

# **Evaluation of the *U-First!* Learning Initiative Report #1**

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

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## **EXECUTIVE SUMMARY**

- Between September 2003 and December 2004, a total of 25 *U-First!* sessions were conducted across the province. Seventeen of these sessions were conducted with In-home Support Services and 7 with Adult Day Programs. Sixteen of the sessions were organization-wide sessions (i.e., they included individuals who worked for the same organization but were located in different parts of the province). Nine of the sessions were for local learning networks (i.e., individuals who worked for different organizations but were located in the same geographic region).
- A total of 448 individuals participated in the 25 *U-First!* sessions. The majority of these individuals (60%) were RNs or RPNs.
- Response rates were very good on the pre-questionnaire and Day 1 and Day 2 feedback questionnaires (ranging from 94% to 86%). However, the response rate on the 8-week follow-up questionnaire was lower at 53%. Thus, caution must be taken in drawing conclusions from the results of the 8-week follow-up questionnaire.
- The delivery of both the Day 1 and Day 2 sessions was rated highly. Between 72% and 85% of supervisors rated the pace of activity, volume of material, complexity of material, and opportunities to participate as “about right” for all sessions.
- The information discussed during the Day 1 and Day 2 sessions, as well as the examples and case studies used, were all rated as highly relevant. The mean ratings on a scale of 1 to 5 (where 1 = “not at all” relevant and 5 = “completely” relevant) were 4.6 and 4.5, respectively for the Day 1 sessions and 4.4 and 4.5, respectively for the Day 2 sessions.
- The average ratings for the various components of the sessions exceeded 4 (or “very good”) for the Day 1 sessions and were between 3.5 and 4.5 (or “good” and “very good”) for the Day 2 sessions (based on a scale of 1 to 5 where 1 = “poor” and 5 = “excellent”). As well, the qualitative comments provided were very positive.
- 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 1, Day 2 and the 8-week follow-up were around 4 or “very good” (using a scale of 1 to 5 where 1 = “poor” and 5 = “excellent”).
- The majority of respondents (i.e., 95%) said they had enough time to learn the *U-First!* concepts during the 2 days.
- On the 8-week follow-up questionnaire, three-quarters of the respondents were able to correctly name their local PRC. Of these, 35% had been in contact with the PRC (and/or their organization had been in contact with the PRC) since the learning initiative.
- When asked how the information learned had been shared/implemented successfully in their agencies/organizations, most respondents reported that they had successfully used the Wheel and/or the P.I.E.C.E.S. framework to work through issues with an actual client. Forty-three respondents said that they had not shared/implemented the information yet, although many of these reported having plans to do so in the near future.
- In terms of what helped the respondents share/implement the information learned, the tool, the knowledge gained from the sessions, and the support from the PRC were cited most frequently.

- Thirty-six percent of respondents indicated that they needed other things to help them share/implement the information learned during the sessions. The type of help most frequently cited included: having more wheels and having support from the local PRC.
- Finally, on the 8-week follow-up questionnaire participants were asked to rate the success of the *U-First!* learning initiative in their organizations (using a 7-point scale where 1=“not at all successful” and 7=“extremely successful”). The average rating was 4 or “fairly successful”. In their comments, the majority of respondents said that it was too early to rate the success of the initiative. Many said that they had just begun to share the information with other staff and also reported that the tool was not yet being used consistently.

## 1.0 OVERVIEW OF THE *U-FIRST!* LEARNING INITIATIVE

The focus of the *U-First!* Learning Initiative is on:

1. the centrality of the person and the importance of the various factors in the well-being, self-determination, and quality of life of that person as well as their family / significant other, and
2. the central role of the unregulated health care provider and the importance of ongoing, meaningful dialogue with his/her supervisor to continually improve practices.

Thus, the target learning groups for this initiative include unregulated health care providers (which includes a diverse group of staff members from community organizations and long-term care homes) and their supervisors.

The *U-First!* framework incorporates the curriculum elements important for both target groups. The *U-First!* acronym refers to: Understanding – Flagging, Interaction, Reflection, Support and Team. It encourages learner ability to sort, filter, remember, and apply new skills and knowledge into day-to-day practices. *U-First!* also includes a practical tool that promotes reflective thinking and the development of a common knowledge base, a common language, common values, and a common approach to providing care for persons with Alzheimer Disease and related dementias (ADRD).

Implementation of the *U-First!* Learning Initiative involved the following:

1. preparatory work for supervisors (completed prior to the first workshop);
2. a one-day workshop for supervisors of unregulated health care professionals to learn about the *U-First!* framework, the practical tool, and the P.I.E.C.E.S. framework;
3. an assignment for supervisors to work on with unregulated health care professionals between the first and second days of the workshop; and
4. a follow-up one-day workshop for supervisors and unregulated health care professionals to share their experiences, have questions answered, and discuss strategies to further implement *U-First!* in their organizations.

*U-First!* was piloted in three sites involving a variety of community-based organizations. As a result of the success of the pilot, the *U-First!* Learning Initiative was rolled out provincially. The current report provides a summary of the evaluation results from 25 sessions conducted between September 2003 and December 2004. Seventeen of these sessions were conducted with In-home Support Services and most were conducted for specific organizations (see Table 1).

**Table 1: Information on Sessions**

<b>Total Number of Sessions Conducted (Sept'03 – Dec'04)</b>	<b>25</b>
<b>Audience:</b>	
Number of sessions for Adult Day Programs	7
Number of sessions for In-home Support Services	17
Number of sessions for other groups/providers	1
<b>Type of Session:</b>	
Number of organization-wide sessions	16
Number of sessions conducted as local learning networks *	9

\* Local learning networks were sessions conducted in a region that included providers from a variety of agencies.

## 2.0 EVALUATION OF THE *U-FIRST!* LEARNING INITIATIVE

As part of the evaluation of the *U-First!* Learning Initiative, participants were asked to complete a series of questionnaires: one prior to the learning initiative, one at the end of Day 1, another at the end of Day 2 and one approximately 8-weeks after Day 2 of the initiative. This report provides a summary of the information gathered from these questionnaires.

### 2.1 Response Rates

Table 2 provides a summary of the response rates for each of the evaluation questionnaires. Response rates on the pre-questionnaire and Day 1 and Day 2 feedback forms exceeded 85%. However, the response rate on the 8-week follow-up questionnaire was only 53%; therefore, caution must be taken in interpreting the results from this questionnaire.

**Table 2: Response Rates for Evaluation Questionnaires**

Questionnaire	Percentage (Number) who Completed the Questionnaire (N=448)
Pre-questionnaire	93.8% (420)
Day 1 feedback form	85.5% (383)
Day 2 feedback form	91.3% (409)
8-week follow-up form	52.7% (236)

### 2.2 Results From The Pre-Assessment Questionnaire

#### *Characteristics of Participants*

Information was gathered on the current role of each of the supervisors who attended the *U-First!* learning initiative. Table 3 provides a summary of their professional designations. Sixty percent of the supervisors had a nursing background, 5% had a background in recreation, and 2% had a social work background.

**Table 3: Professional Designation of Supervisors**

Professional Designation	Percent (Number) of Responses (N=420)
RN / RPN	60.0% (252)
Recreation Therapist	5.0% (21)
Social Worker	1.9% (8)
OT / PT	0.5% (2)
Other **	11.9% (50)

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

\*\* "Other" includes: mental health, acquired brain injury, long-term care management, business/business administration, personal support worker, dementia care, public health.

When asked what their role was in their organizations participants indicated a number of roles under the broad categories of manager, coordinator, supervisor, clinical supervisor, recreation therapist, and RPN. More specific examples of participant responses are summarized in Table 4.

**Table 4: Current Roles Played by Supervisors**

<b>Supervisor</b> Clinical and non-clinical	<b>Coordinator</b> Coordinator Day Hospital Coordinator of Exeter and Grand Bend sites Coordinator of the Alzheimer and Special Needs Program Day Away Program Co-ordinator Day Program Coordinator Coordinator, Supportive Housing Program Coordinator Seniors Coordinator Support Service/Supportive Housing Coordinator
<b>Manager / Program Manager</b> Manager Day Service Program Manager Supportive Housing Manager Manager of Community Support Programs Manager of Recreation and Outreach Departments Program Manager Program Manager of Adult Day Service	<b>RPN</b>
<b>Recreation</b> Recreational Therapist Recreationist Senior Activity Therapist	<b>Other</b> Casual Footcare Clinic Staff Consultant – medical problems – footcare/health monitor Director, Adult Day Programs

The next question asked participants to report the number of full time and part-time staff they supervised. On average, the participants supervised 9 full time staff, ranging from 0 to 300 staff and 42 part-time staff, ranging from 0 to 900 staff (see Table 5).

**Table 5: Number of Full Time and Part-Time Staff Supervised**

	<b>Number of Full Time People Currently Supervised</b>	<b>Number of Part-time People Currently Supervised</b>
Median *	1.0	25
Mean	8.6 full time staff	41.8 part-time staff
Standard Deviation	30.2	70.2
Range	0 – 300 full time staff	0 – 900 part-time staff

\* “Median” refers to the middle value of all of responses provided. It provides another measure of central tendency.

Participants were then asked about the type of employees they supervise. Participants were provided with a list of possible responses and were asked to check all that apply. Responses are summarized in Table 6. Over three quarters of the supervisors who participated in the learning initiative supervised HCAs / PSWs / homemakers and over one quarter supervised RNs / RPNs.

**Table 6: Type of Employee Supervised**

<b>Type of Employee Supervised</b>	<b>Percentage (Number) who Supervise this Type of Employee</b>
HCA / PSW / Homemaker	76.4% (321)
RN / RPN	26.2% (110)
OT / PT / Social Worker	2.8% (12)
RT . Activationists / Adult Day Program staff	22.1% (93)
Other **	17.6% (74)

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

\*\* “Other” includes: Dietary Aids, Receptionist, Support Service Coordinator, Secretarial, Home Maintenance, Cook, Bus Driver, Agency Staff, Volunteers and Administrative.

The supervisors were then asked to identify what opportunities they have for on-the-job training. The supervisors were provided with a list of options and asked to check all that applied. As indicated in Table 7, 91% of the supervisors indicated that there were opportunities for on-the-job training through one-on-one interactions with staff, 75% through staff meetings and 74% through on-site in-services and workshops. Approximately 57% of the supervisors indicated that they received support for participating in off-site educational activities and 55% reported on-the-job training opportunities through clinical teaching in small groups.

**Table 7: Opportunities for On-the-Job Training**

Opportunities for On-the-Job Training	Percentage (Number) who have such Opportunities
One-on-one interactions with staff	91.2% (383)
Staff meetings	75.2% (316)
On-site in-services or workshops	74.0% (311)
Support for attendance at off-site workshops/conferences	56.7% (238)
Clinical teaching in small groups	55.2% (232)
Daily meetings with staff	26.0% (109)
Other **	7.9% (33)

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

\*\* “Other” includes: newsletters, hands on learning, resource information and client learning.

## Barriers

Supervisors were asked to identify which barriers *they* face in trying to promote “on-the-job” training with unregulated health care providers. A list of potential barriers were provided and the supervisors were asked to check all that applied. “Work and time pressures” was the most frequently identified barrier among supervisors (identified by 87%). The next two most frequently identified barriers were “lack of face-to-face contact with those I supervise” at 41% and “some of the work processes are ineffective” at 34% (see Table 8a).

**Table 8a: Barriers Supervisors Face in Trying to Promote “On-the-Job” Training with Unregulated Health Care Providers**

Barriers Supervisors Face in Trying to Promote “On-the-Job” Training with Unregulated Health Care Providers	Percentage (Number) who Identified this as a Barrier
There are work and time pressures	86.7% (123)
There is a lack of face-to-face contact with those I supervise	40.7% (171)
Some of the work processes are ineffective	33.6% (141)
There is a lack of reinforcement on the job	29.3% (123)
There is pressure from peers to resist changes	26.7% (112)
The training strategy is not practical	13.8% (58)
I do not have sufficient authority	12.9% (54)
There is a non-supportive organizational culture	7.1% (30)
Other **	11.2% (47)

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

\*\* “Other” includes: cost of replacing staff, supervision of agency staff, dollars for training hours

The supervisors were also asked to identify barriers they think *unregulated health care providers face* while learning “on-the-job”. The most frequently identified barrier was “time and time pressures or competing priorities” (identified as a barrier by 83% of supervisors), followed by “they [unregulated health care providers] are not comfortable with change” (identified by 60% of supervisors), and “there is a lack of face-to-face contact with their supervisor” (identified by 49% of supervisors) (see Table 8b).

**Table 8b: Barriers Supervisors Think Unregulated Health Care Providers Face while Learning “On-the-Job”**

<b>Barriers Supervisors Think Unregulated Health Care Providers Face while Learning “On-the-Job”</b>	<b>Percentage (Number) who Identified this as a Barrier</b>
There are time and time pressures or competing priorities	83.1% (349)
They are not comfortable with change	60.0% (252)
There is a lack of face-to-face contact with their supervisor	49.3% (207)
They perceive that the training content is not relevant	33.8% (142)
There is pressure from peers to resist changes	32.4% (136)
Other**	8.8% (37)

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

\*\* “Other” includes: Not enough volunteers/staff and lack of confidence in themselves to learn new things

Participants were then asked two questions related to their organization’s support of staff learning. In the first question, participants were asked if their organization provides opportunities to apply new skills and ideas acquired during training when staff members return to the workplace. Ninety-three percent of the supervisors responded “yes” while 6% responded “no” (see Table 9a). In the second questions, supervisors were asked if their organization recognizes and rewards/acknowledges staff members for their learning accomplishments. Over three quarters of the supervisors responded “yes” while 23% responded “no” (see Table 9b).

**Table 9a: Questions Related to Organizational Support of Staff Learning**

<b>Does your organization provide opportunities to apply new skills and ideas acquired during training when staff members return to the workplace?</b>	<b>Percentage (Number) of Respondents</b>
No	6.4% (27)
Yes	93.1% (391)

**Table 9b: Questions Related to Organizational Support of Staff Learning**

<b>Does your organization recognize and reward/acknowledge staff members for their learning accomplishments?</b>	<b>Percentage (Number) of Respondents</b>
No	23.1% (97)
Yes	76.2% (320)

## **Training / Experience**

The next set of results is based on participants responses to a series of questions related to their training and experience.

The supervisors who participated in the *U-First!* learning initiative have spent an average of 16 years in their individual professions, an average of 12 years working with individuals with Alzheimer Disease and related dementias (ADRD), and an average of 10 years working with individuals with mental illness (see Table 10).

**Table 10: Years of Experience**

	<b>Mean # of Years (SD)</b>	<b>Range</b>
Years of experience in your profession	16.4 years (11.1)	<1 – 45 years
Years of experience working with individuals with Alzheimer Disease and related dementias (ADRD)	12.1 years (8.7)	<1 – 37 years
Years of experience working with individuals with	10.2 years (9.1)	<1 – 37 years

mental illness		
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In terms of their participation in various educational activities, less than 6% of the respondents participated in the P.I.E.C.E.S. Training Initiative, almost 16% participated in the Dementia Studies program, and 2% participated in the Psychogeriatrics course at Niagara College Program. More than one third of the supervisors (37%) participated in other educational initiatives related to ADRD and almost half (49%) participated in training/education aimed at enhancing leadership skills (see Table 11). Table 12 provides details on the educational activities undertaken in these areas.

**Table11: Participation in Educational Initiatives**

<b>Educational Initiative</b>	<b>Percentage (Number) of Respondents</b>
P.I.E.C.E.S. Training Initiative	5.7% (24)
Dementia Studies / Working with Dementia Clients (certificate program at Community College)	15.7% (66)
Psychogeriatrics 1 / Gerontology 108 at Niagara College	2.1% (9)
Other educational initiatives related to ADRD	37.1% (156)
Training/Education aimed at enhancing leadership skills	48.6% (204)

**Table 12: Details related to Respondents' Participation in Educational Initiatives related to ADRD and Leadership Skills**

	<b>Course</b>
Educational initiatives related to ADRD	<ul style="list-style-type: none"> <li>▪ Home Care Program</li> <li>▪ Dementia Studies</li> <li>▪ Ethics and Legalities</li> <li>▪ Geriatric Psychiatric Seminar Series</li> <li>▪ Gerontology</li> <li>▪ Palliative Care</li> <li>▪ Psychiatric Nursing</li> <li>▪ Program Planning &amp; Evaluation</li> </ul>
Training / Education aimed at enhancing leadership skills	<ul style="list-style-type: none"> <li>▪ Activation techniques in Gerontology</li> <li>▪ Adult Psychology</li> <li>▪ Allies in Aging</li> <li>▪ Alzheimer Disease Workshop / Symposium</li> <li>▪ Gerontology / Geriatrics</li> <li>▪ Behavioural Studies</li> <li>▪ Long Term Care Studies</li> <li>▪ Community Mental Health</li> <li>▪ Crisis Intervention</li> <li>▪ Dementia Course / Workshop</li> <li>▪ Enhancing Care</li> <li>▪ Health and Aging</li> <li>▪ In-services</li> <li>▪ Nursing Program</li> <li>▪ PSW</li> <li>▪ Seminars</li> <li>▪ Validation Therapy</li> </ul>

### Information about U-First! Learning Initiative

Prior to the first workshop, supervisors were asked to rate their understanding of the *U-First!* Initiative as well as their understanding of what they are expected to do as a result of participating in *U-First!* initiative. Most respondents (37%) said they had a “fair” understanding of the *U-First!* Learning Initiative; 30% said they had a “good” understanding of the initiative. In terms of understanding what they were expected to do as a result of participating in this initiative, 34% said they had a “fair” understanding and another 34% said they had a “good” understanding (see Table 13).

**Table 13: Ratings Related to the *U-First!* Learning Initiative**

How would you rate ...	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean (SD)
Your understanding of the <i>U-First!</i> Learning Initiative?	19.3% (81)	36.4% (153)	30.2% (127)	9.5% (40)	0.5% (2)	2.2 (1.0)
Your understanding of what you are expected to do as a result of participating in this learning initiative?	14.0% (59)	34.3% (144)	33.8% (142)	11.7% (49)	2.1% (9)	2.4 (1.1)

Finally, prior to the workshop the supervisors were asked to rate their level of confidence in providing case-based teaching, their facilitation skills, and in undertaking the coaching role. Approximately 36% of participants reported that they were “fairly confident” and almost 40% “quite confident” in their ability to provide case-based teaching. Close to 42% of respondents said they were “quite confident” in their facilitation skills and over 46% were “quite confident” in taking on the coaching role (see Table 14).

**Table 14: Confidence Ratings Prior to Workshop**

How confident are you in ...	Not at All Confident 1	Slightly Confident 2	Fairly Confident 3	Quite Confident 4	Very Confident 5	Mean (SD)
Your ability to provide case-based teaching?	3.6% (15)	8.1% (34)	36.2% (152)	39.3% (165)	9.0% (38)	3.3 (1.1)
Your facilitation skills?	1.2% (5)	6.7% (28)	32.6% (137)	41.7% (175)	14.0% (59)	3.5 (1.1)
Undertaking the coaching role?	1.2% (5)	8.8% (37)	26.7% (112)	46.7% (196)	12.6% (53)	3.5 (1.1)

## 2.3 Results from the Day 1 Feedback Questionnaire

A total of 383 supervisors completed the Day 1 feedback form (response rate of 85.5%). Therefore, results in this section are based on a denominator of 383.

The 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 15).

**Table 15: 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 2.3% (9)	5.2% (20)	About Right 76.5% (293)	15.4% (59)	Too Fast 0	3.1 (0.5)
Volume of material	Too Little 0.3% (1)	2.9% (11)	About Right 79.1% (303)	16.7% (64)	Too Much 1.0% (4)	3.2 (0.5)
Complexity of material	Too Basic 0.5% (2)	3.7% (14)	About Right 80.7% (309)	14.4% (55)	Too Complex 0	3.1 (0.4)
Opportunities to participate	Too Few 0.3% (1)	1.3% (5)	About Right 79.6% (305)	18.3% (70)	Too Many 0.3% (1)	3.2 (0.4)

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

The participants were then asked to rate the relevance of the information discussed during the Day 1 session to issues within one’s organization and the relevance of the examples used to one’s practice. Both ratings were made on a 5-point scale where 1 = “not at all” relevant and 5 = “completely” relevant.

**Table 16: Ratings related to Relevance of Information from Day 1 Session**

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	0.8% (3)	6.8% (26)	28% (108)	63.7% (244)	4.6 (0.7)
Were the examples used relevant to your practice?	0	1.0% (4)	8.1% (31)	29.8% (114)	60.8% (233)	4.5 (0.7)

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

Both aspects were rated very high for relevance. The average rating for how relevant the information discussed was to issues within one’s organization was 4.6 and the average rating for how relevant the examples were to one’s practice was 4.5 (see Table 16).

Next, participants were asked to rate various aspects of the Day 1 session using a 5-point scale (where 1 = “poor” and 5 = “excellent”). The majority of the participants rated the *U-First!* facilitators, the *Art of Possibility* concepts and the session overall as “excellent”, while the majority of the participants rated the *U-First!* overview, the P.I.E.C.E.S. overview and the information and support regarding the practical application as “very good” (see Table 17a)

**Table 17a: Ratings Related to Various Aspects of the Day 1 Session**

<b>Overall, how would you rate the following aspects of the session?</b>	<b>Poor 1</b>	<b>Fair 2</b>	<b>Good 3</b>	<b>Very Good 4</b>	<b>Excellent 5</b>	<b>Mean (SD)</b>
<i>U-First!</i> Facilitators	0.8% (3)	0.8% (3)	5.7% (22)	29.0% (111)	63.2% (242)	4.5 (0.7)
The <i>Art of Possibility</i> Concepts	0	0.3% (1)	8.4% (32)	26.7% (102)	64.5% (247)	4.6 (0.7)
<i>U-First!</i> Overview	0	0.8% (3)	12.8% (49)	47.3% (181)	38.9% (149)	4.2 (0.7)
P.I.E.C.E.S. Overview	0.5% (2)	2.3% (9)	13.1% (50)	43.6% (167)	37.9% (145)	4.2 (0.8)
Information and Support Regarding Practical Application	0	0.8% (3)	15.1% (58)	47.8% (183)	35.5% (136)	4.2 (0.7)
The Session Overall	0	1.0% (4)	8.4% (32)	39.7% (152)	50.1% (192)	4.4 (0.7)

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

Respondents were then invited to provide comments in response to this question. These comments are summarized in Table 17b. The vast majority of comments were very positive in nature; however, a few suggestions were also provided.

**Table 17b: Ratings Related to Various Aspects of the Day 1 Session - Comments**

<p><i>Positive Comments:</i></p> <ul style="list-style-type: none"> <li>▪ Excellent session (20)</li> <li>▪ Information was very practical and relevant (18)</li> <li>▪ Facilitators were excellent – very knowledgeable, approachable (17)</li> <li>▪ Excellent video (11)</li> <li>▪ Great interaction, opportunities for discussion (8)</li> <li>▪ Great tools (7)</li> <li>▪ Anxious to use tools / to share with others (7)</li> <li>▪ Very motivating (6)</li> <li>▪ Will help me with my clients (3)</li> <li>▪ Wow! I came out of his session with an A <u>and</u> shining eyes. What more could I ask for?</li> </ul> <p><i>Other Comments / Suggestions:</i></p> <ul style="list-style-type: none"> <li>▪ Lots of information presented in a short time (3)</li> <li>▪ Facilitator was flat, boring (3)</li> <li>▪ Use more examples (2)</li> <li>▪ Jumping between P.I.E.C.E.S. and <i>U-First!</i> was confusing for some (2)</li> <li>▪ It will be a challenge to incorporate this information into busy activity</li> <li>▪ Not practical to deliver information individually to each CSW. Will take forever. Time is money!! CSW's working for \$11/hr will leave and quit.</li> <li>▪ Spent too long on "A"</li> <li>▪ Why is "spiritual" not included on the wheel?</li> <li>▪ The concepts from the Art of Possibility should be recorded somewhere for reference i.e., more than what is stated on the "A" card</li> </ul>
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At the end of Day 1, participants were asked to rate the value of the practical tool in terms of its goals (using a 5-point scale where 1 = “poor” and 5 = “excellent”). The results indicate that the average ratings were around 4 or “very good” for each aspect assessed (see Table 18).

**Table 18: Ratings Related to the Value of the Practical Tool**

<b>Using the 5-point scale, please rate the value of the Practical Tool in terms of:</b>	<b>Poor 1</b>	<b>Fair 2</b>	<b>Good 3</b>	<b>Very Good 4</b>	<b>Excellent 5</b>	<b>Mean (SD)</b>
Developing a common baseline of knowledge	0	0.8% (3)	14.4% (55)	53.5% (204)	30.5% (117)	4.1 (0.7)
Developing a common language	0	0.5% (2)	14.1% (54)	51.9% (199)	33.2% (127)	4.2 (0.7)
Developing a common approach to providing care to person’s with ADRD	0	0.3% (1)	12.8% (49)	48.5% (186)	38.1% (146)	4.2 (0.7)
Developing a method to educate workers on the job	0.5% (2)	1.8% (7)	17.2% (66)	50.4% (193)	29.2% (112)	4.1 (0.8)
Serving as a means to guide dialogue with your staff	0.5% (2)	1.8% (7)	12.9% (49)	46.2% (176)	38.1% (145)	4.2 (0.8)

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

In the final question on the Day 1 feedback questionnaire, participants were invited to provide additional comments about Day1 of the *U-First!* Learning Initiative. These comments are summarized in Table 19.

The majority of comments were very positive in nature, complimenting the day, the facilitators and how the session was organized. There were a handful of negative comments about the facilitators – but these were restricted to only a few sessions. A number of suggestions were also given.

**Table 19: Additional Comments about Day 1**

<p><i>Positive Comments:</i></p> <ul style="list-style-type: none"> <li>▪ Great day / Thank you / Great information (100)</li> <li>▪ Facilitators were great, very knowledgeable, approachable (29)</li> <li>▪ Practical Tool is excellent / will be very helpful (14)</li> <li>▪ Great teaching approach / good mix of methods (12)</li> <li>▪ Great video, inspirational (8)</li> <li>▪ It was beneficial to link/share with others (7)</li> <li>▪ Will help improve care to clients (6)</li> <li>▪ Will help staff / will help with staff dialogue (6)</li> <li>▪ Would like staff to see video (3)</li> <li>▪ Would like extra wheels (2)</li> </ul> <p><i>Suggestions / Other Comments:</i></p> <ul style="list-style-type: none"> <li>▪ Need time to read and use wheel to feel more comfortable (5)</li> <li>▪ Presentation was below the level of expertise in the class / felt offended (4)</li> <li>▪ Lots of information presented in a short time (4)</li> <li>▪ Add “spiritual” to the wheel (3)</li> <li>▪ Implementation may be a challenge because our funder is not on the same page (3)</li> <li>▪ Presentation was confusing at times (2)</li> <li>▪ Other * (13)</li> </ul>
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\* “Other” includes: what about workers who do not have English as a first language?; perhaps just give the 3 key areas in the final review – final thoughts to go home with; would have preferred PSWs attend; would have liked handout prior to the session; should have an Art of Possibility video geared to PSWs; may be overwhelming for unregulated staff; would like resources for clients and family members.

## 2.4 Results from the Day 2 Feedback Questionnaire

A total of 409 supervisors completed the Day 2 feedback form (response rate of 91.3%). Thus, the results in this section are based on a denominator of 409.

In the first question on the Day 2 Feedback Form, 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, the volume and complexity of the material, and the opportunities to participate were “about right” (see Table 20).

**Table 20: Ratings of Day 2 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 1.7% (7)	8.8% (36)	About Right 77.5% (317)	11.7% (48)	Too Fast 0.2% (1)	3.0 (0.5)
Volume of material	Too Little 0.5% (2)	2.9% (12)	About Right 81.9% (335)	13.7% (56)	Too Much 0.7% (3)	3.1 (0.4)
Complexity of material	Too Basic 0.2% (1)	2.2 % (9)	About Right 85.8% (351)	11.0% (45)	Too Complex 0.5% (2)	3.1 (0.4)
Opportunities to participate	Too Few 0	0.7% (3)	About Right 72.4% (296)	26.2% (107)	Too Many 0.7% (3)	3.3 (0.5)

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

Participants were asked to rate the relevance of the information discussed during Day 2 as well as the case studies that were used on a 5-point scale (where 1 = “not at all” relevant and 5 = “completely” relevant). Both were rated highly. The average rating for how relevant the information discussed was to issues within one’s organization was 4.4 and the average rating for how relevant the case studies were to one’s practice was 4.5 (see Table 21).

**Table 21: Ratings Related to Relevance of Information from Day 2 Session**

Please rate the following aspects of the session using the 5-point scale:	1 Not at All	2	3	4	5 Completely	Mean (SD)
Was the information discussed in the session relevant to issues within your organization?	0	0.2% (1)	7.3% (30)	39.9% (163)	52.6% (215)	4.4 (0.6)
Were the case studies used relevant to your practice?	0	1.0% (4)	8.6% (35)	34.4% (140)	56.0% (229)	4.5 (0.7)

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

Table 22 provides a summary of the ratings made of various aspects of the Day 2 session (based on a 5-point scale where 1=“poor” and 5=“excellent”). As with Day 1, the *U-First!* Facilitators were rated very highly (average rating of 4.5). The other aspects of Day 2 were rated somewhat lower, with average ratings between 3.5 and 4.0 (i.e., approaching “very good” or “very good”).

**Table 22: Ratings Related to Various Aspects of the Day 2 Session**

<b>Overall, how would you rate the following aspects of the session?</b>	<b>Poor 1</b>	<b>Fair 2</b>	<b>Good 3</b>	<b>Very Good 4</b>	<b>Excellent 5</b>	<b>Mean (SD)</b>
<i>U-First!</i> Facilitators	0	0.7% (3)	5.9% (24)	35.2% (144)	57.5% (235)	4.5 (0.6)
Homework assignment	0.2% (1)	5.9% (24)	44.7% (183)	40.3% (165)	7.6% (31)	3.5 (0.7)
“U” Understanding review (small group question)	0	1.7% (7)	26.1% (107)	53.0% (217)	17.6% (72)	3.9 (0.7)
Morning Case Study	0	1.0% (4)	24.9% (102)	56.0% (229)	16.6% (68)	3.9 (0.7)
Partners in Care/Support discussion	0	1.7% (7)	24.9% (102)	54.3% (222)	17.4% (71)	3.9 (0.7)
Afternoon Case Study	0.2% (1)	2.2% (9)	19.3% (79)	57.0% (233)	19.1% (78)	3.9 (0.7)
Coaching the use of the Practical Tool	0.2% (1)	3.9% (16)	18.8% (77)	48.6% (199)	24.4% (100)	4.0 (0.8)

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

At the end of Day 2, participants were again asked to rate the value of the practical tool in terms of its goals. Similar to Day 1, the average ratings in all areas were around 4 (or “very good”) (see Table 23).

**Table 23: Ratings Related to the Value of the Practical Tool**

<b>Using the 5-point scale, please rate the value of the Practical Tool in terms of:</b>	<b>Poor 1</b>	<b>Fair 2</b>	<b>Good 3</b>	<b>Very Good 4</b>	<b>Excellent 5</b>	<b>Mean (SD)</b>
Developing a common baseline of knowledge	0	1.5% (6)	16.1% (66)	48.9% (200)	33.3% (136)	4.1 (0.7)
Developing a common language	0	1.7% (7)	16.4% (67)	47.7% (195)	33.9% (139)	4.1 (0.7)
Developing a common approach to providing care to persons with ADRD	0	1.5% (6)	12.2% (50)	49.3% (202)	36.1% (148)	4.2 (0.7)
Developing a method to educate workers on the job	0.5% (2)	3.2% (13)	21.2% (87)	48.2% (197)	26.4% (108)	4.0 (0.8)
Serving as a means to guide dialogue with your staff	0.7% (3)	1.2% (5)	15.8% (65)	53.3% (218)	28.3% (116)	4.1 (0.7)

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

Participants were also asked to rate their ability to coach others in the use of the practical tool. Ratings were made on a 5-point scale (where 1 = “poor” and 5 = “excellent”). The results are summarized in Table 26. The average rating for the supervisors ability to coach others using the practical tool was 3.4 or between “good” and “very good”.

**Table 24: Other Ratings related to the Day 2 Session**

<b>Please rate ...</b>	<b>Poor 1</b>	<b>Fair 2</b>	<b>Good 3</b>	<b>Very Good 4</b>	<b>Excellent 5</b>	<b>Mean (SD)</b>
Your own ability to coach others in the use of the <i>U-First!</i> Practical tool	0.2% (1)	4.2% (17)	50.6% (207)	39.8% (163)	4.6% (19)	3.4 (0.7)

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

The participants were asked to provide two examples of what they had applied from Day 1 of the *U-First!* Learning Initiative. A number of participants reported that they were able to apply the Wheel, the P.I.E.C.E.S. framework (or components of the P.I.E.C.E.S. framework) and the 7A's after Day 1. Others indicated that they were able to understand and assess behaviours, that they shared their new positive attitude about the initiative, that they applied the practical tool, and that they emphasized the importance of “flagging” to their staff. These results are summarized in Table 25.

**Table 25: Examples of what the Participants Applied from Day 1 of the *U-First!* Learning Initiative**

<p><b><i>Wheel/P.I.E.C.E.S./7 A's (182)</i></b></p> <ul style="list-style-type: none"> <li>▪ Worked through 2 client assessments using wheel</li> <li>▪ I used questions from the wheel to dialogue with staff regarding a challenging individual</li> <li>▪ When working with a client with rapid onset delirium</li> <li>▪ Shared the wheel with one staff member and planned to begin sessions in Sept.</li> <li>▪ Shared the wheels and “A “ card with PSW</li> <li>▪ The 7 “A” help to share info on dementia with staff and family</li> <li>▪ I applied thinking through the P.I.E.C.E.S. and the 7 A's of Dementia</li> <li>▪ Use P.I.E.C.E.S. tool to effectively develop a strategy for a challenging client</li> </ul> <p><b><i>New/Positive Attitude (67)</i></b></p> <ul style="list-style-type: none"> <li>▪ Not jumping to conclusions or solutions too quickly</li> <li>▪ Become more reflective – take time (if you can) to encourage staff to generate their own solutions</li> <li>▪ Don't take yourself so seriously – look for the “fun” part in you job</li> <li>▪ Looking at the less-than-obvious meaning</li> </ul> <p><b><i>Sharing information with/teaching staff (44)</i></b></p> <ul style="list-style-type: none"> <li>▪ As soon as I returned to work the day after the first session, I shared with the PSWs my “A” I received and they were interested in what I learned. I had to ask for my two wheels back before I returned to session</li> <li>▪ I used the information in the manual regarding adjustment disorders to develop some training</li> <li>▪ I have begun coaching the staff already. Going through the overview of <i>U-First!</i> and P.I.E.C.E.S. acronyms first was a great review. I am lucky that I work with wonderful staff and they are very eager.</li> <li>▪ Implementing as a team a different approach to a particular client, (i.e., redirecting/recognize when agitation), start preventing it from occurring</li> <li>▪ Shared info with HCA with “shinning eyes”</li> <li>▪ Passed on and regularly integrate: fostering shinning eyes, focusing on solutions, evaluating whole person = understanding = P.I.E.C.E.S., we can excel at managing difference</li> </ul> <p><b><i>Understanding/Assessment of Behaviours (31)</i></b></p> <ul style="list-style-type: none"> <li>▪ Tried to be more mindful of behaviours and my understanding of them</li> <li>▪ All behaviour has meaning</li> <li>▪ Tracking behaviour</li> <li>▪ Always remember to look at the entire person and gather info from other care partners, providers</li> <li>▪ Not being repetitive in response to a client's question, (i.e., giving different answers, approaches)</li> <li>▪ Importance of personal history</li> </ul> <p><b><i>Flagging (13)</i></b></p> <ul style="list-style-type: none"> <li>▪ Flagging was important in our understanding</li> <li>▪ Flagging concerns as they occur in the workplace</li> </ul> <p><b><i>Video (10)</i></b></p> <ul style="list-style-type: none"> <li>▪ A Practical Approach video – suggest sharing the video with the whole branch so that everyone can get a feel for what team work can be and energize us</li> <li>▪ Thought a lot about the video</li> </ul>
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Participants were then asked to identify the factors that helped them apply what they had learned. The factors cited most frequently were: the case examples, the practical tool, the facilitators, and the discussions and sharing of information among the participants. Results to this question are summarized in Table 26.

**Table 26: Factors that Helped the Participants to Apply what They Learned**

***Practical Tool (194)***

- Concrete, hands-on info (wheel) that could be used easily and readily
- The wheel for reflection
- Discussions of applications to use of wheel

***Case Examples (52)***

- Discussion of individual case examples, group brainstorming and group input
- Case studies, group discussions, input from participants

***Discussion/Sharing ideas (51)***

- The mutuality of participants - in fact, most of us know each other who shared practical cases
- The exchange of ideas as a group. Practice becoming familiar with the ideas
- Ideas from the group such as setting a team meeting for Sept. to use P.I.E.C.E.S. and evaluate a challenging case, what works and what doesn't work
- Personal experiences shared by everyone
- Insights of others in the group

***The Facilitators (16)***

- Enthusiastic, encouraging, complementary group leaders – Thanks
- The enthusiasm of the facilitators really helped me to get excited. Thank you for a great 2 days
- Great facilitators

***Homework (13)***

- Reading parts of the book, assignment (handing it in forced to focus on the topic)
- Completing the homework assignment

## 2.5 Results from the 8-Week Follow-up Questionnaire

The final component of the evaluation of the *U-First!* Learning Initiative was an 8-week follow-up questionnaire. A total of 236 participants return the 8-week follow-up survey, representing a response rate of 52.7%. Thus, caution must be taking in interpreting results. Note: The data presented in this section are based on a denominator of 236.

The first question on the 8-week follow-up questionnaire asked participants if they had enough time to learn the *U-First!* concepts during day-2 program. Approximately 95% of participants agreed that they had enough time to learn the *U-First!* concepts (see Table 27).

**Table 27: Enough Time to Learn the *U-First!* Concepts?**

Did you have enough time to learn the <i>U-First!</i> concepts during the 2 days?	Percent (Number) of Responses (N=236)
No	4.2% (10)
Yes	95.3% (225)
If “no”, how much time is required?	
3 days	4
4 days	3
4 half-days	1

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

The next question asked participants to rate the value of the Practical Tool (i.e., the Wheel) in terms of a variety of indicators. Responses are summarized in Table 28. Two-thirds of participants or more rated the value of the practical tool in various domains as being either “very good” or “excellent” in all areas.

**Table 28: Feedback on the Value of the Learning Tool**

Using the 5-point scale, please rate the value of the Practical Tool in terms of:	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean (SD)
Developing a common baseline of knowledge	0	2.5% (6)	20.8% (49)	60.2% (142)	15.7% (37)	3.9 (0.7)
Developing a common language	0	2.1% (5)	19.5% (46)	57.2% (135)	20.8% (49)	4.0 (0.7)
Developing a common approach to providing care to persons with ADRD	0	3.0% (7)	16.5% (39)	53.8% (127)	26.3% (62)	4.0 (0.7)
Developing a method to educate workers on the job	0.4% (1)	5.1% (12)	25.8% (61)	51.2% (121)	16.5% (39)	3.8 (0.8)
Serving as a means to guide dialogue with your staff	0.4% (1)	3.8% (9)	21.2% (50)	50.0% (118)	23.3% (55)	3.9 (0.8)

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

The next question asked participants to name the Psychogeriatric Resource Consultant in their area. The names provided were reviewed for accuracy and deemed as a “match” if the name provided by the participant was correct or “no match” if the name provided by the participant was incorrect. The correct name of the PRC could be determined for 157 of the 236 participants. (For the other participants, sufficient details about where the participants worked were not available; thus, their local PRCs could not be determined.) The results indicate that almost three quarters of the participants knew their local PRC (see Table 29).

**Table 29: Ability to Name the PRC in their Local Area**

Comparison of the name of the PRC provided by participants with actual PRCs	Percent (Number) of Responses (N=157)
Match	74.5% (121)
No Match	25.5% (42)

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

Participants were then asked if they had made any contact with their local PRC since the *U-First!* Learning Initiative. Approximately half of the participants reported that neither they nor their agency/organization had been in contact with their local PRC since the learning initiative; approximately 35% had been in contact and 15% were not sure (see Table 30).

**Table 30: Contact with Local PRC**

Has there been any contact between you (or your agency/organization) and the local PRC since the <i>U-First!</i> Learning Initiative?	Percent (Number) of Responses
No	50.4% (119)
Yes	34.7% (82)
Not Sure	14.8% (35)

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

The next question asked participants to provide an example of how they had successfully shared *U-First!* information with unregulated healthcare professionals in their agency. The examples provided were summarized into categories and are presented in Table 31a. Most respondents shared examples of how they applied the information learned to specific situations with clients. Many staff also reported sharing the information more generally with staff through in-services, team meetings and/or discussions with staff. Forty-three respondents said that they had not shared the information yet with staff. A variety of reasons were provided including: summer holidays; staffing shortages; lack of time due to other responsibilities/activities such as accreditation; the person had moved to a new position; and the person was not supervising unregulated health care workers. Eighteen people indicated that opportunities to share the information with staff were planned or being planned.

**Table 31a: Examples of How this Information has been Shared Successfully**

<ul style="list-style-type: none"> <li>▪ Used Wheel / <i>U-First!</i> and/or P.I.E.C.E.S. with a client who was exhibiting challenges (111)</li> <li>▪ Shared information with staff at a meeting / staff discussions (67)</li> <li>▪ Case examples with staff (3)</li> <li>▪ Shared with new staff members (2)</li> <li>▪ Shared with management; working to obtain a copy of the video (1)</li> <li>▪ Have not shared with the information yet (43)</li> <li>▪ Opportunities to share information with staff are planned / being planned (18)</li> </ul>
--

\* Note: More than one response could be provided.

A follow-up question asked participants what factor helped them share/implement this information. The most frequently identified factors were: the wheel; the *U-First!* training and the P.I.E.C.E.S. approach; and the other resources obtained at the training (see Table 31b).

**Table 31b: Factors that Helped the Participants Share / Implement the Information**

<ul style="list-style-type: none"> <li>▪ Wheel / Practical Tool (105)</li> <li>▪ <i>U-First!</i> training / P.I.E.C.E.S. approach / <i>U-First!</i> approach (41)</li> <li>▪ Other resources received at the training (25)</li> <li>▪ Staff who are keen, receptive and eager to learn (19)</li> <li>▪ Using an actual client to teach the information (7)</li> <li>▪ Access to / use of the local PRC (6)</li> <li>▪ Use of the case studies from training (5)</li> <li>▪ Information from training re: implementation of <i>U-First!</i> / small group training (5)</li> <li>▪ Management / Supervisory support (3)</li> <li>▪ Other * (6)</li> </ul>
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\* “Other” includes: having time to educate; the pre-course assignment; recognizing the downward spiral; my “shining eyes”; knowledge of the client.

The next question asked participants if there was anything they needed to further assist them in sharing/implementing the *U-First!* concepts and practical tool. Over half of the participants (i.e., 56%) responded “No”; just over one third (i.e., 36%) responded “Yes” (see Table 31c). Participants who indicated that they would like more assistance were asked what they needed. The most frequently cited responses were: more wheels and support from their local PRC.

**Table 31c: Additional Assistance to Help Participants Share/Implement *U-First!* Concepts**

Are there other things you need to further assist you with sharing/implementing the <i>U-First!</i> concepts and practical tool (i.e., the wheel, is there was a specific role for the PRC in providing further assistance?)	Percent (Number) of Responses
No	56.4% (133)
Yes	36.0% (85)
<p><b>If “yes”, please state what you need:</b></p> <ul style="list-style-type: none"> <li>▪ More wheels (26)</li> <li>▪ Support from PRC (i.e., to provide training, me, etc.) (25)</li> <li>▪ More time (for planning, educating staff, for staff to use the tool) (10)</li> <li>▪ Training for other staff members in my organization (9)</li> <li>▪ Refresher course / update / opportunity to share successes and challenges with others (7)</li> <li>▪ Management support (3)</li> <li>▪ Opportunities to network locally/with other participants (3)</li> <li>▪ Other *</li> </ul>	

\* “Other” includes: bilingual information; a large wheel; a video of a group using the wheel; access to additional copies of the resource manual, etc.; strategies for care (i.e., “now what do I do?”); a better organized manual.

The last question asked participants to rate the success of the *U-First!* initiative in their agency/organization.. The mean rating was 4 indicating that, on average participants felt that the *U-First!* initiative was “fairly successful” in their agencies/organizations (see Table 32). When asked to explain their response, the majority of participants indicated that it was too early to rate the success of the initiative – many had just begun training their staff and others said that the tool was not being used consistently yet. While finding the time to use the tool was cited as an issue by a number of participants, a number of others reported that their staff were keen to use the tool. Finally, a number of participants commented on the success of the workshop, indicating that they were encouraged from what they had learned.

**Table 32: Overall Success Rating of the *U-First!* Learning Initiative**

<b>Not at all Successful 1</b>	<b>Limited Success 2</b>	<b>Somewhat Successful 3</b>	<b>Fairly Successful 4</b>	<b>Quite Successful 5</b>	<b>Very Successful 6</b>	<b>Extremely Successful 7</b>	<b>Mean (SD)</b>
2.5% (6)	12.2% (29)	18.2% (43)	27.1% (64)	22.4% (53)	10.6% (25)	2.1% (5)	4.0 (1.4)

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

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