

**SUPPLEMENTAL MATERIALS**

**Supplementary Table 1:** Pre-consultation medical summary template.

<b>Pre-consultation medical summary template:</b> To standardize the collection of pertinent medical and obstetric information prior to the consult		
<b>Obstetrician:</b>	<b>Date:</b>	<b>Time:</b>
<b>Neonatologist:</b>	[ ] Attending [ ] Fellow, [ ]*NP, [ ] Pediatrician:	
Last menstrual period: ..... Estimated Date of Delivery: ..... Postmenstrual Age today: .....(mm/dd/yyyy)		
<b>Reason for consult:</b>		
<b>Maternal history</b> Mom: ___ years. Gravida__ Para__ Abortion___ Living _____ Conception (spontaneous or assisted):		
<b>Labs and serologies:</b>	HBsAg:	Chlamydia:
	HIV:	Urine Culture:
	Rubella:	Blood group, Rh:
	Syphilis:	Antibody screen:
	Gonorrhea:	Group B Strep:
	Other:	
<b>Past medical history and family history:</b>		

<b>Past obstetrical history and outcomes:</b>
<b>Current pregnancy:</b>

**Antenatal genetics screening:**                      \*\*NIPT:                      Amniocentesis:                      \*\*\*FTS:                      Other:

<b>Ultrasounds:</b>				
Date (mm/dd/yyyy):	Gestational age	Estimated Fetal Weight	Biophysical Profile	Other findings

**Maternal Medications** *(indicate which of the following and add dates/specifications as necessary):*

<input type="checkbox"/> Antibiotics:	<input type="checkbox"/> Indomethacin:
<input type="checkbox"/> Betamethasone (please indicate dates):	<input type="checkbox"/> MgSO <sub>4</sub> (please specify number of hours):
<input type="checkbox"/> Other medications:	

Substance use during pregnancy:
Subspecialists involved:
Antenatal care plan as per OB team:

\*NP: Nurse Practitioner  
 \*\*NIPT: Non-invasive Prenatal Testing  
 \*\*\*FTS: First Trimester Screening

**Supplementary Table 2:** Neonatal Antenatal Consult conversation and documentation template involving decision-making scenario (22-24 weeks)

INSTRUCTIONS: We suggest using *grey italicized* value-neutral language prompts, to explore family values and establishing a post-birth care plan for a periviable preterm infant. **UPPER CASE** wordings provide guidance. Pause and allow sufficient time for family member to share their thoughts. Adapt the template for non-English speaking families, and families with diverse ethnic background as necessary. Take notes using this template.

<b>Guide for conversation and establishing a care plan</b>	<b>Guidance or suggested wording</b>
<p><b>1: Set up the conversation</b></p> <p><b>Introductions</b></p> <ul style="list-style-type: none"> <li>• Share purpose of the consult to prepare for future decisions</li> <li>• Ask Permission</li> </ul>	<p>INTRODUCE SELF/ROLE AND INQUIRE/AFFIRM PARENTS AND POSSIBLE BABY'S NAME</p> <p><i>“The goal for our discussion is to get to know you, share information about baby (ies) who may come early and tell you a bit about the NICU. We also would like to get to know you better. We have these conversations and ask these questions with all families expecting a baby who might be admitted to NICU”</i></p> <p><i>“May I go ahead? Is this, ok?”</i></p>
<p><b>2: Gather family context</b></p> <ul style="list-style-type: none"> <li>• Details about the family</li> <li>• Key supports and beliefs</li> </ul>	<p><i>“Can you tell me a bit about you and your family that you feel would be important for us to know?”</i></p> <p><i>“Are there any beliefs, practices, or traditions that are important in your life and care?”</i></p>
<p><b>3. Assess family's</b></p> <ul style="list-style-type: none"> <li>• Preferences for Receiving Information</li> <li>• Understanding of prematurity</li> </ul>	<p><i>“Some parents want a general overview of what can happen when a baby comes early, and some parents want to hear specific numbers and statistics. What works best for you when receiving information?”</i></p> <p><i>“What do you understand about what is happening now with your pregnancy?”</i></p> <p><i>“(Have you or anyone you know had any experience with babies born prematurely? Can you tell me what you know, heard, or read about babies that come early?)”</i></p>
<p><b>4: SHARE INFORMATION</b></p> <p>on &lt; 25-week infants in accordance with parent's information needs and preferences.</p>	<p><i>“We know that babies at .... (Gestational age/weight/etc.) at delivery typically require.....”</i></p> <p><i>GIVE BRIEF HIGH-LEVEL OVERVIEW OF CARE AT BIRTH FROM THE PARENTAL POINT OF VIEW)</i></p> <p><i>“When we admit your baby to the NICU, we know that babies at ..... gestational age, weight, etc., typically require..... “(GIVE BRIEF HIGH-LEVEL OVERVIEW OF NICU).</i></p>

	<p><i>“Our team will work closely with you to care for your baby, the parent plays an important role in the NICU.....”</i></p> <p>PROVIDE CONTEXT TO THE ROLE OF THE PARENT IN THE NICU SETTING. RECOGNIZE AND ACKNOWLEDGE THE IMPORTANT ROLE A PARENT PLAYS AND HOW THEY CAN INTERACT WITH THEIR BABY THROUGH SMELL, TOUCH, VOICE AND FEEDING.</p> <p>*OTHERS-</p> <p>SET THE SCENE FOR SHARED DECISION-MAKING BY SHARING UNCERTAINTY USING CANADIAN NEONATAL NETWORK AND FOLLOW UP NETWORK DATA</p>
<p><b>5: Explore key topics</b></p> <ul style="list-style-type: none"> <li>• Hope</li> <li>• Worries</li> </ul>	<p><i>“I just shared a lot of information with you about what might happen next and about prematurity. As we think about this, it's helpful to hear more from you”</i></p> <p><i>“What are some of the hopes or goals you have if your baby comes early?”</i></p> <p><i>“What are the most prominent worries you have right now or from the information I shared?”</i></p>
<p><b>6: Facilitate Shared decision-making conversation using SHARE approach</b></p>	
<p>Introducing the Need for a Decision (e.g. Resuscitation at Birth)</p>	<p><i>“I’d like to talk with you about something very important — how we might care for your baby immediately after birth. Because your baby may be born very early, we know from experience that there are critical decisions that may need to be made right away, sometimes within seconds.</i></p> <p><i>One of those decisions is whether to begin intensive medical treatment — what we call resuscitation — at the time of birth. This could include support for breathing, and heart rate, using equipment and medications in the delivery room.</i></p> <p><i>We bring this up now because once your baby is born, there may not be time to have this conversation in the moment. That’s why we aim to talk about this ahead of time — to understand what’s most important to you and to plan in a way that respects your wishes and values.”</i></p>
<p>Seek expectant parents’ participation.</p>	<p><i>“We’d like to make this decision together with you. Would it be okay if we walked through what those options could look like, and hear what matters most to you and your family?”</i></p>

<p><b>Help your expectant parents explore and compare healthcare options.</b></p>	<p><i>“There are a couple of possible approaches we can take. One is to provide intensive care, including resuscitation and life support. The other is to focus on comfort care, allowing your baby to experience warmth and closeness without medical interventions. Each approach comes with potential benefits and challenges. Would it be helpful if we reviewed what each might involve, step by step?” *</i></p>
<p><b>Assess your expectant parents’ values, preferences, and situation. **</b></p>	<p><i>“Every family brings their own values and hopes to this kind of decision. Some families feel that trying everything medically possible is the right path, even if the baby might face significant health challenges. Others feel that comfort and quality of life are most important. There’s no right or wrong — it’s about what feels most aligned with your beliefs and circumstances. What are your thoughts at this point? What matters most to you as you think about these options?”</i> ***</p>
<p><b>Reach a decision with your expectant parent</b></p>	<p><i>“Based on what we’ve discussed, how are you feeling about the options? Would it feel helpful to take some more time, or are you leaning toward one path over another? We’re here to support whatever decision feels right for your family.”</i></p>
<p><b>Evaluate your expectant parents’ decision.</b></p>	<p><i>“I appreciate you sharing your thoughts so openly. Before we move forward, is there anything else you’d like to revisit or ask about?”</i></p>
<p><b>7: Conclude the conversation</b></p> <ul style="list-style-type: none"> <li>• Summarize</li> </ul>	<p><i>“I have heard you say (insert goals/hopes) ----- is very important for your family and that you worry about _____. “</i></p> <p><i>“Given what you have shared with me and your baby’s GA/weight/etc. I recommend.....”</i></p>
<p><b>8: Share impression and Plan</b></p>	<p><i>“Based on our discussion today and what you have shared, the current plan for your baby when he/she is born is to provide</i></p> <p style="padding-left: 40px;"><i>[ ] Resuscitation and life sustaining treatment and escalation or</i></p> <p style="padding-left: 40px;"><i>[ ] No resuscitation-comfort care and family support or</i></p> <p style="padding-left: 40px;"><i>[ ] Defer decision making till ..... (Date and Time) for</i> <i>.....(reason)”.</i></p> <p><i>“A neonatologist will see you again in labor and delivery, or Follow-up in.....(Days).</i> <i>Or</i></p>

	<p>Family expresses having a follow-up conversation even if this set time occurs in the NICU following delivery”</p> <p>“I am going to leave you with this pamphlet created by our NICU family partners and families with experiences in the NICU, which some families have found helpful.</p> <p>“How does this plan sound to you? I will document what we discussed so other healthcare providers can support and know your care.”</p>
<p><b>9: Document your conversation</b></p> <p><b>10: Communicate with key clinicians</b></p>	<p>DOCUMENT IN THE CONSULT NOTE THE AGREED-UPON APPROACH TO RESUSCITATION, IMMEDIATE STABILIZATION, AND PLANNED POSTNATAL DISCUSSIONS.</p>
<p>*Share information briefly or in detail as per family preference: (i)Immediate morbidities &amp; Treatment (need for resuscitation and stabilization, intravenous venous access and parenteral nutrition, risk of (a) respiratory distress syndrome, intubation, surfactant, (b) infection, and antibiotic treatment, etc. (ii) Risk of life-threatening problems such as pulmonary hemorrhage, severe intraventricular hemorrhage, septic shock, severe Necrotizing enterocolitis, (iii) Overview of survival odds, morbidity (chronic lung disease, going home on ventilator or assisted feeding), long term neurodevelopmental impairment (mobility, learning, coordination, hearing and vision deficits), (iv) NICU team’s presence, role at delivery and NICU care, (v) NICU routines and transition of care, (vi) parents’ presence and involvement in NICU. Elicit their preference to (i) tour NICU, (ii) willingness to provide expressed milk and (iii) any other preferences.</p> <p>** Use decision aids as necessary that communicate the trade-offs, medical benefit and burdens with each choice</p> <p>*** Other prompts “How are you thinking about your baby’s potential quality of life?” “How do you feel your family would cope with long-term medical care needs?” “Are there particular hopes or fears that are guiding you?”</p>	

## Concepts and interconnections guide.

Concept	Definition	Examples	Why it matters
<b>Family Context</b>	The practical circumstances surrounding the family (social, cultural, logistical, financial, prior experiences) that shape what is feasible.	Distance from hospital, limited family support, language barriers, prior NICU experience, financial stress	Determines what care plans are realistically achievable. Ignoring context leads to plans that fail in execution.
<b>Beliefs</b>	The family's understanding or interpretation of illness and outcomes, often influenced by culture, religion, or past experiences. Beliefs may or may not align with medical evidence.	"Everything is in God's hands", "Miracles can happen even with poor prognosis", "Medical intervention interferes with natural processes"	Shapes how families interpret medical information and prognosis. Addressing beliefs builds trust and prevents misalignment in decision-making.
<b>Values</b>	The core principles that define what matters most to the family when facing uncertainty (e.g., survival, comfort, quality of life).	Prioritizing survival at all costs, minimizing suffering, valuing quality of life over longevity	Anchors major decisions. Without understanding values, care may not align with what truly matters to the family.
<b>Goals</b>	The outcomes the family hopes to achieve, reflecting how their values are applied to the current situation.	"Maximize survival if meaningful recovery is possible", "Prioritize comfort if prognosis worsens"	Provides direction over time. Goals help ensure consistency in care decisions as the clinical situation evolves.
<b>Preferences</b>	The specific choices or decisions the family expresses at a given point in time, based on context, beliefs, values, and goals.	Resuscitation with life-sustaining treatment, no resuscitation (comfort care), deferring decision-making	Directly informs the immediate care plan. Preferences may change, so they must be interpreted in light of underlying goals and values.

**Context → Beliefs → Values → Goals → Preferences**

*Preferences are the output; everything above explains the "why".*

Eliciting and documenting all five ensures that care plans are not only clinically appropriate but also aligned with the family's underlying priorities, reducing misinterpretation and supporting consistent, goal-concordant decision-making.

**Supplementary Table 3:** Neonatal Antenatal Consult conversation and documentation template involving scenario without decision making 25-28 weeks)

<p>INSTRUCTIONS: We suggest using <i>grey italicized</i> value-neutral language prompts to explore family values and establishing a post-birth care plan for an extreme preterm infant. <b>UPPER CASE</b> wordings provide guidance. Pause and allow sufficient time for family member to share their thoughts. Adapt the template for non-English speaking families, and families with diverse ethnic background as necessary. Take notes using this template.</p>	
Guide for conversation and establishing a care plan	Guidance or suggested wording
<p><b>1: Set up the conversation</b>  <b>Introductions</b></p> <ul style="list-style-type: none"> <li>• Share purpose of the consult to prepare for future decisions.</li> <li>• Ask Permission</li> </ul>	<p>INTRODUCE SELF/ROLE AND INQUIRE/AFFIRM PARENTS AND POSSIBLE BABY'S NAME</p> <p><i>“The goal for our discussion is to get to know you, share information about baby (ies) who may come early and tell you a bit about the NICU. We also would like to get to know you better. We have these conversations and ask these questions with all families expecting a baby who might be admitted to NICU”</i></p> <p><i>“May I go ahead? Is this, ok?”</i></p>
<p><b>2: Gather family context</b></p> <ul style="list-style-type: none"> <li>• Details about the Family</li> <li>• Key Supports and Beliefs</li> </ul>	<p><i>“Can you tell me a bit about you and your family that you feel would be important for us to know?”</i></p> <p><i>“Are there any beliefs, practices, or traditions that are important in your life and care?”</i></p>
<p><b>3. Assess family’s</b></p> <ul style="list-style-type: none"> <li>• Preferences for Receiving Information</li> <li>• Understanding of prematurity</li> </ul>	<p><i>“Some parents want a general overview of what can happen when a baby comes early, and some parents want to hear specific numbers and statistics. What works best for you when receiving information?”</i></p> <p><i>“What do you understand about what is happening now with your pregnancy?”</i></p> <p><i>“(Have you or anyone you know had any experience with babies born prematurely? Can you tell me what you know, heard, or read about babies that come early?)”</i></p>
<p><b>4: SHARE INFORMATION</b>  <b>on 25-28 week infants in</b>  <b>accordance with parent’s</b>  <b>information needs and</b>  <b>preferences.</b></p>	<p><i>“We know that babies at .... (GA/weight/etc.) at delivery typically require.....”</i></p> <p><b>GIVE BRIEF HIGH-LEVEL OVERVIEW OF CARE AT BIRTH FROM THE PARENTAL POINT OF VIEW)</b></p> <p><i>“When we admit your baby to the NICU, we know that babies at ..... gestational age, weight, etc., typically require..... “(GIVE BRIEF HIGH-LEVEL OVERVIEW OF NICU).</i></p>

	<p><i>“Our team will work closely with you to care for your baby, the parent plays an important role in the NICU.....”</i></p> <p>PROVIDE CONTEXT TO THE ROLE OF THE PARENT IN THE NICU SETTING. RECOGNIZE AND ACKNOWLEDGE THE IMPORTANT ROLE A PARENT PLAYS AND HOW THEY CAN INTERACT WITH THEIR BABY THROUGH SMELL, TOUCH, VOICE AND FEEDING.</p> <p>*OTHERS-</p> <p>USE CANADIAN NEONATAL NETWORK AND FOLLOW UP NETWORK DATA FOR REASSURING EXPECTANT PARENTS</p>
<p><b>5: Explore key topics</b></p> <ul style="list-style-type: none"> <li>• Hope</li> <li>• Worries</li> </ul>	<p><i>“I just shared a lot of information with you about what might happen next and about prematurity. As we think about this, it’s helpful to hear more from you”</i></p> <p><i>“What are some of the hopes or goals you have if your baby comes early?”</i></p> <p><i>“What are the most prominent worries you have right now or from the information I shared?”</i></p>
<p><b>6: Conclude the conversation</b></p> <ul style="list-style-type: none"> <li>• Summarize</li> </ul>	<p><i>“I have heard you say (insert goals/hopes) ----- is very important for your family and that you worry about _____. “</i></p> <p><i>I just shared a lot of information with you about what might happen next and about prematurity. Do you have any questions?</i></p>
<p><b>7: Share impression and Plan</b></p>	<p><i>“Thank you for sharing. There are no decisions to be made today. Should your baby be born early, the plan is</i></p> <p>OTHER CARE PLANS AND CONTINGENCY PLANS.....</p> <p><i>“A neonatologist will see you again in labor and delivery, or Follow-up in.....(Days).</i></p> <p>Or</p> <p><i>Family expresses having a follow-up conversation even if this set time occurs in the NICU following delivery”</i></p> <p><b>“I am going to leave you with this pamphlet created by our NICU family partners and families with experiences in the NICU, which some families have found helpful.</b></p> <p><a href="http://www.cw.bc.ca/library/pdf/pamphlets/BC-Womens-Preparing-for-">http://www.cw.bc.ca/library/pdf/pamphlets/BC-Womens-Preparing-for-</a>”</p> <p><i>“How does this plan sound to you?”</i></p>

	I will document what we discussed so other healthcare providers can support and know your care.”
<b>8: Document your conversation</b>	
<b>9: Communicate with key clinicians</b>	
<p>*Share information briefly or in detail as per family preference: (i) Immediate morbidities &amp; treatment need for resuscitation and stabilization, intravenous access and parenteral nutrition, risk of (a) respiratory distress syndrome, intubation, surfactant, (b) infection, and antibiotic treatment, etc. (ii) Risk of life-threatening problems such as pulmonary hemorrhage, severe intraventricular hemorrhage, septic shock, severe Necrotizing enterocolitis, (iii) Overview of survival odds, morbidity (chronic lung disease, going home on ventilator or assisted feeding), long term neurodevelopmental impairment (mobility, learning, coordination, hearing and vision deficits), (iv) NICU team’s presence, role at delivery and NICU care, (v) NICU routines and transition of care, (vi) parents’ presence and involvement in NICU. Elicit their preference to (i) tour NICU, (ii) willingness to provide expressed milk and (iii) any other preferences.</p>	

**Supplementary Table 4: Workshop Structure**

Structure and Content of Workshop on Eliciting and Recording Family Values in Antenatal Consults for Hospitalized Pregnant Patients at Risk of Preterm Delivery.				
Date:..... Time:.....				
Time	Activity	Purpose	Mode of Delivery	Materials
<b>1 week prior to workshop</b>	Share materials	-To orient participants to workshop activities  -To promote reflection on current practices and foster readiness for active engagement	Email	-Project summary (one pager) -Agenda -Templates with scripts -3 reference articles
<b>8:00-8:05</b>	-Quick orientation and introductions. -Permission for using video and photos	-To prime the participants	Didactic-	
<b>8:05-8:10</b>	Pre-workshop questionnaire	-To assess baseline knowledge, skills and abilities	QR code-based using Qualtrics platform	QR code for preworkshop survey
<b>8:10-8:55</b>	-Introduction to the clinical problem -Orientation to templates with scripts -Video demonstration of structured communication practices using above tools	-To prime participants for active learning by ensuring they understand the why, what, and how before engaging in practice-based, experiential learning. -Reduces cognitive load during the immersive portion and enables deeper learning	Didactic in-person and virtual presentation with interaction	-PowerPoint Slide-set and videos. -Printouts of templates and flow diagram
<b>8:55-9:00</b>	Orientation to simulation scenarios and expectations from participants	-To clarify roles, reduce apprehension and ensure focused engagement, enhance the	Didactic	

		effectiveness of the simulation and subsequent debriefing		
<b>9:00-9:15</b>	Scenario 1 - Role plays with debrief	-Simulation to practice eliciting family values	Simulation 1 trainees and an instructor	Simulation Scenario Template: Eliciting Family Context During Antenatal Neonatal Consultation
<b>5mins</b>	Reflection		Large group	-
<b>9:20-9:40</b>	Scenario 2 - Role plays with debrief	Hands-on simulation to practice translating information into a care plan	Simulation 2 trainees and an instructor	Simulation Scenario Template: Engaging family in shared decision making on resuscitation at birth
<b>9:40-9:45</b>	Reflection	Take home messages	Large group	
10mins	<b>Review Dos and Don'ts during consults</b>	-To reinforces key learning and guide action	Large group	PowerPoint slide
<b>9:55-10:00</b>	Post-workshop evaluation	-To assess training effectiveness, course materials, workshop delivery, overall experience and change in knowledge, skills and abilities	QR code-based using Qualtrics platform	-
<b>Just after the workshop</b>	Share workshop materials, including presentation slides and materials	-To allows participants to review, reflect on, and apply the material at their own pace	e-mail	PDF

## **Supplementary Table 5: Simulation scenario Template 1: ELICITING FAMILY CONTEXT DURING ANTENATAL NEONATAL CONSULTATION**

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**Title:** Eliciting Family Context using a conversation aid

**Type:** Simulated consultation between an expectant parent (pregnant woman) and physician

**Target Group:** Neonatal Fellowship Trainees

**Active Participants:** 2 (One acting as the physician, one as the expectant parent)

**Setting:** Postnatal Ward

**Estimated Simulation Time:** 5 minutes

**Estimated Debriefing Time:** 10 minutes

**Cognitive Skill Focus:** Recognize a clinical situation involving expected delivery at 25 weeks' gestation within 2–3 days

**Psychomotor Skill Focus:** Use a structured communication template to elicit family context

### **Learning Objectives:**

1. Elicit family structure, values, and contextual information
2. Demonstrate verbal and non-verbal communication
3. Document the conversation using the structured template

### **Simulation Summary:**

This scenario allows the trainee to practice eliciting a family's context using a structured, value-neutral communication template. Instructors will brief the trainee, acting as the expectant parent, beforehand, providing a sufficient background for meaningful responses to questions about family, beliefs, understanding of prematurity, hopes, worries, and decision-making preferences. The trainee acting as the physician will lead the consultation using scripted prompts provided in the template.

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### **Instructions for Trainees:**

1. Use gray italicized prompts to guide value-neutral communication.
2. Follow the conversation flow structure and take notes where appropriate.
3. Refer to scripted phrases as needed to maintain clarity and empathy.

**Instructions for Trainee Acting as Pregnant Woman (Expectant Parent):**

You are a 28-year-old pregnant woman recently migrated from Colombia, now living in Canada for the past 8 months. Both you and your partner work as healthcare aides. You identify as Catholic and hold strong family and religious values. You have no prior knowledge or understanding of premature birth or NICU care. At 25 weeks' gestation, premature rupture of membranes hospitalized you.

You and your partner hope deeply that your baby survives and grows up to be healthy. You believe your multiple day and night shifts contributed to the rupture. Your financial resources are limited, and you are worried about losing income and covering hospital costs. You want to do everything you can to support your baby, but you are unsure what decisions you need to make or whether there is anything more you can do to help. You prefer that information be shared in a way that is simple, clear, and understandable to you.

Use this background to authentically portray an expectant parent who is both anxious and motivated, unfamiliar with neonatal care, and searching for guidance from a compassionate healthcare provider.

**Debriefing: Expected Output from the Trainee (Physician Role) using observation, concern inquiry method**

1. Demonstrated use of structured prompts
2. Elicitation of relevant contextual and value-based information
3. Clear and compassionate communication
4. Draft consult note with impression and plan

## **Supplementary Table 6: Simulation scenario Template 2: ENGAGING FAMILY IN SHARED DECISION MAKING ON RESUSCITATION AT BIRTH**

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**Title:** Engaging family in shared decision making on resuscitation at birth using a conversation aid

**Type:** Simulated consultation between an expectant parent (pregnant woman), her partner, and physician

**Target Group:** Neonatal Fellowship Trainees

**Active Participants:** 3 (One acting as the physician, two as the expectant parents)

**Setting:** Antenatal Ward

**Estimated Simulation Time:** 10 minutes

**Estimated Debriefing Time:** 10 minutes

**Cognitive Skill Focus:** Recognize a clinical situation involving expected delivery at 22 weeks' plus 4 days, gestation potentially within 2–3 days.

**Psychomotor Skill Focus:** Use a structured communication template to engage in shared decision making

### **Learning Objectives:**

1. Based on previous understanding of family structure, values, and contextual information
2. Engage in a conversation using the SHARE approach.
3. Demonstrate verbal and non-verbal communication
4. Document the conversation using the structured template

### **Simulation Summary:**

This scenario allows the trainee to practice engaging a family in shared decision-making conversation using a structured, value-neutral communication template. Instructors will brief the trainee, acting as the expectant parent, beforehand, providing a sufficient background for meaningful responses to questions about family, beliefs, understanding of prematurity, hopes, worries, and decision-making preferences. The trainee acting as the physician will lead the consultation using scripted prompts provided in the template.

### **Instructions for Trainees:**

1. Use gray italicized prompts to guide value-neutral communication.

2. Follow the conversation flow structure and take notes where appropriate.
3. Refer to scripted phrases as needed to maintain clarity and empathy.

### **Instructions for Trainee Acting as Pregnant Woman (Expectant Parent):**

Standardized Patient Brief: Shared Decision-Making at 22 Weeks

#### Scenario Overview

You are portraying a couple expecting a preterm delivery at 22 weeks' gestation. You are meeting with a neonatal physician to discuss what might happen after birth and whether to pursue resuscitation. Your role is to respond authentically to the physician's questions using the information below.

#### Background for the Couple:

- You are expecting your first baby at 22 weeks' gestation and facing an imminent delivery.
- You feel overwhelmed, anxious, and unprepared for this situation.
- You are unfamiliar with outcomes for babies born this early.
- You hope your baby survives but are unsure of what the right decision is.
- You value life and want to avoid suffering for your baby.
- You're unsure what decisions you can or should make and want guidance from the medical team.
- You trust clinicians and want things explained clearly and simply.
- You are open to hearing options and want to understand both resuscitation and comfort care.
- You want to make a decision that reflects what's best for your baby and your family.

#### Suggested Language and Responses:

- "We're still in shock. We didn't think this could happen so soon."
- "We want to do what's best for the baby, but we don't know what that is."
- "Can you tell us what happens if we do resuscitate? And if we don't?"
- "We just want our baby to have a chance—but not to suffer."
- "It's hard to imagine not doing everything, but we're scared about what life could be like for them."
- "We'd like your help in figuring this out—we've never had to make a decision like this."
- You are encouraged to express uncertainty, ask clarifying questions, or show emotion. You are not expected to have all the answers. Your goal is to represent a realistic and emotionally authentic parent facing a difficult decision.

### **Debriefing: Expected Output from the Trainee (Physician Role) using observation, concern inquiry method**

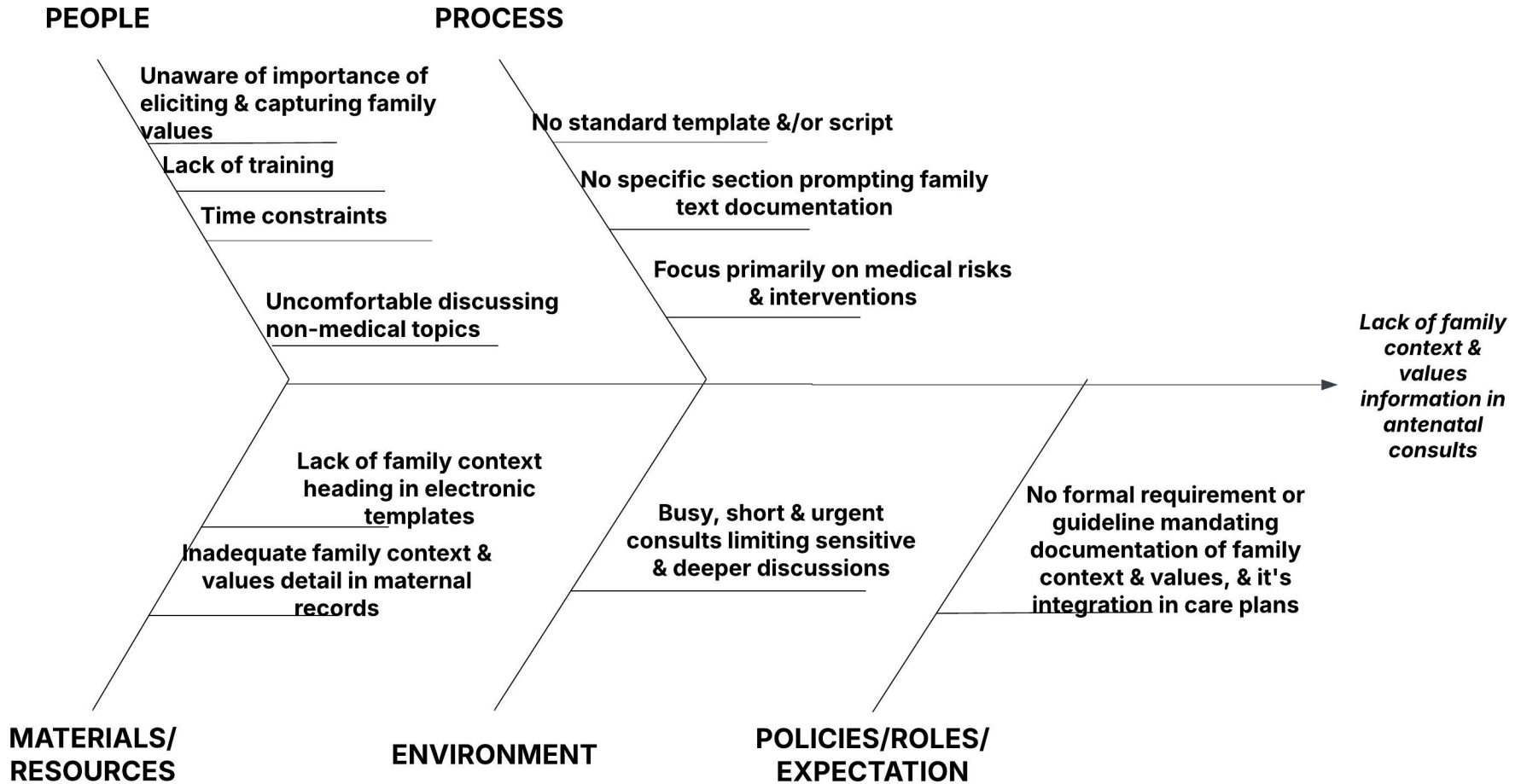
1. Demonstrated use of structured prompts

2. Clear and compassionate communication
3. Draft consult note with impression and plan

Debrief by participant playing expectant parent on:

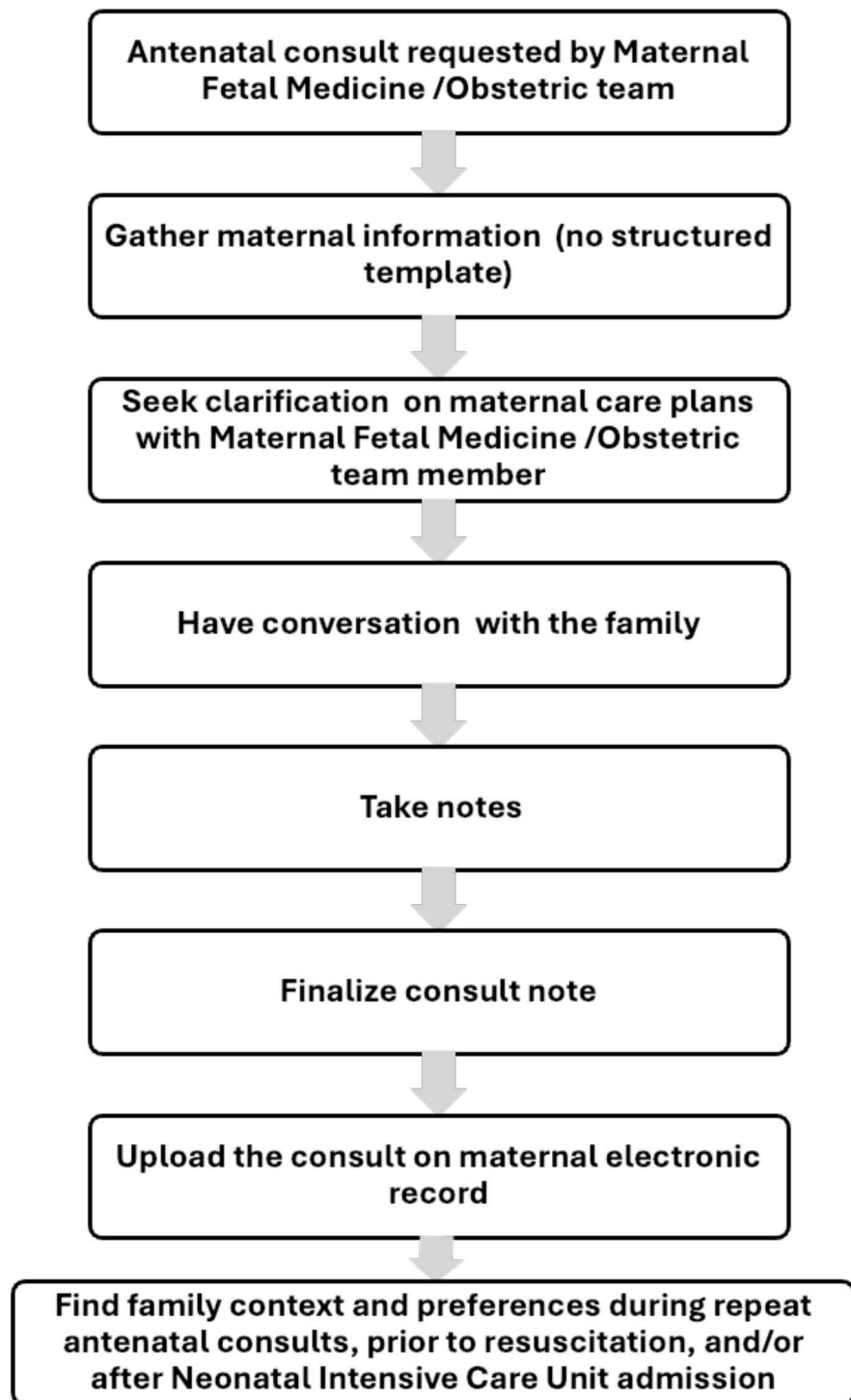
1. Whether the consult allowed them to be comfortable in their decision making?
2. What is their decision?  
 Resuscitation,  No resuscitation,  I don't know
3. Are they comfortable with this decision?
  - Sure, of themselves - Do you feel sure about the best choice for you?  Yes  No
  - Understand information-Do you know the benefits and harms of resuscitation & no-resuscitation?  Yes  No
  - Risks and Benefits- Are you clear about which benefits and harms matter most to you related to above options?  Yes  No
  - Encouragement- Do you have enough support and advice to make a choice?  Yes  No

# Supplementary Figure 1-Cause and effect diagram

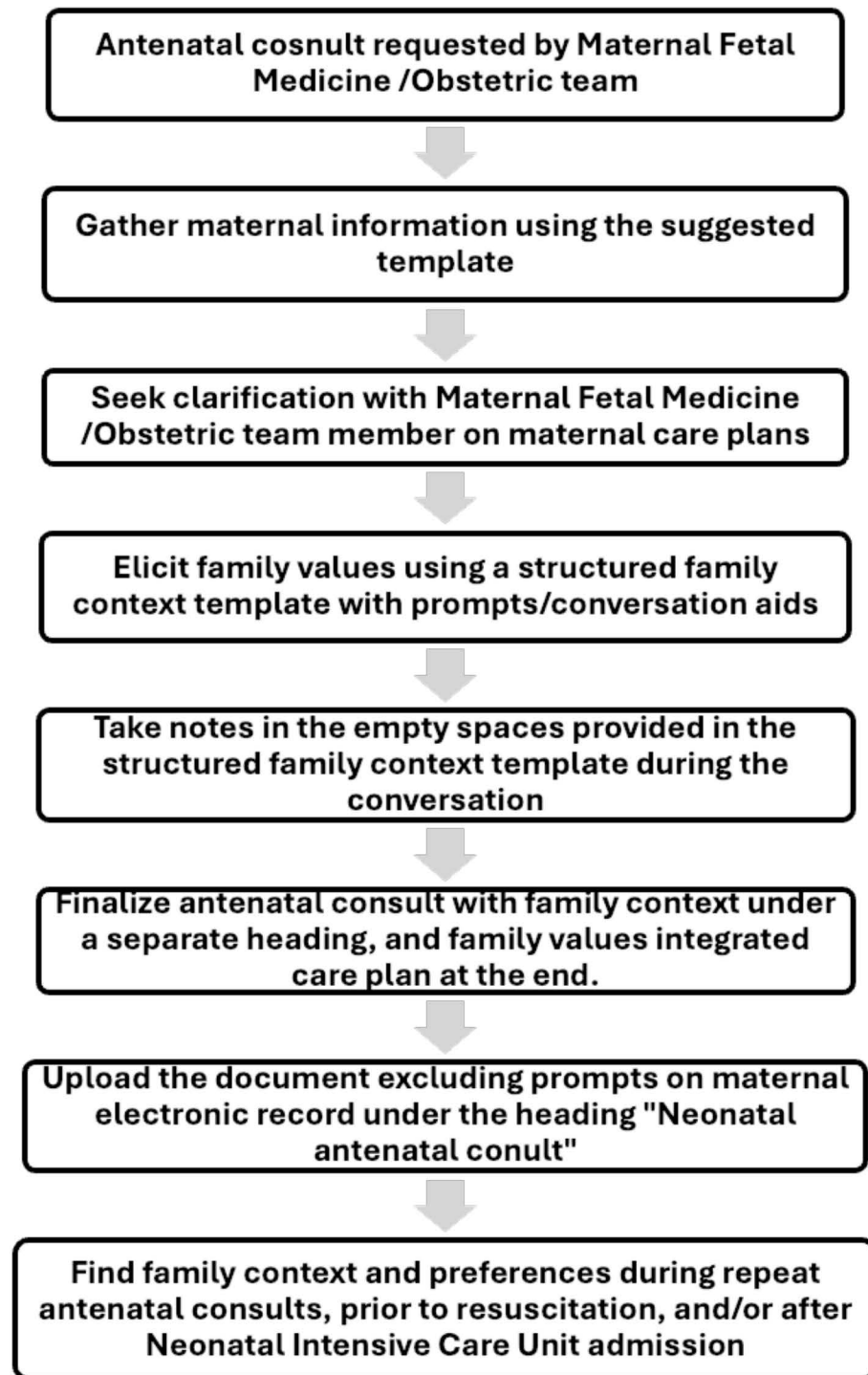


# ***Supplementary Figure 2- Baseline and future state process map***

## **A: BASELINE UNIT PROCESSES**



## **B: DESIRED FUTURE STATE PROCESSES**



## Supplementary Figure 3- Key Driver Diagram

### AIMS

OVERARCHING AIM: Increase family context documentation in antenatal consults from 20 to 80% by Dec 2026

**SPECIFIC AIM: Increase providers' perceived knowledge and skill acquisition in eliciting and integrating family values in antenatal consultation by  $\geq 50\%$**

### DRIVERS

**Knowledge & skills acquisition**

**Guidelines**

### CHANGE INTERVENTIONS

**1: Design templates with scripts for < 25 w, and 25-28 weeks**

**2: Create training curriculum**

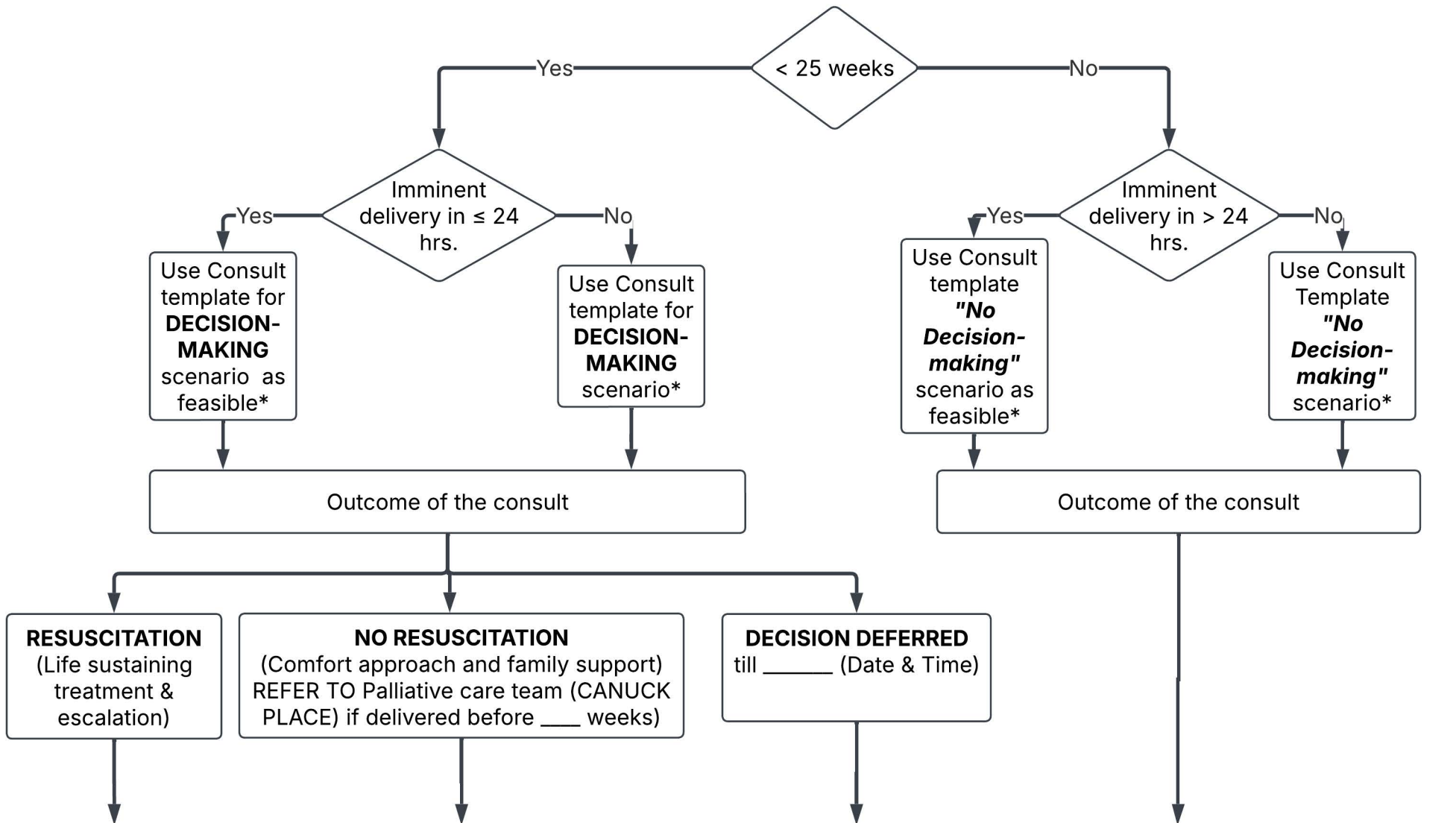
**3: Deliver training workshop**

**4: Clarify expectations for eliciting & documenting family values using structured templates**

**5: Clarify workflow-use templates with prompts sheet to make notes, upload consult note without the prompting script to electronic record**

# Supplementary Figure 4- Guidelines for application of tools

Guidance on use of Templates and Scripts in Antenatal Consults to Capture Family Values for expected Preterm Births (<29 Weeks' Gestation, No Additional Complexities)



- Any plans for reviewing above decisions. If Yes, \_\_\_\_\_(Date)
- Document in the consult note the agreed-upon approach to resuscitation, immediate stabilization, and planned postnatal discussions.
- Include other care plans and contingency plans to facilitate resuscitation team preparation.
- Upload the consult note without prompts

\*Assess whether clinical and emotional context are appropriate to start a meaningful conversation about family values and preferences.