

<b>Tandem VR: Synchronized Nature-Based Experiences in Virtual Reality for Hospice Patients and their Caregivers</b> <b>NCT Number: NCT06186960 Unique ID: 2079177-3 Date: 5/21/2024</b> <b>Statistical Analysis Plan</b>	
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<b>Co-Investigator(s)</b>	Matthew H. E. Browning, Tracy Fasolino, Olivia McAnirlin
<b>Study Location(s)</b>	Prisma Health-Hospice of the Foothills

### **Primary outcomes**

1. Well-being will be measured upon the patient's enrollment in the study and post-intervention with the McGill Quality of Life Questionnaire-E (MQOL-E).

This assesses eight important life domains: cognition, healthcare, environment, feeling like a burden, and their relationships with physical, psychological, social, and existential/spiritual domains. The 20-item questionnaire uses a 0-10 response scale and is used internationally by hospice teams to assess QOL.

2. Change in pain interference as assessed with the Wisconsin Brief Pain Questionnaire (BPQ) [ Time Frame: Pre-Intervention(baseline), Post-intervention]

Pain will be assessed with the Brief Pain Inventory (BPI). Patients will rate their pain from 0=no pain to 10=worst pain imaginable in response to items such as "average pain," "worst pain" and "least pain" over the last 7 days and "pain right now". An average of the responses to these items is used to create a single pain severity score.

3. Change in perception of fear of death with the Collett-Lester Fear of Death Scale [ Time Frame: Pre-Intervention(baseline), Post-intervention]

**For all three quantitative measures means and standard deviations will be calculated to surmise the results.**

4. Open-ended questions will be asked to determine the perceived benefit and value of the Tandem VR post-intervention with patient-caregiver dyads.

**Themes will be derived from the responses provided by the dyads, providing rich insights on the intervention to inform the researchers of individual experiences.**

### **Secondary Outcomes**

Follow-up semi-structured interviews with the hospice team and Research Recruiters will provide valuable information about the likelihood of integrating this intervention as a treatment modality for future dyads.

Insights on the intervention will be provided.