

**A SURVEY INSTRUMENT TO MEASURE PHYSICIAN SELF-CONFIDENCE
AND CONCERNS ABOUT END-OF-LIFE CLINICAL SKILLS
AND DECISION-MAKING**

BY

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Purpose of the Survey Instrument:

1. Assess physicians self-confidence in the performance of 17 different end-of-life clinical skills.
2. Assess physicians comfort with difficult end-of-life clinical decisions involving pain management and treatment withdrawal.
3. Assess physician interest in learning about end-of-life clinical topics;

Prior experience with the survey instrument:

- This instrument was used at a single institution among internal medicine trainees, results reported along with survey instrument in: Weissman DE, Norton A, et al. A survey of competencies and concerns in end-of-life care for physician trainees. *J Pain Symptom Manage.* 1998; 15:82-90.
- This instrument has been as an assessment tool with 90 Internal Medicine residencies as one aspect of a larger end-of-life curriculum needs assessment, in preparation for the introduction of a new end-of-life curriculum.

I. Please rank your degree of competence with the following patient / family interactions and patient management topics, using the following scale:

4 = Competent to perform independently

3 = Competent to perform with minimal supervision

2 = Competent to perform with close supervision / coaching

1 = Need further basic instruction

___ conducting a family conference to discuss important end-of-life decisions.

___ giving bad news to a patient or family member.

___ discussing DNR orders.

___ discussing home hospice referral.

___ discussing a shift in treatment approach from curative to comfort care.

___ discussing treatment withdrawal (e.g. antibiotics, hydration)

___ perform a basic pain assessment

___ use of oral opioid analgesics

___ use of parenteral opioid analgesics

___ use of adjuvant analgesics (e.g. tricyclics, steroids, anti-convulsants)

___ assessment and management of terminal delirium

___ assessment and management of terminal dyspnea

___ assessment and management of nausea / vomiting

___ assessment and management of constipation

___ assessing decision-making capacity

___ discussing advance directives with patients

II. Physicians often have concerns that certain medical decisions may either be contrary to accepted legal, ethical or professional standards or that they may be contrary to their own personal beliefs. For each of the situations listed below, please indicate the type and amount of concern you have, using the following scale:

- 4 = very concerned**
- 3 = somewhat concerned**
- 2 = somewhat unconcerned**
- 1 = not concerned**

A. Decision: Providing maximal pain relief throughout a cancer patient's illness, even before the terminal phase. Concerns

- This violates state law
- This violates medical practice standards and represents malpractice
- This violates accepted ethical norms
- This violates my personal religious or ethical beliefs

B. Decision: Withdrawing non-oral feedings (G-tube or NG tube) from a decisional terminal cancer patient who asks for such feeding to be discontinued. Concerns:

- This violates state law
- This violates medical practice standards and represents malpractice
- This violates accepted ethical norms
- This violates my personal religious or ethical beliefs

C. Decision: Withdrawing IV hydration from a terminal cancer patient, who can no longer take oral fluids and who is clearly dying. Concerns:

- This violates state law
- This violates medical practice standards and represents malpractice
- This violates accepted ethical norms
- This violates my personal religious or ethical beliefs

D. Decision: Withdrawing parenteral antibiotics from a non-decisional dementia patient with urosepsis at the request of their Power for Attorney for Health Care or legal guardian. Concerns:

- This violates state law
- This violates medical practice standards and represents malpractice
- This violates accepted ethical norms
- This violates my personal religious or ethical beliefs

E. Decision: Withdrawing ventilator support from a non-decisional dementia patient at the request of their Power for Attorney for Health Care or legal guardian. Concerns:

- This violates state law
- This violates medical practice standards and represents malpractice
- This violates accepted ethical norms
- This violates my personal religious or ethical beliefs

III. Please indicate which of the following topics you would like to have included in future education programs: (1 = Yes, 2 = No)

- pain assessment and management
- assessment and management of nausea and vomiting
- assessment and management of terminal delirium
- assessment and management of terminal dyspnea
- assessment and management of constipation
- end-of-life communication skills—giving bad news, running a family conference discussing prognosis, discussing treatment withdrawal
- hospice care: the who, why, when and where
- end-of-life ethics: DNR orders, advance directives, decision-making capacity
- use of intravenous hydration and/of non-oral feedings in end-of life care
- spirituality in end-of-life care—role of the physician

THE END