Thank you for agreeing to participate in this Surgical Palliative Care Learner Needs Assessment Survey. Please answer the following questions. Results will be used to design education and training in Palliative Care for Department of Surgery Residents and Faculty.

1. Please indicate your level of training:
   - PGY1
   - PGY2
   - PGY3
   - PGY4
   - PGY5
   - Fellow
   - Other (please specify)

2. Please indicate your sub-specialty interests: (check all that apply)
   - Trauma and Acute Care Surgery
   - Vascular Surgery
   - Surgical Oncology and Endocrine Surgery
   - Breast Surgery
   - Minimally Invasive Surgery
   - Colorectal Surgery
   - General Surgery
   - Transplant Surgery
   - Pediatric Surgery
   - Surgical Education
   - Other (please specify)

3. Based on your knowledge and clinical experience, Palliative Care in Surgery is defined as: (check all that apply)
   - Withdrawal of life-sustaining treatments
   - Treatment that takes into account the patient and family goals of care
   - Treatment of symptoms like pain and anxiety
   - Care of the patient while they are actively dying
   - Treatment aimed at improving the patient's quality of life
   - Treatment that is started when there are no curative treatments available
   - Spiritual and emotional support for patients and families
   - Other (please specify)

4. I have a clear idea of the role Palliative Care in Surgery: (choose one)
   - 1 Strongly disagree
   - 2 Disagree
5. During the course of your medical training, did you receive any training in Palliative Care: (choose one)

- No (please skip to question #8)
- Yes (please specify types of training in #6)

6. Please specify the type of training you received: (check all that apply)

- None
- Didactic lecture(s) in medical school
- Clinical elective in medical school
- Required rotation in medical school
- Clinical elective in residency
- Required rotation in residency
- Didactic lecture(s) in residency
- Fellowship in Palliative Care
- Continuing Education
- Other (please specify)

7. Estimated total hours of Palliative Care training during medical education, including continuing education: (Hours)


8. When should the Palliative Care team be consulted in Surgical Patients: (check all that apply)

- Around the time of admission
- When the patient is considered terminally ill and hospice is needed
- When no other treatment options are available
- When the patient’s condition is deteriorating rapidly
- When the patient is actively dying
- When the patient's code status is changed to allow natural death
- When communication between the surgical team and family becomes difficult
- Other (please specify)

9. Based on your clinical experience, providing Palliative Care for surgery patients does not require a specialty consult service: (choose one)

- 1 Strongly disagree
- 2 Disagree
10. Most deaths I have been involved with have occurred in: (choose one)
- The Operating Room
- At Home
- On the ward
- In the ICU
- At a long-term care or nursing facility

11. What are the common barriers toward optimal Palliative Care in patients treated by Surgeons: (check all that apply, write in comments under Other)
- Uncertainties in prognosis
- Lack of knowledge of pharmacologic options for symptom management
- Discomfort in talking about Palliative Care or death with patient
- Discomfort in talking about Palliative Care or death with family
- Discomfort in talking about Palliative Care or death with team
- Cultural barriers
- Lack of pain assessment and monitoring tools
- Discrepancies in treatment goals between the medical team and families
- Lack of comfort in using and titrating opioids
- Inadequate availability of Palliative Care consult service
- Lack of effective communication with families
- Fear of litigation
- Lack of a protocol for managing palliative care patients

Other (please specify)

12. Please rate the quality of faculty mentoring you have received in palliative care during your surgery training: (choose one)
- 1 Very poor
- 2 Poor
- 3 Adequate
- 4 Good
- 5 Excellent

13. How often do you attend or participate in family meetings with your faculty pertaining to end-of-life care: (choose one)
- 1 Never
- 2 Rarely
- 3 Occasionally
14. As a resident/fellow, I feel it is difficult to initiate discussions of Palliative Care Options in Surgery Patients: (choose one)
- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Often
- 5 Frequently

15. I feel appropriately trained to conduct a family meeting to discuss end-of-life care: (choose one)
- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

16. I feel confident to discuss code status of the patients: (choose one)
- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

17. I feel confident to discuss prognosis with patients and families: (choose one)
- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

18. I feel confident to discuss withholding or withdrawal of life support with families in the ICU: (choose one)
- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

19. Providing Palliative Care is best left to Palliative medicine specialists: (choose one)
20. Palliative Care is an important competence for a surgeon: (choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

21. Initiating Palliative Care feels like “you have given up” on the patient: (choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

22. Surgery is futile if the patient cannot be cured: (choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly agree

23. Please rate the level of COMFORT (personal level of emotional comfort) you have for the following topics: (choose one response for each question)

<table>
<thead>
<tr>
<th>Topic</th>
<th>1 Minimal</th>
<th>2 Low</th>
<th>3 Moderate</th>
<th>4 High</th>
<th>5 Very high</th>
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<tbody>
<tr>
<td>Discussing prognosis</td>
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<td>Delivering bad news</td>
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<td>Symptom management (including pain, delirium, nausea and dyspnea)</td>
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<tr>
<td>Discussing code status</td>
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<tr>
<td>Conducting a family meeting/ Setting Goals of Care</td>
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<tr>
<td>Personal-awareness, Self Care and Surgeon-Patient Relationship</td>
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24. I would personally benefit from more Palliative Care training: (choose one)
   - 1 Strongly disagree
   - 2 Disagree
   - 3 Neutral
   - 4 Agree
   - 5 Strongly agree

25. Residents/Fellows would benefit from more Palliative Care training during residency/fellowship: (choose one)
   - 1 Strongly disagree
   - 2 Disagree
   - 3 Neutral
   - 4 Agree
   - 5 Strongly agree

26. Please rank the following in order of importance in the Palliative Care education you would like to receive: (Rank 1-10; 1 is the highest priority)

   - Discussing prognosis
   - Delivering bad news
   - Symptom management (including pain, delirium, nausea and dyspnea)
   - Discussing code status
   - Conducting a family meeting/ Setting Goals of Care
   - Personal-awareness, Self Care and Surgeon-Patient Relationship
   - Managing malignant bowel obstruction
   - Palliative and Hospice care and Referrals
   - Withholding and withdrawing life support
   - Ethics and legal issues

27. Please rank the following educational methods in order of preference for residency/fellowship Palliative Care education: (Rank 1-7; 1 is the highest priority)
28. Please rank the following educational methods in order of preference for continuing education in Palliative Care:
(Rank 1-7; 1 is the highest priority)