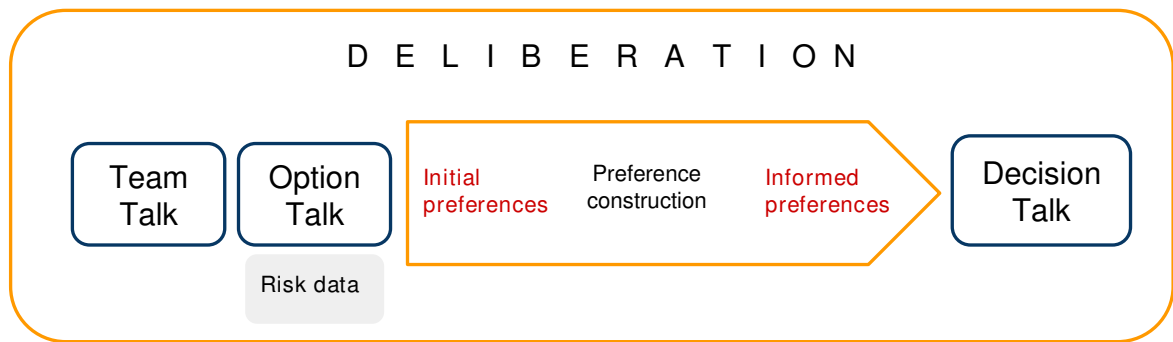


Appendix

Appendix Figure A Revision 1 Three-talk model provided in Step 1



- Team talk Explain the intention to collaborate and support deliberation
- Option talk Compare alternatives
- Decision talk Elicit preferences and integrate into subsequent actions
- Risk data Reference class, probabilities, absolute and relative risk data

Box 1 Qualtrics Survey

Proposed Revision of the 'Three-Talk Model' of Shared Decision Making

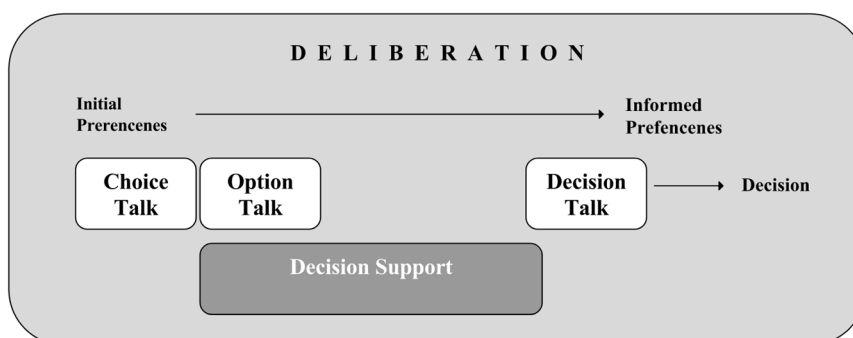
Thank you for responding to the invitation to complete the survey. The three-talk model of shared decision making, published in 2012, has been used as a teaching tool in workshops. During that time, changes have been suggested. After consultation with colleagues, we offer the opportunity to contribute to a revision of the model. Please complete this online survey, which we estimate will take 5 to 10 minutes to complete. You can leave your email if you wish or you can be anonymous.

Overview

The three-talk model is a high-level outline of a shared decision making process. The three-talk model proposes deliberation as the core construct - where the work of (1) becoming informed about possible alternatives and (2) developing informed preferences is supported. The model is of course a simplification of a complex, iterative, dynamic and often recursive process.

The three-talk model in 2012

As a first step, please review the three-talk model.



Citation: Glyn Elwyn, Dominick Frosch, Richard Thomson, Natalie Joseph-Williams, Amy Lloyd, Paul Kinnersley, Emma Cording, Dave Tomson, Carole Dodd, Stephen Rollnick, Adrian Edwards, Michael Barry. Shared decision making: a model for clinical practice. *Journal of General Internal Medicine* 2012; 10:1361-7.

Choice talk: the justification of describing alternatives, of portraying equipoise.

Option talk: the provision of accessible information about the harms and benefits of alternatives.

Decision talk: the process of determining a decision.

Decision support: the use of different kinds of tools to support information exchange and preference formation.

A proposed revision for 2017

As a second step, please review the proposed revisions to the three-talk model. The revised model is the result of consultation with experts between July and November 2016. It has three discrete discourse steps: team, option and decision talk.

Revision 2 Three-talk model in Qualtrics Survey used in Step 2

Differences between 2012 and 2017 models

- 'Choice talk' is replaced by 'team talk', putting emphasis on providing support and setting goals, where relevant.
- 'Decision support' is replaced by 'communicate risk and compare alternatives'.
- The concept of forming preferences is introduced and focused in 'decision talk', after the opportunity to become familiar with more information.
- Progress arrow to 'decision' is removed, allowing for the recursive nature of the process.

Q1 Were you previously aware of the three-talk model?

- Yes (1)
- No (2)
- Unsure (3)

Please refer to the revised model to answer the following questions.

Q2 The revised three-talk model is

- Very difficult to understand (1)
- Somewhat difficult to understand (2)
- Neither difficult nor easy to understand (3)
- Somewhat easy to understand (4)
- Very easy to understand (5)

Q3 As part of a method for teaching shared decision making, the revised three-talk model is

- Unhelpful (1)
- Somewhat unhelpful (2)
- Neither unhelpful nor helpful (3)
- Somewhat helpful (4)
- Helpful (5)

Q4 What comments do you have, if any, on the revised model?

Please refer to the revised model to answer the following questions.

Q5 As part of a model for teaching shared decision making, the term 'deliberation' is

- Unhelpful (1)
- Somewhat unhelpful (2)
- Neither unhelpful nor helpful (4)
- Somewhat helpful (5)
- Helpful (6)

Q6 What comments do you have, if any, on the term 'deliberation'?

Q7 As part of a model for teaching shared decision making, the term 'team talk' is

- Unhelpful (1)

- Somewhat unhelpful (2)
- Neither unhelpful nor helpful (3)
- Somewhat helpful (4)
- Helpful (5)

Q8 What comments do you have, if any, on the term 'team talk' or the description?

Q9 As part of a model for teaching shared decision making, the term 'option talk' is

- Unhelpful (1)
- Somewhat unhelpful (2)
- Neither unhelpful nor helpful (3)
- Somewhat helpful (4)
- Helpful (5)



- Team talk** Emphasize continued support when initiating choice awareness
- Option talk** Compare alternatives using risk communication principles
- Decision talk** Elicit preferences and integrate into next steps

Q10 What comments do you have, if any, on the term 'option talk' or the description?

Please refer to the revised model to answer the following questions.

Q11 As part of a model for teaching shared decision making, the term 'decision talk' is

- Unhelpful (1)
- Somewhat unhelpful (2)
- Neither unhelpful nor helpful (3)
- Somewhat helpful (4)
- Helpful (5)

Q12 What comments do you have, if any, on the term 'decision talk' or the description?

Q13 As part of a model for teaching shared decision making, the term 'form preferences' is

- Unhelpful (1)
- Somewhat unhelpful (2)
- Neither unhelpful nor helpful (3)
- Somewhat helpful (4)
- Helpful (5)

Q14 What comments do you have, if any, on the term 'form preferences'?

Q15 As part of a model for teaching shared decision making, the term 'informed preferences' is

- Unhelpful (1)
- Somewhat unhelpful (2)
- Neither unhelpful nor helpful (3)
- Somewhat helpful (4)
- Helpful (5)

Q16 What comments do you have, if any, on the term 'informed preferences'?

Q17 Please provide any other general comments

Q18 Please provide your email if you wish to allow us to make further contact about your responses

Q19 Your organization

Q20 What is your role?

- Researcher (1)
- Health professional (2)
- Patient (3)
- Policy maker (4)
- Other (5)
- Prefer not to say (6)

Q21 What is your age range?

- 18-24 (1)
- 25-44 (2)
- 45-64 (3)
- 65+ (4)

Q22 What is your gender?

- Male (1)
- Female (2)
- Other (3)
- Prefer not to say (4)

Q23 What is the highest level of education you have completed?

- Some high school (1)
- High school graduate or equivalent (2)

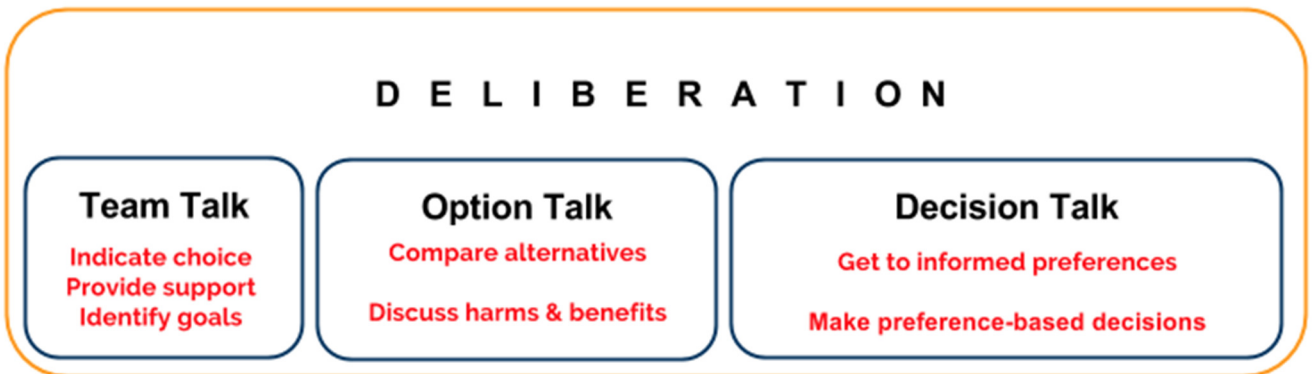
- Some college (3)
- College graduate (4)
- Master's degree/postgraduate degree (5)
- PhD/MD postgraduate degree (7)
- Prefer not to say (8)

Q24 What is your first language?

Q25 In what geographic region do you currently live?

- Europe (1)
- Asia (2)
- South America (3)
- North America (4)
- Australia (5)
- Africa (6)
- Prefer not to say (7)

Appendix Figure B Revision 3A: Three-talk model used in SERMO survey (Version 1)



- | | |
|----------------------|---|
| Team talk | Work together as you describe choices and ask about goals
Try "Let's work as a team to make a decision that suits you best ..." |
| Option talk | Discuss alternatives using risk communication principles
Try "Let's compare the possible options ..." |
| Decision talk | Get to informed preferences and make preference-based decisions
Try "Tell me about your preferences ..." |
| Deliberation | Thinking carefully about options when facing a decision |

Appendix Figure C Revision 3B: Three-talk model used in SERMO survey (Version 2)



Appendix Table A Step 2 Qualtrics Survey - Whether model or terms considered "Helpful" (%)

	Unhelpful	Somewhat unhelpful	Neither	Somewhat helpful	Helpful	Total responses
	%	%	%	%	%	n
Revised model is	5	7	9	44	35	170
Term 'deliberation' is	7	11	24	33	25	162
Term 'team talk' is	14	27	15	22	23	162
Term 'option talk' is	4	7	7	34	48	162
Term 'decision talk' is	3	5	9	27	56	158
Term 'form preferences' is	9	9	15	30	37	158
Term 'informed preferences' is	4	4	9	27	57	158

Appendix Table B Step 3 Sermo survey respondent characteristics

		%	n
Gender	Male	77%	244

	Female	22%	70
	Other	1%	2
Received medical degree	Within the last 10 years	15%	46
	Between 11 and 20 years ago	48%	152
	More than 20 years ago	37%	118
Specialty	Family Practice/ General Practice	17%	54
	Internal Medicine	17%	54
	Obstetrics and gynaecology	17%	54
	Orthopaedic surgery	16%	52
	Pediatric medicine	16%	52
	Urology	16%	50

Appendix Table C Preferred version of the three-talk model (n=316)

All clinicians	Prefer Version 1 38%, n=120	Prefer Version 2 50%, n=158	No Preference 12%, n=38
Family practice / general practice	41% (22)	28% (26)	11% (6)
Internal medicine	28% (15)	56% (30)	17% (9)
Pediatric medicine	29% (15)	60% (31)	12% (6)
Obstetrics and gynaecology	35% (19)	56% (30)	9% (5)
Orthopaedic surgery	44% (23)	46% (24)	10% (5)
Urology	52% (26)	34% (17)	14% (7)

Appendix Table D Responses from Sermo members in six medical specialties (n=316)

	Strongly disagree % (n)	Disagree % (n)	Neither disagree nor agree % (n)	Agree % (n)	Strongly agree % (n)
Is easy to understand	5 (15)	10 (32)	18 (57)	57 (180)	10 (32)
Could be helpful for my clinical practice	5 (15)	8 (26)	28 (88)	51 (160)	9 (27)
Could be used to introduce SDM to others	5 (15)	6 (18)	25 (79)	54 (169)	11 (35)
Would require training in how to use it	5 (15)	14 (44)	28 (87)	43 (135)	11 (35)