Supplemental Table
Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

No	Item	Guide questions/description
Domain 1: Research team and reflexivity		
Personal Characteristics		
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group? Pantea Amin Javaheri
		What were the researcher's credentials? E.g. PhD, MD Juli Finlay, PhD Todd Wilson, MSc Pantea Amin Javaheri, MSc Winnie Pearson Carol Connolly, RN Meghan J. Elliot, MD MSc
		Michelle M. Graham, MD Colleen M. Norris, RN PhD
2.	Credentials	Stephen B. Wilton, MD MSc Matthew T. James, MD PhD
		What was their occupation at the time of the study? JF - Qualitative Research Associate TW - Graduate Student PAJ - Research Associate WP - Patient Partner CC - Registered Nurse and Patient Partner MJE - Nephrologist and Health Researcher MMG - Interventional Cardiologist and Health Researcher CMN - Health Researcher and Cardiae Care Policy Maker
3.	Occupation	CMN - Health Researcher and Cardiac Care Policy Maker SBW - Cardiologist and Health Researcher MTJ - Nephrologist and Health Researcher

No	Item	Guide questions/description
		Was the researcher male or female?
		Juli Finlay, Female
		Todd Wilson, Male
		Pantea Amin Javaheri, Female
		Winnie Pearson, Female
		Carol Connolly, Female
		Meghan J. Elliot, Female
		Michelle M. Graham, Female
		Colleen M. Norris, Female
		Stephen B. Wilton, Male
4.	Gender	Matthew T. James, Male
		What experience or training did the researcher have?
		JF - PhD in Anthropology, involving use of qualitative research methods
		TW - MSc in Epidemiology, coursework in Health Research Methods and
		workshop in qualitative methods
		PAJ – MSc in Health Research Methods, involving use of qualitative methods
		WP – Completion of Patient and Community Engagement Research
		(PACER) training program at University of Calgary -
		https://pacerinnovates.ca/
		CC – completion of CIHR SPOR Foundations of Patient Oriented
		Research Modules 1, 2, and 3
		MJE – MSc Health Researcher Methods, focus on qualitative methods
		MMG – MD with applied qualitative research experience
		CMN – PhD Health Services Research, involving use of qualitative
		research methods
		SBW – MSc in Epidemiology, applied qualitative research experience
		MTJ – PhD in Epidemiology and Health Services Research, completion
	Experience and	of workshop in qualitative research methods and applied qualitative
5.	training	research experience
Relationship with participants		
	Relationship	
6.	established	Was a relationship established prior to study commencement?

No	Item	Guide questions/description
		No relationship with the participant was established prior to study commencement.
	Participant knowledge	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research Personal interest in research and reasons for doing it were
7.	of the interviewer	described prior to the interviews.
		What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic
8.	Interviewer characteristics	Acknowledgement of her role as a researcher affiliated with University of Calgary
Domain 2: study design		
Theoretical framework		
9.	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis Conventional content analysis
Participant selection		
		How were participants selected? e.g. purposive, convenience, consecutive, snowball
10.	Sampling	Convenience to purposive and then theoretically sampling to sufficiency
		How were participants approached? e.g. face-to-face, telephone, mail, email
11.	Method of approach	Telephone or in-person at a location of convenient for the participant

No	Item	Guide questions/description
12.	Sample size	How many participants were in the study? 30
		How many people refused to participate or dropped out? Reasons? Nine refused the invitation to participate. Reasons were not
13.	Non-participation	sought. None dropped out.
Setting		
14.	Setting of data collection	Where was the data collected? e.g. home, clinic, workplace The data was collected over the telephone in the workplace or at location of convenience for the patient.
15.	Presence of non- participants	Was anyone else present besides the participants and researchers? No
16.	Description of sample	What are the important characteristics of the sample? e.g. demographic data, date Demographic data as well as other relevant aspects of the participants such as frequency of visits to their cardiologist and nephrologist if any, years with kidney disease and dialysis treatment
Data collection		
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested? The interview guide was developed iteratively by the authors with input from patient partners. The final interview guide is provided in supplementary material. Our interview guide evolved alongside our iterative analysis. This meant that as certain themes reached sufficiency, we modified our prompts to try and explore discrepancies to further enrich the analysis.
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many? We did not carry out any repeat interviews.

No	Item	Guide questions/description
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data? All interviews were audio-recorded, transcribed verbatim, and de-identified (except for patient/caregiver or cardiologist designation) prior to analysis.
20.	Field notes	Were field notes made during and/or after the interview or focus group? <i>N/A</i>
21.	Duration	What was the duration of the interviews or focus group? <i>Interviews with patients/caregivers and cardiologists were 30 to 40 minutes in duration.</i>
22.	Data saturation	Was data saturation discussed? In the methods section, we describe how our sampling continued until saturation was achieved
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction? We did not return transcripts to participants for comment or correction. However, we had patient partners from the patient advisory group review and comment on the themes and codes developed from the transcripts.
Domain 3: analysis and findingsz		
Data analysis		
24.	Number of data coders	How many data coders coded the data? <i>Three</i>
25.	Description of the coding tree	Did authors provide a description of the coding tree? No, but we have provided a breakdown of our thematic analysis in the methods section
26.	Derivation of themes	Were themes identified in advance or derived from the data? <i>Themes were identified from the data</i> .

No	Item	Guide questions/description
27.	Software	What software, if applicable, was used to manage the data? <i>NVivo</i>
		Did participants provide feedback on the findings? Themes, their descriptors, and representative quotes were presented to patient partners for review and to ensure that their own experiences were reflected in the data.
28.	Participant checking	experiences were rejected in the data.
Reporting		
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number Participant quotations are provided in the results and table 3 to illustrate themes/findings with each quotation identified by anonymized participant number.
30.	Data and findings consistent	Was there consistency between the data presented and the findings? Yes. To ensure that the examples are illustrative of the findings, we have provided alternative, more salient quotations from the interview transcripts in table 3.
31.	Clarity of major themes	Were major themes clearly presented in the findings? Yes. Our results present the major themes, which are collated in Table 3 with representative quotations.
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes? <i>No minor themes were found in the analysis</i> .