

eTable 1. Family Conference Resident Feedback Form

Resident Name: _____ Date: _____

The purpose of this form is to give directed and specific feedback following a resident led family conference.

1. The resident began the meeting with introductions. (required)

1 2 3 4 5 6 7 8 9 10
strongly
disagree
neither agree
nor disagree
strongly
agree

Additional Comments (optional):

2. Following the introduction, the resident worked with the meeting participants to set an agenda for the meeting. (required)

1 2 3 4 5 6 7 8 9 10
strongly
disagree
neither agree
nor disagree
strongly
agree

Additional Comments (optional):

3. The resident assessed the meeting participants' understanding of the situation. (required)

1 2 3 4 5 6 7 8 9 10
strongly
disagree
neither agree
nor disagree
strongly
agree

Additional Comments (optional):

eTable 2. Questionnaires provided to residents before and after each neuropalliative summer workshop.

Each question will have answer choices, strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree except questions 8 and 9

1. I feel confident leading a family meeting independently for a patient with a serious neurological illness.

2. I feel confident recognizing patient and family emotions during a family meeting.

3. I know how to respond to patient and family emotions during a family meeting.

4. I feel confident giving serious news.

5. I feel confident eliciting a patient's values.

*I feel confident assisting my patient with advance care planning.

6. I feel confident discussing end of life care.

7. Name one neuropalliative care skill you would like to work on.

8. How many family meetings have you led independently ? < 5, 5-10, > 10

*Ultimately not included in results, as there was no session specifically on advance care planning.