

FASD Learning Series 2013/14

Evaluation

Final Report

June 2014

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EXECUTIVE SUMMARY

Introduction

The FASD Learning Series, administered through the Ministry of Human Services (formerly the Alberta Children and Youth Services), was introduced in 2007 to increase community and individual capacity to support individuals with FASD and their caregivers across the lifespan. The initiative specifically addresses the need for educational programs that target a wide variety of urban and rural audiences. CASA Child, Adolescent and Family Mental Health was contracted to develop the content for the 2013/14 program year, and to conduct a summative evaluation.

The learning sessions cover a broad spectrum of content that spans the needs and interests of various groups who provide services to individuals and families affected by FASD. The 2013/14 FASD Learning Series presented 9 educational sessions between September 2013 and May 2014. Since 2008, all the videoconference sessions and webcasts have been archived on the FASD Cross Ministry Committee website (<http://fasd.alberta.ca/>) for continued unrestricted use. Including this year's webcasts, there are a total of 74 videos/webcasts in the archive.

Evaluation Methods

The evaluation addressed two questions:

1. How did the FASD Learning Series impact participant knowledge about FASD?
2. How effective is webcasting as a method of providing education about FASD?

Quantitative and qualitative data were collected using participant on-line surveys distributed by an e-mail link, webcast sign-in sheets and website utilization data. The response rate for the participant surveys was 51%. Quantitative data were analyzed using Microsoft Excel and qualitative data were coded and summarized using a thematic analysis.

Evaluation Results

Participant Demographics

The majority of respondents described themselves as service providers such as those employed by community non-profits, social services, health care and education. Seventy percent (70%) of the survey respondents viewed the webcast in Alberta. The rest viewed the webcast in British Columbia, Saskatchewan, Yukon, Manitoba, Northwest Territories and Ontario. Twenty-nine percent (29%) of respondents said that they or their organization were members of an FASD Service Network.

Attendance

There were 762 participants who attended the 9 sessions presented in 2013/14. Attendance at individual sessions ranged from 48 to 123 with the average being 85 per session.

Participant Feedback

An overwhelming majority (i.e. 90%-92%) of respondents agreed that the learning objectives were clear, that the learning objectives were met, that the content was relevant for them and that it was a valuable learning experience. A large majority of respondents also agreed that their awareness of the topic increased (i.e. 90%) and that they will be able to apply what they learned (i.e. 89%). The average overall rating of their satisfaction with the content of the sessions was 90%.

Almost all of the respondents (i.e. 98%) agreed that the use of webcasting helped them to attend the presentations. Average satisfaction with the video quality was 89% and for audio quality was 89%. The average overall rating of their satisfaction with the webcasting was 86%. There were technical problems with 3 of the sessions that likely had some impact on these webcast ratings.

Overall, average respondent ratings of the presenters suggest that the presenters were well prepared (i.e. 96%), effective communicators (i.e. 95%) and knowledgeable (i.e. 96%). There were many positive participant comments about the webcast sessions such as that they were “excellent”, “valuable” and “very useful”. The following is a sample positive comment in the participant’s own words: “... **the webcast format allows me to attend sessions I would otherwise miss out on** ...” Respondent suggestions to improve the sessions included having handouts available before the sessions, providing more practical examples and having more advertising for the sessions and the archived videos. The most frequent suggestions for future topics were skills to work with FASD (i.e. 12%) and mental health issues and FASD (i.e. 12%). The majority of respondents (i.e. 50%) want future sessions to be at an intermediate training level.

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 9 individual sessions ranged from +14% to +27% and the average knowledge increase for all 9 sessions was +21% which was statistically significant at a p-value of 0.001.

The Archived Videos

The Government of Alberta Cross-Ministry Committee web site houses the archived videos and webcasts from all of the previous FASD Learning Series. Between July 2013 and May 2014 there were 13,931 views of the archived videos and webcasts with a total of 2,476 hours of viewing time. This suggests that the archived videos continue to provide FASD information to the public even after the initial presentation has concluded.

Conclusion

Overall the data presented in this evaluation suggests that the 2013/14 FASD Learning Series has been very successful. All participant ratings for the session content, the webcast delivery method and the presenters were very high. Pre-Post-ratings strongly indicate that participants knew more about session topics after attending a session. Participant comments were very

positive, indicating that the sessions were very useful and that they enhanced access to this training. The benefits of the webcasts and previous videos have been further extended by archiving them for future use.

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

The goal of the FASD Learning Series is to increase capacity to support individuals with FASD and their caregivers. Since the majority of participants were service providers, their very high ratings of session relevance, usefulness, knowledge increase and value of the session suggest that they not only gained new knowledge but that they will also be able to use their new knowledge in their work. There is very strong evidence that the respondents **perceived** their knowledge had increased related to the content of the presentations. The average post-session knowledge gain of 21% is statistically significant (i.e. $p < 0.001$).

How effective is webcasting as a method of providing education about FASD?

The overall rating of webcasting as a method of delivery was 86% which suggests that it is a very acceptable delivery method. The FASD Learning Series specifically addresses the need for educational programs that target a wide variety of urban and rural audiences. This evaluation has shown that webcast sessions allowed access to FASD information throughout urban and rural Alberta. The very high (i.e. 98%) respondent agreement that the use of webcasting helped them attend the session further supports the usefulness of webcast technology to enhance access to educational sessions.

Besides increasing access, the FASD Learning Series has been remarkably efficient in distributing the expertise of the presenters -- a valuable but scarce resource -- to many more people than the number who would be able to attend one live presentation. The access to the archived videos further extends the benefits of the webcasts. The more often the archived videos and webcasts are viewed, the more cost effective they become. The knowledge disseminated by the 2013/14 FASD Learning Series broadly throughout urban and rural Alberta and beyond is a valuable resource that has enhanced community and individual capacity to support individuals with FASD and their caregivers across the lifespan.

Recommendations

Based on the findings of this evaluation, it is recommended that the FASD Learning Sessions continue, and that the following actions be considered to improve the effectiveness and efficiency of the initiative.

1. Develop and implement a communication plan which will reach and generate new audiences while providing information about future demand.
2. Update the evaluation questionnaires to further refine the information collected, including information about the archived sessions.
3. Continue to refine the technical process.

1.0 INTRODUCTION

The Fetal Alcohol Spectrum Disorder (FASD) Cross-Ministry Committee (CMC) established the FASD Learning Series Program to support the development and delivery of learning opportunities for all stakeholders involved with FASD. The FASD Videoconference Learning Series, administered through the Ministry of Human Services (formerly Alberta Children and Youth Services), was introduced in 2007 to increase community and individual capacity to support individuals with FASD and their caregivers across the lifespan. The initiative specifically addresses the need for educational programs that target a wide variety of urban and rural audiences. CASA Child, Adolescent and Family Mental Health was contracted to develop the content for the 2013/14 program year, and to conduct a summative evaluation.

In 2010 the delivery of the FASD Learning Series moved from videoconferencing to webcasting. Webcasting is more convenient than videoconferencing since participants can view the sessions from their own computers without having to travel to specific viewing locations. Participants have experienced considerably fewer technical problems with webcasting than with videoconferencing. Delivery by videoconference is still available to participants at select Government sites where the facilities do not support webcasting.

The 2013/14 FASD Learning Series presented 9 educational webinars between September 2013 and May 2014. Since 2008, all the videoconference sessions and webcasts have been archived on the CMC-FASD website for continued unrestricted use. Including this year's webcasts, there are a total of 74 videos/webcasts posted in the archive and available for viewing.

The learning sessions cover a broad spectrum of content that spans the needs and interests of various groups: individuals, family members/caregivers affected by FASD, support service providers, health care providers, educators, legal and justice systems and researchers. The following table lists the 2013/14 FASD Learning Webinars. Posters used to advertise these sessions can be seen in Appendix A.

Date	Name of Session
September 26 , 2013	Prevention of FASD: What do we know? Are we doing it?
October 16, 2013	Values and Addictions
November 20, 2013	Gender and Addictions
December 18, 2013	Trauma and Addictions
January 16, 2014	Corrections to Community
February 19, 2014	Technology and FASD
March 19, 2014	FASD and Criminal Responsibility
April 16, 2014	A Family Centered PCAP program model for First Nations Communities
May 21, 2014	Unpacking the Backpack

The evaluation of the FASD Learning Series Webinars assessed the content and presentation of the sessions as a whole as well as the use of technology as a means to support learning. The evaluation addressed these two questions:

1. How did the FASD Learning Series impact participant knowledge about FASD?
2. How effective is webcasting as a method of providing education about FASD?

2.0 EVALUATION METHODS

Quantitative and qualitative data was gathered from participant self-report surveys and webcast sign in sheets. All survey participants were informed about issues of confidentiality and anonymity, and were advised that their participation was voluntary. Quantitative data for change in knowledge were analyzed using Microsoft Excel and qualitative data were coded and summarized using thematic analysis.

Participant Surveys

Links to an online survey were automatically sent to e-mail addresses of those connecting to the webcasts on the day of the live presentation. The overall response rate for the 9 sessions was 51%. The response rate for each individual webcast can be seen in Appendix B. A copy of the participant post-session survey is shown in Appendix C.

Sign in sheets

Electronic sign in sheets for each webcast were used to determine attendance at each session. Names on the sign-in sheets for each session were sorted and duplicates were removed to provide a list of unique individuals attending each session. A few participants attended some sessions in person and these names were added to the unique names from the sign in sheets to determine total attendance.

Archived Video Statistics

Statistics about the use of the archived videos from July 2013 to May 2014 were provided by Alberta Human Services.

3.0 EVALUATION RESULTS

3.1 Participant Demographics

Participants

To determine participant demographics, respondents were asked to check all of the listed descriptions that apply to them. The table below shows their responses. Similar to the previous

year, the largest group of respondents was front-line service providers followed by those working in the community non-profit sector.

Survey Respondents by Target Group

	2012/13 (n=267)	2013/14 (n=666)
Front Line Service Provider	31%	32%
Community non-profit	16%	13%
Education	10%	7%
Parent/caregiver	10%	9%
Health Care	8%	12%
Justice	5%	3%
Social Services	5%	11%
Researcher	3%	3%
Provincial Government	1%	2%
Employment and Immigration	1%	1%
Other ^a	10%	6%

^a Other includes: advocate, art therapist, contracted service provider, Correctional Service of Canada, daycare program supervisor, FASD diagnostic coordinator, FASD liaison, federal government, foster parent, human rights trainer, school counselor, speech-language pathologist, success coach and WRaP project, aboriginal liaison, at-risk youth, non-profit, community development, crown witness coordinator, early childhood educator, employment agency/services, lawyer, PCAP mentor, prosecution service of Canada, residential treatment facility, social worker, success coach, victim services.

Viewing Location

The table below shows the locations where survey respondents viewed the FASD webcasts. Although the locations span across Canada from British Columbia, to Ontario, as expected and similar to previous years, the majority of the respondents were from Alberta. The provincial viewing location for each webcast is shown in Appendix D.

Viewing Location of Survey Respondents

Location	2011/12 (n=427)	2012/13 (n=142)	2013/14 (n=388)
Alberta	64%	65%	70%
British Columbia	14%	9%	10%
Saskatchewan	7%	8%	11%
Yukon	1%	6%	3%
Manitoba	6%	1%	3%
Northwest Territories	4%	4%	2%
Ontario	4%	4%	1%
Other ^a	1%	3%	-

^a Other includes: Nunavut, Prince Edward Island Newfoundland, and USA.

Survey respondents viewed the webcasts from 43 different locations in Alberta. The following table shows the total number of connections for all 9 sessions from Alberta locations with the largest number of connections to the webcasts (i.e. 4 or more). As expected, the largest cities had the most connections although there were some connections throughout the province. Locations with fewer connections (i.e. 3 or fewer) included: Aidrie, Grimshaw, St. Paul, St. Albert, Grande Prairie, High Level, Killam, Lloydminster, Ponoka, Rimbey, Standoff, Westlock, Whitecourt, Barrhead, Blackfalds, Chestermere, Hinton, Hobbema, Jasper, Leduc, Legal, Magrath, Paddle Prairie and Vilna. The large number of Alberta communities connecting to the webcasts provides evidence that the training provided by the 2013/14 FASD Learning Series has been broadly disseminated throughout urban and rural Alberta.

Alberta Webcast Viewing Locations

Location	Number of Connections	Location	Number of Connections
Edmonton	53	Medicine Hat	6
Calgary	14	Strathmore	6
Fort McMurray	14	Taber	6
Grande Prairie	12	Edson	5
High Prairie	11	Grande Cache	5
Red Deer	11	Lamont	5
Camrose	10	Pincher Creek	5
Cold Lake	8	Drumheller	4
Lethbridge	8	Vegreville	4
Fort Macleod	6		

Membership in an FASD Network

The table below shows the percentage of respondents who belong to an FASD service network either individually or through their organization. Approximately one-third of survey respondents said they belonged to an FASD service network in the two previous years. In 2013/14 this percentage decreased slightly from 35% in 2012/13 to 29%.

Are you or your organization a member of an FASD service network?

	2011/12 (n=419)	2012/13 (n=140)	2013/14 (n=381)
No	29%	36%	46%
Yes	31%	35%	29%
Don't know	39%	29%	24%

3.2 Attendance

The table below shows the attendance for each session. Attendance ranged from a high of 120 for the December 18 session to a low of 48 for the April 16 session.

2013/14 FASD Learning Series Attendance by Session

Session Date	Session Title	Attendance
September 26	Prevention of FASD: What do we know? Are we doing it?	86
October 16	Values and Addictions	78
November 20	Gender and Addictions	77
December 18	Trauma and Addictions	120
January 16	Corrections to Community	91
February 19	Technology and FASD	123
March 19	FASD and Criminal Responsibility	55
April 16	A Family Centered PCAP program model for First Nations Communities	48
May 21	Unpacking the Backpack	84
Total		762

The following table shows FASD Learning Series attendance by year. The total attendance for 2013/14 was 45 higher than the total attendance for 2012/13, however since there were 2 more sessions in 2013/14 than in the previous year, the average attendance per session was lower than 2012/13.

FASD Learning Series Attendance by Year

	2011/12	2012/13	2013/14
Total Attendance	1,531	717	762
Number of sessions	7	7	9
Average attendance per session	219	102	85

3.3 Participant Ratings

Participants were asked questions about session content, delivery using webcasting and the presenter. In this section of the evaluation report, the ratings for all the 9 sessions have been summarized and are presented by comparing the responses with those from 20011/12 and 2012/13. For ease of comparison average agreement ratings were determined by assigning numerical values to the rating scale and calculating the numerical weighted averages which were then converted to percentages. However, the comparisons of the ratings for each year should be interpreted with caution as there is a wide variation in the number of respondents for each year. See Appendix E for summaries of ratings for individual 2013/14 sessions.

Learning Objectives

The tables below show that similar to the 2012/13 ratings, an overwhelming majority of respondents “strongly agreed” or “agreed” that the learning objectives were clear and that the learning objectives were met.

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
Learning objectives were clear.	2011/12 (n=427)	57%	39%	4%	-	-	88%
	2012/13 (n=142)	54%	39%	2%	-	6%	89%
	2013/14 (n=387)	65%	35%	1%	-	1%	91%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
Learning objectives were met	2011/12 (n=427)	60%	35%	4%	-	1%	89%
	2012/13 (n=142)	54%	39%	2%	-	6%	89%
	2013/14 (n=387)	64%	35%	1%	-	3%	91%

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

Content of Sessions

The following tables show respondent ratings for content of the sessions. Overall, an overwhelming majority of respondents “strongly agreed” or “agreed”, that the content was

relevant for them, that they would be able to apply what they had learned, that it was a valuable learning experience and that their awareness of the topic increased. These high agreement ratings suggest that the content of the sessions met the needs of those attending. The average agreement ratings are slightly higher than those for 2011/12 and for 2012/13.

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
The content was relevant to me	2011/12 (n=427)	54%	39%	5%	1%	-	87%
	2012/13 (n=142)	49%	45%	5%	-	1%	86%
	2013/14 (n=387)	63%	35%	1%	1%	1%	90%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
I will be able to apply what I have learned	2011/12 (n=427)	52%	39%	5%	1%	2%	86%
	2012/13 (n=142)	46%	45%	5%	1%	4%	85%
	2013/14 (n=387)	57%	42%	1%	-	4%	89%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
My awareness of this topic increased	2011/12 (n=427)	52%	37%	7%	2%	1%	85%
	2012/13 (n=142)	46%	45%	4%	1%	4%	85%
	2013/14 (n=387)	63%	33%	3%	-	2%	90%

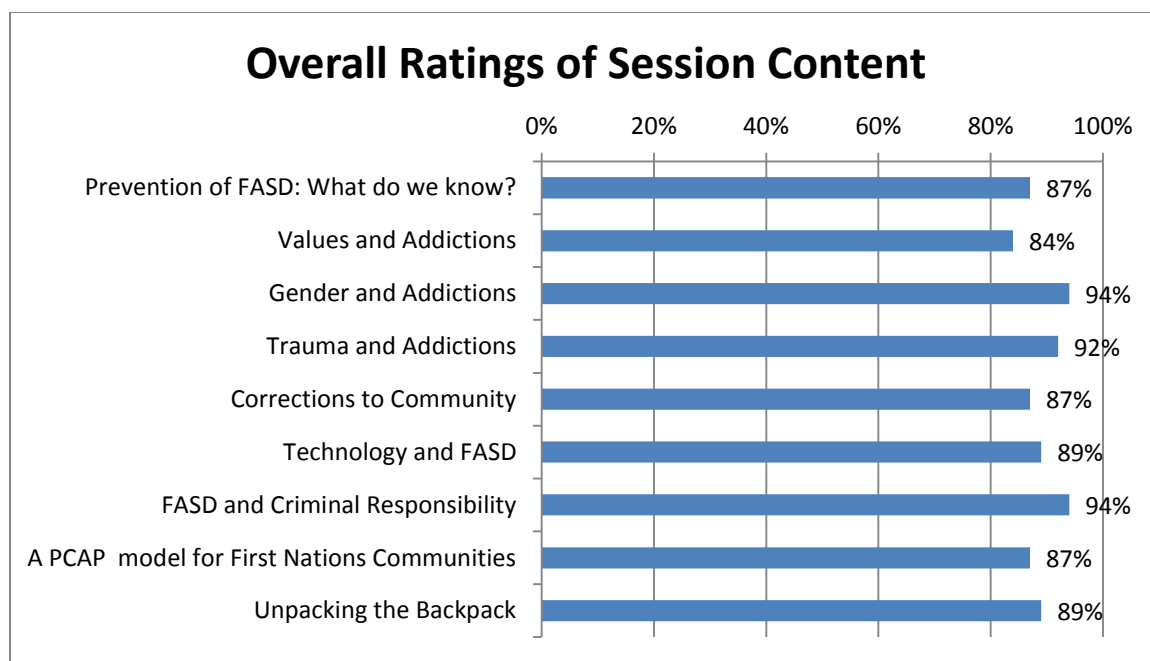
^a To determine average agreement, ratings were assigned a numerical value (i.e. strongly agree=4; agree=3; disagree=2; strongly disagree=1) and the average of all the numerical ratings was converted to a percentage.

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
This was a valuable learning experience	2011/12 (n=427)	63%	28%	5%	2%	1%	89%
	2012/13 (n=142)	50%	42%	2%	1%	6%	87%
	2013/14 (n=377)	69%	29%	2%	-	2%	92%

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

Overall Rating of Session Content

Respondents used a 4-point scale (1=Poor; 2=Fair; 3=Good; 4=Excellent) to give overall ratings for session content. Ratings for individual sessions presented in the chart below show that all the ratings were very high (i.e. between 84% and 94%).



The overall ratings of session content presented in the table below show that the average agreement rating was very high at 90%. This is slightly higher than the 87% for the 2 previous years.

Overall ratings for session content by year

	Year	Excellent	Good	Fair	Poor	Don't Know	Average Agreement ^a
Overall rating for content of the sessions.	2011/12 (n=426)	61%	29%	7%	2%	-	87%
	2012/13 (n=142)	53%	39%	6%	1%	1%	87%
	2013/14 (n= 389)	62%	34%	4%	-	2%	90%

^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.

Delivery Method

The following tables show ratings for questions relating to the webcast method of session delivery. Similar to previous years, respondents strongly agreed that the use of webcasting helped them attend the sessions (i.e. average agreement 98%). Although the ratings for video and audio quality were quite high at 89%, these ratings are slightly lower than for the previous years. This is likely because the sessions in December, January and February had poor bandwidth with resulting problems in video and audio quality. In contrast to respondent comments for other sessions, a large number of respondent comments for the December, January and February sessions are about these technical difficulties. See Appendix E to see the comments for the December 2013, January 2014 and February 2014 sessions. Note that the technical difficulties have already been addressed and are no longer an issue.

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
The use of webcasting helped me to attend	2011/12 (n=427)	87%	11%	-	1%	1%	96%
	2012/13 (n=142)	83%	13%	1%	-	2%	96%
	2013/14 (n=378)	92%	8%	1%	-	-	98%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
Connecting to the webcast was easy	2011/12 (n=427)	69%	26%	3%	1%	4%	95%
	2012/13 (n=142)	77%	16%	1%	1%	6%	95%
	2013/14 (n=378)	74%	17%	5%	3%	1%	91%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
I was satisfied with the video quality	2011/12 (n=427)	59%	29%	9%	1%	1%	87%
	2012/13 (n=142)	76%	13%	8%	-	3%	93%
	2013/14 (n=377)	67%	23%	6%	3%	1%	89%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
I was satisfied with the audio quality	2011/12 (n=427)	57%	31%	10%	1%	1%	86%
	2012/13 (n=142)	67%	27%	2%	1%	2%	91%
	2013/14 (n=377)	70%	22%	5%	4%	1%	89%

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

The tables below show that ratings for participating in group discussion and satisfaction with ability to submit questions are similar to the 2 previous years.

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
I participated in the group discussion	2011/12 (n=427)	25%	14%	51%	10%	8%	69%
	2012/13 (n=142)	26%	8%	54%	5%	7%	65%
	2013/14 (n=375)	30%	13%	49%	7%	7%	66%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
I was satisfied with my ability to submit questions	2011/12 (n=427)	51%	25%	5%	2%	18%	88%
	2012/13 (n=142)	50%	20%	4%	-	27%	91%
	2013/14 (n=376)	63%	30%	6%	2%	15%	89%

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

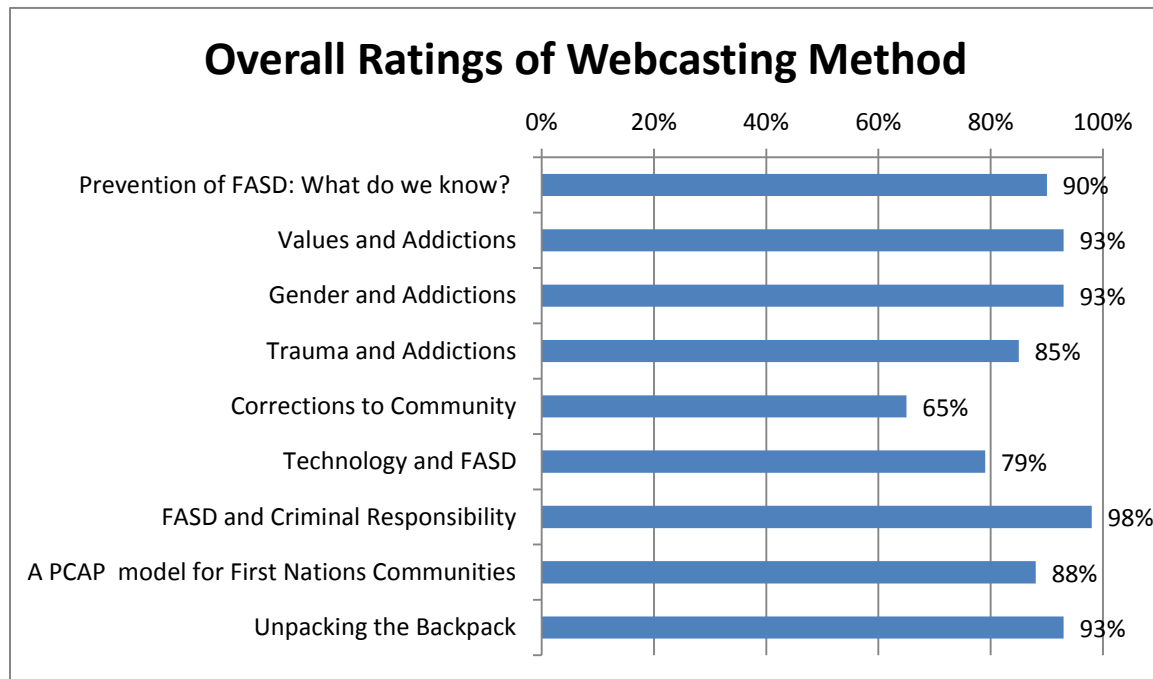
Similar to previous years, most respondents viewed sessions alone however, 33% reported having 2 to 5 individuals viewing a webcast at the same location.

Number of People Viewing Webcast at One Location

Number of people	2011/12 (n=427)	2012/13 (n=142)	2013/14 (n=384)
1	50%	63%	66%
2 to 5	41%	35%	33%
6 to 10	7%	2%	2%
11 to 20	1%	-	-

Overall Rating of Webcasting as a Method of Delivery

Respondents used a 4-point scale (1=Poor; 2=Fair; 3=Good; 4=Excellent) to give overall ratings for webcasting as a method of educational delivery. Overall ratings for each session are shown in the chart below. The ratings ranged from a high of 93% to a low of 65%. The 3 lowest ratings correspond to the sessions that experienced technical difficulties because of poor bandwidth.



The table below shows the ratings for the learning series delivery method. The average agreement rating for 2013/14 is slightly lower than for 2012/13. It is likely that ratings for the 3 sessions that experienced technical difficulties contributed to the overall lower rating for 2013/14.

	Year	Excellent	Good	Fair	Poor	Don't Know	Average Agreement ^a
Overall rating for use of webcasting.	2011/12 (n=426)	54%	37%	6%	2%	-	86%
	2012/13 (n=142)	62%	32%	4%	1%	2%	90%
	2013/14 (n=365)	60%	30%	7%	4%	1%	86%

^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 presenters of the sessions. The presenter ratings continue to be very high suggest that the presenters were well prepared, effective communicators, and knowledgeable in their subject area.

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
The presenter was knowledgeable	2011/12 (n=427)	84%	15%	1%	-	-	96%
	2012/13 (n=142)	77%	18%	1%	-	4%	95%
	2013/14 (n=388)	84%	15%	-	-	1%	96%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
The presenter was an effective communicator	2011/12 (n=427)	80%	18%	2%	-	-	95%
	2012/13 (n=142)	72%	24%	2%	-	2%	93%
	2013/14 (n=387)	80%	19%	1%	-	2%	95%

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

	Year	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement ^a
The presenter was well prepared	2011/12 (n=427)	83%	16%	1%	-	-	96%
	2012/13 (n=142)	81%	17%	-	1%	1%	95%
	2013/14 (n=387)	82%	18%	-	-	1%	96%

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

Participant Comments

In addition to quantitative data, survey respondents were asked an open-ended question about how the presentation could be more useful to them. Participant responses to this question were coded by theme and summarized and are shown in the table below. The number after the main theme is the total number of comments included in that theme. Within each theme, the numbers after each summary comment represents the number of times that particular comment was made. Note that the number of summary comments may not equal the total number of comments counted in each theme: the summary comments are only meant to convey the strength and the diversity of comments.

Comments for individual sessions can be seen alongside the summaries of individual sessions in Appendix E.

Comment Summary (n=53 respondents made 136 comments) ^a

Percent of all comments	
Technical (53) –There were a number of technical difficulties reported by respondents. Some were described in general terms while others noted specific problems such as audio problems (13), cutting in and out (10), connection problems (10), freezing (4) and video problems. Some respondents reported that there was a delay in the start time of the session (3) and others noted that they did not know what was happening when the session did not start on time and that they would like to have been notified about what was happening (3). Other problems noted were that the power point slides were not left up long enough (2), that the writing on the power point slides was too small and that there was not enough time allowed for asking questions.	39%
Positive (45) – Comments about the presentations included that they were excellent (5), great (4), valuable (2), greatly appreciated (2), very informative (2), very useful (2), extremely/very helpful (2), good, easy to access, enjoyable, interesting, provided up-to-date information, fantastic, well-planned, inspiring, well organized, very good, provided great insight, clear, helpful, and that the webcast format allowed attendance (4). The presenters were described as being great, very knowledgeable, excellent and one presenter as a great Canadian aboriginal cultural teacher.	33%
Session content (14) - Suggestions to improve the sessions include to offer different levels of training (2), to provide more examples (2), to make the link between Aboriginal history and FASD, to provide stories from experienced service providers, to provide more information on interventions and to debrief session by showing how to apply session content with the population. The sessions were described as being	10%

	Percent of all comments
excellent, really good, useful, and helpful to understand problems associated with FASD. Two comments indicated that the session was not useful/applicable to the respondent.	
Handouts (11) – There were a number of requests to have handouts available. Some of the reasons they wanted the handouts were because power point slides go too fast (2), slides were hard to read and having handouts in advance would allow participants to prepare for the webcast.	8%
Advertisement (10) – A number of respondents do not know that all the webcasts are archived (7). Other comments in this category included that the title of the presentation was somewhat misleading, and a request to have better advertising for the learning series. One respondent commented on being able to view an archived webcast which suggests that in this case, advertisement was effective.	7%
Process (3) – Suggestions about the process involved in delivering the webcasts included sending a reminder e-mail to those registered the day before the webcast, sending notices to the attendees when the webcast is available in the archives and showing screen shots of web site addresses.	2%

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

The comments below describe in the participant's own words how the webcasts increase access to the FASD training material for both professional service providers and for caregivers.

"I love the webcast format as it allows me to "attend" sessions I would otherwise miss out on."

"I am so grateful for the opportunity to access this information given my rural location....It is extremely important and beneficial to me in terms of keeping my knowledge current...."

"I so appreciate that you archive these videos and as an FASD advocate and educator, I plan to use these in support groups to help caregivers with their knowledge."

Future Topics

Respondents were asked to indicate their preferences for future learning series topics by choosing as many topics as they were interested in from a list of topics. The following table shows that the topics respondents are most interested in are skills to work with FASD, mental health and addictions.

Other FASD Presentation Topics of Interest (n=2,323 suggestions)

Topic	Percent
Skills to Work with FASD	12%
Mental Health Issues and FASD	12%
Addictions and FASD	11%
Adults and FASD	9%
Teens and FASD	9%
Employment and FASD	8%
Assessment and Diagnosis of FASD	8%
Law and FASD	8%
Children and FASD	8%
Caregivers and FASD	8%
Research about FASD	6%

Other topics for future presentations suggested by the respondents included FASD and parenting, aging, self-care for caregivers, community services and how to access them, concurrent disorders, developmental disabilities, education, tips for educators, corrections, establishing a community of practice, policy, guiding biological parent disclosure of drinking during pregnancy, housing, intellectual disabilities, prevention, suicide risk assessments, trauma and research on educational strategies.

Level of Future Training

Respondents were asked what level of training they would be most interested in for future presentations. The table below shows that the majority of requests were for the intermediate level training. The rest of the requests were equally divided between advanced and introductory level training.

Level	Number	Percent
Intermediate	192	50%
Advanced	98	25%
Introductory	96	25%
Total	386	100%

3.4 Change in Perceived 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 +14% to +27% with the average being +21%.

Percent Change in Knowledge by Session ^a

Session	Sample Size (n)	Average Rating Pre Session (%)	Average Rating Post Session (%)	Pre-Post-Difference (%)
Prevention of FASD: What do we know? Are we doing it?	41	76%	91%	15%
Values and Addictions	29	71%	88%	17%
Gender and Addictions	46	69%	94%	25%
Trauma and Addictions	75	70%	90%	20%
Corrections to Community	49	65%	86%	21%
Technology and FASD	48	61%	85%	24%
FASD and Criminal Responsibility	40	64%	89%	25%
A Family Centered PCAP program model for First Nations Communities	23	60%	87%	27%
Unpacking the Backpack	21	75%	89%	14%
Total	372	68%	89%	21%

^a Note the average pre-post difference of all the sessions was calculated to reflect the different sample sizes of each session and hence may not match the mathematical difference between the average pre-and post-scores.

A paired samples T-test was performed to determine whether or not the change in level of knowledge was statistically significant. Only complete sets of pre-post-data were included in the determination of significance. Similar to the 2 previous years, the post-session increase in knowledge was found to be significant at a p-value of 0.001.

Year	Sample Size (n)	Average Rating Pre Session (%)	Average Rating Post Session (%)	Pre-Post- Difference (%)
2013/14	372	68%	89%	+21%** ^a
2012/13	142	69%	86%	+17%**
2011/12	426	77%	91%	+14%**

^a Note that data includes all sessions except for the April session as that data was not available.

** Significant $p < 0.001$.

3.5 The Archived Videos

The Government of Alberta Cross-Ministry Committee web site houses the archived videos and webcasts from all of the previous FASD Learning Series. Including this year's videos, there are a total of 74 videos/webcasts in the archive. Between July 2013 and May 2014 there were 13,931 views of the archived videos and webcasts. During this time period, there was a total of 2,476 hours spent viewing this educational material. It is important to note that this data is specific to the traffic to the FASD videos. In previous years this level of specificity wasn't available and data reports related to the traffic to the entire CMC-FASD website; not specifically to the videos. The data for this year suggests that the archived videos continue to provide a significant amount of FASD information to the public even after the initial presentation has concluded.

4.0 Conclusion

Overall the data presented in this evaluation suggests that the 2013/14 FASD Learning Series has been very successful. All participant ratings for the session content, the webcast delivery method and the presenters were very high. Pre-Post-ratings strongly indicate that participants knew more about session topics after attending a session. Participant comments were very positive, indicating that the sessions were very useful and that they enhanced access to this training.

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

The goal of the FASD Learning Series is to increase capacity to support individuals with FASD and their caregivers. Since the majority of participants were service providers, their very high ratings of session relevance, usefulness, knowledge increase and value of the session suggest that they not only gained new knowledge but that they will also be able to use their new knowledge in their work. There is very strong evidence that the respondents **perceived** their knowledge had increased related to the content of the presentations. The average post-session knowledge gain of 21% is statistically significant (i.e. $p < 0.001$).

How effective is webcasting as a method of providing education about FASD?

The overall rating of webcasting as a method of delivery was 86% which suggests that it is an acceptable delivery method. The FASD Learning Series specifically addresses the need for educational programs that target a wide variety of urban and rural audiences. This evaluation

has shown that webcast sessions provided access to FASD information throughout urban and rural Alberta. The very high (i.e. 96%) respondent agreement that the use of webcasting helped them attend the session provides further support to the claim that webcast technology can enhance access to educational sessions.

Besides increasing access to training, the FASD Learning Series has been remarkably efficient in distributing the expertise of the presenters -- a valuable but scarce resource -- to many more people than the number who would be able to attend one live presentation. The use of the archived webcasts and videos described in this report further extends the reach and benefits of the FASD Learning Series. The more often the archived videos and webcasts are viewed, the more cost effective they become.

The knowledge disseminated by the 2013/14 FASD Learning Series broadly throughout urban and rural Alberta and beyond is a valuable resource that has enhanced community and individual capacity to support individuals with FASD and their caregivers across the lifespan.

Trends Over Time

When compared with data from previous years, the data for the 2013/14 series suggests that the webinars continued to be valued by those who view them, that the quality of the presentations has been maintained year after year, and the content continues to be relevant. Two change trends are noteworthy:

- registrations for the live webinars have declined
- the reported gain in knowledge and information has increased.

The positive change in knowledge gain suggests that the subject matter and training level of the content are matching the interests and needs of the audience, and that efforts to tailor content to the anticipated audience have been effective. Several factors could be contributing to the decline in registration including audience saturation, irrelevant content and/or insufficient advertising and promotion.

Recommendations

Based on the findings of this evaluation, it is recommended that the FASD Learning Sessions continue, and that the following actions be considered to improve the effectiveness and efficiency of the initiative.

1. Develop and implement a communication plan which will reach and generate new audiences while providing information about future demand.
2. Update the evaluation questionnaires to further refine the information collected, including information about the archived sessions.
3. Continue to refine the technical process.

Appendix A
September 2013 Poster

FASD Learning Series • 2013 - 2014



Sessions are available via live webcast, in-person in Edmonton or by way of videoconference for Nunavut, NWT and Yukon stakeholders.

Prevention of FASD: What do we know? Are we doing it?

Nancy Poole

September 26, 2013, 9 -11 am (MDT)

Learning Objectives:

- Become informed about recent evidence about what works to prevent FASD
- Consider the implications of the evidence for policy and practice
- Explore how programs are incorporating the current findings and producing more evidence

Values and Addiction

Kirsty Prasad, AHS Mental Health and Addictions

October 16, 2013, 9-11am

Learning Objectives:

- Reflection of our beliefs with women who use substances
- Overview of Myths and Facts – information to assist our practice
- Introduction to the topic of Gender and Addiction

Gender and Addiction

Kirsty Prasad, AHS Mental Health and Addictions

November 20, 2013, 9-11am

Learning Objectives:

- What is unique about women and substance use
- The barriers that women face

Trauma and Addiction

Kirsty Prasad, AHS Mental Health and Addictions

December 18, 2013, 9-11am

Learning Objectives:

- Substance use and trauma interaction
- How trauma symptoms can mimic substance use
- Trauma Informed Principles

Other series dates with topics to be confirmed:

January 15, 2014, 9-11am

February 19, 2014, 9-11am

March 19, 2014, 9-11am

April 16, 2014, 9-11am

May 21, 2014, 9-11am

Webcasting and Registration Process

There is no fee to attend. Registration and sign-in is necessary for receipt of a certificate of attendance.

Please visit www.research4children.com and go to "Events" to register and for more info.

All sessions are broadcast live from the main Boardroom located on the 12th Floor of 9940-106 Street.



January 2014 Poster



Corrections to Community

Dr. Sharon Britnell, U of A Faculty of Rehab Medicine
January 16, 2014, 9-11am

Learning Objectives:

- What is happening to bridge correction and community settings for with an FASD
- What is working and what's not
- Discuss recommendations for policy and practice going forward

Technology and FASD

Dr. Jacquie Pei, U of A Faculty of Education, and
Dr. Carmen Rasmussen, U of A Department of Pediatrics

February 19, 2014, 9-11am

Learning Objectives:

- Review new and existing research using technological innovations with individuals with FASD.
- Review research using technology-based interventions for individuals with FASD.
- Discuss new technology that may be useful in FASD.

Forensic Assessment and Treatment

Dr. Vinesh Gupta, Section Chief, Child and Adolescent Psychiatry, Alberta Health Services
March 19, 2014, 9-11am

Learning Objectives:

- Understand the concept of NCR
- The applicability of NCR defense for clients with FASD

A Family Centred PCAP program model for First Nations Communities

Vanessa Buckskin

April 16, 2014, 9-11am

Learning Objectives:

- Compare the PCAP Model of Support vs. Family Model of Support
- Examine the mentorship role in a First Nations Community
- Understand how to incorporate the Medicine Wheel in support services; Future, Strength, Teaching & Support

Unpacking the Backpack

Charlene Helsen, Mental Health Promotion Coordinator for Aboriginal Health, Alberta Health Services Calgary Zone
May 21, 2014, 9-11am

Learning Objectives:

- Portray the role of historical trauma as a major underlying cause of addictions and FASD in the Aboriginal community,
- Understand the familial and cultural practices that can mitigate the effects.

Webcasting and Registration Process

There is no fee to attend. Registration and sign-in is necessary for receipt of a certificate of attendance.

Please visit www.research4children.com and go to "Events". Scroll down left-hand side of page to register and for more info.

All sessions are broadcast live from the main Boardroom located on the 12th Floor of 9940-106 Street.

Alberta Government



Appendix B

Participant Survey Response Rates

Sessions	Total Participants Attending	# of Surveys Returned	Response Rate ^a
26 September 2013	86	42	49%
16 October 2013	78	29	37%
20 November 2013	77	46	60%
18 December 2013	120	75	63%
16 January 2014	91	49	54%
19 February 2014	123	48	39%
19 March 2014	55	39	71%
16 April 2014	48	23	48%
21 May 2014	84	36	43%
Total	762	387	51%

^a Response rates were calculated by using the number of surveys received divided by the number of participants attending each session.

Appendix C

Participant Post-Session Survey

About You

What is the name of the city/town from where you attended this webcast?

From which province did you access the webcast?

Please indicate ALL of the following descriptions that apply to you.

- ☐ Front Line Service Provider
- ☐ Provincial Government Policy Maker/Administration
- ☐ Parent and/or caregiver/family member of individual affected by FASD
- ☐ Individual affected by FASD
- ☐ Researcher
- ☐ Employment and Immigration
- ☐ Health Care (Addictions, Mental Health etc.)
- ☐ Education
- ☐ Justice
- ☐ Community (Not-for-Profit)
- ☐ Social Services (Child and Youth Disabilities, Seniors etc.)
- ☐ Other _____
(please describe)

Are you or your organization a member of the FASD Network?

- ☐ Yes ☐ No ☐ I don't know

The Presentation

6. Please choose a response for each statement

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

Overall the content for this session was:

- ☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ Don't know

Webcast

Indicate your agreement with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	I attended in person
The use of webcasting to deliver this presentation helped me attend this session.						
Connecting to the webcast was easy.						
I was satisfied with the video quality of the presentation.						
I was satisfied with the audio quality of the presentation.						
I participated in the group discussion that took place in the space provided below the webcast screen.						
I was satisfied with my ability to submit questions to the presenter.						

Overall the use of webcasting for this session was:

☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ Don't know ☐ I attended in person

Approximately how many other people joined you for the webcast?

- ☐ 0
☐ 1-5
☐ 6-10
☐ 11-20
☐ More than 20

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?					

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.					

The Future

Over the next three years, what other subject areas relating to FASD would be of interest to you? Please check all that interest you.

- ☐ Mental Health Issues and FASD
- ☐ Addictions and FASD
- ☐ Assessment/Diagnosis of FASD
- ☐ Law and FASD
- ☐ Caregivers and FASD
- ☐ Children and FASD
- ☐ Teens and FASD
- ☐ Adults and FASD
- ☐ Employment and FASD
- ☐ Research on FASD
- ☐ Skills to work with FASD
- ☐ Other _____(please specify)

For the future, what level of FASD training are you most interested in?

- ☐ Introductory
- ☐ Intermediate
- ☐ Advanced

How could we make this presentation more useful to you?

Appendix D

Viewing Location of Survey Respondents by Session

Location	Session Dates									Total	
	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Number	Percent
AB	31	20	32	50	34	32	32	17	24	272	70%
SK	5	1	2	9	8	11	0	2	4	42	11%
BC	5	4	7	9	1	0	6	2	6	40	10%
MN	0	4	2	4	0	0	0	0	0	10	3%
YT	0	0	1	1	3	2	1	2	2	12	3%
NT	0	0	2	2	2	1	0	0	0	7	2%
ON	0	0	0	0	0	1	1	0	0	2	1%
NS	0	0	0	0	1	2	0	0	0	3	1%
Total	41	29	46	75	49	49	40	23	36	388	100%

Appendix E

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 those made specifically about that session and have been summarized unless there are quotation marks indicating a direct quote from a respondent.

SESSION # 1

Title –Prevention of FASD: What do we know? Are we doing it? – 26 September 2013

Overall rating of session content = 87%

Change in knowledge = +15%

Presenter – Nancy Poole

Attendance - 86

Survey response rate – 49%

The presenter was: (n=41)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating ^a
Knowledgeable	33	7	-	-	1	96%
An effective communicator	30	10	-	-	1	94%
Well prepared	32	8	-	-	1	95%

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

Comments Summary:

Content (5) – have less focus on funding, more on behavioural approaches and mentorship, spend more time on the evaluation, could benefit from hearing stories from experienced service providers, not useful for my role, did not apply to me.

Positive comments (4) – informative, appreciate the learnings and archived videos, inspiring, well organized, terrific presentation.

Powerpoint (3) – was too small to read and it was suggested to have handouts

Technical (2) – could not connect

Advertisement (2) - did not know webcast would be archived, the title was somewhat misleading as the content was not about the actual evaluation process.

SESSION # 2

Title – Values and Addictions – 16 October 2013

Overall rating of session content = 84%

Change in knowledge = +17%

Presenter – Kirsty Prasad

Attendance - 78

Survey response rate – 37%

The presenter was: (n=29)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating ^a
Knowledgeable	26	3	-	-	-	97%
An effective communicator	25	4	-	-	-	97%
Well prepared	25	4	-	-	-	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.

Comments:

Technical (4) – Could not hear questions, question if microphones were in correct position, want presenter to paraphrase question, got disconnected

Positive (3) – informative, length perfect, excellent presenter, appreciated real life examples, well-planned

Content (2) – more examples of actual cases, interested in introductory level and then building on it to intermediate then advanced.

Powerpoint – was blurry, please send powerpoint information after presentation.

Handouts – please share handouts

Archived videos – does not know that webcast can be accessed in the archive.

SESSION # 3

Title – Gender and Addictions – 20 November 2013

Overall rating of session content = 94%

Change in knowledge = +25%

Presenter – Kirsty Prasad

Attendance - 77

Survey response rate – 60%

The presenter was: (n=46)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating ^a
Knowledgeable	41	4	-	1	-	96%
An effective communicator	39	6	-	1	-	95%
Well prepared	42	4	-	-	-	98%

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

Comments:

Positive (6) –important and beneficial, very knowledgeable presenter and honors the people who are struggling, great presentation, excellent information, appreciate the opportunity to learn, great presentation, liked that the presenter repeated the question.

Handouts (3) – would like to have handouts available before the presentation

Technical - The camera was not on the slides long enough (2), the beginning often cut out or stopped and had to re-load

Archive – does not know that the webcast will be archived

Announcer – when doing housekeeping items, please have screen shot of websites as well as announcing them verbally

SESSION # 4

Title – Trauma and Addictions – 18 December 2013

Overall rating of session content = 92%

Change in knowledge = +20%

Presenter – Kirsty Prasad

Attendance - 120

Survey response rate – 63%

The presenter was: (n=74 except where noted)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating ^a
Knowledgeable (n=75)	63	12	-	-	-	96%
An effective communicator	57	17	-	-	-	94%
Well prepared	60	14	-	-	-	95%

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

Comments:

Technical (12) –technical difficulties at the start, would like notification that the difficulty was on the webcast side (2), slides were not on the screen long enough (3), audio problem (3), took a long time to connect, presentation froze.

Positive (6) – excellent presentation, useful information, extremely helpful, excellent presentation, very good, excellent presenter, very knowledgeable, concrete examples

Handouts (2) – would like to have them ahead of time to follow along with the presentation

Content (2) – Wants to know how to communicate with and support those with FASD, anything about FASD would be good.

Archive – does not know the webinar will be archived.

Questions –did not allow enough time to submit question with a slow computer.

SESSION # 5

Title –Corrections to Community – 16 January 2014

Overall rating of session content = 87%

Change in knowledge = +21%

Presenter – Dr. Sharon Britnell

Attendance - 91

Survey response rate – 54%

The presenter was: (n=49)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating ^a
Knowledgeable	39	9	0	0	1	95%
An effective communicator	33	12	0	0	4	93%
Well prepared	37	10	0	0	2	95%

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

Comments:

Technical (18) –technical problems with cutting in and out (5), audio (3), freezing (3), reloading constantly (2), video (2), error message, weak connection

Positive (6) – information was clear and helpful, excellent, great, very useful,

Archive videos (2) – do not know that videos are archived

Content (3) – Excellent, enjoyed how presenter used the study in her presentation and especially liked how she mentioned how FASD affects individuals on a daily basis and would like charts to be clearer by using different colours.

Process (2) – the webcast was delayed starting but they were not notified about the delay ahead of time.

SESSION # 6

Title – Technology and FASD – 19 February 2014

Overall rating of session content = 89%

Change in knowledge = +24%

Presenter – Jacquie Pei and Carmen Rasmussen

Attendance - 123

Survey response rate – 39%

The presenter was: (n=47)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating^a
Knowledgeable	43	4	0	0	0	98%
An effective communicator	43	4	0	0	0	98%
Well prepared	43	4	0	0	0	98%

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

Comments:

Technical (8) –technical problems with cutting in and out (4), audio (2), freezing (3), video (2), unable to connect to webinar

Positive (8) – it was great, helpful, easy to access, appreciated

Process (2) – Would like to have in-person presentation in Fort McMurray, would like an e-mail with a link to webinar the day before the webinar.

SESSION # 7

Title – Forensic Assessment and Treatment – 19 March 2014

Overall rating of session content = 94%

Change in knowledge = +25%

Presenter – Dr. Vinesh Gupta

Attendance - 55

Survey response rate – 71%

The presenter was: (n=40)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating^a
Knowledgeable	37	3	0	0	0	98%
An effective communicator	37	3	0	0	0	98%
Well prepared	36	4	0	0	0	98%

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

Comments:

Positive (7) – appreciated (2), very useful, webcast allowed access, most interesting of series to date, valuable to work, fantastic, keeps me up to date

Technical (1) – audio difficult to hear

Process (2) – would like a notice when the video is archived, dates for receiving certificates of attendance not updated.

Archive videos (1) – does not know that videos are archived

Advertisement (1) – have better advertisement of this series for non-profits

SESSION # 8

Title – A Family Centered PCAP Program Model for First Nations Communities – 16 April 2014

Overall rating of session content =87%

Change in knowledge = +27%

Presenter – Vanessa Buckskin

Attendance - 48

Survey response rate – 48%

The presenter was: (n=23)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating^a
Knowledgeable	14	9	0	0	0	90%
An effective communicator	12	9	2	0	0	86%
Well prepared	14	9	0	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.

Comments:

Unfortunately due to a problem with the data, the comments for this session are not available.

SESSION # 9

Title – Preventing FASD by Promoting Mental Health in Aboriginal Communities – 21 May 2014

Overall rating of session content =89%

Change in knowledge = +14%

Presenter – Charlene Hellson

Attendance - 84

Survey response rate – 43%

The presenter was: (n= 36)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Average Agreement Rating ^a
Knowledgeable	28	8	-	-	-	94%
An effective communicator	29	6	1	-	-	94%
Well prepared	26	10	-	-	-	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.

Comments:

- Thanks to the presenter, a great Aboriginal Canadian cultural teacher.
- Enjoyed the session and the presentation was great.
- Really impressed by the speakers knowledge and presentation.
- Could have been helpful to show the link between the historical experiences of Aboriginal Canadians and FASD.
- A debrief would have been helpful as this was a strong presentation but there was nothing to show how this information can be used to help the population.
- Was able to access archived videos.