MAID Entrustable Professional Act Delphi

Introduction

You are being asked to take part in a research study because you are a member of the Canadian Association of Medical Aid in Dying Assessors and Providers (CAMAP).

As you know, Medical Aid in Dying (MAID) is now legal in Canada. Although the eligibility criteria have been defined in law, many aspects of service provision are still being developed and formalized, including the process of training MAID providers to deliver this service. Medical education in Canada is now transitioning to a competency-based approach, whereby trainees will be directly observed by supervisors who assess and provide feedback, and determine whether the trainee is truly competent in performing specific aspects of medical care. As Canada rapidly develops a pool of MAID providers, there is a need to ensure that these providers are adequately trained and truly competent to deliver high-quality MAID. In this project, we propose to use established mixed-methods methodology and identified experts in the provision of MAID to develop an Entrustable Professional Activity (EPA) competency description for MAID- this could be used to develop teaching as well as an assessment tool for learners in practice. We have used expert opinion from a focus group of CAMAP members to create a draft description of an EPA description for MAID.

The purpose of this survey is to validate the EPA competency description for MAID.You are being asked to review this description to see whether you agree with the content. We have asked you to participate in this study because you have been identified as an experienced MAID assessor or provider through your participation in the CAMAP listserv. We hope to have responses from 50-60 members surveyed in this manner. We anticipate that it will take 10-15 minutes to complete the questionnaire.

If you consent to participate, please continue on to the next page. You will be provided with a draft of the description followed by questions where you can rate your agreement with each section on a Likert scale (1-5). The threshold for agreement will be set at 4, and sections will be accepted if 70% of respondents assign an agreement level of 4 or 5. Respondents assigning a score of 3 or less will be asked to suggest changes that would result in their agreement with the section. If a section does not achieve the threshold agreement level, we will modify that section using suggested changes from the respondents who provided them.

You will not receive any direct benefit from being in this study. Your participation in this study is voluntary. You may decide not to be in this study, or to be in the study now, and then change your mind later. You may skip any question that you wish. You may leave the study at any time without affecting your employment status or academic standing. You have the right to refuse participation in this study or not complete the study in its entirety.

All information obtained during the study will be held in strict confidence. Representatives of the University Health Network Research Ethics Board may look at the study records to check that the information collected for the study is correct and to make sure the study followed proper laws and

guidelines. All information collected during this study will be kept confidential and will not be shared with anyone outside the study unless required by law. You will not be named in any reports, publication or presentations that may come from this study.

If you have any questions, concerns or would like to speak to the study team for any reason, please call James Downar at 416-340-4800 x8577 or james.downar@uhn.ca. If you have any questions about your rights as a research participant or have concerns about this study, call the Chair of the University Health Network Research Ethics Board (REB) or the Research Ethics office number at 416-581-7849.

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Description of MAID Assessment and Provision

Based on our focus group sessions, we have developed a description of the key processes involved in the assessment and provision of MAID. We have separated the description into individual sentences, and are asking you to indicate whether you agree that the sentence should be included and is an accurate description of the tasks performed by a <u>competent</u> assessor/provider. Please rate your agreement with each one of these sentences on a Likert scale of 1-5.

We have divided the description into three sections:

- (1) assessment for eligibility;
- (2) preparation for the provision of MAID; and
- (3) provision of MAID.

At the end of each section, we will give you an opportunity to add any important task that you feel is missing from the relevant section.

1. Part 1: Assessment for Eligibility Strongly Strongly disagree Disagree Neutral Agree agree Determining that the patient is clearly expressing a desire for MAID and meets the criteria for MAID established by law. Establishing that the patient is capable- namely that they understand their medical options, including therapeutic options for their underlying illness as well as their EOL options (including palliative care); they understand the reasonably foreseeable consequences of each of these options; and they can make a reasoned decision among these options. Identifying the cause(s) of the patient's intolerable suffering and addressing any unmet palliative and social needs, if possible and appropriate, by engaging a palliative care or other specialized provider. Establishing that the decision is voluntary and not coerced. Obtaining corollary history and additional documentation as required. Documenting findings. If you provided an answer of "neutral", "disagree" or "strongly disagree", please indicate what change(s) would be needed in order for you to "agree" with the sentence. Please suggest any additional tasks that should be added to the description of an assessment for MAID eligibility, or leave blank if you have no suggestions.

2. Part 2: Preparation for the provision of MAID						
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Communicating with multidisciplinary team to arrange provision (including pharmacy, nursing, administration, when applicable).						
Determining the patient's preferred location, and making preparations appropriate for that location.						
Determining the patient's preferred route of administration (if more than one route is available in your jurisdictions), and making appropriate preparations.						
Responding appropriately to a rapid deterioration in the patient's patient's condition or episodes of delirium or decreased level of consciousness by expediting the provision.						
If you provided an answer of "neutral", "disagree" or "strongly disagree", please indicate what change(s) would be needed in order for you to "agree" with the sentence. Please suggest any additional tasks that should be added to the description of preparation for the provision of MAID, or leave blank if you have no suggestions.						

3. Part 3: Provision of MAID

	Strongly	D:	NItI	A	Strongly
	disagree	Disagree	Neutrai	Agree	agree
Counseling the patient and family about what to expect during MAID provision.					
Confirming capacity and consent, and providing an opportunity to withdraw the request for MAID.	t (
Administering medication while ensuring a caring and supportive environment.					
Attending to post-death tasks including documentation of the provision, discussing nex steps with family/caregivers, contacting the coroner when necessary, and debriefing with team members. Assuring appropriate paperwork and reporting to relevant oversight authorities.	t				
If you provided an answer of "neutral", "disagree" or "strongly disagree", please indicate you to "agree" with the sentence. Please suggest any additional tasks that should be add or leave blank if you have no suggestions.					

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Required Knowledge for the Assessment and Provision of MAID

Based on our focus group sessions, we have identifiedkey knowledge required for the assessment and provision of MAID. We have separated the knowledge into individual sentences, and are asking you to indicate whether you agree that the sentence should be included and is an accurate description of the knowledge required by a <u>competent</u> assessor/provider. At the end, we will ask you to identify any important knowledge that you feel is missing from this list.

4. Knowledge: The learner should be aware of					
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The eligibility criteria established by law and reasonable interpretations of these criteria.					
Areas of controversy in interpreting these criteria, and the basis of the controversies	s.				
Regional/institutional requirements such as standard protocols, reporting requirements, institutional procedures, and referral mechanisms.					
The range of medications and equipment used during MAID.					
Considerations that arise when providing MAID in the home vs. in an institution.					
Common events that occur and signs that patient may display during the provision MAID.	of _				
Regulations regarding organ and tissue donation.					
If you provided an answer of "neutral", "disagree" or "strongly disagree", please indica you to "agree" with the sentence. Please suggest any additional knowledge that you to of MAID, or leave blank if you have no suggestions.		,			
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Required Skills for the Assessment and Provision of MAID

Based on our focus group sessions, we have identifiedkey skills required for the assessment and provision of MAID. We have separated the skills into individual sentences, and are asking you to indicate whether you agree that the sentence should be included and is an accurate description of the tasks performed by a competent assessor/provider. At the end, we will ask you to identify any important skills that you feel are missing from this list.

5. Skills: The learner should be able to...

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Understand and assess the patient's understanding of treatment alternatives relevant to the patient's condition, in keeping with the expertise of the assessor.					
Assess and facilitate the patient's understanding of information and ability to reason between options, particularly in patients with neurological disease, mental illness and cognitive impairment.					
Recognize when additional medical information or assessments are required from other sources.					
Prognosticate when appropriate, and to appreciate how prognosis might affect the eligibility or timing of MAID.					
Document and communicate findings accurately.					
Develop a therapeutic relationship with new patients/family members in a short timeframe.					
Assess and manage the range of emotions that can arise from the family and health care team either in respect to MAiD in general or to a particular MAiD provision.					
Manage enteral or intravenous access, and anticipate and troubleshoot problems that may arise during the provision of MAID.					
Support family through acute grief around the time of MAID provision.					
If you provided an answer of "neutral", "disagree" or "strongly disagree", please indicate you to "agree" with the sentence. Please suggest any additional skills that are required follows blank if you have no suggestions.					

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Required attitudes for the assessment and provision of MAID.

Based on our focus group sessions, we have identifiedkey attitudes required for the assessment and provision of MAID. We have separated the attitudes into individual sentences, and are asking you to indicate whether you agree that the sentence should be included and is an accurate description of the attitudes required by a <u>competent</u> assessor/provider. At the end, we will ask you to identify any important attitudes that you feel are missing from this list.

6. Attitudes: The learner should... Strongly Strongly disagree Disagree Neutral Agree agree Demonstrate a non-judgmental approach to patients'/families' responses to MAID (either positive or negative) Not allow personal views on MAID to influence an eligibility assessment, or influence a patient's decision to proceed with MAID or not. Advocate for access to MAID when an eligible patient has requested MAID. Show humility by acknowleding limitations of personal knowledge, and consult experts regarding medical, legal or ethical issues outside their training and experience. Adapt their approach (by providing extra documentation or consultation) when medicolegal consequences seem more likely. Demonstrate a commitment to self-care and emotional support for other members of allied health team who may be struggling with MAID. Demonstrate a commitment to maintain the competence of self and others by participating in a community of practice to share experience and learn from the experience of others as the practice of MAID and eligibility and reporting requirements evolve.

If you provided an answer of "neutral", "disagree" or "strongly disagree", please indicate what change(s) would be needed in order for you to "agree" with the sentence. Please suggest any additional attitudes that are required for the assessment and provision of MAID, or leave blank if you have no suggestions.

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Teaching approaches and entrustment

Based on our focus group sessions, we have identified potential teaching approaches and requirements for entrustment for the learner to perform the assessment and provision of MAID. We have separated the approaches and requirements into individual sentences, and are asking you to indicate whether you agree that the sentence should be included and is an accurate description of the teaching approaches and entrustment decisions that should be used to determine competence. At the end, we will ask you to identify any important teaching approaches and potential bases for entrustment decisions that you feel are missing from this list.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Didactic sessions/lectures.					
Witnessed assessments and provisions, including remote witnessing via telemedicine.					
Optional: Simulated encounters with standardized patients.					
Optional: Procedural simulation for vascular access.					
If you provided an answer of "neutral", "disagree" or "strongly disagree", please indicate what change(s) would be needed in order for you to "agree" with the sentence. Please suggest any other possible teaching approaches, or leave this section blank if you have no suggestions.					
8. The following sources of information can be used to evaluate progress	Strongly				
					Strongly
	0,	Disagree	Neutral	Agree	Strongly agree
Direct observation	0,	Disagree	Neutral	Agree	
Direct observation Reviewing documentation of assessments	0,	Disagree	Neutral	Agree	
	0,	Disagree O	Neutral	Agree	

provision of MAID without supervision) can be made	on the following ba	ses:				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Entrustment for assessment requires more observation with valentrustment for provision.	arying complexity than					
Entrustment should occur after observation (in person or remo assessments+provisions where the observer felt the learner do competence for unsupervised practice. Ideally, one of these as involve a patient of high complexity.	emonstrated appropriate					
Most assessments are straightforward and even several of the learner for challenging cases. Experience with different types of neurological illness, mental illness, and other conditions that moveled be ideal. For entrustment, the learner should demonstrated distinguish between straightforward and complex cases, and to ask for help with complex cases.	of scenarios (e.g. nay affect capacity) ate the ability to					
If you provided an answer of "neutral", "disagree" or "strongly disyou to "agree" with the sentence. Please suggest any other basis section blank if you have none.	•		,			
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n this page, we will ask you for some information his is necessary in order to describe the survey pa urpose of validating the descriptor. This information to presented in aggregate form in any report or pre ave this information blank.	articipants and esta on will not be used	ablish y to iden	our exp tify you	ertise , and v	for the	е
10. Your age						
<30	51-60					
31-40	>60					
41-50	Prefer not to ans	wer				
11. Your profession						
Physician						
Nurse practitioner						
Prefer not to answer						

9. Formal entrustment decisions (i.e. that the learner can be trusted to perform an assessment and

12. Specialty				
Family Medicine	Surgery			
Medicine	Obstetrics/Gynecology			
Anesthesiology	Emergency Medicine			
Other (please specify)				
13. Years in independent medical practice				
S <5	21-30			
6-10	>30			
11-20	Prefer not to answer			
14. Approximate number of MAID eligibility assessments performed				
O 0	26-50			
<u> </u>	>50			
6-10	Prefer not to answer			
<u> </u>				
15. Approximate number of MAID provisions perform	ed			
O 0	26-50			
<u> </u>	>50			
6-10	Prefer not to answer			
11-25				
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hank you!				

Thank you for taking the time to complete this questionnaire. We will collect the results and determine whether any revisions need to be made before accepting this description.