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**](mailto: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 |
| 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**