

COREQ 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? Interviews 001-016, 018-021 were conducted by TT while interview 017 was conducted by LL [methods]
2.	Credentials	What were the researcher's credentials? <i>E.g. PhD, MD</i> TT – MD and PhD candidate LL – PhD
3.	Occupation	What was their occupation at the time of the study? TT – senior obstetrics and gynecology resident, PhD candidate and Clinical Investigator Program trainee LL – Scientist, Director of Centre for Education Research & Innovation
4.	Gender	Was the researcher male or female? Both researchers who performed the interviews are female
5.	Experience and training	What experience or training did the researcher have? TT – Three years of experience in semi-structured interviewing while pursuing graduate studies LL – PhD in Social Sciences and 20+ years of qualitative research experience in medical education
Relationship with participants		
6.	Relationship established	Was a relationship established prior to study commencement? TT – a minority of the participants had a previously established relationship with the interviewer (colleagues in medical training) LL – no relationship with the participant was established prior to study commencement, however the participant had a previously established relationship with TT (former classmate)
7.	Participant knowledge of the interviewer	What did the participants know about the researcher? <i>e.g. personal goals, reasons for doing the research</i> TT – all participants knew that TT was a resident enrolled in the obstetrics & gynecology program at the local institution. They understood that the research was part of TT's PhD thesis. LL – participant knew that LL was TT's PhD supervisor and was a Scientist in the field of medical education
8.	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? <i>e.g. Bias, assumptions, reasons and interests in the research topic</i> TT – acknowledged to be a resident at one of the hospitals (methods) with lived experience that informed the analysis (limitations) LL- acknowledged her role as a non clinician scientist
Domain 2: study design		
Theoretical framework		
9.	Methodological	What methodological orientation was stated to underpin the study? <i>e.g.</i>

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	orientation and Theory	<i>grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i> Constructivist grounded theory (methods)
Participant selection		
10.	Sampling	How were participants selected? <i>e.g. purposive, convenience, consecutive, snowball</i> Convenience to purposive and then theoretically sampling to sufficiency [methods]
11.	Method of approach	How were participants approached? <i>e.g. face-to-face, telephone, mail, email</i> Recruitment involved email and face-to-face invitations approved by each program director. [methods]
12.	Sample size	How many participants were in the study? Twenty-one [methods and results]
13.	Non-participation	How many people refused to participate or dropped out? Reasons? Residents across all of the sampled programs received an email and an open invitation to participate during an academic half day, but only those who were interested in being interviewed either responded to the email or provided their email address during the academic half-day invitation. Four individuals who responded to the email or invitation and completed the informed consent process were not interviewed because of scheduling conflicts.
Setting		
14.	Setting of data collection	Where was the data collected? <i>e.g. home, clinic, workplace</i> The data was collected either in the workplace or over the telephone, at the participant's convenience.
15.	Presence of non-participants	Was anyone else present besides the participants and researchers? No non-participants were present during data collection
16.	Description of sample	What are the important characteristics of the sample? <i>e.g. demographic data, date</i> Twenty-one participants were sampled from a range of postgraduate years (1-7) and included 13 male residents, 12 married residents, 6 residents with children and 13 senior-level residents, as defined by the individual programs. [results]
Data collection		
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested? Final interview guide is appended to the revised submitted manuscript. In keeping with grounded theory methodology, our interview guide evolved alongside our iterative analysis. This meant that as certain themes reached sufficiency, we modified our interview guide to try and explore discrepant cases and situations to further enrich the analysis. [methods]
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many? We did not carry out any repeat interviews
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data? All interviews were audio recorded (with accompanying field notes collected by the interviewer) and the recordings were transcribed. [methods]
20.	Field notes	Were field notes made during and/or after the interview or focus group?

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		Field notes were made during the interview and then summarized following the interview, which often led to analytical memos
21.	Duration	What was the duration of the interviews or focus group? Each interview lasted 30-60 min
22.	Data saturation	Was data saturation discussed? In the methods section, we acknowledged that our sampling continued until sufficiency was achieved (Ref 19) [methods]
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction? We did not return transcripts to participants for comment or correction because they were anonymized at the time of transcription.
Domain 3: analysis and findingsz		
Data analysis		
24.	Number of data coders	How many data coders coded the data? All transcripts were coded by TT; however, LL, CW, TD and PT read a sample of transcripts and provided analytical insights that informed coding.
25.	Description of the coding tree	Did authors provide a description of the coding tree? We did not provide a description of the coding tree. The coding tree represents the full analysis. Only the theme of principles of fatigue is produced in this paper, therefore we did not incorporate the full coding tree. We could provide the subsection relevant to this paper's focus if necessary.
26.	Derivation of themes	Were themes identified in advance or derived from the data? Themes were identified from the data. We did not use template analysis. [methods]
27.	Software	What software, if applicable, was used to manage the data? NVivo and MindNodePro
28.	Participant checking	Did participants provide feedback on the findings? We did not perform member checking
Reporting		
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. <i>participant number</i> Participant quotations are provided in the results 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? To ensure that the examples are maximally illustrative of the findings, we have provided alternative, more salient quotations from the interview transcripts (outlined in response to reviewers)
31.	Clarity of major themes	Were major themes clearly presented in the findings? Our results present the major themes, which are collated in Table 1 with representative quotations.
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes? Discrepancies across the four principles of fatigue are discussed in the final paragraph of the results section before Interpretation.

<http://intqhc.oxfordjournals.org/content/19/6/349.long>

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357.