

## Structural data

Age: Gender						
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)?						
□ yes □ no						
If yes, in which way?						
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?						

.

<sup>&</sup>lt;sup>1</sup> Sometimes also referred to as a palliative medical consultation service Attachment 2 to Dronia MC, Dillen K, Elsner F, Schallenburger M, Neukirchen M, Hagemeier A, Hamacher S, Doll A, Voltz R, Golla H. *Palliative care education and knowledge transfer into practice – a multicenter survey among medical students and resident physicians in Germany using a mixed-methods design*. GMS J Med Educ. 2024;41(3):Doc27. DOI: 10.3205/zma001682

How	would you rate the proportion of palliative medicine teaching in the overall curriculum?					
	too low $\square$ just right $\square$ too high					
	not specified $\square$ Other					
	Looking back, which palliative medicine teaching event as part of QB13 best prepared you for dealing with patients with an incurable, advanced illness?					
At th	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 th	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:							

Did you time?	feel well prepared when you had to tell a patient a serious diagnosis for the first
[	$\square$ Yes, I was able to deal with this situation well
[	☐ No, I was overwhelmed by the situation
[	☐ Not specified
Does the inpatien	e support and treatment of people receiving palliative care play a role in your daily at work?
[ t	☐ Yes, I often come into contact with people who receive/need palliative care reatment
	$\square$ Patients rarely need/receive palliative medical treatment in my daily inpatient work
[	$\square$ No, on the vast majority of days the focus is on curative therapy
[	□ Not specified
Do you f	feel overwhelmed with the care for palliative care patients?
[ C	□ No, care for these patients can be provided by me to the same extent as a curative therapy approach
	$\square$ I usually have the feeling that I can also do justice to this group of patients
[ <del>6</del>	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)  $^2$ 

C 1	Core components of palliative care <sup>3</sup>							
	I feel confident in naming the core components of palliative care.							
	1							
C 2	Physical well-being of palliative patients							
	I can strengthen the physical well-being of patients during the course of their illness.							
	1							
	I feel confident in treating common symptoms that can occur in palliative care patients.							
	1							
	I feel confident in my knowledge of the causes of common symptoms that can occur in palliative care patients.							
	1							
	I feel confident in prescribing appropriate and adequate pain therapy.							
	1							
	I feel confident in my knowledge of the therapeutic effects and side effects of analgesics.							
	1							
	I feel confident in my knowledge of the therapeutic effects and side effects of symptom-relieving medication (other than analgesics).							
	1							

<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.

Attachment 2 to Dronia MC, Dillen K, Elsner F, Schallenburger M, Neukirchen M, Hagemeier A, Hamacher S, Doll A, Voltz R, Golla H. *Palliative care education and knowledge transfer into practice – a multicenter survey among medical students and resident physicians in Germany using a mixed-methods design*. GMS J Med Educ. 2024;41(3):Doc27. DOI: 10.3205/zma001682

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

C 7	Ethical aspects									
	I feel con	I feel confident to include ethical aspects in the decision-making process.								
	1 🗆	2		3		4		5	5	
C 8	Care coo	Care coordination and interdisciplinary teamwork								
	I am able	to v	vork in a	n in	terdiscip	olina	ary and	d mı	ult	i-professional team.
	1 🗆	2		3		4		5	5	
	I feel con professio					volv	e diffe	eren	t (	care centres and different
	1 🗆	2		3		4		5	5	
С 9	Commun	icati	ive skills							
	I feel sec	ure i	n myself	tall	king to tl	ne p	atient	t abc	u	t his/her death.
	1 🗆	2		3		4		5	5	
	I feel con pain?"	fide	nt in ans	wer	ing the p	oatio	ent's c	ques	tic	on "Will I suffer a lot or be in
	1 🗆	2		3		4		5	5	
	I feel con	fide	nt in ans	wer	ing the p	oati	ent's c	ques	tic	on "How long do I have to live?"
	1 🗆	2		3		4		5	5	
	I feel confident discussing the death of the patient after the bereavement hoccurred.					nt after the bereavement has				
	1 🗆	2		3		4		5	5	
	I feel con patient's			cuss	ing the (	ехр	ected)	) dea	atl	n of the patient with the
	1 🗆	2		3		4		5	5	
C 10	Reflectio	n an	d furthe	er tra	aining					
	I am awa	re of	f the nee	ed fo	or contin	uou	ıs refle	ectio	n	on my work.
	1 🗆	2	П	2		1		5		П

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

C 11	Dying patients give me a feeling of uncertainty.							
	1 🗆	2 🗆	3 🗆	4 🗆	5 🗆			
C 12	I feel pret	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	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

Attachment 2 to Dronia MC, Dillen K, Elsner F, Schallenburger M, Neukirchen M, Hagemeier A, Hamacher S, Doll A, Voltz R, Golla H. *Palliative care education and knowledge transfer into practice – a multicenter survey among medical students and resident physicians in Germany using a mixed-methods design*. GMS J Med Educ. 2024;41(3):Doc27. DOI: 10.3205/zma001682

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 opi	nion, which non-oncological diseases require palliative care?
	ALS
	M. Parkinson
	COPD
	Heart failure
	Renal insufficiency
	Other:
=	u rate palliative medical care for patients in an inpatient setting? Please select following answers:
	Completely sufficient
	Mostly sufficient
	Rarely sufficient
	Not sufficient

It is reasonable	e to set up a separate palli	ative care ward in hospitals/clinics.				
☐ Agree	☐ Do not agree	☐ Don't know				
It is reasonable	e to set up a palliative care	e service in hospitals/clinics.				
☐ Agree	☐ Do not agree	☐ Don't know				
	<del>-</del>	pecialised outpatient palliative care (SAPV), are a 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.						