

## SURVEY QUESTIONNAIRE

### PART 1: PARTICIPANT DEMOGRAPHICS & BASIC INFORMATION

S/N	Question	Response
1	What is your current age?	Please fill in: _____
2	What is your gender?	<input type="radio"/> Male <input type="radio"/> Female
3	What is your ethnicity?	<input type="radio"/> Chinese <input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Others: _____
4	Have you learnt about goals of care discussion in medical school?	<input type="radio"/> Yes <input type="radio"/> No
5	<p><b>ONLY answer this question if you responded YES to Q4.</b></p> <p>How did you learn about goals of care discussion? (<i>tick ALL the options that apply</i>)</p>	<input type="radio"/> Didactic lectures/tutorials <input type="radio"/> Simulation practices <input type="radio"/> Clinical clerkship rotations <input type="radio"/> Journal publications <input type="radio"/> News articles <input type="radio"/> Official government websites for advance care planning, advance medical directive <input type="radio"/> Others: _____

**PART 2A: KNOWLEDGE (SELF-REPORTED) OF GOALS OF CARE DISCUSSION**

S/N	Statement	Response (Likert Scale) (Please Tick ONLY the MOST Appropriate Option)
1	I am familiar with the concept of “goals of care discussion”.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
2	I am familiar with different types of “code status” in hospitalized patients.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
3	I am familiar with disease trajectories of common advanced illnesses (e.g. organ failure, dementia, malignancy)	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
4	I have a good understanding of resuscitation outcomes in different patient groups (e.g. age, functional status, medical comorbidities).	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
5	I have a good understanding of common complications that can arise from various forms of resuscitation and life-sustaining interventions (e.g. cardiopulmonary resuscitation, defibrillation, intubation, mechanical ventilation, inotropic support).	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
6	I am familiar with the concepts of “advance care planning”, “advance medical directive” and “lasting power of attorney” and know the difference between them.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree

**PART 2B: KNOWLEDGE (OBJECTIVE) OF GOALS OF CARE DISCUSSION**

<b>S/N</b>	<b>Statement</b>	<b>Response (True/False) (Please Tick ONLY the MOST Appropriate Option)</b>
1	Goals of care discussion seeks to identify the overarching goals of medical care based on patient's clinical context and personal preferences/values/priorities, in order to guide the extent of treatment/interventions.	<input type="radio"/> True <input type="radio"/> False
2	Code status is a clinical documentation that states the extent of resuscitation and life-sustaining interventions in the event of cardiopulmonary arrest (e.g. cardiopulmonary resuscitation, defibrillation, intubation, mechanical ventilation, inotropic support, intensive care unit/high dependency transfer).	<input type="radio"/> True <input type="radio"/> False
3	Code status is ultimately a decision that needs to be made by patient or patient surrogates, but the medical team should assist them in decision-making by providing them with a list of life-sustaining interventions (e.g. cardiopulmonary resuscitation, defibrillation, intubation, mechanical ventilation, inotropic support, intensive care unit/high dependency transfer) to select from and be prepared to answer their questions about each of the items.	<input type="radio"/> True <input type="radio"/> False
4	Once a code status is established, it cannot be reversed.	<input type="radio"/> True <input type="radio"/> False
5	Advance care planning is a legally binding documentation of patient's preferences, wishes and goals pertaining to future medical care.	<input type="radio"/> True <input type="radio"/> False
6	Advance care planning is only meant for older patients with multiple medical comorbidities and deemed to be at significant risk of clinical deterioration and demise.	<input type="radio"/> True <input type="radio"/> False
7	Advance medical directive is a legal document that is completed by a mentally competent adult to state that this person is not to undergo extraordinary life-sustaining treatments/interventions in a terminally ill state.	<input type="radio"/> True <input type="radio"/> False
8	Doctors should attempt to enquire if patients have an advance medical directive when they are admitted to the hospital.	<input type="radio"/> True <input type="radio"/> False
<b>S/N</b>	<b>Statement</b>	<b>Response (Multiple-Choice) (Please Tick ALL the Option(s) that You Think are Correct)</b>

9	Which of the following is/are components of goals of care discussion?	<ul style="list-style-type: none"> <li><input type="radio"/> Patient education on disease and prognostic trajectory</li> <li><input type="radio"/> Eliciting patient values, goals and preferences towards medical treatment and care</li> <li><input type="radio"/> Eliciting family values, goals and preferences towards medical treatment and care</li> <li><input type="radio"/> Considering what other patients in a similar situation (e.g. disease state) would reasonably pursue as goals of care</li> <li><input type="radio"/> Identifying extent of treatment/interventions based on identified goals of care</li> </ul>
10	In advance care planning (ACP), which of the following healthcare professionals can be trained to facilitate discussions and complete the formal ACP documentation?	<ul style="list-style-type: none"> <li><input type="radio"/> Doctor</li> <li><input type="radio"/> Nurse</li> <li><input type="radio"/> Medical social worker</li> <li><input type="radio"/> Case manager</li> <li><input type="radio"/> Care coordinator</li> </ul>
11	Which of the following are known complications of cardiopulmonary resuscitation?	<ul style="list-style-type: none"> <li><input type="radio"/> Bony injuries (e.g. rib fractures)</li> <li><input type="radio"/> Skin abrasions and bruising</li> <li><input type="radio"/> Visceral injuries (e.g. heart, lungs, stomach, liver, spleen)</li> <li><input type="radio"/> Increased risk of stroke</li> <li><input type="radio"/> Increased risk of limb ischemia</li> <li><input type="radio"/> Increased risk of aspiration events</li> </ul>
12	Which of the following are known complications of mechanical ventilation?	<ul style="list-style-type: none"> <li><input type="radio"/> Pneumonia</li> <li><input type="radio"/> Ventilator-induced lung injury</li> <li><input type="radio"/> Pneumothorax</li> <li><input type="radio"/> Difficulty weaning off ventilator/failure of extubation</li> <li><input type="radio"/> Vocal cord injury due to endotracheal intubation</li> <li><input type="radio"/> High output heart failure due to high ventilator pressures</li> </ul>

		<ul style="list-style-type: none"> <li><input type="radio"/> Cholestatic liver injury</li> <li><input type="radio"/> Psychological complications</li> </ul>
13	Which of the following are known complications of prolonged intensive care unit admission?	<ul style="list-style-type: none"> <li><input type="radio"/> Myopathies and neuropathies</li> <li><input type="radio"/> Recurrent strokes</li> <li><input type="radio"/> Cognitive impairment</li> <li><input type="radio"/> Delirium</li> <li><input type="radio"/> Higher risk of malignancy</li> <li><input type="radio"/> Higher risk of new-onset diabetes mellitus</li> <li><input type="radio"/> Psychological complications in patients (e.g. depression, anxiety, post-traumatic stress disorder)</li> <li><input type="radio"/> Psychological complications in patients' families (e.g. depression, anxiety, post-traumatic stress disorder)</li> </ul>
<b>S/N</b>	<b>Statement</b>	<b>Response (Multiple Choice) (Please Tick ONLY the MOST Appropriate Option)</b>
14	What is the overall estimated rate of survival to discharge for general inpatient hospital cardiac arrests?	<ul style="list-style-type: none"> <li><input type="radio"/> &lt; 15%</li> <li><input type="radio"/> 25-35%</li> <li><input type="radio"/> 40-60%</li> <li><input type="radio"/> &gt; 75%</li> </ul>
15	What is the estimated rate of survival to discharge for an elderly patient with severe end-organ impairment (e.g. heart failure, chronic obstructive pulmonary disease, chronic kidney disease, liver cirrhosis) who undergoes inpatient cardiopulmonary resuscitation?	<ul style="list-style-type: none"> <li><input type="radio"/> &lt; 5%</li> <li><input type="radio"/> 10-20%</li> <li><input type="radio"/> 30-40%</li> <li><input type="radio"/> &gt; 50%</li> </ul>
16	What is the estimated rate of survival to discharge for an elderly patients with frailty (clinical frailty scale $\geq$ 5) who undergo inpatient cardiopulmonary resuscitation?	<ul style="list-style-type: none"> <li><input type="radio"/> &lt; 15%</li> <li><input type="radio"/> 15-30%</li> <li><input type="radio"/> 30-50%</li> </ul>

		<input type="radio"/> > 50%
17	What is the estimated rate of survival to discharge for an oncology patient with metastatic solid cancer or active hematological malignancy?	<input type="radio"/> < 5% <input type="radio"/> 10-20% <input type="radio"/> 30-40% <input type="radio"/> > 50%

**PART 3: ATTITUDES TOWARDS GOALS OF CARE DISCUSSION**

<b>S/N</b>	<b>Statement</b>	<b>Response (Likert Scale) (Please Tick ONLY the MOST Appropriate Option)</b>
1	Goals of care discussion should only be carried out in elderly patients ( $\geq 65$ years of age) or those who are imminently dying.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
2	Goals of care discussion is important to promote patient autonomy in person-centered care.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
3	Code status discussions are important to prevent extraordinary life-sustaining treatments/interventions from being performed inappropriately (e.g. not in line with patient's preferences, not medically beneficial).	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
4	Code status discussions should be supervised by senior doctors.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
5	Code status must always be discussed with the patients and/or their families.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
6	Code status must always be approved by the patients and/or their families.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
<b>S/N</b>	<b>Statement</b>	<b>Response (Multiple-Choice) (Please Tick ONLY the MOST Appropriate Option)</b>

7	In the context of decision-making on medical code-status, which is the most important consideration?	<input type="radio"/> Patient's preferences <input type="radio"/> Patient's family preferences <input type="radio"/> Patient's age <input type="radio"/> Patient's medical comorbidities <input type="radio"/> Patient's functional status <input type="radio"/> Others: _____
S/N	Statement	Response (Multiple-Choice) (Please Tick ALL the Option(s) that You Think are Correct)
8	In your opinion, what are some of the barriers to clinical goals of care or code status discussion?	<input type="radio"/> Lack of time in holding goals of care discussion <input type="radio"/> Lack of knowledge in terms of goals of care terminology, clinical prognosis and treatment/interventions/resuscitation outcomes <input type="radio"/> Lack of confidence in how to hold goals of care or code status discussion <input type="radio"/> Personal discomfort towards discussions about death/end-of-life care <input type="radio"/> Patient/family lack of readiness to discuss end-of-life matters <input type="radio"/> Patient/family lack of acceptance of poor prognosis <input type="radio"/> Fear of conflict with patients and/or families <input type="radio"/> Fear of medicolegal implications (e.g. if there are conflicts between medical recommendation and patient/family wishes) <input type="radio"/> Others: _____



**PART 4: READINESS TOWARDS GOALS OF CARE DISCUSSION**

S/N	Statement	Response (Yes/No, Multiple Choice, Likert Scale) (Please Tick <b>ONLY</b> the <b>MOST</b> Appropriate Option)
1	I have observed goals of care discussion (e.g. by junior or senior doctors) being carried out during my clinical clerkship rotations.	<input type="radio"/> Yes <input type="radio"/> No
2	<p><b>ONLY answer this question if you responded YES to Q1.</b></p> <p>The number of times I have observed goals of care discussion being carried out by others is:</p>	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 5-10 <input type="radio"/> > 10
3	I have tried engaging in goals of care discussion (e.g. code status discussion) with actual patients/families during my clinical clerkship rotations.	<input type="radio"/> Yes <input type="radio"/> No
4	<p><b>ONLY answer this question if you responded YES to Q3.</b></p> <p>The number of times I have personally engaged in goals of care discussion with actual patients/families is:</p>	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 5-10 <input type="radio"/> > 10
5	I am confident to engage in goals of care discussions with my patients.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
6	I am confident to engage in goals of care discussions with my patients' families.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
7	I am aware of how to find previous advance care planning documentations on my patient's electronic medical records.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree
8	I know how to seek help if I run into difficulties during goals of care discussion with patients and/or families.	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Neutral <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree

