

**Table S1.** The INCUE questionnaire to assess primary and home healthcare nurses' basic training needs in palliative care.

<b>Part 1</b>		<b>Part 2</b>	
<i>Based on your knowledge of Palliative Care, answer the following questions:</i>	<i>Response options</i>	<i>Answer the following questions based on your clinical practice:</i>	<i>Response options</i>
<b>Area 1: Principles of palliative care</b>			
1. According to the philosophy of Palliative Care, the patient and relatives form the unit to be treated.		24. Do you work as part of a team in your healthcare activity?	Never
2. Palliative Care considers death as a natural process.	Yes	25. Do you assess the needs of family members?	Rarely
3. Palliative Care should be provided only to people with a life expectancy of less than 6 months.	No	26. Do you intervene in the needs of family members?	Sometimes
4. Palliative Care is performed only by Palliative Care Units.	Do not know / no answer	27. Do you use an instrument to identify patients with palliative needs?	Often
		28. Do you provide spiritual guidance as part of the care of the palliative patients you attend to?	Always
		29. Do you consider the quality of life of palliative patients?	
<b>Area 2: Symptom management and specific care plans</b>			
5. The visual analog scale (VAS) scale is used to measure pain intensity.		30. Do you use some sort of assessment scale in your daily work?	Never
6. Oral administration of morphine is ineffective.	Yes	31. Do you perform or teach relatives mouth-care of dependent patients, with palliative sedation or short-term life prognosis?	Rarely
7. Pain is the same as suffering.	No	32. After home administration of a prescribed pain control drug, do you assess its effectiveness?	Sometimes
8. Palliative sedation is indicated when there are one or more refractory symptoms.	Do not know / no answer	33. Do you teach relatives how to prepare and administer medication subcutaneously?	Often
9. The NECPAL is an instrument used to identify people with palliative care needs.		34. Do you employ non-pharmacological measures to assist in symptom control?	Always
		35. Do you perform periodic follow-up according to the needs of people in palliative situation?	
<b>Area 3: Coping with loss and death</b>			
10. Anger is one of the phases of adapting to loss.		36. Do you identify the phases of coping with the disease of a palliative patient?	Never
11. Palliative Care ends with the death of the patient.	Yes	37. Do you encourage relatives express their emotions after the death of the patient?	Rarely
12. Patients may experience grief.	No	38. Do you carry out periodic follow-up of the relatives after the patient's death?	Sometimes
13. Complicated grief issues require referral to a Mental Health Unit.	Do not know / no answer	39. Do you evaluate the mourner's support network?	Often
14. There are scales to rate risk factors associated to complicated grief.		40. Do you use instruments to assess the risk of complicated grief?	Always
		41. Do you refer people you consider at risk of complicated grief to psychology / psychiatry units?	
<b>Area 4: Communication skills</b>			
15. When listening, we should keep an upright posture with our arms folded.		42. Do you intervene in situations where the patient expresses discomfort or anger?	Never
16. For suitable communication, we should remain at the foot of the patient's bed.	Yes	43. Do you explain the care to be administered to patients previous to their entering a state of palliative sedation or decreased level of consciousness?	Rarely
17. Patient suffering can produce compassion fatigue in professionals.	No	44. Do you pay attention to the patient's nonverbal language in your daily work?	Sometimes
18. During active listening, you should offer simple solutions, talk about yourself and minimize feelings.	Do not know / no answer	45. Do you place yourself at the same height as the patient when conducting the interview for evaluation?	Often
		46. Do you explore the patient's concerns and feelings?	Always
		47. Do you identify the needs of relatives?	
<b>Area 5: Ethical and legal issues</b>			
19. We must respect the patient's wishes, even though we consider there are better therapeutic options for him/her.		48. Do you tailor patient care to their preferences?	Never
20. The wishes of the patient must prevail over those of their relatives.	Yes	49. Do you involve the patient and their relatives in decision-making?	Rarely
21. There is a national register of advance directives or living will.	No	50. Do you inform palliative patients that there is an advance directives or living will?	Sometimes
22. Advance directives may be revoked.	Do not know / no answer	51. Do you respect the patient's decisions, even if they are considered inappropriate?	Often
23. Sedation may be applied to a patient in full use of his/her mental faculties without his/her consent in the last days of life.		52. Do you participate in decision-making?	Always
		53. Do you take into account the cultural characteristics of the person and/or family, when administering care?	