Supplementary Materials 1. Interview Guide

**Interview Guide**

**Target Group: Experts of Palliative Care in Countries of WHO-Europe**

First of all, I would like to thank you for the possibility to conduct the interview. It will take approximately one hour. The main goal of our project is the Development of an Interdisciplinary Core Curriculum in Palliative Care for Health Care Professionals in the European Region. The aims of the interview are mainly to get a statement of the fist draft of a palliative core curriculum, and to learn more about your point of view on palliative care education in your region and country.

Before starting with some demographic data, I would like to ask you if I am allowed to record the interview.

Do you consent?

o Yes, I agree

o No, I disagree

We would like to publish the results of the interview. Do you consent?

o Yes, I agree

o No, I disagree

I would like to ask you some demographic data:

(Remark for interviewer: Check survey before and prepare questions with \*)

Your name is\*? \_\_\_\_\_\_\_\_\_\_

Your profession is\*? \_\_\_\_\_\_\_\_\_\_

In what faculty or facility do you work\*? \_\_\_\_\_\_\_\_\_\_

Do you represent an association? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If yes) What association do you represent? \_\_\_\_\_\_\_\_\_\_\_\_

We are in (city/country/region)\*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you start working palliative care\*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you start teaching palliative care\*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part I of the Interview** **focused on palliative care (post graduate) education (10 min.)**  | **Relevant aspects**  |
| 1. Please, comment on the **current status** of **education** in palliative care in **general**, and especially in **postgraduate** education in your region and your country. 2. How do you **rate the current status** of palliative care **post graduate** education in your region and your country on a five-point grading scale? Do you rate as very good, good, satisfactory, sufficient, or failed? 3. How **relevant** is **developing post graduate** education in your opinion? Please, would you state reasons for your opinion 4. What do you think are **important milestones** for developments in palliative care post graduate education in your region and your country **in the future**?  | * *Current status in undergraduate and postgraduate education, also for volunteers: What kind of formal education, e.g. basic courses for different professions (post graduate), M.Sc., regarding train the trainer courses; regarding numbers of hours and certification; regarding qualifications of the trainers? Is undergraduate education obliged for students in medicine and nursing?*
* *Has there been a development over the last 5-10 years?*
* …

*Very good: an outstanding achievement* *Good: an achievement which lies substantially above average requirements* *Satisfactory: an achievement which corresponds to average requirements* *Sufficient: an achievement which barely meets the requirements* *Not sufficient / failed: an achievement which does not meet the requirements* *What significance would it have if no graduate education were developed?* *Setting up of better educational structures* *Implementing of train the trainer seminars* *Creating curricula* *Better networking* *Building up distance learning programs* *Commitment for better laws and policies* **Additional question** related to question no. 4: Please, comment on **possible barriers** for palliative care post graduate education in the future? *Limited educational structures* *Lack of trainers* *Missing curricula* *Lack of finance* *Lack of networking* *Missing laws and policies*  |

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| **Part II of the Interview** **focused on palliative care (post graduate) curricula and cultural issues (10 min.)**  |  |
| 1.Please, comment on the **current status** of palliative care **curricula** in **general**, and especially in **postgraduate** education in your region and your country. 2.How do you **rate** the **quality** of already existing post **graduate curricula** in your region and your country on a five-point grading scale? Do you rate as very good, good, satisfactory, sufficient, or failed? 3.Does it need **further development** of post graduate curricula, and what do you think are important **milestones** for curricular developments in post graduate education in your region/country **in the future**?  | *Are there undergraduate curricula? How many hours does the teaching comprise? Which topics are taught with how many hours?* *Are there postgraduate curricula? Which core topics are taught for which professional groups with how many hours?* *See above I, 5* *Which topics do you think are very important in occupation specific courses but are not taught, and therefore should be taught in the future?* *Numbers of hours for occupation specific courses should increase. Setting up better methods in teaching (e.g. distance learning, cases)*  |
| **Some questions regarding cultural issues** 4.Understanding of health, illness, death and dying is subject to cultural imprinting. In your opinion, how important is it for these **cultural influences** to be **incorporated into the themes** (e.g. ethics or spirituality) of post graduate curricula? Please, state reasons for your opinion. 5.Should be **assessment tools taught** for a better understanding of the patients and their families needs? One tool could be to ask culturally sensitive questions to patients and their relatives. 6.The EAPC White papers on standards a norms and on palliative care education describe **core constituents** (common values and principles) of palliative care, e.g. autonomy, communication, and position towards life and death (neither hastening nor postponing death). It´s also mentioned in the first core competence. Do you think that these principles? are universally valid or **just a part of a western concept**?  | *Core constituents:* *Autonomy, Dignity, Relationship between patient and healthcare professionals, Quality of life, Position towards life and death, Communication, Public education, Multi-professional and interdisciplinary approach, Grief and bereavement* *1st core competency: Apply the core constituents of palliative care in the setting where patients and families are based*  |

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| **Part III of the Interview** **focused on the draft of a core curriculum** **(30 min.)**  |  |
| The next questions are referred to the draft of a core curriculum which I sent you in advance. Did you have time for studying the draft or shall I briefly introduce it? (For introducing the draft: max. 10 minutes) **The first questions consider interdisciplinarity:** Palliative care needs a continuous communication and collaboration between different professions. 1.What do you think about the main focus of the core curriculum on interdisciplinarity? 2.In your opinion: What is so important for interdisciplinary study in a course?3.Would there be problems with interdisciplinary learning in a course in your country? Please, describe them. **Our draft of the core curriculum** is based on 10 core competencies of the EAPC with the learning outcomes of knowledge, skills, social competence, and personal competence. It proposes 40 hours of occupation-specific learning, 120 hours interdisciplinary learning, and 40 hours best practice. The professional groups are medicine, nursing, psychology, social work, chaplains. The graduation will be a certificate, no master degree. 4.What do you think about the concept of 10 core competencies and their learning-outcomes? Is some competence missing? 5.Please, comment on the following issues regarding the draft: 1. Regarding professional groups: is some group missing?

b. Regarding the sequence: occupation related – interdisciplinary - best practice. In our opinion, each professional group requires the acquirement of occupation-specific content *before* the interdisciplinary part of the course. What do you think about that sequence? c. What do you think about the emphasis on specific core competencies for the different professions in occupation-specific courses, e.g. core competencies 1 and 2 for doctors and nurses, or core competencies 1 and 3 for psychologists? d. Regarding number of hours: occupation related (40 hours), interdisciplinary (120 hours), best practice (40 hours): Are the numbers of hours appropriate? e. Regarding the method of distance-learning: Do you already use distance-learning programs? What are your experiences? f. Regarding graduation: Getting a certificate and no master degree: Do you have concerns regarding that decision? Would your country require a master degree for better development? g. Please, comment on the first conclusion of the draft (last slide):  The core curriculum will be more than just a framework for postgraduate education, but less than a concrete curriculum that would apply universally to all countries 7. The core curriculum will require implementation in the various countries in accordance to local or national setting. An important question for our project is the following: Would **implementing** such a core curriculum be possible in your region/country? *a. If yes, …* Would support be needed for introducing such a core curriculum? b. *If yes,* … What kind of support? *b. If no, …* What barriers would make an implementation impossible? 8. Maybe, in your opinion, such a core curriculum is *not needed*: Are there any other needs regarding palliative care curricula? *a. If yes …* What are these? (e.g. undergraduate curricula or more occupation-specific)  | *E.g. role of physicians; maybe they feel themselves with more authority towards nurses; a difficult task could be to keep the power between the different professions in balance* **Additional questions** related to question no. 4: What do you think, particularly…a. about the importance of core competence 10 (Practice self-awareness and undergo continuing professional development) b. about the importance of personal competencies (social competence and personal competence) equal to professional competencies (knowledge, skills) *Core competence 1: Apply the core constituents of palliative* *care in the setting where patients and families are based* *Core competence 2: Enhance physical comfort throughout* *patients’ disease trajectories* *Core competence 3: Meet patients’ psychological needs* ***More than just a framework:*** *i.e. more than just an overview with mentioning important topics (e.g. physical care and treatment, ethics). It will be more detailed in formulating all the important modules and numbers of hours. It will formulate the sequence of the course, tasks for the internships etc.* ***Less than a concrete curriculum:*** *It will not formulate all the different national legislations, cultural specifics etc.* *Lack of interest in interdisciplinarity; psychologist, chaplains or social workers are not part of a team; sequence doesn´t make sense; number of hours are too high; distance learning doesn´t exist; graduation issues; financial problems*  |

**Thank you very much for your contribution!**

**Do you have any further questions?**

**Date of the Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**