

## Advance Care Planning Session Evaluation

We are interested in your feedback on this advance care planning educational session. Your responses are anonymous. We will also be sending you a follow up email in 1 month.

**1. Prior to today's discussion about advance care planning, have you thought about the type of medical care you might want if you were sick or near the end of your life?**

- No.     Yes.     Decline to answer.

**2. Have you had this kind of conversation with someone close to you about the type of medical care you might want if you were sick or near the end of your life?**

- No.  
 No, but I have thought about it.  
 Yes, but at a very general level.  
 Yes. I have talked about enough details that I feel confident my loved ones know my wishes.

**3. Do you plan to have this conversation soon?**

- No. This is not a priority for me at this time.  
 No. I know what I want, but I do not feel comfortable talking with others at this time.  
 Yes, but at a very general level.  
 Yes. I plan to talk with my loved ones so they know my wishes.  
 Yes. I have already had some conversations, but plan to revisit the conversation with my loved ones.  
 This doesn't apply to me. I've had detailed conversations prior to today.

**4. If you plan to have this conversation, do you feel prepared?**

- No.     Yes.     Unsure.     N/A. I've had conversations already.

**5. Have you talked to your healthcare provider about the type of medical care you might want if you were sick or near the end of your life?**

- No.     Yes.     Decline to answer.

**6. Have you chosen who you want your medical decision maker to be?**

- No.     Yes.     Decline to answer.

**7. Have you signed official papers about your wishes for medical care if you were seriously ill or dying in writing?**

- No.     Yes.     Decline to answer.

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**For each question, please circle one answer that best describes your opinions about this Advance Care Planning session.**

	<b>strongly disagree</b>	<b>disagree</b>	<b>neutral</b>	<b>Agree</b>	<b>strongly agree</b>
8. Considering my own advance care planning process is a helpful learning tool.	1	2	3	4	5
9. The advance care planning tool gave me useful information.	1	2	3	4	5
10. I felt comfortable talking about advance care planning in the group.	1	2	3	4	5
11. Talking with other people about advance care planning was helpful.	1	2	3	4	5
12. Because of this session, I feel better equipped to address my own advance care planning.	1	2	3	4	5
13. Because of this session, I feel better equipped to address advance care planning with my patients.	1	2	3	4	5
14. Because of this session, I feel confident that I can address advance care planning with my patients.	1	2	3	4	5

This Advance Care Planning Education session is part of the routine curriculum and part of an educational research project. The purpose of the study is to evaluate the impact of an experiential and interactive session using advance care planning tools among medical trainees. The study procedures will involve analysis of session evaluation. Participation in the research analysis is voluntary and anonymous. If you do not wish to participate, please check the box below. Please contact Dr. Hillary Lum, [hillary.lum@ucdenver.edu](mailto:hillary.lum@ucdenver.edu), or the Colorado Multiple Institutional Review Board at (303) 724-1055, if you have any questions. Your education will not be affected by whether you participate in the research analysis or not.

\_\_\_\_\_ Yes, I agree for my responses to be included in the educational research project

\_\_\_\_\_ No, I do not want my responses to be included in the educational research project

## Follow-Up Electronic Survey

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**1. Since you used the Conversation Starter Kit, have you thought about the type of medical care you might want if you were sick or near the end of your life? \***

- Yes
- No
- Decline to answer

**2. Have you talked to someone close to you about the type of medical care you might want if you were sick or near the end of your life? \***

- Yes
- No
- Decline to answer

**3. Have you talked to your healthcare provider about the type of medical care you might want if you were sick or near the end of your life? \***

- Yes
- No
- Decline to answer

**4. Have you chosen who you want your medical decision maker to be? \***

- Yes
- No
- Decline to answer

**5. Have you signed official papers about your wishes for medical care if you were seriously ill or dying in writing? \***

- Yes
- No
- Decline to answer

The logo for 'the conversation project' features the text 'the conversation project' in a lowercase, sans-serif font. A stylized orange line with a slight curve is positioned above the word 'conversation', starting under the 'c' and ending under the 'n'.