

## Staff Development and Infection Prevention and Control Learning Needs Assessment, 2016-2017

- 1) Which area(s) do you work in? North Mid East West Regional
- 2) Please state facility **and** department or program you work in: \_\_\_\_\_
- 3) Please state your Position Title: \_\_\_\_\_
- 4) Are you a manager? Yes No
- 5) Are you a supervisor? Yes No
- 6) How many people are completing this form? One individual If a group, how many? \_\_\_\_\_
- 7) Looking at the list below, please indicate what skills or knowledge would help you to carry out your job in the next year. Please be specific in your selection of topic(s) of interest. If there are other topics not listed, please indicate on the reverse of this page.**

<input type="checkbox"/> Wellness	<input type="checkbox"/> Infection Prevention and Control (specify)
<input type="checkbox"/> Stress Management	<input type="checkbox"/> Antibiotic Resistance (MRSA/VRE)
<input type="checkbox"/> Mindfulness Based Stress Reduction	<input type="checkbox"/> Additional Precautions/Routine Practices
<input type="checkbox"/> Time Management	<input type="checkbox"/> 4 Moments of Hand Hygiene
<input type="checkbox"/> Team Building	<input type="checkbox"/> Outbreak Management
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Cultural Diversity (specify)	<input type="checkbox"/> Palliative Care – Pain Management
<input type="checkbox"/> Aboriginal Health and Chronic Disease	<input type="checkbox"/> Palliative Care – Communication Challenges
<input type="checkbox"/> Communication Skills (specify)	<input type="checkbox"/> Palliative Care – Symptom Management
<input type="checkbox"/> Customer Service/Public Relations	<input type="checkbox"/> Senior’s Care (Alzheimer’s Disease and related dementias, etc.) (specify)
<input type="checkbox"/> Professional Boundaries	<input type="checkbox"/> Documentation (Charting)
<input type="checkbox"/> Mental Health First Aid	<input type="checkbox"/> Legalities in Nursing Practice
<input type="checkbox"/> Mental Health First Aid for Adults who work with Youth	<input type="checkbox"/> Wound Care (specify)
<input type="checkbox"/> Mental Health Treatment (e.g. Cognitive Behaviour Therapy, Dialectical Behaviour Therapy) (specify)	<input type="checkbox"/> Med/Surg (specify)
<input type="checkbox"/> Applied Suicide Intervention Skills Training (ASIST)	<input type="checkbox"/> Obstetrical Education (specify)
<input type="checkbox"/> safeTALK	<input type="checkbox"/> Oncology (specify)
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Pharmacology (specify)
<input type="checkbox"/> Psychiatric Health (specify)	<input type="checkbox"/> Critical Care (e.g. ENPC, PALS) (specify)
<input type="checkbox"/> Vicarious Trauma	<input type="checkbox"/> Chronic Disease Management (specify)
<input type="checkbox"/> Addictions (specify)	<input type="checkbox"/> Policy Review (specify)
<input type="checkbox"/> Workplace Safety and Health (Injury Prevention) (specify)	<input type="checkbox"/> Health Care Aide Challenge Course
<input type="checkbox"/> Safe Client Handling Injury and Prevention Program (SCHIPP)	<input type="checkbox"/> Computer Training (Excel, PowerPoint, etc.) (specify)
<input type="checkbox"/> Violence Prevention	<input type="checkbox"/> Change Management
<input type="checkbox"/> Respectful Workplace	<input type="checkbox"/> Motivational Interviewing
<input type="checkbox"/> Emergency Response Training	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Ethics _____ Level I _____ Level II	<input type="checkbox"/> Leadership Training (specify)
<input type="checkbox"/> Moral Distress	<input type="checkbox"/> Succession Planning
<input type="checkbox"/> Integrative Ethics in Healthcare	<input type="checkbox"/> Benefit Plans, Retirement (specify)
<input type="checkbox"/> Incident Analysis	<input type="checkbox"/> Food Safety

Please return this form to the Staff Development Office at your site/program by **November 21, 2016**.

**OR** Return to Southern Health-Santé Sud, Regional Office, Morden **OR** Fax 1-204-822-2649 **OR** email to [behiebert@southernhealth.ca](mailto:behiebert@southernhealth.ca)

We will use your information to help develop and prioritize the training needs for the upcoming year.

*On behalf of the Staff Development and Infection Prevention and Control Teams, thank you for your feedback.*

*Kim Dyck, Regional Director, Staff Development, Infection Prevention and Control*