

## Questionnaire 2

### 1. How old are you?

Please enter your answer here:

Figures in years

### 2. Gender

Please select only one of the following answers:

- ☐ female ☐ male

### 3. Where do you work?

Please select only one of the following answers:

- ☐ Giessen  
☐ Marburg  
☐ Lahn-Dill-Kreis  
☐ Limburg-Weilburg  
☐ Vogelsberg

### 4. Which ambulance service organisation do you work for?

Please select only one of the following answers:

- ☐ German Red Cross  
☐ Malteser  
☐ Fire brigade  
☐ Arbeiter-Samariter-Bund (Workers' Samaritan Federation)  
☐ Johanniter  
☐ private  
☐ Other

### 5. What professional group do you belong to?

Please select only one of the following answers:

- ☐ Doctor ☐ Non-doctor

**6. What is your employment relationship like?**

Please select only one of the following answers:

- ☐ full-time
- ☐ part-time/part-time
- ☐ Fee basis
- ☐ Other

**7. How will you be deployed?**

Please select all applicable answers:

- ☐ KTW (ambulance)
- ☐ RTW (ambulance)
- ☐ MZF (Multi-Purpose Vehicle)
- ☐ RTH/ITH (Rescue Helicopter/Intensive Care Transport Helicopter)
- ☐ Control Center
- ☐ NAW/NEF (ambulance/ambulance)

**8. How many years of work experience do you have?**

Please enter your answer here:

Only numbers may be entered in this field.

**9. Degree of education**

Please select only one of the following answers:

- ☐ Intern
- ☐ Specialist
- ☐ Attending
- ☐ Head physician
- ☐ Paramedic (520 h)
- ☐ Paramedic (2-years)
- ☐ Emergency Paramedic (3-years)

**10. For non-doctors: Do you have extended care measures (EVM) Hesse?**

Please select all applicable answers:

- ☐ Intubation
- ☐ i.v. access
- ☐ administer drugs
- ☐ Other: \_\_\_\_\_

**11. Do you know the abbreviation SAPV?**

Please select only one of the following answers:

- ☐ Yes ☐ No

**12. If so, what does the above abbreviation stand for?**

Please enter your answer here:

**13. Do you believe that children and adolescents with statutory health insurance have a legal right to a SAPV?**

Please select only one of the following answers:

- ☐ Yes ☐ No ☐ I don't know

**14. Do you know the palliative care team for children and adolescents responsible for you?**

Please select only one of the following answers:

- ☐ Yes ☐ No

**15. Do you believe that adults with statutory health insurance have a legal right to a SAPV?**

Please select only one of the following answers:

- ☐ Yes ☐ No ☐ I don't know

**16. Do you know the adult palliative care team responsible for you?**

Please select only one of the following answers:

- ☐ Yes ☐ No

### 17. What are the tasks of palliative care teams?

Please select all applicable answers:

- ☐ End-of-life care
- ☐ Pain
- ☐ Symptom control
- ☐ Avoidance of hospitalization
- ☐ Stabilization of the family environment
- ☐ psychosocial care
- ☐ Supply of assistive devices
- ☐ Emergency management

**18. Do you also feel responsible for the care of adult or child palliative patients in emergency situations?**

Please select only one of the following answers:

- ☐ Yes      ☐ No      ☐ I don't know

**19. How would you prefer to be able to contact the responsible palliative care team in real life?**

Please select all applicable answers:

- ☐ The control centre is informed in advance about the palliative situation (e.g. by fax)
- ☐ Emergency folder with hotline number at the patient's premises
- ☐ Bracelet at the patient
- ☐ Emergency doctor's letter available
- ☐ I ask the patient/relatives themselves.

20. How much do you feel up to a palliative situation with a d u l t s in the field?

Please select the correct answer for each point: (1 = very uncertain 10 = very certain)

- [illegible]

**21. How much do you feel up to a palliative situation with children or c h i l d r e n in the field?**

Please select the correct answer for each point: (1 = very uncertain 10 = very certain)

- [illegible]

**22. How confident did you feel before the training in dealing with pediatric palliative patients?**

Please select the correct answer for each point: (1 = very uncertain 10 = very certain)

Safety ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

**23. How confident do you feel in dealing with pediatric palliative patients after the training?**

Please select the correct answer for each point: (1 = very uncertain 10 = very certain)

Safety ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

**24. Now, after the training, can you find the contact details of the team responsible for children under operational conditions?**

Please select only one of the following answers:

☐ Yes ☐ No

**25. Now, after the training, can you find the contact details of the team responsible for children under operational conditions?**

Please select only one of the following answers:

☐ Yes ☐ No

**26. Did you find the training helpful to be able to apply it practically in the possible operational situation?**

Please select only one of the following answers:

☐ Yes ☐ No

**27. If so, how helpful did you find the training?**

Please select the appropriate answer for each point: (1 = not very helpful 10 = very helpful)

[illegible]

**28. Imagine the following situation:**

You will be called to an emergency response (with RTW/NEF/NAW). Operational keyword: "Emergency with child"! They arrive at the scene and find a 19-year-old young adult. The young man has multiple disabilities due to an early childhood lack of oxygen (after a drowning accident). The patient suffers from cough and fever. It shows clear orthopnea and the oxygen saturation on the pulse oximeter shows 82%. The family doctor cannot be reached. How do you proceed according to the usual measures (medical history/physical examination/vital sign check)?

Please select all applicable answers:

- ☐ invasive ventilation
- ☐ non-invasive ventilation
- ☐ fast transport to the clinic
- ☐ Leave the patient at home
- ☐ Palliative sedation
- ☐ if possible, call a palliative care team
- ☐ Other: \_\_\_\_\_

**29. Would you recommend your colleagues to participate in this training?**

Please select only one of the following answers:

- ☐ Yes
- ☐ No
- ☐ I don't know

**30. Did you have ample opportunity to ask questions?**

Please select only one of the following answers:

- ☐ Yes
- ☐ No
- ☐ I don't know

**31. Have the questions been answered comprehensively?**

Please select only one of the following answers:

- ☐ Yes
- ☐ No
- ☐ I don't know

**32. Has your opinion on outpatient palliative care changed after the presentation?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**33. What do you think has changed in concrete terms?**

Please select all applicable answers:

- ☐ I now know the tasks of palliative care teams better.
- ☐ I know how to reach the children's palliative care team.
- ☐ I know how to reach the adult palliative care team that is responsible for me.
- ☐ This training helps me to better cope with future operations.
- ☐ This training was not helpful.
- ☐ Other: \_\_\_\_\_

**34. What applies to you personally? After this training, I would be more likely to be able to diagnose life-threatening emergencies with palliative patients**

Please select only one of the following answers:

- ☐ prone to resuscitation with invasive measures.
- ☐ tend not to resuscitation, but to passive, symptomatic action.
- ☐ I don't know

**35. Is there anything else you would like to tell us?**

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Since we want to compare the results of this survey with the results before the training, we finally ask you to give yourself a code that cannot be linked to your identity (so-called pseudonymization).

Please fill in the following column:

1. \_\_\_\_ (second letter of the first name) 2. \_\_\_\_ (second digit of one's own postal code)
3. \_\_\_\_ (second letter of place of birth) 4. \_\_\_\_ (second digit of the mobile number)

Thank you for your support!