Supplentary Table 1: Participants’ responses to the Round 1 statements (n=21)

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|  | **1=Very Limited Importance n (%)** | **2=Limited Importance**  **n (%)** | **3=Important but not critical**  **n (%)** | **4=Critical**  **n (%)** | **5=Very Critical**  **n (%)** |
| 1. The key difference between ACP and Advance Directives | 0 | 1(5%) | 8(38%) | 8(38%) | 4(19%) |
| 2. Discussing ACP with family members of patients with COPD | 0 | 2(10%) | 5(24%) | 3(14%) | 11(52%) |
| 3. Family and caregivers needs | 0 | 1(5%) | 4(19%) | 8(38%) | 8(38%) |
| 4. Addressing mismatched patient or family expectations | 0 | 0 | 2(10%) | 7(33%) | 12(57%) |
| 5. Incorporating ACP into routine management of COPD | 0 | 0 | 4(19%) | 12(57%) | 5(24%) |
| 6. Do-not-resuscitate orders as part of ACP in patients with COPD | 0 | 2(10%) | 3(14%) | 7(33%) | 9(43%) |
| 7. Discussing life expectancy | 0 | 0 | 5(24%) | 12(57%) | 4(19%) |
| 8. General principles regarding discussions about prognosis | 0 | 0 | 7(33%) | 9(43%) | 5(24%) |
| 9. Clarifying goals of treatment - e.g. palliative versus curative | 1(5%) | 1(5%) | 2(10%) | 10(48%) | 7(33%) |
| 10. Strategies for conversations with patients with poor prognosis | 0 | 0 | 0 | 12(57%) | 9(43%) |
| 11. Timing and frequency of ACP discussions | 0 | 0 | 4(19%) | 12(57%) | 5(24%) |
| 12. Revision of ACP decisions and documentation | 0 | 0 | 6(29%) | 10(48%) | 5(24%) |
| 13. Doctor-patient scenario and role play simulations around ACP discussions and communication techniques for initiating conversations around ACPs | 1(5%) | 1(5%) | 11(52%) | 5(24%) | 3(14%) |
| 14. General principles of palliative care | 0 | 1(5%) | 3(14%) | 6(29%) | 11(52%) |
| 15. Palliative Care Competencies (profession specific) | 0 | 1(5%) | 3(14%) | 7(33%) | 10(48%) |
| 16. Strategies for communicating the outcomes of ACP discussions to the around ACPs consultants, public health nurses, physiotherapists, paramedics etc...) | 0 | 0 | 1(5%) | 10(48%) | 10(48%) |
| 17. The benefits of ACPs in COPD care | 0 | 0 | 4(19%) | 11(52%) | 6(29%) |
| 18. Theoretical perspectives on ACP | 0 | 4(19%) | 7(33%) | 7(33%) | 3(14%) |
| 19. Types of advance care directives | 0 | 0 | 6(29%) | 10(48%) | 5(24%) |
| 20. Current research on ACP in COPD | 0 | 0 | 7(33%) | 10(48%) | 4(19%) |
| 21. Identifying patients with COPD who could benefit from palliative care interventions | 0 | 1(5%) | 1(5%) | 4(19%) | 15(71%) |
| 22. Recognising the appropriate time to begin palliative care | 0 | 1(5%) | 0 | 7(33%) | 13(62%) |
| 23. Identification of changes in care needs for patients with COPD | 0 | 0 | 2(10%) | 7(33%) | 12(57%) |
| 24. Advantages of ACP for patients with COPD | 0 | 0 | 2(10%) | 9(43%) | 10(48%) |
| 25. Patients with COPD preference of ACP discussions | 0 | 0 | 5(24%) | 8(38%) | 8(38%) |
| 26. Barriers to initiation of ACP for patients with COPD | 0 | 1(5%) | 2(10%) | 11(52%) | 7(33%) |
| 27. Identification of COPD transition points for ACP discussions | 0 | 0 | 4(19%) | 9(43%) | 8(38%) |
| 28. Typical disease trajectories for people with COPD | 0 | 1(5%) | 3(14%) | 10(48%) | 7(33%) |
| 29. Factors assisting prognostication in the patient with COPD | 0 | 0 | 4(19%) | 12(57%) | 5(24%) |
| 30. Predictors of mortality during and following acute exacerbations of COPD | 0 | 1(5%) | 3(14%) | 11(52%) | 6(29%) |
| 31. Learning opportunities for a team from the death of a patient with COPD | 0 | 1(5%) | 5(24%) | 5(24%) | 10(48%) |
| 32. Self-care strategies for HCPs engaged in ACP with patients and families | 0 | 1(5%) | 6(29%) | 4(19%) | 10(48%) |
| 33. Professional responsibilities arising from the Assisted Decision-Making (Capacity) Act 2015 | 0 | 0 | 2(10%) | 6(29%) | 13(62%) |
| 34. Code of practice for HCPs for ACP | 0 | 0 | 1(5%) | 9(43%) | 11(52%) |
| 35. Guiding principles of the Assisted Decision-Making (Capacity) Act 2015 | 0 | 0 | 2(10%) | 8(38%) | 11(52%) |
| 36. Exploration of the key themes in the Assisted Decision-Making (Capacity) Act, 2015 | 0 | 0 | 2(10%) | 8(38%) | 11(52%) |
| 37. Review of Ireland’s Health Service Executive (HSE) recommendations in relation to the interpretation and operation of the Advance Healthcare Directives provisions contained in the Act | 0 | 0 | 6(29%) | 4(19%) | 11(52%) |
| 38. Understanding what makes ACP a legal document | 1(5%) | 0 | 3(14%) | 7(33%) | 10(48%) |
| 39. Do-not-resuscitate orders as part of ACP in patients with COPD | 0 | 1(5%) | 2(10%) | 5(24%) | 13(62%) |
| 40. Ethical issues involved in ACP | 0 | 0 | 1(5%) | 6(29%) | 14(67%) |