

Supplemental Digital Appendix 1 Rochester Participatory Decision-Making Scale (RPAD) Rating Guide as Annotated for and Used in the Patient Engagement Project Study^a

#	Question	Answers		
1	Did the physician/team explain the clinical issue or nature of the decision? <i>*Focus on the nature of the explanation—if this was cursory, hurried or confusing, then score ½. If this was clear, score a 1.</i>	0 = no evidence	½ = gives a cursory, hurried, unclear, rushed explanation or long confusing lecture	1 = clearly explains his/her view of the medical/ clinical problem
2	Discussion of the uncertainties associated with the situation OR alternatives . <i>*Score for discussion of “alternatives” in addition to uncertainties.</i>	0 = no evidence	½ = acknowledges uncertainties <i>or alternatives</i> but does not explain thoroughly or only does with active patient prompting.	1 = thoroughly explains uncertainties <i>or alternatives</i> in the problem or treatment.
3	Clarification of agreement <i>*½: passive assent = head nodding, or simple vocalizations (“ok” “sure” “yeah”) *1: “active” examples: Do you agree with this plan?” “Are you on board with this?”</i>	0 = no evidence	½ = patient expressed passive assent	1 = actively asks for patient agreement and tries to obtain a commitment from the patient to the treatment plan.
4	Examine barriers to follow-through with the treatment plan <i>*1/2: patient volunteers concerns without prompting by MD *1: examples: “What concerns do you have?” “Do you foresee any issues impacting your ability to follow through with this plan?”</i>	0 = no evidence	½ = patient discloses concerns or problems with following through with treatment	1 = physician actively examines patient’s concerns or problems with following through with treatment plan
5	Physician/team gives patient opportunity to ask questions AND checks patient’s understanding of the treatment plan. <i>*To score a 1, the MD must specifically ask if the patient understands their problems or treatment plan.</i>	0 = no opportunity for the patient to ask questions	½ = patient has opportunity to ask questions	1 = physician/team asks patient for their understanding of problems or plans
6	Physician’s/team’s medical language matches patient’s level of understanding. <i>*Watching the patient’s facial expressions and body language can assist here. (For instance, medical jargon is OK if the patient is a physician.)</i>	0 = clear mismatch between the technicality of the physician’s/team’s and patient’s language	½ = level of technicality or detail of the physician’s/team’s and patient’s language matches most of the time	1 = level of technicality or detail of the physician’s/team’s and patient’s language clearly matches
7	Physician/team asks, “ Any questions? ” <i>*To score this ½ or 1, the MD must say the word “question.” (e.g., “what questions do you have?”) *To score this a 1, discussion must follow this question</i>	0 = no evidence	½ = yes, but no discussion ensues	1 = yes, and physician/team engages in a discussion with the patient about the question
8	Physician/team asks open-ended questions. <i>*OK for question in 7 to “count twice,” although there is a possibility that a provider will be scored for #8 but not for #7. *To score this a 1, discussion must ensue</i>	0 = no evidence	½ = yes, but no discussion ensues	1 = yes, and physician/team engages in a discussion with the patient about the question
9	Physician/team checks his/her understanding of the patient’s point of view. <i>*To score this as ½ or 1, the physician should essential use “teach back.” (e.g., “so if I understand you correctly, you feel comfortable trying the insulin injections?”)</i>	0 = no evidence	½ = yes, but no discussion ensues	1 = yes, and physician/team engages in a discussion with patient about the physician’s/team’s perceptions of patient’s point of view

^aAnnotated RPAD, adapted from Shields et al²³ for use as a coding guide by PEP Study observers. Asterisks and italicized/bolded font draw an observer’s attention to key details.