FASD Videoconferencing Learning Series 2009/10 Evaluation

Final Report

May 2010

Table of Contents

EXECUTIVE SUMMARY ii

1.0 INTRODUCTION 1

2.0 METHODS 2

3.0 EVALUATION RESULTS 4
3.1 Participant Demographics 4
3.2 Participant Ratings 6
3.3 Change in Knowledge 16
3.4 Attendance 17
3.5 Presenter Feedback 19
3.6 Facilitator Feedback 20

4.0 SUMMARY AND DISCUSSION 23

5.0 RECOMMENDATIONS 25

APPENDICES
A. Posters 27
B. Participant Post-Session Survey 30
C. Presenter Survey 33
D. Facilitator Survey 35
E. Attendance and Registration by Session 37
F. Number of Sites and Attendance by Session 38
G. Work Places of Service Providers by Session 39
H. Individual Session Ratings 40

EXECUTIVE SUMMARY

Introduction

The Fetal Alcohol Spectrum Disorder (FASD) Cross-Ministry Committee (CMC) established the FASD Collaborative Technology Program to support the development and delivery of learning opportunities for all stakeholders involved with FASD. The FASD Videoconference Learning Series, administered through Alberta Children and Youth Services, was introduced in 2007 to increase community and individual capacity to support individuals with FASD and their caregivers across the lifespan. The initiative specifically addresses the need for educational programs that target a wide variety of urban and rural audiences. CASA Child, Adolescent and Family Mental Health was contracted to develop the content for the 2009/10 program year, and to conduct a formative and summative evaluation.

The 2009/10 FASD Videoconference Learning Series presented 18 educational sessions between September 2009 and March 2010. Sessions were targeted to the following sectors: social support services, health care, education, justice, employment and individuals affected by FASD (including their family members and caregivers).

The videoconferences were designed to enhance access to live presentations for people in their home communities. The sessions were available for viewing in both urban and rural areas of Alberta, Saskatchewan, Northwest Territories and British Columbia. Participants agreed that the use of videoconferencing made it easier for them to attend sessions (i.e. 89%). So it is likely that at least some people were able to access the sessions who would not have be able to attend if it had been available in only one location. During the 2009/10 series, accessibility to the presentations has been enhanced by posting recordings of the sessions on-line to allow those who cannot attend live videoconference sessions to access the information at a more convenient time.

There is very strong evidence that the participants attending the FASD Videoconference Learning Series increased their knowledge in the content of the presentations. Not only did their knowledge increase, participant ratings suggest that the content was relevant to them (i.e. 87%) and that they would be able to apply what they had learned (i.e. 86%). Participants listed 119 ideas they had learned that could help them to support individuals living with FASD and their caregivers.

The evidence presented in this report suggests that the videoconferences were acceptable to participants, that this delivery method increased participant's ability to access information about FASD and that the videoconferences were very effective in increasing participant's knowledge about FASD. The knowledge gained by those who attended the presentation can thus be used to enhanced community and individual capacity to support individuals with FASD and their caregivers across the lifespan.

Methods

Quantitative and qualitative data were collected through participant and presenter surveys, site attendance sheets, and a spreadsheet listing the sites connected for each session. Quantitative data were analyzed using a statistical software package and qualitative data were coded using a thematic analysis.

Evaluation Results

Participant Demographics

The largest target audience (i.e. 93%) attending the sessions was service providers. Three-quarters of the survey respondents were from Alberta. The remainder hailed from other provinces/territories including Saskatchewan, the Northwest Territories and British Columbia. Thirty-nine percent (39%) of respondents said that they or their organization were members of an FASD service network. All of 165 respondents except one were over the age of 18. The most common ways respondents found out about the videoconference sessions were by e-mail (i.e. 49%) and through their employer (i.e. 23%).

Participant Feedback

Overall, an overwhelming majority (i.e. 93%-95%) of respondents "strongly agreed" or "agreed" that the learning objectives were clear, that the learning objectives were met, that the content was relevant for them, that they would be able to apply what they had learned and that it was a valuable learning experience. Average overall rating of their satisfaction with the content of the sessions was 89%. A large majority of respondents also "strongly agreed" or "agreed" that their awareness of the topic increased (i.e. 91%), and that they will share what they learned with others (i.e. 94%).

In every session except one, average differences in respondent assessments of their pre-post change in knowledge showed that they perceived their knowledge to have increased after attending a session. The average increase in knowledge from each of the 18 individual sessions ranged from +0% to +31% and the average knowledge increase for all 18 sessions was +15% which was statistically significant at a p-value of 0.001. The following is one of a number of participant quotes about the positive impact of the video sessions: **"Great, inexpensive opportunity to learn more. It is difficult to live in an isolated, small community where training is hard to access."**

Although 85% of the respondents "strongly agreed" or "agreed" that the use of videoconferencing helped them to attend the presentations, their comments suggest that there is still room for improvement with some of the technical aspects of the videoconferences (especially the audio quality). The comparatively low level of agreement (73%) with the statement "asking questions by e-mail or texting during the live session worked well" suggests that interactivity during live sessions could be improved. The average overall rating of their satisfaction with the videoconferencing was 84%.

Overall, average respondent ratings of the presenters suggest that the presenters were well prepared (i.e. 95%), effective communicators (i.e. 93%) and knowledgeable (i.e. 94%). Participant and facilitator feedback about the use of a facilitated conference format of five sessions over two consecutive days did not strongly endorse the use of this format. When asked what they learned that they could use in supporting individuals living with FASD and/or their caregivers, 66% of respondents indicated various specific strategies. Respondents made suggestions related to improving the technology especially audio quality (i.e. 20%) and to improve the process for asking questions (i.e. 16%). The most frequent suggestions for future topics were: FASD and mental health issues (i.e. 12%), addictions and FASD (i.e. 11%), strategies to deal with FASD (i.e. 11%).

Presenter Feedback

Overall, presenters rated the presenter orientation package helpful (i.e. 91%) and complete (i.e. 91%). Their high average agreement ratings suggest there was enough assistance to format their presentation (i.e. 91%), enough technical support (i.e. 91%), and enough time to prepare their presentation (i.e. 93%). The team at the site of the live presentation was highly rated for welcoming the presenters (i.e. 90%) and being well-organized (i.e. 87%). Presenters gave somewhat lower ratings for the adequacy of the information they received about the intended audience (i.e. 79%), for the effectiveness of the facilitated discussion (i.e. 73%), and the effective operation of the audio and/or visual system (i.e. 82%). This suggests that some improvements may be needed in these areas. Finally, their comments suggest that many of the presenters found it difficult to engage the audience in discussions.

Attendance

The attendance numbers for 2009/10 were not expected to be as high as those for 2008/09. Some of the reasons for the smaller attendance numbers include no longer being able to offer sessions in the evening, the introduction of on-line access to archived sessions, a decrease in the number of viewing sites and sessions and a change in advertising strategy. There were 612 participants who attended the 18 sessions presented in 2009/10. Attendance at individual sessions ranged from five to 127 with the average being 34.

A total of 453 sites connected for all 18 sessions; an average of 25 sites connected for each session. Presentations were recorded and archived on-line for public access. Unfortunately, the technology required to track the use of the on-line videos was not available, hence that information is not included in this evaluation. However, a recently installed tracking program will give a more complete and accurate measure of the use of the archived video learning sessions in the future.

Recommendations

1. Update the evaluation strategy to include an examination of the use of on-line video sessions.

- Track the number of times people access the archived videos.
- Gather feedback through “pop up” surveys sent automatically to those who view archived video sessions.

2. Enhance opportunities for interaction between presenters and the audience.

- Continue to address technical issues related to video connections and the quality of audio transmission.
- Ensure that all participants receive instructions before and during each session about how to interact while using the video equipment.
- Consider adding web based discussions for follow-up to live and on-line sessions.

3. Continue to reduce access barriers through enhanced marketing and improved ease of use.

- Increase the breadth and frequency of distribution of promotion materials.
- Grade the sessions according to the complexity of the content (i.e. beginner, intermediate and advanced) to help participants choose the ones most relevant to them.
- Advertise archived on-line sessions in conjunction with the promotion of live sessions, and identify those that may be helpful as background for the session being offered.
- Ensure advertisement for sessions accurately reflects the content of the session.
- Investigate the feasibility of developing other distance learning approaches such as web-based learning modules using archived and new material.

4. Develop a plan for sustainability.

- Use the information gathered through the comprehensive evaluation of the 2010/11 sessions to develop a three year plan specifying a vision, strategic direction (with respect to content, audience and technology) and links to related educational initiatives.
- Explore adding to the value of the production through working partnerships with others providing related services to similar audiences (eg. Healthy Minds, Healthy Children, the Alberta Mental Health Board).
- Explore additional funding through private foundations and the corporate sector.

1.0 INTRODUCTION

The Fetal Alcohol Spectrum Disorder (FASD) Cross-Ministry Committee (CMC) established the FASD Collaborative Technology Program to support the development and delivery of learning opportunities for all stakeholders involved with FASD. The FASD Videoconference Learning Series, administered through Alberta Children and Youth Services, was introduced in 2007 to increase community and individual capacity to support individuals with FASD and their caregivers across the lifespan. The initiative specifically addresses the need for educational programs that target a wide variety of urban and rural audiences. CASA Child, Adolescent and Family Mental Health was contracted to develop the content for the 2009-10 program year, and to conduct a formative and summative evaluation.

The 2009/10 FASD Videoconference Learning Series presented 18 educational sessions between September 2009 and March 2010. Sessions were targeted to the following sectors: social support services, health care, education, justice, employment and individuals affected by FASD (including their family members and caregivers). Three significant changes were made from the previous series in session scheduling and production in an effort to intensify learning and maximize participation and access: 1) mental health sessions were clustered over a period of two consecutive days to simulate a conference experience; 2) to overcome audio connectivity challenges with multiple sites, participants were encouraged to email or text questions to the presenter during the live session; 3) select presentations were offered in recorded format only for ease of production and distribution. Other changes included a modified promotion campaign (designed to reduce “audience poster fatigue”), improved on-line access to recordings of all sessions and the elimination of evening hours due to government due to government spending controls.

All sessions were recorded and the videos uploaded to the CMC-FASD website for continued unrestricted use. They can be viewed at the following link:
http://www.fasd-cmc.alberta.ca/home/572.cfm

The following table lists the 2009/10 FASD Videoconference Learning Sessions according to the target audiences. The poster version of the master schedule of events is included in Appendix A.

Target Sector	Session Title	Session Date
Education	FASD and Practice: Issues for School Administrators	Jan 13
	Teacher and Parent Relationships	Jan 20
Employment	Enhancing Employability for Persons with FASD	Feb 11
	Employability Strategies for Persons with FASD	Mar 11
Health Care Providers	Attachment Disorder and Trauma	Nov 24
	Medication	Nov 25
Individuals, Family Members and Caregivers affected by FASD	Grief and Loss: The Ongoing Face of Grief and Loss and the Theory Behind It	Oct 5
	FASD 101	Nov 6
	The Role of the Grandmother in FASD Care and Support	Dec 2
	Safety Issues: FASD and the Internet	Dec 16
	Safety Issues: FASD and Sexuality	Mar 17
	Grief and Loss: Strategic Support for Clients	Mar 19
Legal and Justice	FASD and Practice: Issues for Correctional Peace Officers and Sheriffs	Sep 16
	FASD and Practice: Issues for Probation Officers	Feb 3
Support Service Providers	Addictions	Oct 8
	Approaches to Treatment: Animal Assisted Therapy	Nov 24
	Approaches to Treatment: Family Therapy	Nov 25
	Approaches to Treatment: Motivational Interviewing	Nov 25

The evaluation of the FASD Videoconference Learning Series focuses on the series as a whole as well as on the use of a video as a means to support learning. The evaluation addresses these two questions:

1. How did the FASD Videoconference Learning Series impact participant knowledge about FASD?

2. How effective is videoconferencing as a method of providing education about FASD?

2.0 METHODS

Quantitative and qualitative data were collected through participant and presenter self-report surveys. All survey participants were informed about issues of confidentiality and anonymity and that their participation was voluntary. Quantitative data were analyzed using a statistical software package (SPSS) and qualitative data were coded using thematic analysis.

a) Participant Surveys

Session participants who provided their e-mail address on attendance sheets located at each presentation and viewing site were e-mailed a link to an on-line survey within four days after attending a session. The survey was open for responses for one week after the initial invitation. Reminder e-mails were sent one day before the on-line survey was closed. A copy of the participant post-session survey can be seen in Appendix B. The survey in Appendix B was modified for some sessions in the following ways:

- For live only sessions, questions about videoconferencing were omitted.
- To prevent survey fatigue, respondents completed a single summary evaluation of the five mental health sessions offered over two consecutive days, rather than complete ratings for all the individual sessions they attended.
- For sessions with more than one presenter, there was an opportunity to provide individual ratings for each presenter.

Presenters received summaries of the participant surveys for their sessions. The overall response rate for the participant surveys was 30% and ranged from 18% to 80% for individual sessions.

b) Presenter Surveys

After each session, an e-mail link to an on-line survey was sent to each presenter. A reminder e-mail was sent two weeks after the initial invitation to complete the survey. The presenter survey was closed two weeks after the last session of the entire series was completed. Twenty-four presenters were invited to complete the survey and 17 surveys were received. This is a response rate of 71%. A copy of the presenter survey can be seen in Appendix C.

c) Facilitator Surveys

The sessions presented on November 24 and 25 had facilitators in attendance at some of the distant sites to guide discussions at the end of the presentations. Twelve facilitators were sent an e-mail link inviting them to complete a facilitator survey and seven surveys were received. This is a response rate of 58%. The survey facilitators were asked to complete can be seen in Appendix D.

d) Statistics

Each participating site was asked to fill out an attendance sheet to keep track of participant numbers. The attendance by session was based on the number of names listed on the attendance sheets submitted by each site.

Alberta Children and Youth Services provided a spreadsheet with the names of the connected sites for each session.

3.0 EVALUATION RESULTS

3.1 Participant Demographics

Target Groups

To identify target groups attending the sessions, participant survey respondents were asked to indicate if their primary interest in the session was as a service provider, parent/caregiver or an individual affected by FASD. The table below shows that although in both years the majority were service providers, in 2009/10, there were a smaller percentage of parents or caregivers and individuals affected by FASD than in 2008/09.

Percent of Target Group Survey Respondents in 2008/09 and 2009/10

	2008/09 (n=682)	2009/10 (n=178)
Service Provider	**86%**	**93%**
Parent/caregiver	**13%**	**7%**
Individual affected by FASD	**2%**	**0%**

Service providers were asked to indicate the sector where they work. The table below shows that in 2009/10 the sectors with the largest representation were health care, social services and justice. Compared to 2008/09, the most notable change was the decreased representation from education (i.e. from 44% to 11%). Two factors likely affected the attendance of educators in 2009/10: 1) sessions were no longer offered after school hours when teachers could attend, and 2) the sessions for educators were pre-recorded, thus no data about the use of the material is available. The work place of service provider respondents for each individual session can be seen in Appendix G.

Work Place of Service Provider Survey Respondents

Sector	2008/09 (n=798)	2009/10 (n=163)
Social Services	17%	27%
Health Care	18%	20%
Justice	5%	17%
Community non- profit	8%	16%
Education	44%	11%
Employment and Immigration	-	2%
Other	3%	7%
Government of Alberta	5%	-

Viewing Location

The sessions were broadcast to various sites spanning across Alberta, British Columbia, Saskatchewan and the Northwest Territories. Within Alberta, location sites were grouped into three categories – the city of Edmonton, Northern Alberta (i.e. all sites north of Edmonton), and Southern Alberta (i.e. all sites south of Edmonton). The table below shows the locations where attendees viewed the FASD videoconferences. Compared to 2008/09, the most notable changes were that a larger proportion viewed the sessions in Edmonton and a smaller proportion viewed the sessions from British Columbia, and Southern Alberta.

Viewing Location of Survey Respondents

Location	2008/09 (n=891)	2009/10 (n=183)
Edmonton	12%	34%
Southern Alberta	34%	24%
Northern Alberta	16%	17%
Saskatchewan	11%	10%
Northwest Territories	2%	9%
British Columbia	20%	5%
Nunavut [a]	-	1%
Yukon	3%	-
Ontario	1%	-
Other [b]	1%	-

[a] In 2008/09, there were two respondents from Nunavut and these have been included in the other category.

[b] Other in 2008/09 includes three respondents from Prince Edward Island, two respondents from Nunavut, and one from Manitoba.

Membership in an FASD Network

Compared to 2008/09, there was an increase of 7% in the percent of survey respondents who said that they or the organization they represent were members of an FASD Service Network (i.e. from 32% in 2008/09 to 39% in 2009/10).

Age of Respondents

Of the 165 respondents who indicated their age, all except one were over 18 years of age (i.e. 100%).

Session Notification

Respondents were asked to indicate the best ways to notify them about these sessions. The table below shows that the best ways are by e-mail and through their employer or organization.

What are the best ways for you to find out about these sessions? (n=316 responses)

Method	
E-mail	49%
Employer/Organization	23%
FASD Network	11%
Website	11%
Colleague	5%
Friend/Relative	1%

Registration

Respondents were asked to indicate the most convenient ways to register for these sessions. The table below shows that the best way is by e-mail.

What is the most convenient way for you to register for these sessions? (n=183)

Method	
E-mail	86%
Telephone	10%
Other	4%

3.2 Participant Ratings

Participants were asked questions about session content, delivery using videoconferencing and the presenter. For ease of comparison average agreement ratings were determined by assigning numerical values to the rating scale and calculating the numerical averages which were then converted to percentages.

In Appendix H, summaries of ratings for individual sessions are presented. In this section, the ratings for all the 18 sessions have been summarized and are presented by comparing the responses with those from the 2008/09 FASD Videoconference Learning Series. The comparisons of the ratings for each year should be interpreted with caution as there is a wide variation in the number of respondents for each year.

Learning Objectives

The tables below show that in 2009/10, an overwhelming majority (i.e. 94%-95%) of respondents "strongly agreed" or "agreed" that the learning objectives were clear and that the learning objectives were met. In comparison to 2008/09, the average agreement ratings for learning objectives being clear and met are slightly higher.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
Learning objectives were clear.	2008/09 (n=712)	-	3%	59%	36%	2%	83%
	2009/10 (n=178)	1%	3%	40%	54%	1%	87%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
Learning objectives were met.	2008/09 (n=823)	1%	4%	59%	32%	4%	82%
	2009/10 (n=178)	1%	3%	46%	49%	1%	86%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

Content of Sessions

The tables below show respondent ratings for content of the sessions. Overall, an overwhelming majority (i.e. 93%-95%) of respondents "strongly agreed" or "agreed", that the content was relevant for them, that they would be able to apply what they had learned and that it was a valuable learning experience. Compared to 2008/09, the average agreement ratings for these questions were slightly higher.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
The content was relevant to me.	2008/09 (n=844)	1%	2%	58%	38%	1%	84%
	2009/10 (n=173)	2%	3%	40%	54%	1%	87%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
I will be able to apply what I have learned at this session.	2008/09 (n=840)	-	4%	59%	34%	3%	83%
	2009/10 (n=178)	1%	4%	44%	49%	2%	86%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
This was a valuable experience.	2008/09 (n=837)	1%	4%	53%	40%	2%	84%
	2009/10 (n=178)	2%	2%	40%	55%	1%	88%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

In 2009/10, the questions in the table below were added to the participant survey. The responses to these questions suggest that session participants did increase their awareness about the topic of the sessions they attended and that they will pass on to others what they learned in the sessions.

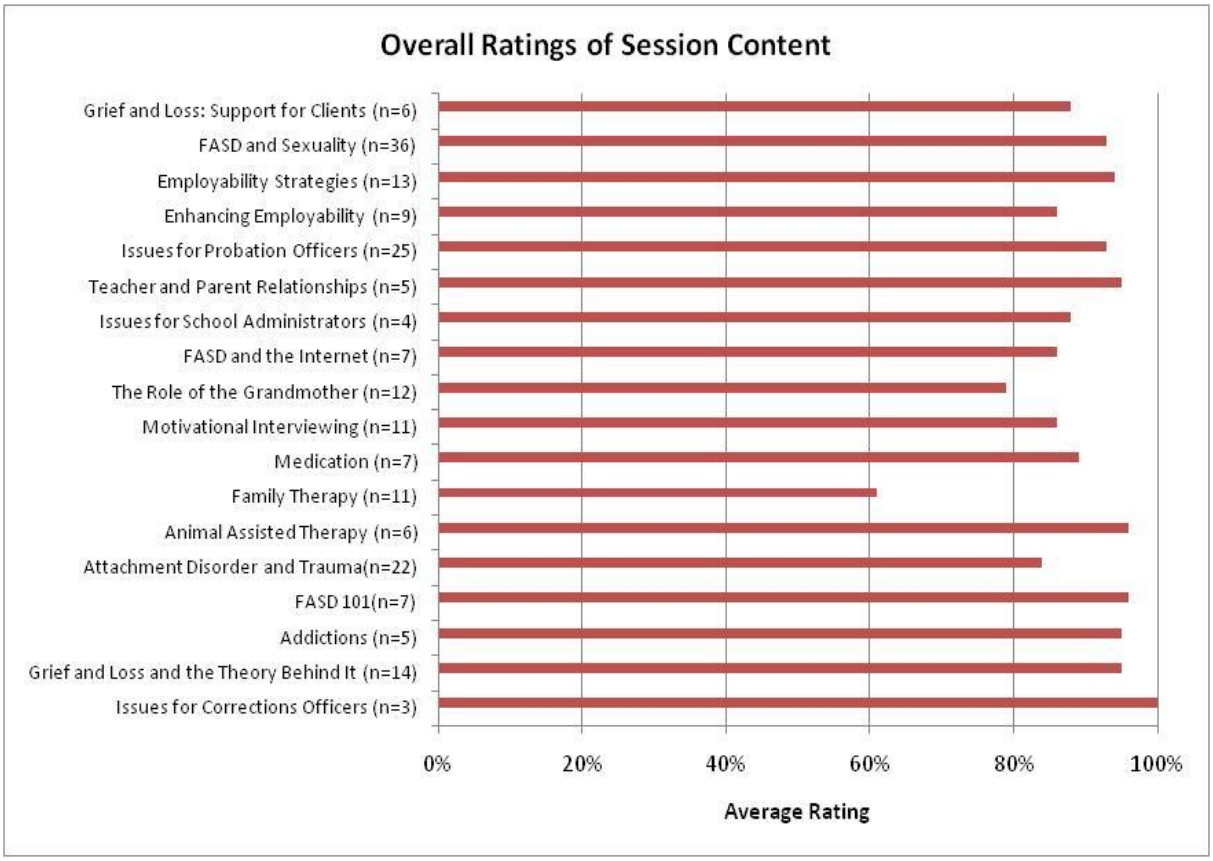
	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
My awareness of this topic increased as a result of this session. (n=180)	2%	6%	41%	50%	1%	85%
I will share what I have learned with others. (n=102)	2%	2%	44%	50%	2%	86%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

Overall Rating of Session Content

Session participants used a 4-point scale (1=Poor; 2=Fair; 3=Good; 4=Excellent) to give overall ratings for session content. These ratings presented in the chart below show the highest rating was 100% and the lowest was 61%. The low rating for the Family Therapy session (i.e. 61%)

likely reflects the audio difficulties experienced during that session which were more challenging than for the other sessions.



Overall ratings of session content are presented in the table below. Of the 206 respondents 91% of the ratings were “excellent” or “good”. Compared to 2008/09, the average agreement ratings are slightly higher at 89%.

Comparison of overall ratings for session content 2008/09 and 2009/10

	Year	Excellent	Good	Fair	Poor	Don’t Know	Average Agreement [a]
Overall rating for content of the sessions.	2008/09 (n=854)	47%	43%	7%	2%	1%	84%
	2009/10 (n=206)	63%	28%	6%	2%	1%	89%

[a] Each rating was assigned a numerical value (i.e. excellent=4; good=3; fair=2; poor=1) and the average of all the ratings was converted to a percentage.

Videoconferencing as a Method of Delivery

The following tables show ratings for questions relating to videoconferencing as a method of delivery and comfort of the viewing site. Similar to 2008/09, respondents strongly agreed that the use of videoconferencing helped them attend the sessions (i.e. average agreement 89%). Respondents were in slightly less agreement that the room was comfortable with an average agreement of 82%. Ratings for video quality (i.e. 85% average agreement) increased by 11% from the 2008/09 ratings suggesting that there may have been some improvements in video quality.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/Does Not Apply	Average Agreement [a]
Use of videoconferencing helped me attend this session.	2008/09 (n=848)	-	2%	32%	64%	2%	91%
	2009/10 (n=159)	1%	7%	23%	62%	7%	89%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
I was satisfied with the video quality of the presentation.	2008/09 (n=838)	6%	14%	54%	24%	2%	74%
	2009/10 (n=156)	2%	4%	38%	43%	13%	85%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
I was satisfied with the audio quality of the presentation.	2008/09 (n=839)	6%	12%	55%	26%	1%	76%
	2009/10 (n=156)	3%	11%	35%	39%	12%	81%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
The room was comfortable.	2008/09 (n=848)	1%	4%	62%	33%	-	82%
	2009/10 (n=170)	2%	5%	46%	35%	12%	82%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

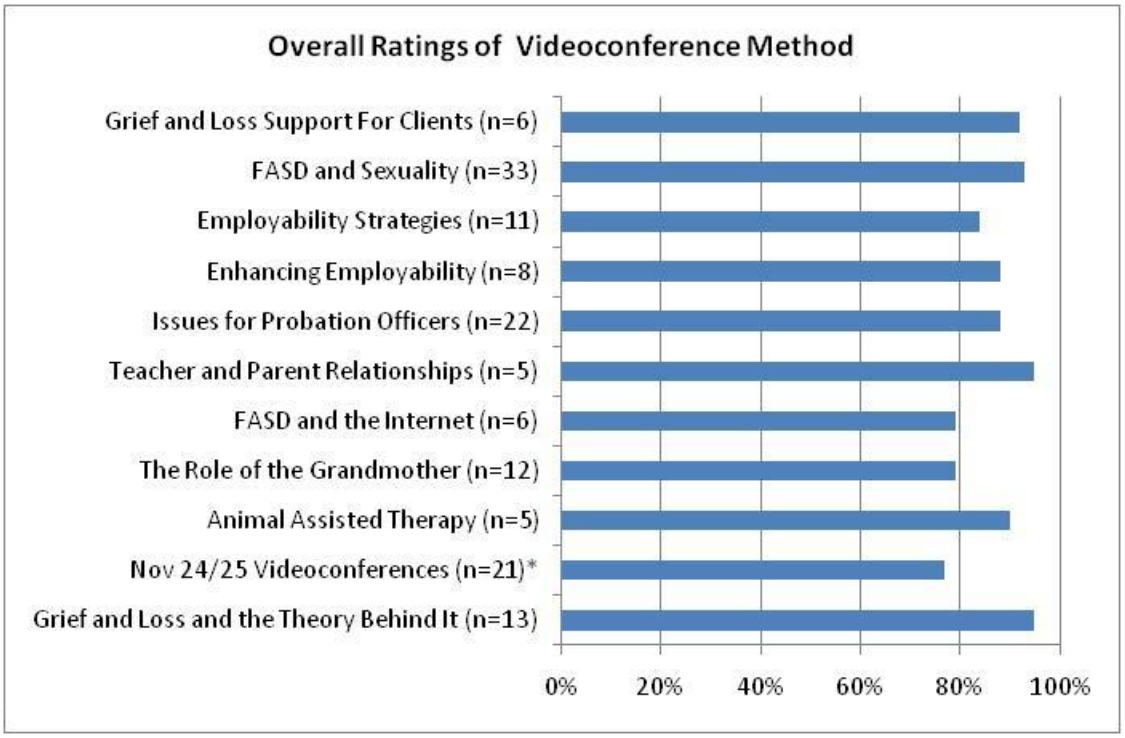
In 2009/10, the procedure for participants to ask questions was restricted to asking them by e-mail and texting to overcome audio connectivity challenges. The question in the table below was added to the participant survey to get their feedback on this new procedure. This method of asking questions was not strongly endorsed by respondents as only 32% said they "agreed" or "strongly agreed". However, a large percent (i.e. 54%) said they either did not know or that the question did not apply to them. This is likely because they did not ask a question or because they were present at the live site.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Does Not Apply	Average Agreement [a]
Asking questions by e-mail and/or texting worked well. (n=142)	4%	10%	19%	13%	38%	16%	73%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

Overall Rating of Videoconference as a Method of Delivery

Session participants used a 4-point scale (1=Poor; 2=Fair; 3=Good; 4=Excellent) to give overall ratings for videoconference as a method of educational delivery. Overall ratings for videoconferencing for sessions that were videoconferenced are shown in the chart below. The ratings ranged from a low of 77% to a high of 95%.



As shown in the table below, 82% of the ratings for the use of videoconferencing as a tool for the sessions were "excellent" or "good". In 2009/10, there was a slight increase in the average agreement rating from 81% to 84%.

	Year	Excellent	Good	Fair	Poor	Don't Know	Average Agreement [a]
Overall rating for use of videoconferencing as a tool for the sessions.	2008/09 (n=827)	40%	46%	10%	3%	1%	81%
	2009/10 (n=98)	40%	42%	4%	2%	11%	84%

[a] Each rating was assigned a numerical value (i.e. excellent=4; good=3; fair=2; poor=1) and the average of all the ratings was converted to a percentage.

Feedback on the November 24/25 Conference Format

The questions in the following tables were only asked of the November 24/25 conference format attendees since they only apply to those sessions. Note that while the average rating for having the presentation over two consecutive days was 81%, only 17% strongly agreed that this format worked well. Similarly for the overall rating for this format, the ratings were almost equally split between being "good", "excellent" and "don't know". The average ratings for the facilitated discussion were lower at 76% with only 15% strongly agreeing that the facilitated discussion was valuable.

	N	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Does not apply	Average Rating [a]
Having the presentation over 2 consecutive days worked well.	23	-	-	52%	17%	4%	26%	81%
The facilitated discussion was valuable.	26	-	12%	46%	15%	4%	23%	76%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	N	Poor	Fair	Good	Excellent	Don't Know	Average rating [a]
The overall rating of presenting a number of sessions over 2 consecutive days.	27	-	4%	33%	30%	33%	85%

[a] Each rating was assigned a numerical value (i.e. excellent=4; good=3; fair=2; poor=1) and the average of all the ratings was converted to a percentage.

Participant Ratings of the Presenters

The following tables present ratings specifically pertaining to the session presenters. Overall, the presenter ratings suggest that the presenters were well prepared (i.e. 95% average agreement), effective communicators (i.e. 93% average agreement) and knowledgeable (i.e. 94% average agreement) about their subject area. All of these ratings were 5% to 6% higher than the 2008/09 ratings.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
The presenter was well prepared.	2008/09 (n=851)	1%	1%	40%	57%	1%	90%
	2009/10 (n=120)	1%	-	16%	82%	1%	95%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
The presenter was an effective communicator.	2008/09 (n=852)	1%	3%	42%	53%	1%	87%
	2009/10 (n=118)	2%	-	21%	77%	-	93%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement [a]
The presenter was knowledgeable.	2008/09 (n=811)	1%	1%	38%	59%	1%	89%
	2009/10 (n=120)	2%	-	17%	80%	1%	94%

[a] To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

Participant Comments

In addition to quantitative data, participant survey respondents were asked open-ended questions asking for suggestions and comments about the sessions. Participant responses to these questions have been summarized and coded by theme.

What Participants Learned

The following table lists what respondents said they learned from the videoconferences to help them in supporting individuals living with FASD and/or their caregivers. Two-thirds of the ideas mentioned were either general or specific strategies.

Ideas Learned to Support Individuals Living with FASD and Their Caregivers (n=119comments) [a]

	Percent
Strategy – dealing with sexuality (13), dealing with grief (13), using communication techniques (11), using repetition (5), using supports (5), using patience (4), using mentors/job coaches (4), tailoring approaches to individual abilities (3), establishing boundaries (2), using consistency (2), enriching the environment (2), learning how to help (2), increasing own FASD knowledge (2), using employment accommodations (2), motivating clients, using strategies for caregivers, using community teamwork, teaching behaviours even if concepts are not understood, changing expectations, using motivational interviewing, thinking outside of the box, keeping records of traumatic events and dealing with resistant clients	66%
Understanding increased - FASD in general (6), FASD and sexuality (3), the role of facial indicators in assessment (2), through the use of examples (2) about RAD (2), the Parenting Pyramid, outcome possibilities, brain development and the seven roles of women	17%
Treatment – animal therapy (3) and sand tray	3%
Programs and resources available (4)	3%
Schools and FASD – classroom strategies (2) and communicating with schools (2)	3%
Technology– computer and telephone safety issues (3)	3%
Diagnosis –difficulties in diagnosis (2) and possible presentations of FASD	3%
Terminology – refer to FASD as "brain injury"	1%
Prevention – make sure all are aware of effect of alcohol on unborn child	1%

[a] The number in brackets is the number of times that comment was made. Comments without numbers were made only once.

How to Improve Sessions

The following table summarizes their suggestions for improvements. There were also 8 comments suggesting that no improvements were required.

The most frequent suggestions for improvements were various ways to improve the content of the sessions, to improve some technical aspects of the presentations, especially the audio, to improve the question asking process and to increase the length of the sessions.

How could this session be improved? (n=97 comments) [a]

	Percent
Content of session – have information more focused on and applied to FASD (6), present all information for those who did not attend previous sessions (4), have more examples (3), have presenters with more FASD experience (2), have more strategies (2), have more role plays, discuss severity of FASD and how that impacts behavior, discuss the legal issues involved in discussing sexuality in schools, and advertise which populations session will deal with	22%
Technical – improve audio quality (15), improve video quality (2), address technical difficulties as soon as possible and make sure all of session is connected	20%
Questions – improve question asking process (6), have better opportunities to ask questions (4), have option to ask questions orally (4) and discuss how to ask questions several times during the presentation (2)	16%
Length of session – have more time for session (14) and have a flexible shut off time	15%
Site – was unorganized (2), did not get speaker contact information, did not get a handout, parking was difficult, chairs were uncomfortable and did not have tea available	7%
Presenter/presentation – have a more interactive presentation (2), add some humor, refer to slides during presentation, tell stories instead of reading from slides, have the slides match the presentation better and do not present material too quickly.	7%
Audience – have more people attend sessions (3) and have more of target audience attend (2)	5%
Advertisement – some advertisements did not reflect the content of the session (2), comments suggest some respondents are not aware of availability of archived sessions (2)	4%
Language – have presentation in Cree language	1%
Scheduling – having sessions once a month is better than having them on two consecutive days	1%
Follow-up –Provide on-line forums for discussion afterwards	1%

[a] The number in brackets is the number of times that comment was made. Comments without numbers were made only once.

Other Comments

There were 19 comments expressing appreciation for the sessions or positive comments such as the following:

- "From notifying me, to registering and arranging a remote location, to the presentation, you people did a great job."
- "Great, inexpensive opportunity to learn more. It is difficult to live in an isolated, small community where training is hard to access."
- ". . . there were a lot of tools I can use in my workplace . . ."
- "These teleconferences have been invaluable to me as they are my only source of information . . . They help to keep me focused on ways to deal with FASD people on a daily basis."

Future Topics

The following table lists respondent suggestions for future videoconference topics.
The three topics with the largest percentage of requests are mental health issues, addictions and strategies to deal with FASD.

Other FASD Presentation Topics that Would be of Interest (n=1,018 comments)

Topic	Percent
Mental Health Issues and FASD	12%
Addictions and FASD	11%
Strategies to Deal with FASD	11%
Law and FASD	9%
Teens and FASD	9%
Adults and FASD	8%
Assessment and Diagnosis of FASD	8%
Children and FASD	7%
Resources about FASD	7%
Employment and FASD	7%
Caregivers and FASD	6%
Any Information about FASD	5%
Other [a]	1%

[a] Other includes ideas to encourage prevention without guilt, modifying evidence-based mental health treatments, Parent-Child Assistance Program, parents with FASD parenting and sexuality.

3.3 Change in Knowledge

To assess the impact of the session on participant knowledge, participants were asked to rank their level of knowledge about the session topic both before and after the session. As illustrated in the table below, in every session except one, average differences in participant pre-and post-ratings show that participants perceived their knowledge of the session topic to increase after participating in the session. The one session where there was no knowledge increase was because participants had rated their pre-session knowledge at 100%. The amount of the knowledge increase ranged from +0% to +31% with the average being +15%. A T-test was performed to determine whether or not the change in level of knowledge was statistically significant. Similar to 2008/09, the post-session increase in knowledge was found to be significant at a p-value of 0.001. Note that compared to 2008/09, the perceived pre-post-knowledge change increased from 10% to 15%.

Percent Change in Knowledge by Session

Session	Sample Size (n)	Average Rating Pre Session (%)	Average Rating Post Session (%)	Pre-Post-Difference (%)
Issues for Correctional Peace Officers and Sheriffs	2	83%	100%	17%
The Ongoing Face of Grief and Loss and the Theory Behind It	14	71%	98%	27%
Addictions	5	85%	100%	15%
FASD 101	7	79%	93%	14%
Nov 24/25 Videoconferences[a]	27	69%	89%	20%
Approaches to Treatment: Animal Assisted Therapy	6	71%	92%	21%
The Role of the Grandmother in FASD Care and Support	11	82%	84%	2%
Safety Issues: FASD and the Internet	7	68%	86%	18%
FASD and Practice: Issues for School Administrators	4	100%	100%	-
Teacher and Parent Relationships	5	90%	100%	10%
FASD and Practice: Issues for Probation Officers	25	86%	95%	9%
Enhancing Employability for Persons with FASD	9	81%	89%	8%
Employability Strategies for Persons with FASD	13	65%	96%	31%
Safety Issues: FASD and Sexuality	36	72%	90%	18%
Grief and Loss: Strategic Support for Clients	6	75%	88%	13%
Average 2009/10	**177**	**78%**	**93%**	**+15%**[**]
2008/09	**848**	**77%**	**84%**	**+10%**[**]

[a] This is the combined rating for the following sessions presented on Nov 24 and 25: Attachment Disorder and Trauma, Medication, Family Therapy and Motivational Interviewing.

[**] Significant p<0.001. Note the average pre-post difference of all the sessions was calculated to reflect the different sample sizes of each session and hence may not match the mathematical difference between the average pre-and post-scores.

3.4 Attendance

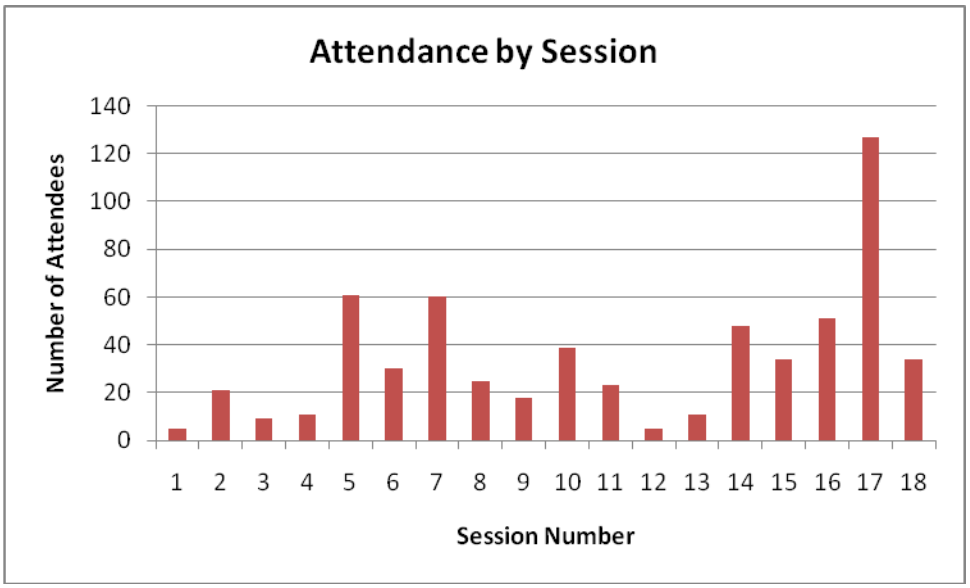
The total attendance for the 18 sessions presented in 2009/10 was 612. The table below shows that compared to 2008/09, there was a large decrease in the number of people attending the 2009/10 FASD Videoconference Learning Series. Note that the archived material did not become available until late in the 2008/09 year, and the 2009/10 figures do not include those who viewed the season's sessions online.

Attendance Comparison 2008/09 and 2009/10

	2008/09	2009/10
Total Attendance	1,801	612
Average per session	94	34

There were 612 people who attended the 18 sessions, which is 30 more than the 582 people who registered to attend. The registration and attendance numbers for each of the individual sessions can be seen in Appendix E.

The chart below shows that session attendance ranged considerably from a high of 127 (i.e. FASD and Sexuality) to a low of 5 (i.e. Issues for Correctional Peace Officers and Sheriffs and Issues for School Administrators). The average number attending each session was 34. Note that the sessions with the lowest number of attendees, (i.e. sessions 1, 3, 4, and 12) occurred at sessions which were not broadcast live, but were produced and recorded primarily for on-line viewing.



Note: The session numbers are in chronological order from 16 Sep 09 (i.e. session 1) to 19 Mar 10 (i.e. session 19).

The following procedural changes in 2009/10 likely contributed significantly to a decrease in attendance at the live video sessions:

- **Increased number of archived video sessions** – In mid-2008/09, videoconferenced sessions began to be posted for viewing on-line. Over time, the process of archiving sessions for on-line access has become more efficient, making it easier to access sessions from the on-line archive. It is possible that the decline in participation in the live video sessions is directly correlated to the rise in the utilization of the archived material. Recently acquired technology will allow an examination of this phenomenon in depth over the next production year.
- **Reduced number of venues** -During the 2008/09 FASD Videoconference Learning Series, it was noted that some presenters found it challenging to present their sessions with a very small live audience. In order to increase the number of attendees at the presentation site, the Edmonton locations were limited to the presentation site. As well, four sessions were not available for viewing during the live presentation. Finally, the number of viewing sites decreased in Edmonton from 18 to 9 and in Calgary from 9 to 5.
- **Reduced number of sessions –** Due to decreased funding and shorter time frames, one less session was presented in 2009/10.
- **Modified Marketing** – There was less advertising in 2009/10 compared to 2008/09 as the Videoconference Learning Series had already been introduced and implemented. In 2008/09, the marketing included sending a master poster with all the sessions for the entire year. This poster was updated a couple of times throughout the year. In addition each month, a monthly poster summarizing sessions for one month and individual posters for each session were sent. Based on feedback complaining of "poster fatigue", the marketing for 2009/10 only included sending a master poster that was updated four times throughout the year.
- **Elimination of evening sessions -** In 2008/09, some sessions were presented in the early evening to accommodate audiences, such as teachers and parents, who have difficulty attending sessions during regular working hours. However, in 2009/10, ACYS staff involved in supporting the productions were no longer able to work over-time hours, making it necessary to schedule all sessions during the regular work day and as a result, reducing access for those who needed to attend outside of regular working hours.
- **Piloting of Virtual Conference** – In 2009/10, a conference format with five sessions held in two consecutive days was piloted. The intent was to create a more intense learning experience. Although some people may have been able to attend more sessions in this format, there may have been others who attended fewer sessions because they could not arrange to attend for the larger block of time.

There were a total of 140 different sites participating in the videoconference series with a total of 453 site connections. The number of sites connected for each individual session ranged from 1 to 68 sites. Attendance sheets were received from 175 of the 453 site connections to the 18 sessions, which is a return rate of 39%. Appendix F shows which videoconference sites sent attendance sheets by session. Although sites not submitting attendance sheets may have had no one attending the session, there is no confirmation that this is the reason why all of them did not submit attendance sheets.

It is important to note that the attendance numbers presented above is only approximate and that the numbers could actually be higher. Attendees were only counted if they signed their name on the attendance sheet and if all the videoconference sites with signed attendance sheets faxed their attendance sheet to Children and Youth Services.

On-line Access

After the videoconference sessions, all presentations are posted on-line so that those who do not attend the live sessions can access the information. Thus, the archived session videos have become the basis of a web-based learning resource with the potential to increase the reach of this initiative to an even larger audience. Although it is likely that some people have accessed the 2009/10 series presentations on-line, there is currently no data available to confirm this. A complete assessment of the number of people who benefited from the videoconference learning series would include the number of on-line "hits" along with the number who attended each session on the day it was presented. Although there are plans to begin tracking online use of the videos, during the 2009/10 series the technology was not in place to do this.

3.5 Presenter Feedback

Presenter Comments

Two presenters noted that they enjoyed the experience of doing the presentations. There were six comments about it being difficult to engage the audience in discussion. One presenter noted that in spite of moving quickly through the presentation to allow lots of time for questions, there were only two questions. Their suggestions for improvements included developing a question format that allows for "live" interaction, checking the sound equipment prior to the presentation, having the presenter be able to see the slides during the presentation, being able to do a "dry run" of the presentation, having a larger live audience, presenting very specific strategies, not scheduling presentations on Friday afternoons and remembering that only things from waist height up will be filmed.

The table below shows presenter ratings about their experience presenting a videoconference session. Overall, presenters found the orientation package helpful, received enough assistance with formatting their presentation, received enough technical support and had enough time to prepare their presentation. The presentation sites were well-organized and the presenters felt welcomed.

Presenter Feedback Distribution of Responses (n=17 except where noted)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not Apply	Average Agreement (%) [a]
Presenter orientation package was helpful.	-	-	35%	59%	6%	91%
Information provided in the presenter orientation was complete.	-	-	35%	59%	6%	91%
I received adequate information about the intended audience for my presentation.	-	6%	70%	24%	-	79%
I received enough assistance with the formatting of my presentation.	-	-	35%	59%	6%	91%
I received enough technical support and guidance at the time of my presentation.	-	-	35%	65%	-	91%
The audio and/or visual system worked well during my presentation.	6%	12%	29%	53%	-	82%
I felt welcomed at my presentation site.	-	-	41%	59%	-	90%
The site was well organized for my presentation.	-	-	53%	47%	-	87%
I felt the timeline I was given was adequate to prepare my material.	-	6%	18%	76%	-	93%
The facilitated discussion worked well. (n=16)	-	31%	31%	25%	13%	73%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage. Note that for the average agreement calculation, the numbers for "does not apply" and "don't know" were not included.

3.6 Facilitator Feedback

The table below shows ratings from the facilitator surveys. The statement with the largest percent for the response "strongly agree" was that the facilitator had a strong enough background to fulfill this role. All of the questions except one had at least 14% and up to 86% of the responses in the categories of "strongly disagree" or "disagree". Note the large percentages of responses of "does not apply/don't know" for the statements that the facilitated discussion brought value to the site and the facilitated discussion worked well. Overall these low ratings suggest that the facilitated discussions did not work very well.

Facilitator Feedback Distribution of Responses (n=7)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not Apply/Don't know	Average Agreement (%) [a]
I received enough information about the facilitator role.	14%	29%	57%	-	-	68%
I received adequate information about the intended audience for this presentation.	29%	57%	14%	-	-	61%
I received enough technical support and guidance.	14%	43%	29%	-	14%	67%
People understood my role at the site.	29%	-	43%	-	29%	55%
I felt that I had a strong enough background to fulfill this role.	-	14%	14%	57%	14%	92%
It would have been helpful to have had a brief teleconference before the session to discuss my role.	-	43%	57%	-	-	75%
I felt I was engaged in the discussion.	-	43%	29%	-	29%	75%
Having a facilitated discussion brought value to the site.	-	-	-	14%	86%	100%
The facilitated discussion worked well.	-	14%	-	14%	71%	88%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage. Note that for the average agreement calculation, the numbers for "does not apply" and "don't know" were not included.

While the majority (i.e. 57%) of facilitators said they preferred three to seven days to prepare for their session, 14% preferred 7 to 17 days and 29% preferred more than 14 days. Over half of the facilitator respondents (i.e. 57%) agreed that a teleconference before the session to discuss the facilitator role would have been helpful but 43% disagreed. Most (i.e. 43%) of the facilitators did not think that they were engaged in the discussion but 28% thought that they were and 28% said they did not know. Although 14% thought that having a facilitated discussion brought value to the site, a large majority 86%, said they did not know if it brought value to the site. While 14% said that the facilitated discussion worked well, the same percentage thought that it did not work well and a large majority (71%) said that they did not know if it worked well or not.

For planning sessions, the majority (i.e. 57%) said it was best to pick a site in advance and inform the facilitator, 29% said it would be best to base the facilitated site on the number of attendees registered 48 hours before the session and 14% said it was best to ask the facilitator for their preferred site.

Facilitators commented that they were not able to interact with the presenter, that there was no discussion in the small group and that one session was not connected for the first 30 minutes of the presentation. Two of the facilitators were recruited through the FASD Service Networks, one by the co-chair of the Calgary Fetal Alcohol Network, two by their employers, one by e-mail

and one did not specify who recruited him/her. One suggestion for recruiting future facilitators was to advertise up-coming sessions by e-mail and ask for knowledgeable people to be facilitators. Ideas to get more session attendees included doing more advertising, making sure that all sites advertised are available and solving the technical issues such as sites leaving their microphones on which makes it very difficult to hear the presenter. It was pointed out that when an interested person has experienced problems with one presentation, they may consider that a “waste” of their time and be less likely to attend another presentation.

4.0 SUMMARY AND DISCUSSION

Participant Demographics
Similar to 2008/09, service providers were the largest audience (i.e. 93%). Most of these service providers work in social services (i.e. 27%) and health care (i.e. 20%). In total 75% of the respondents viewed the videoconferences in Alberta. Across all 18 sessions, 39% of respondents said that they or their organization were members of an FASD network. All except 1 of 165 respondents are over the age of 18. The best ways for respondents to find out about the videoconference sessions are by e-mail (i.e. 49%) and through their employer (i.e. 23%). The most convenient way for them to register for the sessions is by e-mail (i.e. 86%).

Content of Session
Average agreement ratings indicate that the learning objectives were clear, that the learning objectives were met, that the content was relevant for the respondents, that they would be able to apply what they had learned, that it was a valuable learning experience, that their awareness of this topic increased and that they will share what they have learned with others ranged from 86% to 88%. Average overall rating of their satisfaction with the content of the sessions was 89%.

Delivery Using Videoconferencing
Respondents rated videoconferencing as an effective learning tool, improving their access to educational sessions (i.e. average agreement 89%). Their average agreement rating for video quality was 85% and was 81% for audio quality. There was 82% average agreement that the room was comfortable but only 73% average agreement that asking questions by e-mail and/or texting worked well. Average overall rating of their satisfaction with the videoconferences was 84%.

Feedback from the November 24/25 Conference Format
While participant ratings of the November 24/25 conference format show that approximately half of the respondents thought that it worked well, only 17% strongly agreed that it worked well. Only 14% of facilitator respondents thought that having facilitated discussion brought value to the site and that the facilitated discussion worked well. Facilitator comments suggest that some of them had difficulty getting a discussion going at their site.

Participant Ratings of the Presenters
Overall, respondent average agreement ratings of the presenters suggest that the presenters were well prepared (i.e. 95%), effective communicators (i.e. 93%) and knowledgeable (i.e. 94%) about their subject area.

Participant Comments
The most frequent ideas that respondents they said they could use in supporting individuals living with FASD and/or their caregivers were various strategies (i.e. 66% of all comments) and having a better understanding of FASD (17% of all comments). The most frequent suggestions to improve the sessions were related to session content (i.e. 22% of all comments), to improve the technical difficulties (20% of all comments), to improve the question asking process (16% of all comments) and to have the sessions longer (15% of all comments).

Future Topics
There were a wide variety of suggested topics for future presentations with the most common ones being mental health issues (i.e. 12% of all suggestions), addictions (i.e. 11% of all suggestions) and strategies to deal with FASD (i.e. 11% of all suggestions).

Change in Knowledge
In every session except one, average differences in respondent assessments of their pre-post change in knowledge showed that they perceived their knowledge to have increased after attending a session. The average increase in knowledge from each of the 18 individual sessions ranged from +0% to +31% and the average knowledge increase for all 18 sessions was +15% which was statistically significant at a p-value of 0.001.

Attendance
There were an average of 34 participants attending each of the 18 sessions delivered between September 2009 and March 2010. The attendance ranged from a low of 5 to a high of 127. Attendance dropped considerably compared to the total of 1,801 people attending sessions in 2008/09. Some possible reasons for the decrease in attendance are: a shift in emphasis from live sessions to on-line archived sessions, a decrease in the number of venues available, one less session presented, less advertising because of "poster fatigue", not being able to offer sessions in the evening and the virtual conference pilot that offered five sessions on two consecutive days. It is important to note that these attendance numbers do not necessarily represent the total number of people who benefited from the sessions. All the presentations were posted on-line for public access. Unfortunately, for the 2009/10 series, the technology was not in place to produce data to quantify the number of people accessing the archived video sessions.

Presenter Feedback
Overall, presenters rated the presenter orientation package helpful (i.e. 91%) and complete (i.e. 91%). Their high average agreement ratings suggest there was enough assistance to format their presentation (i.e. 91%), enough technical support (i.e. 91%), and enough time to prepare their presentation (i.e. 93%). The site also was highly rated for welcoming the presenters (i.e. 90%) and being well-organized (i.e. 87%). In comparison, the somewhat lower ratings that they had enough information about the intended audience (i.e. 79%), that the facilitated discussion worked well (i.e. 73%) and that the audio and/or visual system worked well (i.e. 82%) suggest that some improvements may be needed in these areas.

Their comments suggest that some of the presenters found it difficult to engage the audience in discussions. They gave some suggestions for improvements such as having live interaction for questions, and the presenter being able to see the slides during the presentation.

How did the FASD Videoconference Learning Series impact participant knowledge about FASD?

There is very strong evidence that the participants attending the FASD Videoconference Learning Series increased their knowledge in the content of the presentations. The average post-session knowledge gain of 15% is statistically significant (i.e. $p<0.001$). Not only did their knowledge increase, participant ratings suggest that the content was relevant to them (i.e. 87%) and that they would be able to apply what they had learned (i.e. 86%). Participants listed 119 ideas they had learned that could help them to support individuals living with FASD and their caregivers.

How effective is videoconferencing as a method of providing education about FASD?
The videoconferences were designed to enhance access to live only sessions by being accessible in the home communities for as many people as possible. The videoconferences were available for viewing in both urban and rural areas of several provinces. Participants agreed that the use of videoconferencing made it easier for them to attend sessions (i.e. 89%). So it is likely that at least some people were able to access the sessions who would not have be able to attend if it had been only available in one location. During the 2009/10 series, accessibility to the presentations has been enhanced by posting the sessions on-line to allow those who cannot attend live videoconference sessions to access the information at a convenient time.

The 2009/10 Videoconferencing Learning Series presented information about FASD to specifically targeted, diverse audiences. The evidence presented in this report suggests that the videoconferences were acceptable to participants, that this delivery method increased participant's ability to access information about FASD and that the videoconferences were very effective in increasing participant's knowledge about FASD. The knowledge gained by the diverse audiences who attended the presentation has thus enhanced community and individual capacity to support individuals with FASD and their caregivers across the lifespan.

5.0 RECOMMENDATIONS

1. Update the evaluation strategy to include an examination of the use of on-line video sessions.
Technology is now available to gather data which measures the use of the archived videos. It is important to update the evaluation strategy to correspond with this change. Specifically the following data collection should be implemented:

- Track the number of times people access the archived videos.
- Gather feedback through "pop up" surveys sent automatically to those who view archived video sessions.

2. Enhance opportunities for interaction between presenters and the audience.
Comments from both the presenters and the participants suggest that some of them were frustrated with not being able to interact with each other as freely as they would be able to if they were physically in the same room. The following are some specific recommendations to address this issue:

- Continue to address technical issues related to video connections and the quality of audio transmission.
- Ensure that all participants receive instructions before and during each session about how to interact while using the video equipment.
- Consider adding web-based discussions for follow-up to live and on-line sessions.

3. Continue to reduce access barriers through enhanced marketing and improved ease of use.

- Increase the breadth and frequency of distribution of promotion materials.
- Grade the sessions according to the complexity of the content (i.e. beginner, intermediate and advanced) to help participants choose the ones most relevant to them.
- Advertise archived on-line sessions in conjunction with the promotion of live sessions, and identify those that may be helpful as background for the session being offered.
- Ensure advertisement for sessions accurately reflects the content of the session.
- Investigate the feasibility of developing other distance learning approaches such as web-based learning modules using archived and new material.

4. Develop a plan for sustainability.

- Use the information gathered through the comprehensive evaluation of the 20010/11 sessions to develop a three year plan specifying a vision, strategic direction (with respect to content, audience and technology) and links to related educational initiatives.
- Explore adding to the value of the production through working partnerships with others providing related services to similar audiences (eg. Healthy Minds, Healthy Children, the Alberta Mental Health Board).
- Explore additional funding through private foundations and the corporate sector.

Appendix A

Master Poster

Fetal Alcohol Spectrum Disorder Learning Series

2009-2010 List of Sessions*

FASD and Practice: Issues for Corrections Officers
Wednesday, September 16, 2009 1:00 – 3:00pm MDT
Location: Edmonton, Sterling Place
Presenter: Bob Steeves

Grief and Loss: The Ongoing Face of Grief and Loss and the Theory Behind It
Monday, October 5, 2009 3:00 – 5:00 pm MDT
Location: Edmonton, Sterling Place
Presenter: Dan Dubovsky
Available by Videoconference

Addictions
Thursday, October 8, 2009 5:30 – 7:30pm MDT
Location: Edmonton, Westin Hotel, Main Ballroom
Presenter: Dr. Sara Jo Nixon

FASD 101
Friday, November 6, 2009 3:00 – 5:00pm MST
Location: Edmonton, Glenrose Rehabilitation Hospital
Presenter: Dr. Gail Andrew

The Role of the Grandmother in FASD Care and Support
Wednesday, December 2, 2009 9:00 – 11:00am MST
Location: Edmonton, Oxbridge Place
Presenter: Florence Large
Available by Videoconference

Safety Issues: FASD and the Internet
Wednesday, December 16, 2009 9:00 – 11:00am MST
Location: Edmonton, Sterling Place
Presenter: Const. Mike Richards
Available by Videoconference

FASD and Practice: Issues for School Administrators
Wednesday, January 13, 2010 1:00 – 3:00pm MST
Location: Edmonton, Oxbridge Place
Presenters: Mary MacGregor, Monika Mankowski and Venta Kabzems

Teacher and Parent Relationships
Wednesday, January 20, 2010 4:00 – 6:00pm MST
Location: Edmonton, Sterling Place
Presenters: Jenifer Fontaine and Debra Organ
Available by Videoconference

FASD and Practice: Issues for Probation Officers
Wednesday, February 3, 2010 9:00 – 11 :00am MST
Location: Edmonton, Oxbridge Place
Presenter: Dr. Jacqueline Pei
Available by Videoconference

FASD and Employment – Part I
Thursday, February 11, 2010 9:00 – 11:00am MST
Location: Edmonton, Oxbridge Place
Presenters: Annette Cutknife and Brian Mader
Available by Videoconference

FASD and Employment – Part II
Thursday, March 11, 2010 9:00 – 11:00am MDT
Location: Edmonton, Oxbridge Place
Presenters: Annette Cutknife and Brian Mader
Available by Videoconference

Safety Issues: FASD and Sexuality
Wednesday, March 17, 2010 9:00 – 11:00 am MDT
Location: Edmonton, Sterling Place
Presenter: Dr. Shanif Esmail
Available by Videoconference

Grief and Loss: Strategic Support for Clients
Friday, March 19, 2010 1:00 – 3:00pm MDT
Location: Edmonton, Sterling Place
Presenter: Brenda Knight
Available by Videoconference

FASD and Mental Health Videoconference**

Location: Edmonton, Oxbridge Place

Attachment Disorder and Trauma
Tuesday, November 24, 2009 9:00 – 10:45 am MST
Presenters: Dr. Drew Bremness and Wanda Polzin

Approaches to Treatment: Animal Assisted Therapy
Tuesday, November 24, 2009 2:00-3:45 pm MST
Presenter: Kristine Aanderson

Approaches to Treatment: Family Therapy
Wednesday, November 25, 2009 9:00-10:45 am MST
Presenter: Willard Fewer

Approaches to Treatment: Motivational Interviewing
Wednesday, November 25, 2009 11:15 – 1:00 pm MST
Presenter: Kevin Fisher

Medication
Wednesday, November 25, 2009 2:00-3:45 pm MST
Presenter: Dr. David Shih

****Each session includes a facilitated discussion with pre-selected videoconference sites**

For registration information, please visit:
www.fasd-cmc.alberta.ca

Can't find a site near you? To add a videoconference location, please email
erin.day@gov.ab.ca

Registration Deadline is two days prior to each session.

All sessions are recorded and available for viewing online approximately three weeks after the session date. Please visit: www.fasd-cmc.alberta.ca

* All information (including date, time, topic, and presenter) is subject to change

Government of Alberta

The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

Follow-up Poster

Fetal Alcohol Spectrum Disorder Learning Series

The purpose of the FASD Learning Series is to address the educational and information needs for individuals and groups dealing with FASD. This message is for your personal information but is also intended for staff, families, and the broader community, so please consider distributing to individuals and groups who might be interested in these sessions.

Upcoming Sessions*

Enhancing Employability for Persons with FASD

Thur. February 11, 2010 9:00 – 11:00 am MST **Presenter: Annette Cutknife and Brian Mader**

Location: Edmonton, Oxbridge Place **Available by Videoconference**

Session Overview: This session will cover issues and characteristics of persons with FASD through their lifespan with a focus on personal experiences. Perception of behaviours in daily life and employment will be discussed. Practical problem solving and future planning will be demonstrated.

Employability Strategies for Persons with FASD

Thur. March 11, 2010 9:00 – 11:00 am MST **Presenters: Annette Cutknife and Brian Mader**

Location: Edmonton, Oxbridge Place **Available by Videoconference**

Session Overview: This session will cover employment and employability problems for persons with FASD and potential solutions and strategies to enhance employability.

Safety Issues: FASD and Sexuality

Wed. March 17, 2010 9:00 – 11:00 am MDT **Presenter: Dr. Shanif Esmail**

Location: Edmonton, Sterling Place **Available by Videoconference**

Grief and Loss: Strategic Support for Clients

Fri. March 19, 2010 1:00 – 3:00 pm MDT **Presenter: Brenda Knight**

Location: Edmonton, Sterling Place **Available by Videoconference**

For registration information, please visit: www.fasd-cmc.alberta.ca

Can't find a site near you?
To add a videoconference location, please email erin.day@gov.ab.ca

Registration Deadline is two days prior to each session.

All sessions are recorded and available for viewing online approximately three weeks after the session date. **Please visit: www.fasd-cmc.alberta.ca**

* All information (including Date, Time, Topic, and Presenter) is subject to change

Session Videos Available Online on Reverse

Government of Alberta

The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

Session Videos Available Online*

Please visit: www.fasd-cmc.alberta.ca

Individuals, Family Members/Caregivers Affected by FASD		
Parental Expectations with an Adult Child Impacted by FASD	Living and Dealing with FASD: Myles Himmelreich	Environmental Modifications: A Change in Expectations
Winning the Battle with FASD: A Family's Success Story	Financial Literacy for Individuals with FASD	Living with FASD - As a Person, As a Parent
The Ongoing Face of Grief and Loss and the Theory Behind It	FASD 101	The Role of the Grandmother in FASD Care and Support
Safety Issues: FASD and the Internet		
Support Service Providers		
FASD Screening for Children and Adults: Fitting the Puzzle Pieces Together	The Mentor Experience: An Alberta Sampler	Understanding the Needs of Caregiver: Psychological Treatment and Intervention
Psychological Issues in Children and Adults with FASD	Addictions: Treating Substance Abuse among Prenatally Exposed Persons	Approaches to Treatment: Animal Assisted Therapy
Approaches to Treatment: Family Therapy	Approaches to Treatment: Motivational Interviewing	
Health Care Providers		
FASD Screening and Diagnosis Implications for Two	FASD and Mental Health Treatment: A Multimodal Approach to Transgenerational Issues	FASD Prevention: Women and Pregnancy
Attachment Disorder and Trauma	Medication	
Educators		
Engaging Students Affected by FASD	Creating a Supportive School Community	Unique Needs of Students Affected by FASD
FASD and Practice: Issues for School Administrators	Teacher and Parent Relationships	
Legal and Justice Systems		
Forensic Assessments of Youth Affected by FASD	FASD and the Criminal Justice System: Issues for Defense	FASD and Practice Issues for Prosecutors
FASD and Practice: Issues for Correctional Peace Officers and Sheriffs	FASD and Practice: Issues for Probation Officers	
Research and Evaluation		
Mental Health Problems in Individuals with Prenatal Alcohol Exposure and Fetal Alcohol Spectrum Disorder	The Bio-Parent Experience: Findings from Research and Implications for Service Providers	

Upcoming Sessions on Reverse

*Sessions indicated in purple are coming soon

Appendix B

Participant Post-Session Survey

FASD Learning Series – Name of Session
Date of Session

We would like your feedback on this video session. Please take a few minutes to complete the following questions. There are no right or wrong answers. All answers will be kept confidential and all responses are anonymous. If you have any questions about this survey, please contact Dena Samimi, Research Intern, at 780 415 8877.

1. Location of the June 30 Video Session

Site_____
Community_____
(City/Town)_____

2. **Are you or your organization a member of the FASD network?**

□ Yes
□ No
□ I don't know

3. My primary interest in this session is as a? Please only check one answer.

□ Parent or caregiver for an individual affected by FASD
□ Individual affected by FASD
□ Service Provider

4. If you answered, Service Provider, please answer the following. Which sector do you work in? Please only check one.

□ Employment and Immigration
□ Healthcare (ex. Addictions, Mental Health, etc.)
□ Education
□ Justice
□ Community (Not-for-Profit)
□ Social Services (Child & Youth Services, Disabilities, Seniors etc.)
□ Other (please specify: _____

5. Content of Session

	Strongly Agree	***Agree***	***Disagree***	***Strongly Disagree***	***Don't Know***
The learning objectives were clear to me.					
The learning objectives were met.					
The content was relevant to me.					
I will be able to apply what I have learned from this session.					
I will share what I have learned in this session with others.					
My awareness of this topic increased as a result of this session.					
This was a valuable learning experience.					

6. Delivery Using Videoconference

	Strongly Agree	*Agree*	*Disagree*	*Strongly Disagree*	*Don't Know*
The use of videoconferencing to deliver this presentation to many locations helped me attend this session.					
I was satisfied with the video quality of the presentation.					
I was satisfied with the audio quality of the presentation.					
The room was comfortable.					
Asking questions by e-mail and/or texting worked well.					

7. Change in Knowledge

	Not At All	*Minimally*	*Moderately*	*Very Well*	*Don't Know*
Before this session, how well did you understand the topic area?					
After this session, how well did you understand the topic area?					

8. The Presenter

	Strongly Agree	*Agree*	*Disagree*	*Strongly Disagree*	*Don't Know*
The presenter was knowledgeable.					
The presenter was an effective communicator.					
The presenter was well prepared.					

9. Overall Rating of the Session

	Poor	*Fair*	*Good*	*Excellent*	*Don't Know*
My overall rating for the content of this session is:					
My overall rating of videoconferencing as a tool for this session is:					

10. How could this session be improved?

11. Please write 1 idea below that you have learned from this training that you will use in supporting individuals with FASD and/or their caregivers.

12. Over the next 3 years, what other FASD presentation or workshop topics would be of interest to you? Please check all that apply.

□ Mental health Issues and FASD □ Teens and FASD

□ Addictions and FASD
□ Assessment and Diagnosis of FASD
□ Law and FASD
□ Caregivers and FASD
□ Children and FASD
□ Other (please specify) _____

□ Adults and FASD
□ Employment and FASD
□ Any Information about FASD
□ Strategies to Deal with FASD
□ Resources about FASD

13. What is the best way for you to find out about these sessions? ***Please check (√) all of the following that apply to you.***

□ E-mail
□ Employer/Organization
□ FASD Network
□ Friend/Relative
□ Colleague
□ Website
□ Other (*please specify*) _____

14. What is the most convenient way for you to register for these sessions?

□ E-mail
□ Telephone
□ Other (*please specify*) _____

15. Other comments/suggestions?

16. Age:

□ 18 years or older
□ Younger than 18 years

Appendix C

FASD Learning Series Presenter Satisfaction Survey

We would like your feedback on the FASD Video Learning Series session(s) that you presented. Please take a few minutes to complete the following questions. There are no right or wrong answers. All answers will be kept confidential and all responses are anonymous and not linked back to your e-mail address. If you have any questions about this survey, please contact Dena Samimi, Research Intern at 780 415 8877.

How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree
Presenter orientation package was helpful				
Information provided in the presenter orientation was complete				
I received adequate information about the intended audience for my presentation				
I received enough assistance with the formatting of my presentation				
I received enough technical support and guidance at the time of my presentation				
The audio and/or visual system worked well during my presentation				
I felt welcomed at my presentation site				
The site was well organized for my presentation				
I felt the timeline I was given were adequate to prepare my material				

If you answered “Strongly Disagree” or “Disagree”, please comment on how much extra time you would have liked.

Please answer the following question if it applies to any of the sessions you presented.

	Strongly Disagree	Disagree	Agree	Strongly Agree
The facilitated discussion worked well.				

Please provide any suggestions you may have for improvement.

Please provide any suggestions you may have for future presenters in the FASD video series.

Thank you for taking the time to participate in this survey! We value and appreciate your feedback.

Appendix D

FASD Learning Series Facilitator Satisfaction Survey

We would like your feedback on the FASD Video Learning Series session(s) that you presented. Please take a few minutes to complete the following questions. There are no right or wrong answers. All answers will be kept confidential and all responses are anonymous and not linked back to your e-mail address. If you have any questions about this survey, please contact Dena Samimi, Research Intern at 780 415 8877.

How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply
I received enough information about the facilitator role.					
I received adequate information about the intended audience for my presentation.					
I received enough technical support and guidance.					
People understood my role at the site.					
I felt that I had a strong enough background to fulfill this role.					

How much time would you have liked to have to prepare for the session?

□ 1-2 days
□ 3-7 days
□ 7-14 days
□ More than 14 days

How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
It would have been helpful to have had a brief teleconference before the session to discuss my role.					
I felt that I was engaged in the discussion.					
Having a facilitated discussion brought value to the site.					
The facilitated discussion worked well.					

How did the interaction with the presenter impact the facilitated discussion?

How were you recruited?

Do you have any ideas for how other facilitators can be recruited?

Do you have any feedback or ideas on how to get more session attendees?

In terms of planning a facilitation session, which is the most convenient?

□ Pick site in advance and inform facilitator
□ Ask facilitator for preferred site
□ Base site on amount of attendees, which can be confirmed 48 hours before date of session

Thank you for taking the time to participate in this survey! We value and appreciate your feedback.

Appendix E

Attendance and Registration Numbers for Individual Sessions

The table below shows attendance and registration numbers for individual sessions. Note that the sessions with the lowest number of attendees, (i.e. Sept 16, Oct 8, Nov 6 and Jan 13) only include the number attending the live site, as these sessions were not available by videoconference.

Session Title	Session Date	Registered [a]	Attended [b]	Difference between registered and attended
FASD and Practice: Issues for Correctional Peace Officers and Sheriffs	Sep 16	0	5 *	5
Grief and Loss: The Ongoing Face of Grief and Loss and the Theory Behind It	Oct 5	39	21	-18
Addictions	Oct 8	14	9 *	-5
FASD 101	Nov 6	0	11 *	11
Attachment Disorder and Trauma 9am	Nov 24	70	61	-9
Approaches to Treatment: Animal Assisted Therapy 2pm	Nov 24	30	30	0
Approaches to Treatment: Family Therapy 9am	Nov 25	53	60	7
Approaches to Treatment: Motivational Interviewing 11am	Nov 25	37	25	-12
Medication 2pm	Nov 25	26	18	-8
The Role of the Grandmother in FASD Care and Support	Dec 2	39	39	0
Safety Issues: FASD and the Internet	Dec 16	21	23	2
FASD and Practice: Issues for School Administrators	Jan 13	0	5 *	5
Teacher and Parent Relationships	Jan 20	8	11	3
FASD and Practice: Issues for Probation Officers	Feb 3	27	48	21
Enhancing Employability for Persons with FASD	Feb 11	58	34	-24
Employability Strategies for Persons with FASD	Mar11	46	51	5
Safety Issues: FASD and Sexuality	Mar 17	83	127	44
Grief and Loss: Strategic Support for Clients	Mar 19	31	34	3
	Total	**582**	**612**	**30**

[a] Number registered to attend.

[b] Total number attending from all sites based on attendance sheets submitted.

*= live session only

Appendix F

Number of Sites Connected and Number of Attendance Sheets by Session

Session Date	Number of Sites Connected	Number of Sites Who Sent In Attendance Sheets	Number of sites without attendance sheets
Sep 16	1	1 (live site)	-
Oct 5	36	4	22
Oct 8	1	1(live site)	-
Nov 6	0	1(live site)	-
Nov 24	34	15	8
Nov 24	17	8	4
Nov 25	38	14	8
Nov 25	30	10	12
Nov 25	30	11	10
Dec 2	38	13	13
Dec 16	22	10	3
Jan 13	0	1 (live site)	-
Jan 20	7	2	3
Feb 3	19	11	6
Feb 11	39	13	20
Mar11	32	14	18
Mar 17	68	34	34
Mar 19	41	12	29
Total	**453**	**175**	**278**
Average	**25**	**10**	**15**

Appendix G

Work Place of Service Provider Survey Respondents by Session

Session	Health Care Provider	Employment and Immigration	Educator	Justice	Community Not-for-profit	Social Services	Other
Sep 16	-	-	-	4	-	-	-
Oct 5	3	-	-	-	1	6	1
Oct 8	1	-	-	-	-	3	1
Nov 6	-	-	2	-	1	2	-
Nov 24/25	13	-	4	-	4	6	1
Dec 2	1	-	1	2	3	3	1
Dec 16	1	-	1	-	3	2	-
Jan 13	-	-	3	-		-	1
Jan 20	1	-			3	1	-
Feb 3	1	-	1	16	-	3	3
Feb 11	4	2	1	-	-	1	1
Mar11	1	2	2	2	2	2	1
Mar 17	6	-	3	3	7	13	1
Mar 19	-	-	-	-	2	2	1
Total	**32**	**4**	**18**	**27**	**26**	**44**	**12**
Percent	**20%**	**2%**	**11%**	**17%**	**16%**	**27%**	**7%**

Appendix H

Individual Session Ratings

Individual session ratings are summarized in the tables below and presented in chronological order. The change in knowledge is the average percent difference in respondent ratings between how much knowledge they had of the topic presented before the presentation and how much knowledge they had of the topic after the presentation. The overall session rating is the respondents' average rating for the content of the session. The comments are a summary of those made specifically about that session.

Session # 1

Title – FASD and Practice: Issues for Corrections Officers (16 Sep 09)
Overall rating of session content = 100%
Change in knowledge = +17%
Presenter – Bob Steeves, Grace Froese
Target Group – Justice
Attendance - 5 (Live site only)
Survey response rate – 80%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=3)	-	-	-	3	-	100%
An effective communicator (n=2)	-	-	-	2	-	100%
Well prepared (n=3)	-	-	-	3	-	100%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments: The presenter answered all questions that I had. The interviewer was able to bring up all the questions I had plus more.

Session # 2

Title – Grief and Loss: The Ongoing Face of Grief and Loss and the Theory Behind It (5 Oct 09)
Overall rating of session content = 95%
Change in knowledge = +27%
Presenter – Dan Dubovsky
Target Group – Parents
Attendance - 21 (Live and Videoconferenced)
Survey response rate – 67%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=14)	-	-	2	12	-	96%
An effective communicator (n=14)	-	0	2	12	-	96%
Well prepared (n=14)	-	-	2	12	-	96%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments: Respondents said they learned about grief and loss, including the recognition of it, the impacts of it, and the response of different cultures. They learned about the importance of giving clients the opportunity to talk about their losses, to say their good byes, to allow contact with the past and to help caregivers deal with grief and loss. Suggestions for improving the session included having a longer session, covering more new information, and having another way to ask questions as not everyone has access to texting or e-mail. The presenter was described as an "awesome "speaker and the workshop described as "excellent" and "great".

Session # 3

Title –Addiction: Treating Substance Abuse Among Prenatally Exposed Persons (8 Oct 09)
Overall rating of session content = 95%
Change in knowledge = +15%
Presenter – Dr. Sara Jo Nixon
Target Group – Mental Health
Attendance - 9 (Live site only)
Survey response rate – 56%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=5)	-	-	-	5	-	100%
An effective communicator (n=4)	-	-	-	4	-	100%
Well prepared (n=5)	-	-	-	5	-	100%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments: Respondents said they learned about the role of a personal mentor, the importance of engaging all community parties involved with clients and the possibility of exploring self-help groups with small numbers focusing on building concrete skills. Suggestions to improve the session included having a longer session, a smaller venue and a larger audience. It was noted that there was some confusion of where to go for the session since at the same time, a conference proceeding the session was just finishing.

Session # 4

Title - FASD 101 (6 Nov 09)
Overall rating of session content = 96%
Change in knowledge = +14%
Presenter – Dr. Gail Andrews
Target Group – One-Off
Attendance - 11 (Live site only)
Survey response rate – 64%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=7)	-	-	-	7	-	100%
An effective communicator (n=7)	-	-	1	6	-	96%
Well prepared (n=7)	-	-	-	7	-	100%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comment: Respondents said they learned about the biological impact of alcohol on brain development, the requirements for getting supports for individuals with FASD, the importance of dealing with individuals at their level of functioning, the importance of prenatal awareness and prevention, the benefits of an enriched early childhood environment and the possibility of a child being seriously affected without having facial indicators. Their suggestions to improve the session included starting on time and having a more dynamic, interactive presentation with more audience engagement.

Sessions # 5 - 8
Title: FASD and Mental Health Videoconference (24/25 Nov 09)
Attachment Disorder and Trauma
Family Therapy
Medication
Motivational Interviewing
Overall rating of session content = 86%
Change in knowledge = +20%
Presenter – Dr. Drew Bremness, Wanda Polzin, Willard Fewer, Dr. David Shih, Kevin Fisher
Target Group – Support Service Providers and Health Care Providers
Attendance - 164 (Live and Videoconference)
Survey response rate – 18%

For these videoconference sessions, participants were asked to give an overall rating for each session instead of rating individual presenters. These ratings are presented below.

Overall Session Ratings:	Poor	Fair	Good	Excellent	Don't Know	Average Agreement Rating [a]
Attachment Disorders and Trauma	0	2	10	10		84%
Family Therapy	2	3	5	1	1	61% [b]
Medication	0	1	1	5	0	89%
Motivational Interviewing	1	0	3	7	1	86%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.
[b] The audio for this session was very poor, hence the low rating may reflect problems with the audio quality.

Comments: Participants learned about motivational interviewing, open-ended questioning, reflective listening, sand tray and the parenting pyramid. They learned how to understand their client better, that individuals with FASD can be integrated into a learning stream, how to differentiate between the diagnoses of FASD and RAD and that CASA has programs for children with FASD. Their suggestions for improvements included improving the audio quality, fixing technical difficulties as soon as possible, having a longer session, presenting more practical strategies and having more educators attend. In addition, it was noted that as there was no prerequisite required, the presenters should not assume any previous knowledge from the audience.

Session # 9
Title – Approaches to Treatment: Animal Assisted Therapy (24 Nov 09)
Overall rating of session content = 96%
Change in knowledge = +21%
Presenter – Kristine Aanderson
Target Group – Support Service Providers
Attendance - 30 (Live and Videoconference)
Survey response rate – 20%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=6)	-	-	1	5		96%
An effective communicator (n=6)	-	-	1	5		96%
Well prepared (n=6)	-	-	1	5		96%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments: Respondents learned about the effectiveness of animal therapy for children living with FASD, how focus and persistence can be demonstrated by an animal learning a trick and being able to help children with boundaries.

Session # 10
Title – The Role of the Grandmother in FASD Care and Support (2 Dec 09)
Overall rating of session content = 79%
Change in knowledge = +2%
Presenter – Florence Large
Target Group – Aboriginal
Attendance - 39 (Live and Videoconference)
Survey response rate – 33%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=12)	-	-	6	5	1	86%
An effective communicator (n=12)	-	-	7	5	-	85%
Well prepared (n=12	-	-	5	6	1	89%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments: Respondents learned about the seven roles of a woman, how changing wording can make a difference and the importance of using supports and resources. They appreciated the excellent visual of rocks in the backpack. Their suggestions to improve this session were to have the presentation done in Cree, to have better advertisement about what the session is about and to have a more time for the session as the presenters ran out of time.

Session # 11

Title - Internet Safety (16 Dec 09)
Overall rating of session content = 86%
Change in knowledge = +18%
Presenter – Constable Mike Richards
Target Group – Parents
Attendance - 23 (Live and Videoconference)
Survey response rate 35%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=7)	-	-	1	6	-	96%
An effective communicator (n=7)	-	-	2	5	-	93%
Well prepared (n=7)	-	-	1	6	-	96%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments: Some useful things that respondents said they learned included the use of privacy settings, chat rooms, cell phones and the importance of internet supervision. They also learned how to assist individuals to overcome barriers when dealing with agencies. The suggestions for improving the session were to have the internet safety information for youth more focused specifically for individuals with FASD.

Session # 12

Title – FASD and Practice: Issues for School Administrators (13 Jan 10)

Overall rating of session content = 88%
Change in knowledge = +0% (note both pre and post knowledge ratings were 100%)
Presenter – Tony McLellan, Mary MacGregor, Monika Mankowski and Venta Kabzems
Target Group – Education
Attendance - 5 (Live site only)
Survey response rate – 80%

Average Ratings for all 4 Presenters

The presenters were:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=4)	-	-	1	3	-	92%
An effective communicator (n=4)	-	-	2	2	-	88%
Well prepared (n=4)	-	-	1	3	-	94%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments: Respondents said that they learned about fair and non exclusive classroom discipline, use of the term "brain injury", and the need to change the environment, not the individual. Their suggestions to improve the session included having a longer and more interactive session, offering the session through videoconference, matching the talk to the slides better, and having more participants, particularly school administrators.

Session # 13

Title – Teacher and Parent Relationships (20 Jan 10)
Overall rating of session content = 95%
Change in knowledge = +10%
Presenter – Jennifer Fontaine, Debra Organ and Charlene Organ
Target Group – Education
Attendance - 11 (Live and Videoconference)
Survey response rate – 45%

The presenters were:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=5)	-	-	1	4		95%
An effective communicator (n=5)	-	1	-	4		80%
Well prepared (n=5)	-	0	1	4		95%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments - The presentation was described as being amazing and excellent. Respondents said they learned the importance of patience, acceptance and support. They also learned how to work with schools including the importance of effective communication. Their suggestions to improve the session included having more teachers attend and having the presenters tell stories around the PowerPoint slides instead of just reading them.

Session # 14

Title - FASD and Practice: Issues for Probation Officers (3 Feb 10)
Overall rating of session content = 93%
Change in knowledge = +9%
Presenter – Dr. Jacqueline Pei
Target Group – Justice
Attendance - 48 (Live and Videoconference)
Survey response rate – 52%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=25)	1	-	-	24		97%
An effective communicator (n=25)	1	-	-	24		97%
Well prepared (n=25)	1	-	2	22		95%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments – The session was describes as being "great" and "perfect". Respondents said they learned about the importance of repetition and consistent structure. They learned better strategies to deal with probation clients living with FASD, to be more observant and understanding, that physical characteristics may not always be present and that "I don't care" may mean "I don't understand". Their suggestions for how to improve the session included a better process for asking questions (i.e. not by e-mail), having more information about FASD such as stats and rates, having a more experienced camera operator , having a more comfortable room and having more parking available.

Session # 15

Title – Enhancing Employability for Persons with FASD (11 Feb 10)
Overall rating of session content =86%
Change in knowledge = +8%
Presenter – Annette Cutknife and Brian Mader
Target Group – Employment
Attendance - 34 (Live and Videoconference)
Survey response rate – 26%

Ratings for Annette Cutknife

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=9)	-	-	2	7	-	94%
An effective communicator (n=9)	-	2	1	6	-	86%
Well prepared (n=9)	-	1	1	7	-	92%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Ratings for Brian Mader

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=9)	-	-	2	7	-	94%
An effective communicator (n=9)	-	1	2	6	-	89%
Well prepared (n=9)	-	-	2	7	-	94%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments - Respondents said that they learned about the need for ongoing support in the workplace, the value of job coaches, the importance of routine, the difficulties of employment in a competitive labour market, and about the Horizon program. Their suggestions for how to improve the session included having more information about facilitating work for individuals living with FASD, having more examples of successful job placements and having more information about what kinds of jobs and employers work best for individuals living with FASD. They also would prefer to ask questions live rather than by e-mail.

Session # 16

Title – Employability Strategies for Persons with FASD (11 Mar 10)
Overall rating of session content = 94%
Change in knowledge = +31%
Presenter – Annette Cutknife and Brian Mader
Target Group – Employment
Attendance - 51 (Live and Videoconference)
Survey response rate – 25%

Ratings for Annette Cutknife (n=11)

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable	-	-	4	5	2	89%
An effective communicator	-	1	4	4	2	83%
Well prepared	-	1	3	5	2	86%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Ratings for Brian Mader (n=13)

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable	-	-	1	12	-	98%
An effective communicator	-	-	1	12	-	98%
Well prepared	-	-	1	12	-	98%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments - Respondents said they learned about job mentors, the importance of having adequate supports, accommodations that can be made in employment situations, the need for patience, the need to think outside the box, that a person with FASD peaks at ages 14-15, and the danger of people with FASD becoming marginalized. They appreciated that the presenters both were knowledgeable and experienced. They suggested that the presenters refer to their slides to help attendees follow the presentation. They would like another way to submit questions and to ensure that all microphones are on mute so that the speakers can be heard better.

Session # 17

Title – Safety Issues: FASD and Sexuality (17 Mar 10)
Overall rating of session content = 93%
Change in knowledge = +18%
Presenter – Dr. Shanif Esmail
Target Group – Individuals, Family Members and Caregivers affected by FASD
Attendance - 127 (Live and Videoconference)
Survey response rate – 28%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=35)	1	-	8	26	-	92%
An effective communicator (n=35)	1	-	10	24	-	91%
Well prepared (n=35)	1	-	6	28	-	94%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments - Ideas respondents learned include the importance of discussing sexuality with youth and caregivers, how to talk to youth about sexuality, sexual risks of youth with FASD, making boundaries clear and being consistent. They suggested more role playing examples, explaining at intervals how to ask questions, adding a little more humour, provide on-line forums for discussion afterward, discuss legalities of talking about sexuality in school settings and discussing how differences in severity of FASD might impact their behavior and sexuality.

Session # 18

Title – Grief and Loss: Strategic Support for Clients (19 Mar 10)
Overall rating of session content = 88%
Change in knowledge = +13%
Presenter – Brenda Knight
Target Group – Individuals, Family Members and Caregivers affected by FASD
Attendance - 34 (Live and Videoconference)
Survey response rate – 18%

The presenter was:	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=6)	-	-	3	3	-	88%
An effective communicator (n=6)	-	-	2	4	-	92%
Well prepared (n=6)	-	-	2	4	-	92%

[a] Each rating was assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the ratings was converted to a percentage.

Comments - Respondents said they learned about grief and loss and how to deal with it, to keep children "in the loop" and the importance keeping records. They suggested that the session be longer so that the presenter would have time to complete her presentation, and that more support strategies dealing specifically with FASD be presented.