

## Taking Vitals – The SCQ Q&A

*Date: June 29<sup>th</sup> 12-1 pm ET*

The following questions were asked during the session.  
Answers were provided by: Shane Sinclair

Question	Answer
<p>How do you see this being utilized in a busy acute care setting? I worry that it would be completed and then hidden in the chart and forgotten about</p>	<ul style="list-style-type: none"> <li>• If you think this is a tool that you would like to adopt it is worthwhile having this conversation</li> <li>• It can be utilized as providers and patients see fit, based on their unique settings; the tool can (and should) be tailored individual care settings</li> <li>• At a bare minimum, this could be used as patients are being discharged to get an overall sense of what their experiences were- however Shane noted that this doesn't allow teams to adjust their caregiving in order to improve compassion which is one of the main intents of the SCQ.</li> <li>• In a busy acute care setting, it could be administered as the team determines</li> <li>• Its also important to not only collect this data but to report it. As such, this tool should ideally be embedded within the chart or Electronic Medical Record (EMR)</li> </ul>
<p>In a hospice setting, asking patients to fill out weekly questionnaires can be seen as a burden. thoughts?</p>	<ul style="list-style-type: none"> <li>• In Shane's study patients did not find this overly burdensome and while there were some incidences where they needed a Research Assistant to fill out the survey, patients were more than willing to fill out the survey and actually appreciated the kinds of questions they were being asked to fill out- some felt it was a breath of fresh air compared to the other things they are asked to fill out and actually found it therapeutic.</li> <li>• Shane noted much like conducting research in palliative care in general, we (healthcare providers) often are the greatest barriers to enrolling patients who want to be involved in studies in palliative care but are never approached because of healthcare providers feeling it would be too much of a burden for them. The same caution needs to be applied in applying tools like the SCQ—patients think compassion is important, expect it and therefore feel it is important to measure it.</li> <li>• Throughout their research they have never had an experience where a patient has stated it to be overly burdensome. A part of the development included determining when patients felt it was ideal to administer the SCQ in long-term care, long stay palliative care and hospice, which his why every 7 days is used.</li> </ul>



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	<ul style="list-style-type: none"> <li>• His team had administered a 108-item draft version of the SCQ to 303 patients and while fatigue was a factor for a small group, most had no issue and most actually enjoyed doing it. The final version of the SCQ is 15 items long and takes less than 3 mins for a patient to fill out.</li> </ul>
<p>Is there a comparative tool to simultaneously measure compassion or satisfaction from care providers? and what about simultaneous studying family members to study concordance with the patients' self-report?</p>	<ul style="list-style-type: none"> <li>• We are looking at developing proxy member versions of the SCQ in pediatric care and ICU where you would most likely be using a proxy or a parent for example.</li> <li>• This is an important question because there is sometimes a discordance between family members experiences of compassion and the patient's experience.</li> <li>• Another factor is reporting bias over time. When looking at families' experiences of palliative care for example, we know that when you ask people in the midst of their loved one dying versus 6-months into bereavement, those ratings often improve</li> </ul>
<p>Any experience asking patients' families to do the SCQ when the patient is too weak/unable physically to do them?</p>	<ul style="list-style-type: none"> <li>• This is not something that his team did in the study, but they did find that a small number of patients were too tired or did not have the fine motor skills to fill out the paper and pencil survey or to use the tablet and, in those situations, they had a research assistant fill it out</li> <li>• In a clinical practice, they would recommend that a person other than the healthcare provider fill it out in these situations (e.g., clerk or patient care manager) in order to avoid bias</li> </ul>
<p>Is this resource free?</p>	<ul style="list-style-type: none"> <li>• It is a free resource for individual healthcare providers and researchers to download from the website</li> <li>• We ask researchers some additional screening questions to track where the SCQ is being used and for opportunities to collaborate—but it is completely free for research purposes as well</li> </ul>
<p>Any worries that patients fill out the SCQ falsely more favorably because they are concerned their answers will affect their care?</p>	<ul style="list-style-type: none"> <li>• We identified this as a potential issue in designing the tool and took steps to control this.</li> <li>• While there is no way to control response or social desirability bias with any patient survey, we recommend that patients be told that their responses will not effect their care (as is the case with filling out the ESAS—we wouldn't expect a patient to indicate good pain control when they are suffering because they thought their attending physician might be upset), and that it be administered by a member of the team who is not providing direct patient care (i.e. clerk, patient care manager, administrative staff). These and other cautionary notes are addressed in the SCQ user manual.</li> </ul>



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<p>Are the hospices in Calgary routinely doing the SCQ?</p>	<ul style="list-style-type: none"><li>• Currently no. However, we are in talks with a number of them and as they were listed as knowledge users in the original CIHR grant, we are hopeful that the SCQ will be adopted across the Calgary palliative care zone.</li></ul>
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