

The Enabler Program Evaluation Report

**Part of Initiative #1: Staff Education and Training
Ontario's Strategy for Alzheimer Disease and
Related Dementias**

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EXECUTIVE SUMMARY

- Between November 2003 and December 2004, a total of 25 sessions of the Enabler Program were held.
- A total of 454 individuals participated in the 25 sessions. The response rate for the Pre-assessment questionnaire, and the Day 1 and Day 2 Feedback questionnaires was very high, ranging from 88% to 100%.
- Many of the respondents were RNs or RPNs (30%) or Directors of Care (29%). On average, respondents were responsible for supervising 30 full time staff and 37 part-time staff (range of 0 – 350 staff supervised). Over 80% of the respondents reported that they supervised HCAs/PSWs; approximately two-thirds supervised RNs and RPNs, and 28% supervised activation / recreation staff.
- The majority of respondents (90%) indicated that they were able to promote on-the-job learning through one-on-one interactions with staff, over 80% through staff meetings, 74% through on-site in-services or workshops, and almost 70% through daily meetings with staff.
- Respondents reported that within their organizations opportunities to apply skills and ideas acquired during learning initiatives occurred most often through formal education sessions (small groups, in-services, workshops, family education nights), meetings (team, staff, management, family council), and through informal education opportunities (mentoring, in-the-moment teaching, on-the-job training). They most often reported that learning accomplishments were recognized publicly (at meetings, in newsletters, postings, staff appreciation days), privately (verbal praise, written acknowledgement), and with rewards (monetary, job promotion, gifts, paid education, time off).
- The average number of P.I.E.C.E.S. trained staff that were currently serving as In-house Psychogeriatric Resource Persons (PRPs) in respondents' homes was 2.5 (range of 0 – 35). Respondents most often reported that they supported the In-house PRP/Teams by providing them with resources to support the role (dedicated time, staff assistance, additional education, networking opportunities, and tools) and by utilizing their expertise.
- The delivery of both the Day 1 and Day 2 sessions was rated highly. Between 69% and 81% of respondents rated the pace of activity, volume of material, complexity of material, and opportunities to participate as “about right” for all sessions.
- The use of P.I.E.C.E.S. resources, assessment tools, and strategies were identified most often by respondents as the learning they planned to immediately bring back to their home.
- Most of the respondents (82%) rated the Day 2 session, overall, as “very good” or “excellent”. The *U-First!* Educator team was highly rated, with most respondents providing ratings of “very good” or “excellent”.
- The information discussed during the Day 2 sessions, as well as the case examples used, were all rated as highly relevant. The average ratings on a scale of 1 to 5 (where 1 = “not at all” relevant and 5 = “completely” relevant) were 4.6 or “completely relevant”, respectively, for the information discussed and the case examples.

- When asked to rate the value of the practical tool (in terms of: developing a common baseline of knowledge; developing a common language; developing a common approach to providing care to persons with dementia; developing a method to educate workers on the job; and serving as a means to guide dialogue with staff), average ratings on Day 2 were around 4 or “very good” (using a scale of 1 to 5 where 1 = “poor” and 5 = “excellent”).
- On Day 2 average ratings of respondents’ level of confidence in their ability to coach other staff prior to the *U-First! For Enablers* learning initiative were around 3, or “fairly” confident (using a scale of 1 to 5 where 1 = not at all confident and 5 = completely confident). Their level of confidence increased following the learning initiative; average ratings were around 4, or “quite” confident.
- When asked to rate their understanding of the goals of P.I.E.C.E.S. and *U-First for Enablers* learning initiative, the performance objectives of the P.I.E.C.E.S. trained In-house PRP and the role of the Psychogeriatric Resource Consultant (PRC) (hired through initiative #8 of Ontario’s Alzheimer Strategy), average ratings on Day 2 were around 4, or “very good” (using a scale of 1 to 5 where 1 = “poor” and 5 = “excellent”).
- Respondents were confident in their ability to assess the achievement of the performance objectives of the P.I.E.C.E.S. trained In-house PRP in their home; average ratings on Day 2 were around 4 or “quite” confident (using a scale of 1 to 5 where 1 = “not at all confident” and 5 = “very confident”).
- Plans to support the PRP/Team most often involved regular meetings/communication, provision of support, encouragement, and empowerment to implement the role, and provision of resources to support the role (dedicated time, information, education).
- In terms of what supports were needed to help participants with their coaching role, educational opportunities (for self, staff, PRP), support from home staff (front-line nursing, physicians), and resources (videos, tools) were identified most often.
- Additional comments about the learning initiative were mostly positive, indicating that respondents had enjoyed the session, program content and resources, and presentation. Suggestions for improving the program were also provided, most of most of which were related to expanding participation to include support workers, increasing the length of the session to three days and providing more training opportunities so that more people can be P.I.E.C.E.S. trained. Overall, there were few negative comments.

I. OVERVIEW OF THE ENABLER PROGRAM

The Enabler Program was developed to facilitate the success of the P.I.E.C.E.S. learning initiative. Recognizing that the leaders in long-term care (LTC) play a critical role in staff and program development within their organizations, the Enabler Program provides participants with a solid foundation in the P.I.E.C.E.S. concepts as well as an innovative practical tool that promotes dialogue, on-the-job learning, and team problem-solving. The program provides participants with practical ideas for transferring knowledge into day-to-day practice and sustaining P.I.E.C.E.S. learning in the longer-term. The Enabler program has become a pre-requisite for LTC homes wanting to enroll a staff member in the P.I.E.C.E.S. learning initiative.

The goals of the Enabler Program are to:

1. familiarize participants with P.I.E.C.E.S., including the assessment tools and screening guides that are taught in the program;
2. introduce an innovative, practical tool to improve observations of the team and to teach the importance of exchanging knowledge regarding the client/resident;
3. provide an implementation framework for leaders to engage teams in effective dialogue about practice improvements and on-the-job training for front-line workers; and
4. identify strategies to help coach and support in-house resources persons and others.

The target learning group for this initiative are those individuals in a position to supervise unregulated health care providers but are not involved in direct care (e.g., Directors of Care) as well as other individuals who are in a position to support the learners (e.g., Nurse Practitioners, educators).

Implementation of the Enabler Program involved two days of education plus a practical application (i.e., an opportunity to apply what was learned in their work setting).

II. OVERVIEW OF THE EVALUATION OF THE ENABLER PROGRAM

The evaluation of the Enabler Program involved the administration of three questionnaires:

1. Pre-questionnaire: which gathered information on the role each participant plays in their organization as well as information about how the organization supports learners;
2. Feedback on Day 1 Questionnaire: which gathered feedback on the first day of training and asked participants to identify how they plan to use the information gained in the session; and
3. Feedback on Day 2 Questionnaire: which gathered feedback on the second day of training, assessed the extent to which the educational objectives of the session were met, and asked participants to identify how they planned to support the In-house Psychogeriatric Resource person (PRP)/Team in undertaking their role within their home.

The following provides a summary of the results obtained from these three questionnaires.

III. RESULTS FROM PRE-ASSESSMENT QUESTIONNAIRE

Between November 2003 and December 2004, 25 sessions of the Enabler Program were held. A total of 454 individuals participated in these sessions. Four hundred and ten individuals completed the pre-questionnaire, representing a response rate of 90% (see Table 1).

Table 1: Response Rate for Pre-Assessment Questionnaire

Number of Participants	Percentage (Number) Completing Pre-Questionnaire
454	90.3% (410)

Characteristics of Participants

Information was gathered on the current role of each participant in their home. As indicated in Table 2, approximately 30% of the respondents were RNs/RPNs, 29% were Directors of Care, and 5% were staff educators. The remainder of respondents had dual roles or other roles within their homes.

Table 2: Role of Participants in their Home

Role in Home	Percent (Number) of Respondents (N=410)
RN / RPN	29.5% (121)
Directors of Care (DOCs)	29.0% (119)
Staff Educator	5.4% (22)
DOC/Assistant DOC & Staff Educator	3.7% (15)
RN & Staff Educator	2.9% (12)
Other & Staff Educator	2.4% (10)
Other **	27.1% (111)

* Percentages may sum to more than 100% because some respondents provided more than one response.

** "Other" includes: clinical coordinator, resident care coordinator, administrator, assistant DOC, charge nurse, activity director, program manager, social worker, life enrichment coordinator, nurse practitioner, etc.

Participants were asked to report the number of full time and part-time staff they supervised. On average respondents supervised 28 full time staff (ranging from 0 to 300), and 37 part-time staff (ranging from 0 to 350) (see Table 3).

Table 3: Number of Full Time and Part Time Staff Supervised

	Number of Full Time People Currently Supervised	Number of Part-time People Currently Supervised
Mean	27.5	36.7
Standard Deviation	30.6	37.5
Range	0 - 300	0 - 350

In terms of the type of staff supervised, over 80% indicated that they supervised HCAs/PSWs; approximately two-thirds supervised RNs and RPNs, and 28% supervised activation / recreation staff (see Table 4).

Table 4: Type of Employee Supervised

Type of Employee Supervised	Percentage (Number) Responding “Yes”
HCAs / PSWs	80.5% (330)
RNs / RPNs	67.3% (276)
Activation / Recreation	27.6% (113)
Other **	25.6% (105)

* Percentages may sum to more than 100% because more than one response could be provided.

** “Other” includes: housekeeping, dietary, laundry, maintenance, clerks, office staff, pastoral staff, managers, restorative care, education staff, etc.

Participants were then asked about the opportunities they had to promote on-the-job learning. Over 90% reported being able to promote on-the-job learning through one-on-one interactions with staff, over 80% through staff meetings, 74% through on-site in-services or workshops, and almost 70% through daily meetings with staff (see Table 5).

Table 5: Opportunities for On-The-Job Training

Opportunities for On-The-Job Training	Percentage (Number) Responding “Yes”
One-on-one interactions with staff	93.2% (382)
Staff meetings	82.0% (336)
On-site in-services or workshops	74.1% (304)
Daily meetings with staff	68.5% (281)
Support for attendance at off-site workshops/conferences	61.7% (253)
Clinical teaching in small groups	60.2% (247)
Other **	9.0% (37)

* Percentages may sum to more than 100% because more than one response could be provided.

** “Other” includes: reading materials, videos, in-house or corporate educator, multidisciplinary meetings, committee membership, our philosophy and values, corporate workshops, library, RNAO fellowship.

Participants were asked how their organization provides opportunities to apply new skills and ideas acquired during learning initiatives when staff members return to the workplace; their responses are summarized in Table 6. Most often respondents identified opportunities such as formal education sessions (small groups, in-services, workshops, family education nights), meetings (team, staff, management, family council) and informal education opportunities (mentoring, in-the-moment teaching, on-the-job training).

Table 6: Opportunities to Apply New Skills & Ideas Gained During Learning Initiatives

Formal education sessions (small groups, in-services, workshops, family education nights) (138)

- “Staff are asked to present information at in-services and teach new skills to appropriate staff.”
- “Hold an in-service for staff – arranged with DOC.”
- “In-services – in house workshops.”

Meetings (team, staff, management, family council) (78)

- “Information is shared through team meetings.”
- “Nurse practice meetings.”
- “Department meetings/program meetings.”
- “Presentation at staff meetings.”

Informal education (mentoring, in-the-moment teaching, on-the-job training, 1-to-1) (53)

- “Through one-on-one teaching, mentoring.”
- “First through in-service, then on-the-job training.”
- “New skills shared through mentoring and coaching.”

Team approach to care (teams, work groups, committees) (35)

- “Develop a team that can implement the change.”
- “Promote working as a team to promote a few ideas as opposed to many projects with no support or buy in from coworkers.”
- “Set up a new committee.”

Resource material made available (handouts, staff newsletter, postings, new forms) (31)

- “Payroll inserts providing new information to all staff.”
- “Bring materials back and put in home’s library.”
- “Encouraged to post information.”

Dedicated time to implement new ideas/ skills (staff coverage, planning days) (29)

- “Time may be given for learning of the new skill.”
- “Replacement of shift to implement new ideas.”
- “Additional hours for program development.”

Support (encouragement) of staff efforts to implement new ideas (14)

- “Encourage staff to upgrade; enormous support from upper management when staff are upgrading.”
- “Encourage sharing of learned material.”
- “Empowering staff.”

Minimal knowledge transfer occurs; improvement required (14)

- “This needs improvement in my home. In discussion, we have recognized that the various staff who have acquired learning have not been utilized.”
- “There are sections in every chart for P.I.E.C.E.S. but there has been little done in some areas of the home due to time and training needs.”
- “Opportunities are there, but very little time to apply them.”

Train the trainer approach (10)

- “Train the trainer time.”
- “Staff are required to do educational sessions such as train the trainer.”

Opportunities for external continuing education (courses, workshops, conferences) (8)

- “Utilizing external resources – for education/consultation/workshops etc.”
- “Provision of information re-outside conferences and courses.”
- “They always give opportunities for extra courses such as this and any other workshop. Our company is very receptive to furthering education (wound care, pain management) etc.”

Communication/report to management (6)

- “Staff are expected to prepare a report or give a small group presentation after training is taken.”
- “They give a brief report to their department head.”
- “Their new skills are shared with management.”

Miscellaneous (26)

- “Recognize and utilize their skills.”
- “Acknowledge success.”
- “Refer other staff to those staff with skills.”
- “Development of policy and procedures templates.”
- “Facilitate an environment that is open to new ideas.”

Participants were also asked how their organization recognized and rewarded/acknowledged staff members for their learning accomplishments. Responses to this question are summarized in Table 7. Respondents reported most frequently that learning accomplishments were recognized publicly (at meetings, in newsletters, postings, staff appreciation days), privately (verbal praise, written acknowledgement), and with rewards (monetary, job promotion, gifts, paid education, time off).

Table 7: How Staff Members were Recognized and Rewarded/Acknowledged for their Learning Accomplishments

Public recognition (at meetings, in newsletters, postings, staff appreciation days) (101)

- “Notice in newsletter.”
- “Staff party/Appreciation Night – Awards given out.”
- “Posting all accomplishments on the education board.”

Personal recognition (verbal praise, written acknowledgement) (85)

- “Letters of congratulations.”
- “Positive verbal encouragement from leadership team.”
- “I meet 1:1 with them for positive feedback”

Rewards (monetary, promotion, gifts) (79)

- “If a staff member provides 3 topics of education through in-services to all 3 shifts they get a day off with pay.”
- “Course is usually paid for if accomplished.”
- “Gift (small tokens).”
- “Opportunities to transfer to new positions ‘promotions’.”
- “Award system: medallions that staff can redeem for gifts, gift certificates.”
- “Family council recognizes staff with draw for [local restaurant] – yearly draw for staff attending in-services.”

Acknowledgement in performance evaluations/appraisals (43)

- “Looks at accomplishments when comes time for performance review and jobs.”
- “It is recognized in appraisals that you are willing to expand skills and knowledge.”
- “Acknowledge their achievements on performance appraisals.”

Utilize new expertise (new responsibilities, work reassignment) (39)

- “Delegation of responsibilities, new and different responsibilities.”
- “Chances to develop new programs.”
- “Allowing them to practice new skills.”

Minimal/no acknowledgement (27)

- “No recognition/reward.”
- “No system in place.”
- “I do not feel we get recognition, never allotted time to do the work.”
- “A weak area, needs improvement.”

Provide support/opportunities/resources for sharing information (workshops, presentations) (25)

- “Time to teach team members”
- “Allowing staff to share information with fellow staff at monthly staff meetings or in-services.”
- “Provide opportunities to be mentor to other staff.”

Opportunities for more education (6)

- “Send them to more courses.”
- “More opportunities for education.”
- “Further education.”

Participants were then asked a few questions about P.I.E.C.E.S.-trained staff in their homes. First, the participants were asked to indicate how many P.I.E.C.E.S.-trained staff in their home were currently serving as In-house Psychogeriatric Resource People (PRPs). Second, they were asked to indicate how they support the In-house PRP/Team in undertaking their role in the home.

In terms of the first question, the average number of P.I.E.C.E.S.-trained staff who were currently serving as In-house PRPs was 2.5 (see Table 8).

Table 8: Number of P.I.E.C.E.S.-trained Staff Currently Serving as In-house PRPs

Number of P.I.E.C.E.S.-trained Staff Currently Serving as In-house PRPs	
Mean	2.5
Standard deviation	3.2
Range	0 - 35

In terms of how the respondents supported the In-house PRP/Teams, these responses are summarized in Table 9. Respondents most often reported that they supported the In-house PRP/Teams by providing them with resources to support the role (dedicated time, staff assistance, additional education, networking opportunities, and tools) and by utilizing their expertise.

Table 9: How Respondents Supported the In-house PRP/Team in Undertaking their Role

Provision of resources to support role (dedicated time, staff assistance, additional education, networking, tools) (111)

- “They are allotted psychogeriatric working time.”
- “Identify related educational opportunities and offer them to a PRP.”
- “Providing a private area to work.”
- “Ensuring that nursing staff and other appropriate individuals are available.”
- “Provide time (paid) for participating in P.I.E.C.E.S. network.”

Utilize their expertise (staff education, referrals, case conferences) (67)

- “Allowing them to implement what they have learned (tools etc).”
- “Seeking advice and following through on suggestions.”
- “Use them as a resource – call them to help and implement (or try to get staff to implement) their suggestions.”

Support/encouragement to implement the role (30)

- “Encourage them to try their new ideas.”
- “Encourage them to take a leadership role when behaviour problem to help resolve with other members of the team.”
- “Encourage them to use their expertise and sharing knowledge with others.”

Recognition/acknowledgement/promotion of expertise (17)

- “Recognize accomplishments.”
- “Encourage physicians to use.”
- “Encourage staff to make appropriate referrals. Ask staff to think about innovative methods of seeking support from Resource person. In consultation with unit RN, remind RN that the resource person is available.”

Provision of opportunities for other staff to be educated (internal/external to home) (10)

- “Send staff to education programs.”
- “They teach other staff how to do assessments.”
- “Staff members to attend P.I.E.C.E.S. training.”

IV. Feedback on Day 1

All of the participants (N = 454) completed the Day 1 feedback questionnaire, representing a 100% response rate (See Table 11).

Table 11: Response Rate for Day 1 Feedback Questionnaire

Number of Participants	Percentage (Number) Completing Day 1 Questionnaire
454	100% (454)

Participants were asked to rate their satisfaction with various aspects of the Day 1 session. The majority of respondents indicated that the pace of activity, volume and complexity of material, and opportunities to participate were “about right” (see Table 12).

Table 12: Ratings of the Day 1 Session

How would you rate your satisfaction with the following aspects of the session?	1	2	3	4	5	Mean (SD)
Pace of activity	Too Slow 0.9% (4)	2.9% (13)	About Right 79.0% (357)	16.2% (73)	Too Fast 0.7% (3)	3.1 (.49)
Volume of material	Too Little (0)	0.9% (4)	About Right 70.8% (320)	25.2% (114)	Too Much 2.2% (10)	3.3 (.52)
Complexity of material	Too Basic 0.2% (1)	4.0% (18)	About Right 81.2% (367)	13.9% (63)	Too Complex 0	3.1 (.42)
Opportunities to participate	Too Few 0.2% (1)	2.4% (11)	About Right 77.0% (348)	18.6% (84)	Too Many 0.2% (1)	3.2 (.45)

Note: Percentages do not add to 100% because of missing values.

Participants were asked to indicate one or two things that they learned from the session that they would immediately bring back to their home; these responses are summarized in Table 13. Respondents most often identified the use of P.I.E.C.E.S. resources, assessment tools, and strategies. Strategies to support P.I.E.C.E.S. (multidisciplinary teams, staff education) and leadership skills (looking for ‘shining eyes’, empowering staff, everyone gets an ‘A’) were also frequently mentioned.

Table 13: What Respondents Learned That They Planned To Bring Back To Their Home

Use of P.I.E.C.E.S. resources, assessment tool, and strategies (335)

- “Assessment tools.”; “The *U-First!* wheel.”; “Risk tools.”; “P.I.E.C.E.S. checklist.”
- “Second page of the yellow laminated sheet.”
- “To question more about resident health, i.e., SIGECAPS.”
- “Asking family/resident their expectation of the LTC home.”
- “Create memories, consistent routine.”
- “Pictures and stories about residents.” “Social history.”

Strategies to support P.I.E.C.E.S. (153)

- “An idea of having a multidisciplinary assessment committee – revise the approach to care planning.”
- “Encourage the PRP’s to meet and start a behaviour risk management team along with the supportive measures specialist in our home.”
- “Teachable moments – how to identify them and take advantage of them.”
- “Things we can do to assist our staff dealing with residents that have challenging behaviours.”

Leadership skills (looking for ‘shining eyes’, empowering staff, everyone gets an ‘A’) (133)

- “The importance of empowering staff – being an effective leader.”
- “As a leader – need to recognize what is a downward spiral and what is an opportunity.”
- “The 6 rules of an effective leader.”

Knowledge of behaviour/delirium/dementia (71)

- “Delirium – observe signs and symptoms; now I realize how it often goes undiagnosed.”
- “Every behaviour has a meaning.”
- “Signs of depression.”
- “The seven D’s”

Knowledge of the P.I.E.C.E.S. process/approach (46)

- “Increased knowledge re: P.I.E.C.E.S.”
- “A better understanding of the P.I.E.C.E.S. process and assessment tools available.”
- “I learned about P.I.E.C.E.S. – what it’s all about.”

Miscellaneous (3)

- “Although we have several people P.I.E.C.E.S. trained, due to changes in home, role changes, etc the opportunity to establish was not set as priority. Now is the time!”
- “Reinvestigate “confidentiality” meaning in our home.”
- “There’s still so much more that we can do.”

Participants were invited to provide additional comments about the Day 1 session. These comments are summarized in Table 14. The majority of comments were very positive in nature; there were few negative comments. Most often comments reflected that participants enjoyed the session, facilitators, program content, and resources. Some suggestions for improving the program were also provided, most of which were related to improving the scheduling, accessibility, and content of the session.

Table 14: Additional Comments about Day 1

Positive comments about the program (informative, useful) (98)

- “Today’s training was quite informative – one that will be of great help to our team in the home.”
- “You provided a lot of information I’ve learned from.”
- “Very interesting and educational.”

Enjoyed the day/thank you/general positive comments (76)

- “Great day”; “Very worthwhile”; “Excellent”
- “I was so impressed, well done again.”
- “Enjoyed this very much!”

Good presentation/facilitators (51)

- “Presented in a clear, fun manner.”
- “Excellent speakers – very easy to understand, enjoyable.”
- “Very good presentation.”
- “The facilitator modeled the art of validation during the training program. An excellent adult learning facilitator/educator.”

Positive comments about the resources (useful, practical) (35)

- “Manual is a wonderful tool.” “Manual is fabulous – very comprehensive.”
- “Wonderful handouts.”
- “Laminated cards have great info.”
- “The leadership film was quite inspirational.”

Good opportunity for networking, interaction, and sharing with other homes (25)

- “Great opportunity to interact with other supervisors and share experiences.”
- “Great to meet staff from other homes.”
- “Enjoyed hearing from other homes/ideas/approaches.”
- “Appreciated networking with staff from other homes – discussion of where they are with developing program, discussion of plans of what might work in different situations.”

Suggestions for improvement (improve scheduling, accessibility, content) (18)

- “Another day please schedule a day not in Nurses Week (too too busy).”
- “P.I.E.C.E.S. training should be offered to more people.”
- “Teleconferences are best for outlying area – locals can meet at a site and the rest join in from “home”.
- “Less time on review, more time for strategies to enable P.I.E.C.E.S. trained staff.”
- “I feel we just skimmed the surface in some areas. I would like to hear about more interventions and evaluations of the interventions.”

Insight gained on staff responsibilities re: P.I.E.C.E.S. and how to support them (9)

- “I feel that I will be able to be more involved and in a better position to encourage our staff who have been through the program.”
- “This is a very good support for our P.I.E.C.E.S. person.”
- “This was a great day and helped me to understand what the employees do in preparing a presentation of our psychogeriatric team.”

Miscellaneous (21)

- “It was a lot of information to absorb.”
- “Why all the acronyms??”
- “It would be beneficial to have done P.I.E.C.E.S. previously.”
- “Felt some of the information was too basic.”

V. Feedback on Day 2

Four hundred participants completed the Day 2 Feedback questionnaire, representing a response rate of 88% (See Table 15).

Table 15: Response Rate for Day 2 Feedback Questionnaire

Number of Participants	Percentage (Number) Completing Day 2 Questionnaire
454	88% (400)

Participants were asked to rate their satisfaction with various aspects of the Day 2 session. The majority of respondents indicated that the pace of activity, volume and complexity of material, and opportunities to participate were “about right” (see Table 16).

Table 16: Ratings of the Day 1 Session

How would you rate your satisfaction with the following aspects of the session?	1	2	3	4	5	Mean (SD)
Pace of activity	Too Slow 2.0% (8)	4.0% (16)	About Right 76.4% (304)	16.8% (67)	Too Fast 0.8 (3)	3.1 (.56)
Volume of material	Too Little 0.3% (1)	1.5% (6)	About Right 69.4% (277)	26.3% (105)	Too Much 2.5% (10)	3.3 (.55)
Complexity of material	Too Basic (0)	2.0% (8)	About Right 80.5% (321)	16.5% (66)	Too Complex 0.8% (3)	3.2 (.44)
Opportunities to participate	Too Few (0)	1.3% (5)	About Right 74.7% (298)	22.8% (91)	Too Many 0.5% (2)	3.2 (.46)

Note: Percentages do not add to 100% because of missing values.

Participants were asked to rate the Educator Team and the session overall. Most respondents rated the Educator Team and the session, overall, as “very good” or “excellent” (see Table 17). Average ratings reflect that these aspects of the program were “very good”.

Table 17: Ratings of Various Aspects of the Day 2 Session

Overall, how would you rate the following aspects of the session?	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean (SD)
Educator team	0	1.8% (7)	10.3% (41)	48.4% (193)	33.3% (133)	4.2 (.71)
Overall session	0	2.3% (9)	13.3% (53)	45.3% (181)	26.5% (106)	4.1 (.74)

Note: Percentages do not sum to 100% because of missing values.

Participants were then invited to provide comments in response to their ratings of the Educator team and the overall session (above). These comments are summarized in Table 18. The majority of comments were very positive in nature; however, a few suggestions for improvement (more time, use of different learning strategies) were also provided.

Table 18: Ratings Related to Various Aspects of the Day 2 Session - Comments

<p>Positive Comments:</p> <p><i>Positive comments about the educators/presentation (20)</i></p> <ul style="list-style-type: none"> • “The presenters were very knowledgeable and comfortable.” • “Well organized, knowledgeable.” • “Both facilitators are very well prepared/have knowledge.” <p><i>Positive comments about the content/resources (19)</i></p> <ul style="list-style-type: none"> • “The material in the presentation was great, the manual is invaluable – will keep using it over and over.” • “Very informative and useful.” • “Consistency with P.I.E.C.E.S. instead of all over the map with ideas – great program.” <p><i>Positive comments about the learning strategies used (case studies, examples) (5)</i></p> <ul style="list-style-type: none"> • “The reinforcement of learning and use of cases for practical application was very helpful.” • “Great examples, great team activities, great real life scenarios.” • “I found the session very informative – enjoyed aspect of active participation.” <p>Other comments:</p> <p><i>Suggestions for improvement (more time, different learning strategies) (6)</i></p> <ul style="list-style-type: none"> • “Difficult to stay focused, but maybe more variety would help.” • “Possibility of more interactive learning opportunities on day 1 as on day 2?” • “More time required.” <p><i>High volume of material (6)</i></p> <ul style="list-style-type: none"> • “Felt overloaded in the afternoon.” • “Too much information for just 2 days.” • “Lots of info, little time.” <p><i>Disorganized presentation (3)</i></p> <ul style="list-style-type: none"> • “Unfortunately I did find it a little disjointed.” • “Presentation did not flow smoothly.” • “I felt that the material jumped all over the place, difficult to follow at times.” <p><i>Miscellaneous (7)</i></p> <ul style="list-style-type: none"> • “Day 2 was a little repetitive.” • “Already have some knowledge of P.I.E.C.E.S. and <i>U-First!</i> as we do use the manual and tools (somewhat) and thanks to having PRC visit fairly often.” • “The common language is new to me and I have to keep thinking back to what these teams mean while I’m thinking. I don’t keep up with the discussion.” • “I wish I had gone to this a year ago.” • “Enabling the PRP will require upgrading them first.”

Participants were also asked to rate the relevance of the information discussed and the case examples used in the session. Most respondents rated the information and case examples as relevant to their home/practice (See Table 19). Average ratings were 4.6, reflecting that the information and case examples were “completely” relevant.

Table 19: Ratings of Relevance

Please rate the following aspects of the session using the 5-point scale:	Not at all 1	2	3	4	Completely 5	Mean (SD)
Was the information discussed in the session relevant to issues within your organization?	(0)	(0)	5.0% (20)	30.3% (121)	58.9% (235)	4.6 (.59)
Were the case examples used relevant to your practice?	(0)	0.5% (2)	4.3% (17)	27.1% (108)	62.4% (249)	4.6 (.60)

Note: Percentages do not sum to 100% because of missing values.

Participants were asked to rate the value of various aspects of the Practical Tool (i.e., the Wheel). The majority of respondents rated the wheel as “very good” or “excellent” in terms of its ability to develop a common baseline of knowledge, common language, approach to care, and method of education, and as means to guide dialogue with partners in care (see Table 20). Average ratings reflect that they thought these aspects of the wheel were “very good”.

Table 20: Ratings of the Value of the Wheel

Using the 5-point scale, please rate the value of the wheel in terms of:	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean (SD)
Developing a common baseline of knowledge	(0)	0.5% (2)	14.5% (58)	48.6% (194)	30.3% (121)	4.2 (.69)
Developing a common language	(0)	0.5% (2)	13.0% (52)	49.4% (197)	31.1% (124)	4.2 (.68)
Developing a common approach to providing care to persons with ADRD	(0)	0.5% (2)	11.8% (47)	49.4% (197)	32.1% (128)	4.2 (.67)
Developing a method to educate others on the job	(0)	1.8% (7)	19.8% (79)	44.6% (178)	27.9% (111)	4.1 (.76)
Serving as a means to guide dialogue with partners in care	(0)	0.8% (3)	17.8% (71)	46.1% (184)	28.8% (115)	4.1 (.72)

Note: Percentages do not sum to 100% because of missing values and because some respondents provided half values: Serving as a means to guide dialogue with partners in care: one respondent provided a rating of 2.5.

Participants were asked to rate their level of confidence in their ability to coach other staff in their home prior to and following the *U-First! For Enablers* learning initiative. Average ratings of respondents’ level of confidence in their ability to coach other staff prior to the *U-First! For Enablers* learning initiative were 2.7, or “fairly” confident (using a scale of 1 to 5 where 1 = not at all confident and 5 = completely confident, See Table 21). Their level of confidence increased following the learning initiative; average ratings were 3.9, or “quite” confident. This difference was found to be statistically significant [$t(349)=-25.52$, $p=0.000$].

Table 21: Confidence Ratings

Please rate your confidence in your ability to coach other staff in your home:	Not at All Confident 1	Slightly Confident 2	Fairly Confident 3	Quite Confident 4	Very Confident 5	Mean (SD)
Prior to the <i>U-First! for Enablers</i> learning initiative	16.5% (66)	19.3% (77)	34.3% (137)	15.5% (62)	3.8% (15)	2.7 (1.09)
Now	0.3% (1)	1.8% (7)	20.6% (82)	53.6% (214)	14.8 (59)	3.9 *** (.69)

Note: Percentages do not sum to 100% because of missing values and because some respondents provided half ratings for their confidence rating following the learning initiative: one respondent provided a rating of 2.5, two provided ratings of 3.5 and one provided a rating of 4.5.

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

Participants were asked to rate their understanding of the goals of P.I.E.C.E.S. and *U-First! For Enablers* learning initiative, the performance objectives of the P.I.E.C.E.S. trained In-house PRP and the role of the Psychogeriatric Resource Consultant (hired through initiative #8 of Ontario's Alzheimer Strategy). Most respondents rated their understanding as "very good" or "excellent" (see Table 22). Average ratings ranged from 3.7 to 3.9, reflecting that they thought their understanding of these aspects of the program was "very good".

Table 22: Ratings of Understanding of P.I.E.C.E.S. and *U-First! For Enablers Learning Initiative*

How would you rate your understanding of the following?	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean (SD)
The goals of P.I.E.C.E.S. and <i>U-First! for Enablers</i> learning initiative	0.5% (2)	2.0% (8)	28.5% (114)	49.3% (197)	9.3% (37)	3.7 (.70)
The performance objectives of the P.I.E.C.E.S. trained In-house Psychogeriatric Resource Person	0.3% (1)	3.0% (12)	25.5% (102)	48.3% (193)	11.8% (47)	3.8 (.73)
The role of the Psychogeriatric Resource Consultant (hired through Initiative #8 of Ontario's Alzheimer Strategy)	1.0% (4)	2.5% (10)	20.8% (83)	45.0% (180)	17.8% (71)	3.9 (.80)

Note: Percentages do not sum to 100% because of missing values.

Participants were asked to rate their level of confidence in their ability to assess the achievement of the performance objectives of the P.I.E.C.E.S. trained In-house PRPs in their home. Most respondents reported that they were "fairly confident" or "quite confident" to assess the achievement of the performance objectives of the PRPs (see Table 23). The average rating was 3.7, reflecting that they were "quite confident" in their ability to assess PRP performance objectives.

Table 23: Confidence Ratings in Ability to Assess the Achievement of PRP Performance Objectives

	Not at All Confident 1	Slightly Confident 2	Fairly Confident 3	Quite Confident 4	Very Confident 5	Mean (SD)
How confident are you in your ability to assess the achievement of the performance objectives of the P.I.E.C.E.S. trained In-house PRP in your home?	0.3% (1)	2.3% (9)	27.0% (108)	51.1% (204)	7.0% (28)	3.7 (.66)

Note: Percentages do not sum to 100% because of missing values and because some respondents provided half ratings: one respondent provided a rating of 2.5, two provided ratings of 3.5 and one provided a rating of 4.5.

Participants were asked to determine how they planned to support the In-house PRP/Team in their home in undertaking their role; their responses are summarized in Table 24. Plans to support the PRP/Team most often involved regular meetings/communication, provision of support, encouragement and empowerment to implement the role, and provision of resources to support the role (dedicated time, information, education).

Table 24: Plans for Supporting the In-house PRP/Team in Undertaking their Role

<p><i>Provide support/encouragement/empowerment to implement the role (115)</i></p> <ul style="list-style-type: none"> • “Increase encouragement.” • “Support, encourage, reinforce use of assessment tools/information.” • “Empowering – listening, respecting, supporting.” <p><i>Provision of resources to support role (dedicated time, information, education) (99)</i></p> <ul style="list-style-type: none"> • “Giving her more time to develop her team – time away from other duties.” • “Develop a P.I.E.C.E.S. board.” • “Allocating resources (funding) for P.I.E.C.E.S.” • “Encourage ongoing participation re: networking.” • “Provide time and supplies.” • “Send her for more in-services with P.I.E.C.E.S.” <p><i>Team approach/have PRP join team/involve staff (75)</i></p> <ul style="list-style-type: none"> • “Encouraging interaction with the whole team – meetings.” • “Give her more support by getting other staff involved in the process.” • “I would like to have the PRP join our Behaviour team.” • “Work together to form common goals to help educate frontline staff.” <p><i>Provision of opportunities for other staff to be educated (62)</i></p> <ul style="list-style-type: none"> • “Using every opportunity to teach registered staff and PSWs/HCAs or support staff in the moment.” • “Discuss plan for education of rest of staff.” • “Implement training sessions for staff.” • “More in-service.” <p><i>Regular meetings/communication (49)</i></p> <ul style="list-style-type: none"> • “Meet on a regular basis.” • “Consistent communication.” • “Meet with staff at report time one time a week to start to discuss problems with U-First tools and P.I.E.C.E.S. tools.”
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Recognition/acknowledgement/promotion of expertise (30)

- “Team members will be made aware of the expectation that the PRP is to be consulted and involved in assessing issues of concerns with residents’ behaviour issues.”
- “Promote the PRP’s role.”
- “Create awareness.”

Utilize their expertise (28)

- “Enable her to use the tools on certain residents.”
- “I have more information to go to her and ask for help, and to set up, with her, assessments with certain residents.”
- “Increasing her involvement in supporting the different care teams in coping with challenging behaviours.”
- “Ensure we consider input from this resource from now on.”

Needs assessment (what do they want/need) (11)

- “Ask how we can help.”
- “See what her goals are in relation to her education.”
- “Identify what they feel they need for support.”

Miscellaneous (Planning, policy/guideline review, develop in-house tools) (16)

- “Schedule a meeting to develop a plan of action for the home.”
- “Review appropriate policies.”
- “Use January as an “Awareness Moment” to review our in-house coordination/collaboration.”
- “Develop P.I.E.C.E.S. tool to use with assessments.”

Participants were asked to determine what supports they needed to help them with their coaching role; their responses are summarized in Table 25. Needed supports identified most often were educational opportunities (for self, staff, PRP), support from LTC home staff (frontline nursing, physicians), and resources (videos, tools).

Table 25: Supports Needed to Help with Coaching Role

Educational opportunities (for self, staff, PRP) (45)

- “Refresher courses.”
- “Ongoing education i.e., P.I.E.C.E.S. strategies with PSW focus.”
- “Would actually like to take more education on the whole topic.”
- “Ongoing education on dementia.”

Support from other home staff/disciplines (39)

- “Support from all disciplines.”
- “Support from Doctor”
- “Need to have frontline workers understand the P.I.E.C.E.S. wheel and get them to buy into this form of assessment.”
- “CRN and NP support.”

Resources (videos, tools) (37)

- “I would like to have the drug resource book available for all.”
- “Educational tools.”
- “Borrow the tape ‘the Art of Possibility’.”
- “Access the P.I.E.C.E.S. website.”
- “More of the laminated sheets for availability for staff at work station.”
- “More wheels.”

Support from senior management (35)

- “Senior management involvement.”
- “Support of administrator and CEO in developing assessment program (value time needed).”
- “Buy-in from management.”

More time (33)

- “Increase time for assessment, education.”
- “Main obstacle is time constraint.”
- “Time!”

More funding (24)

- “More funding to assist PRPs in their roles.”
- “Financial support for staff training.”
- “More funding so we can give PRPs time off to do their role.”

Support from PRP/P.I.E.C.E.S. team/PRC (22)

- “Support and encouragement from P.I.E.C.E.S. trained staff and extra staff to implement.”
- “Support from PRP and PRCs for further educational opportunities.”
- “Support of P.I.E.C.E.S. community to discuss barriers within the systems.”

More P.I.E.C.E.S. trained staff (10)

- “Other trained professionals as a support.”
- “More P.I.E.C.E.S. trained staff; only one presently.”
- “Others who have taken the P.I.E.C.E.S. initiative.”

Support from psychogeriatric outreach team (9)

- “Outside contacts, i.e., geriatric outreach team.”
- “Outreach team.”
- “To be able to access information from the psychogeriatric outreach team.”

Networking for Enablers (5)

- “Continued contact sessions with other enablers and PRC.”
- “Networking – consultation with “expert” help.”
- “Network from other homes.”

Miscellaneous (Use of Dementia Network, specific strategies) (22)

- “Dementia Network could be a valuable tool. Need identified (among NPs) that the annual NPAO conference needs more of a geriatric focus – there could be an opportunity for “P.I.E.C.E.S.” education for NPs at this forum in upcoming years.”
- “More team centred involvement.”
- “Meetings to discuss progress of sessions.”
- “Access my peers through e-mail opportunities.”
- “Open communication.”

Participants were then invited to provide additional comments about this learning initiative. These comments are summarized in Table 26. The majority of comments were positive in nature, indicating that respondents had enjoyed the sessions, program content and resources, and presentation. Suggestions for improving the program were also provided, most of which were related to expanding participation to include support workers in long-term care, increasing the length of the session to 3 days, and providing more training opportunities so that more people can be P.I.E.C.E.S. trained. Overall, there were few negative comments.

Table 26: Additional Comments

Positive Comments:

General comments (excellent/great day/thank you) (69)

- “Great job, thank you.”
- “Excellent day.”
- “Keep up the good work.”
- “Enjoyed the experience.”

Positive comments about the program content/resources (26)

- “It’s all relevant and practical in my practice.”
- “Valuable source of information – valuable tool for screening in long-term care.”
- “Great info – great new manual.”

Positive comments about the educators/presentation (22)

- “Great speaker, kept group together on track. Knowledgeable on the topic and provided experiences of her own to help understand subject better.”
- “Excellent presentation.”
- “Good facilitators.”

Positive comments about the learning strategies (sharing ideas, role play, case studies) (11)

- “Case studies helpful.”
- “Great job – loved the role plays.”
- “Case scenarios and solutions were the best learning tools as it was applied knowledge.”
- “Overall very good. Liked the small group discussion – enabled great sharing of ideas.”

Better understanding of P.I.E.C.E.S./PRP/how to support the role. (6)

- “Several of the staff have been to P.I.E.C.E.S. training, but it is only today that I realized that I had a role in supporting her in using what they learned.”
- “Very happy that I now have a better understanding of the role of the in-house resource person.”
- “Enables the management to make a difference by appreciating the scope of the P.I.E.C.E.S. program.”

Other comments:

Suggestions for improvement (expanded participation, increased length of time, more training) (28)

- “Would like to see activation, dietary, housekeeping staff allowed to attend a session developed for “support staff” as there was for community and LTC – registered staff.”
- “More training for PSWs.”
- “It is good but it is too compressed. Maybe a 3 day session would be ideal.”
- “Should be annual refreshers”
- “An ongoing P.I.E.C.E.S. class in order for everyone to get first hand info (workers).”

High volume of material (8)

- “Not enough time to absorb all the information.”
- “More time – a lot packed into 2 days.”
- “Too much info, it should have been over three days instead of two.”

Aspects of the presentation (timing, content) (7)

- “This would have been great for DOCs earlier, so we could have taken on the coaching role.”
- “Informative but repetitive.”
- “Some exercises were a bit too frontline for admin staff.”
- “Becomes very dry and boring when all info is presented so seriously.”

Miscellaneous (challenges, supports needed) (11)

- “The program is excellent, however implementing is challenging and not always practical.”
- “Excellent and not difficult, but with existing barriers discussed, may be difficult to implement.”
- “It would be great if the MOHLTC would support this by: (1) making it mandatory for all charge nurses in LTC to have the training (2) provide specific funds for staff time to do assessments.”

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