

A description of shared decision-making and dialysis choice (SDM-DC)¹

Item	Description
1. BRIEF NAME	Shared decision-making and dialysis choice (SDM-DC).
2. WHY	The intervention is an SDM intervention and achieving the ideal and essential elements of SDM stated by Makoul and Clayman [1]. The intervention is based on the first version of the three-talk model [2] consisting of three meetings, but also inspired by the Ottawa Decision Support Framework [3].
3. WHAT – MATERIALS	A PDA, called 'Dialysis choice', has been developed based on the method suggested by Coulter et al. [4], trying to meet the IPDAS criteria. The PDA consists of several tools: an overview of symptoms, a decision map, an overview of options, and OPDG – Danish version. In addition to the PDA, some other tools are available: four videos with four different patients, a folder with photos and drawings, a peritoneal dialysis catheter, and a needle for haemodialysis. All tools are to be shown and discussed with the patient.
4. WHAT – PROCEDURES	Three meetings are to be arranged between the patient and his or her relatives and a dialysis coordinator: The first meeting – a choice talk: to create an understanding of why a choice about dialysis mode has to be made and which options there are to choose between. The second meeting – an option talk: to provide insight into which options the patient has for dialysis, as well as discussing the advantages and disadvantages of each dialysis mode. The third meeting – a decision talk: to support the patient making a decision based on his or her informed preferences.
5. WHO PROVIDED	Six dialysis coordinators: Experienced nephrology nurses who have been trained in the why, what, and how of the SDM-DC. The initial training lasted two working days and has been followed up every six months by a one- or two-day refresher session.
6. HOW	The intervention is delivered face-to-face by the dialysis coordinator to the patient. The patient is encouraged to bring relatives to these meetings. The principles of SDM are used during the meetings: 1) the ideal and essential element of SDM; 2) the three-talk-model; and 3) the Ottawa Decision Support Framework. Three communication skills are used: 1) mirroring; 2) active listening; and 3) value clarification.
7. WHERE	The intervention is provided at the hospital in the outpatient clinic in a private room with access to a computer. The patient, relatives, and dialysis coordinator sit in chairs around a table. At one of the hospitals, the dialysis coordinator offered to provide the patient with one of the meetings at the patient's home.
8. WHEN & HOW MUCH	Patients are offered the intervention when they reach an eGFR below 20 ml/min. Each meeting is booked for one hour. When there is a need for an interpreter, the meeting is booked for one and half hours.
9. TAILORING	The intervention is tailored to each patient based on a decision need assessment. The number of meetings varies for each patient, with a variation between one and four meetings. Meetings are 'combined' by working with the aims from previous meetings at a later meeting. The tools are only used if they meet the needs of the patient or the dialysis coordinator.
10. MODIFICATIONS	Between October 2016 and February 2018, the support materials only had two videos. The next two videos were finished in February 2018. The folder with the pictures and drawings was ready to be used from January 2017.

References

- [1] G. Makoul, M.L. Clayman, An integrative model of shared decision making in medical encounters, *Patient Educ. Couns.* 60 (2006) 301–312.
- [2] G. Elwyn, D. Frosch, R. Thomson, N. Joseph-Williams, A. Lloyd, P. Kinnersley, E. Cording, D. Tomson, C. Dodd, S. Rolnick, A. Edwards, M. Barry, Shared decision making: A model for clinical practice, *J. Gen. Intern. Med.* 27 (2012) 1361–1367.
- [3] A.M. O'Connor, M.J. Jacobsen, D. Stacey, An evidence-based approach to managing women's decisional conflict, *JOGNN.* 31 (2002) 570–581.
- [4] A. Coulter, D. Stilwell, J. Kryworuchko, P.D. Mullen, C.J. Ng, T. Van Der Weijden, A systematic development process for patient decision aids, *BMC Med. Informatics Decis. Mak.* 13 (2013), 1-7.

¹ The description is based on the TIDieR (Template for Intervention Description and Replication) Checklist.