



The International Shared Decision Making Society's (ISDMS) Declaration of Interest Form is used to manage conflicts, promote transparency, and adopt unbiased decisions that are in the best interest of the collaboration. Effectively managing interests – and identifying potential conflicts – is essential if policy makers, healthcare professionals, and the patients/public, are to maintain confidence in our work.

Why must I file? The information you provide on this form will be used to assess if you have any potential conflicts of interest. Information will be disclosed on the ISDMS website in the interest of transparency.

Who must complete it? Members of the executive board of ISDMS.

When must I file? The report is due prior to assuming a position and updated yearly.

Reporting period? Report the required information for the 3 years preceding the date you complete this form.

Questions(?) If you have any questions about how to complete this form, please contact kirsten.mccaffery@sydney.edu.au

What are the different types of interest?

Direct Interests: When there is, or could be perceived to be, an opportunity for a person involved with ISDMS work to benefit. This benefit could be financial or non-financial. Non-financial is described as increasing or maintaining their professional reputation (e.g., advocate for a particular group, holds office of authority in professional organization, actively involved in an ongoing research project aimed at determining the effectiveness of a matter under consideration; published a clear opinion about the matter under consideration).

Indirect Interests: When there is, or could be perceived to be, an opportunity for a third party closely associated with the person in question to benefit. This could be through a close association with another person or organization that has a financial or non-financial interest (defined above) and could benefit from a decision the person is involved in making through their work on an ISDMS committee.

What are the responses to declared interests?

- a. No action other than the process of open declaration.
- b. Partial exclusion from recommendations and decision-making on the matter relating to the interest – may provide advice because of their expert knowledge;
- c. Complete exclusion from having input to a specific topic.

| | |
|---|-------------------------------|
| Name Paulina Bravo | |
| Position/Title Dr. Associate Professor | |
| Employer Pontificia Universidad Católica de Chile | Country Chile |
| Reporting Status New Renewal <input checked="" type="checkbox"/> | Email pbbravo@uc.cl |

| | | |
|---|-----|----|
| For <u>each</u> statement below, check Yes or No to describe your situation <i>in the last 3 years or next 12 months which may reflect a direct or indirect interest:</i> | Yes | No |
| I. I have reportable assets or sources of income for myself, my spouse or my dependent children (research support, scholarships, awards, consulting fees, royalties, patents) | | X |
| II. I have reportable liabilities (debts) for myself, my spouse or my dependent children | | X |
| III. I have a reportable outside position(s) for myself | | X |
| IV. I have reportable agreements or arrangements for myself | | X |
| V. I have reportable gifts or travel reimbursements for myself, my spouse or my dependent children | | X |

If you selected **Yes** for any statement, you must describe the reportable interests that you have below

| Type of interest | Description of interest | Date interest began | Date interest ceased | Comments/explanation (for ISDMS) |
|------------------|-------------------------|---------------------|----------------------|----------------------------------|
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| | | | | (add rows as needed) |

I certify that the statements I have made on this form are true, complete, and correct to the best of my knowledge. I do give my consent for this information to be published on the ISDMS website.

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|---|--|
| Signature  | Date of Completion (dd/mm/yy) 13/01/21 |
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