Supplemental Material S3. Operational definitions and counts for clinical expertise categories and codes ($N = 68$).

Categories	Codes	Operational definitions
Positive Interpersonal Skills and Attributes ($n = 18$)		Includes personal attributes and traits (e.g., compassionate or outgoing)
	Team Communication Skills ($n = 5$)	Communication skills including professional communication competencies
Technical Clinical Skills ($n = 22$)		Includes very specific technical or procedural skills or indications of effectiveness. This code also relates to managing despite obstacles.
	Ability to manage contextual variables ($n = 12$)	Ability to work within different contexts and knowing limits of one's own practice context
Experience ($n = 23$)		References to experience as an important factor. May relate to background, discrete years of experience, or that clinicians accumulate a vast array of knowledge from practice
	Clinical experiences & Mentorship ($n = 13$)	Specific to clinical experiences and also experiences with mentorship (not formal education)
	Clinician Education, Past Training ($n = 23$)	Specific to formal education, includes presence of degree, includes continuing education
	Clinicians accumulate knowledge & practice skills ($n = 7$)	Must reference the growth in proficiency, knowledge, or skill over time as a factor of practice
	Clinical Experience is not sufficient ($n = 4$)	Negative polarity code. References that clinical experiences are not sufficient to lead to expertise. Most often that quantifying years of experience are not enough

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Measuring Outcomes of Intervention Methods (*n* = 28)		References measuring clinical outcomes through data and tracking their own intervention methods. Most frequently is in reference to PBE.
	Clinical Data (with or without analysis) (*n* = 24)	Identifies that having clinical data is important. May also reference that analysis of that data is useful for tracking clinical outcomes.
	Experimentation (*n* = 11)	Specifically recommends research methodology such as single subject research design as the ideal for clinical practice
Tacit Knowledge and Behaviors (*n* = 19)		References personal or clinical biases in a positive or negative light. Most often describes insights, intuitions, impulses that are ingrained into the clinician.
	Tacit Knowledge (*n* = 10)	References tacit knowledge as something valuable or positive— source of evidence that has been developed and is often valid Negative polarity code
	Clinical Evidence Varies, is Biased & is Unvalidated (*n* = 5)	References that clinical evidence is biased and unvalidated in a negative manner. Most frequently cautions that clinical evidence is unreliable.
	Habitual Practice (*n* = 6)	Negative polarity code Similar description to tacit knowledge but in a negative light. Often will describe how clinicians should not just follow their impulses.
Systematicity (*n* = 33)		Describes systematic practice that frequently is more cognitive, reflective, or deliberate in nature.
	Clinical Knowledge & Hypotheses (*n* = 12)	Describes how clinicians make clinical hypotheses and develop clinical knowledge that they can rely on.

Categories	Codes	Operational definitions
	Documenting Clinical Intervention Methods (*n* = 6)	References some way of documenting clinical intervention methods such that if something varies, the clinician can reference why there is an outcome.
	Hypotheses or asking clin questions (*n* = 4)	References asking clinical questions or making a hypothesis based off of a clinical question.
	Self-examination or reflection (*n* = 7)	Most of self-examination or self-reflection using those words. May also describe how clinicians go back to think about their practice and improve.
	+Systematic thinking-decision making (*n* = 16)	Describes how experts have a systematic way of *thinking* rather than doing (which would be skills). Frequently identifies this as problem-solving. Often references Ericcson.