

Appendix A: Pre- and Post-survey implemented via Qualtrics

1. What year were you born? (Select year from dropdown menu.)
2. Gender
 - a. Male
 - b. Female
3. Race
 - a. Caucasian or White (non-Hispanic/Latino)
 - b. African American or Black (non-Hispanic/Latino)
 - c. Hispanic or Latino
 - d. Asian or Pacific Islander.
 - e. Native American or Alaskan Native
 - f. Other (please explain) or prefer not to answer
4. Do you have children?
 - a. Yes
 - b. No
5. Where did you attend medical school?
6. During medical school did you receive any formal teaching (i.e. programs or rotations) on end of life care?
 - a. No
 - b. Yes (please describe)
7. Which Residency Training Program are you completing?
 - a. Categorical Pediatrics
 - b. Internal Medicine-Pediatrics
 - c. Other Combined Pediatric Residency Program

8. What year are you in residency?

- a. PL1
- b. PL2
- c. PL3
- d. PL4
- e. PL5

9. How comfortable do you feel managing pain at the end of life?

- a. Very Uncomfortable
- b. Uncomfortable
- c. Don't Know
- d. Comfortable
- e. Very Comfortable

10. How comfortable do you feel managing fluids and nutrition at the end of life?

- a. Very Uncomfortable
- b. Uncomfortable
- c. Don't Know
- d. Comfortable
- e. Very Comfortable

11. How comfortable do you feel managing dyspnea in children at the end of life?

- a. Very Uncomfortable
- b. Uncomfortable
- c. Don't Know
- d. Comfortable
- e. Very Comfortable

12. How comfortable do you feel managing agitation and anxiety at the end of life?

- a. Very Uncomfortable

- b. Uncomfortable
- c. Don't Know
- d. Comfortable
- e. Very Comfortable

13. How comfortable do you feel breaking bad news?

- a. Very Uncomfortable
- b. Uncomfortable
- c. Don't Know
- d. Comfortable
- e. Very Comfortable

Q14. How comfortable do you feel discussing code status?

- a. Very Uncomfortable
- b. Uncomfortable
- c. Don't Know
- d. Comfortable
- e. Very Comfortable

15. How comfortable do you feel offering comfort focused care as a treatment plan?

- a. Very Uncomfortable
- b. Uncomfortable
- c. Don't Know
- d. Comfortable
- e. Very Comfortable

16. How comfortable do you feel pronouncing a child who has died?

- a. Very Uncomfortable
- b. Uncomfortable
- c. Don't Know
- d. Comfortable

e. Very Comfortable

17. How comfortable do you feel navigating situations where there is a conflict between the patient/family and the medical team regarding treatments?

a. Very Uncomfortable

b. Uncomfortable

c. Don't Know

d. Comfortable

e. Very Comfortable

18. How comfortable do you feel calling an ethics consult?

a. Very Uncomfortable

b. Uncomfortable

c. Don't Know

d. Comfortable

e. Very Comfortable

19. How comfortable do you feel calling a palliative care consult?

a. Very Uncomfortable

b. Uncomfortable

c. Don't Know

d. Comfortable

e. Very Comfortable

20. How many times have you consulted Palliative Care for assistance with end of life care during your residency? *(This question was excluded for PGY 1 during the pre-implementation survey.)*

a. Never

b. 1-2

c. 3-5

d. 6-10

e. >10

21. How many times have you cared for a child who died in the hospital? *(This question was excluded for PGY 1 during the pre-implementation survey.)*

- a. Never
- b. 1-2
- c. 3-5
- d. 6-10
- e. >10

22. How many times did you attend a debriefing session after a patient died? *(This question was excluded for PGY 1 during the pre-implementation survey.)*

- a. Never
- b. 1-2
- c. 3-5
- d. 6-10
- e. >10

23. How often do you feel there are conflicts between patients/families and the medical team regarding treatment plans for end of life care?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Don't Know

24. How often do you feel there are conflicts regarding treatment plans for end of life care among medical providers?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Don't Know

25. During residency, did you take a Palliative Care elective? *(This question was excluded for PGY 1 during the pre-implementation survey.)*

- a. No
- b. Yes

26. During residency, did you receive any formal teaching (i.e., programs or lectures) on end of life care? *(This question was excluded for PGY 1 during the pre-implementation survey.)*

- a. No
- b. Yes (please describe)

27. How satisfied were you with your education on end of life care in residency? *(This question was excluded for PGY 1 during the pre-implementation survey.)*

- a. Very Dissatisfied
- b. Dissatisfied
- c. Neutral
- d. Satisfied
- e. Very Satisfied

28. What topics and/or sessions on end of life care were the most helpful? *(This question was displayed only to people who answered "Yes" to the question "During Residency, did you receive any formal teaching on end of life care?")*

29. What topics and/or sessions would you like to see in an end of life curriculum?

30. Please explain any difficult end of life situations you have encountered during residency? *(This question was excluded for PGY 1 during the pre-implementation survey.)*

Appendix B: Curriculum Objectives, Educational Strategies and Methods of Evaluation

Learner		
Objective	Educational Strategy	Evaluation
By the end of the curriculum, each resident will be able to:		
Identify the pros and cons of pharmacologic interventions available for pain management of a suffering child. (Cognitive)	Lecture Discussion	Single group, pretest-posttest Online questionnaire
Recognize common symptoms in patients with life limiting disorders and management of these symptoms. (Cognitive)	Lecture Discussion	Single group, pretest-posttest Online questionnaire
List methods of engaging children and families in difficult conversations. (Cognitive)	Lecture Discussion Small group learning	Single group, pretest-posttest Online questionnaire
Recognize the steps involved in a brain death exam and the pronouncement of a child as deceased. (Cognitive)	Lecture Discussion Demonstration/Simulation	Single group, pretest-posttest Online questionnaire
Understand the role of ethics consultation in resolving conflicts. (Cognitive)	Lecture Discussion Problem-based learning Debriefing with Pastoral Care	Single group, pretest-posttest Online questionnaire
Recognize factors relevant to assessing burdens and benefits of management options. (Affective)	Lecture Role models Problem-based learning	Single group, pretest-posttest Online questionnaire
Appreciate various methods of having discussions regarding the imminent death of a young child and limitations of care. (Affective)	Role play Bereaved parents	Single group, posttest only Faculty observation
Grasp the significance of burnout in pediatrics and the importance of fostering interpersonal relationships. (Affective)	Lecture Discussion Debriefing with Pastoral Care	Single group, posttest only Online questionnaire
Appreciate the significance of including children in their treatment and decision making. (Affective)	Discussion Clinical experience Debriefing with Pastoral Care	Single group, posttest only Online questionnaire
Demonstrate increased comfort in holding Do Not Resuscitate (DNR) discussions with families. (Affective)	Lecture Role play Bereaved parents	Single group, posttest only Online questionnaire Faculty observation
Provide spiritual support for families of various cultural and ethical backgrounds. (Psychomotor)	Lecture Discussion Debriefing with Pastoral Care	Single group, posttest only Online questionnaire
Process		

Objective	Educational Strategy	Evaluation
By the end of the curriculum, each resident will have:		
Participated in small group discussions with faculty members discussing delivery of bad news.	Lecture (SPIKES model): setting, perception, invitation, knowledge, empathy, summary and strategy) Small group discussion	Single group, posttest only Online questionnaire
Participated in small group discussions with faculty members discussing prognosis of life limiting conditions.	Small group discussion Role play Bereaved parents	Single group, posttest only Online questionnaire
Participated in small group discussions with faculty members regarding recognizing signs of personal grief after the loss of a patient and optimal coping techniques.	Small group discussion Clinical experience Debriefing with Pastoral Care	Single group, posttest only Online questionnaire
Gained comfort in discussing end of life issues with colleagues.	Clinical experience	Single group, posttest only Online questionnaire