Supplementary Materials

Methods

The PR SDM intervention

Figure 1 is taken from the PtDA. It details the menu of options available for individuals once referred to our PR service. This table was inserted to inform individuals about the attributes of each option.

Step 1: Comparing the options

This table describes all four options. Think about which option suits you and fits into your life.

	Centre PR	Home PR- telephone	Home PR- online	Routine COPD care
What is the option?	Information, monitoring, and exercises given by PR professionals face-to-face + Routine COPD care	Information, monitoring, and exercises given by PR professionals over the phone + Routine COPD care	Information, monitoring, and exercises given by PR professionals online and over the phone + Routine COPD care	A yearly check-up and visits to manage COPD symptoms, flare ups, and wellbeing
When can I start it?	When you have completed your walking test and there is space available on the course	When you have completed your walking test at the hospital	When you have completed your walking test at the hospital	Already started
How long does it last for?	6 weeks, with 2x 2-hour sessions a week and daily exercise	6 weeks, with daily exercise	6 weeks, with daily exercise	30minutes for yearly check-up; usual consultation time per visit
Where is it delivered?	A hospital or local community venue	Your home	Your home	Your GP practice or hospital
How is it delivered?	In groups of other people with breathing difficulties	A self-guiding booklet and telephone support from PR professionals	A self-guiding website and online support from the PR team	1-1 consultations
What do I need to do to access it?	Travel to the venue	Make space at home to exercise + telephone	Make space at home to exercise + telephone + computer/tablet	Travel to the venue

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How will I know how I am getting on?	The PR team give feedback during each session	The PR team give feedback every other week by telephone	The PR team give feedback every other week by telephone and online	Yearly check-up; feedback from your health professional consultation

Figure 1: Table of options from the PtDA

Data collection

Study visits for individuals living with COPD are presented in Table 1. Visits for SDM Facilitators are in Table 2. These are followed by the topic guides for the focus group with individuals with COPD and the interviews with SDM Facilitators.

Table 1: Participants (individuals with COPD) study visits

Time point	Procedure
Visit 1 (Up to 1 week before PR assessment appointment; to be completed face to face/telephone)	To confirm eligibility (and if appropriate) obtain informed consent
	To collect the following baseline outcome measures: Decisional Conflict Scale Patient Activation Measure
	Provide PtDA
Visit 2 (Completed face to face/telephone depending on Covid-19 restrictions)	SDM consultation with PR healthcare professional PR assessment appointment
Visit 3a (Completed pre-PR discharge assessment; face to face/telephone)	To collect the following post-intervention outcome measures: Decisional Conflict Scale Patient Activation Measure Intervention attendance and attrition
Visit 3b (Completed face to face/telephone)	PR discharge assessment
Visit 4 (Optional; to be completed face to face/telephone/teleconferencing)	Focus group

Table 2: Participant (SDM Facilitators) study visits

Time point	Procedure
Visit 1 1 month prior to Participants (Individuals with COPD) Visit 1	Provide decision coaching training to SDM Facilitators Obtain informed consent
	Administer satisfaction questionnaire
Visit 2 (Optional; to be completed face to face/telephone/teleconferencing)	One-to-one interviews

Participants (individuals with COPD) topic guide

Focus Group Topic Guide – Individuals with COPD

Date: _____

Focus Group Start Time: _____

Preamble

As you know, I am investigating how a new Pulmonary Rehabilitation (PR) shared decision making intervention was experienced by those who received it. The purpose of this focus group is to collect information about your experiences of the intervention, any challenges you faced and any suggestions to improve it for the future. Thank you for agreeing to talk with me today. Are you happy for me to audio-record our discussion? Your comments will remain anonymous and confidential.

Perceptions of the patient decision aid

To start with I'd like to ask you some questions about your experience of using the patient decision aid at home. (Show patient decision aid to the group and ask if they remember it).

a. Can you tell me about using the patient decision aid? (Prompt: Can you tell me how you learned to use it? What did you think about it?). *(Measures: Acceptability)*

b. Before your pulmonary rehabilitation assessment, can you tell me how you used it? (Prompt: How much time did you spend on it? Did you come back to it? Did you go through it with somebody, perhaps family/friend)
(Measures: Acceptability, Demand, Implementation, Practicality)

c. How do you feel we could make the patient decision aid better? (Prompt: What could be better? What was helpful? What was not so good?)
(Measures: Acceptability, Implementation, Practicality)

Perceptions of the shared decision making consultation

Now I'd like to ask you some questions about your PR assessment appointment.

a. Can you tell me about your appointment? (Prompt: How did the conversation go with the PR specialist?
(Measures: Acceptability, Demand, Implementation, Integration)

b. How did you come to the decision about which PR programme to take part in? (Prompt: How involved were you in making the decision? How much support did you have in making the decision? When did you make the decision? Follow up question: Were you happy with the decision made? Would your decision be the same? Would you want to do that programme again?)
(Measures: Practicality, Implementation, Integration)

c. How did you find using the patient decision aid with the PR specialist? (Prompt: Were there any difficulties you faced? If yes, what happened?)
(Measures: Acceptability, Demand, Implementation, Practicality, Integration)

d. If we were to continue to go through the patient decision aid with a PR specialist, are there any changes you would like to see? (Prompt: What could we improve? What is the value of it? Do feel there is value in continuing this type of consultation?)
(Measures: Demand, Integration)

e. If we were to continue to go through the patient decision aid with a PR specialist, when should this happen? (Prompt: At what location should it happen? As what time should it happen?)

Closing remarks

Is there anything else you think we should know about the study?

Thank you.

Focus Group End Time: _____

Length of focus group: _____

Participants (SDM Facilitators) topic guide

Interview Topic Guide – Healthcare Professionals

Participant #: _____

Date: _____

Interview Start Time: _____

Preamble

As you know, I am investigating how a new Pulmonary Rehabilitation (PR) shared decision making intervention was experienced by those who delivered it. The purpose of this interview is to collect information about your experiences of delivering the intervention, any challenges you faced with this and any suggestions to improve it for the future. Thank you for agreeing to talk with me today. Are you happy for me to audio-record our discussion? Your comments will remain anonymous and confidential.

Perceptions of decision coaching

d. As a way of getting started, can you tell me how you found the decision coaching training? *(Measures: Acceptability)*

e. After the training, how did you feel about delivering the intervention? (Prompts: Did you feel prepared/underprepared? Did feel nervous/confident? Why?)
(Measures: Demand, Integration, Implementation)

f. How do the skills you learned in training work in practice/day to day pulmonary rehabilitation (outside of this research)?
(Measures: Integration)

g. How do you feel we could make the training better? (Prompt: What could be better? Was there anything that didn't work so well? Theory/practice)
(Measures: Acceptability, Implementation)

Perceptions of intervention delivery

f. How did you find the shared decision making consultation? (Prompt: How did you find the conversation? Natural/challenging? How did you find using the patient decision aid with patients? How did they differ from previous PR assessment appointments? Were you surprised by their PR choice? Was their choice because of SDM?)
(Measures: Acceptability, Implementation, Practicality, Integration)

g. Tell me about your use of the SDM three-talk model in the consultation (i.e. Team talk, Option talk, Decision talk).
(Measures: Acceptability, Implementation, Practicality, Integration)

h. How did patients respond to the shared decision making consultation? (Prompt: Did they engage in decision making process? Were they happy to engage in the process? Was it acceptable to them? Did they understand the process? Did they understand the information given to them?)
(Measures: Acceptability, Demand, Implementation)

i. Were there any barriers in the shared decision making consultation? If so, was there anything you did to overcome these?
(Measures: Acceptability, Demand, Implementation, Practicality, Integration)

j. What is the value in continuing shared decision making consultations in pulmonary rehabilitation assessment appointments? (Prompt: Do you feel there is value in continuing this type of consultation? Does it add to service delivery?)
(Measures: Demand, Integration)

Closing remarks

Is there anything else we should know about the study?

Thank you.

Interview End Time: _____

Length of interview: _____

Interviewer's Name: _____

Demographics

1. Job title: _____

2. Age: _____

3. Gender: _____

Results

Primary outcome results

Whilst intraclass correlation coefficients for the individual items ranged from moderate to good, the confidence intervals had wide ranges (Table 3).

Table 3: Intraclass correlation coefficients

Observer OPTION-5 item	Intraclass correlation coefficient	CI
Item 1: Alternate options	0.72	40.70-88.20
Item 2: Support deliberation	0.86	67.60-94.40
Item 3: Information about options	0.80	54.80-91.70
Item 4: Eliciting preferences	0.75	45.70-89.50
Item 5: Integrating preferences	0.62	24.20-83.50
Overall score	0.89	73.00-95.50

Values less than 0.5 indicate poor reliability, values between 0.5 to 0.75 indicate moderate reliability, values between 0.75 and 0.9 indicate good reliability, and values greater than 0.9 indicate excellent reliability (Portney and Watkins, 2009).
CI = Confidence Interval

Secondary outcome results

Satisfaction with decision coaching training

The decision coaching training was provided to five PR healthcare professionals on 7th December 2021, with a follow up session on 13th January 2022 to enable reflections of their SDM practice. Four additional PR healthcare professionals (i.e. those new to the service or returning to the team) were individually trained. Anonymous satisfaction surveys were completed by eight SDM Facilitators following their first training session. Overall, satisfaction with the activities and content of the session were high (Figure 3). All SDM Facilitators reported their understanding of SDM and PtDAs had increased (Figure 4). Most reported their understanding and confidence in using SDM skills and the PtDA had also increased. When asked how often they intended to use their SDM skills and the PtDA with the research participants they reported 80-100% of the time (mean(SD)=97.50%(7.07)).

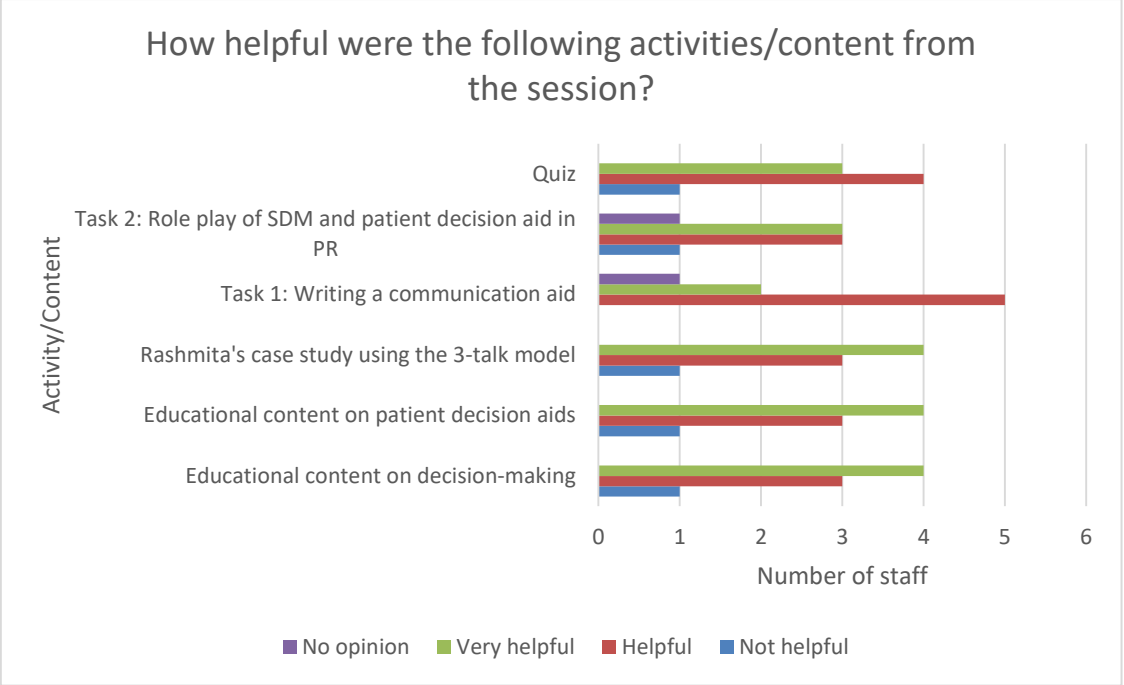

Figure 2: Satisfaction with decision coaching activities and content

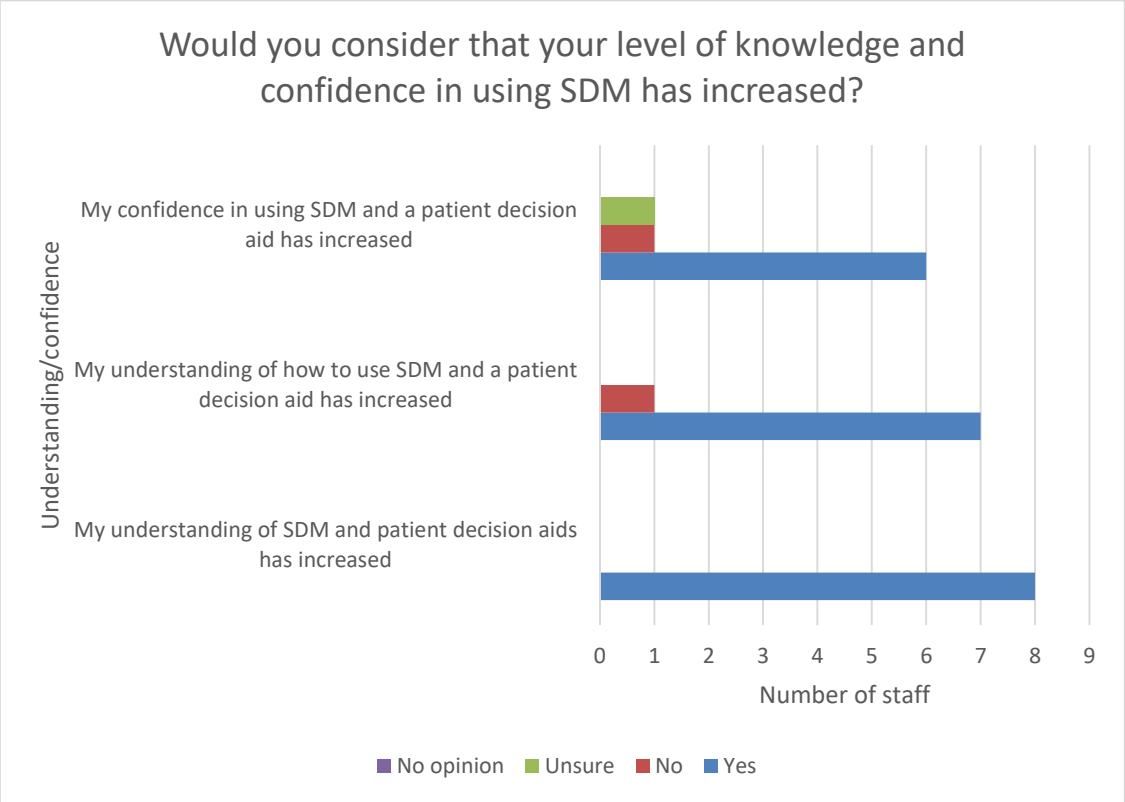

Figure 3: Perceptions of knowledge and confidence

Attitudes/experiences of the PR SDM intervention

The term 'participants' is used to collectively describe SDM Facilitators and individuals with COPD. If an attitude or experience is unique to SDM Facilitators or individuals with COPD, 'SDMF' or 'COPD' was added to the participant ID's to signify this.

Learning the skills of a SDM Facilitator

The illustrative quotes for this theme are presented in Table 4.

Table 4: Illustrative quotes for theme 'Learning the skills of a SDM facilitator'

Description	Illustrative quote
The role play was really helpful to practice their new SDM skills before using them in consultations.	*P203SDMF: "…then we broke into those smaller subgroups and had a practice… having a go with other colleagues rather than for real for the first time was really helpful especially if they were not all the types of talk that you would naturally use."*
The role play in the 1-1 training could not replicate the role play of the group training.	*P2_09SDMF: "…we didn't really go through any of the role play stuff. So I guess that was probably the extra benefit of being in the group. But then I didn't feel any disadvantage when I went to do one. I didn't feel I didn't know what to do."*
The refresher session was essential to consolidate their learning.	*P2_05SDMF: "I thought that was really useful and I don't think I would have been able to properly do it without the refresher for me personally."*
The training complimented and enhanced their clinical communication skills.	*P2_09SDMF: "…there were loads of extra bits that I wouldn't [have previously] considered doing, like getting them to feedback to you. What you've said, [have] they understood it and discussing more about the pros and the cons that I probably wouldn't normally do, but it's good to have in my little toolbox, ready."*
The training changed their approach to supporting PR decision making and took their bias for centre-PR out of the consultation.	*P2_01SDMF: "…the decision making tool was maybe take a step back a little bit and think OK, actually the numbers for the other options are still good. You know they are viable... [So] when I was seeing the [study] patients I didn't forget to say, 'OK and why have you chosen this one?' Whereas I know before I wouldn't have done that… I would have said, 'Why are you not doing the face to face program as opposed to why have you chosen this one? What were the barriers to the other ones?'…Rather than 'I just want to get you off the phone'"*
Irregularity of the SDM consultations meant their confidence in SDM took time to grow.	*P2_05SDMF: "I won't say I'm fully confident with it at the moment, but that's only because there's just not been the patients to do that with. But otherwise [I] definitely felt glad I'd got the first one out the way and the second one wasn't as nerve wracking"*
Discussing the research evidence for each option was the most difficult part.	*Interviewer: "…so the statistics bit was the tricky bit, sort of giving the facts and figures about each one?" P2_04SDMF: "Yes, I would say that was the bit I found the hardest and the bit I guess that didn't feel so natural"*
The training could be improved by providing guidance on how to	*P2_03SDMF: "I was a little unsure about when doing it with [someone] who'd made their decisions… what*

overcome perceived obstacles to SDM.	*would be the best approach… If (researcher) were do it in a repeated study, you'd maybe make provision for that in the training."*
The training could be improved by providing all SDM Facilitators with their own copy of the PtDA.	*P2_16SDMF: "…if I'm to talk to a patient I would like to see what they see in the booklet"*

Taking on a new role in consultations

PR healthcare professionals taking on a new role

The illustrative quotes for this sub-theme are presented in Table 5.

Table 5: Illustrative quotes for sub-theme 'PR healthcare professionals taking on a new role'

Description	**Illustrative quote**
They took time to prepare for SDM consultations.	*P2_03SDMF: "…so you are just spending a couple of minutes reminding myself flicking through the workbook we had. Yeah, reminding myself about, not the order, but to make sure I don't miss out a step so that I felt prepared."*
Following the 3-talk model systematically could negatively affect the therapeutic relationship.	*P2_05SDMF: "I find that if they have already made their decision, anything you say they're not really gonna want to listen to or it's probably just gonna frustrate them more"*
They were flexible in their approach.	*P2_05SDMF: "…if they didn't really engage or didn't give me much information or respond, then I wouldn't go into so much detail and just get the main pieces information from them and then see if there was wiggle room to open up the conversation a bit more, but if not I need to kind of not keep going on about it."*

Individuals with COPD taking on a new role

The illustrative quotes for this sub-theme are presented in Table 6.

Table 6: Illustrative quotes for sub-theme 'Individuals with COPD taking on a new role'

Description	**Illustrative quote**
The PtDA clearly outlines the menu of options which helps people to understand they have a choice.	*P2_12COPD: "…it gives you the choices, which a doctor might just say, 'I'm sending you to this' and not give you all these"*
The PtDA's interactive prompts encouraged self-reflection.	*P2_19COPD: "It triggers that mental process that you need to think about where you are and what you're going to do"*
The PtDA helps by providing sufficient information to help people consider what is right for	*P2_03SDMF: …it lays out, [you] will be expected to attend for X amount of time X number of times a week… And if that helps them to make a different decision*

them.	*because they think 'no, I'm absolutely not gonna be able to do that or I don't want to do that' then that's great because they've not started a programme that they're not able to complete and therefore not benefit from"*
The PtDA prompts reasoning between the options.	*P2_04SDMF: "I guess that they are a little bit more pre-armed about what's available… suppose they've done some of the thinking rather than actually thinking, no, I'm not gonna do this because it's gonna have to be in a gym…"*
Individuals were clear on which option they wanted and why.	*P2_14COPD: "…the reasons I like the centre PR options is that you've got the exercise machines available. I haven't got an exercise bike at home. I suppose I could rush out and buy one, but whether I'd then get round to use it or not. When they do the talks at the centres, then you've got all the charts and the pretty drawings and stuff which stop you nodding off to sleep. But the PR telephone one, I've put it would be easier to do time wise, you don't have to travel and you'd still have the professional contact, so the reason I put [to not choose it] is I'd be distracted and lack of motivation, so that's why I went with [centre-PR]."*
The PtDA helped people to make a definitive choice about PR.	P2_19COPD: "I don't think there was anything else that anyone could have done that would have changed what I wanted to do"
Fully understanding the complexities of each option and what it means to the individual may not happen until they have begun their chosen option.	*P2_18COPD: "…you don't know how it's going to pan out until you actually put your toe in the water and test it, so I've had a little nibble at the gym in the hospital, which is great, I can't knock that, the staff are fantastic, but my personal issue, and it might not apply to everybody else, was actually the logistics of getting there… If I had the convenience of going to the gym in the hospital and it was easy to do, I would go, but, that's the point I'm making. The scientific side of it at the hospital is different to what I've set up at home. That's there for my convenience, so if it snows and all the rest of it, I ain't got to negotiate that, I can just jump on a treadmill, give it 10 minutes, use my weights and I've got it."*
The PtDA was provided too late for some.	*P2_14COPD: "I was only given [the PtDA] after I'd been allowed a place on the PR at (place name), so it wasn't really helping me decide which way to go because I already had a place on the PR course..."*

Working together to make personalised decisions about PR

How SDM worked in practice

The illustrative quotes for this sub-theme are presented in Table 7.

Table 7: Illustrative quotes for sub-theme 'How SDM worked in practice'

Description	Illustrative quote
The PtDA increased individuals' health literacy and prepared them for making an informed decision about PR.	*P2_18COPD: "I'm having a conversation with a piece of paper. Apart from your good selves, nobody's going to have a conversation with me about this. The doctor will mention it, but to have a proper conversation, I don't know anybody that I've had a conversation with, apart from the very source that are educating me at the moment, so of course this is helpful from a product knowledge point of view because that's what I'm picking up."*
The current routine care option may not reflect routine care because of the changes made following the Covid-19 pandemic.	*P2_14COPD: "I don't consider what you've put down as the routine COPD care from the GP as being anything as a practical option as against doing a PR course, because they can't carry out any breathing tests at the GP, it may as well just be a telephone consultation with the nurse… Just says, how are you, how's your breathing… it's just checking that you're still alive."*
Participants questioned the necessity of the inclusion of references	*P2_14COPD: "Whether you can plug any of those into the search on your Google and get the full report up or not and whether it makes any sense if you do get the full report up, I don't know, so for the patients I don't think that's really all that helpful."*
There were mixed recollections of the SDM consultation by individuals.	*P2_14COPD: "I don't recall anybody at the assessment saying, do you want to do it at the centre, do you want to do it at home, or giving you that option"* *P2_19COPD: "…she did ask, can I get there OK and how am I going to do it…it was a good conversation."*
The SDM consultation was an easy extension of current practice.	*P2_09SDMF: "…it didn't feel too far away from what I would do normally. I guess I probably spent just a little bit longer making sure that's what they wanted than I would usually."*
The three-talk model of SDM (Elwyn et al., 2017) was used flexibly to support the needs of the individual.	*P2_04SDMF: "Generally, [I] start with that they've spoken to [name of researcher] and they've got some information and then it would go along had they looked at it... what was their understanding of what was available to them? And I suppose I was sort of picturing what they watched. If they'd already read it and if they'd already got an idea in the head. And then I got them to sort of explain to me. What they saw each option would be a benefit to them and what the disadvantages would be. And then ask them what conclusions they had come*

	to and had they looked at the statistics… so I sort of tried to gauge, what their understanding was from it."
Most time was spent on 'option talk' (Elwyn et al., 2017) as this was deemed most important to individuals and SDM Facilitators.	*P2_05SDMF: "I don't think I spent too long on the team talk. She kind of understood what we were doing. .. I think I probably spent longer on the options... 'Just let me make sure you know this one and this one'. And went back and forth a little bit.*
One SDM Facilitator adapted the three-talk model of SDM (Elwyn et al., 2017) across two assessment visits (i.e. during the initial telephone call and during the walking tests).	*P2_05SDMF: I [begin the SDM consultation] on the call and just take a bit longer and explain the options to them there and then. And just say that when they do come to the assessment, we can discuss it further… when they come to the shuttle walking test, you can then have that discussion with them and it's not so much for them to remember at that time."*
Some individuals were more willing to spend time deliberating between the options than others.	*P2_03SDMF: "Some of them were up for answering those questions, 'Have you looked through the options? Have you weighed up what's important to you? What do you think about the benefits or the drawbacks for each of them?' A couple of other patients have been. 'Yeah, I've read it. I know what I wanna do. This is what I want to do.'"*
One SDM Facilitator felt individuals' previous experience of healthcare influenced their desire to engage in SDM.	*P2_05SDMF: "I think these patients have come into so many hospital appointments. They've got so many things going on. It's just become a regular thing. And actually when they come they're not really as interested. They're just wanna know the main information. They don't really want to listen. Whereas if you're coming to the hospital for a new appointment that you're not really used to come in for, you're more likely to be open to listening and wanting to discuss a bit more… But then I don't think that always affects how they're doing the rehab, when they actually do the program"*
Discussion of the research evidence for each option was limited.	*P2_04SDMF: "…they didn't really focus or have much knowledge of the statistics, and that didn't seem that important"*
SDM Facilitators varied on their preference for individuals' stage of decision-making with some preferring those who are undecided.	*P2_09SDMF: "I thought the tricky ones will be the ones that have no idea what they wanna do, but they're not. They're the good ones. The ones that you can really get your teeth stuck into it. The tricky ones [are] the ones that won't even discuss any other [options]."*
The SDM consultation resulted in individuals and SDM Facilitators understanding why the chosen option was right for the individual.	*P2_05SDMF: "patients would make certain comments in the sense that, 'oh, I couldn't possibly get to the hospital' or 'no, I don't want to be traveling outside my home' or 'nervous to leave my home'. So I kind of got a gist of which route they were probably looking at. So I think that's why I wasn't surprised."*
Choosing the right option for the	*P2_18COPD: "…for me this is now a way of life. I can't*

individual has resulted in a lifestyle change.	*rely on the hospital or the gymnasium up the road."*

How to deliver the SDM intervention in the future

The illustrative quotes for this sub-theme are presented in Table 8.

Table 8: Illustrative quotes for sub-theme 'How to deliver the SDM intervention in the future'

Description	**Illustrative quote**
Individuals with COPD felt the PtDA could be provided at referral to PR.	*P2_14COPD: "…whoever says, well, I think you ought to do pulmonary rehab, it will improve your life, then here's a booklet explaining it in a lot more detail."*
SDM Facilitators also felt the PtDA could be provided at referral to PR.	*P2_05SDMF: "Once [healthcare professionals on the hospital wards] have a better understanding of what [PR] is, they then can promote it and explain those options to the patients. Just like when we went to your training. I think when you gave us this information [we were] then able to kind of speak to them a bit more in a bit more detail, look at different techniques to do it and use the same principle would apply to them."*
It was recognised that this study included an introduction to the PtDA and the concept of SDM which does not currently map to routine clinical care consultation time points but this does not take away the value of receiving the PtDA.	*P2_01SDMF: "I mean, obviously the [research] visit means that they've spent a long time discussing the various options. But I do still think going forwards that it would be useful if they had more information like that sent to them prior to their telephone assessment. I really think it would be beneficial. And that's the probably the main thing that I got from the study was that people don't understand their options until you talk to them on the phone. So perhaps if they did have the options laid out ahead of them, it would make that a whole lot easier."*
Individual thought it would be better to present statistics in the PtDA from the local site's PR outcomes.	*P2_14COPD: "So you should have three lots of figures to say, right, if you do a centre course, the average is there's a 10% improvement on everybody, if you do it on the telephone there's only a 5% improvement, if you do it online there's only a 2% improvement…"*
Individuals thought that centre-PR was the best option and this should be highlighted.	*P2_14COPD: "I think really you want to emphasise that the centre PR is the gold standard of the classes, despite what these numbers say in this table, I think that the centre PR classes will show more improvements than trying to do it on the telephone or trying to do it on the internet."*
Face to face SDM consultations may help with engagement and understanding.	*P2_04SDMF: "I'm quite a visual person, so I think being able to show them, and they could look at it, they can see that we're referring to"*
The SDM consultation could be spread over the two PR	*P2_03SDMF: "There's no reason why you couldn't go through it when you bring them in face to face. I guess*

assessment appointments (i.e. initial assessment and walking test assessment) to enable a telephone and face-to-face interaction.	*when we speak to them on the phone part of that process is them deciding that, yes, rehab is something they want to do in the first instance. So part of that is done before we even see them"*
Using an enhanced SDM model that considers individuals' overall healthcare goals may be helpful to create motivation for the decision.	*P2_09SDMF: "I don't remember there being any goals or anything in the book… But that's usually how I start, so whether that's in the book and then you can say, 'OK, these are the things that you're saying are the issue', then it's always easier to say 'these are how we fix your issues' … and it's way easier than just saying 'rehab helps you live longer and have less exacerbations' which is a little bit meaningless to them."*
SDM Facilitators worry about the decisions individuals outside of the research study would make.	*P2_09SDMF: "I guess the tricky thing about research participants is they are engaged generally. So they are gonna read it ahead of time and they are going to want to come and you have faith in the decision has been made because that's what they think is best for them, whereas they as a non research patient, it's not always like that and people will opt for an option that they think they perceive maybe as easier or less time commitment or something they can get away with doing less of so they choose more kind of remote options."*

Discussion

A summary of the recommendations for future research and implementing the SDM intervention into practice are provided in Table 9.

Table 9: Recommendations for future research and implementation into practice

SDM component	Recommendation
Decision coaching training	• Add further opportunity for discussion and role play activities to manage obstacles to SDM • Provide all SDM Facilitators with their own copy of the PtDA • Provide training in a group setting only • Provide training closer to the start of intervention delivery/provide an additional refresher session
PtDA	• Reduce the reading age of the PtDA (e.g., by using more lay language) • Add more detail about the menu of options to the PtDA (e.g., travel to venues) • Clarify the role of the PtDA in SDM for individuals • Ensure the routine COPD care option is

	reflective of current clinical practice (i.e., following Covid-19) • Present site-specific data within the PtDA (rather than national/international data)
Consultation	• Enable possibility of a multiple contact SDM consultation to allow flexibility and a patient-centred approach • Embed SDM within a broader discussion of an individuals' healthcare goals