Supplementary Material 2

Staff Survey on Palliative Care in the Emergency Department

This is a survey on staff perceptions of the care provided to dying patients in the Emergency Department. We want to know more about your clinical practices, confidence in managing dying patients, and views on the experiences on dying patients and their families in our department.

Please answer these questions as they apply to you right now. We appreciate that your responses have likely changed over time, and we seek to capture your answers at this current point.

Section A: Demographic	Section	n A:	Demo	grai	ohic
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Please put a tick the box below to indicate your choice.

1.	Please tell us your gender Male
2	☐ Female Please tell us your profession
۷.	 □ Medical (if medical, please answer questions 3 and 4) □ Nursing (if nursing, skip questions 3 and 4)
3.	If you are a medical doctor, please select your designation Associate consultant and above Senior resident Resident physician with supervisory role MOPEX MO Clinical associate/ resident physician with MO role EM resident Non-EM resident (e.g. Internal Medicine, Radiology) Locum doctor
4.	If you are doing a rotation in the Emergency Department, please indicate the duration of your posting 1 month 2 months 5 months 6 months For other duration, please state in months:
5.	Your years of clinical experience from graduation

6. Your palliative care training (Please select the most appropriate option)

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	Ш	Graduate diploma or higher
		Module/elective from medical/nursing school
		In-service lectures/clinical attachment/course
		On the job training only
		No training
7.	Hov	v would you rate your knowledge of palliative care?
		Extensive knowledge
		Adequate knowledge
		Limited knowledge
		No knowledge

The following questions utilise a Likert scale from 1 to 5 (where 1 is strongly disagree, 5 is strongly agree). Please **circle the number** that most reflects your opinion **now**.

Section B: Care provided by the emergency department

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
8.	I am confident of managing a dying patient in the emergency department.	1	2	3	4	5
9.	I am satisfied by the overall standard of palliative care provided in the emergency department.	1	2	3	4	5
10.	I am clear on the roles and responsibilities of the emergency department nurses and doctors in the care of a dying patient.	1	2	3	4	5
11.	The physical environment in the emergency department is conducive for the provision of care in a dying patient.	1	2	3	4	5
12.	The overall experience of a dying patient and their family in the emergency department is satisfactory.	1	2	3	4	5

Section C: Communication with patients and relatives

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
13.	I am able to give emotional support to a dying patient and their family.	1	2	3	4	5
14.	I routinely discuss a patient's religious or spiritual needs with the family.	1	2	3	4	5

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
15.	I am able to explain a dying patient's condition and/or treatment in a way the family can easily understand.	1	2	3	4	5
16.	I routinely engage the family in decisions about a patient's care and treatment.	1	2	3	4	5
17.	I routinely tell a patient's family what to expect when a patient is dying (e.g. symptoms like restlessness, drowsiness, incontinence or changes in breathing patterns).	1	2	3	4	5

and their families, the environment in which this care is delivered or additional aspects of care s as the availability of equipment or the timeliness of support:						

Thank you for your participation