CASA

Child, Adolescent and Family Mental Health

FASD Video-Conferencing Learning Series

Evaluation

Final Report

August 2009

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EXECUTIVE SUMMARY

Introduction

The Fetal Alcohol Spectrum Disorder (FASD) Cross-Ministry Committee 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 audiences and are accessible to both urban and rural areas. CASA Child, Adolescent and Family Mental Health was contracted in 2008 to develop the content for the 2008-09 program year, and to conduct a formative and summative evaluation.

The 2008/09 FASD Videoconference Learning Series presented 21 educational sessions between November 2008 and June 2009, as shown in Table 1. Topics included dealing with FASD across the lifespan specifically including the prenatal, school-age and adult years.

Table 1. FASD Videoconference Learning Series presentations: 2008/09

Session Title	Session Date
Parenting an Adult Child with FASD	**21-Oct-08**
Living and Dealing with FASD	**8-Dec-08**
Engaging Students Affected by FASD	**20-Jan-09**
Creating a Supportive School Community for Students Affected by FASD	**29-Jan-09**
Unique Needs for Students Affected by FASD	**11-Feb-09**
FASD Screening for Children and Adults	**05-Mar-09**
Environmental Modifications: A Change in Expectations	**09-Mar-09**
Winning the Battle with FASD: A Family's Success Story	**25-Mar-09**
Developments in Canadian FASD Assessment Protocols	**07-Apr-09**
Forensic Assessment of Youth Affected by FASD	**16-Apr-09**
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Women and Pregnancy: What to Consider About Alcohol Use	**16-Jun-09**
Money Management FASD Style	**24-Jun-09**
Living with FASD – As a Person, As a Parent	**30-Jun-09**

Sessions were targeted to the following 7 groups: parents/caregivers, individuals living with FASD, educators, allied health professionals, justice, Government of Alberta, community agencies, and research/evaluation professionals.

The evaluation of the FASD Videoconference Learning Series addresses the impact of the FASD Videoconference Learning Series on participant acceptability, accessibility, and knowledge and whether or not videoconferencing is an effective approach to advancing the capacity of service providers/caregivers to address the needs of persons living with FASD.

Methods

Quantitative and qualitative data were collected through participant and presenter surveys, attendance sheets submitted from videoconference sites and a list with the names of all sites connected to each videoconference session. Data was available and summarized for the 19 sessions presented from January to June 2009. Quantitative data were analyzed using a statistical software package (SPSS) and qualitative data were coded using a thematic analysis.

Presentations were also recorded and posted online for open access following the videoconference series. Due to technical issues, data regarding the use of these recorded seminars were not analyzed.

Evaluation Results

Participant Demographics

There were an average of 94 participants attending each of the 19 sessions delivered between January and June 2009 with the attendance ranging from 16 to 235. Attendance at the sessions decreased considerably after the first 3 sessions. The largest target audiences attending were service providers (i.e. 84%).

The majority of participants were from Alberta, although representation was found across Canada (see Table 2).

Table 2. FASD Videoconference Learning Series participation by province

Province	Percent Attendance
Alberta	62.4
British Columbia	19.6
Manitoba	0.1
Northwest Territories	2.5
Nunavut	0.2
Ontario	0.8
Prince Edward Island	0.3
Saskatchewan	11.3
Yukon	2.6

Across all 19 sessions, 32% of respondents said that they or their organization were members of an FASD network. Almost all (i.e. 99%) of 428 respondents who provided information about their age were over the age of 18. The most common ways respondents found out about the videoconference sessions were by e-mail (i.e. 36%) and through their employer (i.e. 33%).

Participant Feedback

Overall, an overwhelming majority (i.e. 95%-97%) 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 84%. Although 97% of the respondents "strongly agreed" or "agreed" that the use of videoconferencing helped them to attend the presentations, their average agreement ratings and comments about video quality (i.e.74%) and audio quality (i.e. 76%) suggest that there is room for improvement with the technical aspects of the videoconferences. Average overall rating of their satisfaction with the videoconferencing was 81%. Overall, respondent average agreement ratings of the presenters suggest that the presenters were well prepared (i.e. 90%), effective communicators (i.e. 87%) and knowledgeable (i.e. 89%) about their subject area.

What participants said they valued the most were the strategies they learned. The most frequent responses when asked what they learned that they could use in supporting individuals living with FASD and/or their caregivers were various strategies (i.e. 47%) and leaning about how FASD affects lives (i.e. 18%). The most frequent suggestions to improve the sessions were to improve the technology (i.e. 38%) and to improve the presentation style (i.e. 24%). There were a wide variety of suggested topics for future presentations but the most common suggestions were any information (i.e. 16%) and more strategies (i.e. 15%).

Change in Knowledge

In every session 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 19 individual sessions ranged from +3% to +21% and the average knowledge increase for all 19 sessions was +10% which was statistically significant at a p-value of 0.001. The average change in knowledge for participants viewing videoconferences in rural areas was greater than the knowledge change for participants viewing the videoconference in urban areas, indicating the value of outreach to rural areas. Participants thought that the knowledge they gained through the videoconferences would be useful in supporting individuals living with FASD and/or their caregivers. Participant ratings suggest that the content was relevant to them (i.e. 84%) and that they would be able to apply what they had learned (i.e. 83%). Participants were able to list many ideas they had learned to support individuals living with FASD and their caregivers (i.e. there were 577 ideas from the 899 surveys).

Presenter Feedback

Overall, presenters rated the orientation package helpful (i.e. 84%), the orientation information complete (i.e. 80%), information about the intended audience adequate (i.e. 84%) and had enough assistance for formatting their presentation (i.e. 86%), enough technical support (i.e. 86%) and enough time to prepare their presentation (i.e. 89%). Their comments suggest that some of the presenters found it more difficult to do their presentation using videoconferencing rather than to a live audience only. Some of their suggestions to make the videoconference presentations easier included having a large attentive audience at the presentation site, having some pre-arranged people to ask questions and having a chair high enough to reach the computer for the presenters.

Discussion

Overall average ratings suggest that participants were satisfied with the sessions (i.e. 84% for session content and 81% for videoconference as a tool for the sessions).Their satisfaction with the videoconferences is also supported by their high rating for the presentation being a valuable experience (i.e. 84%).

In total approximately 1,800 people attended the 19 sessions at a videoconference site, but these may not be 1,800 unique individuals as some may have attended more than 1 session. The videoconferences were accessible to both urban and rural areas throughout Canada, with almost two-thirds (62%) of participants coming from Alberta and another fifth (20%) from British Columbia. Participant ratings suggest that the use of videoconferencing made it easier for them to attend, thus increasing their access. Accessibility to the presentations was enhanced by posting the sessions on-line allowing those who could not attend the live videoconference sessions to access the information.

The 2008/09 Videoconferencing Learning Series presented information about FASD across the lifespan to specifically targeted, diverse audiences. The evidence presented above 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 participants' 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.

Recommendations

1. **Work towards improving data completeness by ensuring all connected sites submit attendance sheets promptly.**

2. **Continue to address issues related to the quality of video transmission.**

3. **Continue to collect feedback using on-line surveys.**

4. **Improve the experience of presenters by better promoting attendance at the presentation site and ensuring participants are appropriately oriented to the videoconference process.**

5. **Evaluate the utilization of the posted videos.**

6. **Investigate factors affecting participation, including:**

    a. **Technological issues**
    b. **Viewing rates and issues for posted videos**
    c. **Difficulties with presenter interactions, due to technical limitations**
    d. **Possible session fatigue (i.e., number of sessions/month)**
    e. **Competing learning opportunities**
    f. **Qualifying for continuing education credits by professional bodies governing service provider**

7. **Investigate using session videos as a foundation of a web-based learning resource.**

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 was introduced in 2007 to increase community and individual capacity to support individuals living with FASD and their caregivers. The project specifically addresses the need for educational programs to target a wide variety of urban and rural audiences. CASA Child, Adolescent and Family Mental Health was contracted in 2008 to develop the content for the 2008-09 program year, and to conduct a formative and summative evaluation.

The 2008-09 FASD Videoconference Learning Series presented the 21 sessions shown in the table below to 7 different target groups between November 2008 and June 2009. Topics included dealing with FASD across the lifespan specifically including the prenatal, school-age and adult years. One additional session called "Addictions Treatment Design for Persons Living with FASD" was scheduled but was cancelled by the presenter prior to being delivered.

Target Group	Name of Session
Parents/Caregivers	Parenting an Adult Child with FASD
	Understanding the Needs of the Caregiver: Therapeutic Intervention and Treatment
Individuals Living With FASD and Caregivers	Money Management FASD Style
	Living with FASD – As a Person, As a Parent
	Living and Dealing with FASD
	Winning the Battle with FASD: A Family's Success Story
Educators and Caregivers	Engaging Students Affected by FASD
	Creating a Supportive School Community for Students Affected by FASD
	Unique Needs of Students Affected by FASD
Allied Health Professionals	Environmental Modifications: A Change in Expectations
	Treating FASD and Co-occurring Mental Health Disorders
	Developments in Canadian FASD Assessment Protocols
	FASD and Mental Health Treatment: A Multi-Modal Approach to Transgenerational Issues
	Women and Pregnancy: What to Consider About Alcohol Use
Justice	Forensic Assessment of Youth Affected by FASD
	FASD and Practice: Issues for Defense
	FASD and Practice: Issues for Prosecutors
GOA/Community Agency	The Mentor Experience: An Alberta Sampler
	FASD Screening for Children and Adults
	The Bio-Parent Experience: Findings from Research and Implications for Service Providers
Research & Evaluation	Mental Health Problems in Individuals with Prenatal Alcohol Exposure/FASD

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 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 two questions:

1. What is the impact of the FASD Videoconference Learning Series on user group participation and acquisition of knowledge?

2. Is videoconferencing an effective approach to advancing the capacity of service providers/caregivers to address the needs of persons with 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

Hard copies of the participant survey were administered at the end of the first three videoconference sessions (i.e. the January 20th, 29th and February 11th sessions). The completed surveys were collected at the videoconference viewing site and then faxed to the evaluators. This procedure proved to be very labour intensive and time-consuming. To improve efficiency and data accuracy, the hard copy survey was replaced with an on-line survey as of the March 5, 2009 session. To administer the on-line survey, participants who provided their e-mail address on the attendance sheets were e-mailed a link to an on-line survey 3-4 days after they attended a videoconference session. The survey was open for responses for 1 week after the initial invitation. Reminder e-mails were sent 1 day before the on-line survey was closed. The participant post-session survey can be seen in Appendix A. Presenters were sent a report with the participant feedback for the sessions they delivered approximately 6 weeks after the presentation.

The table below shows the survey response rate for sessions 1-3 using only a hard copy survey, for sessions 4-19 using only an on-line survey and for sessions 1-19 using a combination of both hard copy and on-line surveys. See Appendix B for response rates of the individual sessions.

Survey Response Rates

Sessions	Type of Survey	Total Participants Attending	Total Surveys Received	Response Rate
1-3	Hard Copy Only	650	437	67%
4-19	On-line only	1,151	462	40%
1-19	Hard copy and on-line	1,801	899	50%

A follow-up survey to assess whether or not knowledge learned in the video session had been translated into practice was sent on-line to participants of the January 20th, 29th and February 11th sessions about 2 months after each session. The results of these follow-up surveys were presented in the FASD Video-Conferencing Learning Series Evaluation Interim Report of April 8, 2009. After these 3 sessions, the follow-up survey was discontinued because of low response rates and difficulty interpreting the results.

Viewing of posted videos was not monitored systematically, which is an area of future investigation.

b) Presenter Surveys

At the end of each month, an e-mail link to an on-line survey was sent to people who had presented a videoconference that month. A reminder e-mail was sent 2 weeks after the initial invitation to complete the survey. The presenter survey was closed 2 weeks after the last presentation of the entire series was completed. Twenty-three presenters were invited to complete the survey and 11 surveys were received. This is a response rate of 48%. The presenter survey can be seen in Appendix C.

c) 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 (ACYS) provided a spreadsheet with the names of the connected sites for each session.

3.0 EVALUATION RESULTS

Unless otherwise specified, this report describes evaluation results for the data collected for the 19 sessions delivered between January 20 2009, and June 30 2009. Data for the first 2 sessions were not available.

3.1 Access

Attendance
A complete list of session titles with the number attending and the number registered is shown in the table below. Note that although in total there were 309 more people attending the 19 videoconferences than the number of people who were registered to attend, for 7 individual sessions (i.e. sessions 6, 12, 13, 14, 15, 16 and 19) the number attending the sessions were less than the number registered to attend.

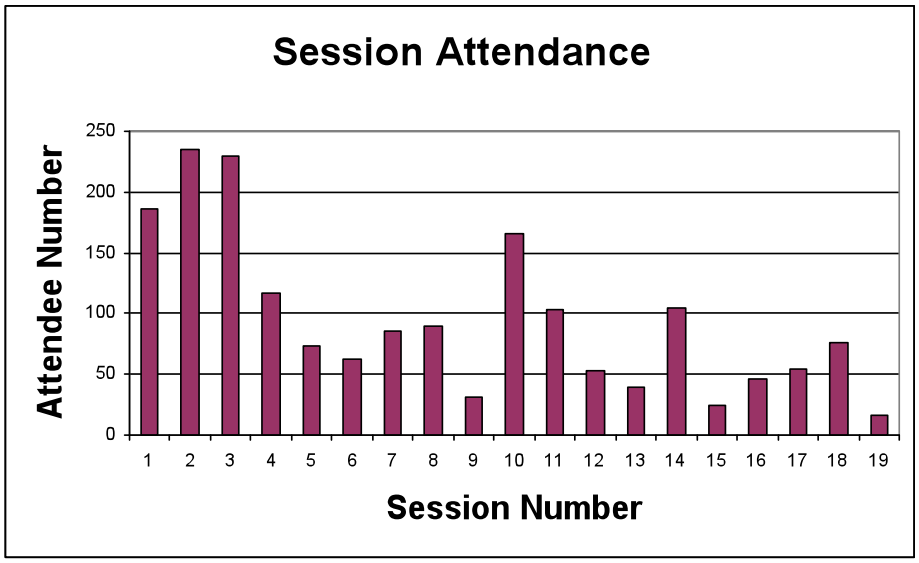
Session Title	Session Date	Session Number	Registered [a]	Attended [b]
Engaging Students Affected by FASD	**20-Jan-09**	1	114	186
Creating a Supportive School Community for Students Affected by FASD	**29-Jan-09**	2	141	235
Unique Needs for Students Affected by FASD	**11-Feb-09**	3	161	229
FASD Screening for Children and Adults	**05-Mar-09**	4	90	117
Environmental Modifications: A Change in Expectations	**09-Mar-09**	5	64	74
Winning the Battle with FASD: A Family's Success Story	**25-Mar-09**	6	66	63
Developments in Canadian FASD Assessment Protocols	**07-Apr-09**	7	62	86
Forensic Assessment of Youth Affected by FASD	**16-Apr-09**	8	57	90
FASD and Practice: Issues for Defense	**23-Apr-09**	9	27	31
Mental Health Problems in Individuals with Prenatal Alcohol Exposure / FASD	**05-May-09**	10	117	166
FASD and Mental Health Treatment: A Multi-Modal Approach to Transgenerational Issues	**13-May-09**	11	68	103
The Mentor Experience: An Alberta Sampler	**21-May-09**	12	74	53
Understanding the Needs of the Caregiver: Therapeutic Intervention and Treatment	**28-May-09**	13	54	40
Treating FASD and Co-occurring Mental Health Disorders	**29-May-09**	14	139	104
The Bio-Parent Experience: Findings from Research & Implications for Service Providers	**03-Jun-09**	15	54	24

Session Title	Session Date	Session Number	Registered [a]	Attended [b]
FASD and Practice: Issues for Prosecutors	**10-Jun-09**	16	68	46
Women and Pregnancy: What to Consider About Alcohol Use	**16-Jun-09**	17	34	54
Money Management FASD Style	**24-Jun-09**	18	63	76
Living with FASD – As a Person, As a Parent	**30-Jun-09**	19	39	16
		Total	**1,492**	**1,801**

[a] Number registered to attend.
[b] Total number attending from all sites based on attendance sheets submitted.

The chart below shows that session attendance ranged considerably from a high of 235 to a low of 16. The average number attending each session was 94. From the data available, it can be seen that the first 3 sessions had the largest number attending (i.e. 235-186) with the maximum attendance being 117 or less for all the remaining sessions except for session 10 that had166 participants.

The first 3 sessions, targeted for educators, may have had better attendance than sessions for other target groups because educators are one of the larger target audiences and advertising to this audience may have been more effective than advertising to some of the other, smaller, more scattered target audiences. Audience fatigue may have accounted for some of the declining attendance over time. Attendance in June reflects a pattern seen elsewhere in service delivery settings, as summer approaches and priorities shift.



Note: The session numbers are in chronological order from 20 Jan 09 (i.e. session 1) to 30 June 09 (i.e. session 19).

The accuracy of the attendance numbers presented above are questionable because they rely entirely on the participants signing their name on the attendance sheet and on the videoconference sites faxing their attendance sheets to ACYS and then being transferred to the evaluators.

There were a total of 297 different sites participating in the videoconference series. The table below shows that there were a total of 1,161 site connections for all 19 videoconferences. The number of sites connected to each individual videoconference ranged from 34 to 90 sites. Attendance sheets were received from 475 of the 1,161 connections over the 19 sessions, a response rate of 41%. Although sites not submitting attendance sheets may have had no one attending the session, it is not certain that this is the reason why all of them did not submit attendance sheets. Some of the attendance sheets for sessions 7, 17, and 18 arrived too late to send the participants on those attendance sheets links to the e-survey.

Session Number	Sites Connected	Sites with Attendance Sheets Received
1	72	29
2	87	38
3	90	40
4	60	32
5	61	24
6	49	19
7	54	26
8	61	20
9	44	13
10	79	41
11	57	28
12	65	27
13	45	20
14	85	32
15	66	11
16	53	21
17	43	19
18	56	25
19	34	10
Total	**1161**	**475**

On-line Access

After the videoconference sessions, the presentations were all posted on-line so that even people who had not attended the live sessions could access the information. Going forward, it will be important to include the number of on-line “hits” along with attendance numbers at the videoconference sessions tor a complete assessment of the number of people who benefited from the videoconference learning series. During the 2008/09 series, the number of hits to the on-line presentations was not tracked.

3.2 Participant Demographics

Target Groups

To identify whether or not target group audiences attended the sessions, participants were asked to indicate if their primary interest in the session was as a service provider, parent or caregiver or an individual affected by FASD. The table below shows that the majority of survey respondents were service providers (84%).

Target Groups Represented by Videoconference Attendees

Session	Service Provider	Parent or Caregiver	Individual affected by FASD
1	44	16	-
2	41	6	1
3	- [a]	13	3
4	49	4	-
5	14	4	-
6	14	6	-
7	33	2	1
8	22	-	-
9	5	-	1
10	50	4	1
11	39	2	1
12	19	1	-
13	24	3	1
14	37	7	1
15	16	2	-
16	29	2	-
17	24	1	-
18	21	11	-
19	9	1	-
Total	490 (84%)	85 (14%)	10 (2%)

[a] The choice of service provider was not included on the survey used for session 3.

Service providers were asked to indicate the sector where they worked. The table below shows that the largest group of service providers attending the sessions were educators (i.e. 42%) followed by health care providers (i.e. 17%) and those working in the area of social services (i.e. 17%).

Work Places of Service Provider Respondents

Session	Health Care Provider	Government of AB Employee [a]	Educator	Justice	Community Not-for-profit [b]	Social Services [c]	Other
1	10	8	76	2			3
2	6	9	129	-			9
3	21	9	107	-	23		7
4	13	-	5	-	5	19	6
5	2	-	6	-	0	5	1
6	4	-	2	-	1	3	4
7	16	-	3	2	2	6	3
8	4	-	3	4	3	6	2
9	1	-	-	1	1	2	-
10	11	-	2	7	9	18	1
11	11	-	3	1	7	15	2
12	3	-	-	2	5	8	1
13	6	-	1	-	3	14	-
14	11	-	2	5	5	12	2
15	4	-	-	1	3	8	-
16	8	-	-	11	5	4	1
17	8	-	1	-	7	8	-
18	2	-	-	1	6	9	2
19	1	-	2	1	1	2	1
Total	142 (17%)	26 (3%)	342 (42%)	38 (5%)	86 (11%)	139 (17%)	45 (5%)

[a] This choice was only included on surveys for the first 3 sessions.
[b] This choice was only included on surveys after sessions 2.
[c] This choice was only included on surveys after session 3.

Location

The sessions were broadcast to various sites spanning across Alberta, British Columbia, Saskatchewan, the Northwest Territories, Yukon, Manitoba, Prince Edward Island and Ontario. Videoconference viewing location sites were grouped into provinces. Within Alberta, location sites were further sub-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.

Viewing Location of Participants for 19 Sessions January – June 2009.

Location	Number of Participants	Percent
Southern Alberta	306	34%
British Columbia	175	20%
Northern Alberta	142	16%
Edmonton	109	12%
Saskatchewan	101	11%
Yukon	23	3%
Northwest Territories	22	3%
Ontario	7	1%
Prince Edward Island	3	-
Nunavut	2	-
Manitoba	1	-
Total	**891**	**100%**

Across the 19 sessions, the majority of respondents came from Southern Alberta (i.e. 34%) followed by British Columbia (i.e. 20%), Northern Alberta (i.e. 16%), and then Edmonton (i.e. 12%) In total 62% of respondents viewed the videoconferences in Alberta. Starting on March 5th, there were more sites connecting to the FASD learning series from more distant locations such as Nunavut, Manitoba, Prince Edward Island and Ontario.

Membership in an FASD Network
Across all 19 sessions, 32% of participants indicated that they or the organization they represented were members of an FASD Network.

Age of Respondents
Almost all of the 428 respondents who provided information about their age said they were over the age of 18 (i.e. 99%). Only 6 respondents (1%) said they were under 18 years of age.

Notification About Sessions
The table below summarizes how survey respondents found out about the videoconferences. The most common way they found out about the sessions was by e-mail or through their employer.

Method of Notification	Number	Percent
E-mail	341	36%
Employer	312	33%
FASD Network	120	13%
Colleague	73	8%
Website	45	5%
Other [a]	32	3%
Friend	14	2%
TOTAL	**937**	**100%**

[a] "Other" includes 16 from a professional service provider or agency, 2 from a library posting, 1 from a newspaper advertisement, and 1 from a professor.

3.3 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 D summaries of ratings for individual sessions are presented. In this section, the ratings for all the 19 sessions have been summarized and are presented by grouping the responses for all sessions targeting the 7 specific audiences. The target group ratings should be interpreted with caution as there is a wide variation in the number of respondents in each target group. It is also important to note that ratings may not have come from only one target group, as some sessions targeted more than one group, and notification of all sessions was distributed broadly. Specifically caregivers were also invited to attend the sessions for parents, educators and individuals living with FASD and Government of Alberta (GOA) employee sessions also included people from community agencies.

Session Content

The following tables show ratings for the questions relating to the content of the sessions. Overall, an overwhelming majority (i.e. 95%-97%) 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 agreement ratings for these questions were quite consistent and ranged from 82% to 84%.

Learning Objectives were clear (n=712) (average agreement 83%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	12	16	0	0	0
Individuals (n=57)	18	32	3	3	1
Educators (n=405)	142	241	13	0	9
Allied Health (n=157)	55	91	6	0	5
Justice (n=56)	21	34	1	0	0
GOA (n=87)	35	49	1	0	2
Research (n=55)	17	36	2	0	0
Total	**254 (36%)**	**421 (60%)**	**20 (3%)**	**3 (1%)**	14 -

[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.

[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

The Learning Objectives were Met (n=823) (average agreement 82%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=27)	12	14	0	1	0
Individuals (n=56)	15	30	3	6	2
Educators (n=386)	117	238	16	0	15
Allied Health (n=156)	53	86	10	0	7
Justice (n=57)	23	29	1	0	4
GOA (n=86)	29	54	1	0	2
Research (n=55)	19	33	2	0	1
Total	268 (34%)	484 (61%)	33 (4%)	7 (1%)	31 -

[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.
[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

Content was relevant to me (n=844) (average agreement 84%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=27)	14	11	1	1	0
Individuals (n=57)	15	31	3	5	3
Educators (n=407)	145	250	8	1	3
Allied Health (n=156)	68	86	1	0	1
Justice (n=57)	21	30	4	0	2
GOA (n=86)	38	45	2	0	1
Research (n=54)	19	34	0	0	1
Total	320 (38%)	487 (59%)	19 (2%)	7 (1%)	11 -

[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.
[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

I will be able to apply what I have learned at this session (n=840) (average agreement 83%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	14	14	0	0	0
Individuals (n=56)	17	26	7	3	3
Educators (n=404)	131	253	9	0	11
Allied Health (n= 156)	63	83	6	0	4
Justice (n= 56)	14	34	4	0	4
GOA (n= 86)	30	51	3	0	2
Research (n=54)	18	32	1	0	3
Total	287 (35%)	493 (61%)	30 (4%)	3 (0%)	27 -

[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.
[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

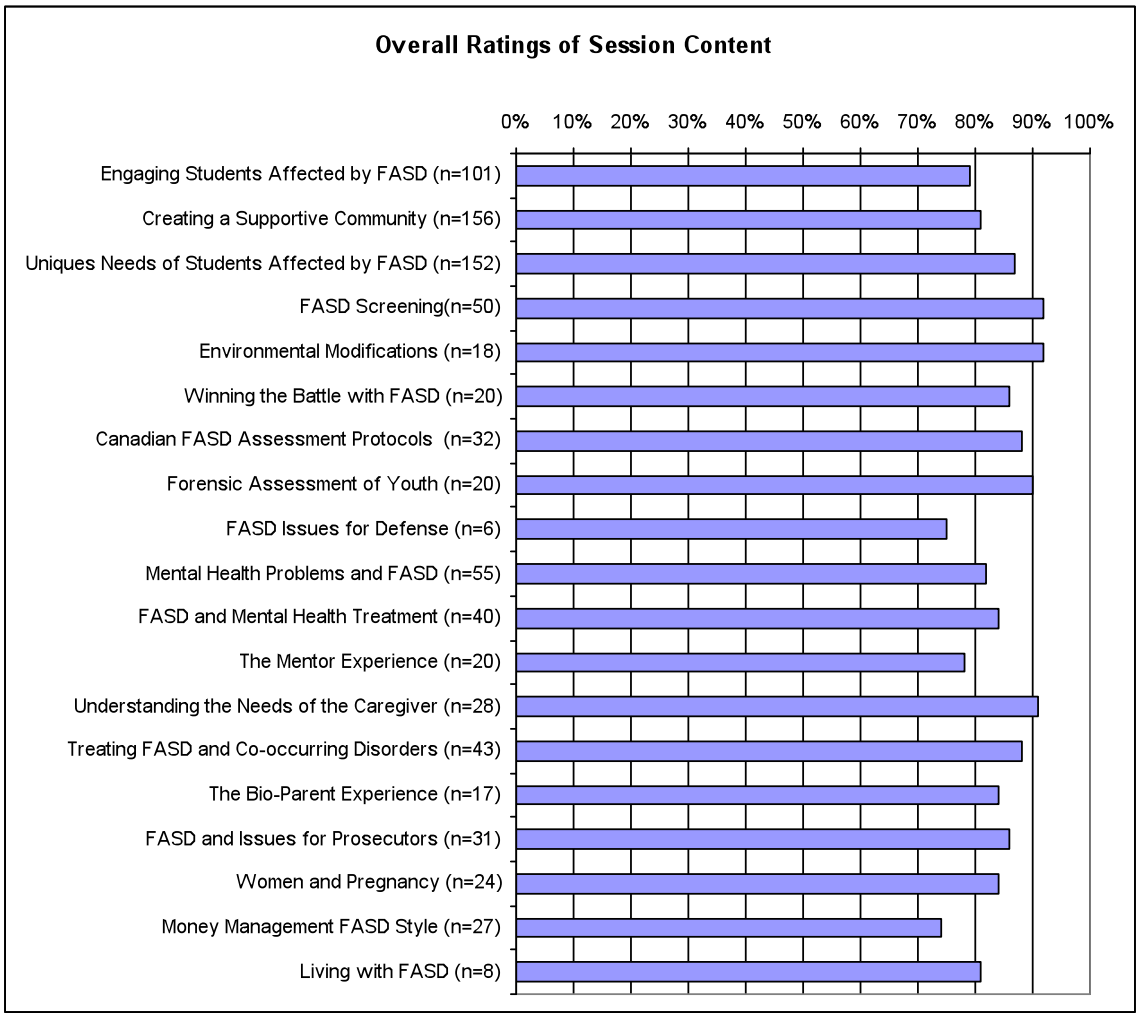
This was a valuable experience (n=837) (average agreement 84%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=26)	17	7	1	1	0
Individuals (n=56)	22	24	6	4	0
Educators (n=401)	137	241	10	4	9
Allied Health (n=156)	71	75	9	0	1
Justice (n= 57)	30	23	2	1	1
GOA (n= 87)	43	38	3	0	3
Research (n=54)	18	32	1	2	1
Total	338 (41%)	440 (54%)	32 (4%)	12 (1%)	15 -

[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.
[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

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. Overall ratings for the session content for each individual session are shown in the chart below. The highest rating was 92% and the lowest was 74%.



Overall ratings of session content for all 19 sessions combined are presented in the table below. Of the 844 respondents who provided an overall rating for session content, 91% of the ratings were “excellent” or “good” and almost half rated the content of the sessions as “excellent”. The average rating for content of the sessions was 84%.

Overall rating for the content of the sessions (n=854)

	Excellent	Good	Fair	Poor	Don't Know	Average Rating (%) [a]
Number	**399**	**371**	**61**	**13**	**10**	**84%**
Percent	**47%**	**44%**	**7%**	**2%**	**-**	

[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 video conferencing as a method of delivery for session content and comfort of the viewing site. Overall, respondents strongly agreed that the use of videoconferencing helped them attend the sessions (i.e. average agreement 91%). Respondents were in slightly less agreement that the room was comfortable with an average agreement of 82%. Lower ratings for video quality (i.e. 74% average agreement) and audio quality (i.e. 76% average agreement) suggest that there is room for improvement in these areas.

Use of Videoconferencing helped me attend this session (n=848) (average agreement 91%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	20	8	0	0	0
Individuals (n=57)	34	19	2	1	1
Educators (n=411)	260	131	12	1	7
Allied Health (n=155)	100	52	0	2	1
Justice (n= 57)	40	17	0	0	0
GOA (n=85)	53	27	2	0	3
Research (n=55)	39	14	0	0	2
Total	546 (65%)	268 (32%)	16 (2%)	4 (1%)	14 -

[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.

[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

I was satisfied with the video quality of the presentation (n=838) (average agreement 74%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	6	21	1	0	0
Individuals (n=56)	18	29	6	1	2
Educators (n=403)	76	219	71	32	5
Allied Health (n= 155)	35	85	22	10	3
Justice (n=57)	25	29	2	1	0
GOA (n=85)	25	44	8	3	5
Research (n=54)	14	27	11	1	1
Total	199 (24%)	454 (55%)	121 (15%)	48 (6%)	16 -

[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.
[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

I was satisfied with the audio quality of the presentation (n=839) (average agreement 76%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	7	20	1	0	0
Individuals (n=56)	18	28	7	2	1
Educators (n=405)	101	227	42	31	4
Allied Health (n= 154)	32	78	32	9	3
Justice (n= 57)	25	27	4	1	0
GOA (n=85)	27	45	10	1	2
Research (n=54)	11	32	7	3	1
Total	221 (27%)	457 (55%)	103 (12%)	47 (6%)	11 -

[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.
[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

The room was comfortable (n=848) (average agreement 82%) [a]

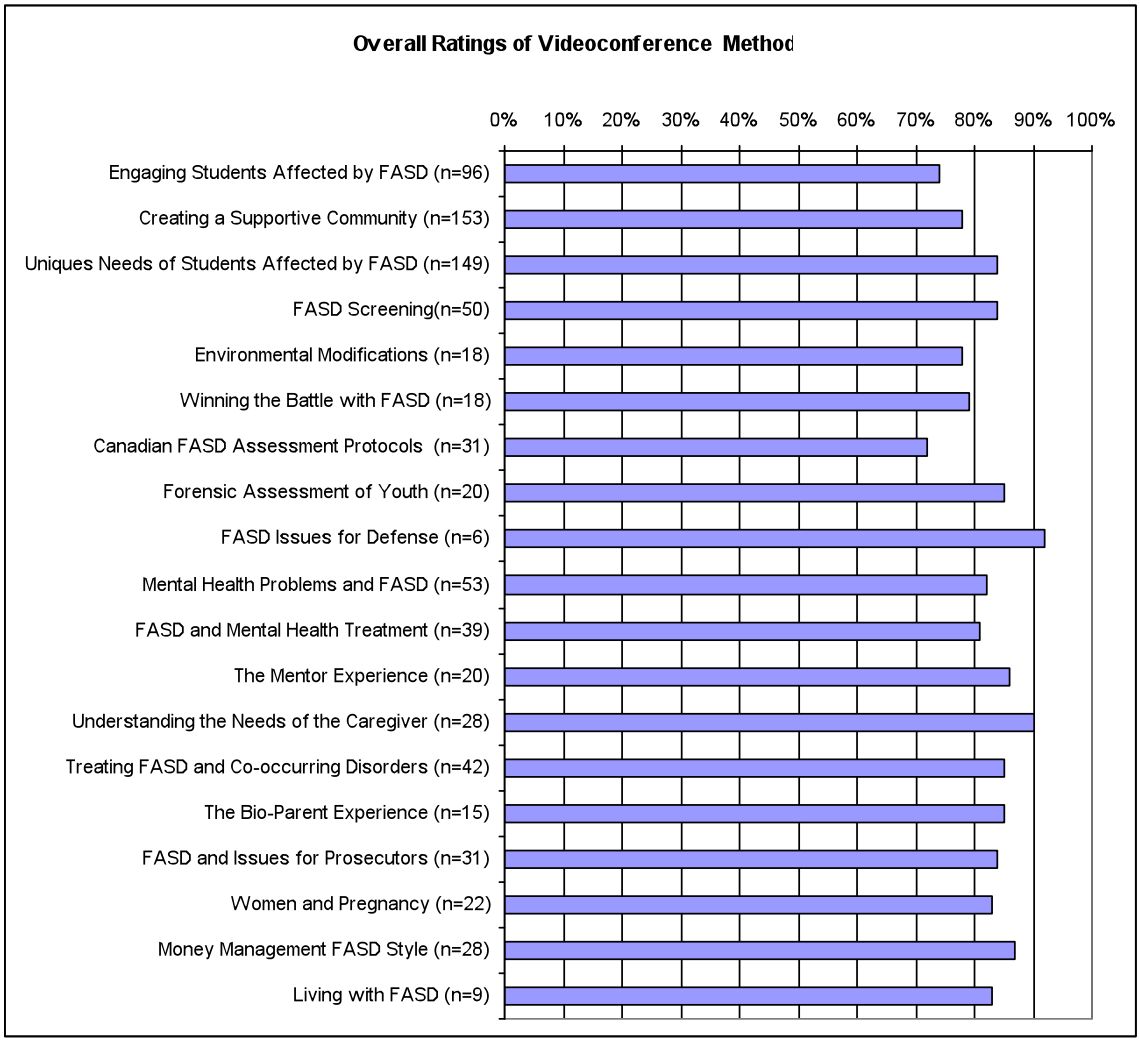
Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	6	22	0	0	0
Individuals (n=56)	16	36	4	0	0
Educators (n=417)	144	252	16	4	1
Allied Health (n=150)	49	99	2	0	0
Justice (n=57)	27	27	3	0	0
GOA (n=86)	30	52	1	1	2
Research (n=54)	12	36	5	1	0
Total	284 (33%)	524 (62%)	31 (4%)	6 (1%)	3 -

[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.

[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

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 each individual session are shown in the chart below. The highest rating was 92% and the lowest was 72%.



As shown in the table below, of the 819 respondents who provided an overall rating for the use of videoconferencing as a tool for the sessions, 87% of the ratings were "excellent" or "good". The average rating for the use of videoconferencing as a tool for the sessions was 81%.

Overall rating of using Videoconferencing as a tool for the sessions (n=827)

Session Number	Excellent	Good	Fair	Poor	Don't Know	Average Rating (%)[a]
Number	**332**	**382**	**82**	**23**	**8**	**81%**
Percent	**40%**	**47%**	**10%**	**3%**	**-**	

[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. 90% average agreement), effective communicators (i.e. 87% average agreement) and knowledgeable (i.e. 89% average agreement) about their subject area.

Presenter was well prepared (n=851) (average agreement 90%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	22	6	0	0	0
Individuals (n= 56)	25	26	2	3	0
Educators (n=413)	221	187	1	1	3
Allied Health (n=156)	90	58	4	2	2
Justice (n=57)	35	18	3	1	0
GOA (n= 87)	57	27	1	1	1
Research (n=54)	33	21	0	0	0
Total	483 (57%)	343 (41%)	11 (1%)	8 (1%)	6 -

[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.
[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

Presenter was an effective communicator (n=852) (average agreement 87%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	20	8	0	0	0
Individuals (n=56)	23	26	3	3	1
Educators (n=413)	213	187	8	1	4
Allied Health (n=155)	84	55	12	1	3
Justice (n=57)	28	22	3	3	1
GOA (n= 87)	54	29	2	1	1
Research (n=55)	29	26	0	0	0
Total	451 (54%)	353 (42%)	28 (3%)	10 (1%)	10 -

[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.
[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

Presenter was knowledgeable (n=811) (average agreement 89%) [a]

Target Group [b]	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parents (n=28)	21	7	0	0	0
Individuals (n=57)	22	30	3	2	0
Educators (n= 370)	193	171	1	1	4
Allied Health (n=157)	114	40	0	2	1
Justice (n=57)	38	18	0	1	0
GOA (n= 87)	62	22	1	1	1
Research (n=55)	34	21	0	0	0
Total	484 (60%)	309 (38%)	5 (1%)	7 (1%)	6 -

[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.

[b] Parents =parents/caregivers; Individuals = individuals living with FASD and caregivers; Educators=educators and caregivers; Allied Health = allied health professionals; GOA=GOA/Community Agency; Research=research and evaluation.

Participant Comments

In addition to quantitative data, session participants were asked a series of open-ended questions to allow them to comment on their likes/dislikes and provide suggestions and comments about the session. These comments were coded into theme areas. A code book with a list of codes, their descriptions, and examples can be seen in Appendix E.

What Respondents Value

The table below shows what respondents said they valued the most in the session they attended. Note that this question was only asked for the first 3 sessions. Over 50% of the 86 comments about what they valued the most were the strategies presented in the sessions and the presenter qualities such as their experience, background or knowledge.

What did you value the most in this session? (n=86 comments)

	Number	Percent
Strategies	26	32%
Presenter qualities	17	21%
Increased understanding/knowledge	14	17%
Specific/concrete examples	8	10%
Presentation delivery/style/materials	8	10%
Affirmation of current practice	5	6%
Access	4	5%
Positive approach	4	5%

How to Improve Sessions

The following table shows a summary of ways respondents suggested the sessions could be improved. The most frequent suggestions were to improve technical and information technology followed by improving the presenter's presentation style.

How could this session be improved? (n=418 comments)

	Number	Percent
Tech/IT	159	38%
Presentation style	100	24%
Content of session	30	7%
Concrete examples	23	6%
Other	25	6%
Length of the session	20	5%
Quality of information – too much	16	4%
More new information	16	4%
Quality of information – too little	9	2%
More strategies	10	2%
No improvements	8	2%
More attendees	2	0%

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. Almost half of the ideas mentioned were either general or specific strategies followed by learning how FASD affects lives.

Ideas Learned To Support Individuals living with FASD and their Caregivers (n=577 comments)

	Number	Percent
Strategies, including communication strategies, positive consequences, positive reinforcement, tell-show-practice, visual cues, sensory, social scripts, physical environment and goal setting	274	47%
Knowledge of FASD and how it affects lives/learning	98	18%
Other	53	9%
Education tools for the classroom	29	5%
Support for family and individuals with FASD	28	5%
Assessment/diagnosis/screening	21	4%
How to work with FASD clients	18	3%
Resources	9	2%
Teamwork	15	2%
Coordination of services	11	2%
Co-morbidities	11	2%
Emotion	7	1%
Role of mentors	3	0%

Future Topics
The following table lists respondent suggestions for future videoconference topics. Topics suggested for future FASD presentation are quite diverse. The three most common included: participants being satisfied with any type of information on FASD to be presented in the future (16%), more information on strategies (15%) and more information on assessment and diagnosis (9%).

Other FASD Presentation Topics that Would be of Interest
(n=279 comments)

	Number	Percent
Any/all information	44	16%
Strategies	42	15%
Assessment/diagnosis	24	9%
Other	21	7%
Justice	17	6%
Resources/support	16	6%
Classroom strategies	15	5%
Adults and FASD	15	5%
Research	14	5%
FASD and caregiver/family	13	5%
Mental Health Issues	14	5%
Addictions	11	4%
FASD and employment	8	3%
FASD and teens	9	3%
Neurology	7	3%
FASD and co-morbid conditions	5	2%
Social skills training	4	1%

3.4 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, 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 amount of the knowledge increase ranged from +3% to +21% with the average being +10%.

A T-test was performed to determine whether or not the change in level of knowledge was statistically significant. The post-session increase in knowledge was found to be significant at a p-value of 0.001.

Percent Change in Knowledge By Session. (n=848)

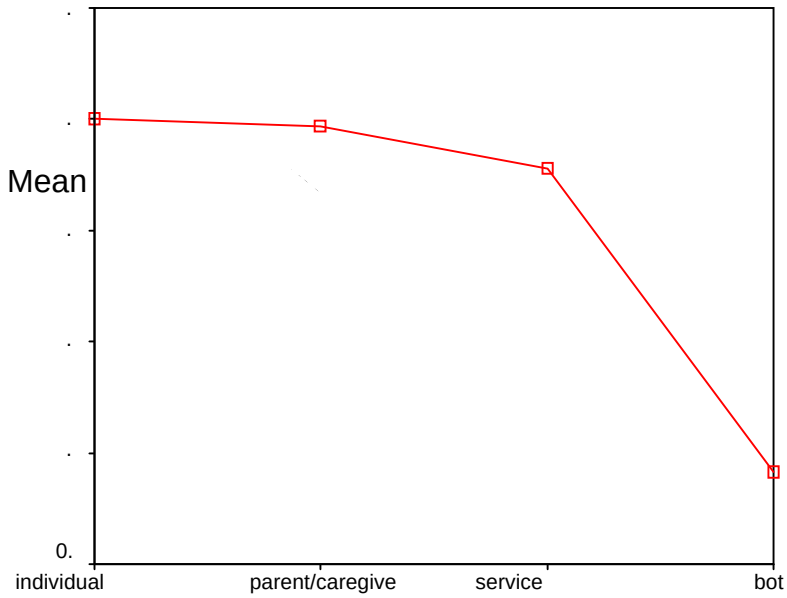
Session	Target Group	Sample Size (n)	Average Rating Pre Session (%)	Average Rating Post Session (%)	Pre-Post-Difference (%)
Engaging Students Affected by FASD	Educators	99	59	**67**	**8**
Creating a Supportive School Community for Students Affected by FASD	Educators	155	61	**71**	**10**
Unique Needs for Students Affected by FASD	Educators	152	79	92	13
FASD Screening for Children and Adults	GOA	50	81	94	13
Environmental Modifications: A Change in Expectations	Allied Health	18	78	92	14
Winning the Battle with FASD: A Family's Success Story	Individuals	20	76	85	9
Developments in Canadian FASD Assessment Protocols	Allied Health	31	83	90	7
Forensic Assessment of Youth Affected by FASD	Justice	20	79	94	15
FASD and Practice: Issues for Defense	Justice	6	79	88	9
Mental Health Problems in Individuals with Prenatal Alcohol Exposure / FASD	Research	55	80	88	8
FASD and Mental Health Treatment: A Multi-Modal Approach to Transgenerational Issues	Allied Health	39	76	84	8
The Mentor Experience: An Alberta Sampler	GOA	19	71	84	13
Understanding the Needs of the Caregiver: Therapeutic Intervention and Treatment	Parents	27	81	91	10
Treating FASD and Co-occurring Mental Health Disorders	Allied Health	43	81	88	7
The Bio-Parent Experience: Findings from Research & Implications for Service Providers	GOA	16	76	88	12
FASD and Practice: Issues for Prosecutors	Justice	31	69	90	21
Women and Pregnancy: What to Consider About Alcohol Use	Allied Health	26	88	94	6
Money Management FASD Style	Individuals	31	81	93	12
Living with FASD – As a Person, As a Parent	Individuals	10	83	86	3
Average		-	**77**	**84**	**+10 ****

** 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 does not match the mathematical difference between the average pre-and post-scores.

Knowledge Change and Role

The following chart shows the mean change in knowledge for individuals affected by FASD, parent/caregivers, service providers and for those who were both parents or caregivers and service providers. Although none of these changes in knowledge were statistically significant, it is interesting to note that those who were both parents and service providers showed less knowledge gain than those who had only one of those roles. This lack of knowledge gain may be because those with dual roles were already very knowledgeable and had multiple opportunities to learn about FASD.

Change in knowledge level as a function of role[a]

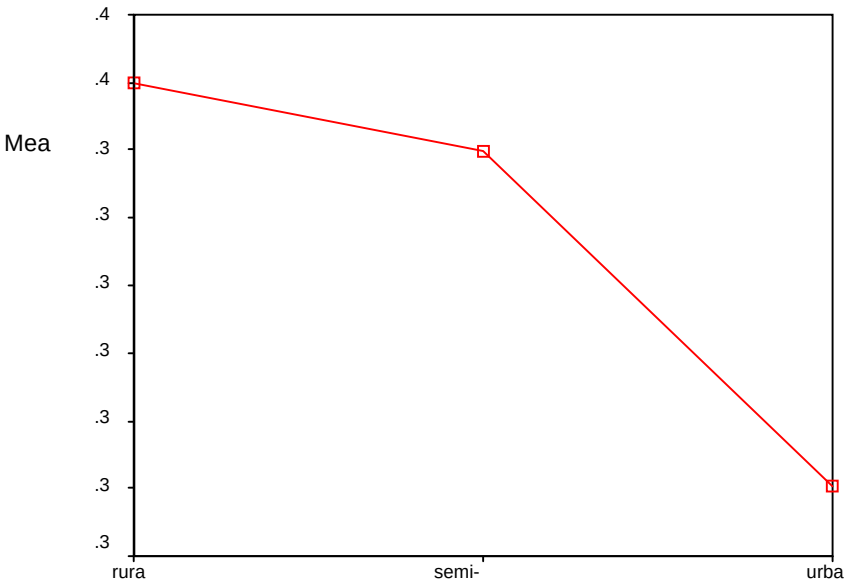


[a]Note: changes not statistically significant; represent trends only

Knowledge Change By Location

The following chart shows that the mean change in knowledge for participants viewing the videoconferences in rural, semi-urban areas was greater than the knowledge change for participants viewing the videoconferences in urban areas. However, these differences were not statistically significant. This finding is not surprising as there are likely more opportunities for learning about FASD in more urban areas.

Change in knowledge level as a function of location[a]



[a]Note: changes not statistically significant; represent trends only

Note: Population size was used to classify locations in the following categories: Rural = <2,500; Semi-urban = 2,500-10,000: Urban=>10,000

3.5 Presenter Feedback

Presenter Ratings

The table below shows presenter ratings about their experience presenting a videoconference session. Overall, presenters found the orientation package helpful, received enough assistance, had adequate information about the intended audience, received enough technical support and had enough time to prepare their presentation

Presenter Feedback (n=11)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Average Agreement (%) [a]
Presenter orientation package was helpful	5	5	1	0	84
Information provided in the presenter orientation was complete	4	5	2	0	80
I received adequate information about the intended audience for my presentation	5	5	1	0	84
I received enough assistance with the formatting of my presentation	5	6	0	0	86
I received enough technical support and guidance at the time of my presentation	6	4	1	0	86
The audio and/or visual system worked well during my presentation	5	4	2	0	82
I felt welcomed at my presentation site	7	4	0	0	91
The site was well organized for my presentation	6	4	1	0	86
I felt the timeline I was given were adequate to prepare my material	6	5	0	0	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.

Presenter Comments

Presenter comments included that the sessions were well organized and that the assistance they received from support people was appreciated. One presenter would have liked a full day for the presentation and another would have liked more information about the target audience. Other presenter comments referred specifically to the videoconference method of delivery. One comment expressed a preference for in-person presentations. Some difficulties presenters noted with the videoconference method were not being able to refer to power point slides during the presentation, finding it difficult to feel connected to the remote locations as the camera view shifted frequently and during the question period, not everyone having access to computers to send questions by e-mail and verbal communication not being available because the mikes were supposed to be muted.

Presenter Suggestions

One presenter suggested that the on-line posting of handouts after the presentation should be clearly indicated to presenters in advance. Another presenter suggested the name of someone to do a future presentation. Having a chair for the presenters high enough to reach the computer was another suggestion. It was noted that it would be helpful to have a larger (i.e. more than 6 or 7), attentive, audience at the presentation site to encourage more interactive energy. If the participants have no questions, then it might be helpful to have someone to ask some pre-arranged questions.

4.0 SUMMARY AND DISCUSSION

Summary of Results

Participant Demographics

There were an average of 94 participants attending each of the 19 sessions delivered between January and June 2009. The attendance ranged from a low of 16 to a high of 235. Attendance at the sessions decreased considerably after the first 3 sessions. The largest target audiences attending were service providers (i.e. 84%) and most of the service providers were educators (i.e. 42%). In total 62% of the respondents viewed the videoconferences in Alberta. Across all 19 session, 32% of respondents said that they or their organization were members of an FASD network. Almost all (i.e. 99%) of 428 respondents who provided information about their age are over the age of 18. The most common ways respondents found out about the videoconference sessions were by e-mail (i.e. 36%) and through their employer (i.e. 33%).

Content of Session

Overall, an overwhelming majority (i.e. 95%-97%) 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 agreement ratings for these questions were quite consistent and ranged from 82% to 84%.Average overall rating of their satisfaction with the content of the sessions was 84%.

Delivery Using Video Conferencing

Although respondents rated videoconferencing as an effective learning tool, improving their access to educational sessions (i.e. average agreement 91%), their average agreement ratings and comments about video quality (i.e.74%) and for audio quality (i.e. 76%) suggests that there is room for improvement with the technical aspects of the videoconferences. Average overall rating of their satisfaction with the videoconferences was 81%.

Participant Ratings of the Presenters

Overall, respondent average agreement ratings of the presenters suggest that the presenters were well prepared (i.e. 90%), effective communicators (i.e. 87%) and knowledgeable (i.e. 89%) about their subject area.

Participant Comments

What participants said they valued the most were the strategies they learned. The most frequent ideas they said they could use in supporting individuals living with FASD and/or their caregivers were various strategies (i.e. 47%) and leaning about how FASD affects lives (i.e. 18%). The most frequent suggestions to improve the sessions were to improve the technology (i.e. 38%) and to improve the presentation style (i.e. 24%). There were a wide variety of suggested topics for future presentations with the most common ones being any information (i.e. 16%) and more strategies (i.e. 15%).

Change in Knowledge
In every session 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 19 individual sessions ranged from +3% to +21% and the average knowledge increase for all 19 sessions was +10% which was statistically significant at a p-value of 0.001.

Presenter Feedback
Overall, presenters rated the orientation package helpful (i.e. 84%) and complete (i.e. 80%). Their ratings suggest there was adequate information about the intended audience (i.e. 84%), assistance for formatting their presentation (i.e. 86%), technical support (i.e. 86%) and time to prepare their presentation (i.e. 89%). Their comments suggest that some of the presenters found it more difficult to do their presentation using videoconferencing rather than to a live audience only. Some things they identified as difficult were feeling connected to the audience in the remote locations, not being able to refer to the power point slides during the presentation and having questions restricted to only those with access to a computer. They gave some suggestions for adapting live presentations for delivery using videoconferencing.

Discussion

Acceptability
Participant overall average ratings suggest that participants were satisfied with the sessions (i.e. 84% for session content and 81% for videoconference as a tool for the sessions).Their satisfaction with the videoconferences is also supported by their high rating for the presentation being a valuable experience (i.e. 84%).

Accessibility
In total approximately 1,800 people attended the sessions at a videoconference site, but these may not be unique individuals as some people may have attended more than 1 session. The video conferences were accessible to both urban and rural areas throughout Canada with the majority of participants coming from Alberta (i.e. 62%) and British Columbia (i.e. 20%). Participants strongly agreed that the use of videoconferencing helped them attend the session (i.e. 91%), thus making the educational sessions more accessible to them. Accessibility to the presentations was enhanced by posting the sessions on-line to allow those who could not attend the live videoconference sessions to access the information.

Knowledge
There is very strong evidence that the participants increased their knowledge in the content of the presentations. The average post-session knowledge gain of 10% 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. 84%) and that they would be able to apply what they had learned (i.e. 83%). Participants were able to list many ideas they had learned to support individuals living with FASD and their caregivers (i.e. there were 577 ideas from the 899 surveys).

Effectiveness of the Videoconference Approach
The 2008/09 Videoconferencing Learning Series presented information about FASD across the lifespan 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. Work towards improving data quality by ensuring all connected sites submit attendance sheets promptly.

The quality of the data used for this evaluation was hampered by difficulties with the attendance sheets. There were 2 problems: 1) knowing if all the attendance sheets were received as only 41% of the connected sites sent them in and 2) some of the attendance sheets were not received promptly. There were also (rare) instances in which attendance sheets could not be identified with certainty due to, e.g., handwriting issues or unclear labeling.

Attendance sheets are important as a measure of access. Attendance numbers are also used to calculate survey response rates, which in turn tell us how much the survey responses can be generalized to all the videoconference attendees. In addition, the e-mail addresses on the attendance sheets are used to send e-surveys for participant feedback. If the attendance sheets are missing or late, some people who could have been sent e-mail surveys will not receive them, negatively affecting survey response rates. Thus, ensuring that all connected sites submit attendance sheets promptly will improve the quality of the data.

2. Continue to address issues related to the quality of video transmission.

Participant ratings and comments suggest that there is room for improvement in the audio and video quality. The most frequent participant suggestion for improving the sessions was technology (i.e. 38%).

3. Continue to collect feedback using on-line surveys.

The speed of data collection and the quality of data collected through on-line surveys far surpassed that collected through the use of hard copy surveys. Although the response rate was higher for the hard copy surveys (i.e. 67%), the response rate for the on-line surveys was still acceptable at 40%.

4. Improve the experience of presenters by better promoting attendance at the presentation site and ensuring participants are appropriately oriented to the videoconference process.

Presenters noted some difficulties in adapting their presentations for videoconference delivery. Their comfort with videoconferencing could be enhanced by implementing some of their suggestions such as: having a large, attentive audience at the live site, reviewing the procedure for how the audience asks questions, and increasing presenter familiarity and comfort with the equipment and site.

5. Evaluation the utilization of the posted videos.

One serious gap hampering the full evaluation of the videoconference series was the lack of information collected regarding posted videos. Even a cursory understanding of the number of individuals visiting the site (i.e., a "hit counter") would provide much needed information on the value and utilization of this method.

The website technology also allows for a simple method of survey distribution immediately following viewing (e.g., an automated email sent to anyone who completes a viewing), which decreases the need for manual followup and errors.

6. Investigate other factors affecting participation, including:

- **a. Technological issues**
- **b. Potential issues with posted videos**
- **c. Difficulties with presenter interactions, due to technical limitations**
- **d. Possible session fatigue (i.e., number of sessions/month)**
- **e. Competing learning opportunities**
- **f. Qualifying for continuing education credits by professional bodies governing service providers**

7. Investigate using session videos as a foundation of a web-based learning resource.

Using the session videos for a web-based learning resource has the potential to increase the reach of this initiative to an even larger audience thus enhancing its' value.

Appendix A

Participant Post-Session Survey

FASD Learning Series – Living with FASD" As a Person, As a Parent
June 30, 2009

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.

Location of the June 30 Video Session

Site_____
Community_____
(City/Town)

Please check (√) all of the following that apply to you.

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

☐ **Yes**

☐ **No**

☐ **I don't know**

2**. My primary interest in this session is as a: (Please only check one answer)**

☐ **Parent or caregiver for an individual affected by FASD**

☐ **An individual affected by the FASD**

☐ **Service Provider**

If you answered, Service Provider, please answer the following:

1. **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:** _____

For the following questions, please check (√) the most appropriate answer.

4. 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.					
My awareness of this topic increased as a result of this session.					
This was a valuable learning experience.					

5. DELIVERY USING VIDEOCONFERENCING	***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.					

6. 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?					

7. 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.					

8. OVERALL RATING OF SESSION	***Excellent***	***Good***	***Fair***	***Poor***	***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:					

9. How could this session be improved?

10. 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.

11. Over the next 3 years, what other FASD presentation or workshop topics would be of interest to you?

12. How did you learn about this session? ***Please check (√) all of the following that apply to you.***

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

13. Other comments/suggestions?

Age:

☐**18 years or older**

☐**Younger than 18 years**

Appendix B

Survey Response Rates

The table below displays the response rates by individual session.

Response Rates for Sessions 1 to 19

Session Number	Session Title	Number Attending Session [a]	Number of Surveys received	Response Rate
1	Engaging Students Affected by FASD	186	113	61%
2	Creating a Supportive School Community for Students Affected by FASD	235	166	71%
3	Unique Needs for Students Affected by FASD	229	158	69%
4	FASD Screening for Children and Adults	117	53	43%
5	Environmental Modifications: A Change in Expectations	74	18	24%
6	Winning the Battle with FASD: A Family's Success Story	63	20	32%
7	Developments in Canadian FASD Assessment Protocols	86	36	43% [b]
8	Forensic Assessment of Youth Affected by FASD	90	22	24%
9	FASD and Practice: Issues for Defense	31	6	19%
10	Mental Health Problems in Individuals with Prenatal Alcohol Exposure / FASD	166	55	33%
11	FASD and Mental Health Treatment: A Multi-Modal Approach to Transgenerational Issues	103	43	42%
12	The Mentor Experience: An Alberta Sampler	53	20	38%
13	Understanding the Needs of the Caregiver: Therapeutic Intervention and Treatment	40	28	70%
14	Treating FASD and Co-occuring Mental Health Disorders	104	45	43%
15	The Bio-Parent Experience: Findings from Research & Implications for Service Providers	24	18	75%
16	FASD and Practice: Issues for Prosecutors	54	31	57%
17	Women and Pregnancy: What to Consider About Alcohol Use	54	26	50% [b]
18	Money Management FASD Style	76	31	41% [b]
19	Living with FASD – As a Person, As a Parent	16	10	63%
	Total	**1,801**	**899**	**-**

[a] Total number attending from all sites based on attendance sheets submitted.
[b] Note: for these sessions not all attendees received an on-line survey due to the late receipt of attendance sheets.

Appendix C

FASD Learning Series Presenter Satisfaction Survey

We would like your feedback on the FASD Video Learning Series session 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 Agree	Agree	Disagree	Strongly Disagree
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 provide any suggestions you may have for improvement.

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

Appendix D

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 - Engaging Students Affected by FASD (20 Jan 09)
Presenter – Dr. Jacqueline Pei
Target Group – Educators and Caregivers
Attendance - 186
Survey response rate - 61%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=100)	47	53	0	0	3	87%
An effective communicator (n=99)	45	54	0	0	3	86%
Well prepared (n=99)	47	52	0	0	3	87%

[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.

Change in knowledge = +8%

Overall rating of session content = 79%

Comments: What respondents said they valued the most were the strategies discussed and the presenter. They said they learned communication strategies, how to use positive reinforcement, and how FASD affects a child's learning. Suggestions to improve the session included having better technology, improving the presentation style, giving more concrete examples and presenting more information the respondent did not already know.

Session # 2

Title - Creating a Supportive School Community for Students Affected with FASD (29 Jan 09)
Presenter – Marjorie Carter
Target Group – Educators and Caregivers
Attendance - 235
Survey response rate – 71%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Average Agreement Rating [a]
Knowledgeable (n=159)	99	58	1	1	1	90%
An effective communicator (n=158)	80	73	4	1	1	87%
Well prepared (n=158)	80	76	1	1	-	87%

[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.

Change in knowledge = +10%

Overall rating of session content = 81%

Comments: What respondents said they valued the most were the presenter and their increased understanding of the topic. They learned about communication strategies, how FASD affects a child's leaning, and educational tools for the classroom. Suggestions for improving the session included improving the technology, adjusting the amount of information as some respondents thought there was too much information and others thought there was too little.

Session # 3

Title - Unique Needs of Students Affected by FASD (11 Feb 09)
Presenter – Dwaine Souveny
Target Group – Educators and Caregivers
Attendance - 229
Survey response rate – 69%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Average Agreement Rating [a]
Knowledgeable (n=107)	47	60	0	0	-	94%
An effective communicator (n=151)	88	60	3	0	-	96%
Well prepared (n=153)	94	59	0	0	-	97%

[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.

Change in knowledge = +13%

Overall rating of session content = 94%

Comments: Respondents said they learned about tell-show-practice, how FASD affects a child's learning and about social scripts. Over half of the comments for improving the session were to improve the technology. A few respondents said they would have appreciated more concrete examples.

Session # 4

Title - FASD Screening for Children and Adults (5 Mar 09)
Presenter – Val Massey
Target Group – GOA/Community Agency
Attendance - 117
Survey response rate – 43%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=50)	44	6	0	0		97%
An effective communicator (n=50)	40	10	0	0		80%
Well prepared (n=50)	40	10	0	0		80%

[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.

Change in knowledge = +13%

Overall rating of session content = 92%

Comment: Respondents said they learned how to work better with their clients, some useful strategies, about assessment, diagnosis and screening and how to support individuals with FASD and their families. Their suggestions to improve the session included improving the technology.

Session # 5
Title - Environmental Modifications: A Change in Expectations (9 Mar 09)
Presenter – Natalie Soetaert
Target Group – Allied Health Professionals
Attendance - 74
Survey response rate – 24%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=18)	11	6	0	1		88%
An effective communicator (n=18)	11	6	0	1		88%
Well prepared (n=18)	12	5	0	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.

Change in knowledge = +14%

Overall rating of session content = 92%

Comments: Participants felt that they learned useful strategies and educational tools for the classroom. Three-quarters of the comments about how to improve the session were to improve the technology.

Session # 6
Title - Environmental Modifications: A Change in Expectations (25 Mar 09)
Presenter – Natalie Soetaert
Target Group – Allied Health Professionals
Attendance - 63
Survey response rate – 32%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=20)	8	10	0	2		83%
An effective communicator (n=20)	8	10	0	2		83%
Well prepared (n=20)	8	10	0	2		83%

[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.

Change in knowledge = +9%

Overall rating of session content = 86%

Comments: Respondents felt that they have a better understanding of the physical environment and learned useful strategies .The most frequent suggestions to improve this session were to improve the technology and the presentation style.

Session # 7

Title - Developments in Canadian FASD Assessment Protocols (7 Apr 09)
Presenter – Dr. Sterling Clarren
Target Group – Allied Health Professionals
Attendance - 83
Survey response rate – 43%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=32)	24	8	0	0		94%
An effective communicator (n=32)	21	10	1	0		91%
Well prepared (n=32)	21	10	1	0		91%

[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.

Change in knowledge = +7%

Overall rating of session content = 88%

Comments: Some useful things that respondents said they learned included information about assessment/diagnosis/screening as well as increasing their knowledge about FASD and how it affects lives. The most frequent suggestions for improving the session were to improve the technology. There were a few suggestions to have more advanced content.

Session # 8

Title - Forensic Assessment of Youth Affected by FASD (16 Apr 09)
Presenter – Ann Marie Dewhurst
Target Group – Justice
Attendance - 90
Survey response rate – 24%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=30)	15	5	0	0		94%
An effective communicator (n=30)	14	6	0	0		93%
Well prepared (n=30)	15	4	1	0		93%

[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.

Change in knowledge = +15%

Overall rating of session content = 90%

Comments: Respondents said that they learned information about assessment, diagnosis and screening as well as how FASD affects lives. Their suggestions to improve the session included improving the presentation style and improving the technology.

Session # 9

Title - FASD and Practice: Issues for Defense (23 Apr 09)
Presenter – Pat Yuzwenko
Target Group – Justice
Attendance - 31
Survey response rate – 19%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=6)	3	3	0	0		88%
An effective communicator (n=6)	3	1	0	2		71%
Well prepared (n=6)	3	1	2	0		79%

[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.

Change in knowledge = +9%

Overall rating of session content = 75%

Comments - Respondents said they learned about how FASD it affects lives. Their suggestions to improve the session included improving the presentation style.

Session # 10

Title - – Mental Health problems in Individuals with Prenatal Alcohol Exposure/ FASD (5 May 09)
Presenter – Dr. Jacqueline Pei and Carmen Rasmussen
Target Group – Research and Evaluation
Attendance - 166
Survey response rate – 33%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=55)	34	21	0	0		90%
An effective communicator (n=55)	29	26	0	0		88%
Well prepared (n=54)	33	21	0	0		90%

[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.

Change in knowledge = +8%

Overall rating of session content = 82%

Comments - Respondents said they learned about co-morbidities as well as strategies. Their suggestions for how to improve the session included improving the technology and improving the content of information presented.

Session # 11

Title - FASD and Mental Health Treatment: A Multi-Modal Approach to Transgenerational Issues (13 May 09)
Presenter – Dr. Keiran O'Malley
Target Group – Allied Health Professionals
Attendance - 103
Survey response rate – 42%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=39)	34	4	0	1		93%
An effective communicator (n=38)	15	17	5	1		76%
Well prepared (n=38)	19	16	2	1		81%

[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.

Change in knowledge = +8%

Overall rating of session content = 84%

Comments - Respondents said that they learned useful strategies, how FASD affects lives, how to support individuals with FASD and their families and about coordination of services. Their suggestions for how to improve the session included improving the presentation style and improving the technology.

Session # 12

Title - The Mentor Experience: An Alberta Sampler (21 May 09)
Presenter – Dorothy Henneveld, Audrey McFarlane
Target Group – GOA/Community Agency
Attendance - 53
Survey response rate – 38%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=19)	9	9	1	0		81%
An effective communicator (n=20)	8	10	1	0		80%
Well prepared (n=19)	9	9	1	0		81%

[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.

Change in knowledge = +13%

Overall rating of session content = 78%

Comments - Respondents said they learned about the role of mentors, how to work with clients and about resources. Their suggestions about how to improve the session included improving the presentation style and improving the technology.

Session # 13

Title - Understanding the Needs of the Caregiver: Therapeutic Intervention and Treatment (28 May 09)
Presenter – Brenda Knight
Target Group – Parents/Caregivers
Attendance - 40
Survey response rate – 70%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=28)	21	7	0	0		94%
An effective communicator (n=28)	20	8	0	0		93%
Well prepared (n=28)	22	6	0	0		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.

Change in knowledge = +10%

Overall rating of session content = 91%

Comments - Ideas respondents earned include knowledge of FASD and how it affects lives as well as how to support families and individuals with FASD. Respondent suggestions for how to improve the session include improving the presentation style and improving the technology.

Session # 14

Title - Treating FASD and Co-occuring Mental Health Disorders (29 May 09)
Presenter – Brenda Knight
Target Group – Allied Health Professionals
Attendance - 104
Survey response rate – 43%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=43)	31	12	0	0		93%
An effective communicator (n=42)	28	13	1	0		91%
Well prepared (n=42)	27	15	0	0		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.

Change in knowledge = +7%

Overall rating of session content = 88%

Comments -Respondents said they learned general strategies and communication strategies. Their suggestions for how to improve the session included improving the presentation style and improving the content of information.

Session # 15

Title - The Bio-Parent Experience: Findings from Research and Implications for Service Providers (3 Jun 09)

Presenter – Dorothy Badry
Target Group – GOA/Community Agency
Attendance - 24
Survey response rate – 75%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=17)	9	7	0	1		85%
An effective communicator (n=17)	6	9	1	1		77%
Well prepared (n=17)	8	8	0	1		84%

[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.

Change in knowledge = +12%

Overall rating of session content = 84%

Comments - Respondents said they learned about teamwork, how FASD affects lives and how to support individuals with FASD and their families. Their suggestions for how to improve the session include improving the presentation style and improving the technology.

Session # 16

Title - FASD and Practice: Issues for Prosecutors (10 Jun 09)
Presenter – Neil Wiberg
Target Group – Justice
Attendance - 46
Survey response rate – 67%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=31)	20	10	0	1		90%
An effective communicator (n=31)	11	15	3	1		80%
Well prepared (n=31)	17	13	0	1		87%

[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.

Change in knowledge = +21%

Overall rating of session content = 86%

Comments - Respondents said they learned how FASD affects lives, about strategies, about assessment /diagnosis/screening and about coordination of services. Their suggestions for how to improve the session include giving prior notice about being able to ask questions by e-mail, having the speaker be more animated, having handouts available and having more information presented including more tips.

Session # 17

Title - Women and Pregnancy: What to Consider About Alcohol Use (16 Jun 09)
Presenter – Dr. Suzanne Tough and Dr. Gail Andrew
Target Group – Allied Health Professionals
Attendance - 49
Survey response rate – 53%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=24)	14	10	0	0		90%
An effective communicator (n=23)	9	9	5	0		79%
Well prepared (n=24)	11	12	0	0		85%

[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.

Change in knowledge = +6%

Overall rating of session content = 84%

Comments - Respondents said that they learned how to support for families and individuals with FASD and strategies they could use. Their suggestions for how to improve the session included improving the technology such as the sound and the connection, having more community awareness of the session and having more time for questions and the camera should move back and forth between the presenter and the power point slides.

Session # 18

Title - Money Management FASD Style (24 Jun 09)
Presenter – Priscilla Asamoah
Target Group – Individuals Living with FASD and Caregivers
Attendance - 76
Survey response rate – 41%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=28)	9	16	3	0		80%
An effective communicator (n=26)	10	12	3	1		80%
Well prepared (n=27)	12	12	2	1		82%

[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.

Change in knowledge = +12%

Overall rating of session content = 74%

Comments - Respondents said they learned strategies to use to support individuals with FASD. Their suggestions to improve the session included having more time for discussion, using examples more focused on people living with FASD, presenting more strategies and having the presenter use a more expressive presentation style.

Session # 19

Title - Living with FASD – As a Person, As a Parent (30 Jun 09)
Presenter – Liz Lawryk and Darla Parsons
Target Group – Individuals Living with FASD and Caregivers
Attendance - 16
Survey response rate – 63%

The presenter was:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating [a]
Knowledgeable (n=9)	5	4	0	0		89%
An effective communicator (n=9)	5	4	0	0		89%
Well prepared (n=9)	5	4	0	0		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.

Change in knowledge = +3%

Overall rating of session content = 81%

Comments - Respondents learned how FASD affects lives, how to support individuals living with FASD and their families, and useful strategies. Their suggestions for how to improve the session included having hand outs for additional information, having a synopsis of the presentation, having more strategies such as proper hygiene, and improving the technology such as the camera angle and the audio.

Appendix E

CODE BOOK FOR QUALITATIVE COMMENTS

8. What did you value the MOST in this session?

Code	Code Description	Example
(1) Presenter Qualities	Experience/Background/Knowledge	"It was helpful to hear from someone who is both a parent and educator. Information from someone who "has been there" is always valuable. It reinforced what I have already learned."
(2) Specific/Concrete Example	Participant likes practical/specific examples of how to use strategies and/or work with kids	"Concrete ideas and concepts able to be used and passed along to others. E.g., use of egg timers."
(3) Strategies	Any other mention of strategies	"Review of the strategies – good to have gone over them and give examples. The strategies are good to work with **all** children, not just FASD kids."
(4) Presentation Delivery/Style/Materials	Comments related to delivery and style of presentation. Comments related to handouts.	"Very proactive advice and clear instruction."
(5) Increased Understanding/ Knowledge	Participant reports an increased understanding and/or increased knowledge of child's or family's needs and/or perspectives	"Opportunity to expand my knowledge of FASD and how to deal."
(6) Use of Child/Family Stories		"I was so touched by being able to listen to the children describe their experience and I really valued the personal experience as a parent."
(7) Access	Comments related to being able to attend this session because of the fact that it was through tele-conferencing	"Being able to have access through the video conference."
(8) Affirmation of Current Practice	Comments related to information in session re-affirming what they already know and/or practice.	"A good review of previous information that I have already on this topic."
(9) Positive Approach	Comments related to focusing on the positives or a strengths-based approach.	"The focus on positives."

9. What did you value the LEAST in this session?

Code	Code Description	Example
(1) Tech/IT	Comments related to problems with the Technology (equipment, sound, microphone, etc.)	"Participants at the various teleconference sites not muting their mikes, causing a lot of disturbances, making one miss the beginning of the presentation."
(2) Quality of Information (Too Much)	Content of session was redundant	"Repetitive nature of presentation."
(3) Quality of Information (Too Little)	Content of session did not have enough information	"Lots of stories (great). But I was looking for more teaching strategies and tools to use in my classroom."
(4) Presenter Style	Comments related to the presenter/presenter delivery/style	"It would be beneficial to have the opportunity to ask questions and interact with the presenters."

10. How could this session be improved?

Code	Code Description	Example
(0) Other		"The noise level coming from the board room next door made it difficult to hear."
(1) Tech/IT	Improvement to Technology (equipment, sound, etc.)	"Better quality of technology."
(2) Presentation Style	Comments around the presenter/presentation. For example, more time dedicated to questions.	"The presenter needed to use different modalities to keep those of us in videoconferencing more engaged; he was great at the classroom level though!"
(3) Length of Session	Comments pertaining to the length of the session.	"While video conferencing provides access to many, it is difficult for me to focus on - especially for two hours."
(4) Concrete/Practical Examples	Content to include more practical or concrete examples	"Give more specific suggestions/ideas to use with FASD children in a classroom."
(5) New Information	Information presented was basic; Participant already knew the information; Information was not relevant; Comments related to wanting a higher level of information.	"This was a very good presentation for those who are just beginning to work with a child with FASD; It was an excellent introduction; For those of us with experience it was on a level below what we expected."
(6) More Strategies		"Step up the strategies and solutions ideas."
(7) Content of Session	Comments related to the content of the session	"Less repetition of the material throughout the presentation."
(8) No Improvements		"Was excellent, the handouts were great."
(9) Have more Attendees	Larger audience, more ads to get larger audience	"More advertisements to draw more people."

11. Please write 1 or 2 ideas below that you have learned from this training that you will use in supporting individuals with FASD and/or their caregivers.

Code	Code Description
(0) Other	Ex. "Would like to see more sessions on prevention best practices."
(1) Communication Strategies	Ex. Not using "Why?" Pick your battles
(2) Visual Cues	Visual Stimuli
(3) Educational Tools for the Classroom	Use of Egg Timer, Smart Board, etc.
(4) Knowledge of FASD Affecting Child's Learning	Teach Intentionally Opportunity to learn Be consistent
(5) Teamwork	With Other Disciplines and/or with Caregivers
(6) Consequences/Positive Reinforcement/ Positive	Comments related to a positive approach, strengths – based. Building on strengths Cause and effect
(7) Goal Setting (Planning)	Ex. "reality based planning"
(8) Tell-Show-Practice	
(9) Social Scripts	Social scripts and social skills
(10) Sensory	Sensory Inputs, strategies, and overload
(11) Strategies	Ex. "The idea of anchors, strategies, containment with consent and understanding of the FASD "client""
(12) Emotion	Emotional Mirroring
(13) Assessment/Diagnosis/Screening	Ex. "Will be more patient and ask more questions when interviewing"
(14) Support for Families and Individuals with FASD	Providing/getting support for families. Particular supports.
(15) Knowledge of FASD/how FASD affects lives	Ex. "Not only child needing care, parents do too; they need to learn and cope."
(16) Physical Environment	Ex. "Environment can have positive and negative influence"
(17) Co-ordinations of Services	Ex. "Working with legal representatives to ensure they are aware of child's functioning level and are cared for within the Justice system."
(18) Co-morbidities	Ex. "Connection to mental health"
(19) Role of Mentors	Ex. "That mentors are important and a great asset"
(20) Resources	Ex. "To certainly connect with all available resources."
(21) How to work with FASD Clients	Ex. "I really appreciated discussion on the actually sessions as it will assist me in assisting counselors working with my clients"

12. How did you learn about this session?

Code
(1) Employer/Organization
(2) Brochure/Poster
(3) Friend/Relative
(4) E-mail
(5) Website
(6) Colleague
(7) Service Provider
(8) FASD Network

13. Over the next 3 years, what other FASD presentation or workshop topics would be of interest to you?

Code	Example
(0) Other	"How to hold a case conference for a client (youth/school-aged) with FASD"
(1) Any/All Information	"Any more would be great."
(2) Strategies	"More concrete strategies."
(3) Classroom Strategies	"Case studies of other students, more specific teaching strategies."
(4) FASD and Co-Morbid Condition(s)	"The differences and similarities between FASD and Autism, ADHD and the differences between diagnoses."
(5) Adults and FASD/Transition to Adulthood	"More on adults with FASD; More on helping parents who have FASD."
(6) Assessment/Diagnosis/Screening/Treatment	"Assessment of FASD (Who, What, When, Why)"
(7) Neurology	"FASD Memory."
(8) Justice	"Extreme behaviors for teens (criminal and sexual)"
(9) Social Skills Training	"Social sills training - more strategies – ESL."
(10) Special Needs/ESL	"FASD and special needs issues."
(11) Research	"Research on FASD and neuroplasticity of the brain."
(12) Addictions	"Crystal Meth and/or other drug effects on learning."
(13) FASD and Teens	"FASD and the school system / how we can meet the needs of FASD youth in the system we currently work with Successful programs that work for FASD youth"
(14) Resources/ Support	"Update on resources and programs available to children and adults with ARND and their families in the Edmonton region."
(15) FASD & Employment	"Perhaps something for employers on how to hire and manage a youth with FASD in their work place."
(16) FASD & the Caregiver/Family	"Understanding the needs of the caregiver"

14. Other Comments/ Suggestions February 11th, 2009

Code	Code Description	Example.
(0) Other		**"**This and more sessions on DVD would be very helpful in training sessions."
(1)Presentation Style	Use of Handouts Presenter Speaking Too Quickly	Ex. "This presenter was very knowledgeable, but I was disappointed at his lack of attention to time."
(2) Affirmation of Current Practice	Comments pertaining to information presented re-affirmed what participant was already using/doing	
(3) Overall Informative Session		"I enjoyed the three videoconferences and found them to be very informative; I learned a lot and have and will try some techniques."
(4) IT/ Technology	Comments related to IT problems.	"The video is fuzzy and started 20 minutes in the session, not too user friendly yet; Blurry."
(5) Presenter Qualities	Comments related to the presenter.	"Learning objectives were met somewhat; Enthusiastic speaker!"
(6) Access	Use of videoconferencing	"Great resource through videoconferencing – thanks."
(7) Environment	Comments related to the temperature of the room.	
(8) Content	No new information presented Information was a review	"Specify introductory; Great learning tool, but I didn't learn any new material."
(9) Barriers to Attendance		Ex. "The time difference has limited the ability to partake in all sessions." "I think the videoconferences are fabulous. Unfortunately, as they are offered weekly I am unable to attend as many as I would like."
(10) Appreciation		"Wonderfully done – thank you so much!"