

## Structural data

Acci. Condon D male D female D sther
Age: Gender
University:
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)?
□ yes □ no
If yes, in which way?
Did you complete a specific medical education 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?
What does palliative care mean to you?
How would you rate the proportion of palliative medicine teaching in the overall curriculum
$\square$ too low $\square$ just right $\square$ too high
$\square$ not specified $\square$ Other
Looking back, which palliative medicine course as part of QB13 prepared you best for dealing with patients with an incurable, advanced illness?

 $<sup>^{\</sup>rm 1}$  Sometimes also referred to as a palliative medical consultation service

At the	e University of Cologne
	QB13 Lectures
	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	e 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	e RWTH Aachen
	Lectures
	Palliative care system block
	Seminar
	Traineeship in palliative medicine
	PY tertial in the palliative care centre
	Other events
Did y	ou miss anything during your studies with regard to your palliative care training?  yes  no  don't know
Whic	h 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:

Were you involved in the communication of serious diagnoses during your practical year?
☐ Yes, I was often able to be part of these conversations
$\square$ I was rarely able to be present at these conversations
$\square$ No, these conversations were held without me
☐ Not specified
□ Other
As a PY student, were you involved in the care and treatment of patients with a palliative care therapy concept?
$\hfill\square$ Yes, I was often able to care for patients with a palliative care concept under supervision
$\hfill \square$ Occasionally I was able to care for patients with a palliative care concept under supervision
☐ This opportunity never arose
☐ 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 components of palliative care <sup>3</sup>									
	I feel cor	ifide	nt in nar	ning	the cor	e co	mpor	nent	ts c	of palliative care.
	1 🗆	2		3		4			5	
C 2	Physical	well	-being o	f pa	lliative <sub>l</sub>	patie	ents			
	I can stre illness.	ength	nen the p	ohys	ical well	l-bei	ng of	pati	ien	its during the course of their
	1 🗆	2		3		4			5	
	I feel cor patients.		nt in trea	ating	g comm	on sy	ympto	oms	th	at can occur in palliative care
	1 🗆	2		3		4			5	
	I feel cor occur in		·=		_	of th	ne cau	ıses	of	common symptoms that can
	1 🗆	2		3		4			5	
	I feel cor	ifide	nt in pre	scril	oing app	rop	riate a	and	ad	equate pain therapy.
	1 🗆	2		3		4			5	
	I feel cor analgesid		nt in my	kno	wledge	of th	ne the	erap	eu	tic effects and side effects of
	1 🗆	2		3		4			5	
	I feel cor sympton		-		_			-		tic effects and side effects of esics).
	1 🗆	2		3		4			5	

 $<sup>^2</sup>$  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.

С 3	Dealing v	vith	psycholo	ogic	al needs	6			
	I feel able	to a	assess th	e pa	atient's r	nee	ds.		
	1 🗆	2		3		4		5	
	I feel cont patients.	fider	nt in beir	ng a	ble to pr	ovi	de psych	olo	gical care for palliative care
	1 🗆	2		3		4		5	
C 4	Dealing v	vith	social ne	eds	5				
	I feel con	fider	nt in beir	ng a	ble to pr	ovi	de socia	l cai	re for palliative care patients.
	1 🗆	2		3		4		5	
C 5	Dealing v	vith	spiritual	nee	eds				
	I feel con	fider	nt in beir	ng a	ble to pr	ovi	de spirit	ual	care for palliative care patients.
	1 🗆	2		3		4		5	
C 6	Care for r	elat	ives and	de	pendant	:S			
	I feel able	to a	assess th	e ne	eeds of t	the	relatives	of	palliative care patients.
	1 🗆	2		3		4		5	
	I feel confident in being able to provide psychological support to relatives of palliative care patients.							ogical support to relatives of	
	1 🗆	2		3		4		5	
	I feel cont patients.	fider	nt in beir	ng a	ble to pr	ovi	de socia	al ca	re for relativesof palliative care
	1 🗆	2		3		4		5	
	I feel cont			ng a	ble to pr	ovi	de spirit	ual	care for relatives of palliative
	1 🗆	2		3		4		5	

C 7	Ethical as	pec	ts							
	I feel con	fideı	nt to incl	ude	ethical	asp	ects in t	he c	decision-making process.	
	1 🗆	2		3		4		5		
C 8	Care coo	Care coordination and interdisciplinary teamwork								
	I am able	to v	vork in a	n in	terdiscip	lina	ry and	mul	ti-professional team.	
	1 🗆	2		3		4		5		
	I feel con professio			_		volv	ve differ	ent	care centres and different	
	1 🗆	2		3		4		5		
C 9	Commun	icati	ive skills							
	I feel secu	ure i	n myself	talk	ing to tl	ne p	atient a	bou	it his/her death.	
	1 🗆	2		3		4		5		
	I feel con pain?"	fideı	nt in ansv	wer	ing the p	oatio	ent's qu	esti	on "Will I suffer a lot or be in	
	1 🗆	2		3		4		5		
	I feel con	fideı	nt in ansv	wer	ing the p	oatie	ent's qu	esti	on "How long do I have to live?"	
	1 🗆	2		3		4		5		
	I feel con	fideı	nt discus	sing	the dea	ath o	of the pa	atie	nt after it has occurred.	
	1 🗆	2		3		4		5		
	I feel con patient's			ussi	ng the (	ехр	ected) c	leat	h of the patient with the	
	1 🗆	2		3		4		5		
C 10	Reflection	n an	d furthe	r tra	aining					
	I am awa	re of	f the nee	d fo	r 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= trongly agree). 4

C 11	Dying patients give me a feeling of uncertainty.								
	1								
C 12	I feel pretty helpless when I have dying patients on my ward.								
	1								
C 13	It is frustrating to have further conversations with relatives of patients who cannot expect a recovery.								
	1								
C 14	Caring for dying patients traumatises me.								
	1								
C 15	I feel uncomfortable when a dying patient wants to say goodbye to me.								
	1								
C 16	I do not look forward to being the doctor caring for a dying patient.								
	1								
C 17	When patients start talking about death, it makes me uncomfortable.								
	1								
D How do	you determine the palliative care needs of a patient?								
	Type of illness								
	Stage of the disease								
	Symptom burden								
	Patient request								
	Other:								

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

In yo	-		_	to integrate palliative medical treatment?
In yo				l diseases require palliative care?
		ALS		
		M. Parkii	nson	
		COPD		
		Heart fai	lure	
		Renal ins	sufficiency	
		Other: _		<u> </u>
	-	u rate pall wing ansv		e for patients in an inpatient setting? Please select one
		Complete	ly sufficient	
		Mostly su	ufficient	
		Rarely su	fficient	
		Not suffic	cient	
		Other: _		<u> </u>
		Not speci	ified	
It is	reason	able to se	t up a separate pa	lliative care ward in hospitals/clinics.
	Agree	e 🗆	Do not agree	☐ Don't know
It is	reason Agree		t up a palliative ca Do not agree	re service in hospitals/clinics.

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.