

Supplementary material**Supplement 1. Coding scheme and manual**General notes:

- Only code utterances made when both patient and clinician were present in the room
- Code utterances of patient's significant other as the patient's, unless the patient explicitly disagrees/contradicts. Desires stated by next of kind will be coded as desire of the patient itself
- Sometimes there is a logical healthcare choice, for example if things are going well and no adjustment is needed. This is coded as an obvious next step. If there is an obvious next step during the consultation, SDM steps and/or forms of SDM may still be coded, since clinicians and patients may not be on the same line of thought.
- Every type of desire, even when stated in one sentence, will be coded as a separate desire.
- Increasing dose of medication should be coded as 'to start medication'.

Definitions:

Desire: Any vocalized desire or utterance with a valuative element for a certain treatment option or strategy towards the patients' diabetes care. Code as 'yes' if you experience even the smallest 'maybe' during the consultation.

Providing information: Information provided by the care provider concerning various treatment options and strategies and potential harms and benefits.

General

Study ID: _____ Coder: _____

Date: _____ (mm/dd/yyyy)

1. Was the patient accompanied by a caregiver?

<input type="checkbox"/>	No ₀	<i>(do not see, hear, or positively ID someone else in the room)</i>
<input type="checkbox"/>	Yes ₁	<i>(partner, relative, friend or significant other)</i>

2. Was there an obvious next step concerning future treatment?

<input type="checkbox"/>	No ₀	
<input type="checkbox"/>	Yes ₁	<i>(no decision making on treatment, because of logical next step)</i>

3. What was the total time of the consultation (patient and clinician together in consultation room)?

Desires

4. Number of desire:
 5. Time of stated desire:
 6. Stated by: patient/clinician

7. Who initiated the comment on desires?

<input type="checkbox"/>	Patient ₁
<input type="checkbox"/>	Clinician ₂

Explain: _____ (write in text)

8. What was the desire about? (more than one may apply)

<input type="checkbox"/>	An option ₁ <i>(medication or lifestyle)</i>
<input type="checkbox"/>	A personal want/disposition ₂ <i>(e.g. I don't like needles, I'm not giving up my glass of wine)</i>
<input type="checkbox"/>	A situation ₃ <i>(e.g. we've got to do something about all the hypos you've been having)</i>
<input type="checkbox"/>	Integrity of self ₄ <i>(e.g. I wish I wasn't like this, It's good—I'm figuring this out)</i>
<input type="checkbox"/>	Other ₅ _____ (write in text)

Utterance (entire quote): _____ (write in text)

SDM

9. State which steps of SDM you encountered during the consultation video in chronological order. Choose from: choice awareness (1), providing information (2), deciding on final treatment (3)

Step of SDM	Starting time	Citation

10. Which forms of SDM did you see? (see table 1 and 2 listed below) Multiple forms of SDM are possible during one consultation. Please enter forms in chronological order during the conversation. Choose from no form of SDM to be defined (0), weighing treatment alternatives (1), negotiating conflicting desires (2), solving problematic situations (3) and developing existential insight (4).

Form of SDM	Starting time	Citation

Supplementary table 1. Patient characteristics per study arm.

Patient demographics	Intervention (n=69)	Control (n=31)	p-value
Age, years (mean, SD)	59 (9)	63 (10)	0.03
Gender, female (n, %)	25 (36)	16 (52)	0.15
BMI (mean, SD)	36.3 (9.6)	37.5 (8.3)	0.30
Race (n, %)			0.83
White	58 (84)	27 (87)	
Black	7 (10)	2 (6.5)	
Other	4 (6)	2 (6.5)	
Education (n, %)			0.87
High School or less	20 (36)	9 (31)	
Vocational/4 year college degree	29 (53)	17 (59)	
Graduate degree	6 (11)	3 (10)	
HbA1c, % (mean, SD)	8.9 (1.3)	9.0 (1.2)	0.53
Years with diabetes (n, %)			0.30
<5	20 (33)	7 (24)	
5 to <10	23 (38)	9 (31)	
>10	17 (28)	13 (45)	
Literacy (n, %)			0.17
Inadequate	8 (13)	1 (4)	
Adequate	54 (87)	27 (96)	

BMI: body mass index; HbA1c: glycated hemoglobin; SD: standard deviation. The intervention consisted of the use of a within-encounter conversation aid. P-value <0.05 is considered statistically significant.

Supplementary table 2. Number of desires voiced per study arm.

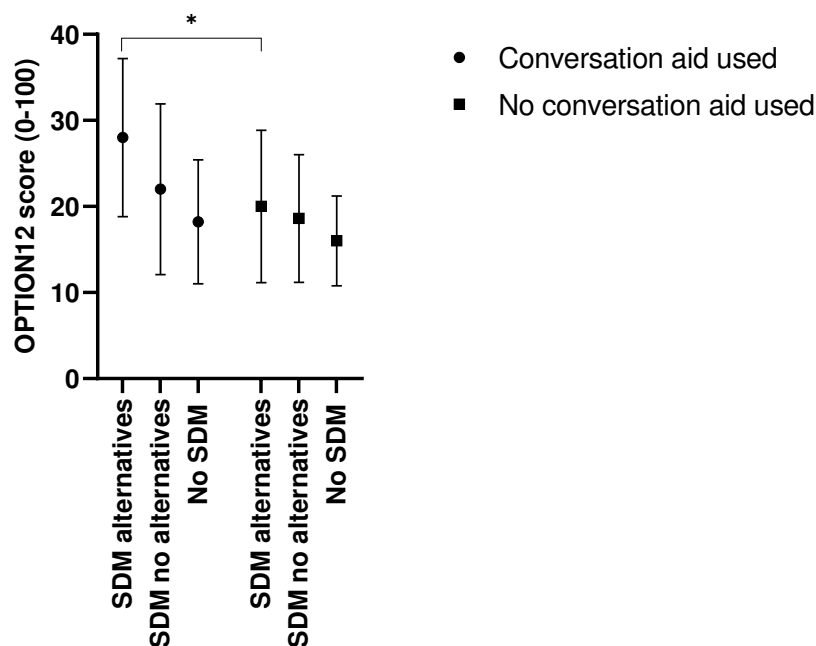
Number of desires voiced	Study arm		Total
	Intervention	Control	
0	11 (15.94)	6 (19.35)	17
1	14 (20.29)	9 (29.03)	23
2	12 (17.39)	2 (6.45)	14
3	11 (15.94)	8 (25.81)	19
4	11 (15.94)	1 (3.23)	12
5	3 (4.35)	2 (6.45)	5
6	2 (2.90)	3 (9.68)	5
7	4 (5.80)	0 (0.00)	4
8	1 (1.45)	0 (0.00)	1
Total	69	31	100

The intervention consisted of the use of a within-encounter conversation aid.

Supplementary table 3. Type of desire stated by patient or clinician per study arm.

Desire	Study arm		p-value
	Intervention	Control	
Overall			0.07
Patient	107 (60%)	50 (72%)	
Clinician	71(40%)	19 (28%)	
Medication/Lifestyle			0.03
Patient	18 (29%)	10 (56%)	
Clinician	45 (71%)	8 (44%)	
Personal want			0.89
Patient	65 (74%)	33 (75%)	
Clinician	23 (26%)	11 (25%)	
Problematic situation			>0.99
Patient	20 (87%)	4 (100%)	
Clinician	3 (13%)	0 (0%)	
Integrity of self			~
Patient	4 (100%)	3 (100%)	
Clinician	0 (0%)	0 (0%)	

The intervention consisted of the use of a within-encounter conversation aid. P-value <0.05 is considered statistically significant.

Supplementary figure 1. Association OPTION12 score and weighing of alternatives per study arm.

CA: conversation aid; SDM: shared decision making. Figures represent means, bars represent standard deviations. Dots: consultations in which a within-conversation aid was used. Squares: consultations in which no within-conversation aid was used. SDM alternatives; consultations in which SDM was present and focused on weighing alternatives solely or as part of multiple forms of SDM used (CA: n=42, no CA: n=10). SDM no alternatives; consultations in which SDM was present but not focused on weighing alternatives (CA: n=18, no CA: n=15). No SDM; consultations in which no form of SDM was observed (CA: n=8, no CA: n=6). OPTION12 score: score measuring the clinician's efforts to involve a patient within a consultation. Scores range from 0 to 100, with higher scores indicating more aspects of SDM present. *p-value<0.05.

Supplementary figure 2. Overview of forms of SDM used and desires voiced by patients and clinicians per consultation.

X-axis represents the percentage of time of the encounter. Consultations are ordered by the amount of SDM instances observed during the encounter, with no instance of SDM at the top to six instances of SDM at the bottom. Colors represent the different forms of SDM. Only the start of an SDM instance was coded, since a clear end could often not be distinguished. Desires voiced during the encounter are indicated by a P for desires voiced by the patient or C for a desire voiced by the clinician and further characterized as focused towards 1) an option, 2) a personal want/disposition, 3) a situation or 4) integrity of self.