### Eat, Drink & Be Merry Course Evaluation

Please help us evaluate the Eat, Drink & Be Merry course by completing this survey. Please mail the completed survey to Principal Investigator Anna Rahman using the pre-addressed stamped envelope provided to your nursing home. Alternatively, you can fax the survey to Ms. Rahman at (513) 529-1476 or mail it to her at 519 Stassi Lane, Santa Monica, CA 90402. If you have any questions, please contact Ms. Rahman at <u>rahmanan@muohio.edu</u> or (513) 258-4421. Thank you for your feedback.

# Please tell us about your participation in and opinions of the course:

- 1. The project presented 6 teleconferences. How many of these teleconferences did you attend? 2. Did you listen to the online audio-recording of any of the teleconference presentations? \_\_\_Yes; if yes, how many did you listen to? \_\_\_\_\_\_ No No response 3. In your opinion, were the individual teleconferences, which lasted 40 minutes: Too long; how long should each teleconference have been? minutes \_\_\_\_\_ Just the right length \_\_\_\_\_ Too short? How long should each teleconference have been? \_\_\_\_\_\_ minutes \_\_\_\_ No opinion/no response 4. The project offered 6 teleconferences. In your opinion, was this number: \_\_\_\_\_ Too many; how many teleconferences should we have offered? \_\_\_\_\_\_number Just right \_\_\_\_\_ Too few; How many teleconferences should we have offered? number \_\_\_\_ No opinion/no response 5. Teleconferences were offered monthly during this project. In your opinion, should we have held the teleconferences:
  - \_\_\_\_\_ Monthly, as we did
  - \_\_\_\_ Every two months
  - \_\_\_\_\_ Every two weeks
  - \_\_\_\_\_ Every week
  - \_\_\_\_\_ Another period; please specify:\_\_\_\_\_\_
  - \_\_\_\_ No opinion/no response

# Please indicate the degree to which you agree/disagree with the following statements regarding help received and assignments:

6. I received all the training I needed to master the technology required to participate in this project.

Strongly Disagree				Strongly Agree
1	2	3	4	5

7. The field assignm	ents wer	e appropriate.			
Strongly Disagree 1	2	3	4	Strongly Agree 5	
8. I received all the	training	needed to asses	ss resident	s for the prompted fee	ding assistance protocol.
Strongly Disagree 1	2	3	4	Strongly Agree 5	
9. I received all the in my nursing home	-	needed to imple	ement the	prompted feeding assis	tance protocol with at least some of the residents
Strongly Disagree 1	2	3	4	Strongly Agree 5	
10. I received all the	e training	I needed to asse	ss residen	ts' responsiveness to th	e prompted feeding assistance protocol.
Strongly Disagree 1 <b>11. I received all th</b>	2 e training	3 I needed to asse	4 ess resider	Strongly Agree 5 Its for the between-me	al snack protocol.
Strongly Disagree	2	3	4	Strongly Agree 5	
12. I received all the nursing home.	e training	I needed to impl	lement the	e between-meal snack p	protocol with at least some of the residents in my
Strongly Disagree 1	2	3	4	Strongly Agree 5	
13. I received all the	e training	I needed to asse	ss residen	ts' responsiveness to th	e between-meal snack protocol.
Strongly Disagree 1	2	3	4	Strongly Agree 5	
14. I received all the feeding assistance p	-		duct meal-	and snack-time observ	ations as a means of monitoring the quality of
Strongly Disagree 1	2	3	4	Strongly Agree 5	
15. I received all the	e training	I needed to anal	yze the da	ta my staff and I collect	ted in the course of this project.
Strongly Disagree 1	2	3	4	Strongly Agree 5	
16. I learned a lot fr	om the te	eleconference leo	ctures.		
Strongly Disagree 1	2	3	4	Strongly Agree 5	
17. I learned a lot f	rom the r	eading assignme	nts.		
Strongly Disagree 1	2	3	4	Strongly Agree 5	

# 18. I learned a lot from the other nursing home staff members who participated in this project.

Strongly Disagree				Strongly Agree			
1	2	3	4	5			
Please indicate how	confident you d	are in your abi	ility to me	eet each of the course objectives:			
			_				
19. I can identify con residents.	nmon problem	is in the nursir	ng home o	care setting that contribute to unintentional weight loss among			
Not at all confident				Very confident			
1	2	3	4	5			
20. I can describe an	id implement a	method for e	stimating	g mealtime food and fluid intake among nursing home residents.			
Not at all confident				Very confident			
1	2	3	4	5			
21. I can assess a res who need further ev		weight loss b	ased on e	estimates of the individual's mealtime consumption and identify those			
Not at all confident				Very confident			
1	2	3	4	5			
22. I can assess resid	lents' food and	fluid consum	ption bet	tween meals.			
Not at all confident				Very confident			
1	2	3	4	5			
22. Loon inculous out		*:					
23. I can implement	a prompted ea	iting assistanc	e protoco	ol at mealtimes with residents at risk of weight loss.			
Not at all confident				Very confident			
1	2	3	4	5			
24. I can assess a resident's responsiveness to this mealtime assistance protocol.							
Not at all confident				Very confident			
1	2	3	4	5			
25. I can implement a between-meal snack protocol with residents at risk of weight loss.							
Not at all confident				Very confident			
1	2	3	4	5			
26. I can assess a resident's responsiveness to this between-meal snack protocol.							
Not at all confident				Very confident			
1	2	3	4	5			
27. I can describe staffing and program management strategies that can make the mealtime and snack protocols more feasible to implement.							
Not at all confident				Very confident			
1	2	3	4	5			

28. I can describe and implement a mealtime observational tool as a means of evaluating mealtime assistance care quality for atrisk residents.

Not	at all confiden	t			Very confiden	nt		
	1	2	3	4	5			
29.	Do you have a	ny questio	ns about nutritic	onal care m	anagement that	were not answered o	during the training	project?
-	Yes							
-	No							
lf ye	es, please expla	in:						

Please tell us about your enrollment in this course and future similar courses:

30. Would you participate in a similar distance learning course if the training topic were of interest to your and/or your facility?

- \_\_\_\_\_ Yes \_\_\_\_\_ No
- \_\_\_\_ Don't know/no response
- 31. Would you recommend this distance learning course on enhancing mealtime assistance to your colleagues?
  - \_\_\_\_ Yes
  - \_\_\_\_ No

\_\_\_\_\_ Don't know/no response

32. Which would you prefer to attend: this distance learning course or a more traditional in-person, two-day training program on mealtime assistance?

\_\_\_\_\_ This distance learning course

\_\_\_\_\_ An in-person, two-training training course

\_\_\_\_\_ Don't know/no response

# 33. In your view, how engaged were you in this course?

Not at all engaged				Very engaged
1	2	3	4	5

# 34. How did you hear about this course?

\_\_\_\_\_ From a staff member in my nursing home

\_\_\_\_\_ From staff in another nursing home

\_\_\_\_\_ From the state Quality Improvement Organization

- \_\_\_\_\_ From a professional membership organization (e.g., your state's health care organization)
- \_\_\_\_\_ From an email sent by Scripps Gerontology Center, the course's sponsoring organization

\_\_\_\_Other source; please specify:\_\_\_\_\_

#### 35. What was the main reason you enrolled in the course? Please check the single (1) best answer.

- \_\_\_\_\_ To improve incontinence management for residents
- \_\_\_\_\_ A supervisor asked me to enroll
- To earn continuing education credit
- \_\_\_\_\_ To prepare for MDS 3.0
- \_\_\_\_\_ To participate in a research project
- \_\_\_\_\_ To improve on our state survey
- \_\_\_\_Other reason; please specify:\_\_\_\_\_

# 36. What did you like most about this distance learning course?

37. What did you like least about this distance learning course?

38. Is there anything we didn't ask about that you would like to share with us or that you think we should know?

# Please tell us a little about yourself:

# 39. What is your position?

- \_\_\_\_\_ Director or Assistance Director of Nursing
- \_\_\_\_\_ Other nursing staff member; please specify:\_\_\_\_\_\_
- \_\_\_\_ Certified nurse aide
- \_\_\_\_ Medical director
- \_\_\_\_\_ Facility administrator
- \_\_\_\_Other staff member; please specify:\_\_\_\_\_

# So that we can mail your Certificate of Completion (good for CEs for nurses), please provide us with your name and the name of your nursing home:

Participant's Name:\_\_\_\_\_

Nursing Home's Name:\_\_\_\_\_\_

Thank you for your feedback. We sincerely appreciate your time.