Supplemental Material S4. Operational definitions and counts for good clinical decision-making categories and codes ($n = 53$).

Categories	Codes	Operational definitions
+Integrates Multiple Sources of Information ($n = 28$)		References the need to consider multiple streams of information. Most often references the other two legs of the EBP triangle in a list.
Influenced by Professional Culture ($n = 13$)		Describes how the clinician should access others' clinical expertise/evidence in an ideal world.
	Seeks out advice from local colleagues ($n = 5$)	Describes seeking out others' clinical expertise in a local practice setting
	Community of practice as multiple individuals engaging in goal-directed action ($n = 4$)	Describes seeking out others' clinical expertise in a more ambiguous practice setting. Often uses the phrase community of practice but is not consensus documents or fall into other codes.
	Interprofessional Practice ($n = 3$)	Describes seeking out clinical expertise from other professionals.
Operates under consensus recommendation ($n = 7$)		References accessing items that are not clearly research evidence but are guiding statements from professional organizations (e.g., ASHA).
Prioritizes family/client values ($n = 10$)		Describes integrating aspects from family/client values.
Prioritizes Research Evidence ($n = 38$)		References how the clinician should know and prioritize research evidence. Often implies that research evidence is preferable real "evidence" while clinical evidence is a backup.

Categories	Codes	Operational definitions
	Knows when to apply research evidence ($n = 12$)	Describes how clinicians should know how to apply research evidence in their practice—e.g., for which clients
	Knows research theory ($n = 21$)	Describes how clinicians should know the research base and/or research theory. May reference that clinicians should know more abstract theory rather than specific interventions to be able to apply that.
	Uses clinical knowledge when there is a lack of good or available research evidence ($n = 8$)	References that clinical knowledge is important when there is not good research evidence or when the clinician cannot access the research evidence for whatever manner. May imply that clinical evidence is a backup.
	Understands research is the most important part of EBP ($n = 11$)	Specifically identifies that research evidence is the most important part of the EBP triad. Sometimes describes this in terms of validity.
	Collaborates with Researchers ($n = 8$)	References collaboration between clinicians and researchers. May reference how clinicians should share ideas for researchers to pursue.
	Does not overestimate the value of their own clinical expertise ($n = 4$)	States that clinicians should not override the research evidence if their clinical expertise is different.