

## Lecture Topics of Interest

**Hi, Residents --- We are so excited to introduce a palliative care lecture series on the third Wednesday of each month. . . starting in July! Please kindly complete the attached anonymous survey to ensure that the monthly pall care power sessions are catered to your interests and comfort level. The survey is expected to take <10 minutes total. There are prizes for five survey respondents (IF you chose to enter your name --- optional).**

1. My current level of training. . .

2. Please rank the top 5 topics you would be interested in for palliative care learning sessions (1= most interested)

<input type="text"/>	Delivering bad news and discussing prognosis
<input type="text"/>	Discussing and documenting code status
<input type="text"/>	Integrative therapies (mindfulness, guided imagery, massage therapy, tai chi, reflexology, Healing Touch, and Reiki principles)
<input type="text"/>	Pain control - pharmaceutical (adjuvant therapies for pain, opiate selection and rotation)
<input type="text"/>	Treatment of Respiratory symptoms at end of life (secretions, dyspnea)
<input type="text"/>	Treatment of GI symptoms at end of life (constipation, malignant bowel obstruction, anorexia, cachexia)
<input type="text"/>	Treatment of Neurological symptoms at end of life (agitation, delirium, anxiety)
<input type="text"/>	Treatment of Dermatologic symptoms at end of life (intractable pruritus, wound care, skin breakdown)
<input type="text"/>	Recognizing and preparing for imminent death (anticipatory guidance on physical changes)
<input type="text"/>	Existential and spiritual distress - with a focus on cultural respect
<input type="text"/>	Home hospice care - what does home hospice do and what does this mean for children?
<input type="text"/>	Staff resilience and self-care
<input type="text"/>	Forgotten family members - the literature base on sibling support and grandparent needs
<input type="text"/>	Bereavement care

3. What other palliative care type topics would be helpful/important?

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## Learning Style Preference

### 4. Rank your top 5 preferred methods of learning (1 = most preferred)

<input type="text"/>	Lecture format
<input type="text"/>	Journal article discussion
<input type="text"/>	Discussing and problem solving with real life examples
<input type="text"/>	Conversation as a resident group
<input type="text"/>	Case studies in small groups
<input type="text"/>	Simulation using actors
<input type="text"/>	Interdisciplinary guest speakers representing various fields (chaplains, grief counselors, social workers, family members, etc.)

## Current level of comfort

5. For the next section, "principles of palliative care" are defined as: "principles which focus on providing relief from the symptoms and stress of a serious illness with a goal to improve quality of life for both the patient and the family."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel confident introducing principles of palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can obtain the knowledge and skills to integrate palliative care principles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the next 3 months, I intend to incorporate palliative care principles in my care for patients and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I perceive opportunities for integrating palliative care for children and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This hospital encourages me to consider palliative care principles in my care of patients and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The medical community supports me in my learning about palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The medical community fosters my applying palliative care principles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe exposure to palliative care principles improves my care of patients and families (professional development)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe exposure to palliative care principles enhances my own sense of resiliency (personal wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I place value on the  
potential outcome of  
palliative care principles  
for patient care

Strongly Agree

☐

Agree

☐

Neutral

☐

Disagree

☐

Strongly Disagree

☐

## Self Assessment

### 6. Self-Assessment

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am confident explaining to a family what palliative care is and their role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to describe the difference between palliative care and hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am knowledgeable on how and when a goals of care conversation is needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable explaining to a family what DNR/DNI means and discussing code status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an ability to recognize the signs and symptoms indicating that a patient's death is imminent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable providing adequate pain control for pediatric patients imminent at end of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable controlling other symptoms (dyspnea, secretions, anxiety, agitation, skin changes) during a child's dying process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to resources regarding non-pharmacological methods of pain control at the hospital (integrative therapies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of protocolized approaches for sharing "bad news"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel capable conducting a family conference to discuss the new diagnosis of a life-threatening illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware that there is a broad range of cultural and religious attitudes and practices regarding death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable providing spiritual support for dying children and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am capable of participating in end-of-life discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident including children in discussion about preparing for death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of the unique needs of siblings and grandparents of patients with life-limiting illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am knowledgeable about pronouncing when a child is dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am informed about supportive approaches to communicating with a bereaved family after their child has died	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that personal resiliency and self-care are meaningful and important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Optional

7. You can optionally enter your email address to be added to a drawing list for palliative care textbooks (total of 5 prize winners). This is optional. Thank you so very, very much for the time and energy invested in completing this survey! We hope you enjoy the upcoming Wed lecture series each month. Your responses will guide our developing the palliative care curriculum for residents.



