

**MOST Form - Advance Directives Educational Intervention Project Survey – Residents:**

You are being invited to participate in a research study titled "Increasing Understanding of Goal-oriented Treatment Options and the MOST Form in Patients with Life-Limiting Illnesses" being conducted by Dr. Cao, a faculty physician at East Carolina University in the Department of Family Medicine. The goal is to survey as many in-training family medicine residents and geriatric fellows as possible. The survey will take approximately 3 minutes to complete. It is hoped that this information will assist us to better understand residents and fellows' knowledge and attitude about discussing goals of care with patients at the end of life. The survey is anonymous, so please do not write your name. Your participation in the research is **voluntary**. You may choose not to answer any or all questions, and you may stop at any time. There is **no penalty for not taking part** in this research study. Please call Dr. Cao at 252-744-2597 for any research related questions or the Office for Human Research Integrity (OHRI) at 252-744-2914 for questions about your rights as a research participant.

1. How many patients with advanced illnesses who get CPR in the hospital survive and leave the hospital?

- Almost all (more than 90%)
- About half (50%)
- Very few (less than 10%)

2. How many patients with un-witnessed cardiac arrest survive CPR?

- About half (50%)
- About a quarter (25%)
- Less than 10%

3. If pneumonia is not treated with antibiotics, does this increase the discomfort level for patients with advanced dementia?

- Yes
- No

4. Does tube feeding eliminate the risk of aspiration pneumonia for patients with advanced dementia?

Yes (if so, how?)

No (if no, why not?)

5. Which end-of-life planning tool(s) do you know about? (Check all that apply)

- Do Not Resuscitate (DNR) order
- Health Care Power of Attorney (HCPOA)
- Advance Directive
- Medical Orders for Scope of Treatment (MOST)
- None of the above

6. If a patient cannot make medical decisions on his/her own, in which order can the

following individuals make decisions?

- Spouse
- Majority of patient's reasonably available parents and adult children
- An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient
- Legal Guardian
- Parent or guardian if patient is a minor
- Majority of patient's reasonably available adult siblings
- Attorney-in-fact with power to make health care decisions

7. If you get close to the end of your life and get an infection (for example pneumonia or a skin infection) what treatment makes the most sense to you?

- Treat the infection with whatever is needed to cure the infection – even if ICU (Intensive Care Unit) treatment is needed
- Determine at the time if treatment should be given
- Do not treat the infection, because treating it would only prolong my suffering

8. If you are unable to eat or drink because of being near the end of your life from a terminal illness, would you want intravenous (IV) fluid?

- Yes, I would want IV fluid to keep me alive as long as possible, even if I'm unconscious
- Yes, I would want IV fluid, but only if it makes me more comfortable; not to prolong my life
- No, I would not want IV fluid

9. If you are unable to eat or drink because of being near the end of your life from a terminal illness, would you want tube feeding?

- Yes, I would want tube feeding to keep me alive as long as possible, even if I'm unconscious
- Yes, I would want tube feeding, but only if it makes me more comfortable; not to prolong my life
- No, I would not want tube feeding

10. If you have a cardiopulmonary arrest, do you wish CPR or intubation?

- Definitely yes, just keep me alive by all means
- Probably yes, if I still have a chance to preserve my basic life style
- Maybe, however, life-prolonging treatment can be withdrawn if there is low probably survival rate
- Maybe, however, life-prolonging treatment can be withdrawn if there is a permanent and severe functional impairment
- Maybe, however, life-prolonging treatment can be withdrawn if there is a permanent and severe cognitive impairment
- Definitely not
- I do not know

11. If you knew you only had 6 months to live, what would be your preference?

- Spend last weeks or so in the hospital to get all treatments as possible
- Spend last weeks or so in the hospital to be comfortable only
- Stay at home with family, but will go to hospital only for simple treatments such as IV hydration or/and antibiotics
- Stay at home with family, avoid hospital
- Go to an inpatient hospice facility

12. Have you had an advance directive?

- Yes, my family knows about it
- No, but I thought about it
- Yes, but I have not discussed with my medical providers
- No, I do not want to talk about it

13. Are you interested in having MOST form filled or having your advanced directives  
discussed with your providers after this section?

- Yes (1)
- No (2)

14. What kind questions were you asked when you discussed advance directives with  
patients/families?

15. What discouraged you from discussing advance directives with patients/families?