

# **Summary of Results Advance Care Planning: Sessions for Service Providers**

**Initiative #7 – Advance Directives on Care Choices  
Ontario's Strategy for Alzheimer Disease and Related  
Dementias**

**2004**

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## INTRODUCTION AND EVALUATION OVERVIEW

As part of Initiative 7 – Advance Directives on Care Choices, one of the initiatives within Ontario’s Strategy for Alzheimer Disease and Related Dementias, a number of individuals were trained in advance care planning (ACP) in order to serve as members of ACP Resource Teams. Once trained, these teams were responsible for providing education sessions in the area of ACP to two groups: (1) members of the general public and (2) service providers. The teams were asked to conduct at least one session with each group.

As with each of the initiatives within the Alzheimer Strategy, this initiative was evaluated. The evaluation was conducted through the use of pre and post session questionnaires (for the ACP Resource Teams and the individuals who attended the public educational sessions and sessions for service providers). For members of the public, the questionnaires focused on their understanding of ACP issues and what the participants may or may not have done in order to prepare for a time when they (or a loved one) may not be able to make decisions about their care. For the sessions with service providers, the evaluation questionnaires focused on their knowledge of ACP issues and the implementation of this knowledge within their agencies/homes. In addition to the pre and post session questionnaires, a follow-up questionnaire was sent to a subset of individuals who attended the public education sessions. A similar questionnaire was originally planned for the service provider group as well, but because of logistical issues (i.e., the fact that individuals from more than one agency/home often attended a session, the lack of contact information provided) and the poor response rate obtained with the follow-up conducted with members of the public, the follow-up questionnaire for service providers was not administered.

This report provides a summary of the evaluation results for sessions conducted with service providers.

## RESPONSE RATE

The ACP Resource Teams conducted 47 sessions with service providers. There were at least 930 individuals who attended these sessions. (The exact number of attendees is not known because some of the information that the Resource Teams were asked to submit about the sessions was not complete or the information was not submitted.) However, with 782 and 727 individuals completing the pre-session and post-session evaluation forms, respectively, it appears that the response rate is relatively high, allowing one to have relative confidence in the results (see Table 1).<sup>1</sup>

**Table 1: Number of Individuals Completing the Pre and Post Questionnaires**

Number of Individuals Completing Pre-Questionnaire	Number of Individuals Completing Post-Questionnaire
782	727

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<sup>1</sup> In addition to the 47 sessions described above, there were 8 other sessions conducted with service providers. However, for these sessions the participants were given the wrong evaluation tools (i.e., they were given the pre and post tools used with the public ACP sessions). Because the two sets of questionnaires varied significantly, the data from the participants in these 8 sessions have not been included in this report.

## PRE-WORKSHOP QUESTIONNAIRE

Participants were first asked to identify the type of agency they worked for. Most participants (46%) indicated that they worked in a LTC home (see Table 2).

**Table 2: Type of Agency in which the Participants' Worked**

Type of Agency	Percentage (Number) of Respondents (N=782)
LTC home	45.7% (357)
CCAC	18.3% (143)
Community agency	13.8% (108)
Hospital	11.4% (89)
Other	9.6% (75)

\* Percentages may not sum to 100% because of missing values.

Participants were asked if they were members of a registered profession, and those who indicated “yes” were asked to specify which profession that was. The majority of participants (84%) reported that they were a member of a registered profession (see Table 3). Of these, the majority indicated that they were RN/RPNs (86%).

**Table 3: Characteristics of Pre-Questionnaire Respondents**

Are you a member of a registered profession?	Percentage (Number) of Respondents	
No	14.8% (116)	
Yes	83.8% (655)	
	If yes, which one? (N=655)	
	RN / RPN	85.8% (562)
	Social Worker / Social Services Worker	8.1% (53)
	OT	2.0% (13)
	PT	0.8% (5)
	Physician	0.2% (1)
	Other	3.2% (21)

\* Percentages may not sum to 100% because of missing values.

The next set of questions asked participants if they had any previous training in ACP. Those who answered “yes” were then asked a series of follow-up questions about who provided the training, the year the training was provided, and the information that was covered. Responses to these questions are summarized in Table 4.

Approximately 24% of the participants had previous training in ACP. Among these individuals, the training was most often provided by physicians or through a workshop, conference or in-service. The number of years since they attended the training ranged from 1 year to more than 10 years. The information presented in these sessions covered a range of topics (see Table 4).

**Table 4: Previous training in ACP**

<b>Have you had any previous training in ACP?</b>	
No	73.8% (577)
Yes	24.4% (191)
<b>If YES:</b>	
<b>a) Who was the training provided by?</b> <ul style="list-style-type: none"> <li>▪ Physicians (38)</li> <li>▪ Workshop / conference / in-service (32)</li> <li>▪ College / University (20)</li> <li>▪ Other – names of individuals specified (15)</li> </ul>	
<b>b) Years since training?</b> <ul style="list-style-type: none"> <li>▪ 1 year (12)</li> <li>▪ 2 years (46)</li> <li>▪ 3 years (15)</li> <li>▪ 4 years (21)</li> <li>▪ 5 years (8)</li> <li>▪ 6 years (7)</li> <li>▪ 7 years (5)</li> <li>▪ 9 years (6)</li> <li>▪ 10 or more years (14)</li> </ul>	
<b>c) Information covered</b> <ul style="list-style-type: none"> <li>▪ ACP (28)</li> <li>▪ POA (27)</li> <li>▪ Advanced directives (19)</li> <li>▪ Substitute decision maker (18)</li> <li>▪ General information (16)</li> <li>▪ Competency test (12)</li> <li>▪ Let me decide (11)</li> <li>▪ Wills (10)</li> <li>▪ Legal issues (7)</li> <li>▪ Consent to treatment (6)</li> <li>▪ Palliative care (6)</li> <li>▪ “Purple” Sheets (4)</li> <li>▪ Financial (4)</li> <li>▪ DNR (3)</li> </ul>	

\* Percentages may not sum to 100% because of missing values.

The next set of questions asked participants about the roles of different individuals within their organizations with respect to ACP. The first question asked participants to indicate either yes or no to whether there was someone in their agency/organization who was designated to deal with ACP. Just over half (52%) of participants indicated that they had someone in their organization who was designated to deal with ACP issues (see Table 5).

**Table 5: Designated Individual to deal with ACP**

<b>Are there one or more individuals in your agency/organization who are designated to deal with Advance Care Planning?</b>	<b>Percentage (Number) of Respondents</b>
No	39.3% (307)
Yes	52.4% (410)

\* Percentages may not sum to 100% because of missing values.

Questions were asked about the role that specific members of their organizations played in ACP. Results are summarized in Table 6. Responses suggest that staff members were most often involved with ACP. Physicians and medical directors were cited by just less than half of respondents as being involved in ACP. The group least likely to play a role in ACP was administrators. However, when asked who was the most effective in carrying out their role in ACP, administrators were rated higher than the other three groups.

**Table 6: Role of Various Individuals in terms of ACP**

Position	Role in ACP? (N=782)		How would you rate this person(s) in terms of his/her ability to carry out this role? (1=poor, 2=fair, 3=good, 4=very good, 5=excellent)	
Administrator	Does not play a role	51.2% (400)	Mean	3.83
	Plays a role	28.1% (220)	SD	0.96
			Range	1 – 5
			N	175
Medical Director	Does not play a role	26.0% (203)	Mean	3.72
	Plays a role	43.1% (337)	SD	1.0
			Range	1 – 5
			N	279
Other Physicians	Does not play a role	22.3% (174)	Mean	3.11
	Plays a role	45.9% (359)	SD	1.1
			Range	1 – 5
			N	265
Staff Members	Does not play a role	14.7% (115)	Mean	3.27
	Plays a role	65.7% (514)	SD	0.95
			Range	1 – 5
			N	421

\* Percentages may not sum to 100% because of missing values.

If a participant indicated that a particular individual played a role in ACP, they were asked to describe the nature of this role. Responses are summarized in Table 7.

**Table 7: Description of Roles Played by the Various Individuals**

<b>Administrator:</b> <ul style="list-style-type: none"> <li>▪ Part of case conference; admission with family (49)</li> <li>▪ Public / board policy writing, review &amp; enforcement (29)</li> <li>▪ Supportive of education / programs for staff (23)</li> <li>▪ Educates the family &amp; client re: ACP (17)</li> <li>▪ Talks with family / client re: ACP (12)</li> <li>▪ Guidance for more intense / difficult situations (11)</li> <li>▪ Ensure ACP is done (11)</li> <li>▪ Coordinates staff / teams (9)</li> <li>▪ Reviews ACP with family (9)</li> <li>▪ Supervises (6)</li> <li>▪ Discusses POA (5)</li> <li>▪ Conflict and legal decision areas (5)</li> <li>▪ Helps with SDM (4)</li> <li>▪ Substitutes if DOC unavailable (4)</li> <li>▪ Bends rules to accommodate resident wishes (2)</li> </ul>
<b>Medical Director:</b> <ul style="list-style-type: none"> <li>▪ Discusses care options / wishes (70)</li> <li>▪ Provides medical info to support decision making (37)</li> <li>▪ Reviews at case conference (25)</li> <li>▪ Has to approve / sign (19)</li> <li>▪ Advises staff (18)</li> <li>▪ May meet with family / rarely discusses / only on request (18)</li> </ul>

<ul style="list-style-type: none"> <li>▪ Support / guidance / counselling (18)</li> <li>▪ Initiates at admission conference (or if not already done) (16)</li> <li>▪ Educates (14)</li> <li>▪ Advises families / residents (13)</li> <li>▪ Changes in care plan (8)</li> <li>▪ Ensures AD is carried out (8)</li> <li>▪ Develops ACP (8)</li> <li>▪ Deals with family in difficult or critical situations (8)</li> <li>▪ Deals with medical conditions of patients (7)</li> <li>▪ Deals with rights / legal issues / ethical issues (5)</li> <li>▪ Liaises with other MDs (5)</li> <li>▪ Capacity assessments (4)</li> <li>▪ Is aware of residents' and POAs' wishes (4)</li> </ul>
<p><b>Other Physicians:</b></p> <ul style="list-style-type: none"> <li>▪ Has general discussion with clients / family (63)</li> <li>▪ Has discussions / signs off on advance care directives (48)</li> <li>▪ General consultation (19)</li> <li>▪ Has discussions about ACP (14)</li> <li>▪ Provides medical advice to clients / families (14)</li> <li>▪ Counselling and education (13)</li> <li>▪ Discusses cases with staff (13)</li> <li>▪ Rarely plays a role (13)</li> <li>▪ Responsibilities vary (11)</li> <li>▪ General support (10)</li> <li>▪ Checks for informed decision making capabilities (8)</li> </ul>
<p><b>Staff Members:</b></p> <ul style="list-style-type: none"> <li>▪ Support / counsel (57)</li> <li>▪ Families ask for info (48)</li> <li>▪ Discuss level of interventions (30)</li> <li>▪ Initiate / facilitate ACP (26)</li> <li>▪ Communicate / advocate concerns / wishes to appropriate person (25)</li> <li>▪ Training / education (24)</li> <li>▪ On admittance (23)</li> <li>▪ Carry out care plans (23)</li> <li>▪ RNs are only staff designated (21)</li> <li>▪ Discuss ACP / AD (21)</li> <li>▪ Assist family in completing all forms (21)</li> <li>▪ Assess residents needs / team approach (20)</li> <li>▪ Discuss wishes of resident (19)</li> <li>▪ Discuss during family conference (18)</li> <li>▪ Facilitate referral of client when needed (17)</li> <li>▪ Document decisions / make sure in chart (13)</li> <li>▪ Changes in condition (10)</li> <li>▪ Encourage completion of POA (10)</li> <li>▪ Social worker facilitates care conference &amp; completion of advance directive (10)</li> <li>▪ Closest with resident, and family, &amp; have most discussions (8)</li> <li>▪ Help family make appropriate choices (7)</li> <li>▪ Discuss SDM (7)</li> <li>▪ RN develops care plan if necessary (5)</li> <li>▪ Discuss POAs (5)</li> <li>▪ Be aware of what clients directives are (4)</li> <li>▪ Discuss consent (4)</li> </ul>

\* Note: Some individuals provided more than one response per category.

Participants were asked if they played a role in their organization with respect to ACP and, if so, what the nature of this role was. Responses are summarized in Table 8. The majority of participants (65%) indicated that they played a role in ACP within their organization. Qualitative analysis of participant role descriptions suggested that the most common role was conducting discussions with clients and family.

**Table 8: Participants' Role in ACP**

<b>Do you play a role in ACP within your organization? (N=782)</b>	
No	26.9% (210)
Yes	64.6% (505)
<b>If YES, please describe your role:</b>	
<ul style="list-style-type: none"> <li>▪ Conduct discussions with client / family (115)</li> <li>▪ Discuss advance care directives (51)</li> <li>▪ Limited role (44)</li> <li>▪ Provide support / guidance / counselling to clients and families (41)</li> <li>▪ General consultation (35)</li> <li>▪ Discuss ACP with clients / family (34)</li> <li>▪ Discuss POA with clients / family (23)</li> <li>▪ Discuss client care / provide support for staff (21)</li> <li>▪ Help clients fill out forms (21)</li> <li>▪ Varied activities (20)</li> <li>▪ Discuss SDM with clients and families (12)</li> <li>▪ Provide referrals (8)</li> <li>▪ Assessing client capacity (5)</li> <li>▪ Policy / Administration (5)</li> <li>▪ "Purple paper" (5)</li> </ul>	

\* Percentages may not sum to 100% because of missing values.

The next question asked participants if they had ever had discussions with their clients about ACP. For those participants who indicated "yes", they were asked to estimate what percentage of their current clients they have had these discussions with. Results suggest that the majority of participants have had discussions regarding ACP with their clients (see Table 9). There was a great deal of variability in response to the question about the percentage of current clients with whom they had had these discussions; estimates ranged from 0 to 100%.

**Table 9: Discussions with Clients regarding ACP**

<b>Have you ever had a discussion with a client about ACP?</b>	
No	28.6% (224)
Yes	62.9% (492)
<b>If YES, with what percentage of your current clients would you have had such a discussion?</b>	
Mean	43.4%
SD	35.4
Range	0 – 100%

Participants were asked to identify an ACP issue that their agency handles well. A summary of open-ended responses is provided in Table 10. Participants indicated that their agencies dealt well with discussing and completing ACP on admission, training staff, clients and families with respect to ACP, and discussing SDM issues with clients.

**Table 10: ACP issues that Agency Effectively Deals With**

▪ Discussed / completed at admission (62)
▪ Training sessions / education for staff, family and clients (60)
▪ Discuss & respect client and SDM wishes (53)
▪ Explaining the details to family (47)
▪ Material resources (42)
▪ Encourage families / client to talk about it (26)
▪ Good communication & contact with client and family (24)
▪ Review care plans (ongoing, as needed, or min. annually) (24)
▪ Talk with client (24)
▪ Discussed POA (22)
▪ Talk with client (19)
▪ Allowing time to attend in-services (18)
▪ Discussed at family conference (16)
▪ Listening / counselling (16)
▪ Initiate with each client (15)
▪ Create multidisciplinary team (continuity) (14)
▪ Info in chart / document (14)
▪ Advocate for client (13)
▪ Identify the need to start the process (12)
▪ Supportive to family and client (9)
▪ Good understanding of legislation / current on info to answer questions (9)
▪ Made it policy (8)
▪ Referred client / family to other specialists as needed (8)
▪ Opportunities to share info (provide updates) (6)
▪ Discuss SDM (6)
▪ Educate public & adult day program (6)
▪ Time to reflect after discussed and offered support (5)

The next question asked participants to indicate an ACP issue that their agency does not deal with well. An analysis of open-ended responses indicated that the most common issue was the need for more education with family, clients and staff. Other common issues suggested the need for a simplification of paperwork and the need for more time to conduct their responsibilities with respect to ACP.

Participants were asked how they would rate their agency's performance in terms of promoting and supporting ACP on a five-point scale (where 1=poor, 2=fair, 3=good, 4=very good and 5=excellent). The average rating of 3.2 suggests that participants felt their agency's promotion and support of ACP was "good" (see Table 11).

**Table 11: Agency promotion and Support of ACP**

Rate agency's promotion and support of ACP	
Mean	3.21
Standard Deviation	1.03
Range	1-5

Participants were asked to rate their confidence in a number of areas of ACP using a 5-point scale (where 1=not confident, 2=slightly confident, 3=quite confident, 4=confident and 5=very confident). Mean confidence ratings indicated that participants were "slightly" to "fairly" confident in a variety of areas related to ACP. The lowest confidence rating was for the last question; this question asked about their overall knowledge of ACP (see Table 12).



**Table 12: Agency promotion and Support of ACP**

Please rate the level of confidence in your ...	Mean Confidence Rating (Standard Deviation)
Understanding the legal obligations	2.46 (1.1)
Ability to carry out legal obligations	2.48 (1.2)
Ability to initiate a conversation about ACP	3.04 (1.2)
Ability to facilitate ongoing ACP conversations	2.87 (1.2)
Ability to identify potential areas of conflict	2.72 (1.1)
Ability to facilitate conflict resolution	2.74 (1.1)
Knowledge of resources available to assist in ACP	2.43 (1.1)
Overall rating of ACP knowledge	2.32 (1.0)

## POST-WORKSHOP QUESTIONNAIRE

At the end of the education session, service providers were asked to complete another questionnaire. This post-training questionnaire asked a variety of questions pertaining to the education session and ACP in general. A total of 727 individuals completed this survey.

The first question asked participants to rate the education session on a 5-point scale (where 1=poor, 2=fair, 3=good, 4=very good and 5=excellent). The majority of participants (52%) rated the education session as “very good” and more than three quarters of participants (77%) indicated that the session was “very good” or “excellent” (see Table 13).

**Table 13: Post-training Evaluation of Education Session**

Overall, how would you rate today's session?	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean (SD)
	0.1% (1)	2.1% (15)	16.8% (122)	52.4% (381)	24.9% (181)	4.04 (.73)

\* Percentages may not sum to 100% because of missing values.

Participants were asked to indicate the most valuable thing they learned during the education session. Responses to the open-ended question are summarized in Table 14. Participants indicated that the most valued information they received pertained to ACP and SDM.

**Table 14: Most Valuable Things Learned at Education Session**

- Specifics of ACP (188)
- Specifics of SDM (132)
- Specifics of POAs (46)
- Specifics of AD (43)
- Legal issues (28)
- Importance of completing ACP (19)
- Specifics of LOC (17)
- Talk with resident re: wishes (16)
- Importance of revising ACP (15)
- Communicate with family and client re: ACP (14)
- Consent and capacity board (13)
- Specifics of DNR (12)
- Clarification on ACP issues (12)
- Greater understanding of what capable means (11)
- Importance of fulfilling resident wishes (11)
- Informed consent (10)
- Decision making hierarchy when disputes arise (9)
- Lots of info available to do ACP (8)
- Living wills (8)
- Communication (7)
- Important to make wishes known to family and caregivers (6)
- Planning for own future (6)
- Advocating for residents (6)
- Good review of subject (6)
- Verbal wishes prevail over previously written wishes (5)
- Important for all ages to do it (5)

Participants were asked to rate their confidence in ACP issues on a 5-point scale ranging from “not confident” (1) to “very confident” (5). The same questions were asked on the pre-session questionnaire. Paired sample t-tests were used to determine if there were significant differences in mean confidence ratings between the pre and post questionnaires. The results are summarized in Table 15.

Mean confidence ratings significantly increased from pre-test to post-test in all areas. This suggests that participants felt more confident dealing with issues relating to ACP after they participated in the education session.

**Table 15: Confidence related to Advance Care Planning**

How confident are you in ...	Pre-Training Mean (SD)	Post-Training Mean (SD)	Mean Difference (post-pre)
a) Your understanding of the legal obligations related to ACP?	2.49 (1.1)	3.64 (.73)	1.15 ***
b) Your ability to carry out your legal obligations related to ACP?	2.51 (1.1)	3.61 (.76)	1.10 ***
c) Your ability to initiate a conversation with an individual about ACP?	3.07 (1.2)	3.89 (.72)	0.82 ***
d) Your ability to facilitate ongoing ACP conversations?	2.90 (1.2)	3.78 (.74)	0.89 ***

e) Your ability to identify potential areas of conflict related to ACP?	2.74 (1.1)	3.69 (.69)	0.94 ***
f) Your ability to facilitate conflict resolution?	2.76 (1.1)	3.45 (.80)	0.69 ***
g) Your knowledge of the resources available to assist you in assisting others with ACP?	2.46 (1.0)	3.72 (.74)	1.26 ***

\*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

The next question asked participants to rate their understanding of ACP on a five-point scale (where 1=poor, 2=fair, 3=good, 4=very good and 5=excellent). Again, a paired sample t-test was used to determine if there were significant differences between pre and post session ratings. Participant ratings of their understanding of ACP dropped slightly on the post-test from pre-test levels, however, this decrease was not statistically significant (see Table 16).

**Table 16: Self-rating of Understanding of ACP**

	Pre-Training Mean (SD)	Post-Training Mean (SD)	Mean Difference (post-pre)
How would you rate your overall understanding of ACP?	3.19 (1.0)	3.15 (.96)	- 0.04

\*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

As a follow-up question, participants were asked to compare their level of understanding of ACP now to their level of understanding prior to the education session. Ratings were recorded using a three-point scale that ranged from “less now than before” (1) to “more now than before” (3). Despite the fact that the self-rating of their understanding of ACP did not improve from before the session to after the session (see Table 16), the majority of participants (85%) indicated that they had a better understanding of ACP after the education session than they had before the session (see Table 17).

**Table 17: Comparison of Understanding of ACP**

How does your level of understanding of ACP now compare with your level of understanding prior to today's session?	Less Now than Before 1	About the Same 2	More Now than Before 3	Mean (SD)
	0.4% (3)	9.0% (66)	85.4% (621)	2.89 (.32)

Participants were asked to rate their agency's / organization's performance in terms of supporting and promoting ACP. As on the pre-session questionnaire, responses were recorded using a five-point scale (where 1=poor, 2=fair, 3=good, 4=very good and 5=excellent). Paired sample t-tests were conducted to test for significant differences between ratings from pre-test and post-test. Participants rated their agency's / organization's performance significantly higher after the education session (see Table 18).

**Table 18: Agency / Organization Performance Rating**

	Pre-Training Mean (SD)	Post-Training Mean (SD)	Mean Difference (post-pre)
How would you rate your overall understanding of ACP?	2.34 (.98)	3.45 (.71)	1.11 ***

\*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$

The next question asked participants what they were planning to do to further promote ACP in their agency / organization. Responses to this question converged on two main topics: (1) to discuss ACP with clients / staff / management and make ACP related information available, (2) to educate families / staff / management about ACP. Less common actions that were offered suggested that participants would begin a policy review in their agency, use the information gained from the education session in their practice, and educate staff members about the importance of verbal wishes (see Table 19).

**Table 19: Plans to Further Promote ACP in their Agency/Organization**

- |  |
|--|
| <ul style="list-style-type: none"><li>▪ discuss ACP with clients / staff / management and make ACP related information available</li><li>▪ educate families / staff / management about ACP</li><li>▪ conduct a policy review</li><li>▪ use the information gained from the education session in their practice</li><li>▪ educate staff members about the importance of verbal wishes</li></ul> |
|--|

Participants were asked what immediate challenges they anticipated in promoting ACP in their agency. Responses converged onto several themes that discussed challenges regarding a general resistance to change in their homes, educating clients / families / staff, having enough time to manage ACP issues, receiving physician support and some participants reported they did not anticipate any challenges in promoting and supporting ACP in their agencies (see Table 20).

**Table 20: Anticipated Challenges in Promoting ACP in their Agency/Organization**

- |   |
|---|
| <ul style="list-style-type: none"><li>▪ resistance to change</li><li>▪ educating clients / families / staff</li><li>▪ having enough time to manage ACP issues</li><li>▪ receiving physician support</li><li>▪ no anticipated challenges in promoting and supporting ACP in my agency/organization</li></ul> |
|---|

The final question gave the participants the opportunity to make comments about the education session. Responses are summarized in Table 21.

**Table21: General Comments about Education Session**

- |  |
|--|
| <ul style="list-style-type: none"><li>▪ Very informative (88)</li><li>▪ Facilitators were excellent / knowledgeable (72)</li><li>▪ Well done (53)</li><li>▪ Thank you (41)</li><li>▪ Excellent! (34)</li><li>▪ Great resources (19)</li><li>▪ Interesting (13)</li><li>▪ Relaxed, informal style, good pace (12)</li><li>▪ Good day (11)</li><li>▪ Enjoyed case study (11)</li><li>▪ Not real definite answers (10)</li><li>▪ Interactive (10)</li><li>▪ Community in general should be offered this session (10)</li><li>▪ Generated good deal of discussion (9)</li><li>▪ Well organized (8)</li><li>▪ Enjoyable (7)</li><li>▪ Extensive education need to be done with health care professionals (7)</li><li>▪ Good to review old information and new guidelines (7)</li><li>▪ Could be shorter (6)</li><li>▪ Bound copy of handout had very confusing layout (5)</li></ul> |
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## **ACKNOWLEDGEMENTS**

There are a number of individuals and groups who contributed to this evaluation. I would like to thank the Initiative #7 Work Group, the Alzheimer Society of Ontario, and the representatives from the Ontario Seniors' Secretariat for their assistance with the development and implementation of the evaluation. As well, thank you to those who participated in the educational activities and completed evaluation forms.

I would also like to extend my gratitude to the following individuals for their assistance with the administrative and data management aspects of the evaluation:

Kirstin Stubbing  
Michelle O'Brien  
Karen Lin

Teresa Leung  
Laura Wheatley

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