Additional file 5: Strenghts and weaknesses of the OHS-interRAI

STRENGTHS	**Representative quotes**
Clearly formulated for caregivers and residents	FG1 I1: 'It goes quite smoothly, actually. The questions asked are clear, so it's easy to communicate them to the residents.'
More comprehensive, accurate and detailed	FG2 I1: 'You do focus more on the items being asked about. Whereas in the previous section, that wasn't really the case… well, or it was inferred that if a resident wasn't eating well or was losing weight, then you would go and see if it could perhaps be due to the oral status, but it wasn't something you automatically checked. Now, however, you're partly obliged to look at it.'
Easy to execute	FG1 I1: 'In the beginning, it was a bit of a search "how do we ask the residents". But I've done it three times now, and it's going more smoothly.'
Accompanying photographs are supportive	FG1 I2: 'This [the photopgraphs] does give me some confidence, but I still often have doubts about small things, like a broken tooth or some plaque. I still find it difficult, but it does provide some clarification.' FG2 I2: 'If it's been a little while since you last had to do assessments, it's helpful to be able to refer back to those photos and refresh your memory.'
Raises awareness for oral health in caregivers and residents	FG2 I1: 'You are more engaged with it, you also check it more, I think, than before.' FG2 I2: 'We also notice that residents are more often indicating of themselves "I have discomfort in my mouth and I would like to see a dentist".'
OHS-interRAI CAPs are useful	FFG2 I2: 'Yes, it's good to know from what point on it becomes, 'Oh dear, now you need to pay a bit more attention...'. I find those CAPs useful anyway.'
e-learning is comprehensive, beneficial and conducive	FG1 I1: 'I enjoy working with e-learning. It is convenient. You can do it whenever it suits you and interrupt when you need to. It's easy to work with.'
On-site training fosters confidence and lowers threshold for the assessment	FG1 I2: 'It helps to lower your own threshold for looking in the mouth. I found it very positive.' FG2 I2: 'And also in terms of transferring information to the resident and the family, it's important that you know enough about it. That you know what you're dealing with.'
WEAKNESSES	
Lack of confidence in new task	FG1 I2: 'Even though I've received all the training, for me as a physiotherapist, oral health and prevention are something further that feels quite distant. Am I giving the right score now?'
OHS-interRAI CAPs trigger often and seem too sensitive	FG1 I2: 'I find that the CAP dental visit lights up quite fast. For example, a spot on the cheek would require a visit to the dentist. But in the case of a 96-year-old resident, it is questionable whether this is really necessary.' FG2 I2: 'Yes, but dry mouth, well... medication that's linked to it, but that doesn't necessarily mean you have to call the dentist straight away...'
OHS-interRAI CAPs are not used in care planning	FG1 I1: 'At the moment, nothing is being done with the CAPs, but of course we will brush people's teeth.'
Need for explicit feedback in e-learning	FG1 I1: 'I felt like you had to figure out for yourself whether it was right or wrong.'