

Theme/Main category	Main theme question	Follow up question	Further prompts/probes
Warm-up question	You work as a SLT in Community Stroke. Can you describe me <u>your</u> responsibilities within the team?	In what way do these tasks involve the role of a rehabilitation assistant?	
Planning process	Can you talk me through the process of planning a therapy session that will be carried out by a RA?	What is your impression regarding allocated planning time?	Is there anything you wish could be changed in regards of the planning process?
	How do you use planning time together with the RA?	What modes of communication are being used?	Can you think of any queries from RAs with which you had to deal when communicating together?
	How do you plan your own therapy sessions in advance?	In what way do you the planning of RA sessions effects the planning of your own sessions?	
RAs in Community Stroke Rehabilitation	Can you describe me the typical clientele that is being referred to the CST?	What importance do you think the role of a rehabilitation assistant has specifically for those type of patients?	
	How do you feel the therapy environment in the patient's home differs from working with clients in a different setting (ward, outpatient centre etc.)?	How do you feel RAs are coping when working with patients in their own home?	Is there anything you feel that could help prepare RAs to work within this unique environment?
	How would you describe the relationship between RAs and patients in your team?	Why do you think this is the case?	Can you think of any feedback you have received from a patient who received therapy from a RA?
Training levels/ requirements	In what way have you been prepared during your professional qualification to work with the support of RAs?	How do you feel this training has affected your collaboration with RAs in your current role?	Is there any other preparation you would have liked to receive?
	How are RAs in your team trained to deliver SLT specific therapy?	How do you feel this training effects the therapy delivered to stroke patients?	Is there any other training you feel RAs should receive?
Contribution of RAs to CST	In your opinion, what importance has the role of a rehabilitation assistant to your team?	Do you feel there are any benefits or drawbacks to the use of RAs within your team?	
	Can you think of any unique skills RAs have that differ from the skill set of a qualified SLT?	In what way do you think stroke patients benefit from those skills?	
Personal opinion	How do you personally (as a qualified SLT) feel about working with the support of RAs?	How would you describe the relationship between SLTs and RAs within your team?	
	It is likely that with the shortage of AHP staff within the NHS the amount of RAs will be raising in the next years. How do you personally feel about this prospect?	Is there anything that you feel that could be done to improve the collaboration of SLTs and RAs in the future?	
The end	We have now reached the end of this interview. Is there anything else you would like to add that describes your experience or impressions working with the support of RAs?		
AHP = Allied health professionals CST = Community Stroke Team NHS = National Health Service RA = Rehabilitation assistant SLT = Speech and language therapist			

Table 2: Semi-structured interview guide (source: author's own)

Main category	Subcategory	Definition	Model sentence	Coding rule
role and responsibilities of RAs	value of the RA role	All segments where participants mention perceived positive impacts of the RA role.	"I think it's very beneficial to have rehab assistants because we don't have enough therapists to cover all the therapy that needs to be provided." (P1, pos. 17)	Both general benefits and those related to the workplace are included. This also applies to advantages for the SLT/the team as well as to advantages for the patient.
	drawbacks of the RA role	All segments where participants mention perceived negative impacts of the RA role.	"So, some might be more suited to doing physical therapy or maybe wouldn't have the skills, natural skills in delivering cognitive or language therapies. So, we do tend to try and place rehab assistants into the roles where we think their strengths are, then that often means that some therapies are limited, you know." (P1, p. 49)	Drawbacks of the RA role that affect SLTs themselves, the CST as a whole and stroke patients directly are included.
planning process	Planning therapy programs	All segments where participants report about the planning process for RA led SLT therapy.	"Yeah, the appreciation that creating programs isn't just: "Well, there you're done." And, you know, particularly with speech therapy, you know, there's an awful lot of thinking through, figuring out what's going on. "What's actually helpful for this person?" "How can I make this functional?" You know, there's so many elements of it to think over." (P2, pos. 16)	Details about the planning process of RA led SLT therapy but also patient selection as well as perceived challenges to planning therapy programs are included.
	planning SLT sessions	All segments where participants report about the planning process of their own SLT sessions.	"I would take time before going out to every patient to decide what therapy I'm going to do that day and what I need to assess." (P1, pos. 12)	Details about the planning process of SLT led therapy but also perceived challenges and the effects of planning RA sessions on the planning of SLT sessions are included.
	planning time frame	All segments where participants report about the available time frame for planning RA and/or SLT led sessions.	"But yeah, there's not always the planning time to make the programs really person specific and maybe have as much variety in them as you would like." (P3, pos. 8)	Details about available planning time regarding RA led sessions but also for SLT therapy are included. This also applies to perceived effects and desired changes.
	involvement of RA	All segments where participants report about the direct involvement of RAs in the planning process.	"I like have very little time really to sit down and talk through programs or go out and do joint sessions with our RAs, you know, that would be the ideal." (P3, pos. 10)	Details were participants talk about encounters with RAs to plan sessions, hand over therapy programs or carry out joint client visits are included. This includes modes of communication used and desired changes of RA involvement.

Requirements, training & preparation	RA requirements & training	All segments where participants report about provided RA training and requirements of the job role.	"We do have like a pretty standard training format. So, there's training videos and things that have been recorded from each of the professions, and then they usually spend a good few weeks just shadowing each of the different professions, kind of going around and working out how it all works." (P3, pos. 42)	Details about RA training provided in the participants place of work but also job role requirements are included. This also applies to perceived opinions on training procedures in place as well as desired changes.
	SLTs preparation for collaboration with RAs	All segments where participants report about their own preparation to work with the support of assistants.	"I don't think, I was prepared at all for supporting RAs because not all speech therapy posts would use assistants. I don't think it was covered at our university degree." (P1, pos. 31)	Details about their own preparation to work with the support of assistants are included. This also applies to perceived opinions on preparation procedures currently in place in Northern Ireland as well as desired changes.
unique working environment	rehabilitation at home	All segments where participants mention stroke rehabilitation in the patient's home.	"So, it can be challenging getting used to finding houses and trying to navigate things within the house. There's other family members or dogs. There's so many things that can happen." (P1, pos. 25)	General perceived benefits and drawbacks of home rehabilitation but also experienced challenges for RAs working in the client's home are included. Planning procedures that are related to rehabilitation at home are assigned to "planning process".
	clientele	All segments where participants mention characteristics of the typical clientele being referred to the CST.	"I suppose typically you would see that people that have come across our paths that have had a stroke usually have a lot of other medical things going on or something that has been unmanaged and has then led them to having a stroke. So, there's no one box fits all. Our clientele are very, very varied." (P2, pos. 24)	Patients' demographics, needs and backgrounds are included. Excluded: SLT specific diagnosis
relationships	RA with clients	All segments where participants describe the perceived relationships between RAs and stroke patients.	"I think rehab assistants tend to develop better rapport with patients because they're often seeing the patient more than the therapist. They have that opportunity to develop a better relationship and especially if the rehab assistant is providing other therapies, you know, OT, physio and speech therapy." (P1, pos. 27)	All perceived positive or negative impressions of the observed nature of relationships between RAs and stroke patients.
	SLT & RA	All segments where participants describe the perceived relationships between themselves and RAs.	"I think we've a good open, supportive relationship." (P1, pos. 57)	All perceived positive or negative impressions of the nature of relationships between themselves and RAs. Benefits or drawbacks for the team are being assigned to "role and responsibilities of RAs".

Future prospects		All segments where participants express their opinions regarding a possible increase in numbers of support staff roles in the future.	"We already see that in recruitment that rather than recruiting like band five or six therapists, we're recruiting band four assistants." (P1, pos. 59)	Details about the possibility of increasing support staff numbers but also personal opinions on this prospect as well as desired changes of policies and approaches to hiring procedures.
CST = Community Stroke Team RA = Rehabilitation assistant SLT = Speech and language therapist				

Table 3: Coding guidelines (source: author's own)

Criteria	Strategies	Definitions	used methods	neglected methods
Credibility	• Prolonged Engagement	The investment of sufficient time to achieve certain purposes, such as familiarisation with the culture and the building of trust.	<ul style="list-style-type: none"> ✓ choosing the right time for data collection ✓ understanding the context from which research data is to be collected ✓ building trust between the interviewer and the interviewees prior to data collection ✓ Re-contacting the participants for an informal talk after the interviews have taken place 	<ul style="list-style-type: none"> ✗ testing for misinformation provided by interviewees
	• Persistent observation	A strategy for identifying the characteristics and elements of the situations that are most relevant to the problems or issues being pursued and focusing on them in detail.	<ul style="list-style-type: none"> ✓ reading and interpreting hints that may emanate from the interviewee ✓ paying attention to the way the interviewee reacts when asked questions or making comments 	<ul style="list-style-type: none"> ✗ observing and recording body language and facial expressions of the interviewee
	• Triangulation	A strategy that employs a multiplicity of sources, methods, investigators and theories.		<ul style="list-style-type: none"> ✗ the use of both individual interviews and group interviews or observations derived from meetings or the use of documents
	• Referential adequacy	An activity that enables the checking of preliminary findings and interpretations against archived raw data.	<ul style="list-style-type: none"> ✓ the use of recorded data ✓ the use of notes during interviews ✓ the use of informal conversation and communication prior to conducting interviews 	
Confirmability	• Interviewee Debriefing	A strategy that allows participants in the research to review the findings and the ways of reporting and interpreting the findings.		<ul style="list-style-type: none"> ✗ testing samples of the participants' statements to ensure that the participants have answered their research questions
	• Member checking	A strategy that allows specialised and experienced persons to review the data and the research process to challenge the researchers' assumptions.		<ul style="list-style-type: none"> ✗ the use of two additional investigators, one internal and one external
	• Ethics-Approval Process	Represents one of the crucial steps within quality criteria for ensuring the ethical standards and scientific merit of research involving human subjects.	<ul style="list-style-type: none"> ✓ an initial application summarising the study's objectives and potential participants 	<ul style="list-style-type: none"> ✗ follow-up approval after conducting all interviews
Representativeness	• Data Representativeness	Refers to the extent to which data collected from the interviewees represent the phenomenon under investigation.	<ul style="list-style-type: none"> ✓ research questions stemming from existing research gaps ✓ interview questions stemming from the research questions ✓ semi-structured interviews giving the researcher the necessary flexibility to swipe the interviewee's focus on particular part 	
	• Population Representativeness	Refers to the extent to which the targeted interviewees represent the "right" participants from the "right" population suited to the researcher's intention to explore and understand a particular topic.	<ul style="list-style-type: none"> ✓ the use of a purposive sample to explore and understand a phenomenon as "part of a whole." 	

Table 4: "Simple Quality Criteria for Qualitative Research" (source: author's own based on: Megheirkouni & Moir, 2023, p. 851-853)