

Appendix 1: Observation forms

Observation form for individual Doctor-Patient encounters

Main focus in doctor-patient encounters is whether individual gynaecologist involve a patient in a medical decision or not; compare whether this would be appropriate and if this actually happens.

The following items should at least be noted:

- A. Consultation
 - Phase of the trajectory: diagnosis, therapy, curation, palliation, ...
 - Which moment of the day
 - Duration of the consultation
- B. Patient
 - Patient characteristics: age, level of education, level of support by family/friends, symptoms
 - Patient role (passive, assertive, ...)
- C. Doctor
 - Fixed recurring interaction moments
 - Doctor's role (directive, awaiting, ...)
- D. SDM specific
 - Type of information explained to the patient; is everything being explained?
 - Is a choice offered to the patient or not?
 - Does the doctor ask for patient preference or not?
- E. Culture¹
 - Power distance
 - Uncertainty avoidance
 - Individualism vs. collectivism
 - Masculinity vs femininity
 - Long term vs. short term orientation
 - Indulgence vs. restraint
- F. Other
 - What other noticeable items stood out?

Observation form for Group meetings

What is being done with patient opinions and preferences? Compare what one should ideally do vs. how patient preference is actually handled. The following items should at least be noted:

- A. Meeting
 - Type of meeting
 - Meeting duration (or case duration)
 - Persons present
 - Hierarchical constructs
- B. Cases

- Patient characteristics: age, level of education, level of support by family/friends, symptoms
 - Phase of the trajectory: diagnosis, therapy, curation, palliation,)
 - Doctor's role (directive, awaiting, ...)
 - Case complexity / uncertainty / doubts
 - Type of information that has to be explained to the patient
 - Are there multiple options being discussed?
 - Were patients interviewed about their opinions/preferences?
- C. SDM specific
- Is it 'done' to introduce patient perspective in this meeting?
 - Who brings about patient perspective? Who does not?
 - Is Evidence Based Medicine used in this meeting? How is this balanced with individual patient characteristics/preferences?
 - Are protocols used in the meeting? How is this balanced with individual patient characteristics/preferences?
- D. Culture¹
- Power distance
 - Uncertainty avoidance
 - Individualism vs. collectivism
 - Masculinity vs femininity
 - Long term vs. short term orientation
 - Indulgence vs. restraint
- E. Other
- What other noticeable items stood out?

Reference:

1. Hofstede G. Dimensionalizing cultures: The Hofstede model in context. *Online readings in psychology and culture* 2011;2(1):8.