

**Distance Learning for Nursing Home Providers:  
Implementing a Prompted Voiding Program**

August 12, 2008

Dear Project Participant:

Please help us improve the distance learning project on incontinence management by completing this evaluation. All nurses who participated in the project and who want to earn CE credit for the course are required to submit an evaluation. We also encourage any other staff members who participated in the course to submit evaluations. As you may recall, the course is approved for 24 contact hours, valid in all states, by the Tennessee Nurses Association.

You are encouraged to answer all questions, but are free to answer only the items with which you are comfortable. Though the survey looks lengthy, our pilot test shows it can be completed in under 10 minutes.

You may submit the evaluation anonymously. Individual responses will be kept confidential and any public presentations or publications on results will not allow identification of individuals participating in the study. A final report will be compiled and distributed upon completion of the research.

This evaluation is being distributed by both email and regular mail. Please submit just one evaluation per project participant. You may submit your evaluation by any one of three ways: 1) email it to me at [rahmananna@yahoo.com](mailto:rahmananna@yahoo.com); 2) fax it to me at (513) 561-1301; or 3) send it by regular mail to: Ms. Anna Rahman, 8550 Willow Run Court, Cincinnati, OH 45243 (I will include a pre-addressed, stamped envelope with the survey sent by regular mail).

If you have questions or need additional hard copies of the evaluation, please contact me at (513) 561-0996 or [rahmananna@yahoo.com](mailto:rahmananna@yahoo.com).

Sincerely,

Anna N. Rahman  
Program Manager  
Incontinence Management Project  
Vanderbilt Center for Quality Aging  
(513) 561-0996  
Fax: (513) 561-1301

**Distance Learning for Nursing Home Providers:  
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**Course Evaluation**

*Please rate the following:*

	Poor			Excellent	
1. Written training materials	1	2	3	4	5
2. PowerPoint presentations	1	2	3	4	5
3. Teleconference discussions	1	2	3	4	5
4. Online discussion group: (pvproject_NHs)	1	2	3	4	5
5. Project speaker: John Schnelle	1	2	3	4	5
6. Project facilitator: Anna Rahman	1	2	3	4	5
7. Guest speaker: Joseph Ouslander (leave this item blank if you <i>did not</i> attend the June teleconference at which Dr. Ouslander presented).	1	2	3	4	5

*Please give us your opinion:*

**8. In your opinion, were the individual teleconferences, which lasted between 60 and 90 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

**9. The project offered 8 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

**10. 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

**11. Each month, between teleconferences, Project Manager Annie Rahman contacted a supervisor at each facility to answer project-related questions and offer help with implementing prompted voiding. Were you the contact person for your facility?**

- Yes; if yes, please rate the helpfulness of these follow-up calls:
- |                    |   |   |   |              |
|--------------------|---|---|---|--------------|
| Not at all Helpful |   |   |   | Very Helpful |
| 1                  | 2 | 3 | 4 | 5            |
- No, I was not the contact person for my facility.

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

**12. 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              |

**13. The field assignments were appropriate.**

- |                   |   |   |   |                |
|-------------------|---|---|---|----------------|
| Strongly Disagree |   |   |   | Strongly Agree |
| 1                 | 2 | 3 | 4 | 5              |

**14. I received all the training I needed to assess residents for the prompted voiding program.**

- |                   |   |   |   |                |
|-------------------|---|---|---|----------------|
| Strongly Disagree |   |   |   | Strongly Agree |
| 1                 | 2 | 3 | 4 | 5              |





*Please tell us about your facility's use of the following materials/training opportunities:*

**28. Counting yourself, how many staff members would you say *typically* attended the teleconferences?**

Number: \_\_\_\_

Please indicate the positions of the staff members (including yourself) who attended *any one or more* of the teleconferences. Check all that apply:

- \_\_\_\_ Director of Nursing
- \_\_\_\_ Quality improvement staff
- \_\_\_\_ Other nursing staff
- \_\_\_\_ Certified nurse aides
- \_\_\_\_ Medical director
- \_\_\_\_ Facility administrator
- \_\_\_\_ Other staff; please specify: \_\_\_\_\_

**29. Did certified nurse aides (CNAs) at your facility attend the special teleconference presentations for CNAs on May 6?**

- \_\_\_\_ Yes; if yes, how many CNAs attended? \_\_\_\_\_
- \_\_\_\_ No
- \_\_\_\_ Don't know/no response

**30. Did your facility distribute to staff members the Urinary Incontinence Pocket Cards sent to facilities in April?**

- \_\_\_\_ Yes
- \_\_\_\_ No
- \_\_\_\_ Did not receive the pocket cards/don't know/no response

**31. Did you listen to the online audio-recording of any of the teleconference presentations?**

- Yes; if yes, which audio-recording(s) did you listen to?
  - Teleconference presentation on prompted voiding on March 12
  - Special teleconference presentation for CNAs on May 6
  - Teleconference presentation with Dr. Joe Ouslander on June 9
  - Teleconference presentation on July 9
- No
- No response

**32. Did other staff members listen to the online audio-recording of any of the teleconference presentations?**

- Yes; if yes, which audio-recording(s) did other staff members listen to?
  - Teleconference presentation on prompted voiding on March 12
  - Special teleconference presentation for CNAs on May 6
  - Teleconference presentation with Dr. Joe Ouslander on June 9
  - Teleconference presentation on July 9
- No
- Don't know/no response

*Please indicate which of the following you (or a staff designee) used or accessed at any time during the project. Check all that apply. If you used a training tool, please also rate how easy or difficult the tool was to use.*

**33. Project Web site:** \_\_\_\_\_ Didn't use \_\_\_\_\_ Used; if used:

Difficult to use Easy to use  
1 2 3 4 5

**34. Project-related email messages:** \_\_\_\_\_ Didn't use \_\_\_\_\_ Used; if used:

Difficult to use Easy to use  
1 2 3 4 5

**35. PowerPoint version of the teleconference slide shows:** \_\_\_\_\_ Didn't use

\_\_\_\_\_ Used; if used:  
Difficult to use Easy to use  
1 2 3 4 5

**36. PDF version of the teleconference slide shows:** \_\_\_\_\_ Didn't use

\_\_\_\_\_ Used; if used:

Difficult to use

Easy to use

1

2

3

4

5

**37. Excel program for calculating residents' appropriate toileting rate:**

\_\_\_\_\_ Didn't use \_\_\_\_\_ Used; if used:

Difficult to use

Easy to use

1

2

3

4

5

**38. Excel program for setting a wetness warning limit for monitoring the prompted voiding program:** \_\_\_\_\_ Didn't use \_\_\_\_\_ Used; if used:

\_\_\_\_\_ Didn't use \_\_\_\_\_ Used; if used:

Difficult to use

Easy to use

1

2

3

4

5

**39. For each project form below, please indicate whether your facility: 1) used the form as we provided it; 2) modified it to better suit your facility's needs or adopted items from it; or 3) did not use the form in any fashion. Please circle the best answer for each form.**

<b>Residents Toileting Motivation and Preference Survey</b>	Used as is	Modified the form or adopted items from it	Did not use the form in any fashion	Don't know/no response
<b>Prompted Voiding Trial Diary (2-3 days)</b>	Used as is	Modified the form or adopted items from it	Did not use the form in any fashion	Don't know/no response
<b>Wet Check Form for Program Monitoring</b>	Used as is	Modified the form or adopted items from it	Did not use the form in any fashion	Don't know/no response

*Summary questions:*

**40. In your opinion, on average, are the residents in your facility who continue to receive prompted voiding drier now than they were before they entered the program?**

- On average, they are drier now
- Their continence status is about the same
- On average, they have more wet episodes now
- Don't know/no response

**41. In your opinion, do more of your incontinent residents have individualized toileting plans as a result of your facility's participation in this project?**

- More incontinent residents have individualized toileting plans
- There has been no change in the number of incontinent residents with toileting plans
- Fewer incontinent residents have individualized toileting plans
- Don't know/no response

**42. What are your facility's future plans regarding the prompted voiding program?**

- Plan to expand the program to include more residents
- Plan to maintain the program at its present level
- Plan to terminate the program
- Don't know/no response

**43. Do you have any questions about the prompted voiding program that were not answered during the training project?**

- Yes
- No

If yes, please explain:

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

- Yes
- No
- Don't know/no response

**45. Would you recommend this online presentation on incontinence management to your colleagues?**

- Yes
- No
- Don't know/no response

**46. Would you have preferred to attend a more traditional in-person, two-day training program on prompted voiding rather than this distance learning program?**

- Yes
- No
- Don't know/no response

**47. What did you like most about this distance learning project?**

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**48. What did you like least about this distance learning project?**

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**49. We welcome any recommendations you have for improving this project:**

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*Please tell us a little about yourself:*

**50. What is your position?**

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

**51. For the purpose of this distance learning project, were you a team leader/supervisor or a team member?**

- Team leader/supervisor
- Team member
- Other; please specify: \_\_\_\_\_

**52. The project presented 8 teleconferences between January and August. How many of these teleconferences did you attend? \_\_\_\_\_**

You may submit your evaluation by any one of three ways: 1) email it to the project manager at [rahmananna@yahoo.com](mailto:rahmananna@yahoo.com); 2) fax it to Ms. Anna Rahman at (513) 561-1301; or 3) send it by regular mail to Ms. Gina Murfree, Vanderbilt University Medical Center, Center for Quality Aging, 1161 21st Ave. So., S1121 Medical Center No., Nashville, TN 37232-2400.

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