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

Questionnaire for Participants

Demographics

Please **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)

Knowledge

For 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

Practice

In the past 6 months:

1. Have you **initiated** any ACP discussions? (Yes / No)

   If yes, please state the number: ____

2. Have you **completed** any ACP discussions? (Yes / No)

   If yes, please state the number: ____

3. Have you **observed treatment** being provided that was not reflective of a patient's wishes? (Yes/ No)