Attachment 2: Online questionnaire for resident physicians

Structural	data
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Age: Gender 🗆 male 🗆 female 🗆 Other
Degree completed in (month/year): at the University of
Current speciality:
Have you already come into contact with palliative care structures (palliative care ward, doctors or nursing staff with further training in palliative care, palliative care service (PMD) <sup>1</sup> , palliative outpatient clinic, palliative day clinic, specialised outpatient palliative care (SAPV), hospice (service), further training courses)?
Did you complete medical training before your studies or did you work in a medical institution during your studies?
🗆 yes 🗆 no
If yes, in which medical field did you work?

B What does palliative care mean to you?

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<sup>&</sup>lt;sup>1</sup> Sometimes also referred to as a palliative medical consultation service

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How would you rate the proportion of palliative medicine teaching in the overall curriculum?

too low	just right	too high

dealing with patients with an incurable, advanced illness?

Other

Looking back, which palliative medicine teaching event as part of QB13 best prepared you for

At the University of Cologne

□ QB13 Lectures

not specified

- Competence Course: Death and mourning
- □ Competence Course: changing therapy goals
- Competence Course: Symptom control
- PY-START Course
- □ Internship in palliative medicine
- Practical Year tertial in palliative medicine
- □ Other events:

.....

At the Heinrich Heine University Düsseldorf

- Palliative care Lectures
- Palliative care seminars
- □ Bedside teaching at the palliative care centre
- □ Internship in palliative medicine
- □ PY tertial in the palliative care centre
- □ Other events

.....

## At the RWTH Aachen

Lectures
Palliative care system block
Seminar
Traineeship in palliative medicine
PY tertial in the palliative care centre
Other events

Did you miss anything during your studies with regard to your palliative care training?

🗆 yes 🛛 no 🖾 don't know

Which aspects may have been dealt with too briefly or not at all?

- □ Notification of serious diagnoses
- Dealing with patients in pre-final/final phases of life
- □ Change of treatment goal to a palliative concept
- □ Communication with relatives
- Symptom-relieving therapy (dyspnoea, pain, nausea, weakness...)
- Dealing with death and grief
- Other: .....

Did you feel well prepared when you had to tell a patient a serious diagnosis for the first time?





□ Not specified

Does the support and treatment of people receiving palliative care play a role in your daily inpatient work?

□ Yes, I often come into contact with people who receive/need palliative care treatment

 $\hfill\square$  Patients rarely need/receive palliative medical treatment in my daily inpatient work

 $\Box$  No, on the vast majority of days the focus is on curative therapy

□ Not specified

Do you feel overwhelmed with the care for palliative care patients?

 $\hfill\square$  No, care for these patients can be provided by me to the same extent as a curative therapy approach

□ I usually have the feeling that I can also do justice to this group of patients

□ Yes, I have the feeling of not being able to do justice to these patients in everyday hospital life

□ Not specified

Please rate your skills in relation to the following core palliative care competencies (from 1 = strongly disagree to 5 = strongly agree)<sup>2</sup>

C 1	Core com	ponents of	f palliative c	are <sup>3</sup>		
	I feel conf	fident in na	iming the co	re compone	ents of palliative care.	
	1 🗆	2	3 🗆	4	5 🗆	
C 2	Physical v	well-being	of palliative	patients		
	l can strei illness.	ngthen the	physical we	ll-being of pa	atients during the course of their	
	1 🗆	2	3	4	5 🗆	
	l feel conf patients.	fident in tre	eating comm	ion sympton	ns that can occur in palliative care	е
	1 🗆	2	3	4	5	
			y knowledge re patients.	of the cause	es of common symptoms that ca	n
	1 🗆	2	3	4	5	
	I feel conf	fident in pr	escribing ap	propriate an	nd adequate pain therapy.	
	1 🗆	2	3	4	5 🗆	
	I feel conf analgesics		y knowledge	of the thera	apeutic effects and side effects of	F
	1 🗆	2	3	4	5 🗆	
				e of the thera other than a	apeutic effects and side effects of nalgesics).	F
	1 🗆	2	3	4	5 🗆	

<sup>&</sup>lt;sup>2</sup> According to Marie Curie Palliative Care Institute Liverpool – SEPC & Thanatophobia Assessment Scale, German version – Clinic for Palliative Medicine, RWTH University Aachen

<sup>&</sup>lt;sup>3</sup> Core components of palliative care: For example, understanding the importance of the physical, psychological, social and spiritual aspects of patients and their relatives, adopting a life-affirming attitude with a focus on quality of life, and the ability to recognise palliative care needs early enough.

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С 3	Dealing with psychological needs
	feel able to assess the patient's needs.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
	I feel confident in being able to provide psychological care for palliative care patients.
	1 🗆 2 🗔 3 🗆 4 🗆 5 🗆
C 4	Dealing with social needs
	feel confident in being able to provide social care for palliative care patients.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
C 5	Dealing with spiritual needs
	I feel confident in being able to providespiritual care for palliative care patients.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
C 6	Care for relatives and dependants
	feel able to assess the needs of the relatives of palliative care patients.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
	I feel confident in being able to provide psychological support to relativesof palliative care patients.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
	I feel confident in being able to provide social care for relativesof palliative care patients.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
	feel confident in being able to providespiritual care for relatives of palliative

care patients.

1 🗌

2

3 🗌

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4

5 🗆

C 7	Ethical as	pec	ts						
	I feel con	fideı	nt to incl	ude	ethical	asp	ects in I	the c	decision-making process.
	1 🗆	2		3		4		5	
C 8	Care coo	rdina	ation and	d in	terdiscip	olina	ary tear	nwo	ork
	I am able	to v	vork in a	n in	terdiscip	olina	ary and	mult	ti-professional team.
	1 🗆	2		3		4		5	
	I feel con professio			-		volv	ve differ	rent	care centres and different
	1 🗆	2		3		4		5	
C 9	Commun	icati	ive skills						
	I feel secu	ure i	n myself	talk	king to tl	ne p	atient a	abou	it his/her death.
	1 🗆	2		3		4		5	
	l feel con <sup>.</sup> pain?"	fideı	nt in ans <sup>,</sup>	wer	ing the p	oatie	ent's qu	iesti	on "Will I suffer a lot or be in
	1 🗆	2		3		4		5	
	I feel con	fideı	nt in ans	wer	ing the p	oatie	ent's qu	esti	on "How long do I have to live?"
	1 🗆	2		3		4		5	
	l feel con occurred.		nt discus	sing	the dea	ath d	of the p	atie	nt after the bereavement has
	1 🗆	2		3		4		5	
	I feel con patient's			ussi	ing the (	ехр	ected) (	deat	h of the patient with the
	1 🗆	2		3		4		5	
C 10	Reflectio	n an	d furthe	r tra	aining				
	l am awa	re of	f the nee	d fc	or contin	uou	ıs reflec	tion	on my work.
	1 🗌	2		3		4		5	

Indicate the number whether you disagree or agree with the following statements (from 1 = strongly disagree to 5 = strongly agree). <sup>4</sup>

C 11	Dying patients give me a feeling of uncertainty.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
C 12	I feel pretty helpless when I have dying patients on my ward.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
C 13	It is frustrating to have further conversations with relatives of patients who cannot expect a recovery.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
C 14	Caring for dying patients traumatises me.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
C 15	I feel uncomfortable when a dying patient wants to say goodbye to me.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
C 16	I do not look forward to being the doctor caring for a dying patient.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆
C 17	When patients start talking about death, it makes me uncomfortable.
	1 🗆 2 🗆 3 🗆 4 🗆 5 🗆

<sup>&</sup>lt;sup>4</sup> From Marie Curie Palliative Care Institute Liverpool – SEPC & Thanatophobia Assessment Scale, German version – Clinic for Palliative Medicine, RWTH University Aachen

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D How do you determine the palliative care needs of a patient?

		Type of illness
		Stage of the disease
		Symptom burden
		Patient request
		Other:
In your	opi	nion, when is the right time to integrate palliative medical treatment?
•••••		
In your	орі	nion, which non-oncological diseases require palliative care?
		ALS
		M. Parkinson
		COPD
		Heart failure
		Renal insufficiency
		Other:

How do you rate palliative medical care for patients in an inpatient setting? Please select one of the following answers:

Completely sufficient
Mostly sufficient
Rarely sufficient

□ Not sufficient

It is reasonable to set up a separate palliative care ward in hospitals/clinics.

□ Agree □ Do not agree □ Don't know

It is reasonable to set up a palliative care service in hospitals/clinics.

□ Agree □ Do not agree □ Don't know

Outpatient palliative care services, e.g. specialised outpatient palliative care (SAPV), are a useful addition to the services provided by general practitioners/specialists.

□ Agree □ Do not agree □ Don't know

The following lines are intended to give you the opportunity to make remarks or comments independently of the questions we have asked. Perhaps you can remember an example of a patient or a situation that had a particular impact on you.