## **Interview Guide**

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Interview Date:

Interview Start Time:

Interviewer:

This research is about the application of shared decision-making in medical practice.

I am ... and together with a fellow interviewer, we will conduct these interviews.

Interviews will be recorded, securely stored, and the results will be processed anonymously. Afterwards, the audio files will be deleted. Do you agree to participate in this interview and allow the use of the results for scientific research?

Are you a gynaecologist or a resident? How old are you? If you are a resident, what year of training are you in? What is your subspecialty (if applicable)?

Can you circle the words from the word cloud you associate with shared decision-making (SDM) and explain your choices?

(See separate word cloud on the next page, encourage explaining choices aloud for recording purposes)

Can you please explain what you understand by SDM?

What are your thoughts on shared decision-making? How and to what extent have you learned about it?

In which situations do you believe the use of SDM is necessary?

Are there situations where SDM hinders rather than helps?

Do you believe providing (structured) education to residents is necessary? If yes/no, please elaborate on why.

Should the hospital invest more funds in developing resources to support/promote SDM? Can you explain your answer?

Would you be willing to allocate time specifically for discussions about SDM? Why or why not?

What are your experiences with the current use of SDM in practice?

What challenges can make it difficult to implement?

What benefits do you see for yourself and the patient in using SDM? Can you provide an example from your practice?

Do you think SDM aligns well with your practice? Why or why not?

Do you find it challenging to apply SDM? If yes, what specifically do you find difficult? And if it's easy, do you ever encounter difficult situations?

Do you feel the freedom to experiment with SDM in practice? If so, how?

Do you recognize different approaches to SDM in practice? Can you provide examples?

If you believe you have put in extra effort for an SDM conversation and it goes well, are your colleagues interested in it? Do you receive recognition for it? How do you notice that?

Do you ever discuss with colleagues how to approach SDM? To what extent does your and your colleagues' engagement with SDM come up in discussions and handover moments?

I have completed my questions. Is there anything else you want to share that hasn't been addressed? If you have any further questions, you can contact me via email. Would you like to receive the final product via email? Thank you for the interview.

Next page: Word cloud, loosely base on Aarts et al, 2022. [1]

[1] J.W.M. Aarts, M.D. Dannenberg, P. Scalia, G. Elwyn, Development of an adjective-selection measure evaluating clinicians' attitudes towards using patient decision aids: The ADOPT measure, Patient Educ Couns 105(8) (2022) 2785-2792.

Word cloud:

easy

disruptive

collaborative

worthwile

regressive

time-saving

efficient vooruitstrevend rewarding worthless difficult laborious undesirable respectful necessary unrewarding ethical harmonious cumbersome unethical flexible familiar time-consuming unrealistic disrespectful pleasing unnecessary unfamiliar effortless realistic frustrating inefficient ineffective prescriptive divisive desirable other ... convenient All words are applicable None of the words are applicable Spinnewijn L, et al. BMJ Open 2024; 14:e080765. doi: 10.1136/bmjopen-2023-080765