## APPENDIX: SUNDAE Checklist Glossary

The following terms are defined in the specific context of the SUNDAE Checklist.

Term	Definition
Benefits	The intended positive results of an option. Benefits can be temporary or permanent. Patients may also get a benefit from having no treatment.
Conflict(s) of interest	A set of conditions in which professional judgment concerning a primary interest (such as patients' welfare or the validity of research) tends to be unduly influenced by a secondary interest (such as financial gain). Real or perceived conflicts may take one or more of several forms.
	A <b>professional</b> interest might occur because the particular specialty of an author has more to gain from patients choosing one option over another.
	A <b>financial</b> interest may occur when the author has potential income from the sale or use of a PDA, or may benefit personally from different option choices (e.g. a drug company employee where the option includes the employee's company product or a surgeon who will benefit from surgical rather than non-surgical interventions).
	An <b>intellectual</b> conflict of interest could occur if an individual may benefit academically or intellectually by some type of intangible personal gain.
Consequences	The results of an action (e.g. test or treatment) or condition. The results may not clearly be a benefit or a harm, but might nonetheless influence an individual's choice (for example in-patient or out-patient delivery of the intervention).
Context	Physical and socio-cultural make-up of the local environment (e.g. external environmental factors, organisational dynamics, collaboration, resources, leadership and the like), and the interpretation of these factors ('sense-making') by the healthcare delivery professionals, patients and caregivers that can affect the effectiveness and generalisability of intervention(s). <sup>2</sup>
Development process	The steps taken by the creators of the patient decision aid to understand the needs of potential users (e.g. patients, carers and health care practitioners), review and synthesise evidence, and consult experts and users to design, revise, and guide the development of the patient decision aid.
Evaluation study	Evaluation studies may include efficacy studies, effectiveness studies, comparative effectiveness studies, or studies testing components of decision aids. These studies may have a range of study designs, such as randomized controlled trials or before/after studies.
Fidelity	The degree to which an intervention is delivered as intended. <sup>3</sup> Sometimes called implementation fidelity.
Format(s)	Decision aids come in a range of formats including print, audio, video, or digital formats, or a combination of these. This should be distinguished from mode of delivery (e.g. delivery in person, in a community or organization, on the web, or via postal mail).

Term	Definition
Guidance in communication	Content that helps facilitate interaction between the patient and their clinician, such as prompts and/or spaces to write down questions to ask health professionals about the options and decision.
Guidance in deliberation	Support to help people think about the decision problem, and to reason about the information.
Harms	The negative results of an option. These can be temporary or permanent and major or minor.
Options	Alternatives for testing, prevention, or treatment including watchful waiting and surveillance.
Participating health professionals	Those health care professionals who are involved in delivering the PDA or interact with the patients within the context of decision making.
Pathway of care	The route that a patient will take from their contact with a health professional about a health issue (new/ongoing), through investigations, diagnosis, care planning, and treatment decision, to initiation and completion of treatment. There are many points along the care pathway where patients and professionals make decisions between options.
Patient(s)	In the context of the SUNDAE guidelines, patient is defined as the individual or group of individuals who are facing the health care screening, management or treatment decisions covered by the patient decision aid.
Patient decision aid	Patient decision aids are evidence-based tools designed to help patients to participate in making specific and deliberated choices among healthcare options.
	The key features include making the decisions explicit; providing information about health conditions, options and associated benefits/harms; and helping patients to clarify, either implicitly or explicitly, the values they place on benefits and harms. <sup>4</sup>
Personal stories	Personal stories are narratives, testimonials, or anecdotes that provide illustrative examples of others' experiences relevant to the decision. <sup>5</sup>
Process evaluation	A study which aims to assess fidelity and quality of <b>implementation</b> , clarify causal <b>mechanisms</b> , and identify <b>contextual factors</b> associated with variation in outcomes. Process evaluation is complementary to, but not a substitute for, high quality outcomes evaluation.
Psychometric properties	The measurement performance of measures that affect their interpretation, such as reliability, validity, and responsiveness (sensitivity to change).
Reading level	A measure of the reading ease or difficulty of printed materials. It is usually measured using formulae that gauge the length of words in syllables and length of sentences (e.g. SMOG, Fry). <sup>7</sup>
Setting characteristics	The features of the research or healthcare settings within which the PDA is delivered and used such as outpatient clinic characteristics.

Term	Definition
Stakeholders	In the context of development, we mean any individuals or groups who have a key interest in the PDA or its content and might therefore be included within the development process. This includes primary end-users (patients, carers, clinicians) as well as others (e.g. professional and patient groups, health service managers, academics/researchers).
System factors	Factors within the wider healthcare setting and/or organisation, beyond the individual patient, carer or clinician, that may impact upon the evaluation or effectiveness of PDAs such as availability of incentives for use of PDAs.
Tailoring	Tailoring refers to ways to make the content and features increasingly applicable to individuals with different clinical and socio-demographic characteristics, or decision support needs.
	For example, clinical content may be tailored to individual characteristics (e.g. using predictive models to personalise risk calculation).
Theories, models or frameworks	Theories, models and frameworks provide a structure enabling us to understand, predict and change phenomena, and within which we can test hypotheses, and interpret data.
	For example, the theory, model, or framework can be used to guide the questions asked, measures used, and interpretation of results and discussion. <sup>8</sup>
User(s) of the patient decision aid	Users may be patients as well others who may use the PDA to support patients in their decisions (e.g. carers/relatives health professionals, providers and health systems).
Values	How a person feels about the options and their features (for example, how important is it to the patient to minimise scarring). These values may be based on how they feel about certain procedures, the chances each option holds for benefits or harms, willingness to make trade-offs over time, or anything else that might be useful in making the decision.
Values clarification	Methods to help patients think about the desirability of options and of options within a specific decision context in order to identify which option he/she prefers. <sup>9</sup>
	Examples include: a) describing features of options so patients can imagine and evaluate what it might be like to undergo procedures and live with the consequences; b) providing examples of how other patients' values led them to make choices; c) explicitly clarifying values by guiding patients to rate or trade-off different features of options; and d) recording, guiding, or coaching patients to help them share their values with others involved in the decision.

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