

Social Norms Governing ICU Triage Decisions for Terminally Ill Elders: A Simulation Study

Post-Simulation Survey Instrument

Demographics

1. Study ID: assigned
2. Age: drop-down menu (28-72)
3. Sex: drop-down menu (Male, female)
4. Race: drop-down menu (non-Hispanic white, Hispanic, black, Asian, other)
5. Year of graduation from medical school: drop-down menu (1960-2003)
6. Primary board certification: drop down menu (internal medicine, emergency medicine, surgery, anesthesiology, other: free text)
7. Secondary board certification: drop down menu (critical care medicine, other: free-text)

Perceptions of case

8. What is the cause of the patient's current clinical deterioration? Free text
9. What is the patient's likelihood of surviving the current hospitalization if he is admitted to the ICU with no treatment limitation?: Drop-down menu (deciles of probability from 0-9%, 10-19%....90-100%)
10. What is the patient's likelihood of surviving the current hospitalization if he is admitted to the ICU with a "do not attempt resuscitation (DNR)" and "do not intubate (DNI)" order?: Drop-down menu (deciles of probability from 0-9%, 10-19%....90-100%)
11. What is the patient's likelihood of surviving the current hospitalization if he is not admitted to the ICU?: Drop-down menu (deciles of probability from 0-9%, 10-19%....90-100%)
12. What is the patient's likelihood of surviving beyond the next 3 months: Drop-down menu (deciles of probability from 0-9%, 10-19%....90-100%)
13. Based on your conversation with the patient, what are his goals of care: Free text

Assessor: 1 2

Time reading chart before entering room:

Time in simulation:

Treatment decisions:

- ☐ BiPAP during simulation
- ☐ Opiate during simulation: _____
- ☐ Intubated
- ☐ Admitted to the ICU
- ☐ Consulted palliative care
- ☐ "Comfort measures only"
- ☐ Other pharmacologic Rx: _____

Treatment decisions/Notes:

Code Status:

- ☐ Elicited intubation and/or resuscitation preferences
- ☐ Documented code status

Code Status/Notes:

Physician's agenda upon entering the room:

- ☐ To diagnose the cause of the shortness of breath
- ☐ To prolong the patient's life
- ☐ Initially began with preference for life prolongation, but adapted after eliciting treatment preferences
- ☐ To palliate the patient's symptoms in anticipation of death
- ☐ To obtain the patient's code status or goals for treatment, then customize care accordingly
- ☐ None of the above

Agenda/Notes:

Shared decision making:

- ☐ Physician directed decision making
- ☐ Shared decision making

SDM/Notes: