Supplemental Digital Content 1

*Survey Items by Group*

|  |
| --- |
| **Question** |
| **Background** |
| Please describe your role on the transplant team: |
| How many years have you worked in pediatric transplant? |
| Approximately how many child deaths do you experience each year? |
| Have you had any formal training in bereavement or coping with patient death? |
|  |
| **Support** |
| Do you have guidelines on how to support staff when a child dies? |
| Do you have staff in your department who specifically supports staff? |
| Do you have debriefings after losing a patient? |
| Do you think debriefing after patient death would be useful? |
| Thinking about a recent patient death that you experienced, please answer the following: |
| Did you have time to reflect? |
| Did you need to support colleagues afterwards? |
| Did you feel able to give the support that was needed to colleagues? |
| Did you receive support from anyone? |
| If yes, please indicate who: |
| Colleague(s) from the medical team |
| Colleague(s) from the support team (e.g., social worker, psychologist) |
| Other colleague(s) |
| My significant other |
| My family or friends |
| Other, please state who: |
| How supportive are colleagues about patient death? |
| If you spoke to someone following the death, was it useful? |
| Do you still think about any unresolved issues related to the death? |
| Is there a particular patient that you still think of? |
| Is there anything you’d like to say about this patient? |
|  |
| **Emotional Exhaustion Scale** |
| Please tell us about your feelings after the death of one of your patients: |
| On a scale of 1 (strongly disagree) to 5 (strongly agree) please indicate how much you disagree or agree with the following statements: |
| I feel fatigued when I get up in the morning and have to face another day on the job. |
| I feel burned out from my work. |
| I feel emotionally drained from my work. |
| I feel used up at the end of the workday. |
|  |
| **Bereavement Experiences Scale** |
| Below, on the left side are thoughts and feelings that bereaved people sometimes have. Read the item on the left, then in the right column circle how often you have experienced this thought or feeling, in the past month, including today. |
| Thought I contributed to the death |
| Felt that some person was responsible for the death |
| Felt guilty about some things I said or did after the death |
| Felt that there are some very real reasons why I feel guilty |
| Felt guilty about things I said or did before the death |
| Felt angry at myself |
| Felt guilty about little, unimportant things |
| Felt angry at the deceased person |
| Felt unable to recall the deceased’s image |