

# Learning Disability Champion Training Monitoring Form

Thank you very much for taking the time to complete this confidential survey, which will be used to improve the training

## A. The session

In general, what did you think about the training itself? (tick one box per row)

Was the training	Not at all	Fairly	Very
1. Relevant to you?			
2. Interesting?			
3. Clear?			
4. Motivating?			

In general, which parts of the training did you get most value from? (tick one box per row)

My Understanding of:	Not much	Fairly	A Lot
5. Learning Disabilities			
6. Barriers to Healthcare			
7. LD Tools Available			
8. LD Care Bundle			
8. The Importance of			
Good Communication			
9. LD Logo			

### B. The results of the session

For each statement below, there are three possible responses. Please circle the one that is closest to your view.

#### 10. Thinking about the Care Bundle Seven Interventions, I am now:

- (a) More confused than before (b) About the same as before
- (c) Clearer than before
- 11. Thinking about my understanding of learning disabilities, I am now:
- (a) Less confident than before(b) About the same as before(c) More confident in my understanding than before

#### 12. Thinking about my understanding of pain assessment tools, I am now:

(a) More confused than before (b)About the same as before (c)Clearer than before

#### 13. Thinking about what I can do to make reasonable adjustments I am now:

(a) More confused than before

(b) About the same as before

(c) Clearer than before

#### 14. Thinking about my role as a LD Champion in a hospital setting, I am now:

(a) More confused than before (c) Clearer than before (b) About the same as before

15. Thinking about a situation where I see healthcare professionals (nurses, doctors etc) doing something not right, I am now:

Less confident deciding	About the same as	More confident deciding
when to challenge	before	when to challenge

16. If you answered 'not at all', 'more confused than before' or 'less confident' to any of the above, please tell us why:

17. Do you have any other comments you would like to add?

Your Name:

Hospital: Ward: