

Brain, Body & You – Learning Series

Workshop 4:
Swallowing, Feeding, Nutrition and Oral Care

- Powerpoint (see file)
- Workshop Schedule
- Reference Notes
- Resource List
- Evaluation Form

WORKSHOP SCHEDULE

(4 hours)

- 5 minutes Welcome & Introductions
- 15 minutes Review signs and symptoms of stroke and how to react to them
- 10 minutes Objectives of the Workshop
 - ▶ Labeling exercise for diagram
- 10 minutes Review labeling and function of each structure
- 20 minutes Reading from “The Diving Bell and the Butterfly”
Video excerpt from Swallow: A Documentary - Dysphagia
- 15 minutes What constitutes effective swallowing?
 - ▶ Swallowing “saliva” exercise
- 25 minutes Review phases of swallowing
 - ▶ Cookie exercise
 - ▶ Show regular swallowing videoReview factors affecting swallowing
Review types of dysphagia
 - ▶ Show dysphagia swallowing video
- 20 minutes Complications of dysphagia
 - ▶ Sharing exercise: Challenges participants face with swallowing, feeding, nutrition, and oral care in the workplace
- 20 minutes BREAK**
- 20 minutes Interprofessional dysphagia team
Dysphagia screening
Dysphagia management
Common special diets
- 20 minutes Swallowing care plan
General feeding tips and strategies
Assistive feeding devices
- 15 minutes ▶ Participant feeding exercise
- 20 minutes Nutrition and hydration
- 15 minutes Oral care and reinforce best feeding practices
Review of participant issues
- 10 minutes Questions and evaluation

REFERENCE NOTES

Objectives for this Workshop

At the completion of this workshop, the learner will:

1. Review:
 - a. Definition of and risk factors for stroke
 - b. Signs and symptoms of a stroke and how to react
2. Identify the structures used in swallowing and their functions
3. Define terminology related to: swallowing, feeding, nutrition and oral care
4. Identify factors affecting swallowing
5. Identify members and roles of the interprofessional dysphagia team
6. Be aware of the process for dysphagia screening
7. Be aware of common special diets
8. Learn and practice feeding techniques for clients with dysphagia
9. Understand the importance of mouth care practices for the stroke survivor

Introduction and Objectives

► The content is based on Taking Action for Optimal Community and Long Term Stroke Care (TACLS) (Heart & Stroke Foundation, 2016) (http://www.strokebestpractices.ca/wp-content/uploads/2016/01/001-16-HSF_F15_TACLS_booklet_EN_Final_Linked.pdf) This resource replaces the Tips and Tools for Everyday Living Manual. It is closely linked with the HSF Canadian Stroke Best Practice Recommendations and is an evidence-based resource that provides guidance around how to provide safe care for people who have had a stroke and are living in community and long-term care settings. Developed primarily for healthcare workers such as personal support workers, health care aides, home care attendants, and rehabilitation assistants, it can also be used by organizations engaged in education or orientation for these healthcare providers, and any other healthcare professionals who work with people who have had a stroke and their families.

Review of Structure and Functions

► Start by labeling the diagram of the anatomy of the head and neck (see Powerpoint)
[diagram@www.heartandstroke.ca/profed]

1. lips – hold food in oral cavity
2. teeth – chewing (mastication)
3. jaw – helps with chewing
4. tongue – large organ, important role in forming and directing food bolus
5. hard palate – roof of mouth, part of the skull, assists with formation of food bolus
6. soft palate – a muscle that closes off the nasal passages during the swallow

note: cheeks (not listed) suck in with swallowing

7. oral cavity – space in which the food is chewed and formed into a bolus
8. epiglottis –directs food into the esophagus and away from the larynx by moving down & backwards
9. vocal cords – close during swallowing to prevent penetration into the airway
10. larynx (or voice box) – rises and moves forward during swallowing because of the hyoid bone
11. pharynx - food moves down with squeezing motion of pharyngeal muscles (peristalsis), leads to shared space with trachea & esophagus

Reading and Video

Reading: [The Diving Bell and the Butterfly](#)

Video: [Swallow: A Documentary - Dysphagia](#)

Effective Swallowing

Complex neuromuscular process, voluntary and involuntary

Sensory Input

- feeling of food in the mouth
- aroma, taste and temperature of food get the salivary juices flowing
- texture
- strokes may affect sensory input

Motor Activities

- feeding (muscular coordination of getting food to mouth and have the ability to chew and swallow)
- function of muscles of tongue, cheeks and throat in the swallowing phase

► **Swallowing “saliva” exercise** – ask participants to swallow a couple of times and focus on motor activities

Phases of Swallowing

Oral phase (mouth)

- chewing and gathering of the food bolus
- muscles: lips, cheeks and mandibles
- saliva adds moisture to the food bolus
- when one swallows, the tip of the tongue touches against the back of the teeth

Pharyngeal phase (throat)

- lasts less than 2 seconds, the bolus of food is in the pharynx
- the epiglottis closes over like a ramp to protect the airway

Esophageal phase (esophagus)

- the bolus travels down the esophagus by waves of peristaltic action

► All participants should be given a cookie to eat after phases are discussed

► Show Video of Normal Swallow

Dysphagia

- difficulty or discomfort in swallowing
- affects ~50% of stroke survivors

Presbyphagia

- age-related changes in swallowing

Factors Affecting Swallowing

1. Motor control of the tongue and facial muscles
 - stroke survivors with paralysis / weakness of one side leads to drooping / sagging of one side of the face; drooling – inability to control saliva, food; cannot seal lips tightly; cannot organize food bolus
2. Sensory integrity
 - intact sensory functions particularly with tongue and cheeks
3. Ability to understand and use language
 - use short sentences, speak directly to the client
 - use clear, one-task directions
 - give client time to process what you have told them / asked them to do
4. Cognition
 - are they aware of what you have asked / directed
 - sometimes need to add “motions to words” (gestures)
 - to stimulate a swallow, put empty spoon on lips, stroke cheek / throat gently
5. Salivary flow
 - stroke survivors may experience **xerostomia**
 - o decreased salivary flow, side effects of medications, reduced oral fluid intake
6. Taste and temperature sensitivity
 - need to consider stroke survivor’s tastes – may not like spices, bland, etc.
 - stroke survivor may be sensitive to hot / cold
 - note that above are not unique to the stroke survivors, they may be the client’s taste, etc. pre-stroke
7. Respiratory Status
 - ability to clear secretions
 - ability to generate a strong cough to clear the airway
8. Level of Alertness
 - alert enough to eat and drink (e.g. reduced alertness from stroke, fatigue or dementia)
9. Appetite
 - emotional state
 - reluctance to eat (texture, reduced sensation, inability to feed self)

10. Behaviours

- compulsive (e.g. eat quickly, eat large mouthfuls, talk while eating)

11. Underlying medical conditions

- E.g. GERD – gastroesophageal reflux disease; heartburn a symptom – gastric juices erode esophagus

Types of Dysphagia

Related to the phase of the swallow:

Oral-phase dysphagia

- difficulty manipulating food and forming a bolus
- pocketing of food, secretions, drooling

Pharyngeal dysphagia

- delay or difficulty in transfer of bolus from oral cavity to pharynx
- penetration/aspiration
- change in vocal quality, throat clearing, coughing; sometimes no signs (silent aspiration)

Esophageal dysphagia

- inefficient / impaired transfer of bolus through upper esophageal sphincter, down esophagus, and into stomach
- due to obstruction, dysmotility, or cardiac sphincter impairment
- feeling of food being stuck, heartburn, reflux

► Show Video of Impaired Swallow

Complications of Dysphagia

Aspiration

- may occur after bacteria from saliva, food or reflux material enters the airway
- choking: poor positioning; too rapid feeding pace; too much food in mouth

Dehydration

- lack of sufficient hydration (see below)

Malnutrition

- lack of sufficient nutrition (see below)

Emotional/Social isolation

- eating is a social time
- do not want to eat with others if food drops out of mouth or if need help
- afraid to eat in public in case of choking

Quality of life issues

- What does the survivor want?
- Are they happy?

Increased length of hospital stay

- due to complications

Placement decisions

- LTC, retirement home if not able to manage meals

► Sharing exercise: Challenges participants face with swallowing, feeding, nutrition, and oral care in the workplace

BREAK

Interprofessional Dysphagia Team

Speech-Language Pathologist – focus is on swallowing assessment, safe diet textures and feeding techniques, along with communication techniques

Registered Dietitian – focus is on nutrition and hydration

Physician – consults, writes orders and oversees medication regime

Nursing Staff – ADL care and working cooperatively with all team members to develop, implement and evaluate care plan; positioning; monitoring; oral care

Personal Support Worker – Feeding and drinking support, set-up, medication support

Occupational Therapist – ADL activities, adaptive devices, seating (wheelchair)

Stroke Survivor, Family and Care Providers – the support team who provide input to the interprofessional team

Dysphagia Screening

- Can be formal: e.g., dysphagia screening program at the Aphasia Institute in Toronto
- Some more common dysphagia screening tools used by Nurses include the **STAND** (Screening Tool for Acute Neurological Dysphagia) and the **TOR-BEST Screening** (Toronto Bedside Swallowing Screening Test)
- Identifies the presence or absence of dysphagia
- Identifies risk of complications of dysphagia
- Process includes: - listening to your client for signs and symptoms
 - observing your client
 - listening some more
- As a caregiver there are signs you can observe and listen for to help determine if your client is having difficulty with swallowing :
 - coughing or gagging
 - throat clearing
 - has a wet “gurgly” voice
 - takes a long time to swallow and eat
 - may attempt to swallow several times
 - pocketing of food or pills in the mouth after the swallow
 - drooling
 - trouble chewing

- complaints of pain, “something sticking”
- poor appetite
- Sometimes you hear nothing at all (silent aspiration)
- if you see signs that your client might be having difficulty swallowing, contact the Nurse and or SLP at your organization
- Anyone in acute care who has just had a stroke would be kept NPO until they have been screened for dysphagia to prevent aspiration pneumonia

Dysphagia Management

- is directed to client (stroke survivor) safety
- is based on the survivor’s history, SLP assessment findings, and the client’s prognosis
- the objectives are:
 1. to control oral bacteria (oral care)
 2. to decrease the chance of food or fluid entering the lungs (aspiration)
 3. to protect the airway from obstruction (choking)
 4. to ensure adequate nutrition and hydration
 5. to maintain quality of life – as health worker, you can recommend to clients what they should or should not do but they need to provide informed consent and their input

Common Special Diets

Pureed foods

- smooth and homogenous, spoon thick consistency
- examples (for texture consistency): yogurt, applesauce, mashed potatoes

Minced / moist minced foods

- soft solid foods that have been chopped to pea-sized particles and are moist enough to form an easy-to-chew bolus

No dry particulates (cookies, pie crust, crackers, chips)

- crumbly and hard to form into a bolus

No bread products

- bread products can be sticky and gummy and can stick in client’s throat

No mixed consistencies

- food that combines liquids and solids (e.g., fruits in syrup, cereal and milk, soup with vegetables)

No thin fluids

- e.g., water, juice, milk, tea, ice cream, jello, broth, soft drinks, coffee

Thickened fluids (proceed with caution . . .)

- commercial pre-thickened fluids are available
- thicken fluids to “nectar”

Foods which may cause acid reflux

- highly spiced and acidic foods (e.g., coffee, chocolate)

Swallowing Care Plan

- Should be posted in the client's room and have the following information available:
1. Positioning information
 - client sitting upright at 60-90°, support with pillows / bolsters as required
 - chin should be slightly tucked in, head at midline
 - elevate 60-90 degrees for one hour after meals
 2. Pain management
 - ensure client has received analgesics 20-30 minutes before meal if required
 3. Food / fluid texture
 - thicken to recommended texture
 - can use potato flakes, mashed potatoes to thicken soup
 4. Adaptive equipment
 - feeding devices to maximize independence with feeding
 - eating utensils with build-up handles
 - weighted plates, plates / bowls with non-skid bottom and built-in guard on 1 side, sippy cup, built up cutlery, large handled cup
 5. Communication strategy
 - use clear, simple directions
 - provide visual cues as required
 6. Behaviour management
 - minimize stimulation and distractions
 - may have to offer single item at a time
 - may have to limit food serving size presented due to impulsivity of client trying to eat too much at one time
 5. Feeding technique
(See next section)

General Safe Feeding Tips/Strategies

- oral care
- minimize distractions (radio, TV) to concentrate on chewing/swallowing
- sit at eye level or lower (don't feed from above the mouth)
- advise client what food you are presenting
- slow rate of presentation, allowing adequate time between bites of food
- present small amount (max 1 tsp.) at a time
- encourage 2 swallows / bite
- allow conversation between bites
- watch for swallowing
- check for pocketing of food or pills in cheek after swallowing
- alternate liquids and solids, do **not** combine them in the same bite

► Participant Feeding Exercise

- have participants feed each other a single size serving of pudding
- they should try standing to feed, over-filled spoons, and then proper sitting and portion sizes
- have participants use a thickener to thicken: 60 ml of juice, carbonated drink, tea – to nectar consistency
- have many spoons available and have students taste different drinks

Dehydration

A survivor / client may be at risk for dehydration if the following exist:

- inability to swallow thin fluids
- refusal to take fluids at meals or at snack
- needs assistance with eating and drinking
- lacks the feeling of thirst
- has communication problems
- has memory problems
- is ill (i.e., GI flu, URI)
- has a fear of incontinence

Signs of Dehydration

- decreased urine output, urine dark, concentrated / or foul smelling
- frequent UTI's
- thick stringy saliva
- constipation
- confusion
- rapid weight loss
- fever
- decreased skin elasticity

Malnutrition

Signs and symptoms:

- weight loss
- reduced vitality
- skin breakdown
- impaired wound healing
- reduced resistance to infection

General Feeding Tips and Strategies

- keep client upright at 90° angle during meals, and between 60-90° for at least ONE HOUR after meals
- head slightly flexed forward
- head in midline
- small amounts of food and liquid at a time (think about 1 level teaspoon ONLY) if feeding

Swallowing, Feeding, Nutrition and Oral Care

- follow recommendations (e.g., double swallow, clear throat, cough, turn to left / right, diet modifications)
- support the legs in bed (pillow under knees) and pillows to prop the body to midline
- slow rate of feeding – don't forget to talk!
- ALWAYS be at eye-level or below – absolutely NO exceptions
- wait for the person to swallow before continuing
- minimize distractions
- KNOW YOUR CLIENT

Mouth and Dental Care

Oral Hygiene

- to remove plaque from teeth, dentures, roof of mouth, tongue and cheeks
- is done with toothpaste and brush before breakfast & at bedtime
- is done with water and brush after meals (and before if dysphagia present)
- especially after last meal
- check for pocketing of food in cheeks
- assist the survivor as required with their oral care

Tools

- soft tooth brush, electric toothbrush
- alcohol-free mouthwash
- if dentures, denture brush
- toothettes are not effective

RESOURCE LIST

General

Stroke Network of Southeastern Ontario

<https://www.strokenetworkseo.ca>

Canadian Best Practice Recommendations for Stroke Care

<https://www.strokenetworkseo.ca/best-practice-and-education/guidelines-and-recommendations#section-canadian-best-practice-recommendations-for-stroke-care> .

Search the following:

1. Assessment and Management of Dysphagia & Malnutrition following Stroke
2. Mobility
3. Aphasia and Communication
4. Transitions

Professional Stroke Education Inventory (CorHealth Ontario)

<http://ontariostrokenetwork.ca/professional-stroke-education-inventory/>

CorHealth Ontario's Professional Stroke Education Inventory is a repository of tools, resources and programs that support health care professionals working in stroke care.

Provincial Interprofessional Stroke Core Competency Framework

<http://ontariostrokenetwork.ca/core-competencies-for-stroke/>

The online Provincial Interprofessional Stroke Core Competency Framework aims to provide health care professionals working in stroke with a clear, comprehensive way to achieve the core competencies needed for evidence-based stroke care. The framework supports a baseline level of competency province-wide, and encourages stroke specific professional growth.

The framework consists of a set of core stroke competencies for six disciplines- Nursing, Occupational Therapy, Physical Therapy, Speech-Language Pathology, Social Work, and Recreation Therapy. The framework includes a self-rating scale which allows health care providers to identify priority learning areas. Each competency contains learning objectives, recommended learning resources/knowledge translation tools and suggested evaluation methods

Examples for use include:

- Staff orientation
- Team education
- Self-learning plans
- Performance appraisal goals
- Accreditation
- Professional Reflective Practice

Visit the Core Competencies page of the OSN website

at: <http://ontariostrokenetwork.ca/core-competencies-for-stroke/>

Stroke Rehabilitation Unit Orientation

This is a 12-module independent learning program providing inpatient stroke rehabilitation unit care. While the target audience is nurses new to practicing in a stroke

rehabilitation unit, this resource can be used by an professional discipline who works within this setting. See module #6: Communication.

<http://swostroke.ca/stroke-rehab-unit-orientation/>

Acute Stroke Unit Orientation (developed by Southwestern Ontario 2015): A Self-Directed Acute Stroke Unit Learning Program for Nurses and Allied Health Team

<http://swostroke.ca/acute-stroke-unit-orientation/>

Shared Work Day and Field Training Stroke Educational Support Program

<https://www.strokenetworkseo.ca/best-practice-and-education/education-opportunities#section-shared-work-day-field-training-stroke-educational-support-program>

This professional education stroke fund is designed to facilitate the development of individual or group stroke-specific knowledge, expertise and networking.

Taking Action For Optimal Community and Long Term Stroke Care (TACLS)

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care#section-taking-action-for-optimal-community-and-long-term-stroke-care-tacsl>

This resource replaces the Tips and Tools for Everyday Living Manual. It is closely linked with the HSF Canadian Stroke Best Practice Recommendations and is an evidence-based resource that provides guidance around how to provide safe care for people who have had a stroke and are living in community and long-term care settings. Developed primarily for healthcare workers such as personal support workers, health care aides, home care attendants, and rehabilitation assistants, it can also be used by organizations engaged in education or orientation for these healthcare providers, and any other healthcare professionals who work with people who have had a stroke and their families. PowerPoint slide decks, notes pages, and master test your knowledge question and answer document are also available. These PowerPoint slide decks are a teacher resource, and provide key information from the full TACLS document, along with test your knowledge quiz questions.

Brain Body & You Workshop Series (offered at St. Lawrence College)

<https://www.strokenetworkseo.ca/best-practice-and-education/education-opportunities#section-the-brain-body-and-you-st-lawrence-college-kingston-october-5-12-19-26-2016>

Take advantage of one or more of these FREE four hour workshop modules in the 4 part series "THE BRAIN THE BODY AND YOU". This series is designed for front-line staff (eg. PSW, RPN, RN, Rehabilitation Assistants and Restorative Care Aides) who care for stroke survivors and other complex patient populations in the community, acute care, complex continuing care, Long Term Care and other related settings. Topics include:

- Stroke Care-Prevention To Life after Stroke & Continence
- Communication & Behaviour
- Mobility
- Nutrition, Hydration & Feeding

Tips and Tools for Everyday Living A Guide for Stroke Caregivers Putting It into Practice Video Series

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care#section-tips-tools-for-everyday-living-a-guide-for-stroke-caregivers-putting-it-into-practice-video-series>

These videos are designed to complement popular sections of the Tips and Tools for Everyday Living: A Guide for Stroke Caregivers (2010) and education programs currently underway across Ontario and Canada. Five of these videos are designed for front line staff and one has been developed for family and community education.

Front Line Healthcare Staff Education Video Series:

- Recognize & React to the Signs & Symptoms of Stroke for Health Care Providers
- Communication
- Meal Assistance & Hydration
- Cognitive, Perceptual & Behavioural Problems
- Mobility

Family & Community Education:

- Recognize & React to the Signs and Symptoms of Stroke

Educational Posters

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care#section-educational-posters>

These posters are available in wall mount, table top display and handout format. The posters have been developed for the education of frontline care providers and are formatted to provide critical learning points in a highly visual way.

Poster topics include:

- Safe Seating
- Make Feeding Safer
- Post-Stroke Depression
- Blood Pressure
- Communication
- Cognition & Perception
- Stroke Prevention & Care
- Meaningful Activity
- Behaviour

Evidence Based Review of Stroke Rehabilitation (EBRSR)

<http://www.ebrsr.com/>

A comprehensive, research-based synthesis of stroke rehabilitation.

Stroke Network of Southeastern Ontario-Community and Long-Term Care Resources

<https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care> Resources supporting health care providers with implementing transitions of care best practices.

SouthEasthealthline.ca – Stroke Resources (Home and Community Care South

East LHIN)

<https://www.strokenetworkseo.ca/community-supports#section-interactive-community-resources-websites>

Web based resource providing information for persons living with the effects of stroke and families/caregivers in ten different domains including communication. The mobile application for this website is available at

<https://itunes.apple.com/ca/app/thehealthline.ca/id877737646?mt=8>

Module 1: Management of Dysphagia in Acute Stroke - Brockville General Hospital

In this online learning module you will learn the importance of screening stroke survivors for swallowing difficulties known as dysphagia and how to monitor and manage patients following a stroke for dysphagia.

<https://www.strokenetworkseo.ca/sites/strokenetworkseo.ca/learning-modules/dysphagia-1/presentation.html>

Evidence Based Review of Stroke Rehabilitation (EBRSR)

<http://www.ebrsr.com/>

A comprehensive, research-based synthesis of stroke rehabilitation.

Stroke Network of Southeastern Ontario-Community and Long-Term Care

Resources <https://www.strokenetworkseo.ca/best-practice-and-education/community-and-long-term-care> Resources supporting health care providers with implementing transitions of care best practices.

SouthEasthealthline.ca – Stroke Resources (Home and Community Care South East LHIN)

<https://www.strokenetworkseo.ca/community-supports#section-interactive-community-resources-websites>

Web based resource providing information for persons living with the effects of stroke and families/caregivers in ten different domains including communication. The mobile application for this website is available at <https://itunes.apple.com/ca/app/thehealthline.ca/id877737646?mt=8>

Aphasia Institute Resources

Professional Training Opportunities

https://www.aphasia.ca/wp-content/uploads/2015/10/Training-Calendar-2016_Jan_Dec.pdf

Aphasia Institute Knowledge Exchange Speaker Series

<http://www.aphasia.ca/home-page/health-care-professionals/knowledge-exchange/>

Aphasia-friendly Resources

<http://www.aphasia.ca/shop/>

Pictographic Tools to Aid Conversation

<http://participics.aphasia.ca/>

Free Downloadable Resources

To access free downloadable resources from The Aphasia Institute, go to <https://www.aphasia.ca/shop/> and navigate to box *If you work or live in Ontario you may be eligible for free downloads* of our products. Complete the form and instructions will be emailed.

Video: Aphasia Institute (1996) Supported conversation for aphasia adults: Increasing communicative access: Aphasia Institute, North York. Contact the Aphasia Institute at www.aphasia.ca

Book:

Bauby, Jean-Dominique (1997) The Diving Bell and the Butterfly: A Memoir of Life in Death. Random House Inc. ISBN: 0375701214.

The Brain, The Body & You – Learning Series

WORKSHOP 4: Nutrition, Swallowing, Feeding and Hydration

Participant Evaluation Form

1. Using the following scale (1-9), please rate your level of knowledge / skill / experience **BEFORE** today's workshop and **AS A RESULT OF** today's workshop for each of the following statements.

NONE or MINIMAL Knowledge/Skill/Experience			SOME Knowledge/Skill/Experience			EXTENSIVE Knowledge/Skill/Experience		
1	2	3	4	5	6	7	8	9

Enter a number in the boxes

below

How would you rate your:	BEFORE the Session	AS A RESULT OF the Session
a. Ability to recognize the possible signs and symptoms of a sudden <u>stroke</u>		
b. Understanding of how to react to the sudden signs and symptoms of a sudden stroke		
c. Ability to identify risk factors for having a stroke		
d. Knowledge of how a stroke could effect a stroke survivor's ability to swallow		
e. Knowledge of how to position the stroke survivor for feeding		
f. Knowledge of the roles and functions of the interprofessional team members		
g. Knowledge of feeding techniques for the stroke survivor		
h. Ability to identify feeding and swallowing problems the stroke survivor may experience		

Comment [SS1]: Should this change to "Ability to describe three Signs of a stroke using the FAST acronym"

2. Overall, to what extent did this workshop meet your expectations?

- _____ Did not meet
_____ To some extent
_____ To a great extent
_____ Exceeded my expectations

Swallowing, Feeding, Nutrition and Oral Care

3. Was the amount of information presented...

_____ Too much _____ About right _____ Not enough

4. The length of time for the workshop was...

_____ Too much _____ About right _____ Not enough

5. What did you find most helpful about the workshop?

–

–

6. What did you find least helpful about the workshop?

–

–

7. What is your overall rating of the workshop?

_____ Excellent _____ Good _____ Fair _____ Poor _____ Very Poor

8. Any other comments:

–

–

–