

Supplement 1.

**EMERGENCY PHYSICIAN ATTITUDES AND ACCEPTABILITY OF ORGAN AND TISSUE DONATION REGISTRATION IN THE EMERGENCY DEPARTMENT: A NATIONAL QUESTIONNAIRE**

**Are you currently practicing emergency medicine in Canada?**  Yes  No

If **No**, please return the questionnaire in the postage paid envelope

If **Yes**, please complete and return the questionnaire in the postage paid envelope

**A. Professional Status and Practice Setting**

**1. Are you:**  Female  Male  Other  Prefer not to answer

**2. Year of birth:** 19\_\_\_\_

**3. Province of practice:** \_\_\_\_\_

**4. How many years have you been practicing medicine independently?**

Less than 5 years  Between 5 and 10 years  Between 10 and 20 years  Greater than 20 years

**5. To which religion do you most identify?**

Christian  Buddhist  Hindu  Muslim  Jewish  Sikh  Aboriginal  Other (specify): \_\_\_\_\_

None

**6. In what setting do you perform MOST of your emergency medicine clinical activity?**

Teaching hospital

Community / District general hospital: Teaching

Community / District general hospital: Non-teaching

Other (specify): \_\_\_\_\_

**7. On average, how many patients shifts do you work per month?**

< 6  6-12  12-18  > 18

**8. What is your professional certification?**

FRCPC  CCFP(EM)  CCFP  General practice  Other

**9. Do you hold an official affiliation with a provincial organ donation organization?**

Yes

No

**B. Attitudes and Acceptability**

This section will explore your personal feelings regarding organ donation, and the acceptability of utilizing the ED as a venue to promote organ donation registration to patients who are capable and do not require immediate attention, and visitors.

**1. Are you personally registered as an organ and tissue donor?** Yes No**2. If no, what is the reason?** I don't know how to register I don't have time to register I was not aware that it is possible to register as an organ donor Religious beliefs Personal beliefs Assumed non-suitability of organs due to medical problems I prefer not to donate my organs Other (specify): \_\_\_\_\_**3. In general, do you support the concept of deceased organ donation?** Strongly support Somewhat support Neutral Somewhat oppose Strongly oppose**4. Provincial organ donation organizations should attempt to increase the number of registered organ donors:** Strongly agree  Somewhat agree  Neither agree nor disagree  Somewhat disagree  Strongly disagree**5. The emergency department waiting area is an acceptable setting to disseminate information regarding organ and tissue donation to capable patients who do not need immediate attention and visitors:** Strongly agree  Somewhat agree  Neither agree nor disagree  Somewhat disagree  Strongly disagree**6. The emergency department waiting area is an acceptable setting to offer patients and visitors opportunity to register as an organ donor while they await medical care:** Strongly agree  Somewhat agree  Neither agree nor disagree  Somewhat disagree  Strongly disagree

**7. Emergency department patients and visitors would be open to receiving information regarding organ donation in ED waiting areas:**

Strongly agree  Somewhat agree  Neither agree nor disagree  Somewhat disagree  Strongly disagree

**8. Emergency department patients and visitors would be open to being offered an immediate opportunity to register as an organ donor in ED waiting areas:**

Strongly agree  Somewhat agree  Neither agree nor disagree  Somewhat disagree  Strongly disagree

**9. Emergency department patients and visitors would be open to being offered instructions on how to register as an organ donor in the future, following their ED visit:**

Strongly agree  Somewhat agree  Neither agree nor disagree  Somewhat disagree  Strongly disagree

**10. If emergency department patients have an immediate opportunity to register as an organ donor, this should be facilitated by: (check all that are appropriate)**

- Publicly posted signage with instructions
- Electronic devices available in waiting areas (iPad)
- Active approach by personnel
- Other: \_\_\_\_\_

**11. There may be a number of individuals in the ED who may potentially approach patients and visitors regarding organ donation registration while they await medical care. As the attending physician in your ED, please describe your comfort level with the following categories of personnel should they facilitate the approach:**

	Very uncomfortable	Somewhat uncomfortable	Don't know/Unsure	Somewhat comfortable	Very comfortable
a. ED physician / resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ED nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ED administrative clerks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provincial organ donation organization staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hospital volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional comments:**

**12. The following are potential facilitators to offering information regarding registration for organ donation in emergency department waiting areas. Please choose an option for each potential facilitator which you feel most appropriately describes the level of significance of the facilitator:**

Insignificant facilitator	Somewhat insignificant facilitator	Don't know/Unsure	Somewhat significant facilitator	Very significant facilitator

g.	Strong organ donation culture at institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Societal/public importance of increasing organ donation rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Patients' willingness to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Patients' previous awareness of organ donation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any other facilitators not mentioned above:

13. The following are potential barriers to offering information regarding registration for organ donation in emergency department waiting areas. Please choose an option for each potential barrier which you feel most appropriately describes the level of significance of the barrier:

	Insignificant barrier	Somewhat insignificant barrier	Don't know/Unsure	Somewhat significant barrier	Very significant barrier
k.	Staff or patient ethical barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Staff or patient religious barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Lack of patient interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	Time constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Department flow/efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Availability of staffing / personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	Hospital costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	Patient's privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Staff confidence in ability to discuss organ donation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any other barriers not mentioned above:

Additional comments regarding this topic or questionnaire:

Thank you for completing and returning this questionnaire in the postage-paid envelope.

Supplement 2.

## **EMERGENCY PHYSICIAN ATTITUDES AND ACCEPTABILITY OF ORGAN AND TISSUE DONATION REGISTRATION IN THE EMERGENCY DEPARTMENT: A NATIONAL SURVEY**

**Subject:** Invitation to participate in a study on deceased organ and tissue donation registration in the Emergency Department (ED).

Dear colleague:

This letter is being sent to you by Dr. Michael Hickey who is an Emergency Physician at the University of Ottawa, regarding a research study that he is conducting. We have undertaken an important research endeavor investigating deceased organ donation registration in the Emergency Department (ED), and your participation is extremely important.

The overall goal of this study is to assess how Canadian Emergency Physicians feel about utilizing the ED for deceased organ and tissue donation registration for patients. We have initiated a program of research to evaluate the acceptability, feasibility and barriers of this endeavor, through all potential stakeholders who would be involved in the process. The ED is an under-valued but promising venue to promote and educate the public about organ and tissue donation. As such, it is possible that **stable, CTAS 3, 4 and 5 patients who are in the waiting areas of the ED** could be approached and offered information about deceased organ and tissue donation, and given an immediate opportunity to register.

**In approximately one week from now**, you will receive a questionnaire by mail, and should take about **15 minutes** to complete. I am writing to let you know in advance as some people like to know ahead of time that they will be contacted. Your participation is voluntary, and greatly appreciated.

The Ottawa Health Science Network Research Ethics Board (OHSN-REB) has reviewed the plans for this research study. If you have any questions about your rights as a study participant, you may contact the Chairperson of the OHSN-REB at 613-798-5555, extension 16719. If you have any questions regarding the study, please contact me, Dr. Michael Hickey at 613-798-5555 ext. 12067 or [mhickey@toh.ca](mailto:mhickey@toh.ca).

Thank you for your attention.

Sincerely,

Michael Hickey, MD FRCPC  
University of Ottawa / The Ottawa Hospital

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This questionnaire should take about **15 minutes**. You may not like all the questions that you are asked. You may skip any questions that make you feel uncomfortable or that you do not wish to answer.

There are no foreseeable risks or discomforts associated with your involvement in this study. Your participation is completely voluntary. You can decide to stop at any time, even part-way through the questionnaire, for any reason. If you decide to stop, the data submitted up to that point will not be included in the results. If you decide to participate, you have the right to withdraw consent at any point without consequence.

Your responses will remain strictly confidential, and no participant identifiers will appear in any publication or presentation resulting from this study. Please note that there will be no written consent for this study. Completion of the questionnaire is the indication of your consent to participate.

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Michael Hickey, MD FRCPC  
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