#### **Supplement 1: Survey**

#### **CONSENT FORM:**

Colleagues: Targeting hospital pharmacists

We respectfully seek your assistance and kindly ask you to participate in a research study titled, *Pharmacist Perceptions of Ethical Dilemmas Encountered in Acute Care/Institutional Practice*. You are invited to participate because you are a licensed pharmacist who may be practicing in an acute care/institutional (hospital) setting. This research study is being done as a Doctor of Pharmacy Student Project at the University of Utah College of Pharmacy. The investigators are Katherine Winter, Doctor of Pharmacy Student, Class of 2020, and James Ruble, PharmD, JD, Associate Professor (clinical) College of Pharmacy.

The purpose of this study is to distinguish factors that contribute to a pharmacist's decision-making process when identifying and analyzing ethical dilemmas in acute care/institutional pharmacy practice. More specifically, this study will:

- 1. describe methods of ethical decision-making used by pharmacists in current practice, with an emphasis on identifying the weight that influencing factors may have on those decisions;
- 2. identify knowledge and practice gaps, with an intent to promote improvement in clinical practice; and,
- 3. identify future scholarship and research to better prepare pharmacy professionals for changes in the scope of professional practice.

If you agree to take part in this study, you will be asked to complete a short online survey. The survey includes three sections: demographics, professional practice scenarios, and educational opportunities for ethical knowledge and professional development. It should take approximately 15-20 minutes to complete the survey.

A potential response option included in the clinical case scenarios is: "Uncertain - By selecting this option, the participant is communicating insufficient education/experience in the subject area to make a decision." Data collected by this answer choice will be utilized in a gap analysis. The information gathered from the unethical and "uncertain" responses to the clinical case-scenarios will be added to assess the gaps in ethical knowledge of survey participants and their confidence in this domain.

There are minimal risks associated with this study. No identifying information will be collected and responses to the survey will be anonymous. The survey data will be collected through a password-protected online survey (i.e., Qualtrics) account, exported to an encrypted Excel spreadsheet and stored within a secured computer. The surveys and collected data will be deleted once the study has been closed. Access to survey data will be limited to the investigators, and no survey data will be visible to the public.

Your participation in this research endeavor is completely voluntary and you can withdraw at any time by exiting the survey. Choosing not to participate or withdrawing will not result in any penalty or loss of benefits to which you are entitled. There are no direct benefits for taking part in this study. However, we anticipate information from this study will lead to a greater understanding of ethical decision-making of pharmacists working in a hospital setting. In addition, we hope this survey will identify stakeholder preferences for increasing knowledge and access to educational resources.

If you have any questions about this project or if you have any research related inquiries, you may reach James Ruble, PharmD, JD at 801-581-4514. If you have any questions regarding your rights as a research participant, you may contact the University of Utah Institutional Review Board at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

We appreciate your time and willingness to participate in this survey.

## By clicking on the "OK" button below indicates that:

- 1. You are licensed to practice as a pharmacist.
- 2. You have read the above consent form.
- 3. You voluntarily agree to participate.

Please print a copy of this page for your records.

# **SURVEY QUESTIONS**

1.	Which of the following choices best describes your hospital practice?  Decentralized Acute Care (Patient Care Unit)  Decentralized Intensive Care (including OR)  Decentralized Emergency Department  Centralized (Distribution/IV admixture/Procurement/Order verification)  Mixed Practice (Centralized/Decentralized)  Outpatient Pharmacy (including Discharge Service)  Ambulatory Clinics  Drug Information/Investigational Drug Studies  Pharmacy Administration  Other
2.	Which of the following choices best describes the size of your hospital facility? 0-50 beds 51-100 beds 101-250 beds 251-500 beds > 500 beds Choose not to answer
3.	Please list the state in which you practice (primary practice location). Use drop-down list of 50 states (+ DC)
4.	Which of the following choices best describes your years' in practice? 0-5 6-10 11-15 15+ Choose not to answer
5.	Which of the following choices best describes your gender? Female Male Choose not to answer
6.	Which of the following choices best describes your race?  African American  Asian  Caucasian  Hispanic  Other  Choose not to answer

<ul> <li>□ 18 – 25 years</li> <li>□ 26 – 35 years</li> <li>□ 36 – 45 years</li> <li>□ 46 – 55 years</li> <li>□ &gt; 55 years</li> </ul>	<i>/</i> .	Which of the following choices best describes your age?
□ 36 – 45 years □ 46 – 55 years		18 – 25 years
□ 46 – 55 years		26 – 35 years
·		36 – 45 years
□ > 55 years		46 – 55 years
,		> 55 years
☐ Choose not to answer		Choose not to answer

The next section of this survey will ask your responses to **four (4) scenarios that involve ethical reasoning.** These scenarios are in the areas of *autonomy, nonmaleficence, justice, and confidentiality.* 

After each of your responses, you will be asked to "weigh" (scale of 0-10) the influence of each of the following elements on your responses to the scenarios (Personal Values, Institutional Policies, Professional Code of Ethics, Religion/Spiritual beliefs, Education/Personal Experience, Legal Obligations/Laws). Use the slider bars to record the influence of each element on your decision.

#### PROFESSIONAL PRACTICE QUESTIONS:

#### Autonomy: This question is regarding an individual's right to refuse or choose a course of action.

18-year-old cystic fibrosis patient is admitted to the internal medicine floor for an acute exacerbation of her disease state. The patient is in poor health and requiring the use of all accessory muscles to breath in addition to continuous high flow oxygen. Upon hospitalization, the patient agreed to receive antibiotic therapy for resistant *P. aeruginosa*. Now, three days into treatment, the patient requests that you speak with the doctor to discontinue her treatment. You describe the purpose of the therapy and emphasize that the duration of treatment likely has not been long enough for the therapy to reach maximal effectiveness.

The patient explains that she has "had enough and understands the consequences of her decision to discontinue care". You present this information to the patient's team, all of whom are divided on the decision to stop treatment and look toward your input on helping decide the direction of the patient's care.

your ii	iput on helping dec	ide the direction of the patient.	s care.	
8.	Which of the follo	owing choices best describes yo	ur response to the situation?	
	Agree with and a	dvocate for the patient's decisio	n to discontinue treatment.	
	Disagree with the	patient's decision and advocat	te for continuing antibiotic treatment as it h	as likely not reached
	the maximal effec	ct.		
	Recommend cons	sultation with the patient's pare	ents and case management to decide on the	next steps of patient
	care.	' '	C	, ,
		ecting this option, you are comp	nunicating insufficient education and/or expe	ariance in the subject
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	did <u>legal obligations/laws</u> influen the dot to indicate your confidence:	ce your response to the clinical case scenario above?
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On a scale of 0 to 10, what amount did <u>education/personal experience</u> influence your response to the clinical case scenario

## Nonmaleficence: This question places concern for the well-being of the patient.

You are a clinical pharmacist on a hospital internal medicine team providing care for a 58-year-old male, Gulf War veteran with T2DM, Schizophrenia, and PTSD. The patient is on day 23 of involuntary hospitalization for uncontrolled diabetes and recurrent osteomyelitis of the metatarsal bones in his right foot which remains resistant to conventional antibiotic therapies. The patient is non-compliant with his home medications.

As the pharmacist, you are taking a medication history/interview with the patient. He insists that he does not have diabetes and that aliens visit him while he is sleeping and put sugar in his blood and urine. Additionally, the aliens take out various parts of his body to study (he says the aliens usually put the parts back).

The patient is estranged from family and has a court-appointed guardian ad-litem. The medical team had a meeting with the guardian to discuss the risks and benefits of continued antibiotic therapy, surgical intervention (i.e. amputation), or no further intervention. Following the team meeting, the guardian has authorized surgical intervention. The team plan is to administer an oral sedative (diazepam) crushed and mixed in his applesauce he eats every morning with breakfast, then take him to surgery and surgically remove his foot. He will not be informed in advance of this plan and his consent will not be obtained.

9.		Which of the follow	wing choices best describe	es your response to t	his situation?	
		Disagree with the management need		that the patient be ir	formed of this procedure, emph	nasizing that case
		=	am decision, as the patie	•	nderstand the reason for the pr	ocedure and wil
		Recommend consuchronic infection.	ıltation with Drug Informa	ation to find alternativ	ve off-label therapies to attempt	to treat patient's
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#### Justice: This question about making a resource allocation decision.

A major financial donor to a hospital has an adult child in the ICU with late-stage Kaposi's sarcoma. The attending physician believes this patient has entered the terminal stage of the disease. However, there are at least 2 challenges associated with this situation:

- 1. The physician wants to try to "rescue" patient with a course of liposomal doxorubicin. There is very little evidence of positive outcome in late-stage illness. Liposomal doxorubicin is in short supply and the hospital currently has no product available for general clinical use.
- 2. The small amount of liposomal doxorubicin that the small pharmacy does have is the remaining product from a restricted patient access program supplied by a manufacturer. The manufacturer has already "reallocated" this residual amount to another patient with early-stage myeloma at another institution. Accordingly, the manufacturer requested the return of this product and the pharmacy has already agreed to return it. The evidence for positive outcomes in early-stage myeloma is stronger than with Kaposi's sarcoma.

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On a scale of 0 to 10, what amount did <u>education/personal experience</u> influence your response to the clinical case scenario

#### Confidentiality: This question is regarding the protection of patient health information.

You are a pharmacist on a post-operative surgical care unit. You are conducting afternoon medication reconciliation rounds on your newly admitted patients. One of your patients is a 23-year-old male who is post-operative for gunshot wounds to his upper arm and lower leg. He is the victim of a presumptively gang-related, drive-by shooting while he was outside his home. The patient is expected to fully recover; however, he will be hospitalized for at least one more day.

When you enter the room, you find that he has two other visitors. The patient and both of his visitors are heavily tattooed and wearing clothing that is consistent with gang affiliation. You identify yourself and ask if it is ok to discuss his medications in the presence of his visitors. He gives his consent and you begin the medication reconciliation. After two minutes, the patient receives a telephone call, which he answers in Spanish. You understand "enough" Spanish to learn that he has identified to the other person on the phone who shot him and that retaliation needs to occur that evening. You have a pretty good idea of the exact time and location the retaliation will occur.

Maintain confidentiality, do not share the information that you overheard as it is protected under HIPPA since telephone call occurred during your medication reconciliation.   Maintain confidentiality due to the risk of personal safety and potential retaliation of the other gang member they suspected you reported what you heard to authorities.   Break confidentiality and inform hospital security as this information is a public safety concern, regardless of potential personal consequences.   Uncertain - By selecting this option, the participant is communicating insufficient education/experience in subject area to make a decision. Data collected by this answer choice will be utilized in a gap analysis.  On a scale of 0 to 10, what amount did personal values influence your response to the clinical case scenario above?   move the dot to indicate your confidence level	pretty	good idea of the e	xact time and locatio	ii tile retallation will c	ccui.
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0 (no influence) 5 (major influence) 10  On a scale of 0 to 10, what amount did <u>religion/spiritual beliefs</u> influence your response to the clinical case scenario abomove the dot to indicate your confidence level	above	?			
On a scale of 0 to 10, what amount did <u>religion/spiritual beliefs</u> influence your response to the clinical case scenario abo move the dot to indicate your confidence level			move the dot to i	ndicate your confider	ce level
move the dot to indicate your confidence level	0	(no influence)		5	(major influence) 10
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move the dot to indicate your confidence level					
move the dot to indicate your confidence level	On a s	cale of 0 to 10, wha	at amount did religior	n/spiritual beliefs influ	ence your response to the clinical case scenario above?
·		,	·		
O THO HIMACHICET	0	(no influence)		5	(major influence) 10

above?		
move	the dot to indicate your confidenc	e level
0 (no influence)	5	(major influence) 10
On a scale of 0 to 10, what amount	did <u>legal obligations/laws</u> influence	ce your response to the clinical case scenario above?
move	the dot to indicate your confidenc	e level
0 (no influence)	5	(major influence) 10

On a scale of 0 to 10, what amount did <u>education/personal experience</u> influence your response to the clinical case scenario

# **EDUCATION OPPORTUNITIES:**

The purpose of the education assessment is to gather insight from study participants regarding their awareness of ethical dilemmas through education and practice.

	•			s to the best of your ability		
				training regarding ethical	decision-making that you have received (CE, curricul	um,
ir		-	e last year?			
	a.	Free re	•	s/credits in the last 2 years	5)	
		i. 	0, 1-2, 3-5, 5+			
	b.		_	choices to describe how th	e majority of these hours were obtained. (select all	that
		apply)		6		
			Continuing Educa	•		
			Didactic Coursew			
				elopment Workshop/Semi		
				nstitutional Internal Educat	tion or Training	
			Other			
13.	On 2 6	salo of O	110 rate vour curr	ant level of confidence in	othical decision making	
			dicate your confide	ent level of confidence in o	etilical decision-making.	
	(least cor		dicate your connuc	5	(highly confident) 10	
O		macmey			(inginy connacity 10	
14.	Opinio	n based	questions:			
	-		•	a need is there for educati	on on ethical dilemmas in pharmacy practice?	
			to indicate your lev		, p. 1000	
	0 (no n			<del></del> 5	(great need) 10	
	_					
	On a so	cale of 0	-10, how importan	t to your practice is educa	tion on ethical-decision making?	
	Move t	the dot t	to indicate your im	portance level:		
	0 (not	importa	nt)	5	(highly important) 10	
	Is ethic	cal decis	ion-making an area	a that you would favor mo	re educational opportunities for CE/education?	
		Yes				
		No				
		Neutra	al			
		Choose	e not to answer			
			• •	erence regarding ethics ed	ducational opportunities?	
			to indicate your pre	<u></u>		
	0 (not	needed)	)	5	(highly needed) 10	