

### 1. Select your year:

- PGY1
- PGY2
- PGY3

### 2. Enter your NETID

### 3. Please respond to the following statements using the associated scale:

	Very High	High	Neutral	Low	None
Prior to the course, my motivation for integrating goals of care into my practice was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the end of the course, my motivation for integrating goals of care into my practice was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Today, my motivation for integrating goals of care into my practice is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the end of the goals of care course, my anticipated ability to make changes in my practice as a result of the course was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Today I would rate my ability to make changes in my practice as a result of the goals of care course as:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

4. Thinking about the **frequency** you have implemented changes in your practice as a result of the goals of care course, please rank the following changes by level of importance (**1 = most important**). *Indicate those changes you DID NOT IMPLEMENT as "N/A".*

<input type="text"/>	I have had more goals of care conversations	<input type="checkbox"/> N/A
<input type="text"/>	I feel more comfortable leading goals of care discussions	<input type="checkbox"/> N/A
<input type="text"/>	I use the framework of SPIKES presented in the session	<input type="checkbox"/> N/A
<input type="text"/>	I have completed advanced directives with patients (or referred patient to social work for completion)	<input type="checkbox"/> N/A
<input type="text"/>	I have not made changes in my practice as a result of the course because I have not had the opportunity	<input type="checkbox"/> N/A
<input type="text"/>	I have not made changes in my practice as a result of the course because I feel I need more training on the topic	<input type="checkbox"/> N/A
<input type="text"/>	Some other change (please describe in comments at end of survey)	<input type="checkbox"/> N/A

5. Thinking about the **barriers** you have experienced in making changes in your practice as a result of the goals of care course, please rank the following barriers by level of importance (**1 = most important**). *Indicate those barriers you DID NOT EXPERIENCE as "N/A".*

<input type="text"/>	Time	<input type="checkbox"/>	N/A
<input type="text"/>	Comfort level in leading difficult discussions	<input type="checkbox"/>	N/A
<input type="text"/>	Knowledge of planning for complex patients	<input type="checkbox"/>	N/A
<input type="text"/>	Lack of opportunity	<input type="checkbox"/>	N/A
<input type="text"/>	I did not experience any barriers	<input type="checkbox"/>	N/A
<input type="text"/>	Some other barrier (please describe in comments at end of survey)	<input type="checkbox"/>	N/A

6. Thinking about the **facilitators** you have experienced in making changes in your practice as a result of the goals of care course, please rank the following facilitators by level of importance (**1 = most important**). *Indicate those facilitators you DID NOT EXPERIENCE as "N/A".*

<input type="text"/>	Supportive supervising residents and/or faculty	<input type="checkbox"/>	N/A
<input type="text"/>	Evidence provided during session	<input type="checkbox"/>	N/A
<input type="text"/>	I did not experience any facilitators to implementing goals of care	<input type="checkbox"/>	N/A
<input type="text"/>	Some other facilitator (please describe in comments at end of survey)	<input type="checkbox"/>	N/A

7. Thinking about practice change(s) **that you did not originally anticipate making** but implemented as a result of the goals of care course, please rank the following changes by level of importance (1 = most important). *Indicate those changes you DID NOT IMPLEMENT as "N/A".*

<input type="text"/>	Improved relationships with patients and families	<input type="checkbox"/> N/A
<input type="text"/>	I did not experience any practice changes that I did not anticipate	<input type="checkbox"/> N/A
<input type="text"/>	Some other change (please describe in comments at end of survey)	<input type="checkbox"/> N/A

8. Please rank your **current level of motivation** to make future changes to your practice as a result of the goals of care course:

Very High	High	Neutral	Low	None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Traditional Residents Commitment to Change Follow Up: Goals of Care

You indicated your motivation to make additional practice changes as a result of the goals of care course as "Very High or High". Please respond to the following two questions.

**9. Other change(s) I would like to make in my practice are (select all that apply):**

- Complete advanced directives with patients or refer to social work to do so
- I have not identified other changes to make in my practice
- Other (please specify)

**10. I anticipate barrier(s) to these additional practice changes to be (select all that apply):**

- Time
- Lack of opportunity
- Other (please specify)

**11. I anticipate facilitator(s) to these additional practice changes to be (select all that apply):**

- Supportive supervising residents and/or faculty
- Evidence provided during session
- I do not anticipate any facilitators
- Other (please specify)

12. Please provide any additional comments or feedback here: