

# Learner Group Intake

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## Start of Block: Contact Information

Intro You are receiving this survey because you have expressed interest in receiving primary palliative care training for your group. The course instructors will use the information you provide to plan the course to meet your group's needs.

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Respondent Info What is your contact information?

- ☐ First Name (1) \_\_\_\_\_
- ☐ Last Name (2) \_\_\_\_\_
- ☐ Email (3) \_\_\_\_\_
- 

Primary Contact? Will you be the primary contact/organizer for your group taking this course?

- ☐ Yes (1)
- ☐ No (2)
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*Display This Question:*

*If Will you be the primary contact/organizer for your group taking this course? = No*

Contact Info What is the contact information of the primary contact/organizer for your group taking this course?

☐ First Name (1) \_\_\_\_\_

☐ Last Name (2) \_\_\_\_\_

☐ Email (3) \_\_\_\_\_

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End of Block: Contact Information

Start of Block: Group Affiliation and Setting

Group Affiliation How is your group related (if at all) to UCSF?

☐ Campus (e.g., SOM, SON) (1)

☐ Medical Center (e.g, Nursing unit, service line) (2)

☐ Formal Institutional Partnership (3)

☐ Not directly affiliated with UCSF (4)

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*Display This Question:*

*If How is your group related (if at all) to UCSF? = Campus (e.g., SOM, SON)*

Campus Aff What is your Campus affiliation?

☐ School (1) \_\_\_\_\_

☐ Department (if applicable) (2)

☐ Division (if applicable) (3) \_\_\_\_\_

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*Display This Question:*

*If How is your group related (if at all) to UCSF? = Medical Center (e.g, Nursing unit, service line)*

Med Center Aff What is your group's Medical Center affiliation?

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*Display This Question:*

*If How is your group related (if at all) to UCSF? = Not directly affiliated with UCSF*

*Or How is your group related (if at all) to UCSF? = Formal Institutional Partnership*

Outside Institution What is the name of your institution?

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*Display This Question:*

*If How is your group related (if at all) to UCSF? = Formal Institutional Partnership*

UCSF Partnership What is your group or institution's partnership with UCSF?

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Group Name How should we refer to your group that will be taking this course (group name)?

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Practice Settings In which of the following settings does the group that will be taking this course typically practice? (may select multiple)

☐

Inpatient (1)

☐

Outpatient (2)

☐

Home-Based (3)

Group - Additional Info What else would you like to tell us about the nature of your group?  
(Optional)

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End of Block: Group Affiliation and Setting

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Start of Block: Learners



Learner Professions Approximately how many learners from each of the following professions do you expect to attend the course?

	Number of Attendees Expected (1)
Chaplains (Chaplain)	
RNs (RN)	
Advanced Practice Nurses (e.g., NPs, CNSs) (APN)	
Physicians (MD)	
Social Workers (SW)	
Other (Please Specify) (Other1)	
Other (Please Specify) (Other2)	

Attitude to PC What would you say is your group's overall attitude towards palliative care generally?

**Cool**

**Warm**

Attitude towards Palliative Care (1)	
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Consult Frequency How often would you estimate members of your group request or facilitate specialist palliative care consultation for their seriously ill patients?

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Often (4)
- ☐ Always (5)

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Training, Skill, Int For each of the following areas, please indicate if members of your group had at least some prior *formal* training, their current level of skill, and whether they might want additional training. We recognize that group members may have had different training experiences and may be at different levels. If so, please estimate the "average" for the group.

When assessing your group's skill level, you may use the following as a guide:

Fundamental Awareness: You have a common knowledge or an understanding of basic techniques and concepts.

Novice: You have the level of experience gained in a classroom and/or experimental scenarios or as a trainee on-the-job. You are expected to need help when performing this skill.

Intermediate: You are able to successfully complete tasks in this competency as requested. Help from an expert may be required from time to time, but you can usually perform the skill independently.

Advanced: You can perform the actions associated with this skill without assistance. You are certainly recognized within your immediate organization as "a person to ask" when difficult questions arise regarding this skill.

Expert: You are known as an expert in this area. You can provide guidance, troubleshoot and answer questions related to this area of expertise and the field where the skill is used.

	Prior	Current Skill Level
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	Formal Training?										
	No (0)	Yes (1)	Fundamental Awareness (1)	- (2)	Novice (3)	- (4)	Intermediate (5)	- (6)	Advanced (7)	- (8)	Expert (9)
Psychosocial, Spiritual, and Cultural Assessment and Care (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Serious Illness Communication (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Pain Assessment and Management (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Non-Pain Symptom Assessment and Management (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Advance Care Planning (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Care of the Dying Patient (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>

### End of Block: Learners

### Start of Block: Resources

Display This Question:

If For each of the following areas, please indicate if members of your group had at least some prior...  
: Prior Formal Training? [ No] (Count) > 0

Prior Train - Descr Please briefly describe the formal training members of your group have had in the areas you indicated previously: \${Training, Skill, Int%231/ChoiceGroup/SelectedChoicesForAnswer/1}.

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Group's Priorities What are your group's top priorities for this course?

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Allocated Time How much total time can your group dedicate to this course?

- ☐ 2 or fewer hours (1)
- ☐ 3-4 hours (2)
- ☐ 5-6 hours (3)
- ☐ 7-8 hours (4)
- ☐ More than 8 hours (5)



Resiliency Interest In addition to or in lieu of palliative care training, how interested would your group be in provider well-being and resiliency training?

- ☐ Not interested at all (1)
- ☐ Slightly interested (2)
- ☐ Moderately interested (3)
- ☐ Very interested (4)
- ☐ Extremely interested (5)

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Additional Comments What else would you like the course organizers to know (Optional)?

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End of Block: Resources

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