Data Supplement 1

Survey Questions

What is your email?

What is your professional title/clinical role? Mark only one oval.

* Medical Officer
* Consultant Physician
* Nurse
* Social Worker
* Psychotherapist
* Nutritionist
* Other:

3. How many years have you been in practice in your current professional role?

4. What is your age category? Mark only one oval.

* <25 years
* 26-30 years
* 31-35 years
* 36-40 years
* 41-50 years
* 51-60 years
* >60 years

5. What is the highest level of education you have completed Check all that apply.

* Undergraduate training (e.g. nursing or medical college)
* Post-graduate training (e.g. medical specialization)
* Masters or PhD degree • Other:

6. What is your gender? Mark only one oval.

• Female • Male • Prefer not to respond • Other

7. Which is your primary location of work? Mark only one oval.

• Government Hospital

* Private Hospital
* Hospice
* Community or Home Visit Services
* Other:

8. Do you work in an urban or rural area?

8. Which is the primary focus of your clinical work? Check all that apply.

* Adult Palliative Care
* Anesthesia or Pain Medicine (adult or pediatric)
* Pediatrics
* Psychiatry
* Oncology
* Other:

9. How many patients who need palliative care services do you/your team manage per month?
Mark only one oval.

•0• 1-10 • 11-25 • 26-50 • >50

**Learning Resources**

10. How did you prefer to receive communication for this course? Check all that apply.

* by email
* by facebook
* by What'sApp
* Other

11. Please select the course topics which were of most interest to you. (Select up to 5) Check all that apply.

-Intro to Palliative Care

Communication of Bad News

-Talking to patients about serious illness and death

-Supporting patients with anxiety and grief.

-Play therapy

-Neurological symptom management;

-Pain management

-Opioids - rotation, switching, availability

Compassionate extubation and discontinuing life-sustaining medical treatments

12. What are your top 3 objectives for taking this course (free text responses)

**Knowledge about Palliative Care**

*For the following statements, please use the scale below to indicate the response that best describes your CURRENT LEVEL of KNOWLEDGE and your PREVIOUS LEVEL of KNOWLEDGE BEFORE participating in the ECHO Program*



For my scope of practice, I have/had an appropriate level of knowledge about...

20. I have an appropriate level of knowledge about...The types of medical conditions where patients need palliative care

21. I have an appropriate level of knowledge about...How to introduce palliative care to families.

22. I have an appropriate level of knowledge about...Managing pain in a patient with a serious illness.

23. I have an appropriate level of knowledge about...Managing nausea and vomiting.

24. I have an appropriate level of knowledge about...Managing depression and anxiety in palliative care.

25. I have an appropriate level of knowledge about...Breaking bad news to patients and their families.

26. I have an appropriate level of knowledge about...Managing end of life care (last hours and days).

*For the following statements, please use the scale below to select the answer that best describes your CURRENT LEVEL OF CONFIDENCE and your PREVIOUS LEVEL of CONFIDENCE BEFORE participating in the ECHO Program* 

*Within my scope of practice, I am confident in my ability to...*

27. I feel confident in my ability to identify patients who could benefit from palliative care.

28. I feel confident in my ability to discuss with patients and families the transition from a curative to a palliative approach to caring for individuals with a life-threatening illness

29. I feel confident in my ability to introduce and discuss the role of palliative care with other health care providers.

30. I feel confident in my ability to support individuals with serious illness and their families.

31. I feel confident in my ability to treat moderate or severe pain using morphine in an individual with a serious illness.

32. I feel confident in my ability to manage nausea and vomiting in an individual with a serious illness.

33. I feel confident in my ability to manage shortness of breath (dyspnea) in a patient with a serious illness.

34. I feel confident in my ability to provide care for a bereaved family member after my patient has died.

35. I feel confident in my ability to identify when a patient may be in the last days or hours of life.

36. I feel confident in my ability to discuss death with my patient or their family members when they raise this topic.

37. I feel confident in my ability to discuss the idea of stopping a particular treatment if it is no longer effective in treating or controlling the disease (e.g. chemotherapy)- Note: if this is not within the scope of your role as a health care provider, please skip this question.

38. I feel confident in my ability to discuss situations when NG tube feeding is not in a patient’s best interest - Note: if this is not within the scope of your role as a health care provider, please skip this question.

39. I feel confident in my ability to assess a patient and family's holistic needs (physical, psychosocial, and spiritual)

40. I feel confident in my ability to break bad news to a family whose is terminally ill - Note: if this is not within the scope of your role as a health care provider, please skip this question.

41. I feel confident in my ability to serve as an expert in my workplace for palliative care questions and issues.

**Attitudes about Palliative Care**

*For the following statements, please use the scale below to select the answer that best describes your CURRENT ATTITUDES and your PREVIOUS ATTITUDES BEFORE participating in the ECHO Program* 

59. Providing palliative care for someone with a serious illness is a worthwhile experience for me.

60. Palliative care should be started at the time of diagnosis for anyone with a life-threatening or life-limiting illness.

61. Introducing palliative care to the loved ones of a patient who has progressive incurable illnesses but is expected to live many months is recommended.

62. Withholding or stopping NG tube feeding in a patient with advanced cancer who is in the terminal phase of life and who is no longer able to eat may be good care.

63. Palliative care requires active care.

64. When used according to guidelines, opioids such as morphine do not shorten life expectancy.

65. Talking about death with the family of a dying patient should be avoided.

66. Palliative care represents a failure of modern medicine.

67. What topics would you like to see covered in future ECHO sessions? Check all that apply.

68. What other types of palliative care education would you be interested to participate in? Check all that apply.

* Seminars on palliative care
* Observer programs or courses (e.g. 1 month course in India)
* Future online courses (ECHO programs) on palliative care
* Fellowship (1 year) in Palliative Care
* Other:

*Please rate your comfort level with the ECHO Program, based on the following questions:*

42. I feel comfortable speaking, asking questions, and sharing my opinion with other participants
43. I feel comfortable using videoconferencing (Zoom) to learn and communicate.

44. I feel that the faculty are supportive and approachable.
45. I feel that the faculty try to include and engage me in the discussion.

46. I felt comfortable reaching out to the others in the ECHO session who I may not know personally team if I did not understand a topic.

I felt ECHO teaching was a better environment than in person teaching



**ECHO Experiences**

46. Please list any specific changes to your clinical practice as a result of ECHO (e.g. I have started using the a pain scale to assess pain)

47. Since starting this ECHO program, how would you describe the change (if any) in your knowledge about the management of palliative care patients?

* A lot better knowledge.
* Better knowledge.
* Somewhat better knowledge.
* A little better knowledge
* Almost the same level of knowledge.
* No change in my level of knowledge.

48. Please tell us more about why your knowledge improved (or did not improve).

49. Since starting this ECHO program, how would you describe the change (if any) in your clinical management of palliative care patients?

* A large improvement in my clinical management.
* A moderate improvement in my clinical management.
* A small improvement in my clinical management.
* Hardly any change in my clinical management.
* No change in my clinical management.

50. What are the obstacles which have prevented you from changing your clinical practice? Check all that apply.

* I do not have enough time to provide clinical care in the way discussed in ECHO
* I need more formal teaching or training courses to provide clinical care in the way that it

was discussed

* I need hands-on/clinical exposure or mentorship to provide clinical care in the way that

was discussed

* I do not feel comfortable to provide clinical care in the way it was discussed in ECHO
* The medications discussed in ECHO are too expensive for my patients to afford
* The medications discussed in ECHO are not available in my setting
* The rest of my team does not provide clinical care in the way it was discussed in ECHO
* There is no one else at my hospital to help me implement palliative care as discussed in

ECHO (i.e. there is no psychosocial professional/counsellor at my health care facility)

* Other members of my team are not aware of palliative care and how it can potentially

help the patients which we care for.

* Other:

51. What types of skills have you improved as a result of participating in the ECHO Program? Check all that apply.

* Applying best practices
* Using new techniques
* Identifying patients' needs
* Breaking bad news
* Providing clear and honest information to patients and families
* Other:

52. Did you access any materials from the Google Drive (found at this link: xxx)

* Yes, I read or downloaded 1 or 2 things
* Yes, I read or downloaded 3 or 4 things
* Yes, I read or downloaded more than 4 things
* No, I did not read or download any of the materials
* I was not aware that there were materials in Google Drive
* I had technical problems that prevented me from accessing the Google Drive
* Other:

53. What prompted you to access materials on the Google Drive Check all that apply.

* To review session(s) that I had missed
* To review the content or learn more
* To help me with a specific patient in my clinical practice
* To teach my colleagues or other learners
* I did not access the materials on the Google Drive
* Other:

54. Did you read the learning points sent after each session?

* Yes, every time
* Yes, most of the time
* Yes, some of the time
* Yes, once or twice
* No.
* Other:

55. How many of the recorded sessions have you watched on YouTube? (found at this link: XXX)

•0 •1 •2 •3 •4•5•6• 7 or more

56. What prompted you to watch any sessions on YouTube? (select all that apply) Check all that apply.

* To review session(s) that I had missed
* To review the content or learn more
* To help me with a specific patient in my clinical practice
* To teach my colleagues or other learners
* I did not watch any sessions on YouTube
* I was not aware that the sessions were available on YouTube
* Other:

57. What were the biggest barriers to participating in the ECHO Program? Check all that apply.

* Time pressure (not having enough time to join, job duties, etc)
* Technical problems (not able to connect to Zoom, wifi or internet connection problems)
* Language barrier
* Other:

58. Please tell us one thing that you would change to make ECHO a better learning experience for you in the future