



Community Nursing Home (CNH) Dementia ECHO: An Interactive Educational Series

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The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 10 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve contracted nursing home services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.



U.S. Department of Veterans Affairs

Veterans Health Administration

Geriatric Research, Education, and Clinical Centers

Please answer the following questions to the best of your ability. Information gathered will be confidential and we are not collecting any personal information about you.

1. Age: __
2. Years in practice: ____
3. Number of virtual trainings participated so far: ____
4. Schedule (check one):
 - part time
 - full time
5. Current shift schedule (check one):
 - Morning
 - Day
 - Night
6. Does your facility have a special care unit for dementia or memory unit? (check one):
 - Yes
 - No
7. What is your professional role (check one)?
 - Certified Nursing Assistant
 - Personal Care Provider or equivalent
 - Chaplain
 - Dietician
 - Educator please specify type:
 - Nurse practitioner
 - Pharmacists, PharmD
 - Physical or occupational therapist
 - Physician
 - Physician Assistant
 - Psychologist
 - Registered Nurse
 - Respiratory therapist
 - Speech Language Pathologist
 - Social worker
 - Social Service Staff

- Certified Nursing Assistant
- Licensed Practical Nurse
- Student/ trainee, specify:
- Other:

Session Evaluation

In thinking about the session, please indicate how true each of the following statements was of your experience.	Not true at all 1	2	3	4	Very true 5
I feel more knowledgeable about this content area after participating.	0	0	0	0	0
The information I gained from this session will improve my ability to identify needs and appropriately care for patients with dementia.	0	0	0	0	0
The speaker was an effective presenter.	0	0	0	0	0
There were sufficient opportunities for questions and discussion.	0	0	0	0	0
The logistics (e.g. time of day, advertisement.) made it relatively easy for me to participate.	0	0	0	0	0
I am interested in attending future sessions on dementia care related topics.	0	0	0	0	0
I would recommend this program to my colleagues.	0	0	0	0	0

	Very Little 1	2	3	4	A great Deal 5
Overall, how much did you learn as a result of this session?	0	0	0	0	0

	Not useful 1	2	3	4	Extremely useful 5
Overall, how useful was the content of this session for your practice?	0	0	0	0	0

Other topics to include in future educational sessions: _____

Recommendations to improve access for future educational sessions: _____

Sense of Competence in Dementia Care Staff (SCIDS) scale

Working with people with dementia is complex. It takes a lot of skill and ability. Staff need to be well supported in their work. The questions below try to find out how you feel about the things you might do in your work and where you might need more support. When answering each item, please think about the extent to which you could do each statement **BEFORE** the educational series and now (**AFTER** the educational series).

<i>Before</i> participating in the educational series				How well do you feel you could/can...	<i>After</i> participating in the educational series			
Not at all	A little bit	Quite a lot	Very Much		Not at all	A little bit	Quite a lot	Very Much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Understand the feelings of a person with dementia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Understand the way a person with dementia interacts with the people and things around them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Engage a person with dementia in a conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Balance the needs of the person with dementia with their relative's wishes and the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				service's limitations?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Use information about their past (such as what they used to do and their interests), when talking to a person with dementia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Change your work to match the changing needs of a person with dementia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Keep up a positive attitude towards the people you care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Keep up a positive attitude towards the relatives of a person with dementia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Keep yourself motivated during a working day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Play an active role in your staff team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Protect the dignity of a person with dementia in your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Deal with personal care, such as incontinence in a person with dementia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Deal with behavior that challenges in a person with dementia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Decide what to do about risk (such as harm to self or others) in a person with dementia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Offer stimulation (for the mind, the senses and the body) to a person with dementia in your daily work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Offer choice to a person with dementia in everyday care (such as what to wear, or what to do)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Engage a person with dementia in creative activities during your normal working day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>