

# Supplementary Data

## Best Case/Worst Case Skills Checklist & Observation Form

<p><b>Described experience of dialysis</b> No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Described a <b>BEST CASE</b> outcome</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Short-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><b>long-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> </table> <p>Described a <b>MOST LIKELY</b> outcome</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Incorporated chronic medical conditions</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> </table> <p>Described a <b>WORST CASE</b> outcome</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Short-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><b>Long-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> </table>	<b>Short-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>long-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Incorporated chronic medical conditions</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Short-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Long-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<p><b>Broke bad news</b> No <input type="checkbox"/> Yes <input type="checkbox"/></p> <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <p><b>Dialysis</b></p> </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <p><b>No Dialysis</b></p> </td> </tr> </table> </div> <p><b>Used questions or phrases to encourage deliberation</b> No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><b>Made a recommendation linked to patient preferences (includes support from palliative care)</b> No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p><b>Dialysis</b></p>	<p><b>No Dialysis</b></p>	<p><b>Described experience of supportive care</b> No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Described a <b>BEST CASE</b> outcome</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Short-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><b>Long-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> </table> <p>Described a <b>MOST LIKELY</b> outcome</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Incorporated chronic medical conditions</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> </table> <p>Described a <b>WORST CASE</b> outcome</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Short-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><b>Long-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/></td> </tr> </table>	<b>Short-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Long-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Incorporated chronic medical conditions</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Short-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Long-term</b> No <input type="checkbox"/> Yes <input type="checkbox"/>
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Graphic aid shows dialysis and supportive care, clearly named, and for each treatment there is a vertical line with a box, star, and oval/mark to indicate most likely	No <input type="checkbox"/> Yes <input type="checkbox"/>
Written graphic aid includes written Best Case, Worst Case and Most Likely outcomes for each treatment offered	No <input type="checkbox"/> Yes <input type="checkbox"/>
Wrote patient-friendly terminology on the graphic aid	No <input type="checkbox"/> Yes <input type="checkbox"/>
Wrote "what is important to you now?" or equivalent phrase on the graphic aid	No <input type="checkbox"/> Yes <input type="checkbox"/>

NEPHROLOGIST: \_\_\_\_\_

TRAINER: \_\_\_\_\_

CASE #: \_\_\_\_\_

TOTAL SCORED POINTS: \_\_\_\_\_/19

ADDITIONAL COMMENTS:

SUPPLEMENTARY FIG. S1. BC/WC training checklist. BC/WC, best case/worst case.