UBC Geriatric Dentistry Mouth Care In-Service Sign-In

Facility: __________________________  Date: __________________________
Dental Hygienist Educator: ________________

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The University of British Columbia
Geriatric Dentistry Program

Would like to recognize

For successful completion of the *Mouth Care for Elders in Residential Care In-Service Educator* on

Karen Hopkins
Registered Dental Hygienist / Program Educator
In-Service Feedback

Facility: ___________________________ Date: ___________________________
Dental Hygienist Educator: ___________________

Thank you for participating in today's in service. Your feedback will ensure that these sessions are beneficial to you and will help you in the work that you do.

<table>
<thead>
<tr>
<th>Please check one box per question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>The information was clear and easy to understand</td>
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<td>The information presented will help me with my job</td>
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<td>The information was relevant</td>
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<td>The instructor was knowledgeable on the subject matter</td>
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<td>The instructor was pleasant</td>
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<td>The session was an appropriate length of time</td>
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<td>The session was presented in an interesting way</td>
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I would make this session better by:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Additional comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Pre and Post In Service Questions

Thank you for taking the time to answer these questions.

Has anyone ever taught you how to brush teeth (yours, your children’s, and/or your residents?)
- ☐ Yes
- ☐ No

Why is it important to brush teeth? (Choose as many as you like)
- ☐ To prevent cavities
- ☐ To remove plaque
- ☐ To remove tartar
- ☐ To freshen breath

How often should teeth be brushed?
- ☐ Once a day
- ☐ Twice a day
- ☐ Three-four times per week

If a resident does not have teeth, should they still have their mouth cleaned?
- ☐ Yes
- ☐ No
- ☐ I don’t know

If you’re brushing teeth and you notice gums are bleeding what should you do?
- ☐ Keep brushing gently
- ☐ Stop brushing
- ☐ Call or go to the dentist

How often should you change a toothbrush?
- ☐ Every three months
- ☐ Every three to six months
- ☐ Keep as long as possible, even one year

Do you think it is normal for older people to lose their teeth?
- ☐ Yes
- ☐ No
- ☐ I don’t know
Do you think dentures need to be cleaned daily?
- Yes
- No

Everyone should see a dentist at least once per year, even if they don’t have teeth
- Yes
- No
- I don’t know