

Supplemental Table 2: SDM Courses

Author	Year	Country	Cohort	Study aim	Design	Setting & Duration	Content & delivery	Outcome measures	Outcomes	Outcomes: NWKM	Patient outcomes
Abbasgholizadeh	2021	Iran	41 healthcare professionals/trainees	Assess healthcare professionals' acceptance of and satisfaction with SDM workshop, its impact on their intention to use SDM, and their perceived facilitators and barriers to the implementation of SDM in clinical settings in Iran.	Before-after	Half-day workshop	(1) overall concept of SDM, (2) SDM tools, and (3) measurement of SDM. Delivered using lectures & individual and group activities	Participants completed several questionnaires: sociodemographic, familiarity with SDM, intention to implement SDM, facilitators and barriers of implementing SDM, continuous professional development reaction and workshop evaluation. Quantitative data was analysed descriptively.	Post-workshop, beliefs that practicing SDM would be beneficial and useful and beliefs about capability of using SDM had the strongest influence on intention of practicing SDM. Participants' intention to practice SDM was high following the workshop.	Level 2 - Commit to change	No direct link to patient outcomes, authors stated patients need SDM training
Ajayi	2019	USA	30 residents working in palliative care	Evaluate the PERSON mnemonic in training residents to have Goals of Care (GOC) conversations with their patients, and investigated if these skills translated to the bedside with real patient encounters.	Before-After	Didactic session with patient actors. Duration: 90 minutes	Short overview of the PERSON mnemonic and the core principles of GOC discussions, introduction to the case study, and a simulated GOC discussion with two patient actors	A pre-/post-baseline survey evaluating the understanding of GOC, and utility of the PERSON mnemonic after intervention; postintervention survey administered 7 months later. The primary outcome of the study was change in perceived utility of the PERSON mnemonic	Immediately after the intervention, 29 of 30 residents felt that they understood the mnemonic & this was maintained at 7-month survey; 63% indicated low confidence levels before intervention and 93% (p < 0.01) indicated higher level of confidence immediately after the education and at 7-month postintervention 97% (p < 0.01) indicated sustained	Level 2 - increased knowledge and confidence	Patient-reported outcomes could not be collected or analysed due to low response rates and limited granularity of hospital-level data

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Bentley K	2018	USA	28 Psychiatry residents	Tailor a brief training module to promote awareness of the SDM model.	After - with needs assessment	Focus groups and 1.5 hour workshop	1. Focus groups needs assessment: relationship between decision-making and professional identity, authority & paternalism. 2. 1.5 hour workshop on	Focus groups - qualitative data about identity; post-workshop survey.	Interviews uncovered barriers and facilitators. Positive responses to the idea of tailoring SDM workshops around professional identity	Level 2 – Participants engaged with focus group & workshop, viewed further SDM training positively; stated commitment	No patient outcomes reported

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Chesney	2018	Canada	18 Senior general surgery residents.	Evaluate senior general surgical residents' acceptance of the Best Case/Worst Case (BC/WC) tool and their attitudes, confidence, and actions before and after training.	Before-after.	Didactic training, demonstration, practice and debriefing. Duration: 2 hours	Decision support tool with visual aids was used. Teaching used BC/WC scenarios.	Questionnaires developed to evaluate attitudes, confidence, and actions at 3 time points: before the intervention, after intervention and 6 months after the intervention. Ottawa Decision Support Framework	Summative attitudes and confidence scores were not different before and after the intervention; however, action scores were higher after the intervention ($p = 0.04$). Most residents found the training useful.	Level 3 - Behaviour changed	Self-reported use of SDM with patients

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Harman	2019	USA	Paediatric and internal medicine hospitalists and trainees. Physician-trainees composed about half of rounding team members, and interns led more than half	Increase use of SDM behaviours by hospitalists and trainees	Before-after	Multimodal in the clinical and classroom setting. Duration: 8 weeks	Patient Engagement Project Study intervention included workshops, campaign messaging, report cards, and coaching. Real time feedback during ward	For 12-week pre- and postintervention periods, clinician peers used the 9-point Rochester Participatory Decision-Making Scale (RPAD) to evaluate rounding teams' SDM behaviours during ward rounds	527 patient encounters were scored during 175 rounds led by 49 hospitalists. Post training Improvement was observed on all 9 SDM behaviours. Mean RPAD score improvement was 1.68 points (95% CI,	Level 3	Qualitative feedback from patients included but no details given.

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			of patient encounters				rounds was given.		1.33 to 2.03; P < .001)		
Huffmann	2021	USA	97 developmental-behavioural paediatrics (DBP) fellows	Compare two interventions for autism-focused, online, interactive case-based trainings on SDM. Comparison of direct vs indirect teaching methods.	Quasi-RCT pre- and post-surveys	2 autism-focused, online, interactive case-based trainings on SDM. Intervention: 53 fellows. Comparison: 44 fellows. Average duration of	This was a single-blinded, quasi-randomized controlled trial (quasi-RCT) designed to compare the effects of SDM-focused versus an	Use of pre-training and post-training online surveys (Shared Decision-making Questionnaire Physician Scale & Leeds Attitudes toward Concordance II instrument) to assess knowledge and attitudes about	Both interventions significantly improved participant's reporting of SDM using self-report but not medication-prescribing concordance. Both groups' SDM knowledge	Level 3	No patient outcomes reported.

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						online learning: 14 minutes	EBP-focused online case-based training intervention.	SDM and medication-prescribing concordance.	increased by more than 15%.		
Kanzaria	2020	USA	28 emergency medicine residents	Perform SDM by role-playing in simulated patient encounters. To communicate risk and diagnostic options using a simulated patient scenario.	After-incorporating needs analysis	Blended learning: pre-course activities and one hour workshop	In-class session incorporated a short lecture outlining a framework for SDM, followed by role-playing through patient scenarios	Needs analysis conducted before course where it was found EM residents had not received SDM training. Skills assessed using simulated patient encounter and checklist of critical actions. Resident	Two months after attending the workshop, over 75% of residents completed all elements of the SDM process in a simulated patient encounter; four residents required no prompting by the examiner.	Level 3	No patient outcomes reported

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Ritter	2019	Switzerland	27 Senior internal medicine residents from 3 hospitals	Use SDM in clinical practice.	Before-after	Workshop: Two hours	Workshop and pocket card use in clinical practice. Encounters with patient actors were recorded and assessed shortly before and 2 months after	Performances assessed using a SDM OPTION scale (scores ranging from 0 to 100), a self-reported questionnaire, and patient actors rating the residents.	The mean (SD) score improved from 65 (SD 13) to 71 (SD 12; effect size [ES] 0.53; P ¼ .011). After training, participants were more comfortable with their SDM knowledge & skills and with practicing SDM. Residents applied SDM	Level 3-4	Patient actors rated the overall competence in discussing the treatment decision as high.

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							completing a program.		concepts more often in practice and patient actors felt more comfortable with how residents discussed their care		
Rusiecki	2018	USA	36 Senior Residents on ambulatory rotation	To increase senior residents' knowledge of, attitudes toward, & demonstration of SDM skills.	Before-after	Integrated & didactic. Duration: 4 weeks	A 7-step curriculum using patient actors was developed. Week 1: participants provided clinical recordings. Week 2: 4-hour didactic session	Pre/post-curriculum surveys assessing knowledge of and attitudes toward SDM. Skills assessed via pre/post-curricular audio recordings of clinical decision-making by residents with their patients.	Significant improvement in knowledge (median score pre 75%, post 100%, $P < .01$) & confidence (median composite score pre-2.87, post 3.0, $P < .01$). 44 Clinical recordings (31 pre, 13 post) were assessed using the OPTION scale.	Level 3	No patient reports

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Worthington	2020	USA	58 internal medicine and medicine/paediatrics residents	Improve resident knowledge of and comfort with contraception and SDM.	Before-after	Didactic & active learning. Duration: One hour	A seven-step model of SDM was adapted. Included a didactic teaching session, instructional video and interactive discussion.	To assess trainee comfort, knowledge, and attitudes pre- and post-workshop surveys used.	Residents reported improvement in contraception knowledge (overall mean pre-curriculum = 57%, post-curriculum = 70%, $p < .001$) and comfort with contraception counselling (overall mean pre-curriculum = 3.2, post-curriculum = 3.6, $p < .01$).	Level 3 self-reported behaviour changes	No patient outcomes reported