Deciding Right Workshop

My Reflection

Name……………………………Work Base………………………………….

**Following the Deciding Right learning event you attended on …Add date of training here…. please reflect and provide information below**

**Please email your responses to** **StBen.EducationBookings2@stft.nhs.uk**

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| Reflect on what you learnt in the classroom  |
| I have learnt… |
| Since attending Deciding Right training which outcomes have you used with patients/residents in your care.Please indicate numbers and provide information specific to each outcome you have used |
| * Advance Statements
* Advanced Decisions to Refuse Treatment [ADRT]
* Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR]
* Emergency Health Care Plans
* Best Interest Decisions
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| Has there been any change to your practice since attending the training event? |
| Provide information…. |
| In relation to Deciding Right what future learning and development needs do you have? |
| Provide information…. |

**Thank you**