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Client-Centred Care - Training Needs Survey

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Client-Centred Care – Training Needs Survey

Survey Development

The Client-Centred Care Training Needs Survey has been developed to assess client-centred care related knowledge and skills of clinicians providing care to clients with chronic and complex needs. It provides a mechanism for clinicians and organisations to identify practice strengths and opportunities for further professional development.

The list of client-centred care core competencies outlined below were used as a basis for the development of the survey questions. These core competencies were compiled from a review of international literature relating to the provision of self-management support and client-centred care, and relate to what might be required of a collective workforce (i.e. not necessarily each service provider).

In addition to questions targeting these core competencies, the survey requests demographic information from participants to assist interpretation of findings. Furthermore, details of participants: a) recent training exposure; b) preferences with respect to training approaches and future training opportunities; c) organisational supports and resources; and d) experiences with respect to knowledge and skill transfer are also collected to assist organisations develop workforce development plans and/or strategies that are as efficient and effective as possible.

The survey has been made available for public use. In exchange, we kindly request that individuals and organisations choosing to use the tool provide feedback relating to their experiences and/or suggestions for improvements.

Please forward comments to:
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Acknowledgements: The tool was initially developed and trialled by Dr Sarity Dodson before being adapted and refined by Eastern HARP (with input from the Outer East Health and Community Support Alliance [Primary Care Partnership]) to allow web-based delivery.

Core Competencies

1. Communicate and engage with clients and service providers ^(1, 2, 3) .

Synthesising and providing information; communicating and asserting care boundaries; making clients feel comfortable and confident in the care; eliciting, reading and responding to client cues; promoting motivation and self-efficacy; encouraging active participation in care; and listening and responding actively and empathetically to questions and concerns.

2. Conduct comprehensive, holistic assessments ⁽³⁾ .

Including assessment of: client health risk factors, psychosocial concerns and supports, and self management capacity (i.e. enablers and barriers for their self-management).

3. Plan and provide care collaboratively ⁽³⁾.

Collaborating with clients and other service providers ^(1, 4, 5, 6) to define problems, set goals and actions, and problem solve.

4. Support and empower clients ⁽²⁾.

To: i) access appropriate information; ii) develop skills required for their self-management; iii) develop and maintain health related behaviours; iv) use available technologies to support self-management; v) access and use available self-management tools; vi) access support networks; vii) manage health risks; viii) communicate their needs and choices; and ix) understand their strengths, areas for development, and capacity and willingness to self-manage.

5. Deliver care using a variety of approaches ⁽³⁾.

Including: group services, individual sessions, telephone based support, and the use of other communication technologies to support care.

6. Possess chronic care knowledge ^(7, 2, 3).

Awareness of: i) the interaction between factors that influence client behaviour ⁽¹⁾; ii) the importance of personal, religious and cultural beliefs, and their impact on individual choices ^(2, 3); iii) the impact of one's own beliefs on one's ability to support clients ^(2, 3); iv) the range of services and treatments available ⁽²⁾; v) the range of self-management support tools available to clients ⁽²⁾; vi) the range of support networks available to clients ^(2, 3); vii) health promotion approaches ⁽³⁾; viii) models of health behaviour change ⁽³⁾; ix) evidence based guidelines for clinical care; ix) the roles of other members of the health care team; and x) how to access and incorporate knowledge into practice ⁽¹⁾.

7. Use decision supports, information and communication management systems effectively ⁽³⁾.

8. Identify and respond to clinical risks ⁽⁷⁾.

9. Engage in continuous quality improvement activities ⁽⁷⁾.

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Key Terms

Client-Centred Care: Health care that establishes a partnership among practitioners, patients, and their families (where appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care ²².

Self-Management Support: Self-management support is the assistance caregivers give to patients with chronic disease in order to encourage daily decisions that improve health-related behaviors and clinical outcomes. Self-management support may be viewed in two ways: as a portfolio of techniques and tools that help patients choose healthy behaviors; and as a fundamental transformation of the patient-caregiver relationship into a collaborative partnership... The purpose of self-management support is to aid and inspire patients to become informed about their conditions and take an active role in their treatment ¹⁷.

Care Plans:

Inter-agency care plan - Occurs where a consumer has complex or multiple needs and requires the services of more than one agency. It ensures that the needs of a consumer are discussed with them, their carer and relevant practitioners such as their GP, in the context of possible options and subsequently worked through to an agreed strategy. Also referred to as multi-agency care plan ²³.

Intra-agency care plan - A care plan that involves a number of services or practitioners within the same agency ²³.

Service specific care plan - A care plan which is developed and documented using specific program or agency tools, and may be referred to as a Consumer Care Plan, an Individual Treatment Plan, a Self-management Plan, a Personal Action Plan, a Service Plan, or a GP Management Plan ²³.

Client-Centred Care – Training Needs Survey

Improving care for clients with chronic/complex needs is a key priority for many Victorian health and community service agencies. Evidence strongly supports the idea that the effectiveness of care is enhanced through adoption of a client-centred approach. This approach requires that service providers have the skills and knowledge required to facilitate client's active engagement in their health and care. Furthermore, organisational systems must enable and support this work. Developing and maintaining staff skills to facilitate effective client-centred care is therefore a quality improvement priority.

The following survey has been developed to assess the client-centred care related knowledge and skills of clinicians providing care to clients with chronic and/or complex needs. A number of potential uses for the tool have been considered:

- **Clinicians** – may use this tool to identify their personal training needs;
- **Organisations** – may use this tool to identify team training needs; and/or
- **Regional health groups (e.g. Victorian Primary Care Partnerships)** – may use this tool to identify common training needs across organisations, to inform regional or sub-regional workforce development planning.

Demographic Information

Name:	<input type="text"/>	Email Address:	<input type="text"/>
Organisation:	<input type="text"/>	Team:	<input type="text"/>
Role/Position:	<input type="text"/>	Clinical Discipline:	<input type="text"/>

Do you work predominantly with any particular client groups?

<input type="checkbox"/> No	<input type="checkbox"/> Refugee	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Respiratory disease	<input type="checkbox"/> Youth	<input type="checkbox"/> Addictions
<input type="checkbox"/> Cardiac disease	<input type="checkbox"/> Psychosocial issues	<input type="checkbox"/> Aged
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Culturally and Linguistically Diverse	<input type="checkbox"/> Homeless
<input type="checkbox"/> Aboriginal or Torres Strait Islander	<input type="checkbox"/> Other (please specify) <input type="text"/>	

Months in current role:	<input type="text"/>	Years of clinical practice:	<input type="text"/>
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Note: Information provided is to be kept confidential and should only be used for the purposes of workforce development planning

Client-Centred Care – Training Needs Survey

Recent Training

Have you received training in any of the following areas IN THE PAST 3 YEARS?

	YES	NO	I WOULD LIKE TRAINING IN THIS AREA	I WOULD LIKE FURTHER/ADVANCED TRAINING IN THIS AREA
Cross cultural awareness and communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with interpreters and translators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan Do Study Act (PDSA) cycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting and action planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flinders Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Coaching or other behaviour change training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stanford chronic disease self-management program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult learning principles / client education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wagner Chronic Care Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial impacts of chronic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify any recent training relevant to provision of client-centred care):

Client Groups

Do you find any of the following client groups particularly challenging to work with or support?

	YES	YES & I WOULD LIKE FURTHER TRAINING IN THIS AREA	NO
Resistant/reluctant/low capacity for change clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients with depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients with anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally and linguistically diverse clients (CALD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients with carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients with a severe mental illness (e.g. Schizophrenia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term clients (i.e. long length of stay in a program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients from Aboriginal or Torres Straight Islander backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

Which three areas of your work have you been considering developing through further training?

1.

2.

3.

Note: Information provided is to be kept confidential and should only be used for the purposes of workforce development planning

Barriers & Enablers for Practice

What has helped you translate new knowledge and skills, learned in previous training, into your clinical practice ?

- | | |
|--|--|
| <input type="checkbox"/> Nothing | <input type="checkbox"/> Resources / references (e.g. guidelines, education resources) |
| <input type="checkbox"/> Clinical supervision | <input type="checkbox"/> Course materials / handouts |
| <input type="checkbox"/> Team support | <input type="checkbox"/> Funding arrangements (e.g. MBS items) |
| <input type="checkbox"/> Systems in place | <input type="checkbox"/> Support from professional association(s) |
| <input type="checkbox"/> Supportive organisation | <input type="checkbox"/> Support from Division of GP |
| <input type="checkbox"/> Follow-up training sessions / support | <input type="checkbox"/> Support from Primary Care Partnership (Victorian) |

Other (please specify):

Have you experienced any barriers in translating new knowledge and skills into your clinical practice following training?

- | | |
|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Lack of resources (e.g. equipment, funds) |
| <input type="checkbox"/> Lack of clinical supervision | <input type="checkbox"/> Lack of time |
| <input type="checkbox"/> Lack of team support | <input type="checkbox"/> Funding arrangements (e.g. MBS items) |
| <input type="checkbox"/> Lack of systems in place | <input type="checkbox"/> Difficulty applying to some client groups |
| <input type="checkbox"/> Lack of organisational or management support | <input type="checkbox"/> Lack of follow-up training session / support |

Other (please specify):

Preferred Training Approaches

Are there particular training approaches that you prefer or find more effective?

- | | |
|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Online learning |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Small group sessions | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Rehearsal / role play | <input type="checkbox"/> Video or audio learning |
| <input type="checkbox"/> Observing others practice | <input type="checkbox"/> Iterative/staged learning approaches (e.g. learning circles or peer supervision) |

Other (please specify):

Notes

Client-Centred Care – Training Needs Survey

Please rate the following questions by recording a number from 0 to 100 using the scale provided

Cross Cultural Work

How would you rate (out of 100):

LOWEST 0 10 20 30 MODERATE 40 50 60 70 80 90 HIGHEST 100

- Your experience working with diverse clients?
- Your confidence dealing with people from different cultures?
- The extent to which cultural differences affect interactions?
- The importance (in your work) of being competent in dealing with people from different cultures?

How would you rate (out of 100) your current level of knowledge about:

LOWEST 0 10 20 30 MODERATE 40 50 60 70 80 90 HIGHEST 100

- Customs, values and beliefs of other cultures?
- Your own culture's influence on your thoughts & behaviours?
- Cross cultural communication skills?
- Your organisation's policies and issues regarding cultural diversity?

Note: The questions above have been adapted from the National Cross-Cultural Training Effectiveness Survey, in "Effectiveness of Cross Cultural Training in the Australian Context", Department of Immigration and Multicultural Affairs, 2006.

Knowledge

How would you rate (out of 100) your current level of knowledge about:

VERY POOR 0 10 20 30 MODERATE 40 50 60 70 80 90 EXCELLENT 100

- The Wagner Chronic Care Model?
- Asthma and its care?
- Type 2 diabetes and its care?
- Chronic Obstructive Pulmonary Disease and its care?
- Chronic Heart Failure and its care?
- Osteoarthritis and its care?
- Depression and its care?
- Anxiety and its care?
- Chronic pain and its care?
- Psychosocial impacts of chronic conditions?
- Other health providers roles?
- Information required by other health providers (e.g. during referral) regarding your work with shared clients?

Notes

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Organisational Supports

Does your organisation use a standardised ASSESSMENT form and process across the organisation (i.e. instead of, or in addition to, discipline specific assessment forms)?

Yes
 No
 N/A or Don't Know

Additional comments:

Does your assessment tool prompt exploration, and allow space to document:

	Yes	No	N/A or Don't Know
Key medical information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key lifestyle information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key functional information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key social information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key psychological information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The client's main concerns and priorities for care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The client's capacity & willingness to change/develop behaviours to improve their health or care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Does your organisation use a standardised CARE PLANNING tool and process across the organisation (i.e. intra-agency and/or inter-agency care plan instead of, or in addition to, service specific care/treatment plans)?

Yes
 No
 N/A or Don't Know

Additional comments:

Does your care planning tool encourage contribution by the full range of services involved with the client?

	Yes	No	N/A or Don't Know
Within your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Across the region?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Does your care planning tool prompt exploration, and allow space to document:

	Yes	No	N/A or Don't Know
Agreed client-centred issues/problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review dates and plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details of the key contact or care coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care goals, strategies and actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care participants and assigned responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client acknowledgement of the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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Organisational Supports (*continued*)

Does your organisation have an agreed format and process for providing feedback about client care to their GP?

Yes No N/A or Don't Know

Additional comments:

Does your organisation have an agreed format and process for case conferencing?

Yes No N/A or Don't Know

Additional comments:

Does your organisation provide resources / tools to assist you to support clients with:

	Yes	No	N/A or Don't Know
Goal setting and action planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring (e.g. signs & symptoms)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency / crisis planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relapse prevention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Are there other organisational supports that would assist you to provide client-centred care to your clients?

Notes

Client-Centred Care – Training Needs Survey

Please answer the following questions in relation to the case study outlined below (or consider the case of a similarly chronic or complex client that has relevance to your work):

GREG is in his mid 40s and has asthma and related breathing difficulties. Greg tends to see GPs at one of two local practices or a medical clinic when feeling unwell, and has presented to Accident and Emergency at his local hospital when he has had asthma attacks (twice in the last six months). One GP provided a generic asthma management plan for Greg at a previous visit, but Greg has not complied with it and does not use asthma preventer and reliever medications as directed, or regularly enough. Greg has been a heavy smoker most of his adult life and though he has cut down, he continues to smoke. Although advised to quit smoking, exercise more and lose weight, Greg has yet to take up this advice and may need better support and information to help him change his lifestyle.

Greg does not have a clear understanding of his condition and what sorts of things are likely to provoke an asthma attack. The treatment and advice he has received to date has tended to focus on the problem of his asthma, not on Greg's overall health needs as a person, including what he needs to manage his asthma, and how to address the barriers that are preventing him from making lifestyle changes.

Source: Toward a National Primary Health Care Strategy: A Discussion Paper from the Australian Government, 2008

Clinical Practice - Communication and Rapport Building

Within the context of your role, please rate (out of 100) how certain you are that if you had an appointment with Greg today, you COULD & WOULD:

	N/A	NOT AT ALL CONFIDENT			MODERATELY				EXTREMELY CONFIDENT			
		0	10	20	30	40	50	60	70	80	90	100
Create a safe and comfortable environment for Greg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage Greg to express his needs/concerns/priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively communicate to Greg, appropriate information about <u>available services and choices relating to his care</u> (in language he will understand)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively communicate to Greg, appropriate information about his <u>health conditions and their management</u> (in language he will understand)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively communicate to Greg, clinical concerns and recommendations in a non-confrontational and non-judgemental manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate and work effectively with other service providers sharing Greg's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively and respectfully establish and communicate expectations and boundaries for your work with Greg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively communicate your organisation's privacy policy and gain Greg's informed consent to share information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively and frequently reflect back to Greg information he has provided (both explicitly and implicitly)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively use open questions to elicit information from Greg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively affirm and reinforce Greg's strengths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure appropriate interpreter support is provided in line with organisational protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Information provided is to be kept confidential and should only be used for the purposes of workforce development planning

Client-Centred Care – Training Needs Survey

Clinical Practice - Assessment

Please rate (out of 100) how certain you are that if you completed an ASSESSMENT with Greg today, you COULD & WOULD have gathered information about Greg's:

	N/A	NOT AT ALL CONFIDENT			MODERATELY					EXTREMELY CONFIDENT		
		0	10	20	30	40	50	60	70	80	90	100
Main concerns and priorities for care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current medical conditions and risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current psychological conditions and risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current functional concerns and risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current social circumstances and risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current service providers and supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current health care use patterns and behaviours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle risk factors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness and capacity to change behaviours of clinical concern (e.g. smoking)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness and capacity to independently and actively manage his health and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate (out of 100) how certain you are that you COULD & WOULD facilitate Greg's access to specialist assessment(s) where indicated?

N/A	0	10	20	30	40	50	60	70	80	90	100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate (out of 100) how certain you are that you COULD & WOULD ensure Greg's assessment is culturally sensitive?

N/A	0	10	20	30	40	50	60	70	80	90	100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Practice – Care Planning, Monitoring & Review

Please rate (out of 100) how certain you are that during CARE PLANNING, you COULD & WOULD:

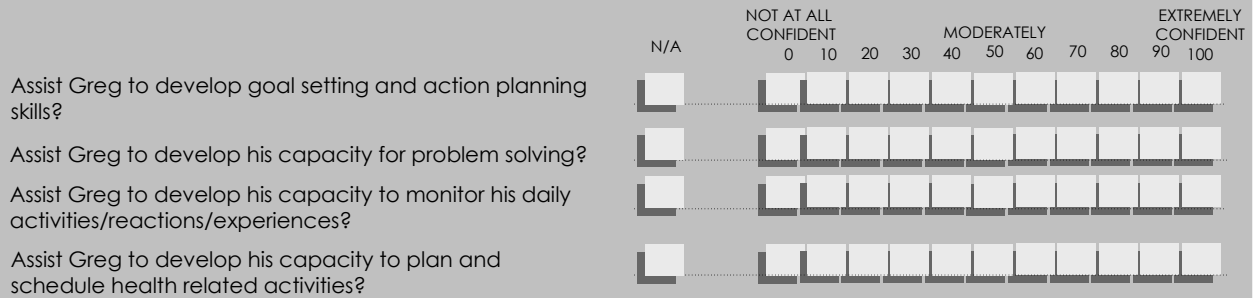
	N/A	NOT AT ALL CONFIDENT			MODERATELY					EXTREMELY CONFIDENT		
		0	10	20	30	40	50	60	70	80	90	100
Negotiate with Greg realistic and relevant priorities for care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboratively set clear and SMART goals for Greg's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure care planning is culturally sensitive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make arrangements with Greg to monitor and review his progress and care plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor Greg's progress against care goals and respond to changing needs or circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively engage other service providers sharing Greg's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure Greg's care plan recognises and supports his strengths and abilities as well as addresses his needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Produce a care plan document that clearly identifies all work tasks and the roles and responsibilities of all participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a plain language version of the written care plan to Greg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Information provided is to be kept confidential and should only be used for the purposes of workforce development planning

Client-Centred Care – Training Needs Survey

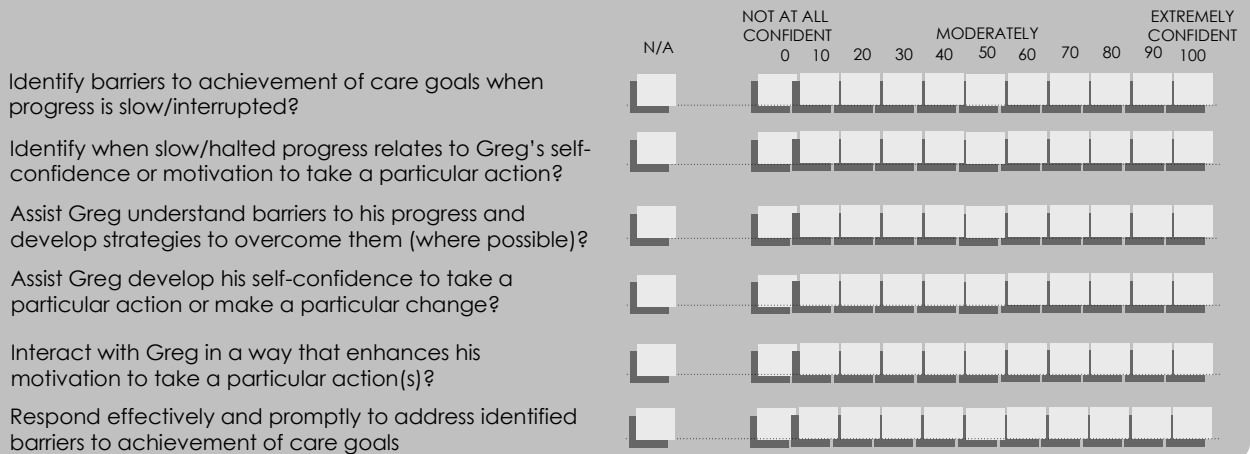
Clinical Practice – Building Client's Skills

Please rate (out of 100) how certain you are that during your work with Greg, you COULD & WOULD (if appropriate):



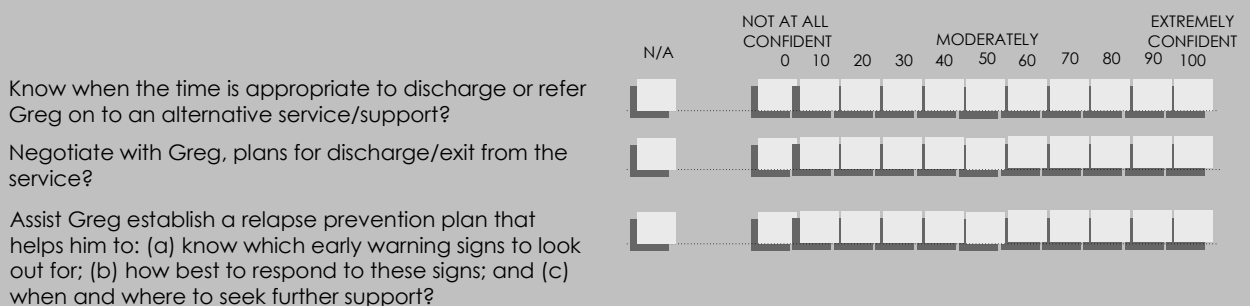
Clinical Practice – Overcoming Barriers to Progress

Please rate (out of 100) how certain you are that during your work with Greg, you COULD & WOULD (if appropriate):



Clinical Practice – Discharge/Exit

Please rate (out of 100) how certain you are that if you were preparing Greg for discharge/exit today, you COULD & WOULD (if appropriate):



Notes

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