**Training Satisfaction Survey Template**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For each statement, please circle the number**  | **StronglyAgree** | **Agree** | **NeitherAgree orDisagree** | **Disagree** | **StronglyDisagree** | **Does Not Apply** |
| 1. I was satisfied with the overall training.
 | 1 | 2 | 3 | 4 | 5 | N/A |
| 1. The format/length/time of the training session is convenient.
 | 1 | 2 | 3 | 4 | 5 | N/A |
| 1. The depth of the training topic covered during the session was sufficient.
 | 1 | 2 | 3 | 4 | 5 | N/A |
| 1. The information covered inthis session is relevant to theneeds of our patients
 | 1 | 2 | 3 | 4 | 5 | N/A |
| 1. This new knowledge will be applied in my daily practice.
 | 1 | 2 | 3 | 4 | 5 | N/A |

**Please include Standardized questions below in your BHH’s training survey. Format can be adjusted or adapted to electronic format as needed.**

**Attendee Satisfaction Questions:**

1. What might keep the practice from using the information and materials presented in this training?
2. What are additional topics you would like to see presented in future skill-building sessions?

**BHH Specific Questions:**

BHHs can add any question specific to their training they would like to this section.

**Self-reported Change in knowledge/skills Questions:**

Please include topic area question sets that related to topic of training. It is not necessary to include all questions sets on training survey.

| **BHH Interface: “I am able to . . .”** | **Un-trained** | **Trained** | **Skillful** |
| --- | --- | --- | --- |
| 1. Describe the roles and responsibilities of BHH.
 | 0 | 1 | 2 |
| 1. Describe the roles and responsibilities of the clinicians and staff in the primary care office regarding integration with the BHH.
 | 0 | 1 | 2 |
| 1. Describe the process for working with the BHH regarding specific patients (initial referral, triage, follow-up).
 | 0 | 1 | 2 |
| 1. Accurately describe to patients and families of how the BHH will assist us in obtaining better outcomes.
 | 0 | 1 | 2 |
| 1. Obtain consent to treat from the family for referral to the BHH.
 | 0 | 1 | 2 |
| 1. Use “behavioral health language” to reduce stigma and enhance patient acceptance of service.
 | 0 | 1 | 2 |
| 1. Differentiate between “warm handoff” and “cold handoff.”
 | 0 | 1 | 2 |
| 1. When seeing a patient after a BHH referral, I am able to:
 |
| 1. ask the patient/family how helpful the BHH referral was
 | 0 | 1 | 2 |
| 1. support the patient/family in implementing the behavior and/or medication plan
 | 0 | 1 | 2 |
| 1. Respond to surveys concerning BHH services in a timely manner.
 | 0 | 1 | 2 |
| Total score  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Value-Added Use of BHH: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| 1. Apply assistance from the BHH regarding how to integrate behavioral health services into primary care patient care activities.
 | 0 | 1 | 2 |
| 1. Work with BHH to enhance specific patient’s outcomes.
 |  0 |  1 |  2 |
| Total score  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Use of Screening Tools: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| 1. Explain how to use screening tools to identify when a child warrants a behavioral health assessment.
 | 0 | 1 | 2 |
| 1. Implement universal screening tools for all patients according to AAP and Bright Future guidelines.
 | 0 | 1 | 2 |
| Total score  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Documentation Skills: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| 1. Use referral form or equivalent to enhance communication between PCP, BHH, and patient/family (e.g. clear referral questions, behavioral symptoms, physical conditions).
 | 0 | 1 | 2 |
| 1. At follow-up visit with patient after initial BHH assessment, document patient response to behavioral health treatment plan.
 | 0 | 1 | 2 |
| Total score  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Clinical Skills: “I am able to . . .”**
 | **Un-trained** | **Trained** | **Skillful** |
| 1. Describe diagnosis and treatment basics of pediatric behavioral health conditions:
 |
| * 1. ADHD
 | 0 | 1 | 2 |
| * 1. Oppositional Defiant Disorder
 | 0 | 1 | 2 |
| * 1. Anxiety
 | 0 | 1 | 2 |
| 1. Depression
 | 0 | 1 | 2 |
| 1. Autism Spectrum Disorder
 | 0 | 1 | 2 |
| 1. OCD
 | 0 | 1 | 2 |
| 1. Conduct Disorder
 | 0 | 1 | 2 |
| 1. Tic Disorder
 | 0 | 1 | 2 |
| 1. Use patient education materials as appropriate.
 | 0 | 1 | 2 |
| 1. Apply brief 5-minute behavior change interventions that are helpful to pediatric primary care patients (e.g. motivational interviewing, relaxation skills)
 | 0 | 1 | 2 |
| 1. Entry level medication prescribing for common pediatric behavioral health conditions:
 |
| * 1. ADHD
 | 0 | 1 | 2 |
| * 1. Depression
 | 0 | 1 | 2 |
| * 1. Anxiety
 | 0 | 1 | 2 |
| * 1. Insomnia
 | 0 | 1 | 2 |
| 1. Basic mechanisms of action and side effects of common psychiatric medication classes:
 |
| * 1. Stimulants (methylphenidates, mixed amphetamine salts)
 | 0 | 1 | 2 |
| * 1. Non-stimulants (atomoxetine)
 | 0 | 1 | 2 |
| * 1. Serotonin reuptake inhibitor (fluoxetine)
 | 0 | 1 | 2 |
| * 1. Alpha Agonists (guanfacine, clonidine)
 | 0 | 1 | 2 |
| * 1. Other sleep meds (melatonin)
 | 0 | 1 | 2 |
| Total score  |  |