**Training Satisfaction Survey Template**

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| --- | --- | --- | --- | --- | --- | --- |
| **For each statement, please circle the number** | **Strongly Agree** | **Agree** | **Neither Agree or Disagree** | **Disagree** | **Strongly Disagree** | **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 in this session is relevant to the needs 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 |  | | |

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| 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 |  | | |

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| 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 |  | | |

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| 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 |  | | |

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| 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 |  | | |