# Appendix I. Web-based self-administered survey used to evaluate supervisors’ perceived training needs.

**The interprofessional educational needs of faculty for providing and teaching elder care in family medicine units in the province of Quebec**

**Help us design a customized training program to help you better treat the elderly population and better teach these skills to your trainees!**

**The four family medicine departments of the province of Quebec are working, in partnership with the Ministry of Health and Social Services of Quebec, to design a professional development program for the care of the elderly. Our target population will include all professionals involved in teaching in family medicine units (FMU) and related settings (i.e., local community service centers (“CLSC”), home care and long-term care centers) in Quebec.**

**The purpose of this survey is to gather your views, as a teacher, on your needs for training in elder care and in teaching these skills to your trainees. The results of the survey will help us develop and implement a training program tailored to your needs.**

**This survey should take less than 20 minutes to complete, and if you answer all the questions, you will be eligible to win an iPad valued at $400.**

**Consent to participate in this survey**

**All the information gathered will remain strictly confidential. To protect your identity and the confidential nature of the information provided, you will only be identified by a numeric code. Your participation in this research project is voluntary. Therefore, you can refuse to participate. You can also stop participating at any time, without needing to explain.**

**The research project (#...) was approved and is monitored by the McGill Research Ethics Office. By completing this online survey, you are giving your informed consent to participate in the research project.**

**If you have any questions, do not hesitate to contact Anik Giguere, Professor, Department of Family Medicine and Emergency Medicine at Laval University, anik.giguere@fmed.ulaval.ca**

**Click on >> to continue**

**Are you...**

* Male?
* Female?

**How old are you?**

* less than 30 years old
* 30-39 years old
* 40-49 years old
* 50-59 years old
* 60-69 years old
* over 70 years old

**What is your occupation?**

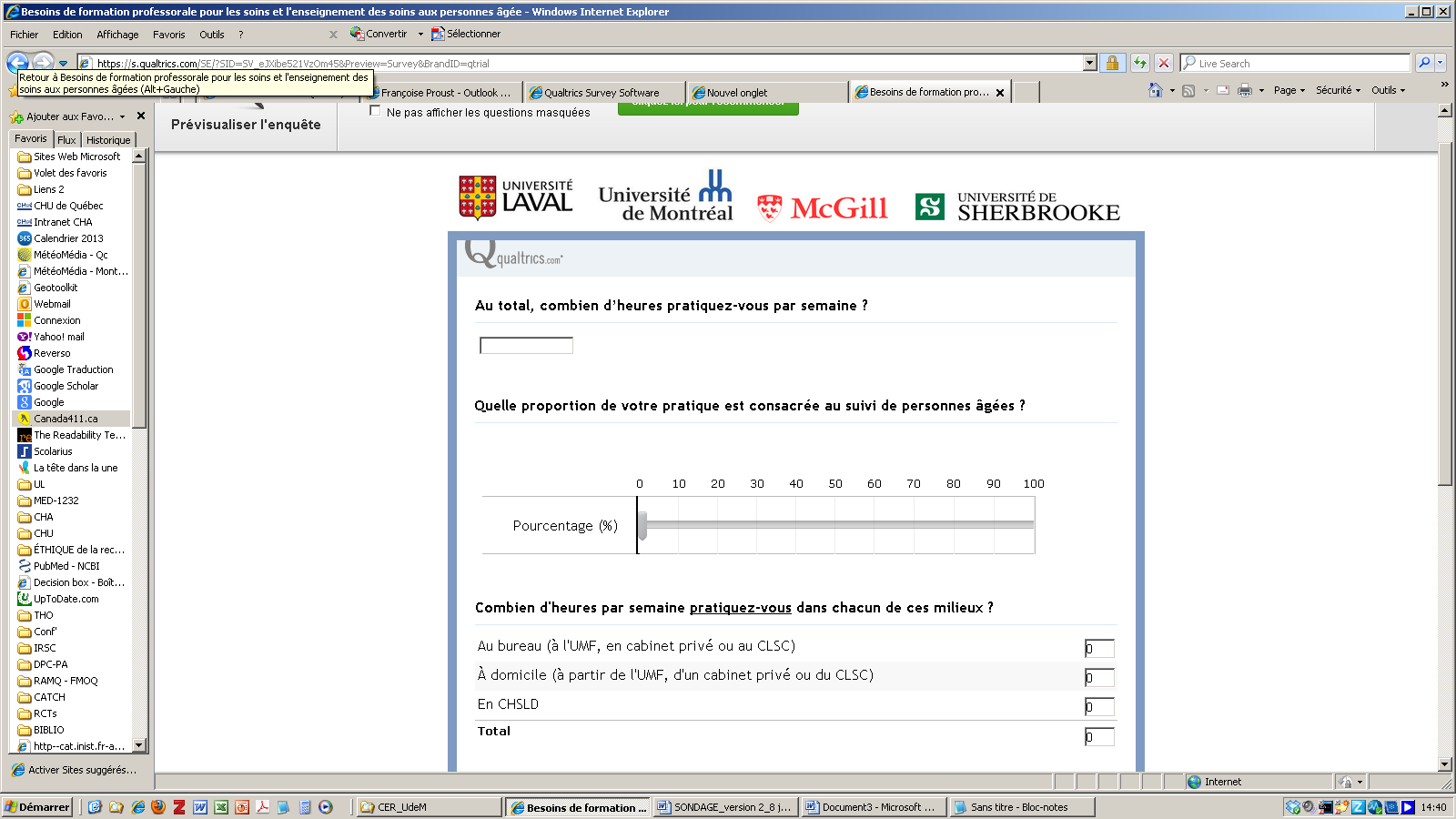
* Doctor
* Nurse
* Social Worker
* Psychologist
* Pharmacist
* Physiotherapist
* Occupational therapist
* Nutritionist
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In what year did you obtain your license to practice?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In total, how many hours do you practice per week?** \_\_\_\_\_\_\_\_

**What proportion of your time in practice involves caring for the elderly?**



**How many hours per week do you work in each of these settings?**

\_\_\_\_\_\_ At the office (FMU, private practice, CLSC)

\_\_\_\_\_\_ In home care (working for an FMU, a private practice, or a CLSC)

\_\_\_\_\_\_ In long-term care centers

**Taking into account all the hours that you work in each setting, how many of these hours are spent on supervision?**

\_\_\_\_\_\_ At the office (Family Medicine Unit, private practice, or CLSC)

\_\_\_\_\_\_ In home care (working for an Family Medicine Unit, a private practice, or a CLSC)

\_\_\_\_\_\_ In long-term care centers

**In the following sections, we will ask you to assess your training needs in each of the three service settings (i.e., long-term care centers, home care, and at the office).**

**Is it pertinent for you to further your training in elderly care or in teaching these skills to your trainees in...**

**... long-term care centers?**

* Yes
* No (Please say why) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**... home care settings?**

* Yes
* No (Please say why) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**... office visit settings (at a FMU, in private practice, or at a CLSC)?**

* Yes
* No (Please say why) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LONG-TERM CARE CENTERS**

**With respect to long-term care centers, in which area(s) do you feel that you need more training...**

\*ep = elderly person

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ...To **provide** care? | | |  | ... To **teach** this type of care? | | |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Functional decline** For example...  1- Implementing interventions aimed at maintaining autonomy of the elderly person (ep). |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Care of the complex patient**  For example...  1 - Managing the uncertainty about how to respond in certain clinical situations considering the paucity of guidelines.  2 - Drafting a death certificate that integrates the multiple conditions of the ep.  3 - Adjusting the intensity of both the treatment and follow-up given to an ep, while taking into account disease progression and their overall condition (ep wishes, quality of life, level of intervention, etc.). |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Falls and mobility problems**  For example...  1 - Putting in place alternatives to both physical restraints and medication that are used for ep who fall.  2 - Collaborating with other health care providers in disclosing next of kin about fall-related accidents or incidents that may have occurred.  3 - Developing an intervention plan that includes strategies to facilitate optimal mobility of the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Pain**  For example...  1 - Using pain assessment instruments (Doloplus, PACSLAC) developed for non-communicative ep.  2 - Recognizing pain as a potential contributor to other geriatric syndromes (delirium, abnormal behavior, functional decline, immobilisation syndrome …).  3 - Providing psychological support to family members who witness the suffering of their elderly parent. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Polypharmacy**  For example...  1 - Developing a pharmacological intervention plan that is adapted to the clinical context, and that takes into account the age, the wishes of the ep, the life expectancy, the co-morbidities, the level of care, and the therapeutic evidence.  2 - Periodically reviewing the medication taken by the ep in order to identify potentially inappropriate prescriptions. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Malnutrition**  For example...  1 - Providing a structured assessment of dysphagia in the ep in collaboration with other health care providers.  2 - Talking to the ep and their family about the advantages/disadvantages of artificial feeding through enteral nutrition.  3 - Ensuring optimal oral hygiene in the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Urinary incontinence**  For example...  1 - In ep with urinary incontinence, favoring non-pharmacological intervention, such as the use of protective undergarments, over pharmacological intervention. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Cognitive disorders**  For example...  1 - Differentiating between delirium and dementia.  2 - Preparing families/caregivers of the ep for the different stages in the evolution of dementia. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Depression in the elderly person**  For example...  1 - Diagnosing major depression in different clinical situations (i.e., in ep suffering from cognitive disorders, post-stroke or who have other co-morbidities that could confound the diagnosis).  2 - Adapting treatment guidelines for major depression to the overall condition of the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Behavioral and psychological symptoms of dementia (BPSD)**  For example...  1 - Using a behavior observation checklist to guide the therapeutic treatment of the ep with BPSD.  2 - Encouraging the use of non-pharmacological interventions before prescribing medication to the ep with BPSD.  3 - Providing support to caregiving teams struggling to manage these behaviors. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Caregiver burnout**  For example...  1 - Helping family members to accept support services for the ep, especially during the first temporary admission (i.e., respite care) (feelings of guilt). |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Elder abuse**  For example...  1 - Recognizing signs of ep abuse by staff and/or family and collaborating with long-term care center mediators to resolve the problem.  2 - Collaborating with other professionals to determine what needs to be done when a patient’s legal representative is not fulfilling their obligations. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **End-of-life care**  For example...  1 - Recognizing illness-related complications and emergency situations in the ep, and monitoring them in collaboration with other professionals (pain, nausea and vomiting, dyspnea, anxiety, generalized discomfort, constipation and intestinal sub-occlusion, agitation, distress, etc.).  2 - Adequately prescribing pharmacological and non-pharmacological treatment to the ep for end-of-life problems and recognizing the side effects of these treatments.  3 - Taking into account family, cultural, psychological, social, and spiritual influences when providing end-of-life care to the ep. |  |  |  |  |  |  |  |  |

**HOME CARE**

**With respect to home care, in which area(s) do you feel that you need more training...**

\*ep = elderly persons

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ...To **provide** care? | | |  | ... To **teach** this type of care? | | |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Functional decline** For example... 1 - Using the Functional Autonomy Measurement System (“SMAF”) to assess the autonomy of an elderly person (ep). 2 - Anticipating the effects of a change in living situation for the elderly person and their family (agitation, psychomotor regression, etc.). |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Care of the complex patient** For example... 1 - Explaining to the ep and their caregivers signs to look for that indicate deterioration, how to react, and how to prevent them. 2 - Being aware that, when dealing with multiple chronic conditions, the treatment of one condition may directly affect other conditions. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Falls and mobility problems** For example... 1 - Identifying environmental risks to ep's safety. 2 - Detecting the post-fall syndrome in the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Pain** For example... 1 - When deciding to prescribe opiates, taking into account their impact in the ep (alertness, ability to drive, etc.). 2 - Recognizing the spiritual and ethical dimension of pain for the ep and their family. 3 - Implementing early preventive measures to counteract narcotic side effects in the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Polypharmacy** For example... 1 - Collaborating with other health care professionals and family in developing an individualized pharmacological intervention plan. 2 - Periodically reviewing medications at home (on site), including over the counter medications. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Malnutrition** For example... 1 - Documenting patient safety during meal preparation and food ingestion (dysphagia) by the ep. 2 - Collaborating with both the ep and other health care providers if necessary, in optimizing daily protein and caloric intake. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Urinary incontinence** For example... 1 - Assessing the functional, psychological, and financial impacts of urinary incontinence in the ep. 2 - Teaching the ep to use a urinary incontinence diary. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Cognitive disorders** For example... 1 - Prescribing pharmacological treatments that are adapted to the condition of each ep. 2 - Seeking information from the family regarding pertinent medical and social information. 3 - Distinguishing between the levels of incapacity (total, partial, temporary, permanent) and consent to treat. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Depression in the elderly person** For example... 1 - Providing relevant information to the hospital about an ep who requires hospitalization for depression. 2 - Interpreting the results of validated screening tests for depressive disorders in the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Behavioral and psychological symptoms of dementia (BPSD)** For example... 1 - Assessing the safety of keeping an ep with BPSD at home. 2 - Advising ep families on the use of pharmacological and non-pharmacological management of BPSD. 3 - Knowing when to refer refractory cases of ep with BPSD. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Caregiver burnout** For example... 1 - Facilitating informed consent by involving both the ep and their family in decision making. 2 - Identifying stressors and signs of exhaustion in caregivers of the ep. 3 - Offering support and respite opportunities in a timely manner to caregivers of the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Elder abuse** For example... 1 - Identifying the risk factors and clinical signs of abuse in the ep, such as the use of restraints, behavior of vulnerable ep, their financial situations, etc. 2 - Informing the ep of relevant resources that they can access in the case of abuse (Aide Abus Aînés (hotline), Commission of Human Rights, Public Trustee, etc.). 3 - Detecting signs of exhaustion in caregivers of the ep that could lead to abuse, in collaboration with other home care team members. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **End-of-life care** For example… 1 - Recognizing illness-related complications and emergency situations in the ep and monitoring them in collaboration with other professionals (pain, nausea and vomiting, dyspnea, anxiety, generalized discomfort, constipation and intestinal sub-occlusion, agitation, distress, etc.). 2 - Adequately prescribing pharmacological and non-pharmacological treatments to the ep for end-of-life problems and recognizing the side effects of these interventions. 3 - Taking into account family, cultural, psychological, social, and spiritual influences when providing end-of-life care to the ep. |  |  |  |  |  |  |  |  |

**OFFICE VISITS (at family medical unit, in private practice or the local community service centre [CLSC])**

**With respect to office visits (family medical unit, private practice, or local community service center [CLSC], in what area (s) do you have training needs...**

\*ep = elderly patients

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ...To **provide** care? | | |  | ... To **teach** this type of care? | | |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Functional decline** For example... 1 - Using validated screening tools to assess frailty in the elderly person (ep). 2 - Planning appropriate preventive interventions to avoid the loss of autonomy for a frail ep. 3 - Referring the ep experiencing functional decline to the Guichet d’accès Personnes Âgées of the CSSS. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Care of the complex patient** For example... 1 - Planning in advance with the ep and their family for home care follow-up in the eventuality that a loss of autonomy due to chronic illness prevents the ep from coming for office visits. 2 - Promoting a lifestyle that reduces the occurrence of chronic disease and the complications of chronic disease (primary, secondary, and tertiary). 3 - Educating the ep so they understand their illness in hopes of optimizing self-care. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Falls and mobility problems** For example... 1 - Screening the ep annually for falls or fear of falling. 2 - Working with other professionals to implement measures to prevent fractures in ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Pain** For example... 1 - Timely referring to a pain clinic of ep presenting with refractory pain syndrome. 2 - Prescribing analgesics and co-analgesics, taking into account the particular conditions of the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Polypharmacy** For example... 1 - Avoiding the use of, or taking great caution in, the use of certain medications with eps. 2 - Assessing the capacity of the ep to properly manage their medications. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Malnutrition** For example... 1 - Systematically looking for signs of malnutrition in the ep. 2 - Recording the weight of the ep at each office visit. 3 - Directing the ep who has difficulty preparing meals to community resources in their area. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Urinary incontinence** For example... 1 - Working with other health care professionals to monitor the ep with urinary incontinence (physiotherapist, occupational therapist, nurse, etc.). 2 - Ensuring a favorable environment that lends itself to discussions about urinary incontinence by the ep. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Cognitive disorders** For example... 1 - Interpreting the results of cognitive screening tests done on the ep. 2 - Announcing the diagnosis of dementia to the elderly person and family members. 3 - Initiating steps to revoke the elderly person’s driver’s license when needed. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Depression in the elderly person** For example... 1 - Distinguishing between depressive symptoms and cognitive disorders in ep. 2 - Identifying risk factors for suicide in ep, and responding in a timely manner. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Behavioral and psychological symptoms of dementia (BPSD)** For example... 1 - Identifying dangerous situations requiring the hospitalization of an ep with BPSD. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Caregiver burnout** For example... 1 - Encouraging caregivers to express their own needs. 2 - Referring caregivers to community resources and CSSS resources as needed. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **Elder abuse** For example... 1 - Recognizing the signs of stress and burnout for the caregivers of ep and proposing support and respite strategies in a timely fashion. |  |  |  |  |  |  |  |  |
|  |  | No need | Some needs | Extensive needs |  | No need | Some needs | Extensive needs |
| **End-of-life care** For example... 1 - Clarifying end-of-life wishes with each ep or their legal representative (level of care) and making the information available in the ep file. |  |  |  |  |  |  |  |  |

Are there any other practice settings or important themes that we did not mention? If so, what are they?

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**Do you have any other comments?**

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