



# **FASD Learning Series 2011/12**

## **Evaluation**

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Final Report

April 2012

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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 2011/12 program year, and to conduct a formative and 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. In 2011/12 the technology used to deliver the educational sessions changed from videoconferencing to webcasting. Webcasting allows participants to view the sessions from their own computers without having to travel to a central location. The 2011/12 FASD Learning Series presented 7 educational sessions between September 2011 and March 2012. Since 2008, all the videoconference sessions and webcasts have been archived on the CMD-FASD website for continued unrestricted use. Once the last webcasts from 2012 are processed, there will be a total of 57 videos/webcasts in the archive.

### **Evaluation Methods**

The evaluation of the FASD Learning 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 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 the following methods and sources:

- participant on-line surveys distributed by an e-mail link,
- webcast sign-in sheets,
- an FASD Tool Kit Pilot Project evaluation report and
- website utilization data

The response rate for the participant surveys was 28%. Quantitative data were analyzed using a statistical software package and qualitative data were coded and summarized using a thematic analysis.

## Evaluation Results

### *Participant Demographics*

Sixty-one percent (61%) of survey respondents were service providers such as those employed by community non-profits, social services, employment and immigration, health care and education. Almost 70% of the survey respondents viewed the webcast in Alberta. The rest viewed the webcast in British Columbia, Saskatchewan, the Northwest Territories, Ontario and the Yukon. Thirty-one percent (31%) of respondents said that they or their organization were members of an FASD Service Network.

### *Attendance*

There were 1,531 participants who attended the 7 sessions presented in 2011/12. Attendance at individual sessions ranged from 81 to 327 with the average being 219 which is the highest average attendance since the first FASD Learning Series in 2008/09 and is over 100 more than the average session attendance in the previous year (i.e. 2010/11).

### *Participant Feedback*

An overwhelming majority (i.e. 91%-96%) 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. A large majority of respondents also “strongly agreed” or “agreed” that their awareness of the topic increased (i.e. 89%). The average overall rating of their satisfaction with the content of the sessions was 87%.

Almost all of the respondents (i.e. 98%) “strongly agreed” or “agreed” that the use of videoconferencing helped them to attend the presentations. Average satisfaction with the video quality was 87% and for audio quality was 86%. The average overall rating of their satisfaction with the webcasting was 86%. The ratings for video and audio quality and overall satisfaction with webcasting were all about 10% higher than the previous year’s satisfaction ratings for videoconferencing.

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”, “informative” and “very useful”. The following is a sample positive in the participant’s own words: ***“I thought the information . . . was excellent and I plan on using the interview techniques in my clinical practice.”*** Respondent suggestions to improve the sessions included having handouts available before the sessions, providing more practical examples and including the time zone when advertising the sessions. The most frequent suggestions for future topics were strategies to deal with FASD (i.e. 11%) and mental health issues and FASD (i.e. 11%). The majority of respondents (i.e. 57%) 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 7 individual sessions ranged from +8% to +20% and the average knowledge increase for all 7 sessions was +14% which was statistically significant at a p-value of 0.001.

### *The Archived Videos*

Preliminary data suggests the archived video viewing traffic has increased substantially over previous years. There were an estimated 5,000 to 6,000 daily “hits” to the Cross ministry web site where the FASD videos are archived. This suggests that the archived videos are in continual heavy use although from the data available, it is not possible to relate the number of “hits” directly to the number of archived videos viewed.

### *The Tool Kit*

During 2011/12, a tool kit was developed from the archived videos to provide materials that can be used in practice settings to develop more advanced knowledge and skills. Each kit covers these topic areas: FASD Basics, Interventions and Family and Life Skills. For each topic there are DVD’s produced from the Learning Series archived videos, liner notes for each DVD summarizing the DVD content and a workbook of teaching materials. The tool kit was pilot tested by FASD Service Networks and their feedback indicated that the tool kit is very useful.

## **Conclusion**

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

Overall the data presented in this evaluation suggests that the 2011/12 FASD Learning Series has been a very effective strategy for disseminating knowledge related to FASD, and improving the level of knowledge and skill of the service providers. Session attendance increased considerably. 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 helpful and informative.

Since the majority of participants were service providers throughout Alberta, one can speculate that the learning sessions have been effective in enhancing the community and individual capacity to support individuals affected by FASD and their caregivers across the lifespan.

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

All of the participant ratings of webcasting as a method of delivery are about 10% higher than those for the previous year when videoconferencing was used. These evaluation results suggest that webcast sessions improved 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 further supports the usefulness of webcast technology to enhance access to educational sessions.

Compared to the videoconference method, the webcast attendance data is much more accurate, the method of participant survey distribution is much more efficient and the number of technical problems reported decreased.

Access to the archived videos and the production and distribution of the FASD Tool Kits has extended the benefits of the webcasts. The more often the archived videos and webcasts are viewed, the more cost effective it becomes.

## 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.

### *FASD Webinars*

1. Continue efforts to update archived material to incorporate advances in knowledge.
2. Continue to advance the level of knowledge and skill addressed in the webinars and videos. Consultations with target audiences such as caregivers and the FASD Networks should continue to inform the content development
3. Review promotion materials to ensure that the content of the presentation is accurately represented. In particular, work with session presenters to
  - a. ensure the session title suggests the session contents and
  - b. identify the knowledge and skill level targeted in the session (i.e. beginner, intermediate or advanced).
4. Include the time zone when posting the date and time of the sessions as this will alert people from other time zones to check the local time they should sign in. This year 36% of participants came from other time zones and some of them noted that they missed part of the session because they did not realize the webcast was being broadcast from a different time zone.
5. Ensure handouts are available before the session begins and ensure that the font size on the handouts will print out large enough to be legible.
6. Consider taping videos for the archive library between April and September prior to onset of the live webinar schedule. This approach would require preparing contracts which enable the production of the video as well as the development of the content.

### *FASD Tool Kit*

1. Maintain and update the FASD Tool Kit as a teaching resource which complements the webinars.
2. Implement the actions recommended in the FASD Tool Kit evaluation report .



## 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 addressed 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 2011/12 program year, and to conduct a formative and summative evaluation.

In 2011/12 the technology used to deliver the educational sessions changed from videoconferencing to webcasting. Webcasting allows participants to view the sessions from their own computers without having to travel to a central location. The 2011/12 FASD Learning Series presented 7 educational webinars between September 2011 and March 2012. Two sessions were scheduled for video production and posting on the Learning Session Website. These sessions addressed issues related to diagnosing and treating co-occurring FASD and mental health conditions, and have not been included in this evaluation as no data was available.

Since 2008, all the videoconference sessions and webcasts have been archived on the CMD-FASD website for continued unrestricted use. Once all the webcasts from 2012 are processed, there will be a total of 59 videos/webcasts in the archive. 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 20011/12 FASD Learning Webinars. A poster used to advertise these sessions can be seen in Appendix A.

Date	Name of Session
Sept 28	Talking with Women about Alcohol and Pregnancy
Oct 26	Safety Planning for the Service Provider
Nov 30	FASD: 101 Second Edition
Dec 14	Transition Planning
Jan 28	Cognitive Interventions to Improve Language Skills

Feb 22	Cognitive Interventions to Improve Memory
March 28	Cognitive Interventions to Improve Math Skills

The evaluation of the FASD Learning 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:

3. How did the FASD Learning Series impact participant knowledge about FASD?
4. 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, webcast sign in sheets, a FASD Tool Kit Pilot Project Evaluation Report and archived session utilization data. 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 a statistical software package (SPSS) and qualitative data were coded and summarized using thematic analysis.

In addition to the data sources listed below, formative data was gathered from Learning Series presenters who were given an opportunity to provide feedback through an on-line survey. Since the presenter survey only provided feedback about the experience of presenting a session, presenter feedback is not included in this report which is focused on outcomes.

### 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. This process was a vastly more efficient than that used in previous years whereby participant contact data was reproduced from faxed sign-in sheets before surveys could be sent out. . The overall response rate for the 7 sessions was 28%. The response rate for each individual webcast can be seen in Appendix B. A copy of the participant post-session survey can be seen in Appendix C.

### Sign in sheets

Sign in sheets for each webcast were used to determine total 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. The total number of unique individuals for each session was used as the attendance number for each session.

## FASD Tool Kit Pilot Project Evaluation Report

A description of the FASD Tool Kit and feedback from the FASD Service Networks who piloted the FASD tool kit were included to describe the enhanced use of the archived sessions.

### Archived Video Statistics

Statistics about the use of the archived videos were provided by Teachers Media, the company handling the website.

## 3.0 EVALUATION RESULTS

### 3.1 Participant Demographics

#### *Participants*

Participant survey respondents were asked to indicate if their primary interest in the session was as a service provider, a parent/caregiver or an individual affected by FASD. The table below shows that the majority of session participants were service providers. In comparison to the other groups, the percentage of parents/caregivers and individuals affected by FASD was much smaller. In 2011/12 a large percentage classified themselves as other but most of those were actually service providers. Although it looks like there was a smaller proportion of service providers than in previous years, once the “other” category is added to service provider category, the percentage is similar to that of previous years.

#### *Survey Respondents by Target Group*

	2008/09 (n=682)	2009/10 (n=178)	2010/11 (n=610)	2011/12 (n=501)
<b>Service Provider</b>	86%	93%	84%	61%
<b>Parent/caregiver</b>	13%	7%	15%	16%
<b>Individual affected by FASD</b>	2%	0%	1%	0%
<b>Other</b>	-	-	-	23%

Service providers were asked to indicate the sector where they work. The table below shows that in 2011/12 the majority of service providers came from the community non-profit, social services and employment and immigration sectors. Compared to 2010/11, the most notable change was the increased representation from employment and immigration (i.e. from 1% to 18%) and the decreased representation from education (i.e. from 22% to 13%). The work sector of service provider respondents for each individual session is shown in Appendix D.

### *Work Sector of Service Provider Survey Respondents*

Sector	2008/09 (n=798)	2009/10 (n=163)	2010/11 (N=522)	2011/12 (n=396)
Community non- profit	8%	16%	19%	26%
Social Services	17%	27%	22%	20%
Employment and Immigration*	-	2%	1%	18%
Health Care*	18%	20%	22%	15%
Education	44%	11%	22%	13%
Other	3%	7%	10%	5%
Justice	5%	17%	3%	3%
Government of Alberta	5%	-	-	-

\*It is speculated that the decline in the health and education sector audiences was because of a shift to use of the archived material as their primary method of accessing the sessions.

### *Viewing Location*

The sessions were viewed at locations spanning across Alberta, British Columbia, Saskatchewan and the Northwest Territories. The table below shows the locations where attendees viewed the FASD webcasts. Similar to previous years, the majority of the respondents were from Alberta. The provincial viewing location for each webcast is shown in Appendix E.

### *Viewing Location of Survey Respondents*

Location	2008/09 (n=891)	2009/10 (n=183)	2010/11 (n=586)	2011/12 (n=427)
Alberta	62%	75%	67%	64%
British Columbia	20%	5%	2%	14%
Saskatchewan	11%	10%	12%	7%
Northwest Territories	2%	9%	16%	4%
Ontario	1%	-	1%	4%
Yukon	3%	-	2%	1%

Other <sup>a</sup>	1%	-	1%	1%
Nunavut	-	1%	-	-

<sup>a</sup> Other includes: Nunavut, Prince Edward Island Newfoundland and Manitoba.

Within Alberta there were 49 different viewing locations reported. The following table shows the Alberta locations where more than one person viewed the webcasts. As expected the largest number of viewers came from the largest cities. The smaller cities and towns had fewer viewers and these 24 locations had only 1 viewer: Airdrie, Athabasca, Coleman, Dixonville, Drayton Valley, Edson, Fort Vermilion, Gunn, High Prairie, High River, Lacombe, Medicine Hat, Okotoks, Olds, Peace River, Rocky Mountain House, Ryley, St. Paul, Strathmore, Swan Hills, Tall Cree, Wainwright, Wetaskiwin.

### *Alberta Webcast Viewing Locations*

Location	Number <sup>a</sup>
Edmonton	61
Calgary	28
Red Deer	23
Lethbridge	19
Sherwood Park	13
Camrose	10
Lloydminster	9
Lac La Biche	8
Barrhead	7
High Level	7
Wetaskiwin	6
Grande Prairie	6
Whitecourt	4

Location	Number <sup>a</sup>
Fort Chipewyan	4
Fort McMurray	4
Bonneville	4
Westlock	3
Redcliff	3
Claresholm	3
Cold Lake	3
Carstairs	2
Buck Lake	2
Leduc	2
Morinville	2
Stettler	2
Vulcan	2

<sup>a</sup> Number of unique viewings per session.

### *Membership in an FASD Network*

In 2011/12, 31% said that they or the organization they represent were members of a FASD Service Network. Compared to 2010/11, the percent who did not know if they belonged to an FASD Service Network increased by 10%.

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

	2009/10 (n=172)	2010/11 (n=592)	2011/12 (n=419)
<b>Yes</b>	39%	33%	31%
<b>No</b>	39%	38%	29%
<b>Don't know</b>	22%	29%	39%

## **3.2 Attendance**

As shown in the table below, the total attendance for the 7 sessions presented in 2011/112 was 1,531.

### *2011/12 FASD Learning Series Attendance by Session*

Session Date	Session Title	Attended
Sept 28	Talking with Women about Alcohol and Pregnancy	327
Oct 26	Safety Planning for the Service Provider	270
Nov 30	FASD: 101 Second Edition	316
Dec 14	Transition Planning	173
Jan 28	Cognitive Interventions to Improve Language Skills	230
Feb 22	Cognitive Interventions to Improve Memory	134
March 28	Cognitive Interventions to Improve Math Skills	81

Session Date	Session Title	Attended
Total		1,531

The following table shows FASD Learning Series attendance by year. Compared to the attendance for previous years, 2011/12 had the highest total attendance numbers even though there were the least number of sessions (i.e. only 7). The average attendance per session was 219. It should be noted that there was a change in the technology used to present the sessions in 2011/12 so that attendees no longer had to travel to a central site as they did in previous years but they could attend the session at their own computer. However the change in technology also makes it much easier to accurately track attendance so the attendance numbers for 2011/12 may be more accurate than the attendance numbers for previous years.

#### *FASD Learning Series Attendance by Year*

	2008/09	2009/10	2010/11	2011/12
<b>Total Attendance</b>	1,801	612	1,239	1,531
<b>Number of sessions</b>	21	18	11	7
<b>Average attendance per session</b>	94	34	113	219

### **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 7 sessions have been summarized and are presented by comparing the responses with those from the 2008/09, 2009/10 and 2010/11 FASD Videoconference Learning Series. 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. 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 F for summaries of ratings for individual 2011/12 sessions.

#### *Learning Objectives*

The tables below show that in 2011/12, an overwhelming majority of respondents “strongly agreed” or “agreed” that the learning objectives were clear and that the learning objectives were met. The average agreement ratings for having clear objectives and meeting objectives increased slightly compared to all the previous years.



	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
Learning objectives were clear.	2008/09 (n=712)	-	3%	59%	36%	2%	83%
	2009/10 (n=178)	1%	3%	40%	54%	1%	87%
	2010/11 (n=572)	2%	4%	53%	40%	1%	83%
	2011/12 (n=427)	-	4%	39%	57%	-	88%

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

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
Learning objectives were met.	2008/09 (n=823)	1%	4%	59%	32%	4%	82%
	2009/10 (n=178)	1%	3%	46%	49%	1%	86%
	2010/11 (n=571)	2%	6%	51%	37%	3%	82%
	2011/12 (n=426)	-	4%	35%	60%	1%	89%

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

### *Content of Sessions*

The tables below show respondent ratings for content of the sessions. Overall, an overwhelming majority 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. Compared to 2010/11, the average agreement ratings for these questions were slightly higher.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
The content was relevant to me.	2008/09 (n=844)	1%	2%	58%	38%	1%	84%
	2009/10 (n=173)	2%	3%	40%	54%	1%	87%
	2010/11 (n=570)	2%	4%	46%	46%	1%	85%
	2011/12 (n=427)	1%	5%	39%	54%	-	87%

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

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
I will be able to apply what I have learned at this session.	2008/09 (n=840)	-	4%	59%	34%	3%	83%
	2009/10 (n=178)	1%	4%	44%	49%	2%	86%
	2010/11 (n=572)	2%	6%	52%	38%	2%	82%
	2011/12 (n=427)	1%	5%	39%	52%	2%	86%

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

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
This was a valuable experience.	2008/09 (n=837)	1%	4%	53%	40%	2%	84%
	2009/10 (n=178)	2%	2%	40%	55%	1%	88%
	2010/11 (n=565)	3%	4%	42%	48%	2%	85%
	2011/12 (n=427)	2%	5%	28%	63%	1%	89%

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

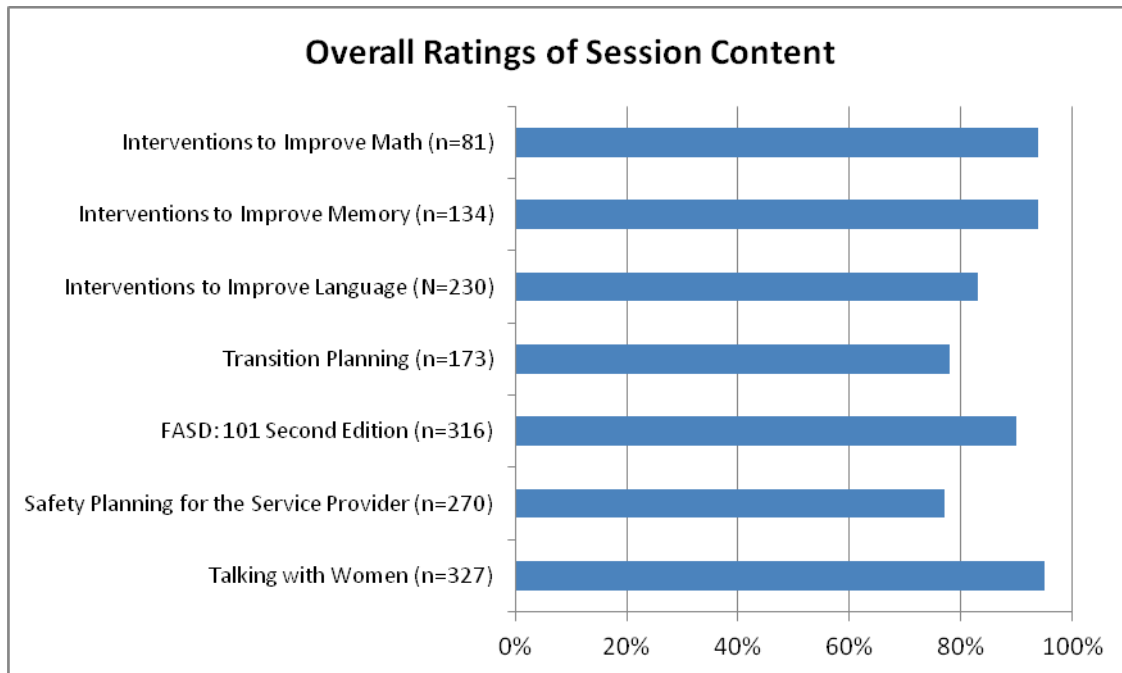
	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
My awareness of this topic increased as a result of this session.	2009/10 (n=180)	2%	6%	41%	50%	1%	85%
	2010/11 (n=569)	3%	8%	44%	44%	1%	82%
	2011/12 (n=427)	2%	7%	37%	52%	1%	85%

Note: This question was only added to the survey in 2009/10 so there are no ratings for 2008/09.

<sup>a</sup> 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 are presented in the chart below. The highest rating was 95% and the lowest rating was 77%. Only 2 of the 7 ratings were below 80% and they were all over 75%.



Overall ratings of session content are presented in the table below. Of the 426 respondents providing ratings for 2011/12, 90% of the ratings were “excellent” or “good”. Compared to 2010/11, the average agreement rating increased by 6% with 61% rating the content as excellent compared to 52%.

### Overall ratings for session content by year

	Year	Excellent	Good	Fair	Poor	Don't Know	Average Agreement <sup>a</sup>
Overall rating for content of the sessions.	2008/09 (n=854)	47%	43%	7%	2%	1%	84%
	2009/10 (n=206)	63%	28%	6%	2%	1%	89%
	2010/11 (n=571)	52%	38%	8%	2%	-	81%
	2011/12 (n=426)	61%	29%	7%	2%	-	87%

<sup>a</sup> 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 method of session delivery. Note that because of the change in technology, all of the ratings for 2008/09, 2009/10 and 2010/11 are for videoconferencing and those for 2011/12 are for webcasting.

Similar to previous years, respondents strongly agreed that the use of videoconferencing helped them attend the sessions (i.e. average agreement 96%). Ratings for video and audio quality were similar and both were about 10% higher than the ratings for 2010/11. This suggests there has been some improvement in video and audio quality with the change to webcasting.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/Does Not Apply	Average Agreement <sup>a</sup>
Use of videoconferencing/ webcasting helped me attend this session.	2008/09 (n=848)	-	2%	32%	64%	2%	91%
	2009/10 (n=159)	1%	7%	23%	62%	7%	89%
	2010/11 (n=513)	1%	2%	26%	72%	-	92%
	2011/12 (n=427)	1%	-	11%	87%	1%	96%

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

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
I was satisfied with the video quality of the presentation.	2008/09 (n=838)	6%	14%	54%	24%	2%	74%
	2009/10 (n=156)	2%	4%	38%	43%	13%	85%
	2010/11 (n=513)	7%	14%	49%	30%	-	76%
	2011/12 (n=427)	1%	9%	29%	59%	1%	87%

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

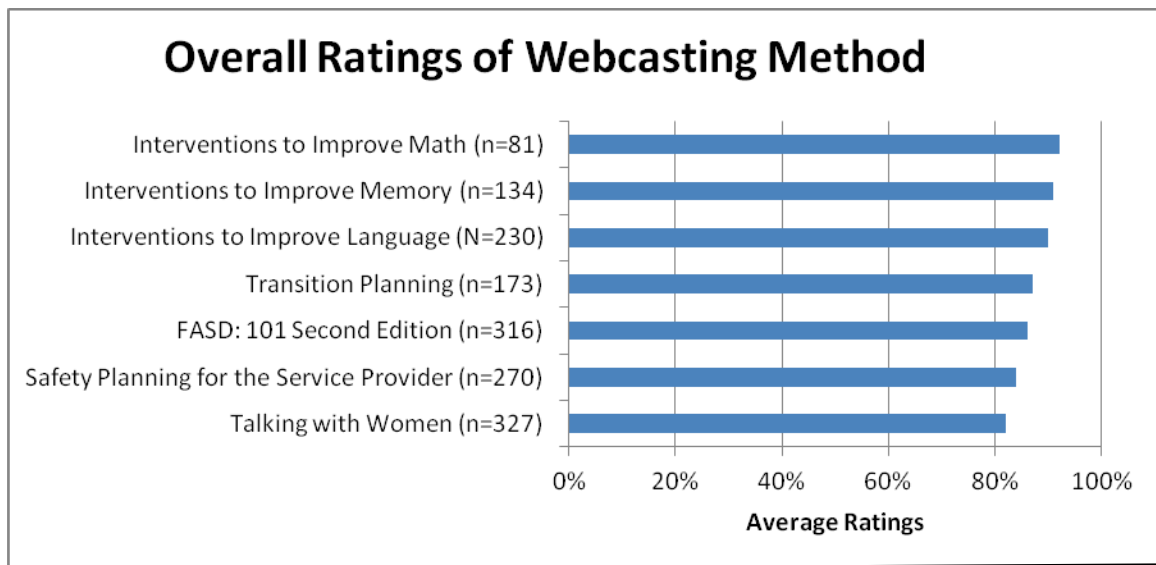
	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
I was satisfied with the audio quality of the presentation.	2008/09 (n=839)	6%	12%	55%	26%	1%	76%
	2009/10 (n=156)	3%	11%	35%	39%	12%	81%
	2010/11 (n=506)	3%	15%	53%	29%	-	77%
	2011/12 (n=427)	1%	10%	31%	57%	1%	86%

<sup>a</sup> 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 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 range from 82% to 92% which suggests that webcasting is a very acceptable educational method. There was a slow but steady increase in satisfaction with webcasting as the sessions progressed starting with 82% and ending with 92%. This may reflect increased knowledge and skill in using the webcast over time.



As shown in the table below, 91% of the ratings for the use of webcasting as a tool for the sessions were “excellent” or “good”. The average agreement rating for webcasting (i.e. 86%) is higher than any of the previous ratings for videoconferencing. This suggests that webcasting may be a better method for presenting educational sessions than videoconferencing.



	Year	Excellent	Good	Fair	Poor	Don't Know	Average Agreement <sup>a</sup>
Overall the use of videoconferencing/ webcasting for this session was:	2008/09 (n=827)	40%	46%	10%	3%	1%	81%
	2009/10 (n=98)	40%	42%	4%	2%	11%	84%
	2010/11 (n=510)	30%	50%	14%	3%	5%	78%
	2011/12 (n=425)	54%	37%	6%	2%	-	86%

<sup>a</sup> 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 very high presenter ratings suggest that the presenters were well prepared, effective communicators, and knowledgeable in their subject area. These ratings were all about 5% higher than the ratings in 2010/11.

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
The presenter was well prepared.	2008/09 (n=851)	1%	1%	40%	57%	1%	90%
	2009/10 (n=120)	1%	-	16%	82%	1%	95%
	2010/11 (n=730)	1%	2%	33%	64%	1%	90%
	2011/12 (n=425)	-	1%	16%	83%	-	96%

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

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
The presenter was an effective communicator.	2008/09 (n=852)	1%	3%	42%	53%	1%	87%
	2009/10 (n=118)	2%	-	21%	77%	-	93%
	2010/11 (n=735)	1%	1%	34%	63%	-	90%
	2011/12 (n=425)	-	2%	18%	80%	-	95%

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

	Year	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Average Agreement <sup>a</sup>
The presenter was knowledgeable.	2008/09 (n=811)	1%	1%	38%	59%	1%	89%
	2009/10 (n=120)	2%	-	17%	80%	1%	94%
	2010/11 (n=738)	-	-	33%	67%	-	91%
	2011/12 (n=426)	-	1%	15%	84%	-	96%

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

### *Participant Comments*

In addition to quantitative data, participant survey respondents were asked an open-ended question about how the webcast could be more useful. Participant responses to this question were summarized and coded by theme. The most frequent responses are presented in the table below. Comments for individual sessions can be seen in Appendix L.

*Participant Comment Summary (n=202 comments) <sup>a</sup>*

	Percent of all comments
<p><b>The session</b> – Would like to receive handouts prior to session (13), the content was not specific enough (9), provide more examples/strategies (7), the content did not match the advertisement (7), advertise the time zone along with the time of the presentation (6) the print on the handouts is too small (6), medical terminology should be defined (4), the respondent felt the session was not relevant to them (4), questions were not answered or not in enough depth (4), the advertisement did not indicate the level of training, incorporate real life stories (2), use scenarios, have a discussion forum, the session was too long, and start the session later in the morning. Suggested topics included: how to access resources (2), employment maintenance strategies, education of birth mothers, stigma reducing strategies, safety in client homes, safety in the office and in the classroom, working with those who are unstable and without support, and safety planning.</p>	<p>42%</p> <p>(85/202)</p>
<p><b>Positive</b> – Comments encouraged continuing the presentations (5) and expressed appreciation for the sessions (4). The sessions were described as being excellent (9), informative (7), very good (5), very useful (5), great (4), very helpful (2), well presented (3), very educational (2), well done, wonderful, and superb. The resources were described as being very relevant and informative. Respondents liked having the handouts before the presentation (2), and the service provider specific session. The session gave one respondent new ideas and another was thrilled to attend. It was described as a positive experience, exceeding expectations. The presenters were described as very good/strong, passionate, knowledgeable, and easy to understand/listen to. The webcast was described as user-friendly, wonderful and a great way to access presentations. The archived sessions were described as great.</p>	<p>33%</p> <p>(67/202)</p>
<p><b>Technical</b> – Technical comments included that there were that there were video problems (16), unspecified technical problems (11), audio and video problems (11), audio problems (7), the presentation “froze” (5), the connection was “cut off” (3), the audio and video were not synchronized, the respondent could not connect to send a text, the respondent did not know how to log in, and one respondent could not find the place on the webcast to participate in the discussion.</p>	<p>25%</p> <p>(50/202)</p>

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

The comments below describe some of the impacts of the webcasts in the participant's own words.

- *"I thought the information . . . was excellent and I plan on using the interview techniques in my clinical practice."*
- *"This is wonderful sitting at my desk and getting all this information without having to travel to major cities."*
- *". . . I have watched the archived presentations as well. [It is ] so nice to be able to have the resources for clients who need more information."*
- *"I love this way of attending sessions as I can learn as well as be at home where my son needs my attention. Thank you!"*

Compared to 2010/11, the proportion of participant comments about technical problems decreased by 16% while positive comments increased by 16% and comments about the content of the session increased by 27%. Most of the technical problems reported in 2011/12 referred to the one session where the presenter unsuccessfully tried to show a video clip during the presentation. In 2010/11 the comments about technical problems spanned most of the sessions. Overall there were fewer technical problems in 2011/12.

#### *Comparison of Participant Comments by Year*

Comment Theme	2010/11 (n=262 comments)	2011/12 (n=202 comments)
Technical problems	41%	25%
Positive comments	17%	33%
Content of the Session	15%	42%
The presentation site problems	5%	-

#### *Future Topics*

The following table lists respondent choices for future videoconference topics. The topics with the largest percentage of requests are strategies to deal with FASD and mental health and FASD. Other suggestions for future topics included guardianship and trusteeship, housing, prevention, trauma, the educational system, aging and cognitive abilities, and transitioning from children's services to adult services.

### *Other FASD Presentation Topics of Interest*

(n=2,749 suggestions)

Topic	Percent
Strategies to Deal with FASD	11%
Mental Health Issues and FASD	11%
Addictions and FASD	10%
Teens and FASD	9%
Children and FASD	8%
Resources about FASD	7%
Assessment and Diagnosis of FASD	8%
Law and FASD	8%
Caregivers and FASD	7%
Adults and FASD	8%
Employment and FASD	7%
Any Information about FASD	5%

### *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 most requests were for the intermediate level training, followed by advanced training. The least number of requests were for introductory level training.

Level	Number	Percent
Intermediate	242	57%
Advanced	131	31%
Introductory	54	12%
<b>Total</b>	<b>427</b>	<b>100%</b>

### 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 +8% to +20% with the average being +14%. A paired samples T-test was performed to determine whether or not the change in level of knowledge was statistically significant. Similar to the 3 previous years, the post-session increase in knowledge was found to be significant at a p-value of 0.001.

#### *Percent Change in Knowledge by Session*

Session	Sample Size (n)	Average Rating Pre Session (%)	Average Rating Post Session (%)	Pre-Post-Difference (%)
<b>Talking with Women about Alcohol and Pregnancy</b>	109	72%	92%	+20%
<b>Safety Planning for the Service Provider</b>	76	80%	93%	+13%
<b>FASD: 101 Second Edition</b>	65	77%	91%	+14%
<b>Transition Planning</b>	38	76%	89%	+13%
<b>Cognitive Interventions to Improve Language Skills</b>	56	80%	88%	+8%
<b>Cognitive Interventions to Improve Memory</b>	34	76%	91%	+15%
<b>Cognitive Interventions to Improve Math Skills</b>	48	75%	92%	+17%
<b>Average 2011/12</b>	<b>426</b>	<b>77%</b>	<b>91%</b>	<b>+14%**</b>
<b>2010/11</b>	<b>568</b>	<b>78%</b>	<b>89%</b>	<b>+11%**</b>
<b>2009/10</b>	<b>177</b>	<b>78%</b>	<b>93%</b>	<b>+15%**</b>
<b>2008/09</b>	<b>848</b>	<b>77%</b>	<b>84%</b>	<b>+10%**</b>

\*\* Significant  $p < 0.001$ . Note the average pre-post difference of all the sessions was calculated to reflect the different sample sizes of each session and hence may not match the mathematical difference between the average pre-and post-scores. Note that only complete sets of pre-post-data were included in the determination of significance.

### 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. After the last webcasts from 2012 are processed, there will be a total of 59 videos/webcasts in the archive. Between March 2, 2012 and April 27, 2012 there were 386,381 “hits” on the Cross Ministry web site where the FASD archived videos are housed. The average estimate of daily “hits” to the web site is 5,000 to 6,000. This suggests that the archived videos are heavily used.

### **3.6 The FASD Tool Kit**

In February, 2011 Alberta Children's Services asked CASA Child, Adolescent and Family Services to create a teaching tool based on the FASD video learning sessions that had been produced to date. The idea of the kit came out of many discussions with those working with persons affected by FASD who emphasised the need for materials which could be used in practice settings to develop more advanced knowledge and skills. CASA contracted with content experts to review the archived videos, prepare the DVD liner notes, and create the teaching materials. The content was prepared from March to August, 2011.

Each tool kit consists of a set of learning resources for 3 topic areas: FASD Basics, Interventions and Family and Life Skills. The learning resources for each topic includes 7 DVDs pertaining to the topic, liner notes for each DVD summarizing the content of the DVD, and one workbook of teaching materials for each topic.

In the fall of 2011 the tool kit was pilot tested by 6 FASD Service Networks. Feedback gathered from the pilot test in January 2012 indicated that the tool kit is a very useful tool that could be improved with editing and updating. Recommendations from the pilot test were that the tool kits be revised and distributed for use by all FASD Networks throughout the province, that both electronic and hard copies be made available to the networks, and that the use of the kits be evaluated again in February, 2013.

### **4.0 Conclusion**

Overall the data presented in this evaluation suggests that the 2011/12 FASD Learning Series has been very successful. Session attendance has increased considerably compared to previous years. This is likely because of the change from videoconferencing to webcasting. 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 informative and expressing their appreciation for the sessions.

The benefits of the webcasts and previous videos have been further extended through the archived videos and the FASD Tool Kit.

This evaluation has not identified any major concerns. Some of the benefits of the webcast technology compared to the videoconference method are that the attendance data is much more accurate, the method of participant survey distribution is much more efficient and the number of technical problems reported decreased.

The knowledge disseminated by the 2011/12 FASD Learning Series throughout urban and rural Alberta is a valuable resource that has enhanced community and individual capacity to support individuals with FASD and their caregivers across the lifespan.

### 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. That respondents increased their awareness of the session topics is confirmed by the very strong evidence that the participants increased their knowledge related to the content of the presentations. The average post-session knowledge gain of 14% is statistically significant (i.e.  $p < 0.001$ ).

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

All of the participant ratings webcasting as a method of delivery are about 10% higher than those for the previous year when videoconferencing was used. The higher ratings suggest that respondents prefer webcasting compared to videoconferencing as a 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. 96%) 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 and the production and distribution of the FASD Tool Kits further extends the benefits of the webcasts. The more often the archived videos and webcasts are viewed, the more cost effective it becomes.

## 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.

### FASD Webinars

7. Continue efforts to update archived material to incorporate advances in knowledge.
8. Continue to advance the level of knowledge and skill addressed in the webinars and videos. Consultations with target audiences such as caregivers and the FASD Networks should continue to inform the content development
9. Review promotion materials to ensure that the content of the presentation is accurately represented. In particular, work with session presenters to
  - a. ensure the session title suggests the session contents and



b. identify the knowledge and skill level targeted in the session (i.e. beginner, intermediate or advanced).

10. Include the time zone when posting the date and time of the sessions as this will alert people from other time zones to check the local time they should sign in. This year 36% of participants came from other time zones and some of them noted that they missed part of the session because they did not realize the webcast was being broadcast from a different time zone.
11. Ensure handouts are available before the session begins and ensure that the font size on the handouts will print out large enough to be legible.
12. Consider taping videos for the archive library between April and September prior to onset of the live webinar schedule. This approach would require preparing contracts which enable the production of the video as well as the development of the content.

#### ***FASD Tool Kit***

3. Maintain and update the FASD Tool Kit as a teaching resource which complements the webinars.
4. Implement the actions recommended in the FASD Tool Kit evaluation report .

## Appendix A

### Calendar of Events

#### Fetal Alcohol Spectrum Disorder Learning Series via Live Webcast Save the Date Notice

##### September 28, 2011 ~ 9 - 11 am

**Talking with Women about Alcohol and Pregnancy**  
**Christine Urqhart, Co-Founder, Change Talk Associates**

*This session will address FASD prevention in relation to how we communicate with pregnant women and women in their childbearing years along the continuum of risk. Combining substance-informed, trauma-informed, and Motivational Interviewing principles and approaches, strategies and skills will be shared that can be adapted to participants' practice settings. Emphasis will be placed on opening the conversation and sharing information in a way that respects autonomy, is collaborative and avoids re-traumatization.*

##### October 26, 2011 ~ 9 - 11 am

**Safety Planning for the Service Provider**  
**Teresa O'Riordan, Executive Director, NWC Alberta FASD Network**  
*Safety tips for front-line workers, managers and organizations working with persons affected by FASD.*

##### November 30, 2011 ~ 9 - 11 am

**FASD: 101 ~ Second Edition**  
**Dr. Gail Andrew**

*Dr. Andrew adds current research findings to this very popular video.*

##### December 14, 2011 ~ 9 - 11 am

**Transition Planning**  
**Meaghan Tucker and Client**  
*Meaghan and her client will demonstrate the Lakeland Centre for FASD transition planning model that research has demonstrated to be effective.*

##### January 25, 2012 ~ 9 - 11 am

**Cognitive Interventions to Improve Language Skills**  
**Jacquie Pei, Carmen Rasmussen, Karmen Krahn**  
*Back by popular demand to delve more deeply into specific intervention strategies and skills.*

##### February 22, 2012 ~ 9 - 11 am

**Cognitive Interventions to Improve Memory**  
**Jacquie Pei, Carmen Rasmussen, Karmen Krahn**  
*Back by popular demand to delve more deeply into specific intervention strategies and skills.*

##### March 28, 2012 ~ 9 - 11 am

**Cognitive Interventions to Improve Math Skills**  
**Jacquie Pei, Carmen Rasmussen, Karmen Krahn**  
*Back by popular demand to delve more deeply into specific intervention strategies and skills.*

##### Webcasting and Registration Process

These lectures will now be broadcast via live webcast. You and your colleagues can watch them as a group or on your own from any computer with high speed internet access. The series will no longer be available via videoconference. While there is no fee to attend, individuals must register for each of the lectures to receive a certificate of attendance. Please visit [www.research4children.com](http://www.research4children.com) and go to Events to register and for more info.

**Government  
of Alberta**



The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.  
Learn more at [www.fasd-cmc.alberta.ca](http://www.fasd-cmc.alberta.ca)

## Appendix B

### Participant Survey Response Rates <sup>a</sup>

Sessions	Total Participants Attending	# of Surveys Returned	Response Rate
Sept 28	327	110	34%
Oct 26	270	76	28%
Nov 30	316	65	21%
Dec 14	173	38	22%
Jan 28	230	56	24%
Feb 22	134	34	25%
March 28	81	48	59%
<b>Total</b>	<b>1,531</b>	<b>427</b>	<b>28%</b>

<sup>a</sup> 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
- ☐ Other

If you identified yourself as a SERVICE PROVIDER above, please choose ONE of the following to indicate the primary area where you work. If you ARE NOT a service provider, please skip this question and go to the next.

- ☐ Employment and Immigration
- ☐ Health Care (Addictions, Mental Health etc.)
- ☐ Education
- ☐ Justice
- ☐ Community (Not-for-Profit)
- ☐ Social Services (Child and Youth Disabilities, Seniors etc.)
- ☐ Other

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.					
The content was relevant to me.					
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.					

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
The use of webcasting to deliver this presentation 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.					
Connecting to the webcast was easy.					
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

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
- ☐ Any Information about FASD
- ☐ Strategies to deal with FASD
- ☐ Resources about FASD

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

### Work Place of Service Provider Survey Respondents by Session

Session	Health Care Provider	Educator	Social Servic es	Community Not-for- profit	Other	Justice	Employment and Immigration
Sept 28	23	1	25	30	6	3	22
Oct 26	4	8	13	32	2	0	17
Nov 30	11	13	7	13	3	3	15
Dec 14	1	4	9	8	0	3	2
Jan 28	12	11	10	10	3	1	0
Feb 22	4	7	6	4	2	0	0
March 28	6	9	9	4	3	0	17
<b>Total</b>	<b>61</b>	<b>53</b>	<b>79</b>	<b>101</b>	<b>19</b>	<b>10</b>	<b>73</b>
<b>Percent</b>	<b>15%</b>	<b>13%</b>	<b>20%</b>	<b>26%</b>	<b>5%</b>	<b>3%</b>	<b>18%</b>

## Appendix E

### Viewing Location of Participants by Session (from participant surveys)

Location	Sep 28	Oct 26	Nov 30	Dec 14	Jan 28	Feb 22	Mar 28	Total	%
Alberta	63	57	45	27	37	17	26	272	<b>64%</b>
British Columbia	11	7	7	7	8	8	11	59	<b>14%</b>
Saskatchewan	13	13	5	5	2	2	1	2	<b>30</b>
7%Manitoba	10	5	2	0	1	3	3	24	<b>6%</b>
Ontario	3	1	1	1	4	4	5	19	<b>4%</b>
Newfoundland	2	0	0	0	1	0	0	3	<b>1%</b>
Yukon	0	0	0	0	1	1	1	3	<b>1%</b>
Northwest Territories	8	1	5	1	2	0	0	17	<b>4%</b>
Total	110	76	65	38	56	34	48	427	<b>100%</b>

## Appendix F

### 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. In the comment section, numbers in brackets are the number of times the preceding comment was made. Comments without numbers were made only once.

#### **SESSION # 1**

**Title** – Talking with Women about Alcohol and Pregnancy (28 Sept 2011)

**Overall rating of session content** = 95%

**Change in knowledge** = +20%

**Presenter** – Christine Urqhart

**Attendance** - 327

**Survey response rate** – 34%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=110)	-	-	11	99	-	98%
An effective communicator (n=110)	-	-	14	96	-	98%
Well prepared (n=110)	-	1	13	96	-	97%

<sup>a</sup> 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:** There were 86 comments/suggestions for this session. There were a number of positive comments about the session (i.e. 29% of all comments) including that the session was “superb”, “excellent” and that it “exceeded my expectations”. In this session, the presenter used a video clip in the presentation that the webcast viewers could not see. The large number of comments about problems (i.e.. 60% of all comments) referred to this incident. Other problems noted included the video cutting in and out, freezing and poor audio. A number of people said they would have liked to have had the handout sooner. Some people from other provinces were not aware that the advertised time was not the same as their local time and hence they missed a part of the session.

## **SESSION # 2**

**Title** – Safety Planning for the Service Provider (26 Oct 2011)

**Overall rating of session content** = 77%

**Change in knowledge** = +13%

**Presenter** – Teresa O’Riordan

**Attendance** - 270

**Survey response rate** – 28%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don’t Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=76)	-	3	21	52	-	91%
An effective communicator (n=75)	1	1	15	58	1	93%
Well prepared (n=76)	-	1	17	58	-	94%

<sup>a</sup> 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:** There were 42 comments for this session. The majority of the comments (i.e. 53%) were about the session content. Respondents said that the content did not match the advertising (8 comments), they wanted the session more focused on safety and FASD (6 comments) and on safety in clients homes (3 comments). There were general positive comments (i.e. 26% of all comments) about the convenience of the webcast format and that the session was useful and educational. Suggestions included having the session handouts in advance (4 comments) and 4 respondents reported technical problems.

### **SESSION # 3**

**Title** –FASD 101 – Second Edition (30 Nov 2011)

**Overall rating of session content** = 90%

**Change in knowledge** = +14%

**Presenter** – Dr. Gail Andrew

**Attendance** - 316

**Survey response rate** – 21%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating <sup>a</sup></b>
Knowledgeable (n=64)	-	-	5	59	1	98%
An effective communicator (n=64)	-	-	18	46	1	93%
Well prepared (n=64)	-	-	12	52	1	95%

<sup>a</sup> 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:** There were 23 comments for this session. There were 10 positive comments including that it was very informative, very useful and very good. There were also 10 comments about the session content with 4 comments suggesting that the medical terminology be defined. One respondent noted that the session was not very applicable to front line workers and another suggested starting later in the morning. Three people reported experiencing technical problems.

## **SESSION # 4**

**Title** - Transition Planning (14 Dec 2011)

**Overall rating of session content** = 78%

**Change in knowledge** = +13%

**Presenter** – Meaghan Tucker and Client

**Attendance** - 173

**Survey response rate** – 22%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=38)	-	1	15	22	-	89%
An effective communicator (n=38)	1	5	14	18	-	82%
Well prepared (n=37)	1	2	12	11	1	87%

<sup>a</sup> 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:** There were 16 comments for this session. There were 4 general positive comments including that the session was excellent, great, very useful and very informative. Technical problems were reported by 2 people. Suggestions for the content included strategies when there is little support or unstable clients, to educate birth mothers, to reduce stigma, and to maintain employment. One respondent thought there was too much theory and not enough practical suggestions and another wanted questions answered more in depth. Four people wanted to have the handouts available in advance of the session.

## **SESSION # 5**

**Title: Cognitive Interventions to Improve Language Skills (28 Jan 2012)**

**Overall rating of session content = 82%**

**Change in knowledge = +8%**

**Presenter – Jacquie Pei, Carmen Rasmussen**

**Attendance - 230**

**Survey response rate – 24%**

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=56)	-	1	3	52	-	98%
An effective communicator (n=56)	-	1	5	50	-	97%
Well prepared (n=56)	-	-	5	51	-	98%

<sup>a</sup> 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:** There were 27 comments for this session. There were 9 general positive comments saying that the session provided great information, was excellent, very good, very useful and easily understood. The 9 comments about the session content indicated that the presentation was too general and they would have liked more examples and strategies. One respondent would have liked to have the training level of the session indicated in the advertising, and another thought that the title of the session was misleading. Five people reported technical problems such as poor audio and/or video and 3 respondents noted that the printing on the handouts was too small.



## **SESSION # 6**

**Title** – Cognitive Interventions to Improve Memory (22 Feb 2012)

**Overall rating of session content** = 94%

**Change in knowledge** = +15%

**Presenter** – Jacquie Pei, Carmen Rasmussen

**Attendance** - 134

**Survey response rate** – 25%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating<sup>a</sup></b>
Knowledgeable (n=34)	-	-	3	31	-	98%
An effective communicator (n=34)	-	-	4	30	-	97%
Well prepared (n=34)	-	-	4	30	-	97%

<sup>a</sup> 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:** There were 13 comments for this session. Most of the comments were positive (i.e. 7) noting that the session was excellent, great and that the webcast method is wonderful. Two people reported technical problems. One person wanted more day to day strategies and another wanted to know how to access other resources. Other comments included that the handouts were too small and there was a request to advertise the time zone for the presentation.

## **SESSION # 7**

**Title** – Cognitive Interventions to Improve Math Skills (28 Mar 2012)

**Overall rating of session content** = 94%

**Change in knowledge** = +17%

**Presenter** – Jacquie Pei, Carmen Rasmussen

**Attendance** - 81

**Survey response rate** – 59%

<b>The presenter was:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>	<b>Average Agreement Rating <sup>a</sup></b>
Knowledgeable (n=48)	-	-	5	43	-	97%
An effective communicator (n=48)	-	-	6	42	-	97%
Well prepared (n=48)	-	-	6	42	-	97%

<sup>a</sup> 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:** There was a technical problem in retrieving comments for this session so there are only 3 comments available. One respondent noted that the session was geared to teachers, not parents. Another respondent said it was great to be able to download the power point before the session and a third reported technical problems with audio and visual.