

**Supplemental Materials for**

**Opportunity is the greatest barrier to providing palliative care to advanced colorectal cancer patients: a survey of oncology clinicians' perceptions**

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**Listing of Supplemental Material(s):**

Supplemental Appendix 1: **Gastrointestinal oncology clinicians' perceptions questionnaire: A questionnaire to explore the barriers to implementing earlier palliative care**

**Gastrointestinal oncology clinicians'  
perceptions questionnaire:**

A questionnaire to explore the barriers to  
implementing earlier palliative care

# Participant Information

Part 1 of 5

What is your primary professional role ?

- Clinic Nurse
- Nurse Practitioner
- Nurse Navigator
- Doctor
- Social worker
- Administration (e.g. clinic manager)
- Clerical
- Other Allied Health
- Other

If "Other Allied Health" or "Other", please specify:

In which cancer centre or catchment area do you primarily work ?

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- Grand Prairie Cancer Centre
  - Cross Cancer Institute
  - Central Alberta Cancer Centre
  - Tom Baker Cancer Centre
  - Jack Ady Cancer Centre
  - Margery Yuill Cancer Centre
  - Community Cancer Centre
  - Other

If "Community Cancer Centre" or "Other", please specify:

In which discipline(s) do you work ?

- 
- Medical oncology
  - Radiation oncology
  - Surgical oncology
  - Other

If "Other", please specify:

How often does your work involve care of metastatic colorectal cancer patients?

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- Never
  - < 10 per month
  - 10-25 per month
  - > 25 per month

Your gender

- Female
- Male

How many years have you been working in your professional role?

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- I'm a trainee/student/resident
  - 0-2 years
  - 2-5 years
  - 5-10 years
  - 10-15 years
  - >15 years

Part 2 of 5

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How much do you agree with the following statements?

**For me, a barrier to referring metastatic colorectal cancer patients to palliative care services (includes consultation and home care) is:**

Entirely Disagree	Mostly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Mostly Agree	Entirely Agree	Don't know
10) Patient distress at the term "palliative"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Lack of available palliative care providers and/or service restrictions in your region?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Referral pathway issues (e.g. when to refer, how to refer, simplicity of use)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) There is little benefit for my patients from palliative care services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) Referring to palliative care is not one of my responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) Another barrier I face in referring patients to palliative care is:							

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Part 3 of 5

## How much do you agree with the following statements?

**For me, a barrier to working with palliative care team members is:**

Entirely Disagree Disagree		Mostly Disagree	Somewha t Disagree	Neither Agree nor	Somewha t Agree	Mostly Agree	Entirely Agree	Don't Know
16) Role confusion when multiple professionals are involved? (i.e. who does what)	<input type="radio"/>							
17) Sub-optimal transfer of documentation between the teams involved?	<input type="radio"/>							
18) Lack of a standard process for professional communication on patient issues (knowing who/when to use fax, e-mail, paging, phone, etc. to reach clinicians)	<input type="radio"/>							
19) Lack of process for executing new orders for patients who are at home (e.g. when a home care patient needs paracentesis)	<input type="radio"/>							
20) Sub-optimal prior experience working with palliative care team members?	<input type="radio"/>							

21) If your prior experience working with palliative care team members was sub-optimal, please describe:

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22) Another barrier I face in working with palliative care team members is:

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# Addressing patients' palliative care needs

Part 4 of 5

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How much do you agree with the following statements?

**A barrier to addressing metastatic colorectal cancer patients palliative care needs myself is:**

Entirely Disagree Disagree		Mostly Disagree	Somewha t Disagree	Neither Agree nor	Somewha t Agree	Mostly Agree	Entirely Agree	Don't Know
23) My capability (e.g. to manage physical, psychological and existential symptoms).	<input type="radio"/>							
24) Time and competing priorities in my work.	<input type="radio"/>							
25) Managing palliative care needs is not part of my responsibility.	<input type="radio"/>							
26) Concern about increasing patient distress.	<input type="radio"/>							
27) Lack of meaningful benefit for patients.	<input type="radio"/>							
28) There is no expectation and/or leadership support for addressing palliative care issues in my clinic area.	<input type="radio"/>							

29) Another barrier I face in addressing metastatic colorectal cancer patient's palliative care needs is:

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# Routine palliative care pathway proposal

Part 5 of 5

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**We are proposing a "routine" palliative care consultation pathway for all metastatic colorectal patients who fail first line chemotherapy.**

Entirely Unlikely or Likely	Mostly Unlikely	Somewhat Unlikely	Neither Unlikely	Somewhat Likely	Mostly Likely	Entirely Likely	Don't Know	
30) How likely would you be to recommend such a pathway to your patients?	<input type="radio"/>							

31) Please provide your ideas on how to improve integrating early palliative care into the management of metastatic colorectal cancer patients.

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