

Table A. Observing Patient Involvement (OPTION)⁵ scale to assess the extent to which physicians involve patients in decision making.¹⁷

Item	Content
1	For the health issue being discussed, the clinician draws attention to or confirms that alternate treatment or management options exist or that the need for a decision exists. If the patient rather than the clinician draws attention to the availability of options, the clinician responds by agreeing that the options need deliberation.
2	The clinician reassures the patient or re-affirms that the clinician will support the patient to become informed or deliberate about the options. If the patient states that they have sought or obtained information prior to the encounter, the clinician supports such a deliberation process.
3	The clinician gives information or checks understanding about the options that are considered reasonable (this can include taking no action), to support the patient in comparing alternatives. If the patient requests clarification, the clinician supports the process.
4	The clinician makes an effort to elicit the patient's preferences in response to the options that have been described. If the patient declares their preference(s), the clinician is supportive.
5	The clinician makes an effort to integrate the patient's elicited preferences as decisions are made. If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes an effort to do so.

Table B. Participating consultants (n=41) from several specialties (n=18).

Medical (n=23)	Internal medicine	1
	Cardiology	1
	Paediatric	6
	Pulmonology	2
	Gastroenterology	2
	Neurology	3
	Radiotherapy	2
	Rheumatology	2
	Sport medicine	2
	Anaesthesiology	2
	Surgical (n=18)	Surgery
Gynaecology		3
Otolaryngology		3
Neurosurgery		3
Orthopaedic surgery		2
Plastic surgery		2
Urology		2
Ophthalmology		2

Table C. Random-intercept regression models for the presence of patient involvement (OPTION⁵) in 727 main decisions in encounters of 41 consultants with 727 patients.

Variable		Full model* (N=1564) Coefficient (SE)	p-value
Intercept†		19.17 (2.41)	<0.001
Consultant-level predictors			
	Reported usual role**	SDM	Reference
		Paternalistic	-1.37 (2.87) 0.634
		Informative	-1.48 (3.11) 0.633
	Age	Years	-0.14 (0.16) 0.383
	Gender	Male	Reference
		Women	-3.11 (2.67) 0.243
	Discipline	Medical	Reference
		Surgical	1.89 (2.55) 0.457
Patient-level predictors			
	Age	Years	-0.03 (0.03) 0.270
	Gender	Male	Reference
		Women	0.62 (1.09) 0.569
	Type of consultation	New patient	Reference
		Follow-up	0.05 (1.30) 0.969
	Time of consultation	Minutes	0.74 (0.08) <0.001
	Decision category decision	Treatment	Reference
		Diagnostic	-5.61 (1.52) <0.001
		Follow-up	-10.18 (1.75) <0.001

* This full model, with patients' and consultants' characteristics showed similar results to the final model presented in Table 1, but with lower overall fit.

† Intercept = The intercept can be interpreted as the average patient involvement of a (hypothetical) subject scoring 0 for each predictor in the model.

** Self-reported usual decision-making role in previous study.¹¹