ACP FACILITATOR SELF-ASSESSMENT

**Perceived** Competency in Facilitating the Respecting Choices® ACP Conversation

Name: Date:

Please rate your perceptions *at this point in time* in facilitating the ACP conversation. Please check the appropriate Facilitator certification course appropriate for you.

 □ First Steps □ □

1. On a scale from 1-10, I feel motivated to facilitate ACP conversations.

(Strongly Disagree) (Strongly Agree)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

2. On a scale from 1-10, I feel confident facilitating ACP conversations.

(Strongly Disagree) (Strongly Agree)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

3. On a scale from 1-10, I feel prepared to facilitate ACP conversations.

(Strongly Disagree) (Strongly Agree)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

4. On a scale from 1-10, I feel skilled in using general communication techniques to promote ACP conversations.

(Strongly Disagree) (Strongly Agree)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

5. On a scale from 1-10, I feel prepared to manage my own emotions, fears, or concerns when thinking about facilitating ACP conversations.

(Strongly Disagree) (Strongly Agree)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Additional comments: Using words or brief phrases, please describe other emotions, fears, or concerns that you have about facilitating ACP conversations:

*Thank you for your feedback!*