

END-OF-LIFE CARE AUDIT TOOLKIT

End-of-life care clinician survey questions

The clinician survey is made up of 31 questions and is designed to be undertaken across four demographics; consultants, junior doctors, nurses and allied health professionals. Organisations are able to tailor their survey to their individual needs.

It is recommended that sites create their clinician survey using an online survey tool such as [Survey Monkey](#). The survey questions and guidance on how to structure your survey can be found below.

Alternatively, the Commission has reproduced the clinician surveys in Survey Monkey, and is able to send this version to any holder of a Survey Monkey Pro account. Users can then adapt the survey if they wish to do so. To request a copy please email mail@safetyandquality.gov.au

The clinician surveys should be used in conjunction with the [data dictionary](#) to ensure that data collected is uniformed. The Commission has also prepared an [analysis plan](#) as part of the audit toolkit; this includes information on eligibility and recruitment criteria and sample sizes.

Set up key for use with online survey provider:

- Free text box
- Multiple choice
- Time/ Date
- Matrix drop down menu

Clinician survey questions

- **1. Sex**
 - Male
 - Female
 - Other

- **2. Clinician cohort**
 - Consultant
 - Junior Doctor
 - Nurse
 - Allied Health professional

- **3. Years of Clinical Experience since Graduation**
 - 0-1 Year
 - 2-5 Years
 - 6-10 Years
 - >10 Years

- **4. Major Speciality of Patients Cared For:**
Sites to adapt as applicable
 (Please tick all that apply)

Medical

Aged Care	Cardiology
Clinical Pharmacology	Endocrinology
Gastroenterology/ Hepatology	General Medicine
Haematology	Immunology
Neurology	Oncology
Palliative care	Radiation Oncology
Rehab	Renal
Respiratory	Rheumatology

Surgical

Cardiothoracics/Thoracic	Endocrine
General surgery	Urology
Orthopaedics	Vascular
Neurosurgery	

Paediatrics

Medicine	Surgery
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Women's Health

Gynaecology	Obstetrics
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Critical Care

Anaesthetics	Intensive care
Emergency	

In answering these questions, consider “my ward” as the ward where you are most recently caring for dying patients

- **5. End of life care is done well on my ward**
 - Always
 - Usually
 - Sometimes
 - Rarely
 - Never

- **6. I am confident in my ability to recognise when a patient is dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree

- **7. Consultants on my ward are skilled at recognising when a patient is dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **8. Junior Doctors on my ward are skilled at recognising when a patient is dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **9. Junior Nurses on my ward are skilled at recognising when a patient is dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **10. Senior Nurses (NUM/CNC/Team Leader/Educators) on my ward are skilled at recognising when a patient is dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **11. Allied Health professionals on my ward are skilled at recognising when a patient is dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **12. Consultants on my ward make timely decisions about end-of-life care for patients who are dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **13. Junior Doctors on my ward make timely decisions about end-of-life care for patients who are dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **14. Dying patients on my ward receive timely withdrawal of acute treatment**
 - Always
 - Usually
 - Sometimes
 - Rarely
 - Never

- **15. It is part of my role to talk to doctors about the care of patients who I think might be dying**
 - Yes
 - No
 - Unsure

- **16. It is part of my role to talk to patients and their families about death and dying**
 - Yes
 - No
 - Unsure

- **17. I am confident in my ability to talk to patients and their families about death and dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **18. Consultants on my ward are skilled at talking about death and dying with patients and their families**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- **19. Junior Doctors on my ward are skilled at talking about death and dying with patients and their families**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- 20. Senior Nurses (NUM/CNC/Team Leader/Educators) on my ward are skilled at talking about death and dying with patients and their families**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- 21. Junior Nurses on my ward are skilled at talking about death and dying with patients and their families**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- 22. Allied Health professionals on my ward are skilled at talking about death and dying with patients and their families**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- 23. I have received formal education/training on** (Please tick all that apply)
 - How to recognise when patients are dying
 - How to care for dying patients
 - How to communicate with patients and families regarding end of life care
 - How to communicate with patients who are dying
 - None
 - Other

- **24. How would you describe your personal experience of being involved in the care of the dying?**
 - ***Causes me some distress***
 - Always Usually Sometimes Rarely Never
 - ***Is professionally satisfying***
 - Always Usually Sometimes Rarely Never

- **25. How often do you have to ask to clarify your patients' resuscitation decisions documented in the notes**
 - Always
 - Usually
 - Sometimes
 - Rarely
 - Never
 - Not applicable

- **26. How often is the palliative care team consulted in the care of your dying patients?**
 - Always
 - Usually
 - Sometimes
 - Rarely
 - Never

- **27. I would like to call the palliative care team earlier when patients are dying**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- 28. Who makes the *majority* of end of life care decisions on your ward?**
(Please tick one option only)
 - Nurses
 - Interns/ Residents
 - Junior Registrar
 - Advanced Trainee Registrar
 - Consultants
 - Intensive care/ Medical Emergency Team
 - Palliative Care Team
 - Unsure
 - Allied Health Professional – please specify.....

- 29. Who does the *majority* of documenting the resuscitation orders on your ward?**
(Please tick one option only)
 - Nurses
 - Interns/ Residents
 - Junior Registrar
 - Advanced Trainee Registrar
 - Consultants
 - Intensive care/ Medical Emergency Team
 - Palliative care team
 - Unsure
 - Allied Health Professional – please specify.....

- 30. If I had a dying relative in hospital I would feel confident in the good quality of care that could be delivered by my ward**
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable

- 31. How could end of life planning and care of the dying be improved on your ward?**