

**A Mixed Methods Evaluation of the
Living Matters Advance Care Planning (ACP) training course**
Questionnaire for Participants

DemographicsPlease **fill in** your information below:

Year of Birth: _____

Gender: M / F

Marital Status: _____

Race: _____ Religion: _____

Designation/Occupation: _____

Primary workplace: _____

Years of practice in current workplace: _____ Year(s) _____ Month(s)

KnowledgeFor each of the statements below, **circle** the correct answer (True/False):

1	The best time to discuss ACP is when patients are seriously ill.	True/False
2	ACP is a legal document.	True/False
3	The nominated healthcare spokesperson must be a family member.	True/False
4	ACP is a one-time event.	True/False
5	The doctor can choose not to follow the decisions made in the ACP document.	True/False
6	For an effective ACP discussion, one of the criteria to ask the patient is to identify a trusted individual as his or her healthcare spokesperson.	True/False
7	An ACP document is valid only if completed by an adult who has decision making capacity.	True/False
8	An ACP document can be only activated in the event that the person has lost decision making capacity.	True/False
9	An ACP document is only referred to when the person has lost decision making capacity.	True/False
10	An individual's beliefs significantly affects the preferences for treatment discussed in ACP.	True/False
11	ACP is always a part of routine health care.	True/False
12	ACP can be completed without a nominated healthcare spokesperson.	True/False
13	Understanding the prognosis, options for care and background of the ACP participant is vital for a successful ACP discussion.	True/False
14	The nominated healthcare spokesperson needs to be someone who is able to speak on patient's behalf under stressful situations.	True/False
15	A person with dementia is deemed to have no mental capacity to make an ACP.	True/False
16	Ability to reason and to weigh treatment options are part of the requirements for a person to possess decision-making capacity.	True/False
17	A patient is assumed to have decision making capacity unless proven otherwise.	True/False
18	One can presume that decision-making capacity is absent by looking at a person's age, diagnosis, behaviour or appearance.	True/False
19	ACP is preferably done in the inpatient setting than in the outpatient clinic.	True/False
20	The process of ACP involves individualizing the discussion to the individual's state of health.	True/False

Confidence in Knowledge/Perceived Knowledge

For each of the statements below, **circle** the number that best describes your opinion:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I know what ACP is	1	2	3	4
2. I know who to introduce ACP to.	1	2	3	4
3. I know when to conduct an ACP discussion.....	1	2	3	4
4. I know the difference between ACP and other advance medical directives.	1	2	3	4
5. I understand the ACP framework and the different types of ACP.....	1	2	3	4

Skills

For each of the statements below, **circle** the number that best describes your opinion:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I am able to engage patients to introduce ACP to them.....	1	2	3	4
2. I am able to advise patients if they are keen to make an ACP.	1	2	3	4
3. I am able to share the key issues in ACP within the localised context and framework used in Singapore.....	1	2	3	4
4. I am able to communicate about end-of-life care issues.....	1	2	3	4
5. I am able to identify and use appropriate resources to provide information about ACP.....	1	2	3	4

Attitudes

For each of the statements below, **circle** the number that best describes your opinion:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I am enthusiastic about attending the ACP course.....	1	2	3	4
2. I am keen to facilitate ACP discussions with my patients.....	1	2	3	4
3. Facilitating an ACP discussion is a pleasant experience for me.....	1	2	3	4
4. I believe that doing ACP is helpful for my patients.....	1	2	3	4
5. I believe that patients would find that ACP is useful.....	1	2	3	4
6. I believe that patient's family would find that ACP is useful..	1	2	3	4
7. I think I will recommend my colleagues to attend the ACP course as well.....	1	2	3	4
8. Patients with decision-making capacity should have a right to refuse life sustaining treatment even if that decision may lead to adverse outcomes.	1	2	3	4
9. Healthcare providers should respect a patient's wishes even if they conflict with the family's wishes.....	1	2	3	4
10. Healthcare providers should be actively involved in facilitating patients complete ACP.....	1	2	3	4
11. Healthcare providers should disregard a patient's ACP if they think the treatment is in the patient's best interests....	1	2	3	4
12. Healthcare providers should help inform patients about their condition and treatment alternatives when preparing an ACP.....	1	2	3	4
13. Healthcare providers usually know the wishes of their patients regarding end-of-life care without having formal documentation.....	1	2	3	4
14. The information in an ACP is usually sufficient to guide treatment.....	1	2	3	4
15. Most of the time family members know the patient's preference regarding end-of –life care.....	1	2	3	4
16. Conducting an ACP discussion is emotionally draining for the ACP facilitator.....	1	2	3	4
17. I feel that a patient's ACP decisions will be honoured by healthcare professionals.....	1	2	3	4

Confidence

For each of the statements below, **circle** the number that best describes your confidence

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel confident about introducing the concept of ACP.....	1	2	3	4
2. I feel confident about conducting ACP discussions.....	1	2	3	4
3. I feel confident discussing a patient's illness and treatment options in relation to ACP.....	1	2	3	4
4. I feel confident having the skills to discuss ACP.....	1	2	3	4
5. I feel confident answering patients' questions about ACP.....	1	2	3	4
6. I feel confident responding to family members' questions about ACP.....	1	2	3	4