

## Pre-training self-assessment form

1. What is your current baseline prior to training?			
a) Have you attended SBAR communication training in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b) Have you heard of SBAR for structured communication before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
c) Have you used SBAR in your practice before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

2. Thinking about your daily work practice, to what extent do you agree or disagree with the following:	Strongly agree ☺	Agree	Neither agree nor disagree ☹	Disagree	Strongly disagree ☹
a) I feel confident in using SBAR for handing over information to another team member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel confident in using SBAR for escalating concerns about an unwell patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel confident in meeting the communication and language needs, wishes and preferences of individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your own knowledge and skills against the following scale:

- **Good.** You have a good standard of skills and/ or knowledge. You use these skills and knowledge on a regular basis and feel confident in your ability. No refresher required.
- **Adequate.** Your standard of skills and/ or knowledge meets the standard required. You may only use the skills and knowledge from time to time or you may not feel confident in your ability. You and your supervisor may agree that you need to refresh specific knowledge or skills from this selection.
- **Needs refreshing.** You previously had this standard of skills and/or knowledge but it is no longer current or you have not used it in your work recently/regularly. You therefore no longer have the skills and/ or knowledge to meet the standard. A refresher is required.
- **New to me.** Either you have never worked in a caring role previously or you haven't previously covered this topic. Training/development is required.

The checklist is just a tool and is not an assessment of your competency. Following the training session you will be assessed on whether you meet the Standards for the Care Certificate.

You	To meet this standard you can	How would you rate your current ability?			
		Good	Adequate	Needs refresh	New to me
6.1 Understand the importance of effective communication at work	<b>6.1a</b> Describe the different ways that people communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.1b</b> Describe how communication affects relationships at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.1c</b> Describe why it is important to observe and be receptive to an individual's reactions when communicating with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Understand how to meet the communication and language needs, wishes and preferences of individuals	<b>6.2a</b> Describe how to establish an individual's communication and language needs, wishes and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.2b</b> List a range of communication methods and styles that could help meet an individual's communication needs, wishes and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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You	To meet this standard you can	How would you rate your current ability?			
		Good	Adequate	Needs refresh	New to me
6.3 Understand how to promote effective communication	<b>6.3a</b> List barriers to effective communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.3b</b> Describe ways to reduce barriers to effective communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.3c</b> Describe how to check whether they (the HCSW/ASCW) have been understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.3d</b> Describe where to find information and support or services, to help them communicate more effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Understand the principles and practices relating to confidentiality	<b>6.4a</b> Describe what confidentiality means in relation to their role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.4b</b> List any legislation and agreed ways of working to maintain confidentiality in day-to-day communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.4c</b> Describe situations where information, normally considered to be confidential, might need to be passed on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.4d</b> Describe who they should ask for advice and support about confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Use appropriate verbal and non-verbal communication	<b>6.5a</b> Demonstrate the use appropriate verbal and non-verbal communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Support the use of appropriate communication aids/ technologies	<b>6.6a</b> Ensure that any communication aids/ technologies are: clean, work properly and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6.6b</b> Report any concerns about the communication aid/ technology to the appropriate person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. About you

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|--|--|--|--|
| a) How many hours a week are you contracted to work?   | Part-time<br><input type="checkbox"/>        | Full-time<br><input type="checkbox"/>  |  |
| b) How many years have you worked for this organisation? If your organisation has merged with another or changed its name, please include in your answer all the time you have worked with this organisation and its predecessors. | Less than 1 year<br><input type="checkbox"/> | 1-2 years<br><input type="checkbox"/>  | 3-5 years<br><input type="checkbox"/>          |
|  |  | 6-10 years<br><input type="checkbox"/> | More than 10 years<br><input type="checkbox"/> |
| c) Have you attended SBAR communication training in the last 12 months?  | Yes<br><input type="checkbox"/>              | No<br><input type="checkbox"/>         |  |

5. Date booked onto training \_\_\_\_\_

**Thank you for completing this questionnaire, please give it to your trainer when you attend for training.**