



## Appendix 1: Interview Guide: Focus Group Health Care Professionals

Version 1, 03/16/2015

### **Welcome and procedures**

I would like to greet you all very warmly and thank you very much for taking the time to come here and take part in this discussion. But before we get into the actual discussion, I would like to draw your attention to a few things.

First of all, you should know that we will record the discussion on tape so that we can better reference the contents of the discussion when we write our report. These recordings are put into a written form (transcribed) and anonymized. If you don't like these recordings, please let us know. You may leave the focus group at any time.

Please speak loud and clear and let's try to have only one person speak at a time. I will make sure that everyone gets their turn and can express themselves.

Finally, I would like to stress the importance of you saying what you think. Don't worry about what you think we want to hear or about what the other participants think. You are here to share your personal opinions. Before we begin, I would like to do a short round of introductions.

### **1. Part 1 of the focus group**

- **Introduction:**

The current data situation shows that an early integration of palliative care interventions by doctors or nurses specializing in palliative care improves the outcomes in patients.

In addition, there are indications that palliative care interventions by doctors who do not specialize in palliative care can also be very effective in recording or covering the needs of patients.

- **The aim of the project is:**

To screen the main needs of palliative care interventions in routine everyday life (to be able to quickly grasp them). To this end, we have already prepared concrete formulations for 7 KIPCC.

- **Submission Handout:**

- These are our suggestions for questions for routine, everyday clinical care
- Please take a short time to read them

- **Questions to the Focus Group:**

- If there are objections, certain aspects must be specified for patients from different wards (e.g. already an existing patient in the oncology department; no time to complete the needs assessment in the emergency department)?
- Who should do the assessment?
- And at what time should the questions be asked? Should it be at the time of admission or later?
- How should the accompanying circumstances of patients and family be factored in?
- Which personnel factors and which temporal aspects must be taken into account (in order to be able to implement these seven screening questions in everyday practice)?

### **2. Part 2 of the focus group**

- **Question for the focus group:**

How transferable is a validation from one setting to another?

- Are there any differences in the settings?
- Can the questions (the tool) be validated for each setting?



### **3. Part 3 of the focus group** (if time allows)

- **Introduction:**  
There are indications that medical situations (e.g. tumor progression, emergency department visits, symptoms, unclear treatment goal in the multiprofessional team) can be triggers for the palliative care of patients and/or their relatives.
- **Question for focus group:**  
In your opinion, what are important triggers in everyday care for palliative care needs or interventions for patients and/or their relatives?