per hospital with all codes per time period:

Code	SP2017	AU2017	SP2018	AU2018	SP2019	AU2019
b_Lack of required skills (consultation techniques)	✓	✓	-	-	-	-
f_Sufficient training available	-	✓	✓	✓	✓	✓
b_Insufficient time available	✓	✓	✓	-	-	-

Legend: ✓ = Present, - = Absent

5B: Identify evolution patterns

For each hospital, categorise codes by pattern:

STABLE FACTORS (consistently present/absent)

- Persistent barriers: Codes present in all/most time periods
- Consistent facilitators: Codes present in all/most time periods

CHANGING FACTORS

- Early → disappeared: Barriers present in early phase but gone later
- Newly emerged: Factors appearing later in implementation
- Barrier → Facilitator: Codes shifting from barrier to facilitator
- Facilitator → Barrier: Codes shifting from facilitator to barrier
- Fluctuating: Codes that come and go

5C: Synthesis table per hospital

Pattern type	COM-B domain	Specific codes	Time course	Interpretation
Progressive improvement	Capability	b_Lack of skills → f_Sufficient skills	SP2017–AU2017	Training learning effect

New barrier	Opportunity	b_Staff turnover	From SP2018	External factor
Stable facilitator	Motivation	f_Commitment	All periods	Strong foundation

QUALITY CONTROL

- Ensure each time period is coded COMPLETELY and independently — do not limit to only 5 quotes per transcript
- Check consistency of code application over time
- Verify that evolution patterns are based on actual differences between time periods
- Note uncertainties in pattern interpretation

Role-specific considerations:

- **Nurses:** Focus on practical execution, consultation techniques, patient interaction
- **Surgeons:** Note medical prioritisation, efficiency, process organisation
- **Managers:** Focus on organisational aspects, resources, planning
- **Project leaders:** Note implementation strategy, communication, coordination

STEP 6: IMPLEMENTATION PHASES (FROM MANUAL)

- **Pre-implementation:** Expectations, preparations, concerns
- **During implementation:** Practical experiences, adjustments, learning processes
- **Post-implementation:** Evaluations, results, sustainability

COMMON PITFALLS (FROM MANUAL)

1. Coding neutral planning as a time barrier: 'We are scheduling 4 consultations' ≠ time problem
2. Coding factual training as training deficit: 'We practise exercises' ≠ lack of training
3. Using general codes where specific ones are available: surgeon-specific situations deserve surgeon-specific codes
4. Fragmenting coherent problems: code complex problems as a whole

EXAMPLES OF GOOD CODING (FROM MANUAL)

Evaluative statement: "We are really enthusiastic about PREDOCS" → f_Enthusiastic

Rationale: Direct positive attitude, matches definition of enthusiasm for PREDOCS.

Specific barrier: "Surgeons do not want to leave the operating theatre empty" → b_Process efficiency vs PREDOCS

Rationale: Specific conflict between efficiency demands and PREDOCS, matches definition exactly.

Neutral description (do not code): "We are starting next week" → No code

Rationale: Factual statement without evaluative element.

QUALITY CONTROL CHECKLIST

- Time period correctly identified
- Only evaluative statements coded according to manual
- Most specific available code used
- Coherent problems not fragmented
- Role-specific context taken into account

■ Definitions from manual checked when in doubt

**NOW BEGIN TIME PERIOD-SPECIFIC CODING OF THE PROVIDED TRANSCRIPT
ACCORDING TO THE COMPLETE MANUAL AND THIS LONGITUDINAL METHOD.**