## Improving Advance Care Planning in Primary Care PHYSICIAN VERSION

We would greatly appreciate your participation in this questionnaire which addresses issues around advance care planning (ACP) in a primary care practice setting. We define ACP as follows:

- ACP is a communication process wherein people prepare for making medical decisions at the end of life, particularly when they cannot make decisions for themselves.
- ACP should occur principally in home and community settings with everyone, but especially among patients diagnosed with chronic or life-limiting illnesses.
- ACP includes three steps:
  - 1. Deliberation and determination of a person's values and wishes or preferences for treatments at the end of life. By values, we mean an expression of a person's overarching philosophies or priorities in life. Wishes and preferences are used interchangeably and refer to specific preferred options for treatments or health states.

<u>Note</u>: ACP is generally done outside of the clinical context and not to be misconstrued as medical decisions; a medical decision requires consideration as to whether the wishes and preferences are clinically indicated and follows a prescribed process of obtaining informed consent.

2. Communication amongst an individual, their loved ones and future substitute decision maker(s)

<u>Note</u>: ACP may result in the naming of a person to make decisions for the patient should they become incapable. ACP may also result in a written expression of wishes and preferences (advance care plans), although verbal or other expressions are also useful.

3. Communication amongst an individual and their health care provider(s)

<u>Note</u>: In some provinces, the ACP process may lead to the option of a written instructional directive, advance directives (specific instructions for treatments to be used or not used) or a Goals of Care Designation. Some of these documents do not have legal standing in some provinces. The documents may also have limited clinical utility. In this survey we are NOT asking about Goals of Care Designation forms as used in Alberta (or green sleeves, for example) but rather the kind of conversation that leads to the patient being sure of their values and preferences and the naming and capacitation of a substitute decision maker.

In this questionnaire, we are interested in your perspective about:

- (1) The importance of various barriers to engaging your patients in advance care planning.
- (2) Your suggestions to improve advance care planning with your patients and their families.
- (3) Your perceived role and the role that others may play in communication and decision-making about advance care planning with your patients and their families.
- This questionnaire will take approximately 10-15 minutes to complete.
- Please circle the best response unless otherwise requested.
- All responses will remain confidential.

	- MD
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## Section 1 Barriers to ACP Discussions

### **Barriers Related to the Doctor**

1. A barrier is something that hinders your ability to effectively engage in ACP with your patients. Below is a list of items that have been identified as physician-related barriers from the literature and focus groups with experts. Please read each one carefully. Reflecting on your most recent month of clinical work, please indicate if the item is a barrier to you (not your colleagues or 'in general') on a scale of 0-6 where 0 means 'not at all' (you believe that it is not a barrier to you) and number 6 means 'an extreme amount' (you believe that your ability to engage your patients in ACP is severely affected by this item).

chigage your p	acients in 7ter	is severely an	rected by this ite					
Not At All	Very Little	A Little	A Moderate Amount	A Lot	A Great Deal	An Extreme Amount	Don't Know	
a) My lack of	knowledge abou	it ACP and its	relationship to adv	vance directi	ves and goals of c	are discussions		
0	1	2	3	4	5	6	7	
b) My lack of	knowledge abou	t the legal sta	tus of ACP docume	ents in the pi	rovince			
0	1	2	3	4	5	6	7	
c) My lack of I	knowledge abou	t how to elicit	values, beliefs and	d preference	s related to end o	f life care		
0	1	2	3	4	5	6	7	
d) My difficult	ties in dealing wi	th patient's ch	nanging preference	es for medica	al treatments at th	ne end of life		
0	1	2	3	4	5	6	7	
e) My difficult	ies in dealing wi	th uncertainty	of prognosis for p	oatients with	chronic illness			
0	1	2	3	4	5	6	7	
f) My difficult	f) My difficulties with defining the right moment to engage patients in ACP							
0	1	2	3	4	5	6	7	
g) My having	to deal with the	emotional imp	pact of ACP conver	rsations in pa	atients			
0	1	2	3	4	5	6	7	
h) My belief t	hat it is my job to	cure people						
0	1	2	3	4	5	6	7	
i) My belief th	at other healtho	are professior	nals are better pos	itioned to in	itiate ACP			
0	1	2	3	4	5	6	7	
j) My belief th	at patients shou	ld initiate this	type of discussion	า				
0	1	2	3	4	5	6	7	
k) My belief tl	k) My belief that advance care plans are too simplified for complicated medical scenarios							
0	1	2	3	4	5	6	7	
l) My doubts a medical decisi		oility or access	sibility of ACP docu	ıments when	they are needed	in the future to	make	
0	1	2	3	4	5	6	7	

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Not At All	Very Little	A Little	A Moderate Amount	A Lot	A Great Deal	An Extreme Amount	Don't Know
m) My fear th	at these convers	ations will dir	minish hope in pati	ients with se	rious illness		
0	1	2	3	4	5	6	7
n) My fear th	at ACP will negat	ively impact r	ny relationship wit	h my patient	ts		
0	1	2	3	4	5	6	7
o) Other, plea	ase specify						
0	1	2	3	4	5	6	7

	- MD
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## **Barriers Related to Characteristics of the Patient**

2. A barrier is something that hinders your ability to effectively engage in ACP with your patients. Below is a list of items that have been identified as patient-related barriers from the literature and focus groups with experts. Please read each one carefully. Reflecting on your most recent month of clinical work, please indicate if the item is a barrier to you (not your colleagues or 'in general') on a scale of 0-6 where 0 means 'not at all' (you believe that it is not a barrier to you) and number 6 means 'an extreme amount' (you believe that your ability to engage your patients in ACP is severely affected by this item).

Not At All	Very Little	A Little	A Moderate Amount	A Lot	A Great Deal	An Extreme Amount	Don't Know
a) Patients' di	fficulty accepting	their poor pro	gnosis				
0	1	2	3	4	5	6	7
•	fficulty understa ressors, etc.) at t	_	ations and complic	cations of life	sustaining therap	ies (mechanica	l ventilation,
0	1	2	3	4	5	6	7
c) Patients thi	nk ACP is not rele	evant to them b	ecause they are t	oo healthy ri	ght now		
0	1	2	3	4	5	6	7
d) Patients no	t understanding	or misinterpret	ing my reasons fo	r bringing up	the topic		
0	1	2	3	4	5	6	7
e) Patients' la	ck of understand	ing about how	treatment decisio	ns are made	at the end of life		
0	1	2	3	4	5	6	7
f) Patients' fe	ar of upsetting th	neir families by	discussing the top	oic			
0	1	2	3	4	5	6	7
g) The patient	s strong religious	s convictions					
0	1	2	3	4	5	6	7
h) Incapacity (	of patient becaus	se of diminished	d consciousness o	r dementia o	r other cognitive c	lisability	
0	1	2	3	4	5	6	7
i) Family unwi	llingness to supp	ort me in enga	ging the patient in	ACP discuss	ions		
0	1	2	3	4	5	6	7
j) Other, pleas	se specify						
0	1	2	3	4	5	6	7

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## **Barriers Related to the Healthcare System or External factors**

3. A barrier is something that hinders your ability to effectively engage in ACP with your patients. Below is a list of items that have been identified as health care system-related barriers from the literature and focus groups with experts. Please read each one carefully. Reflecting on your most recent month of clinical work, please indicate if the item is a barrier to you (not your colleagues or 'in general') on a scale of 0-6 where 0 means 'not at all' (you believe that it is not a barrier to you) and number 6 means 'an extreme amount' (you believe that your ability to engage your patients in ACP is severely affected by this item).

Not At All	Very Little	A Little	A Moderate Amount	A Lot	A Great Deal	An Extreme Amount	Don't Know	
a) Insufficient	time during sch	eduled appoin	tments to deal wi	th this topic				
0	1	2	3	4	5	6	7	
b) Limited capacity to honor patients' expectations for care that arise from ACP discussions								
0	1	2	3	4	5	6	7	
c) Decreased	c) Decreased interaction with my patients at end of life due to transfer of care to specialists or others							
0	1	2	3	4	5	6	7	
d) Patients ge	tting different m	nessages from t	the GP and the ot	her specialist	s involved in patie	ent's care		
0	1	2	3	4	5	6	7	
e) Lack of fina	incial remunerat	ion for ACP						
0	1	2	3	4	5	6	7	
f) Insufficient	access to or ava	ilability of othe	er health care prof	fessionals (so	ocial works, nurses	or others) to h	elp with ACP	
0	1	2	3	4	5	6	7	
g) Lack of rea	dy access to forn	ns and resourc	es for patients					
0	1	2	3	4	5	6	7	
h) Inability to electronically transfer patient's advance care plan to acute care								
0	1	2	3	4	5	6	7	
i) Other, pleas	se specify							
0	1	2	3	4	5	6	7	

## **Other Barriers**

4. Reflecting on your most recent month of clinical work, please indicate if there are other barriers to engaging your patients in ACP. Please indicate whether the new item is a barrier to you (not your colleagues or 'in general') on a scale of 0-6 where 0 means 'not at all' (you believe that it is not a barrier to you) and number 6 means 'an extreme amount' (you believe that your ability to engage your patients in ACP is severely affected by this item).

Do you have additional barriers to add? ☐ Yes ☐ No

Not At All	Very Little	A Little	A Moderate Amount	A Lot	A Great Deal	An Extreme Amount	Don't Know
a) Other Barrie	er:						
0	1	2	3	4	5	6	7
b) Other Barrie	er:						
0	1	2	3	4	5	6	7
c) Other Barrie	er:						
0	1	2	3	4	5	6	7
d) Other Barrie	er:						
0	1	2	3	4	5	6	7

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## **Section 2**

## **Suggestions to Improve Advance Care Planning in Primary Care**

5. Reflecting on the most important barriers which you have just rated, in Section 1, what specific suggestions do you have about ways to overcome these barriers and make it easier for you and other health care providers in primary care to talk with patients about ACP?						

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## Section 3

## Health Care Providers' Role in ACP in Primary Care

6. Consider that the process of doing ACP can be broken down into the following steps: initiating the conversation, exchanging information, coaching, finalization of the plan, and communicating the plan with family and other health care providers.

# Your Willingness, Current Participation, and Confidence in doing ACP with patients

	Very Confident	9	9	9	6	9	9
at you		rv	ru	ъ	ъ	rv	rv
ou tha		4	4	4	4	4	4
are yo		m	m	m	æ	ю	m
How confident are you that you could		7	7	7	2	7	7
conf d		+	-	н	1	+	+
How co	Not at all confident	0	0	0	0	0	0
20	əmit ədt IIA	9	9	9	9	9	9
ents !		ľ	ľ	ъ	и	rv	ľ
r pati er		4	4	4	4	4	4
this fo d oldo		ю	ю	ю	m	ε	ю
Are you doing this for patients 50 years of age and older		2	2	2	2	2	2
you d		-	-	1	1	<b>+</b>	-
Are year	lls ts toN	0	0	0	0	0	0
	Very Willing	o	9	9	9	9	o
		ľ	ľ	ъ	Ŋ	rv	ľ
s to		4	4	4	4	4	4
gnes		m	m	m	m	m	m
Rate your willingness to		7	7	7	7	7	7
your		-	-	1	1	H	-
Rate	gnilliw lls ts toN	0	0	0	0	0	0
		a) <u>Initiate discussions</u> about ACP <i>with</i> patients.	b) Exchange information (e.g., explain ACP, reasons why it is important, related health care laws, etc.) with patients.	c) Be a <u>decision coach</u> (clarifying values, assisting with weighing options for care, etc.) <i>for</i> patients who are trying to engage in ACP.	<ul> <li>d) Participate in finalization of the ACP plan (preferences of care, values statements, designation of substitute decision maker) with patients and their families.</li> </ul>	e) Help patients communicate their ACP with their families	f) Help patients communicate their ACP with other health care professionals

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## Participation of Other Health Care Professionals in ACP in Primary Care

For each category of <u>primary care-based health care professionals</u> listed below, please rate how acceptable you would find it for that group of individuals to be involved with each of the following activities:

## 7. **Initiating discussions** about ACP:

Extremely Unacceptable	Very Unacceptable	Somewhat Unacceptable	Neither Acceptable nor Unacceptable	Somewhat Acceptable	Very Acceptable	Extremely Acceptable
a) Family Physic	cian		Onacceptable			
0	1	2	3	4	5	6
b) Family Medic	cine Resident					
0	1	2	3	4	5	6
c) Medical Stud	ent					
0	1	2	3	4	5	6
d) Nurse						
0	1	2	3	4	5	6
e) Advance pra	ctice nurse (i.e., o	clinical nurse spe	cialist or nurse pr	ractitioner)		
0	1	2	3	4	5	6
f) Social worker	•					
0	1	2	3	4	5	6
g) Home care p	ersonnel (i.e., RN	I, case manager,	social worker)			
0	0	0	0	0	0	0
h) Other (specif	fy):					
0	1	2	3	4	5	6

8. **Exchanging information** about ACP (e.g., explain ACP, reasons why it is important, related health care laws, etc.):

Extremely Unacceptable	Very Unacceptable	Somewhat Unacceptable	Neither Acceptable nor Unacceptable	Somewhat Acceptable	Very Acceptable	Extremely Acceptable		
a) Family Physic	cian		Ollacceptable					
0	1	2	3	4	5	6		
b) Family Medic	cine Resident							
0	1	2	3	4	5	6		
c) Medical Stud	ent							
0	1	2	3	4	5	6		
d) Nurse								
0	1	2	3	4	5	6		
e) Advance pra	ctice nurse (i.e., o	clinical nurse spe	cialist or nurse pra	actitioner)				
0	1	2	3	4	5	6		
f) Social worker								
0	1	2	3	4	5	6		
g) Home care p	ersonnel (i.e., RN	l, case manager,	social worker)					
0	0	0	0	0	0	0		
h) Other (specif	fy):							
0	1	2	3	4	5	6		
_	<ul><li>9. Acting as a decision coach (clarifying values, assisting with weighing options for care, etc.):</li><li>a) Family Physician</li></ul>							
0	1	2	3	4	5	6		
b) Family Medic	cine Resident							
0	1	2	3	4	5	6		
c) Medical Stud	ent							
0	1	2	3	4	5	6		
d) Nurse								
0	1	2	3	4	5	6		
e) Advance pra	ctice nurse (i.e., o	clinical nurse spe	cialist or nurse pra	actitioner)				
0	1	2	3	4	5	6		
f) Social worker								
0	1	2	3	4	5	6		
g) Home care p	ersonnel (i.e., RN	l, case manager,	social worker)					
0	1	2	3	4	5	6		
h) Other (specif	fy):							
0	1	2	3	4	5	6		

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10. **Participating in the finalization** of the ACP plans (preferences of care, values statements, designation of substitute decision maker)

Extremely Unacceptable	Very Unacceptable	Somewhat Unacceptable	Neither Acceptable nor Unacceptable	Somewhat Acceptable	Very Acceptable	Extremely Acceptable			
a) Family Physic	cian		•						
0	1	2	3	4	5	6			
b) Family Medi	b) Family Medicine Resident								
0	1	2	3	4	5	6			
c) Medical Stud	lent								
0	1	2	3	4	5	6			
d) Nurse									
0	1	2	3	4	5	6			
e) Advance pra	ctice nurse (i.e., o	clinical nurse spec	cialist or nurse pra	actitioner)					
0	1	2	3	4	5	6			
f) Social worker	•								
0	1	2	3	4	5	6			
g) Home care p	ersonnel (i.e., RN	I, case manager, s	social worker)						
0	0	0	0	0	0	0			
h) Other (specif	fy):								
0	1	2	3	4	5	6			
<ul><li>11. Assisting the patient in communicating the ACP plan to their family members</li><li>a) Family Physician</li></ul>									
0	1	2	3	4	5	6			
b) Family Medi	cine Resident								
0	1	2	3	4	5	6			
c) Medical Stud	lent								
0	1	2	3	4	5	6			
d) Nurse									
0	1	2	3	4	5	6			
e) Advance pra	ctice nurse (i.e., o	clinical nurse spec	cialist or nurse pra	actitioner)					
0	1	2	3	4	5	6			
f) Social worker	•								
0	1	2	3	4	5	6			
g) Home care p	ersonnel (i.e., RN	I, case manager, s	social worker)						
0	1	2	3	4	5	6			
h) Other (specif	fy):		<del></del>						
0	1	2	3	4	5	6			

12. Assisting the patient in communicating the ACP plan to other health care professionals.

Extremely Unacceptable	Very Unacceptable	Somewhat Unacceptable	Neither Acceptable nor Unacceptable	Somewhat Acceptable	Very Acceptable	Extremely Acceptable
a) Family Physic	cian					
0	1	2	3	4	5	6
b) Family Medi	cine Resident					
0	1	2	3	4	5	6
c) Medical Stud	ent					
0	1	2	3	4	5	6
d) Nurse						
0	1	2	3	4	5	6
e) Advance pra	ctice nurse (i.e. c	linical nurse spec	ialist or nurse pra	ictitioner)		
0	1	2	3	4	5	6
f) Social worker						
0	1	2	3	4	5	6
g) Home care p	ersonnel (i.e., RN	l, case manager, s	social worker)			
0	0	0	0	0	0	0
h) Other (specif	fy):		<del></del>			
0	1	2	3	4	5	6

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## Section 4 Personal Demographics

1.	What is your age	?	_ years						
2.	What is your sex	?							
	■ Male								
	☐ Female								
3.	Which of the foll	owing best o	lescribes your e	ethnic or cultura	l identity? (che	ck <u>only</u> one)			
	Aboriginal	(e.g. First	Nations, Métis,	Inuk/Inuit)					
	☐ Arab	(e.g. Mido	lle Eastern, Nor	th African, etc.)					
	■ Black	(e.g. Afric	an, Afro-Canadi	ian, Afro-Caribbe	an, etc.)				
	Chinese								
	☐ Filipino								
	☐ Japanese								
	<ul><li>Korean</li><li>Latin America</li></ul>	n							
	☐ South Asian		Indian. Pakistar	ni, Sri Lankan, etc	<del>.</del> .)				
	☐ Southeast Asia				-				
	West Asian	(e.g. Irania	an, Afghan, etc.	)					
	☐ White		•	n Descent, etc.)					
	Other:								
4.	Please indicate y	our religious	background: (	check <u>only</u> one)					
	☐ Roman Catho	olic		Buddhist					
	Protestant Cl	Protestant Christian			☐ Hindu				
	Orthodox Ch			Sikh					
	Other Christi	an		No religious aff					
	<ul><li>Muslim</li><li>Jewish</li></ul>			Other:	<del></del>				
	☐ Jewisii								
5.	How important is	spirituality	or religion in y	our life?					
	Extremely	Very	Somewhat	Neither	Somewhat	Very	Extremely		
	=	nimportant	Unimportant	Important nor Unimportant	Important	Important	Important		
	_				_	_	_		
	1	2	3	4	5	6	7		
6.	Where did you g	raduate from	n medical schoo	ol?					
	☐ Canada								
	☐ United States								
	☐ United Kingdo	m / Ireland /	/ Australia / Nev	w Zealand					
	☐ Europe								
	<ul><li>Asia</li><li>Middle East</li></ul>								
	☐ Central or Sou	th America							
	☐ Africa	/ IIIICI ICU							
	Other:								

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8.	Please rate your current level of skill in having ACP discussions and supporting patients in the finalization
	of their advance care plans:

7. In what year did you become licensed to practice medicine in Canada? \_\_\_\_\_\_

Limited (skill not developed)	Fair	Average (skill comparable to colleagues at same level)	Very Good	Expert (skill comparable to an expert)
1	2	3	4	5

9. Please rate your priority (1 to 5) for learning this skill:

Low Priority				High Priority
(not of interest or				(#1 on personal learning
already mastered)				agenda)
1	2	3	4	5

10.	Do	you have	active	hospital	privi	leges?
-----	----	----------	--------	----------	-------	--------

	l Yes
	l Yes
_	

☐ No

11.	How often do	you follow y	our	palliative	care	patients	until	end	of lif	e

□ Rarely

Sometimes

■ Most of the time

□ Always

## 12. Have you undertaken extra training or certification in palliative care?

Yes

☐ No

## 13. Do you have a special interest in palliative care in your practice?

☐ Yes

☐ No

## Thank you for your participation in this survey!

Please return this survey in the provided envelope.