**Appendix A.** COREQ (Consolidated Criteria for Reporting Qualitative Research) Checklist. **Authors:** JM, RMP, DJ, LDM, SDC, AAS, RRC

No	Item	Guide questions/description	Response and reported page (s)
	ain 1: Research Team and R	eflexivity	
A. Pe	ersonal Characteristics		
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group?	JM, RMP, DJ, and LDM
2.	Credentials	What were the researcher's credentials? E.g. PhD, MD	JM: RPh, PharmD
			RMP: RPh, PharmD
			DJ: RPh, PharmD
			LDM: RPh, PharmD
			SDC: RPh, MSc.
			AAS: RPh, MSc. candidate
			RRC: RPh, MPH, MSc, PhD
3.	Occupation	What was their occupation at the time of the study?	JM, RMP, LDM: Pharmacist
	•		DJ: Part-time virtual assistant
			SDC: Instructor, Safety
			surveillance associate
			AAS: Training officer, AMS
			clinical pharmacists
			RRC: Researcher, professor
4.	Gender	Was the researcher male or female?	3 males and 4 females
5.	Experience and training	What experience or training did the researcher have?	JM and AAS have experience in
٥.	Experience and training	what experience of training did the researcher have:	AMS practice. SDC and AAS
			have conducted several clinical
			pharmacy training sessions. RRC
			have done previous several
			qualitative research projects.
R R	elationship with participants		quantative research projects.
6.	Relationship established	Was a relationship established prior to study commencement?	No
7.	Participant knowledge of	What did the participants know about the researcher? e.g.,	Some participants knew about the
/.	the interviewer	personal goals, reasons for doing the research	three interviewer's names.
8.	Interviewer characteristics		Participants did not know about
8.	Interviewer characteristics	What characteristics were reported about the	interviewers' characteristics
		interviewer/facilitator? e.g., Bias, assumptions, reasons, and interests in the research topic	except their names.
Dom	ain 2: Study design	interests in the research topic	except their flames.
	neoretical framework		
9.	Methodological	What methodological orientation was stated to underpin the	Thematic analysis
<b>J.</b>	orientation and Theory	study? e.g., grounded theory, discourse analysis, ethnography,	Thematic analysis
	orientation and Theory	phenomenology, content analysis	
P Do	rticipant selection	phenomenology, content analysis	
10.	Sampling	How were participants selected? e.g., purposive, convenience,	Snowball sampling
10.	Sampling	consecutive, snowball	Showban sampling
11.	Method of approach	How were participants approached? e.g., face-to-face,	Participants were contacted
11.	Method of approach	telephone, mail, email	through emails.
12	Comple size	How many participants were in the study?	19 hospital pharmacists
12.	Sample size	· · · · · · · · · · · · · · · · · · ·	
13.	Non-participation	How many people refused to participate or dropped out? Reasons?	No one has dropped out.
C. Se		Where were the data collected as a facility of the second	In their every bearers
14.	Setting of data collection	Where was the data collected? e.g., home, clinic, workplace	In their own home or room
15.	Presence of non-	Was anyone else present besides the participants and	Only two researchers were in the
	participants	researchers?	zoom meeting together with the
1.0			participant
16.	Description of sample	What are the important characteristics of the sample? e.g.,	Hospital pharmacist working in a
		demographic data, date	hospital with an antimicrobial
			stewardship program.
	ata collection		
17.	Interview guide	Were questions, prompts, or guides provided by the authors?	A topic interview guide was used
		Was it pilot tested?	and it was pilot tested with two
			interviews.
18.	Repeat interviews	Were repeat interviews carried out? If so, how many?	None.
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data?	Audio recordings
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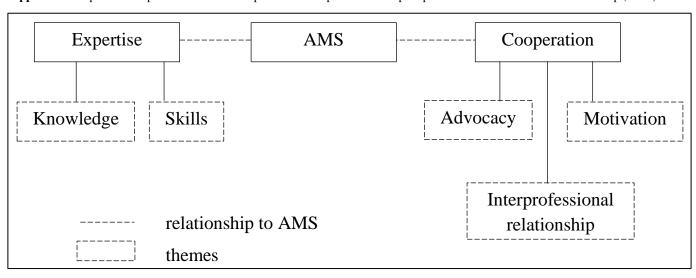
**Developed from:** Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007. Volume 19, Number 6: pp. 349-357.

**Appendix A.** COREQ (Consolidated Criteria for Reporting Qualitative Research) Checklist. (cont.) **Authors:** JM, RMP, DJ, LDM, SDC, AAS, RRC

No	Item	Guide questions/description	Response and reported page (s)
D. Da	ata collection		
20.	Field notes	Were field notes made during and/or after the interview or focus group?	Yes, notes were taken during the interviews.
21.	Duration	What was the duration of the interviews or focus group?	60 to 90 minutes
22.	Data saturation	Was data saturation discussed?	Thematic saturation was reached when no new codes that emerged from the succeeding interviews.
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	Yes
Dom	ain 3: Analysis and findings		
A. Da	ata analysis		
24.	Number of data coders	How many data coders coded the data?	4
25.	Description of the coding tree	Did the authors provide a description of the coding tree?	No
26.	Derivation of themes	Were themes identified in advance or derived from the data?	Deductive and inductive approaches were utilized
27.	Software	What software, if applicable, was used to manage the data?	MAXQDA 2022
28.	Participant checking	Did participants provide feedback on the findings?	Yes
B. Re	eporting		
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g., participan t number	Yes. Refer to the results section.
30.	Data and findings consistent	Was there consistency between the data presented and the findings?	Yes. See the thematic analysis/the trustworthiness of the study.
31.	Clarity of major themes	Were major themes clearly presented in the findings?	Yes. Refer to the results section.
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Yes. Refer to the results section.

**Developed from:** Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007. Volume 19, Number 6: pp. 349-357.

Appendix B. A priori conceptual framework of expertise and cooperation of hospital pharmacists in antimicrobial stewardship (AMS).



AMS, Antimicrobial Stewardship

## Appendix C. Topic guide.

First of all, we would like to extend our sincerest gratitude and appreciation for your participation in our study and for giving up your time to be part of this in-depth interview.

To start, I would like to introduce myself. My name is \_\_\_\_\_, I will be your interviewer today. Along with me is (notetaker). We are 6th-year PharmD students from Adamson University currently doing a research study in partial fulfillment of the requirements for the degree of Doctor of Pharmacy.

This research study and interview will mainly focus about understanding and exploring hospital pharmacists' expertise and cooperation in optimizing antibiotic use toward AMS practice in the Philippines.

I will conduct an interview with you that will last at least 60-90 minutes where we will ask you a series of guide questions followed by prompt questions.

Please keep in mind that your participation is entirely voluntary, and you have the right to withdraw your consent or discontinue participation at any time during the data collection period without penalty. You have the option of refusing to answer specific questions. Your personal privacy will be protected in all published and written data from the study.

If you have any questions regarding this research, please do not hesitate to contact any of the research team members.

If yes, start the audio recording before asking:

- Please confirm that I have provided you with a verbal description of what the research involves and you understand what your involvement in the research requires.
- Please confirm that I have answered any questions you have raised in relation to the research.
- Do you agree to provide your consent to take part in this research project?
- Please state the time, and the date for the recording.

## **Expertise**

- 1. What are antibiotics?
  - a. How important are antibiotics?
- 2. What is AMR?
  - a. How do poor prescribing practices of antibiotics lead to AMR?
  - b. What other contributing factors do you think that causes AMR?
  - c. Why do you think AMR is a major concern?
  - d. How do you define "abuse" of antibiotics?
- 3. What is the purpose of ASPs? Like, what are its vision and its goals?
  - a. Why do effective antibiotics matter for quality of care and patient safety?
- 4. What is the current practice of AMS in your hospital?
  - a. Can you please describe what are the effects in following the [stated above answer] to the practice of stewardship in your institution?
  - b. How effective are these institutional policies in AMS practice?
- 5. What reference/s (if there are any) do you use to help in making your decisions?
  - a. How useful is/are your reference/s in your practice as a pharmacist?
  - b. What information do you collect and use found in the reference/s?
- 6. What are your usual activities done in the AMS program?
- 7. What are your experiences so far in implementing AMS in the hospital?
  - a. How did you handle and use those previous experiences?
  - b.For you, how do/does your experience/s so far result in your current expertise in the AMS program?
- 8. What do you think are your roles in the governance and use of antibiotics?
- 9. What soft skills are necessary to the success of the implementation of AMS?
- 10. How do you identify situations where antibiotic treatment is not necessary?
- 11. How do you establish a better practice of AMS?

## Cooperation

- 12. What is your role in the AMS team in your institution?
- 13. To which population or group do you need to impart more awareness on AMR?
- 14. How can you promote AMS practice?
- 15. How do you describe your working environment?
- 16. How is your engagement with physicians and nurses in terms of antibiotic use?
- 17. How do you approach physicians and nurses if you have suggestions or corrections regarding the antibiotic/s ordered?
- 18. How do you handle arguments among other healthcare providers?
- 19. In what instances would you increase your involvement in the practice of AMS?
- 20. What is the importance for institutions to offer and develop opportunities regarding ASPs to you?
- 21. In what situations/circumstances are your efforts appreciated?
- 22. How does a difficult situation you encountered could impact your work in AMS as a hospital pharmacist?
- 23. How does your decision-making regarding antibiotics be affected when there are intimidating physicians and superiors that question your ability?