FINAL REPORT

Developing a One-Hour Version and Spanish Versions of Two Evidence-Based Training Programs to Improve Person-Centered Care and Outcomes in Nursing Homes: Bathing Without a Battle and Mouth Care Without a Battle

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BACKGROUND

Two areas in which there has been notable concern regarding the quality of nursing home care include bathing and mouth care. Bathing has long been recognized as the care task that most frequently results in resident agitation and aggression, and then relatedly, in staff distress, frustration, dissatisfaction, and turnover.[1] Mouth care has come to be seen as the care task least often provided by nursing home staff, responsible for the fact that only 15% of residents across the country have very good or better oral hygiene;[2] besides affecting quality of life, there is evidence that improved oral care can reduce the incidence of pneumonia.[3]

Providing care for nursing home residents who have cognitive or physical impairment requires both general and specific knowledge and skills – "general" in the context of care practices that apply regardless the task being conducted (such as asking permission before providing care, and focusing on the person rather than the task), and "specific" in relation to, for example, knowing techniques to provide a towel bath and how to brush teeth using the giggle-sweep approach, and being familiar with products such as no-rinse soap and chlorhexidine to reduce gum inflammation. *Bathing Without a Battle* and *Mouth Care Without a Battle* both promote better general and specific knowledge and skills, and result in improved resident outcomes.

- Staff who used *Bathing Without a Battle* were significantly more gentle and supportive when providing care, and found care provision to be easier;[4] resident aggression declined 53- 60% (depending on the type of bath provided), and discomfort declined 14-27%;[5] in addition, antipsychotic use declined 30%.[6]
- Staff who used *Mouth Care Without a Battle* reported being significantly more able to overcome residents' resistance to mouth care and to provide care to residents who hit or screamed;[7] they were significantly more likely to clean the inside of the teeth and between the teeth (e.g., before training no staff cleaned between the teeth, whereas 90% did so after), and the extent of dental plaque and gum inflammation significantly decreased.[8]

Before the current project, both *Bathing Without a Battle* and *Mouth Care Without a Battle* were available only in English, meaning that staff who do not primarily speak English were not able to benefit; consequently, the quality of the care they provided suffers, as did the well-being of the residents for whom they provide care. Also, *Mouth Care* was available only as a three-hour training program, making it infeasible for some homes to benefit from the full program due to having insufficient time to train their staff. This project created a one-hour version (English and Spanish) of *Mouth Care Without a Battle*, and a Spanish version of *Bathing Without a Battle,* and evaluated staff self-efficacy and the overall quality of the programs.

PROGRAM DESCRIPTION: AIMS, METHODS, RESULTS and EVALUATION

The three components of this project included development of the one-hour version of *Mouth Care Without a Battle*; development of the Spanish versions of the one-hour *Mouth Care* and *Bathing Without a Battle* programs; and evaluation of the training programs.

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[1] **Hoeffer et al. (1997).** Reducing Aggressive Behavior During Bathing Cognitively Impaired Nursing Home Residents. *Journal of Gerontological Nursing 23*(5), 16-23.
[2] **Gift et al. (1997).** Oral Health Status and Related Behaviors of U.S. Nursing Home Residents, 1995. *Gerodontology*, *14*, 89–99.
[3] **Yoneyama et al. (2002).** Oral Care Reduces Pneumonia in Older Patients in Nursing Homes. *Journal of the American Geriatrics Society 50*(3), 430-433.
[4] **Hoeffer et al. (2006).** Assisting Cognitively Impaired Nursing Home Residents with Bathing: Effects of Two Bathing Interventions on Caregiving. *The Gerontologist 46* (4), 524-532.
[5] **Sloane et al. (2013)**. Effect of a Person-Centered Mouth Care Intervention on Care Processes and Outcomes in Three Nursing Homes. *Journal of the American Geriatrics Society 61*, 1158-1163.
[6] **Gozalo et al. (2014).** Effect of the Bathing Without a Battle Training Intervention on Bathing-Associated Physical and Verbal Outcomes in Nursing Home Residents with Dementia: A Randomized Crossover Diffusion Study. *Journal of the American Geriatrics Society 62*, 797-804.
[7] **Zimmerman et al. (2014).** Changing the Culture of Mouth Care: Mouth Care Without a Battle. *The Gerontologist 54*, S25-S34.
[8] **Sloane et al. (2013)**. Effect of a Person-Centered Mouth Care Intervention on Care Processes and Outcomes in Three Nursing Homes. *Journal of the American Geriatrics Society 61*, 1158-1163.

Aim 1. Develop the One-Hour Version of *Mouth Care Without a Battle*. An oral care aide, supervisory nurse, and administrator from each of seven nursing homes were invited to participate in a day-long meeting to discuss the most important material to retain in the one-hour version of *Mouth Care Without a Battle*, and to provide recommendations regarding additional content to include. Meeting participants also included two research-based trainers and the dental hygienist involved in the development of *Mouth Care Without a Battle*, as well as the researchers submitting this proposal and the project coordinator (also expert in the subject matter), who took notes and audiotaped the meeting.

In preparation for the meeting, the research team prepared a synopsis of the training components (e.g., information regarding the relationship between mouth care and pneumonia; proper positioning of the toothbrush and the related brushing technique; product options and when to use them; denture storage; overcoming resident resistance; what to do when a resident bites down on the toothbrush). Attendees rated the importance of each component on a 1-4 scale as either critical to know, important to know, helpful to know, or can be omitted. Those components considered critical and important (and some considered helpful to know) were discussed in detail and the related training segment was viewed and critiqued.

> Results: The resulting recommendations were incorporated into the script for the one-hour version of *Mouth Care Without a Battle*, and beneficial new information was identified. The team worked with Horizon Productions to shoot new video and create the one-hour version of *Mouth Care Without a Battle*. No challenges were encountered in this effort.

Aim 2. Develop the Spanish Versions of *Mouth Care Without a Battle* and *Bathing Without a Battle*. Using best practices for translation and cultural adaptation[9] a team of bilingual individuals were recruited to conduct translation and back translation. They read the entire one hour version of the programs and wrote out the translation, aided by the project coordinator. Discrepancies among the team were resolved, and a final script was agreed upon.

> Results: The research team worked with Horizon Productions to identify and engage a Spanish speaking narrator, and develop the Spanish versions of *Mouth Care Without a Battle* and *Bathing Without a Battle.* No challenges were encountered in this effort.

Aim 3. Evaluation of the Implementation and Outcomes of Both Programs. All four training programs – the one hour and Spanish versions of both *Mouth Care Without a Battle* and *Bathing Without a Battle* – were mailed to all nursing homes in Florida in January 2018.

Bathing Without A Battle **Evaluation**

Nurses (RN, LPN) and certified nursing assistants (CNAs) could receive 1.0 hours of continuing education credit for watching the DVD and completing a short evaluation. Nurses and CNAs were asked to evaluate their self-efficacy to provide bathing, evaluate new techniques they had learned, and rate the overall content of the training program. As of October 2018, 30 nurses and CNAs submitted evaluation forms to receive continuing education credit for viewing the training program.

[9] **Wild et al. (2005).** Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures: report of the ISPOR Task Force for Translation and Cultural Adaptation. *Value Health 8*(2), 94-104.

Self-efficacy. The self-efficacy section of the evaluation consisted of six items. It incorporated retrospective pre-test methods, such that staff were asked to consider their baseline self-efficacy *after* being trained – essentially, asking to report what they did not know earlier after acquiring new knowledge. All items were rated on a scale of 1 to 4, where 1 was strongly disagree and 4 was strongly agree.

After being trained in *Bathing Without a Battle*, nurses and CNAs reported a statistically significant increase in all areas queried. As shown in Table 1, they had sufficiently more knowledge to do the job (mean [M]=3.6, change from before training $p < 0.0001$), were familiar with the practical procedures of the job (M=3.6, change $p < 0.0001$), and felt more confident to bathe residents with dementia (M=3.5, change $p < 0.0001$). The nurses and CNAs also reported they were now able to bathe a resistive resident without forcing them (M=3.5, change $p < 0.0001$), were more familiar with methods to successfully bathe residents who might hit or scream (M=3.6, change p=0.0004), and were able to get residents to cooperate with bathing (M=3.4, change p=0.003).

Table 1. *Bathing Without a Battle* self-efficacy evaluation[a]

Range 1-4, where 1 = strongly disagree and 4=strongly agree	**Overall (N=30)**	**CNA (N=16)**	**LPN (N=8)**	**RN (N=6)**	**p-value (Overall, now and before)**
Now, I have sufficient knowledge to do this job.	3.6 (0.5)	3.7 (0.5)	3.5 (0.5)	3.5 (0.5)	<.0001
Before, I had sufficient knowledge to do this job.	3.1 (0.4)	3.1 (0.4)	3.1 (0.4)	2.8 (0.4)	
Now, I am familiar with the practical procedures to do this job.	3.6 (0.5)	3.8 (0.4)	3.5 (0.5)	3.3 (0.5)	<.0001
Before, I was familiar with the practical procedures to do this job.	3.1 (0.6)	3.3 (0.7)	3.1 (0.4)	2.5 (0.5)	
Now, bathing residents with dementia is a task I feel confident to carry out.	3.5 (0.7)	3.5 (0.8)	3.5 (0.5)	3.5 (0.5)	<.0001
Before, bathing residents with dementia was a task I felt confident to carry out.	3.0 (0.7)	3.3 (0.7)	3.0 (0.5)	2.5 (0.5)	
Now, when a resident does not want to have a shower, I can usually figure out a way to get the job done without forcing them.	3.5 (0.5)	3.6 (0.5)	3.5 (0.5)	3.3 (0.5)	<.0001
Before, when a resident did not want to have a shower, I could usually figure out a way to get the job done without forcing them.	2.9 (0.6)	3.1 (0.4)	3.3 (0.5)	2.3 (0.5)	
Now, I know ways to successfully bathe residents who might hit or scream.	3.6 (0.5)	3.8 (0.4)	3.5 (0.5)	3.3 (0.5)	0.0004
Before, I knew ways to successfully bathe residents who might hit or screamed.	3.1 (0.6)	3.3 (0.6)	3.1 (0.4)	2.5 (0.5)	
Now, I can usually get my residents to cooperate with bathing.	3.4 (0.6)	3.5 (0.5)	3.5 (0.5)	3.2 (0.8)	0.003
Before, I could usually get my residents to cooperate with bathing.	3.0 (0.6)	3.2 (0.7)	3.1 (0.4)	2.5 (0.5)	

[a] Statistics shown are mean and (standard deviation).

New techniques learned. Nurses and CNAs rated improvement in bathing techniques after completing *Bathing Without a Battle*. All items were rated on a scale of 1 to 4, where 1 is strongly disagree and 4 is strongly agree. Respondents reported that after watching *Bathing Without a Battle* they knew how to get

residents clean who have dementia (M=3.6, standard deviation [SD]=0.5), knew about no rinse soap and understood how to use it (M=3.6, SD=0.5), knew how to encourage residents to allow bathing (M=3.5, SD=0.5), and knew how to do individualized bathing (M=3.6, SD=0.5). See Table 2.

Table 2. *Bathing Without a Battle* new techniques evaluation[a]

After watching *Bathing Without a Battle* … *Range 1-4, where 1 = strongly disagree and 4=strongly agree*	**Overall (N=30)**	**CNA (N=16)**	**LPN (N=8)**	**RN (N=6)**
I know how to get residents clean who have dementia.	3.6 (0.5)	3.8 (0.4)	3.4 (0.5)	3.3 (0.5)
I know what no rinse soap is and how to use it.	3.6 (0.5)	3.7 (0.5)	3.5 (0.5)	3.3 (0.5)
I know how to encourage residents to allow me to bathe them.	3.5 (0.5)	3.6 (0.5)	3.5 (0.5)	3.3 (0.5)
I know how to do individualized bathing.	3.6 (0.5)	3.7 (0.5)	3.5 (0.5)	3.5 (0.5)

[a] Statistics shown are mean and (standard deviation).

Overall content of the training program. Nurses and CNAs were also asked to rate their overall impression of the *Bathing Without a Battle* program. Items were rated on a scale of 1 to 5, where 1 is poor and 5 is excellent. Nurse and CNAs gave high ratings for all items related to content, overall program content (M=4.3, SD=0.8), overall program appearance (M=4.2, SD=0.8), appropriateness of the program to experience level (M=4.3, SD=0.8), how well the program met trainee's needs (M=4.2, 0.8), and overall satisfaction (M=4.3, SD=0.8). See Table 3.

Table 3. *Bathing Without a Battle* overall evaluation[a]

Range 1-5, where 1 = poor and 5 = excellent	**Overall (N=30)**	**CNA (N=16)**	**LPN (N=8)**	**RN (N=6)**
Overall program content	4.3 (0.8)	4.6 (0.7)	4.1 (0.8)	3.8 (0.8)
Overall program appearance	4.2 (0.8)	4.5 (0.8)	4.0 (0.9)	3.8 (0.8)
Appropriateness of the program to your experience level	4.2 (0.8)	4.5 (0.7)	3.9 (0.9)	3.8 (0.8)
How well the program met your needs	4.2 (0.8)	4.6 (0.5)	3.9 (1.0)	3.8 (0.8)
Overall satisfaction	4.3 (0.8)	4.7 (0.5)	4.0 (0.9)	3.8 (0.8)

[a] Statistics shown are mean and (standard deviation).

In addition, 87% of respondents reported learning new techniques for bathing people with dementia, and of those, all reported that these new techniques will change how they provide bathing to residents with dementia. Similarly, 83% reported learning techniques for providing care to people who may be resistive, all of whom reported they would use these techniques on residents who may be resistive to bathing. And, 87% reported that they would recommend *Bathing Without a Battle* to someone else in their position. See Table 4.

Table 4. *Bathing Without a Battle* content evaluation[a]

	Overall (N=30)	**CNA (N=16)**	**LPN (N=8)**	**RN (N=6)**
Did you learn new techniques for bathing persons with dementia?	26 (87%)	13 (81%)	7 (88%)	6 (100%)
If yes, will what you learned in the program change how you do bathing in your work?	26 (100%)	13 (100%)	7 (100%)	6 (100%)
Did you learn techniques for bathing persons who may be resistive to care?	25 (83%)	13 (81%)	6 (75%)	6 (100%)
If yes, will you use these techniques in your work?	25 (100%)	12 (92%)	6 (100%)	6 (100%)
Would you recommend this program to someone else in your position?	26 (87%)	13 (81%)	7 (88%)	6 (100%)

[a] Statistics shown are number and (percent).

Qualitative evaluation. Nurses and CNAs were asked to provide narrative responses regarding what was the most valuable component of the training program (Table 5), the least valuable component (Table 6), and how the program can be improved (Table 7). Not all individuals proved narrative responses, and overall, responses were highly positive.

Table 5. Most valuable part of *Bathing Without a Battle*, by respondent

CNA	Person centered care
	How to help the most resistant patients
	Towel bath was new to me
	It was a good program for people that are just learning how to take care of patients that have dementia
	All
	Reestablish good grooming habits and re-eval needs bathe various residents
	Very good
	The most valuable part is to learn how to approach a resident especially with dementia on giving a shower
	Towel bath; no rinse soap
	New technique to bathe with a dementia
LPN	Patience and talking to the resident so they don't realize they are getting a bath
	Seeing the resident point of view - scared, embarrassed
	Being able to assist my CNA's
	Better help my CNA's
	Care and concern of the individual
	Bathing techniques
RN	Review and education to support the staff
	Video
	Making bathing chair more comfortable

Table 6. Least valuable part of *Bathing Without a Battle*, by respondent

CNA	Everything was OK
	The program was good
	None
	The least is to handle this without proper training
	How to give a resident with dementia comfortable bathing
	Didn't like the towel technique in the plastic bags - after a while, the towel turns cold
LPN	Time frame afforded for shower/bath
	Testimonials
	Not sure, all was good
RN	Nothing

Table 7. How *Bathing Care Without a Battle* can be improved, by respondent

CNA	No improvement required
	It was a good program
	Very good
	To learn the right way on giving the residents a shower
	Use proper technique and be patient and give more time for the residents. And always check with residents before you do things with them.
LPN	None. It is an awesome video.
RN	Nothing

Mouth Care Without A Battle Evaluation

Nurses (RN, LPN) and certified nursing assistants (CNAs) could receive 1.5 hours of continuing education credit for watching the DVD and completing a short evaluation. Nurses and CNAs were asked to evaluate their self-efficacy to provide mouth care, evaluate new techniques they had learned, and rate the overall content of the training program. As of October 2018, 28 nurses and CNAs had submitted evaluation forms to receive continuing education credit for viewing the training program.

Self-efficacy. The self-efficacy section of the evaluation consisted of eight items. It incorporated retrospective pre-test methods, such that staff were asked to consider their baseline self-efficacy *after* being trained – essentially, asking to report what they did not know earlier *after* acquiring new knowledge.. All items were rated on a scale of 1 to 4, where 1 is strongly disagree and 4 is strongly agree.

After being trained in *Mouth Care Without a Battle*, nurses and CNAs reported a statistically significant increase in their knowledge to complete mouth care (M=3.7, change from before training $p < 0.0001$), were familiar with the practical procedures of the job (M=3.8, change $p < 0.0001$), and felt more confident to clean residents' teeth (M=3.7, change $p < 0.0001$). The nurses and CNAs also reported they were now able to figure out ways to perform mouth care without forcing a resident (M=3.3, change p=0.02), were more familiar with methods to provide mouth care to residents who hit or scream (M=3.5, change $p < 0.0001$), were able to get residents to cooperate (M=3.4, change p=0.0002), and were less afraid of being bitten by a resident while performing mouth care (M=2.3, change p=0.008). Nurses and CNAs did not report significant improvement in their ability to provide mouth care to residents with dementia after participating (M=2.1, p=0.99), perhaps because they did not rate their initial ability as low. See Table 8.

Table 8. *Mouth Care Without a Battle* self-efficacy evaluation[a]

Range 1-4, where 1 = strongly disagree and 4=strongly agree	**Overall (N=28)**	**CNA (N=17)**	**LPN (N=5)**	**RN (N=6)**	**p-value (Overall, now and before)**
Now, I have sufficient knowledge to do this job.	3.7 (0.5)	3.76 (0.4)	3.6 (0.5)	3.5 (0.5)	<.0001
Before, I had sufficient knowledge to do this job.	3.0 (0.5)	3.06 (0.2)	3.5 (0.6)	2.5 (0.5)	
Now, I am familiar with the practical procedures to do this job.	3.8 (0.4)	3.8 (0.4)	3.8 (0.4)	3.5 (0.5)	<.0001
Before, I was familiar with the practical procedures to do this job.	3.2 (0.7)	3.3 (0.6)	3.4 (0.9)	2.7 (0.5)	
Now, cleaning residents' natural teeth is a task I feel confident to carry out.	3.7 (0.5)	3.8 (0.6)	3.8 (0.4)	3.5 (0.5)	<.0001
Before, cleaning residents' natural teeth was a task I felt confident to carry out.	3.1 (0.7)	3.1 (0.6)	3.6 (0.5)	2.7 (0.8)	
Now, I am not very good at providing mouth care to residents with dementia.	2.1 (0.9)	2.1 (0.9)	2.0 (0.8)	2.3 (0.8)	0.99
Before, I was not very good at providing mouth care to residents with dementia.	2.2 (0.7)	2.0 (0.6)	2.4 (1.1)	2.5 (0.5)	
Now, 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.	3.3 (0.8)	3.4 (0.8)	3.6 (0.5)	2.7 (0.8)	0.02
Before, 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.	2.9 (0.7)	3.0 (0.5)	3.4 (0.9)	2.3 (0.8)	

Now, I know ways to successfully provide mouth care to residents who hit or scream.	3.5 (0.6)	3.5 (0.6)	3.8 (0.4)	3.2 (0.4)	<.0001
Before, I knew ways to successfully provide mouth care to residents who hit or screamed.	2.8 (0.7)	2.6 (0.6)	3.4 (0.9)	2.8 (0.4)	
Now, I can usually get my residents to cooperate with mouth cleaning.	3.4 (0.5)	3.4 (0.5)	3.6 (0.5)	3.0 (0.0)	0.0002
Before, I could usually get my residents to cooperate with mouth cleaning.	2.9 (0.6)	2.8 (0.5)	3.4 (0.9)	2.7 (1.0)	
Now, I am afraid that I will be bitten by a resident if I try to clean his or her mouth.	2.3 (0.9)	1.9 (0.7)	3.6 (0.5)	2.3 (0.8)	0.008
Before, I was afraid that I would be bitten by a resident if I tried to clean his or her mouth.	2.6 (1.0)	2.4 (0.9)	3.6 (0.5)	2.7 (1.0)	

[a] Statistics shown are mean and (standard deviation).

New techniques learned. Nurses and CNAs rated improvement in mouth care techniques after completing *Mouth Care Without a Battle*. All items were rated on a scale of 1 to 4, where 1 is strongly disagree and 4 is strongly agree. As shown in Table 9, respondents reported that after watching *Mouth Care Without a Battle* they knew how to use the "jiggle sweep approach" to clean teeth (M=3.6, SD=0.5), knew how to clean gums and dentures (M=3.7, SD=0.5), knew different products to clean teeth, gums, and dentures (M=3.8, SD=0.4), knew how to encourage residents to allow tooth brushing (M=3.5, SD=0.5), and knew that good mouth care may prevent pneumonia and improve other health conditions and quality of life (M=3.8, SD=0.4). CNAs, LPNs, and RNs reported similar ratings for each item, although RNs reported somewhat lower scores than others.

Table 9. *Mouth Care Without a Battle* new techniques evaluation[a]

After watching *Mouth Care Without a Battle* … *Range 1-4, where 1 = strongly disagree and 4 = strongly agree*	**Overall (N=28)**	**CNA (N=17)**	**LPN (N=5)**	**RN (N=6)**
I know how to use the "jiggle sweep" approach to clean teeth.	3.6 (0.5)	3.6 (0.5)	3.8 (0.4)	3.5 (0.5)
I know how to clean gums and dentures.	3.7 (0.5)	3.7 (0.5)	3.8 (0.4)	3.5 (0.5)
I know different products to clean teeth, gums, and dentures.	3.8 (0.4)	3.9 (0.3)	3.8 (0.4)	3.5 (0.5)
I know how to encourage residents to allow me to brush their teeth.	3.5 (0.5)	3.5 (0.5)	3.8 (0.4)	3.3 (0.5)
I know that good mouth care may prevent pneumonia and improve other health conditions and quality of life.	3.8 (0.4)	3.9 (0.4)	4.0 (0.0)	3.5 (0.5)

[a] Statistics shown are mean and (standard deviation).

Overall content of the training program. Nurses and CNAs were also asked to rate their overall impression with the program, where 1 is poor and 5 is excellent. As shown in Table 10, they gave high ratings for all items: program content (M=4.5, SD=0.7), program appearance (M=4.4, SD=0.8), appropriateness to experience level (M=4.3, SD=0.9), how well the program met their needs (M=4.4, 0.9), and overall satisfaction (M=4.5, SD=0.8). Respondents reported similar ratings, although again, RNs reported somewhat lower scores than others.

Table 10. *Mouth Care Without a Battle* overall evaluation[a]

Range 1-5, where 1 = poor and 5 = excellent	**Overall (N=28)**	**CNA (N=17)**	**LPN (N=5)**	**RN (N=6)**
Overall program content	4.5 (0.7)	4.6 (0.7)	4.6 (0.5)	4.2 (0.8)
Overall program appearance	4.4 (0.8)	4.6 (0.7)	4.4 (0.9)	4.0 (0.9)
Appropriateness of the program to your experience level	4.3 (0.9)	4.4 (0.9)	4.8 (0.4)	3.7 (0.5)
How well the program met your needs	4.4 (0.9)	4.4 (0.9)	4.6 (0.5)	4.0 (0.9)
Overall satisfaction	4.5 (0.8)	4.6 (0.8)	4.8 (0.4)	3.8 (0.8)

[a] Statistics shown are mean and (standard deviation).

In addition, 96% of respondents reported learning new techniques for providing mouth care, and all of those reported that these new techniques will change how they provide daily mouth care. Ninety-three percent reported learning techniques for providing care to people who may be resistive, all of who reported they would use these techniques on residents who may be resistive to mouth care. Similarly, 96% reported that they would recommend *Mouth Care Without a Battle* to someone else in their position. Overall, CNAs and LPNs rated the program the same, with RNs rating the program somewhat lower, perhaps due to the different scope of practice and training among the groups. See Table 11.

Table 11. *Mouth Care Without a Battle* content evaluation[a]

	Overall (N=28)	CNA (N=17)	LPN (N=5)	RN (N=6)
Did you learn new techniques for providing daily mouth care?	27 (96%)	17 (100%)	5 (100%)	5 (83%)
If yes, will what you learned in the program change how you provide daily mouth care?	27 (100%)	17 (100%)	5 (100%)	5 (100%)
Did you learn techniques for providing mouth care to people who may be resistive to care?	26 (93%)	17 (100%)	5 (100%)	4 (67%)
If yes, will you use these techniques to provide mouth care to people who may be resistive?	26 (100%)	17 (100%)	5 (100%)	4 (100%)
Would you recommend this program to someone else in your position?	27 (96%)	17 (100%)	5 (100%)	5 (83%)

[a] Statistics shown are number and (percent).

Qualitative evaluation. Nurses and CNAs were asked to provide narrative responses regarding what was the most valuable component of the training program (Table 12), the least valuable component (Table 13), and how the program can be improved (Table 14). Not all individuals proved narrative responses, and overall, responses were highly positive.

Table 12. Most valuable part of *Mouth Care Without a Battle*, by respondent

CNA	How to wrap finger with gauze to provide mouth care
	Denture part
	The time and techniques that [were] used in the video
	Techniques in performing tasks
	All of it - very informative
	Learn the jiggle and sweep
	The most valuable part of the training is to learn a proper technique in doing mouth care
	Jiggle and sweeping technique
	Brush, sweep, jiggle, jiggle, sweep, gum line
	What was nice is that they used "real" patients
	Helping people with dementia brush their teeth
	Learn proper technique of providing mouth care appropriately
LPN	Learn new techniques
	Techniques taught to open oral cavity
	Jiggle-sweep approach
	Very good information
RN	All of it
	Reminder of the need for excellent care of mouth/teeth related to total health care needs
	Knowing how to clean a resident's teeth properly
	Techniques to use with difficult residents
	New techniques

Table 13. Least valuable part of *Mouth Care Without a Battle*, by respondent

CNA	It was very helpful, it was a good program. Nothing was least. It was well put together.
	Very informative, excellent
	To do the wrong way in doing care
	All valuable information given
	Appropriate approach and techniques to do mouth care especially for demented people
LPN	Denture care
	Being very patient
RN	Denture care
	It was all valuable information

Table 14. How *Mouth Care Without a Battle* can be improved, by respondent

CNA	If the viewers keep [illegible] the program
	Free dental care for the veterans
	Practice and apply daily
	Very well presented to get information
	This was very good
	It's fine how it is
	Practice and apply everyday
LPN	None
	Shorter in length, one sitting lose concentration for learning
	Program is very thorough using the techniques and assisting clients with dementia. Thanks for more ideas to aid my clients.
RN	Shorten length of module
	Nothing
	Provide models for demonstration

CONCLUSION

This project successfully created and disseminated new training programs to all nursing homes in the state of Florida. Although a small number of staff participated in the evaluation of the project, the results overwhelmingly demonstrate the benefit of the training program in terms of staff self-efficacy, the ability to provide information about new techniques, and the overall fit of the program with learners' needs.