

Appendix B

Palliative Care Survey

Barriers to Palliative Care Referrals by Oncology Providers

IRB # 0483-23-EX

Informed Consent

You are invited to participate in a research project conducted by Audra Meador BSN, RN, and Bailey Waldron BSN, RN, who are Doctorate of Nursing Practice Students at UNMC, with support of faculty advisor Dr. Kathryn Fiandt, PhD, APRN-NP, FAANP, FAAN. This research study is designed to gauge the knowledge, competencies, and attitudes of physicians, advanced practice providers, and case managers within oncology service lines, surrounding topics of Palliative Care (PC). Participation in this study is voluntary and anonymous, with the right to withdraw your consent and discontinue participation at any time. There are no potential risks from participation. Participating in this study may not benefit you directly, but provide information regarding Palliative Care, perceived barriers, and practices of referring patients to outpatient PC services. You will be asked to provide basic demographic information and respond to questionnaire prompts that should require about 10 minutes of your time, with opportunities for open-ended responses if you so choose. Participation and submission of survey will provide consent for participation. If you have questions regarding the survey, you may email audmeador@unmc.edu or bawaldron@unmc.edu.

* Required

Demographics

1. Gender*
 - Woman
 - Man
 - Non-binary
 - Prefer not to say
2. Type of practicing provider*
 - Physician (MD, DO)
 - Advanced Practice Provider (APRN, PA)
 - Case Manager (RN)
 - Other
3. Department*
 - General Oncology
 - Surgical Oncology
 - Bone Marrow Transplant/Hematology
 - Radiation Oncology
 - Other
4. Type of oncologic specialty (check all that apply)*
 - Bone Marrow Transplant/ Hematology
 - Gastrointestinal
 - Head and Neck
 - Breast
 - Gynecologic
 - Lung
 - Genitourinary
 - Neuro-oncology
 - Dermatologic
 - Sarcoma
 - Other
5. Year of practice in the oncology setting*
 - 0-5 Years
 - 5-10 Years
 - 0-15 Years
 - 15-20 Years
 - 20+ Years
6. Did you receive formal training in Palliative Care during graduate school or residency? *
 - Yes
 - No
 - Other
7. If yes, how many credit hours would you estimate? *
 - 1-3 credit hours
 - 3-6 credit hours
 - 6-9 credit hours
 - 9+ credit hours
 - Not applicable
8. Have you participated in any palliative care continuing education for your current role? *
 - Yes
 - No

Knowledge of Palliative Care

9. How would you describe your knowledge regarding palliative care?*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am not familiar with palliative care services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative care benefits include enhanced quality of life for patients and families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested in increasing my knowledge of palliative care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would attend a palliative care workshop or seminar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unsure of the benefits palliative care could have for my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Palliative Care services are appropriate for the following types of patients.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Newly diagnosed with advanced cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undergoing active treatment for cancer (curative intent).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving active treatment for advanced cancer (palliative intent).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No longer receiving active cancer treatment due to decreased benefits or stage of disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No longer receiving active cancer treatment due to cured state.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes Toward Palliative Care

11. Reasons or situations I would NOT make a palliative care referral for a patient*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Palliative care referral during active cancer treatment would disrupt the plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the capacity to provide PC services to my patients rather than make a referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry that palliative care would add too much to patient treatment and care plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The concept of palliative care does not apply to my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative care has not been seen as beneficial to my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making a referral and discussing PC with my patient would decrease their trust in me as a provider and my treatment plan for them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fear I would lose valuable interaction with my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Competency

- Describe your degree of comfort in making palliative care referrals. Having difficult discussions and managing symptom burdens *

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable discussing a palliative care referral with my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable providing symptom management for my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable managing depression and/or anxiety for my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable discussing advance care planning with my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable making a referral for my patient to palliative care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable taking the logistical steps to make a palliative care referral for my patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Perceived Barriers to Palliative Care

13. Which of the following do you believe are **barriers** to referring to palliative care (check all that apply)?

*

- Cost to patients
- Location of services
- Time burden to patient
- Patient preference (lack of interest in following with PC services)
- Service name (Patients and Family uneasy with the name of palliative care)
- Patient comprehension and knowledge of what PC is or lack of
- Patient and oncologist trust/relationship
- Potential to disrupt the patient/oncologist relationship
- None of the above
- Other

14. Is there anything else you want to know regarding your palliative care experience or referral process?

Enter your answer