Adelaide Hills Palliative Care Project

Link Nurse Group Review

Name: Organisation:

- **What is your role within the organisation? (Eg: RN, EN, PMA, Manager)**

- **How would you rate your overall knowledge of Palliative Care? (please circle)**

Not good ☐ Quite good ☐ Very good ☐ Other ☐

- **How often do you look after dying patients? (please circle)**

Never ☐ Rarely ☐ Sometimes ☐ Regularly ☐

- **How would you rate your confidence in caring for dying patients? (please circle)**

Not at all confident ☐ Fairly confident ☐ Quite confident ☐ Other ☐

Please say…

- **Overall, how well do you feel dying patients are cared for in your workplace? (please circle)**

Not well ☐ Quite well ☐ Very well ☐ Other ☐

Please comment…

- **How long have you been a part of the Link Nurse Group?**

- **Have you found this to be a worthwhile experience?**

  Yes ☐ No ☐

  Please comment…

- **Is there anything that you have implemented (or changed) within your workplace as a result of being a part of this group?**

  If so, what is this?…

- **Are you interested in continuing to be part of the Link Nurse group?**

  Yes ☐ No ☐

- **Would you be willing to help organise/ arrange the group next year in conjunction with the CNC?** (This could be booking rooms in various facilities and communicating with the others and so on)

  Yes ☐ No ☐

- **Any other comments?…**
