Additional File 2: Summary of the process evaluation

Domain	Focus	Data collection format	Measurement point and informant	study group
Context	Study center: • Clinic core: Resources, organizational structure and functional processes • Adaptive reserve: Culture and Climate (in particular, innovation climate) Physicians and nurses: • experiences and awareness, • general knowledge, • qualification; • self-efficacy and general attitudes Participating women: • sociodemographic characteristics, • family history, • general attitudes, • health literacy, • trust, • self-efficacy and optimism Intervention characteristics: • complexity, • compatibility • relative advantage	semi-structured interviews, standardized questionnaire	Study center (key informant), physicians and nurses: during initiation period of the study center Participating women: Baseline (T0)	 IG/CG
Recruitment of clinics	• organizational structure and functional processes of non-participating clinics	standardized documentation form	during initiation period of the study center	not applicable
Recruitment of women	• recruitment procedure, • reasons for participation/non-participation	standardized documentation form	during recruitment process	IG/CG

Delivery to clinics	• fidelity: Was the implementation strategy delivered to the clinics as planned? • dose: How much of the implementation strategy was delivered? • adaptations: How much was the implementation strategy adapted by the clinics? • reach: Has everyone been reached by the implementation strategy, who is important for the delivery of the intervention?	extraction of training protocols, standardized questionnaire, semi-structured interviews	training staff, nurses: during training sessions and six months after the last training session	not applicable
Delivery to women	• fidelity: Was the intervention delivered to women as planned? • dose: How much of the intervention was delivered? • adaptations: How much was the intervention adapted by the clinics? • reach: Has everyone reached?	video- and/or audiotapes of randomly selected coaching sessions, standardized documentation form, copy of the patient decision guidance, standardized questionnaire, semi-structured trainer interview	nurses: continuously during study, women: first follow-up (T1) trainer: at the end of the supervision period	IG
response of clusters	• attitude of the clinics (organizational view, nurses and physicians) regarding the intervention and implementation strategy, • adoption/uptake of the intervention and implementation strategy (how?), • integration into daily routine (how?), • changes in clinical behavior and attitudes	standardized documentation form, semi-structured interview	nurses: continuously during study and at the end Study center (key informant) and physicians: at the end	not applicable
response of women	• attitude about the decision coaching, • use of coaching sessions and decision aid, • satisfaction, • decision process (e.g. second opinion, confidence about decision)	standardized questionnaire, semi-structured interview	women: first (T1) and second follow-up (T2) women: after the second follow-up (T2)	IG
Maintenance	• experienced process normalization, • level of institutionalization, • reflection of barriers and facilitators	standardized questionnaire, semi-structured interview	nurses and key informants: at the end of the study	IG

			women: after the second follow-up (T2)	
Unintended consequences	• reflection of barriers and facilitators, • unintended consequences in terms of work load, • unintended processual changes, • unintended consequence on women level (e.g. fear, uncertainty)	semi-structured interview	nurses and key informants: at the end of the study, women: after the second follow-up (T2)	IG
Theories and frameworks	• impact of the intervention on decision making, • Integration in daily routine and process normalization, • Characteristics of the intervention, • Implementation process	Theory of planned behavior, Process normalization theory, Rogers "Diffusion of innovations", PARIHS-Framework		