

Table S2 Overview of involvement of interprofessional team in the development or use of DAs

ID	First author, year	Use by/presence of interprofessional team	Evaluation of DA by nurses and/or interprofessional teams	
			Nurses	Interprofessional team
3	Stirling, 2012[20]	DA design: publicly funded community nurses, non-government organization counsellors, privately funded home visiting support workers from community health service providers.	NA	NA
3	Stirling, 2012[21]	DA design: community nurses, counselors, and community support workers.	Point of view about DA: <i>The views of community nurses were closest to those of carers, since they understood the DA as providing information and decision support that would allow carers to make service decisions, with or without health professional assistance. It may be that community nurses could see the DA as an adjunct and of assistance in their work because their home visiting role gives them access to the situated contexts that inform the reality of carers' circumstances.</i>	Point of view about DA: <i>Counselors, support workers and expert advisors were likely to position carers more paternalistically, suggesting that carers needed information to be provided 'when ready', and in a 'softened' or 'protective' format. Too much realistic information was represented as likely to generate despair, depression, or an inability to cope.</i>
6	Green, 2018[22]	NA	NA	NA
7	Dales, 1999[23]	DA design: member of the critical care team, pneumologist, social worker, chaplain, nursing staff, respiratory therapist, intensive care nurse, and secondary (high) school teachers.	NA	NA

10	Kuraoka, 2017[24]	NA	NA	DA consulted with health professional team: <i>“One of 45 substitute decision-makers was handed a decision aid by a medical staff member. Eleven of 45 substitute decision-makers consulted with the physician in charge of the patient regarding the decision aid. Six of 45 substitute decision-makers consulted with a care manager. Five of 45 substitute decisionmakers consulted with a nurse. Two of 45 substitute decision-makers consulted with a physician not in charge of the patient. One of 45 substitute decisionmakers consulted with a social worker. Twenty-three of 45 substitute decision-makers consulted with nobody.”</i>
11	Snyder, 2013[25]	NA	NA	NA
11	Hanson, 2013[26]	NA	NA	NA
12, 15, 16, 18-20	Bilodeau, 2019[27]	DA design: healthcare professional, managers, representative of community-based organizations	NA	NA
22	Avey, 2018[28]	Multidisciplinary team involved in primary care : a provider care (mid-level provider or physician), a registered nurse case manager, a certified medical assistant, master's-level behavioral health consultants, a dietician, a clinical pharmacist, administrative support staff, traditional healing, health education, group learning, traditional healing, health education, group learning, and specialty care services from psychiatrists, professional counselors, and behavioral health urgent response .	NA	NA

22	Dirks, 2018[29]	DA design: primary care clinics, obstetrics/gynecology providers, pediatrics providers, certified medical assistant supervisors, a Southcentral Foundation tribal health system leadership, and Southcentral Foundation quality improvement committees.	NA	NA
23	Laplante-Lévesque, 2010[30]	NA	NA	NA
24	Patel, 2014[31]	DA design: physiotherapists. In practice, the general practitioner refers the patient to a physiotherapist	NA	NA
26	Fortnum, 2015[32]	DA design: a multidisciplinary group, including consumer input.	NA	NA
26	Morton, 2011[33]	NA	NA	NA
29	Aguilera, 2017[34]	NA	NA	NA
30	Schatell, 2015[35]	NA	NA	Evaluation of DA: <i>The decision aid, named My Life, My Dialysis Choice, launched online in February 2014, with built-in feedback collection on each page to allow confidential input from dialysis consumers and health professionals. Over 100 comments in DA and comments from the Facebook group were collected by the authors. Following the evaluations, the tool has undergone major changes (definitions, design) to facilitate its use by clients.</i>