

**TABLE 2: COM-B and TDF Domains with Corresponding Select Themes and Illustrative Quotes**

COM-B Domain	TDF Domain	Theme	Representative Quote
CAPABILITY	Knowledge	Need for Parental Education on Value of Physical Examination and History Taking	<i>"Families don't see a history and a physical as something that was done. They rely more heavily on tests than physical exam. And so how do we teach them that this is an important piece of our decision making?"</i> (Pediatric EM)
	Skills	Importance of Neurological Examination Skills in Clinical Assessment	<i>"Because, if you can't perform a good neuro exam, then you have no idea if they have returned to baseline or if they have any neurologic deficits or – so, really, yes, your exam is everything. "</i> (General EM)
	Memory, Attention, and Decision Processes	Competing Clinical Priorities Can Overshadow Guideline Adherence	<i>"I really do think it- usually this comes to a time limitation and a time crunch; people aren't being as detailed and as thorough as they should be because there is the reliability of extra imaging."</i> (General EM)
	Behavioral Regulation	Desire for Decision Supports to Reinforce Guideline Adherence	<i>"I think if anything, it [clinical practice guideline] would probably make it [emergency department] a little more efficient. I think anything that's gonna make us a little more efficient and unified would probably be pretty good."</i> (General EM)
OPPORTUNITY	Environmental Context and Resources	Variation in Resource Accessibility Across Clinical Settings	<i>"I think the pediatric facility is a little bit easier because I can call a pediatric neurologist and there's a pretty easy follow-up process there, whereas when I'm at the adult hospital, I feel like it's a little bit harder to arrange that follow-up."</i> (General EM)
		Mismatch Between Ideal Recommendations	<i>"I do take [the guidelines] into account and take them with a grain of salt, but like, understand it's within a system</i>

		and Real-World Practice	<i>that's a lot more complex than the guidelines suggest sometimes."</i> (General EM)
	Social Influences	Influence of Parental Anxiety and Expectations on Clinical Decision-Making	<i>"So, I think if there's a lot of parental anxiety and pressure that I can't assuage and issues of reliability or follow up I will, at times, obtain imaging."</i> (General EM)
		Influence of Neurology Endorsement on Provider Confidence when Communicating with Families	<i>"Gives a little bit more kind of power behind what I'm saying when I say the specialist [neurologist] is part of this plan."</i> (Pediatric EM)
		Influence of Referring Provider Expectations on Clinical Decision-Making	<i>"Patients get transferred to us from outside emergency departments, so then they come with an expectation that we're going to do something. So then we're really set up for failure, because now you have another physician said you have to go and get things done."</i> (Pediatric EM)
		Impact of Patient/Family Satisfaction Survey Scores on Provider Decision-Making	<i>"For the most part, I talk them out of it [testing] but I think that they complain about their visit afterwards. I think they leave unsatisfied and then sometimes they put that in the surveys."</i> (Pediatric EM)
MOTIVATION	Social/ Professional Role and Identity	Professional Commitment to Evidence-Based Guidelines	<i>"I mean, I think they [the guidelines are] reasonable. And I think when you have these policy statements, they're obviously – you have to assume I guess that they're well researched and backed by data and science. So, we try to follow them as much as we can."</i> (General EM)
		Trust between EM Providers and Families	<i>"They don't know me. They don't have a relationship with me, and I get it. Why would you trust me? It's really scary to watch a seizure."</i> (Pediatric EM)

	Beliefs about Capabilities	Evolving Provider Confidence with Parental Reassurance Conversations	<i>"I think the harder thing that I feel less confident in is having that conversation with parents about– they don't understand why I'm not super concerned when the kid returns to baseline."</i> (General EM)
		Difficulty Communicating with Families about Clinical Limitations of Acute Care Settings	<i>"I think when they ask the question 'Is this gonna happen again' or 'What do we do next?' is challenging because there's really not a way for me to predict that. And sometimes saying, you know 'we just have to wait and see' is really hard for them to accept because they want definitive answers as to the why this happened. And I think in the emergency department, it's not the right setting."</i> (Pediatric EM)
	Beliefs about Consequences	CT Imaging as a Tool to Manage Parental Anxiety and Expectations	<i>"So, I think if there's a lot of parental anxiety and pressure that I can't assuage and issues of reliability or follow up I will, at times, obtain imaging."</i> (General EM)
		Perceived Benefits of Thorough Clinical Assessment and Communication with Families	<i>"I really think that if providers just took an extra five minutes to talk to the family and talk to the patient and examine the patient a little bit more thoroughly instead of shotgun imaging, it would add a lot of comfort and reassurance."</i> (General EM)
	Goals	Value of Standardized Care	<i>"It's helpful when we are all following the evidence-based guidelines and providing similar care so that there's consistency across the board."</i> (Pediatric EM)
	Emotion	Parental Anxiety as a Consideration in Clinical Decision-Making	<i>"I think it's very anxiety-inducing in the parents. I mean, seizures can be very dramatic in terms of their presentation and extremely worrisome for parents. And so, that's one thing we always have to sort of keep in mind."</i> (General EM)

		Emotional Labor in Managing Parental Concerns	<i>“It’s really straightforward [management] from our standpoint. The difficulty is managing parental concerns. Not the medical care.”</i> (Pediatric EM)
		General EM Staff Anxiety with Pediatric Seizure Presentations	<i>“And it’s very anxiety-inducing in staff as well, especially if the child starts seizing or is seizing when they’re coming in.”</i> (General EM)

COM-B: Capability, Opportunity, Motivation – Behavior. TDF: Theoretical Domains Framework.

EM: emergency medicine. CT: computerized tomography.