

Post-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 patients, families and colleagues?

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

2. 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

3. 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

4. How confident are you that you can effectively document patients' preferences?

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

5. How confident do you feel about working with the patient's agenda?

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

6. How confident do you feel about discussing future care options with patients?

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

7. How confident do you feel about discussing with patients 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.