

**Building Nurse Capacity Program - Train the Trainer Toolkit**  
**Skills Matrix & Training Needs Assessment | Section 2.3 Step 4**

**Facility name:** \_\_\_\_\_

**Role / Title:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Review date:** \_\_\_\_\_

**Purpose of this tool**

This template supports Step 4 of Section 2.3 of the BNC Train the Trainer Toolkit - assessing training gaps before planning your education calendar.

- A structured view of staff competency across all BNC program topics
- A way to identify where gaps are most urgent, by role and topic
- Space to add your own facility-specific training needs
- A summary for reporting to leadership or your PHN Practice Coach

**The tool has three parts:**

- Part A - Team Skills Snapshot (rate all staff across all modules)
- Part B - Individual Self-Assessment (one sheet per staff member)
- Part C - Gap Analysis & Training Plan (prioritise and schedule)

Recommended process: (1) Use Part B for staff to self-rate. (2) Transfer ratings to Part A for the team overview. (3) Identify top gaps in Part C. (4) Feed into your 90-Day Planner (Toolkit Section 6).

**The 1–5 Rating Scale**

Rating	What it means
1	Not yet aware - has not encountered this topic
2	Aware - knows it exists but not yet applying
3	Applying with support - can do it with guidance
4	Applying independently - no prompting needed
5	Can teach / mentor - explains it to others

**Learning levels:**

<b>F</b>	<b>Foundational</b>	All staff - PCAs, lifestyle, non-clinical, new starters
<b>I</b>	<b>Intermediate</b>	Enrolled Nurses, Registered Nurses, Clinical Leads
<b>A</b>	<b>Advanced</b>	Designated Trainers, Educators, Clinical Managers

## Part A - Team Skills Snapshot

Complete one column per staff member. Write their name and role at the top. Rate each competency 1–5. Circle or write the number. Leave blank if not applicable to that person's role.

Competency / Module	Level	Min. required- all staff	Min. required- nursing	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	Prioritygap ?	Planned action / notes
				Name: Role:	Name: Role:	Name: Role:	Name: Role:	Name: Role:	Name: Role:	Name: Role:			
Rate each staff member 1–5 for this competency. Circle or write the number.				1 = Not aware / 2 = Aware		3 = With support / 4 = Independent		5 = Can teach / mentor others				Gap = avg. below required level	
<b>TOPIC 1 - DETERIORATING RESIDENT</b>													
DR1 Recognising a deteriorating resident - STOP AND WATCH; SPICT-4ALL	F	3+	3+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DR2 ISBAR for non-nursing staff - escalating concerns to the nurse on duty	F	3+	3+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DR3 DRTT - clinical assessment for nursing staff (hnc.org.au)	I	N/A	4+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DR4 Clinical ISBAR handover to GP after nursing assessment	I	N/A	4+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TOPIC 2 - ADVANCE CARE PLANNING</b>													
ACP1 What is ACP and why it matters for RACH residents	F	3+	3+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACP2 Recognising readiness cues; addressing concerns; referring on	F	3+	3+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACP3 Legal validity of ACDs; incorporating ACD into clinical handover	I	N/A	4+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACP4 Facilitating ACP conversations - Serious Illness Conversation Guide	A	N/A	4+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TOPIC 3 - PALLIATIVE CARE</b>													
PC1 Recognising when palliative care is needed; how to advocate	F	3+	3+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Competency / Module	Level	Min. required- all staff	Min. required- nursing	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	Prioritygap ?	Planned action / notes
				Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —		
PC2 End-of-life environment; grief support for staff and other residents	I	3+	4+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TOPIC 4 - MY HEALTH RECORD</b>													
MHR Accessing, using and uploading to My Health Record	I	N/A	4+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TOPIC 5 - HEALTHPATHWAYS</b>													
HP Registering, navigating and using HealthPathways at point of care	F	2+	3+	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TRAINER FACILITATION SKILLS (designated trainers only)</b>													
Facilitation Structuring and delivering a 15–20 minute in-service session	A	N/A	N/A	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Case-based learning Presenting scenarios; guiding discussion	A	N/A	N/A	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Feedback Giving timely, constructive, role-appropriate feedback	A	N/A	N/A	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Group dynamics Managing engagement, questions and resistance	A	N/A	N/A	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FACILITY-SPECIFIC TRAINING NEEDS - add your own below</b>													
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Competency / Module	Level	Min. required- all staff	Min. required- nursing	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	Prioritygap ?	Planned action / notes
				Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —	Name: Role: —		
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	—	—	—	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Required level key - All staff: 2+ (aware); 3+ (applying with support). Nursing (RN/EN): 4+ (independent). Trainers: 5 (can teach). N/A = not required for that role.*

## Part B - Individual Self-Assessment Sheet

Photocopy this page for each staff member to complete themselves. Collect completed sheets and use them to fill in Part A. There are no wrong answers - honesty helps plan the most useful sessions.

**Name:** \_\_\_\_\_ **Role:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Circle the number that best describes where you are RIGHT NOW. 1 = Not yet aware · 2 = Aware, not yet applying · 3 = Applying with support · 4 = Applying independently · 5 = Could teach / explain to someone else

Competency / Topic	Level	Currentlevel (1-5)	Targetlevel (1-5)	Evidence / notes - what does this look like in my daily work?
<b>TOPIC 1 - DETERIORATING RESIDENT</b>				
DR1 Recognising when a resident is deteriorating - STOP AND WATCH; SPICT-4ALL	F	1 2 3 4 5	1 2 3 4 5	
DR2 Using ISBAR to escalate a concern to a nurse (non-nursing staff)	F	1 2 3 4 5	1 2 3 4 5	
DR3 Using the DRTT for clinical assessment (nursing staff only)	I	1 2 3 4 5	1 2 3 4 5	
DR4 Clinical ISBAR handover to GP after nursing assessment (nursing staff only)	I	1 2 3 4 5	1 2 3 4 5	
<b>TOPIC 2 - ADVANCE CARE PLANNING</b>				
ACP1 Understanding what ACP is and why it matters for RACH residents	F	1 2 3 4 5	1 2 3 4 5	
ACP2 Recognising readiness cues; addressing concerns; referring on	F	1 2 3 4 5	1 2 3 4 5	
ACP3 Legal validity of ACDs; incorporating ACD into clinical handover (nursing)	I	1 2 3 4 5	1 2 3 4 5	
ACP4 Facilitating ACP conversations using the Serious Illness Conversation Guide	A	1 2 3 4 5	1 2 3 4 5	
<b>TOPIC 3 - PALLIATIVE CARE</b>				
PC1 Recognising when palliative care is needed; how to advocate for residents	F	1 2 3 4 5	1 2 3 4 5	

Competency / Topic	Level	Currentlevel (1-5)	Targetlevel (1-5)	Evidence / notes - what does this look like in my daily work?
PC2 Supporting residents and families at end of life; staff grief support	I	1 2 3 4 5	1 2 3 4 5	
<b>TOPIC 4 - MY HEALTH RECORD</b>				
MHR Accessing, using and uploading to My Health Record (nursing / managers)	I	1 2 3 4 5	1 2 3 4 5	
<b>TOPIC 5 - HEALTHPATHWAYS</b>				
HP Registering, navigating and using HealthPathways in my daily work	F	1 2 3 4 5	1 2 3 4 5	
<b>TRAINER SKILLS (for designated trainers only)</b>				
Facilitation Structuring and delivering a 15-20 minute in-service session	A	1 2 3 4 5	1 2 3 4 5	
Case-based learning Presenting scenarios; guiding group discussion	A	1 2 3 4 5	1 2 3 4 5	
Feedback Giving timely, constructive, role-appropriate feedback	A	1 2 3 4 5	1 2 3 4 5	
Group dynamics Managing engagement, questions and resistance	A	1 2 3 4 5	1 2 3 4 5	
<b>FACILITY-SPECIFIC NEEDS - add training topics not listed above</b>				
_____		1 2 3 4 5	1 2 3 4 5	
_____		1 2 3 4 5	1 2 3 4 5	
_____		1 2 3 4 5	1 2 3 4 5	
_____		1 2 3 4 5	1 2 3 4 5	
_____		1 2 3 4 5	1 2 3 4 5	
_____		1 2 3 4 5	1 2 3 4 5	
<i>Return this sheet to your trainer or NUM. Responses are confidential and used only to plan relevant training. You can update ratings at any time.</i>				

## Part C - Gap Analysis & Training Priority Plan

Using Part A, identify competency areas where the largest gaps exist. List priority areas below, map them to a training approach and timeline, then transfer your top 5 into the 90-Day Implementation Planner (Toolkit Section 6).

<b>Total staff rated:</b> _____	<b>Priority gaps identified:</b> _____	<b>Sessions already planned:</b> _____	<b>Matrix review date (quarterly recommended):</b> _____
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#	Competency / Training Topic	Priority Level	Training Approach Planned	Target Date	Who Leads	Done?
1		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
2		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
3		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
4		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
5		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
6		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
7		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
8		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
9		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
10		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
11		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
12		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
13		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
14		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done
15		<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				<input type="checkbox"/> Done

Add more rows by inserting above this line. Each row maps to one training session.

<b>Barriers to addressing these gaps at our facility:</b>	<b>Support needed from leadership or PHN Practice Coach:</b>

Next step: Take your top 5 priority gaps and enter them into the 90-Day Planner (Toolkit Section 6).



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