

Physician Community Needs Assessment

Name _____
First Last

1. What is your primary field of practice? (Please check one)
 Pediatrics Family Practice Specialist (which area _____)
2. How long have you been practicing in the field? _____ years
3. How familiar are you with pediatric end of life care? (Please check one)
 Very familiar Somewhat familiar Slightly familiar Not familiar
4. In your geographic area, how aware is the medical community regarding the possible use of supportive care at end of life for children? (Please check one)
 Very aware Somewhat aware Somewhat unaware Not aware
5. Do you believe it would be beneficial to develop/increase pediatric supportive care services in your community?
 Yes No
6. Have you ever been involved in the referral of a pediatric patient to hospice/home care?
 Yes
 → How many times have you been involved in the referral of a pediatric patient to hospice/home care?
 In the past year? _____ In the past 5 years? _____
 No
 →Please explain: _____

7. Have you experienced any barriers in the referral process for pediatric hospice/home care?
 Yes
 →Please explain: _____

- No
8. How would you rate the availability of pediatric hospice/home care in your community? (Please check one)
 Very available
 Available with some services limited
 Available with very limited services
 Not available at all
9. How easy is it for you to obtain supportive care services for dying/terminally ill pediatric patients?
(Please check one)
 Very easy Moderately easy Somewhat difficult Very difficult
10. How would you rate your level of comfort in discussing end of life issues with **PARENTS** of a dying child?
(Please check one)
 Very comfortable Somewhat comfortable Somewhat uncomfortable Very uncomfortable
11. Have you been educated in end of life care during the course of your education?
 Yes No

12. Would any of the following be helpful in your association with pediatric hospice/home care? (Please check all to apply)

- Written educational materials
- Hotline phone number
- E-mail consultation
- Telephone consultation
- "One-on-one" education such as a just in time conference at the time of patient discharge?
- Other (Please specify: _____)

13. What are your educational needs regarding the care of dying children? (Please check all that apply)

- Pain/symptom control
- Ethical issues
- Home/Hospice Care/bereavement services available
- Communication of bad news
- Home nursing care issues

14. What educational resources/topics would be of greatest interest to you? (Please check all that apply)

- Pain Assessment and Management
- Living with the Dying Child/Living Well at The End of Life
- Caring for the Caregivers: Family Parent Sibling Grandparent & Support
- Dying at Home: Applying "Hospice" Principles to End of Life Care for Children
- The Advance Care Planning Process
- Psycho Social & Spiritual Issues in Children
- Bereavement
- Staff Support
- Other topics (Please list: _____)

15. Which format would be useful?

	<u>Away</u>	<u>On Site</u>
Seminar	<input type="checkbox"/>	<input type="checkbox"/>
Day long workshop 1 day or 2	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one training at the time of child's return to the community	<input type="checkbox"/>	<input type="checkbox"/>

16. Would you be willing/able to honor the Pediatric Advanced (Pediatric Advanced Directive) "care plan" established by the hospital in conjunction with the family and primary caregivers?

- Yes
- No

→ Please explain: _____

17. As we continue to gather information regarding available resources in the state of Missouri & Illinois, would you be interested in further participation with a network of healthcare providers interested in designing a "best practice" model for "End of Life Care" for pediatrics patients? Yes No