

One-day advance care planning workshop post-workshop confidence questionnaire

Your name: _____

Workshop date: _____

Please circle the relevant number for each question

		Not confident					Very confident				
1	How confident are you to explain the process of advance care planning?	1	2	3	4	5	6	7	8	9	10
2	How confident are you about what your role is in advance care planning?	1	2	3	4	5	6	7	8	9	10
3	How confident are you to support Māori consumers and whānau with their advance care planning?	1	2	3	4	5	6	7	8	9	10
4	How confident are you to support other consumers and their whānau with their advance care planning?	1	2	3	4	5	6	7	8	9	10
5	How confident are you that you can explain the legalities of advance care planning?	1	2	3	4	5	6	7	8	9	10
6	How confident are you that you can effectively document what matters most to a consumer and what their treatment preferences are?	1	2	3	4	5	6	7	8	9	10
7	How confident do you feel about using a consumer's care and treatment preferences in providing care?	1	2	3	4	5	6	7	8	9	10