

Mouth Care Without a Battle: In-Service Training[®]

Individualized Mouth Care for Persons with Cognitive and Physical Impairment

This continuing nursing education activity was approved by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. To receive credit for program completion, complete the evaluation below, being sure to completely fill in your name, address, and level of training. Then, send the completed form to:

Mouth Care Without a Battle[®]
Cecil G. Sheps Center for Health Services Research
University of North Carolina at Chapel Hill
725 Martin Luther King Jr., Blvd. CB 7590
Chapel Hill, NC 27599-7590

Following successful processing of your form, a certificate of completion will be mailed to you at the address provided, usually within 2 weeks.

For each statement, circle the number that best describes your answer: If you <i>strongly disagree</i> , circle "1"; <i>disagree</i> , circle "2"; <i>agree</i> , circle "3"; or <i>strongly agree</i> , circle "4".				
<i>These questions ask about your knowledge and skills after watching Mouth Care Without a Battle, and before you watched it.</i>				
<i>When thinking about your knowledge and skills, how strongly do you disagree or agree that...</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
1a. <u>Now</u> , I have sufficient knowledge to do this job.	1	2	3	4
1b. <u>Before</u> , I had sufficient knowledge to do this job.	1	2	3	4
2a. <u>Now</u> , I am familiar with the practical procedures to do this job.	1	2	3	4
2b. <u>Before</u> , I was familiar with the practical procedures to do this job.	1	2	3	4
3a. <u>Now</u> , cleaning residents' natural teeth is a task I feel confident to carry out.	1	2	3	4
3b. <u>Before</u> , cleaning residents' natural teeth was a task I felt confident to carry out.	1	2	3	4
4a. <u>Now</u> , I am not very good at providing mouth care to residents with dementia.	1	2	3	4
4b. <u>Before</u> , I was not very good at providing mouth care to residents with dementia.	1	2	3	4
5a. <u>Now</u> , when a resident does not want me to brush his/her teeth, I can usually figure out a way to get the job done without forcing them.	1	2	3	4
5b. <u>Before</u> , when a resident did not want me to brush his/her teeth, I could usually figure out a way to get the job done without forcing them.	1	2	3	4
6a. <u>Now</u> , I know ways to successfully provide mouth care to residents who hit or scream.	1	2	3	4
6b. <u>Before</u> , I knew ways to successfully provide mouth care to residents who hit or screamed.	1	2	3	4
7a. <u>Now</u> , I can usually get my residents to cooperate with mouth cleaning.	1	2	3	4
7b. <u>Before</u> , I could usually get my residents to cooperate with mouth cleaning.	1	2	3	4
8a. <u>Now</u> , I am afraid that I will be bitten by a resident if I try to clean his or her mouth.	1	2	3	4
8b. <u>Before</u> , I was afraid that I would be bitten by a resident if I tried to clean his or her mouth.	1	2	3	4

<i>After watching Mouth Care Without a Battle, how strongly do you disagree or agree that...</i>		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I know how to use the “jiggle sweep approach” to clean teeth.	1	2	3	4
2.	I know how to clean gums and dentures.	1	2	3	4
3.	I know different products to clean teeth, gums, and dentures.	1	2	3	4
4.	I know how to encourage residents to allow me to brush their teeth.	1	2	3	4
5.	I know that good mouth care may prevent pneumonia and improve other health conditions and quality of life.	1	2	3	4

Please tell us how you rate this program in each of the following areas:					
If you choose <i>poor</i> , circle “1”; <i>fair</i> , circle “2”; <i>good</i> , circle “3”; <i>very good</i> , circle “4”; or <i>excellent</i> , circle “5”.					
	Poor	Fair	Good	Very Good	Excellent
1. Overall program content	1	2	3	4	5
2. Overall program appearance	1	2	3	4	5
3. Appropriateness of the program to your experience level	1	2	3	4	5
4. How well the program met your needs	1	2	3	4	5
5. Overall satisfaction	1	2	3	4	5
If you choose <i>no</i> , circle “0”; <i>yes</i> , circle “1”.				No	Yes
6. Did you learn new techniques for providing daily mouth care?				0	1
7. If yes, will what you learned in the program change how you provide daily mouth care?				0	1
8. Did you learn techniques for providing mouth care to people who may be resistive to care?				0	1
9. If yes, will you use these techniques to provide mouth care to people who may be resistive?				0	1
10. Would you recommend this program to someone else in your position?				0	1

11. What was the most valuable part of this training program for you?

12. What was the least valuable part of this training program?

13. How can this program be improved?

Statement of Completion: *I have completed 100% of this educational activity (sign here):* _____

Your name (please print): _____

Your address: _____

Your Nursing Home (employer): _____

Your training (check one): **Nursing assistant** **Licensed practical nurse** **Registered nurse**
 Other (please specify) _____