# Pre-course questionnaire – ACP L1A One Day Workshop

**Name\* ------------------------------------------------------------------------ Course date** ------------------------------------------

## Please circle the relevant number (or N/A) for each question

1. **How confident are you to explain ACP to consumers, families and colleagues?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Very confident | | | |  |  |  | Not at all confident | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |

1. **How confident are you about where ACP fits into the legal framework?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Very confident | | | |  |  |  | Not at all confident | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |

1. **How confident do you feel about managing ethical and other dilemmas relating to ACP?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Very confident | | | |  |  |  | Not at all confident | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |

1. **How confident are you that you can effectively document consumers’ preferences?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Very confident | | | |  |  |  | Not at all confident | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |

1. **How confident do you feel about working with the consumer’s agenda?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Very confident | | | |  |  |  | Not at all confident | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |

1. **How confident do you feel about discussing future care options with consumers?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Very confident | | | |  |  |  | Not at all confident | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |

1. **How confident do you feel about discussing with consumers that they may be dying?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Very confident | | | |  |  |  | Not at all confident | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A |

## Thank you for completing this form as it assists in developing this workshop.