**Appendix 2 - Survey Tool**

Question 1

Does your program have a mandatory rotation in palliative medicine (yes/no)?

Question 2

Does your program offer a choice of selective rotations including palliative medicine as a choice (yes/no)?

Question 3

Does your program offer an elective in palliative medicine (yes/no)?

Question 4

Does your program offer any non-clinical education in palliative medicine and, if so, please list the number of hours of total instruction throughout residency within each domain (please enter "0" if there is no, non-clinical education in one or more of the domains):

|  |  |
| --- | --- |
| Lectures |  |
| Seminars |  |
| Online modules |  |
| Podcast |  |
| Videocasts |  |
| Handout material |  |

Question 5

Does your overall palliative and end-of-life care curriculum, including clinical and non-clinical mediums, address the following objectives (Rate from 0 to 5 where 0 is not addressed at all and 5 is addressed thoroughly):

* Death trajectories (Terminal Illness, Organ Failure, Frailty/Dementia, Sudden Death)
* Prognostication
* Goals of care
* Advance directives
* Ethics and legal issues
* Conflict resolution
* Cultural considerations
* Grief and bereavement
* Withdrawing and withholding care
* Family witnessed resuscitation
* Communicating bad news
* Common end-of-life symptoms
* Management of chronic pain
* Malignant pain
* Complications of cancer
* Care in the last hours of life

Question 6

Are the following barriers to education an issue with regard to implementing a palliative care and end-of-life care curriculum at your institution (yes/no):

* Funding
* Expertise
* Defining learning objectives
* Time
* Curriculum development
* Availability of instructors

Question 7

Are there any other perceived barriers to palliative and end-of-life care education at your institution in addition to those listed above (If yes, please explain)?

Question 8

Are your residents currently assessed following completion of any offered curriculum in palliative care and end-of-life care (If “no”, then skip to question 11)?

Question 9

If you answered "yes" to the previous question, select yes or no for use of the following assessment tools:

* Online assessment
* Formal in person written examination
* Formal in person clinical evaluation such as an OSCE
* Informal clinical evaluation
* Feedback from patient encounters
* Other

Question 10

If you answered "yes" to "other" in the previous question, please explain your assessment format below.

Question 11

Have any of your current or past residents completed a fellowship in palliative medicine (yes/no)?

Question 12

If so, how many?

Question 13

Is there a palliative care service available within your core hospital for your program (either consult service or in-patient ward)?

Question 14

You are the program director for which emergency medicine training stream?

FRCPC

CCFP(EM)

Question 15

Which university is your program affiliated with?