

## APPENDIX A: Chronic Care Training Needs Assessment (CC-TNA) Tool

### 1. Demographic Information

1.1 Email address:		
1.2 Organisation:		
1.3 Service or Team:		
1.4 Clinical discipline:		
1.5 Position or Role:		
1.6 Years of clinical practice:		Years (approximate)

### 2. Recent Training

2.1 Have you undertaken any of the following training? (you may select multiple options)

	No	Yes
Health Coaching Australia/Health Change Australia workshop	<input type="radio"/>	<input type="radio"/>
Motivational interviewing 2-day introductory workshop	<input type="radio"/>	<input type="radio"/>
Smoking cessation training	<input type="radio"/>	<input type="radio"/>
Flinders Model 2-day workshop (or online equivalent)	<input type="radio"/>	<input type="radio"/>
Mental Health First Aid (or equivalent)	<input type="radio"/>	<input type="radio"/>
Better Health Self-Management training course	<input type="radio"/>	<input type="radio"/>

2.2 Please list any additional training you have received in the past five years relating to the provision of chronic care

*continued...*

## Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

### 3. Decision Supports

#### 3.1 Does your organisation provide you with:

	No	Yes
A standard assessment form	<input type="radio"/>	<input type="radio"/>
A standard care planning tool	<input type="radio"/>	<input type="radio"/>
An agreed format and process for providing feedback to a client's GP	<input type="radio"/>	<input type="radio"/>
An agreed format and process for documenting clinical notes	<input type="radio"/>	<input type="radio"/>

#### 3.2 Comments:

### 4. Engagement and Communication

#### CASE STUDY

*GREG is in his mid 40s, has several chronic health conditions, and recurrent depressive episodes. Greg tends to see GPs at one of two local practices when feeling unwell, and has presented to Accident and Emergency at his local hospital four times in the past six months. Greg has received advice from his GPs about lifestyle changes he could make to improve and manage his health, but Greg has been able to implement very few of these recommendations. Furthermore, he has difficulty managing his medications and appointment schedule. Greg lives alone and has few meaningful relationships.*

**Respond to the questions below as if Greg has been referred to you for support.**

#### 4.1 Please rate how competently, while working with Greg, you would:

	1 Not at all	2 Somewhat	3 Moderately	4 Very	5 Extremely
Adjust your manner to build rapport and relate to Greg effectively	<input type="radio"/>				
Frequently reflect back to Greg information he provides	<input type="radio"/>				
Express clinical concerns and recommendations in a non-confrontational and non-judgmental manner	<input type="radio"/>				
Use open questions to elicit information from Greg	<input type="radio"/>				
Read Greg's body language and other non-verbal cues to identify concerns or rapport issues	<input type="radio"/>				

*continued...*

## Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

4.2 Do you believe you need training or support in the area of ‘engagement and communication’?

No	Yes
○	○

4.3 Comments:

## 5. Assessment and Care Planning

5.1 Please rate how competently, during assessment with Greg, you would:

	1 Not at all	2 Somewhat	3 Moderately	4 Very	5 Extremely
Ask Greg about his medical history	○	○	○	○	○
Ask Greg about his mental health history	○	○	○	○	○
Ask Greg about lifestyle risk factors (i.e. diet, exercise habits, smoking, alcohol use)	○	○	○	○	○
Ask Greg about current treatments and services involved in his care	○	○	○	○	○
Ask Greg about his social supports	○	○	○	○	○
Ask Greg about his sleep patterns	○	○	○	○	○
Ask Greg about his concerns and priorities for care	○	○	○	○	○
Ask Greg about difficulties undertaking activities of daily living	○	○	○	○	○
Negotiate priorities for care with Greg	○	○	○	○	○
Collaboratively set clear goals for Greg’s care	○	○	○	○	○

*continued...*

## Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

5.2 Do you believe you need training or support in the area of ‘assessment and care planning’?

No	Yes
<input type="radio"/>	<input type="radio"/>

5.3 Comments:

## 6. Support and Empowerment

6.1 Please rate how competently, while working with Greg, you would:

	1 Not at all	2 Somewhat	3 Moderately	4 Very	5 Extremely
Assist Greg to develop goal-setting and action-planning skills	<input type="radio"/>				
Assist Greg to develop problem-solving skills	<input type="radio"/>				
Assist Greg to understand barriers to his progress	<input type="radio"/>				
Assist Greg to understand and access health information, services and supports	<input type="radio"/>				
Assist Greg to establish plans to maintain his progress following discharge from your care	<input type="radio"/>				

6.2 Do you believe you need training or support in the area of ‘support and empowerment’?

No	Yes
<input type="radio"/>	<input type="radio"/>

*continued...*

Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

6.3 *Comments:*

## 7. Clinical Risks

7.1 *Please rate how competently, while working with Greg, you would:*

	1 Not at all	2 Somewhat	3 Moderately	4 Very	5 Extremely
Identify and respond to potential medication-related problems	<input type="radio"/>				
Identify and respond to signs of undiagnosed depression	<input type="radio"/>				
Assess Greg’s risk of suicide	<input type="radio"/>				
Identify and respond to a decline in Greg’s health status	<input type="radio"/>				

7.2 *Do you believe you need training or support in the area of ‘clinical risks’?*

No	Yes
<input type="radio"/>	<input type="radio"/>

7.3 *Comments:*

*continued...*

## Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

## 8. Chronic Care Knowledge

8.1 Please rate your level of knowledge, about:

	1 Not at all	2 Somewhat	3 Moderately	4 Very	5 Extremely
Asthma and its care	<input type="radio"/>				
Type 2 diabetes and its care	<input type="radio"/>				
Chronic Obstructive Pulmonary Disease and its care	<input type="radio"/>				
Coronary heart disease and its care	<input type="radio"/>				
Stroke and its care	<input type="radio"/>				
Arthritis and its care	<input type="radio"/>				
Osteoporosis and its care	<input type="radio"/>				
Cancer and its care	<input type="radio"/>				
Depression and its care	<input type="radio"/>				
Kidney disease and its care	<input type="radio"/>				
Oral health	<input type="radio"/>				
Dietary guidelines for adults	<input type="radio"/>				
Physical activity guidelines for adults	<input type="radio"/>				
Alcohol consumption guidelines	<input type="radio"/>				
The services a physiotherapist provides	<input type="radio"/>				
The services a psychologist provides	<input type="radio"/>				
The services a podiatrist provides	<input type="radio"/>				
The services a pharmacist provides	<input type="radio"/>				
The services an occupational therapist provides	<input type="radio"/>				
The services a dietician provides	<input type="radio"/>				

continued...

Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

8.2 Do you believe you need training or support in the area of ‘chronic care knowledge’?

No	Yes
<input type="radio"/>	<input type="radio"/>

8.3 Comments:

## 9. Local Service Options

9.1 Could Greg access self-management support in your local area if:

	Not sure	No	Yes
He had a preference for group-based support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He had a preference for one-on-one support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He had a preference for phone- or web-based support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His capacity to attend appointments is restricted (e.g. due to care responsibilities, work, or mobility issues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.2 Do you believe access to appropriate self-management support is a problem for clients in your local area?

No	Yes
<input type="radio"/>	<input type="radio"/>

*continued...*

Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

9.3 Comments:

9.4 Could Greg access detailed education about his condition and its management in your local area if:

	Not sure	No	Yes
He has diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has coronary heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has had a stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has arthritis or osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has obstructive pulmonary disease (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He has an oral disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.5 Comments:

continued...

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### 10. Professional Development Priorities

Throughout this survey you have been asked to reflect on your knowledge and skills in a number of areas relating to the provision of chronic care:

- Engagement and communication – for example building rapport, reflective listening, eliciting information, challenging respectfully, and reading non-verbal cues.
- Assessment and care planning – comprehensively assessing a clients needs and preferences and collaborating with them in the establishment of appropriate care goals.
- Support and empowerment – including assisting clients with the development of goal setting, action planning and problem solving skills, building insight and health literacy, and establishing relapse prevention plans.
- Clinical risks – identifying and responding to clinical risks that chronic care clients commonly present with.
- Chronic care knowledge – understanding common chronic conditions and their management, lifestyle guidelines, and the services provided by key members of a chronic care team.

*10.1 Which area would you most like (or benefit from) professional development in (select only one response)?*

	Check
Engagement and communication	<input type="radio"/>
Assessment and care planning	<input type="radio"/>
Support and empowerment	<input type="radio"/>
Clinical risks	<input type="radio"/>
Chronic care knowledge	<input type="radio"/>
None	<input type="radio"/>
Other	<input type="radio"/>

*10.2 Please explain your response.*

**END OF SURVEY**