Program Directors CERA Survey Draft Questions: Serious-illness Communication Skills

In the following questions, "serious illness communication/conversations" refers to discussions about prognosis and care goals with patients with serious illness. Expertise refers to anyone with notable training and experience with Hospice and Palliative Care (HAPC), including but not limited to fellowship training or obtaining a Certificate of Added Qualifications.

CURRICULUM CONTENT

1. Of the following, what do you believe is the most important serious illness communication skill for family medicine residents to learn?
    a. Delivering bad news to patients and families
    b. Communicating prognosis
    c. Discussing expectations around care outcomes
    d. Discussing goals of care

2. Which method does your program use most often (if at all) to help residents understand how to navigate patients' death anxiety and questions about life purpose/meaning?
    a. Informally during rotations
    b. *Required* didactic session for residents
    c. *An optional* didactic session for residents
    d. Our program does not do this

3. What is the primary way residents in your program receive formal training in serious illness communication? .
    a. Didactic sessions
    b. Simulation exercises
    c. Online modules
    d. Hospice/palliative care rotation
    e. Nursing home rotation
    f. Geriatrics rotation
    g. Other
    h. Residents do not receive training in serious illness communication

4. Approximately how often does your program provide training in serious illness communication?
    a. At least once monthly
    b. Three to four times per year, every year
    c. Twice per year, every year
    d. Once per year, every year
    e. One to two times over three years
    f. Training is not provided

EDUCATOR QUALIFICATIONS

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5. Who primarily teaches serious illness communication skills to your residents?
    a. Family medicine faculty *without* expertise in hospice/palliative care
    b. Family medicine faculty with expertise in hospice/palliative care
    c. Palliative care faculty not affiliated with family medicine
    d. Other faculty not affiliated with family medicine
    e. Other not listed
    f. Training is not provided

6. Does your program have one or more family medicine faculty members who are experts in HAPC?
    a. Yes
    b. No

OUTCOME MEASUREMENTS

7. To what extent do you agree with the following statement?: "Graduates from my program are prepared to independently lead effective serious illness conversations."
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree

8. How likely are residents to lead serious illness conversations in their own primary care clinics rather than refer to HAPC specialists (including social work)?
    a. Very likely to lead
    b. Likely to lead
    c. Equally likely to lead as they are to refer
    d. Unlikely to lead
    e. Very unlikely to lead

BARRIERS TO EDUCATION

9. What is the MOST significant barrier to your program providing training in serious illness communication?
    a. Lack of available curriculum
    b. Lack of faculty expertise
    c. Lack of faculty interest
    d. Lack of faculty teaching time
    b. Lack of resident interest
    c. Lack of resident learning time
    d. Other reason not listed
    e. There are no barriers

10. What is the SECOND most significant barrier to your program providing training in serious illness communication?
    a. Lack of available curriculum
    b. Lack of faculty expertise
    c. Lack of faculty interest
    d. Lack of faculty teaching time
    b. Lack of resident interest
    c. Lack of resident learning time
    d. Another reason not listed
    e. There are no barriers