

**THE “PUTTING THE P.I.E.C.E.S. TOGETHER” 2002
LEARNING INITIATIVE**

**EVALUATION REPORT
FEBRUARY 2003**



Table of Contents

Table of Contents

Executive Summary	i-v
1.0 Background and Introduction	1
2.0 Methods	1
2.1 Data Collection	1
2.2 Data Management and Analysis	2
3.0 Results	3
3.1 Pre-Program Questionnaire	3
3.2 Evaluation of the 3-Day Session	23
3.3 Evaluation of the 2-Day Session	32
4.0 Summary and Discussion	45
4.1 Participants	45
4.2 Baseline Information	45
4.3 Evaluation of Sessions and Application of Learning	46
4.4 Concerns and Suggestions for Improvement	48
4.5 Conclusion	48

BACKGROUND

Since 1998, the “Putting the P.I.E.C.E.S. Together” Learning Initiative has been providing training sessions and related learning strategies aimed at developing the knowledge and skills of health professionals in the care of older persons with complex physical and mental health needs and associated behaviours. This initiative was originally focused on staff of long-term care facilities, but has been expanded to involve staff of community agencies.

The learning strategy includes:

- ❑ efforts to establish administrative and organizational commitment;
- ❑ an initial three-day workshop;
- ❑ opportunities for application experiences (over a period of several months);
- ❑ a two-day follow-up session; and
- ❑ supportive and reinforcing strategies, including a project website, and the availability of expert advice and feedback on follow-up questions.

This report provides an analysis of information collected as part of an evaluation of P.I.E.C.E.S. sessions conducted with staff of long-term care facilities in Ontario in 2002.

METHODS

This report is based on data from the following questionnaires administered by the P.I.E.C.E.S. Consultation Team:

- ❑ A Pre-Program Questionnaire, including descriptive information, baseline ratings of confidence and competence, assessment practices, learning priorities, and questions relating to organizational and administrative support. This questionnaire was to be completed jointly by the participant and facility administrator. (n=190)
- ❑ An Evaluation of the three-day session. (n=173)
- ❑ An Evaluation of the two-day session. (n=169)

KEY FINDINGS

Participants

- ❑ Of 190 initial registrants, 169 completed the five days of training (and completed evaluation forms).
- ❑ Nearly 80% of participants were registered nurses.
- ❑ Less than half of participants reported that there was currently an in-house PRP in their facility. Approximately one-quarter of participants had been involved in an educational session conducted by a PRP.

Baseline Information

There was variation across sites in awareness of, and contact with, the PRCs. Participants across all sites reported similar opportunities for collaboration with most partners however, there was some variation in reported collaboration with external specialized resources, such as geriatric outreach teams, the Alzheimer Society, and PRCs. There was considerable variation in reported access to specialist geriatric medicine and geriatric psychiatry physicians and teams. Caution should be used when interpreting these data, but the results highlight the need for continued work to enhance these linkages.

At baseline, participants across sites reported similar levels of confidence in aspects of assessment, in the use of assessment tools, and in knowledge of medications. There was small variation across sites in reported ratings of core competencies, similar priority ratings for performance objectives, and similar presence of factors that facilitate the transfer of learning into practice.

Time and the support of administration and other personnel were described as important supports in fulfilling their roles.

Evaluation of Sessions and Application of Learning

The P.I.E.C.E.S. Learning Initiative was very well-received by participants in all seven sites. The Educator Teams were very highly rated. The Brain and Behaviour session and the Art of Possibility video were especially well-received.

Overall, participants were cautiously confident in taking on the PRP role, and reported that their confidence had increased since before the P.I.E.C.E.S. program. Participants also reported increased confidence in working collaboratively with internal and external resources.

Although many participants had listed “time” as an issue on the first questionnaire, there was only one comment regarding time on the follow-up questionnaire, and it was optimistic, rather than negative: “I am hopeful that there will be enough time to use the information adequately.”

Participants reported sharing their information with co-workers and being better able to communicate with physicians, consultants, and other resources. After P.I.E.C.E.S., participants reported involving Partners in Care, including family members and others, more frequently in care planning for residents. They were more likely to consider the patient as a whole person with a life history.

Participants gave many examples of how they had applied learning from the P.I.E.C.E.S. program. Assessment applications and the use of assessment tools and templates (the 6-question template was specifically mentioned by many participants) were the most common examples and were cited by most participants from all sites. P.I.E.C.E.S. Quick Start was another commonly mentioned example. Other examples included using the

techniques learned in the P.I.E.C.E.S. program to help themselves and other staff to better understand a problem.

Many participants felt that application of the P.I.E.C.E.S. training had had a direct impact on the care of residents, for example, in identifying unrecognized problems such as urinary tract infections or depression, or in influencing a resident's medication by discussing the problem with the physician.

Specific resources that helped the participants apply what they learned included: the laminated sheets, assessment tools, the 6-question template, the psychotropics template, P.I.E.C.E.S. Quick Start, and the resource guide. In addition, the cases studies, practical examples from educators, and discussions and networking with other participants were helpful. Participants reported that they had gained confidence from doing the practical homework assignment, and that they had gained knowledge of the brain, difficult mental health concerns (delirium, depression, delusion), and medications, (e.g. psychotropics). Several participants stated that what helped the most was having support from management and other staff, and from internal and external resources and Partners in Care.

Concerns and Suggestions for Improvement

Several concerns or suggestions for improvement were made by participants:

- ❑ More information in the case examples would be helpful.
- ❑ The pace and quantity of information were overwhelming for many participants; some of these suggested re-structuring the P.I.E.C.E.S. content over a longer period.
- ❑ Although many commented that there was too much information presented, some participants would have liked to have more information on medication, and in particular, on psychotropics.
- ❑ Some sites seemed to have poor access to the website either because of an inability to log onto the site, or because of not having a computer.
- ❑ The organization of the binder could be improved.

The evaluation data (and the apparent confusion in some of the responses) highlight the importance of links with external resources, such as PRCs and outreach teams, and the need for continued work to raise awareness of these resources and enhance these linkages.

The fact that many participants felt overwhelmed by the pace and quantity of the material indicates that the P.I.E.C.E.S. Learning Initiative continues to provide a great deal of challenging information for participants. It also illustrates the difficulty of providing educational sessions for participants of varying knowledge levels and backgrounds – while some are overwhelmed, others would like more material.

CONCLUSION

Overall, the P.I.E.C.E.S 2002 Learning Initiative was very well-received by participants. Participants reported great benefits in terms of increased knowledge, confidence and skills, and described how they had used this learning to change their practice, to influence the care practices of their co-workers, and to benefit the residents of their long-term care facilities.

1.0 Background and Introduction

Since 1998, the “Putting the P.I.E.C.E.S. Together” Learning Initiative has been providing training sessions and related learning strategies aimed at developing the knowledge and skills of health professionals in the care of older persons with complex physical and mental health needs and associated behaviours. This initiative was originally focused on staff of long-term care facilities, but has been expanded to involve staff of community agencies.

The P.I.E.C.E.S. Consultation Team describes the P.I.E.C.E.S. program as a learning strategy that:

- ❑ provides a common set of values, a common language for communicating across the system, and a common, yet comprehensive approach for thinking through problems to enhance the capacity of those providing care, services, and support to older adults with complex physical and cognitive/mental health needs and associated behaviours;
- ❑ consists of three “frameworks” to accomplish its goals along with a variety of guides and tools to support it; and
- ❑ stresses the assessment of cause before developing an intervention.

The learning strategy includes:

- ❑ efforts to establish administrative and organizational commitment;
- ❑ an initial three-day workshop;
- ❑ opportunities for application experiences (over a period of several months);
- ❑ a two-day follow-up session; and
- ❑ supportive and reinforcing strategies, including a project website, and the availability of expert advice and feedback on follow-up questions.

This report provides an analysis of information collected as part of an evaluation of P.I.E.C.E.S. sessions conducted with staff of long-term care facilities in Ontario in 2002.

2.0 Methods

2.1 Data Collection

To date, the P.I.E.C.E.S. Consultation Team has arranged for the administration of the following questionnaires:

- ❑ A Pre-Program Questionnaire, including descriptive information, baseline ratings of confidence and competence, assessment practices, learning priorities, and questions relating to organizational and administrative support. This questionnaire was to be completed jointly by the participant and facility administrator.

- ❑ An Evaluation of the three-day session.
- ❑ An Evaluation of the two-day session.

The P.I.E.C.E.S. Consultation Team anticipates use of other formats to obtain feedback and evaluation information on the entire five-day program. These evaluation components are beyond the scope of this report.

2.2 Data Management and Analysis

This report is based on questionnaire data collected and entered into an SPSS database by the P.I.E.C.E.S. Consultation Team. Data were provided in separate files for each session, organized by training site. The data were assembled into three combined files (i.e., files combining all sites for each of the three questionnaires), each participant was assigned a unique identification number, and the data were reviewed to ensure entered values were consistent with values defined in the questionnaires.

Results from each questionnaire are presented separately. The original questions from each questionnaire are reproduced, followed by the results for each question. For most questions, results are given for each training site, as well the overall results (training site was coded based on the file in which the data were provided by the P.I.E.C.E.S. Consultation Team).

Frequencies are given for categorical responses; means and standard deviations are provided for continuous data. The data in most of the tables are the SPSS-generated output, given to four decimal places. For further use or presentation of these results, rounding to one decimal place would be appropriate.

Open-ended questions were analyzed using qualitative methods involving content analysis and the identification of major themes that emerged in the responses for each of these questions.

The following table shows the number of questionnaires received at each site, for each of the three data collection points:

Site	Pre-Questionnaire	3-Day Evaluation	2-Day Evaluation
Kingston	17	16	15
Ottawa	28	21	21
Central East	29	27	27
Toronto	29	26	26
Central West	29	28	25
London	29	27	27
Chatham	29	28	28
Total	190	173	169

3.0 Results

3.1 Pre-Program Questionnaire

1. Have you in the past or at present been involved in a P.I.E.C.E.S. education session with your in-house Psychogeriatric Resource Person? (Yes, No, No in-house PRP)

Have you been involved in a P.I.E.C.E.S. education session with your in-house PRP?

						Total
			Yes	No	No PRP	
SITE	Kingston	Count	2	14	1	17
		% within SITE	11.8%	82.4%	5.9%	100.0%
	Ottawa	Count	8	16	4	28
		% within SITE	28.6%	57.1%	14.3%	100.0%
	Central East	Count	6	21	2	29
		% within SITE	20.7%	72.4%	6.9%	100.0%
	Toronto	Count	7	20	2	29
		% within SITE	24.1%	69.0%	6.9%	100.0%
	Central West	Count	9	17	3	29
		% within SITE	31.0%	58.6%	10.3%	100.0%
	London	Count	9	15	5	29
		% within SITE	31.0%	51.7%	17.2%	100.0%
	Chatham	Count	6	21	1	28
		% within SITE	21.4%	75.0%	3.6%	100.0%
	Total	Count	47	124	18	189
		% within SITE	24.9%	65.6%	9.5%	100.0%

2. Is there an in-house Psychogeriatric Resource Person in your facility at present? (No, Yes; If Yes, how many? _____)

Most participants who answered yes to this question, indicated one or two PRPs in their facility. At the Ottawa training site, three participants reported having 8, 9 and 10 PRPs.

Is there an in-house PRP in your facility at present?

					Total
			Yes	No	
SITE	Kingston	Count	8	9	17
		% within SITE	47.1%	52.9%	100.0%
	Ottawa	Count	19	9	28
		% within SITE	67.9%	32.1%	100.0%
	Central East	Count	11	18	29
		% within SITE	37.9%	62.1%	100.0%
	Toronto	Count	8	21	29
		% within SITE	27.6%	72.4%	100.0%
	Central West	Count	9	20	29
		% within SITE	31.0%	69.0%	100.0%
	London	Count	19	10	29
		% within SITE	65.5%	34.5%	100.0%
	Chatham	Count	13	16	29
		% within SITE	44.8%	55.2%	100.0%
Total	Count	87	103	190	
	% within SITE	45.8%	54.2%	100.0%	

3. Please provide the name of the Psychogeriatric Resource Consultant (PRC), hired under Initiative #8 of the Alzheimer Strategy, that provides service to your facility:

The following table shows the proportion of respondents who gave a name, names or program affiliation for a PRC that provides service to their facility:

Site	Proportion Naming PRC or a Program-Affiliation
Kingston	13/17 (76.5 %)
Ottawa	21/28 (75.0 %)
Central East	24/29 (82.8 %)
Toronto	22/29 (75.9%)
Central West	23/29 (79.3%)
London	15/29 (51.7%)
Chatham	16/29 (55.2%)
Total	134/190 (70.5%)

These data suggest there is greater awareness or availability of PRCs for some areas. On the other hand, the names given indicate some potential confusion. Some participants gave the names of teams of people (e.g., Jon White/Pam Hamilton/Ken Le Clair) who may be involved in psychogeriatric consultation and education, but who are not all PRCs. References to program affiliations, [e.g., ROH (Ottawa), P.A.C.E. (Toronto), R.G.P (Toronto), psychogeriatric mental health team (Central West), CCACs (London), Seniors Mental Health (London)] may suggest awareness of appropriate program affiliations of PRCs in their area, or of a general awareness of available resources for psychogeriatric consultation.

4. Please check how often you are in contact with your PRC:

How often are you in contact with your PRC?

			> 1/week	weekly	2-3/ month	No contact	
SITE	Kingston	Count	1	7	4	2	14
		% within SITE	7.1%	50.0%	28.6%	14.3%	100.0%
	Ottawa	Count		11	9	5	25
		% within SITE		44.0%	36.0%	20.0%	100.0%
	Central East	Count	2	6	11	8	27
		% within SITE	7.4%	22.2%	40.7%	29.6%	100.0%
	Toronto	Count	2	7	12	8	29
		% within SITE	6.9%	24.1%	41.4%	27.6%	100.0%
	Central West	Count	1	3	12	10	26
		% within SITE	3.8%	11.5%	46.2%	38.5%	100.0%
	London	Count	1	3	8	16	28
		% within SITE	3.6%	10.7%	28.6%	57.1%	100.0%
	Chatham	Count	5		6	16	27
		% within SITE	18.5%		22.2%	59.3%	100.0%
Total	Count	12	37	62	65	176	
	% within SITE	6.8%	21.0%	35.2%	36.9%	100.0%	

PERSONAL INFORMATION

5. What is your position within your facility? (Title, Professional Designation)

Professional Designation

							Total
			RN	RPN	SW	Other	
SITE	Kingston	Count	14	3			17
		% within SITE	82.4%	17.6%			100.0%
	Ottawa	Count	22	5			27
		% within SITE	81.5%	18.5%			100.0%
	Central East	Count	27	2			29
		% within SITE	93.1%	6.9%			100.0%
	Toronto	Count	21	4	3		28
		% within SITE	75.0%	14.3%	10.7%		100.0%
	Central West	Count	20	8		1	29
		% within SITE	69.0%	27.6%		3.4%	100.0%
	London	Count	23	5	1		29
		% within SITE	79.3%	17.2%	3.4%		100.0%
	Chatham	Count	20	6	3		29
		% within SITE	69.0%	20.7%	10.3%		100.0%
Total	Count	147	33	7	1	188	
	% within SITE	78.2%	17.6%	3.7%	.5%	100.0%	

Charge nurse, nurse manager, and care/clinical coordinator or director were common titles. Six participants indicated staff development or education roles.

6. Years of experience in this facility: _____

Years of experience in the facility

Q6

	N	Mean	SD	Minimum	Maximum
Kingston	17	8.2547	8.4339	.25	28.00
Ottawa	28	6.3011	7.5269	.02	28.00
Central East	29	5.6397	6.1813	.00	25.00
Toronto	25	4.9868	5.1385	.17	16.00
Central West	24	4.7708	6.1228	.17	22.00
London	28	8.5089	7.4884	.75	27.00
Chatham	28	6.9521	6.1580	.25	24.00
Total	179	6.4379	6.7431	.00	28.00

7. Years of experience in your profession: _____

Years of experience in profession

Q7

	N	Mean	SD	Minimum	Maximum
Kingston	17	17.0294	9.1523	2.00	31.00
Ottawa	28	15.1607	9.7326	1.50	33.00
Central East	29	13.4931	10.1718	.80	38.00
Toronto	27	13.0370	10.3077	1.50	34.00
Central West	29	12.6379	10.1752	1.50	36.00
London	29	16.3793	9.2250	3.00	30.00
Chatham	29	14.0776	9.6152	.50	40.00
Total	188	14.3992	9.7679	.50	40.00

8. Years of experience in working with individuals with Alzheimer disease and other dementias and/or mental health problems: _____

Years of experience in working with AD, other dementias, other mental health problems

Q8

	N	Mean	SD	Minimum	Maximum
Kingston	16	12.6875	8.2217	1.00	28.00
Ottawa	28	11.0000	8.3055	1.50	33.00
Central East	29	10.8276	6.9901	1.00	25.00
Toronto	27	9.5926	7.8029	1.00	30.00
Central West	29	8.5345	5.8477	1.50	22.00
London	29	13.2069	8.5748	3.00	28.00
Chatham	27	11.5926	7.6310	.50	31.00
Total	185	10.9595	7.6558	.50	33.00

PRE-PROGRAM INFORMATION

9. How confident are you in your ability to assess ... (1= Not Confident, 2= Slightly, 3= Fairly, 4= Quite, 5= Very Confident).

How confident are you in your ability to assess a resident's:

		N	Mean	SD	Minimum	Maximum
Physical health	Kingston	17	4.1176	.6002	3.00	5.00
	Ottawa	28	4.3929	.5669	3.00	5.00
	Central East	29	3.8966	.4888	3.00	5.00
	Toronto	29	4.1034	.9390	2.00	5.00
	Central West	29	4.3448	.7209	2.00	5.00
	London	29	3.8966	.7720	2.00	5.00
	Chatham	29	3.7586	.7395	2.00	5.00
	Total	190	4.0684	.7350	2.00	5.00
Intellectual capacity	Kingston	17	3.8824	.6966	3.00	5.00
	Ottawa	28	3.7500	.7005	3.00	5.00
	Central East	29	3.5862	.6278	2.00	5.00
	Toronto	28	3.6786	.9049	2.00	5.00
	Central West	29	3.7586	.6356	3.00	5.00
	London	29	3.5172	.6336	2.00	5.00
	Chatham	29	3.6207	.5615	3.00	5.00
	Total	189	3.6720	.6828	2.00	5.00
Emotional/spiritual health	Kingston	17	4.0588	.6587	3.00	5.00
	Ottawa	28	3.9286	.7664	2.00	5.00
	Central East	29	3.5862	.6278	2.00	5.00
	Toronto	29	3.7241	.9963	1.00	5.00
	Central West	29	3.7931	.7736	2.00	5.00
	London	29	3.6207	.7277	2.00	5.00
	Chatham	29	3.4828	.9111	1.00	5.00
	Total	190	3.7211	.8041	1.00	5.00
Functional capabilities	Kingston	17	3.8824	.6966	3.00	5.00
	Ottawa	28	3.9643	.7927	3.00	5.00
	Central East	29	3.7241	.5914	2.00	5.00
	Toronto	29	3.9655	.6805	2.00	5.00
	Central West	28	3.8571	.8034	2.00	5.00
	London	29	3.7241	.6490	2.00	5.00
	Chatham	29	3.8966	.6732	3.00	5.00
	Total	189	3.8571	.6963	2.00	5.00
Environmental factors	Kingston	17	4.0000	.6124	3.00	5.00
	Ottawa	28	3.8571	.8483	2.00	5.00
	Central East	29	3.6552	.6695	2.00	5.00
	Toronto	29	4.0000	.8864	2.00	5.00
	Central West	29	3.5517	.6317	3.00	5.00
	London	29	3.5172	.8710	1.00	5.00
	Chatham	29	3.7931	.6750	3.00	5.00
	Total	190	3.7526	.7676	1.00	5.00
Social/cultural factors	Kingston	17	3.9412	.6587	3.00	5.00
	Ottawa	28	3.6786	.8189	2.00	5.00
	Central East	29	3.2414	.4355	3.00	4.00
	Toronto	29	3.8621	.9151	2.00	5.00
	Central West	29	3.5172	.6877	2.00	5.00
	London	29	3.2069	.8610	1.00	5.00
	Chatham	29	3.5862	.8245	2.00	5.00
	Total	190	3.5526	.7934	1.00	5.00

10. The following is a list of mental health concerns that may affect elderly residents of long-term care facilities. Please rate each in terms of how confident you feel in flagging (identifying) and understanding these concerns (including brain changes and their behavioural expression). (1= Not Confident, 2= Slightly, 3= Fairly, 4= Quite, 5= Very Confident).

Responses to these questions showed little variation by site.

Confidence in Flagging and Understanding Mental Health Concerns

	N	Min	Max	Mean	SD
Agitation and restlessness	189	2.00	5.00	4.0317	.6756
Anxiety	189	2.00	5.00	3.9577	.6828
Apathy/failure to participate...	187	1.00	5.00	3.8770	.7696
Defensive behaviour	186	1.00	5.00	3.7312	.8005
Hearing/seeing things that do not exist	189	2.00	5.00	3.6931	.8386
Hoarding &/or rummaging	189	2.00	5.00	3.9206	.7849
Impulsivity	188	1.00	5.00	3.5053	.8496
Inappropriate sexual behaviour	188	1.00	5.00	3.6383	.8509
Intrusiveness	188	1.00	5.00	3.4362	.8535
Resistance to care	189	2.00	5.00	4.0794	.7064
Suspicious/accusing others	189	1.00	5.00	3.8492	.8153
vocally disruptive behaviour	189	1.00	5.00	3.8677	.8241
Wandering	189	2.00	5.00	4.0952	.7376
Challenging behaviours in general	188	1.00	5.00	3.6755	.7849
Alzheimer disease & related dementias in general	189	2.00	5.00	3.7249	.6984
Mental health problems in general	189	1.00	5.00	3.4974	.7411
Valid N (listwise)	183				

11 a. Do you use any of the following assessment tools? (please ✓ in the left column).

Responses to these questions showed little variation by site.

Do you use the following assessment tools?

	Use		Don't Use		Total	
	N	Percent	N	Percent	N	Percent
Folstein	127	66.8%	63	33.2%	190	100.0%
Other mental status test	4	2.1%	186	97.9%	190	100.0%
The Clock Test	72	37.9%	118	62.1%	190	100.0%
Cornell	27	14.2%	163	85.8%	190	100.0%
Other depression scale	6	3.2%	184	96.8%	190	100.0%
Cohen-Mansfield	26	13.7%	164	86.3%	190	100.0%
Behaviour flow sheet	119	62.6%	71	37.4%	190	100.0%
Dementia Obsl System	18	9.5%	172	90.5%	190	100.0%
Other behavioural scale	10	5.3%	180	94.7%	190	100.0%
The Abilities Assessment	14	7.4%	176	92.6%	190	100.0%
Confusion Ass't Method	7	3.7%	183	96.3%	190	100.0%

12a. In your role, do you have the opportunity to work collaboratively with the following partners (check yes or no for each partner): a) Family/significant other, b) Other staff members, c) Volunteers, d) Administrators, e) Physicians, f) Specialty Geriatric Outreach (e.g., RGP, MH Outreach team), g) Alzheimers Society, h) Psychogeriatric Resource Consultants).

12b. For each partner you collaborate with, please rate how confident you are in working with them (use 5-point rating scale)

Respondents from each site indicated similarly high proportions having opportunity to collaborate with the following partners: family/significant others, other staff members, volunteers, administrators, and physicians. There was some variation in opportunities to collaborate with specialized and other external resources:

Opportunity to collaborate with specialty geriatric outreach

					Total
			Yes	No	
SITE	Kingston	Count	10	4	14
		% within SITE	71.4%	28.6%	100.0%
	Ottawa	Count	18	5	23
		% within SITE	78.3%	21.7%	100.0%
	Central East	Count	14	13	27
		% within SITE	51.9%	48.1%	100.0%
	Toronto	Count	11	12	23
		% within SITE	47.8%	52.2%	100.0%
	Central West	Count	16	8	24
		% within SITE	66.7%	33.3%	100.0%
	London	Count	18	10	28
		% within SITE	64.3%	35.7%	100.0%
	Chatham	Count	14	7	21
		% within SITE	66.7%	33.3%	100.0%
Total	Count	101	59	160	
	% within SITE	63.1%	36.9%	100.0%	

Opportunity to collaborate with the Alzheimer Society

					Total
			Yes	No	
SITE	Kingston	Count	8	6	14
		% within SITE	57.1%	42.9%	100.0%
	Ottawa	Count	5	17	22
		% within SITE	22.7%	77.3%	100.0%
	Central East	Count	8	19	27
		% within SITE	29.6%	70.4%	100.0%
	Toronto	Count	11	13	24
		% within SITE	45.8%	54.2%	100.0%
	Central West	Count	14	10	24
		% within SITE	58.3%	41.7%	100.0%
	London	Count	14	14	28
		% within SITE	50.0%	50.0%	100.0%
	Chatham	Count	8	13	21
		% within SITE	38.1%	61.9%	100.0%
Total	Count	68	92	160	
	% within SITE	42.5%	57.5%	100.0%	

Opportunity to collaborate with Psychogeriatric Resource Consultants

					Total
			Yes	No	
SITE	Kingston	Count	13	1	14
		% within SITE	92.9%	7.1%	100.0%
	Ottawa	Count	17	7	24
		% within SITE	70.8%	29.2%	100.0%
	Central East	Count	17	10	27
		% within SITE	63.0%	37.0%	100.0%
	Toronto	Count	14	10	24
		% within SITE	58.3%	41.7%	100.0%
	Central West	Count	17	8	25
		% within SITE	68.0%	32.0%	100.0%
	London	Count	19	7	26
		% within SITE	73.1%	26.9%	100.0%
	Chatham	Count	14	9	23
		% within SITE	60.9%	39.1%	100.0%
Total	Count	111	52	163	
	% within SITE	68.1%	31.9%	100.0%	

Confidence working with partners

		N	Mean	SD	Minimum	Maximum
Family/ significant others	Kingston	16	3.9375	.6801	3.00	5.00
	Ottawa	26	4.1923	.6939	3.00	5.00
	Central East	29	3.9655	.5659	3.00	5.00
	Toronto	29	4.1379	.6930	3.00	5.00
	Central West	27	4.2222	.6980	3.00	5.00
	London	26	3.9231	.7442	3.00	5.00
	Chatham	29	4.1379	.6930	2.00	5.00
	Total	182	4.0824	.6803	2.00	5.00
Other staff	Kingston	16	4.0625	.7719	3.00	5.00
	Ottawa	28	4.2857	.6587	3.00	5.00
	Central East	29	4.2414	.5766	3.00	5.00
	Toronto	29	4.2414	.8305	1.00	5.00
	Central West	26	4.3846	.5711	3.00	5.00
	London	27	4.0370	.7061	3.00	5.00
	Chatham	29	4.3793	.7277	3.00	5.00
	Total	184	4.2446	.6934	1.00	5.00
Volunteers	Kingston	11	3.8182	.9816	2.00	5.00
	Ottawa	23	4.1739	.7168	3.00	5.00
	Central East	26	3.7308	.8274	2.00	5.00
	Toronto	26	4.1154	.9089	2.00	5.00
	Central West	21	3.8571	.9636	2.00	5.00
	London	23	3.4783	1.04	1.00	5.00
	Chatham	26	4.0385	.9157	2.00	5.00
	Total	156	3.8974	.9171	1.00	5.00
Administration	Kingston	14	4.1429	.7703	3.00	5.00
	Ottawa	23	4.3478	.7141	3.00	5.00
	Central East	26	4.0000	.6928	2.00	5.00
	Toronto	28	4.0357	1.04	1.00	5.00
	Central West	25	4.1200	.8327	2.00	5.00
	London	26	4.1538	.7317	3.00	5.00
	Chatham	27	4.2222	.6405	3.00	5.00
	Total	169	4.1420	.7815	1.00	5.00
Physicians	Kingston	16	3.8750	.9574	2.00	5.00
	Ottawa	26	4.1923	.6939	3.00	5.00
	Central East	29	4.0000	.7559	3.00	5.00
	Toronto	29	4.3103	.6038	3.00	5.00
	Central West	26	4.1154	.6528	3.00	5.00
	London	27	3.7407	.7121	3.00	5.00
	Chatham	28	4.0714	.8133	2.00	5.00
	Total	181	4.0552	.7433	2.00	5.00
Specialty Outreach	Kingston	7	4.0000	.5774	3.00	5.00
	Ottawa	19	3.9474	.8481	3.00	5.00
	Central East	15	4.0667	.8837	2.00	5.00
	Toronto	16	3.5625	1.15	1.00	5.00
	Central West	16	3.8750	.8062	2.00	5.00
	London	17	3.2353	1.20	1.00	5.00
	Chatham	20	3.5000	1.00	1.00	5.00
	Total	110	3.7091	.9894	1.00	5.00
Alzheimer Society	Kingston	9	3.4444	1.13	1.00	5.00
	Ottawa	7	4.0000	.5774	3.00	5.00
	Central East	11	3.6364	1.03	2.00	5.00
	Toronto	15	3.8000	1.42	1.00	5.00
	Central West	15	4.0000	1.00	2.00	5.00
	London	15	3.4000	.9103	2.00	5.00
	Chatham	15	3.4667	1.06	1.00	5.00
	Total	87	3.6667	1.06	1.00	5.00
PRCs	Kingston	9	3.6667	.7071	3.00	5.00
	Ottawa	18	4.0000	.7670	3.00	5.00
	Central East	18	3.6667	.9075	2.00	5.00
	Toronto	17	3.7647	.9034	2.00	5.00
	Central West	19	4.0000	.9428	2.00	5.00
	London	20	3.4500	1.15	1.00	5.00
	Chatham	18	3.5556	.9835	1.00	5.00
	Total	119	3.7311	.9361	1.00	5.00

- 13a. With regard to psychotropic medication, how would you rate your confidence in identifying the PURPOSE of each of the following: (1= Not Confident, 2= Slightly, 3= Fairly, 4= Quite, 5= Very Confident)**

Psychotropic Medications - Confidence in identifying purpose

	N	Minimum	Maximum	Mean	SD
Antipsychotics	190	1.00	5.00	3.5211	.7949
Anxiolytics	190	1.00	5.00	3.2684	.9123
Mood Stabilizer	189	1.00	5.00	3.2751	.8177
Cognitive Enhancer	190	1.00	5.00	3.2211	.8567
Antidepressants	190	1.00	5.00	3.6895	.7371

- 13b. With regard to psychotropic medication, how would you rate your confidence in identifying the CLASS of medication for... (1= Not Confident, 2= Slightly, 3= Fairly, 4= Quite, 5= Very Confident)**

Psychotropic Medications - Confidence in identifying class

	N	Minimum	Maximum	Mean	SD
Antipsychotics	188	1.00	5.00	3.2021	.8475
Anxiolytics	187	1.00	5.00	3.0481	.8506
Mood Stabilizer	187	1.00	5.00	2.9893	.8359
Cognitive Enhancer	187	1.00	5.00	3.0267	.8578
Antidepressants	187	1.00	5.00	3.3476	.8872

- 13c. With regard to psychotropic medication, how would you rate your confidence in identifying the SIDE EFFECTS for... (1= Not Confident, 2= Slightly, 3= Fairly, 4= Quite, 5= Very Confident)**

Psychotropic Medications - Confidence in identifying side effects

	N	Minimum	Maximum	Mean	SD
Antipsychotics	188	1.00	5.00	3.1543	.7826
Anxiolytics	188	1.00	5.00	2.9681	.8396
Mood Stabilizer	187	1.00	5.00	2.9251	.8326
Cognitive Enhancer	188	1.00	5.00	2.8777	.8344
Antidepressants	189	1.00	5.00	3.2328	.8179

13d. With regard to psychotropic medication, how would you rate your confidence in identifying the RESPONSE of...

Psychotropic Medications - Confidence in identifying response

	N	Minimum	Maximum	Mean	SD
Antipsychotics	188	1.00	5.00	3.3245	.7712
Anxiolytics	188	1.00	5.00	3.1436	.8625
Mood Stabilizer	186	1.00	5.00	3.1505	.8047
Cognitive Enhancer	188	1.00	5.00	3.1223	.8149
Antidepressants	189	1.00	5.00	3.4021	.7699

Please complete the remaining questions with your Administrator

14. Please estimate:

- a. **the average number of hours per month that specialty geriatric psychiatry teams spend in your facility. ____ hrs**
- b. **the average number of hours per month that specialty geriatric medicine teams spend in your facility. ____ hrs**
- c. **the average number of hours per month by a geriatric psychiatrist spent in your facility. ____ hrs**
- d. **the average number of hours per month by a geriatrician spent in your facility. ____ hrs**

These data showed considerable variation among facilities and across sites. Several facilities reported availability of specialty geriatric psychiatry teams or of geriatricians in their facility that were so high as to seem implausible, but may indicate some special arrangement made by those facilities. The following facilities reported particularly high values for geriatric psychiatry teams: Leisureworld, St. George (Toronto site): 86 hours; Castlview Wychwood (Toronto site, two participants): 160 hours; and Dearness Home (London site): 300 hours. One facility reported a particularly high value for geriatrician availability: Dearness Home (London site): 60 hours. For purposes of data analysis, these values were excluded. Caution should still be used when interpreting the remaining results, as it is likely that some of the responses represent rough guesses or a misunderstanding of the questions.

Hours per month that specialists spend in your facility

		N	Mean	SD	Minimum	Maximum
Specialty geriatric psychiatry teams	Kingston	14	2.9643	2.9901	.00	10.00
	Ottawa	26	15.5000	11.2748	.00	40.00
	Central East	27	6.6667	9.2195	.00	32.00
	Toronto	19	5.4211	8.1943	.00	30.00
	Central West	21	4.4048	4.6087	.00	16.00
	London	28	1.5714	2.8697	.00	10.00
	Chatham	24	2.2292	3.1381	.00	8.00
	Total	159	5.7704	8.3499	.00	40.00
Specialty geriatric medicine teams	Kingston	9	1.1111	1.7638	.00	4.00
	Ottawa	24	3.2708	3.9972	.00	12.00
	Central East	26	2.7500	4.5017	.00	12.00
	Toronto	22	4.9773	10.0859	.00	36.00
	Central West	19	1.5526	2.7177	.00	10.00
	London	28	1.1500	3.2346	.00	15.00
	Chatham	25	.9600	2.0863	.00	7.50
	Total	153	2.3216	5.0301	.00	36.00
Geriatric psychiatrist	Kingston	12	1.9167	1.3114	.00	4.00
	Ottawa	26	7.0577	5.4705	.00	16.00
	Central East	27	2.2500	2.9589	.00	8.00
	Toronto	22	3.3409	4.3518	.00	20.00
	Central West	22	2.9014	3.3499	.00	8.00
	London	29	1.4310	4.0790	.00	20.00
	Chatham	25	.1600	.3742	.00	1.00
	Total	163	2.7612	4.1731	.00	20.00
Geriatrician	Kingston	10	.8000	1.6865	.00	4.00
	Ottawa	23	1.1304	2.2116	.00	5.50
	Central East	28	.5000	1.8559	.00	8.00
	Toronto	21	2.6667	5.0728	.00	20.00
	Central West	24	1.9792	4.3775	.00	20.00
	London	28	.1429	.7559	.00	4.00
	Chatham	25	.1200	.3317	.00	1.00
	Total	159	.9969	2.9000	.00	20.00

15. The P.I.E.C.E.S. learning initiative focuses on the development of six core competencies. Given the current performance in your facility, please rate your performance in each area using the 5-point scale. (1=low to 5=high)

- detect of flag cognitive/mental health needs and associated behavioural issues**
- use a systematic and comprehensive approach to complex issues**
- use tools to collect data**
- plan care with others (internal and external to LTC facility)**
- evaluate based on the goals developed through care planning**
- coach other staff to develop the above five competencies in others.**

Self-ratings of performance in six core competencies

		N	Mean	SD	Minimum	Maximum
Detect or flag	Kingston	17	3.4118	.9393	1.00	5.00
	Ottawa	27	3.9259	.9168	1.00	5.00
	Central East	29	3.6897	.9298	1.00	5.00
	Toronto	28	3.5357	.7927	2.00	5.00
	Central West	29	3.5172	.7378	2.00	5.00
	London	29	3.4828	.9495	1.00	5.00
	Chatham	29	3.6552	.6695	2.00	5.00
	Total	188	3.6117	.8486	1.00	5.00
Systematic & comprehensive approach	Kingston	17	3.0000	.9354	1.00	4.00
	Ottawa	27	3.5926	1.1851	1.00	5.00
	Central East	29	3.4138	.9826	1.00	5.00
	Toronto	28	3.3214	.9049	2.00	5.00
	Central West	29	3.0345	.8230	1.00	5.00
	London	29	3.0345	.9056	1.00	5.00
	Chatham	29	3.4483	.8275	2.00	5.00
	Total	188	3.2766	.9524	1.00	5.00
Use tools	Kingston	15	3.0000	1.3628	1.00	5.00
	Ottawa	27	3.0741	1.0715	1.00	5.00
	Central East	29	3.2069	1.1458	1.00	5.00
	Toronto	28	2.9643	.8381	1.00	4.00
	Central West	29	2.8276	1.1042	1.00	5.00
	London	27	2.6667	.7338	1.00	4.00
	Chatham	29	3.4483	.7831	2.00	5.00
	Total	184	3.0326	1.0130	1.00	5.00
Plan care with others	Kingston	16	3.4375	1.0308	1.00	5.00
	Ottawa	27	3.5926	1.0099	1.00	5.00
	Central East	29	3.5172	1.0219	2.00	5.00
	Toronto	27	3.6667	.6794	2.00	5.00
	Central West	29	3.3448	.9364	1.00	5.00
	London	28	3.4286	.9595	2.00	5.00
	Chatham	29	3.8448	.6957	3.00	5.00
	Total	185	3.5541	.9073	1.00	5.00
Evaluate based on goals	Kingston	16	3.3750	.9574	1.00	5.00
	Ottawa	26	3.4231	1.1375	1.00	5.00
	Central East	29	3.5517	.9851	1.00	5.00
	Toronto	28	3.6071	.7373	3.00	5.00
	Central West	29	3.3793	.8625	2.00	5.00
	London	28	3.2500	.8872	2.00	5.00
	Chatham	29	3.5517	.7831	2.00	5.00
	Total	185	3.4541	.9025	1.00	5.00
Coach other staff	Kingston	16	2.5625	1.0935	1.00	4.00
	Ottawa	27	3.2222	1.0500	1.00	5.00
	Central East	29	3.2414	1.1230	1.00	5.00
	Toronto	28	3.0000	.9813	1.00	4.00
	Central West	29	2.8621	.9533	1.00	5.00
	London	27	2.9259	.8286	2.00	5.00
	Chatham	29	3.2759	.9598	2.00	5.00
	Total	185	3.0432	1.0045	1.00	5.00

16. The P.I.E.C.E.S. learning initiative also has four performance objectives. In the registration package and the online Guide to P.I.E.C.E.S. Implementation and Sustainability, each of the objectives has several measurable components. Given the current performance in your facility, please indicate the priority for each area using the 5-point scale. (1=low to 5=high)

As a member of the LTC facility Psychogeriatric Resource Team, the learner will:

- a) demonstrate sensitivity and respect for the individuality of the resident ...**
- b) complete an assessment to flag cognitive/ mental health needs and associated behavioural issues**
- c) use assessment data related to cognitive/mental health needs and the associated behavioural issues ...**
- d) serve as a resource to others in planning care for the resident with complex physical...**

Priority ratings for performance objectives

		N	Mean	SD	Minimum	Maximum
Sensitivity and respect	Kingston	16	4.5625	.8139	3.00	5.00
	Ottawa	27	4.5556	.5774	3.00	5.00
	Central East	29	4.4483	.6317	3.00	5.00
	Toronto	28	4.3571	.7310	2.00	5.00
	Central West	28	4.4286	.7418	3.00	5.00
	London	28	4.3214	.6696	3.00	5.00
	Chatham	29	4.5862	.5012	4.00	5.00
	Total	185	4.4595	.6592	2.00	5.00
Complete assessment to flag cognitive/mental health needs	Kingston	16	4.1875	1.1087	1.00	5.00
	Ottawa	27	4.4444	.6980	3.00	5.00
	Central East	29	4.3103	.7123	3.00	5.00
	Toronto	28	4.4643	.6372	3.00	5.00
	Central West	28	4.3929	.7373	3.00	5.00
	London	28	4.3571	.7310	3.00	5.00
	Chatham	29	4.4828	.6336	3.00	5.00
	Total	185	4.3892	.7297	1.00	5.00
Use assessment data	Kingston	16	3.9375	1.2894	1.00	5.00
	Ottawa	27	4.2963	.7753	3.00	5.00
	Central East	29	4.3448	.7689	3.00	5.00
	Toronto	28	4.4286	.7902	3.00	5.00
	Central West	28	4.3214	.7724	3.00	5.00
	London	28	4.4286	.6901	3.00	5.00
	Chatham	29	4.5862	.6278	3.00	5.00
	Total	185	4.3622	.8033	1.00	5.00
Serve as resource to others	Kingston	16	4.0000	1.3166	1.00	5.00
	Ottawa	27	4.3704	.6293	3.00	5.00
	Central East	29	4.3793	.7277	3.00	5.00
	Toronto	28	4.3214	.7724	3.00	5.00
	Central West	28	4.3571	.6215	3.00	5.00
	London	28	4.3929	.7373	3.00	5.00
	Chatham	29	4.5517	.6317	3.00	5.00
	Total	185	4.3622	.7616	1.00	5.00

17. Please rate the extent to which you agree or disagree with the following statements and provide comments where indicated. (5-point scale; 1= Strongly Disagree, 2= Disagree, 3= Neutral or Not Sure, 4= Agree, 5= Strongly Agree)

Ratings of presence of factors related to application of learning

		N	Mean	SD	Minimum	Maximum
Clear expectations	Kingston	16	3.7500	.6831	3.00	5.00
	Ottawa	28	3.9286	.6042	3.00	5.00
	Central East	29	3.8276	.8048	3.00	5.00
	Toronto	28	3.7500	.9670	1.00	5.00
	Central West	29	3.8621	.7428	2.00	5.00
	London	28	3.9643	.7927	2.00	5.00
	Chatham	29	3.8793	.5615	3.00	5.00
	Total	187	3.8583	.7423	1.00	5.00
Necessary support	Kingston	16	3.8125	.6551	3.00	5.00
	Ottawa	27	3.8148	.9214	1.00	5.00
	Central East	29	3.8276	.8048	2.00	5.00
	Toronto	28	3.8571	.5909	3.00	5.00
	Central West	29	3.8621	.8752	1.00	5.00
	London	29	3.8276	.7106	2.00	5.00
	Chatham	29	3.4310	.6228	2.00	4.00
	Total	187	3.7727	.7570	1.00	5.00
Reinforcements/ incentives/ rewards	Kingston	14	3.5000	.6504	3.00	5.00
	Ottawa	28	3.3214	1.0203	1.00	5.00
	Central East	28	3.4643	.6929	2.00	5.00
	Toronto	28	3.5000	1.0000	2.00	5.00
	Central West	27	3.6296	.7415	3.00	5.00
	London	28	3.5714	.7902	2.00	5.00
	Chatham	28	3.6429	.4880	3.00	4.00
	Total	181	3.5193	.7930	1.00	5.00
Appropriate feedback	Kingston	16	3.7500	.4472	3.00	4.00
	Ottawa	28	3.6429	.6785	2.00	4.00
	Central East	29	4.0345	.6258	2.00	5.00
	Toronto	28	3.7857	.5681	3.00	5.00
	Central West	29	4.0690	.5935	3.00	5.00
	London	28	3.8214	.5480	3.00	5.00
	Chatham	28	3.6429	.6785	2.00	4.00
	Total	186	3.8280	.6173	2.00	5.00
Skills and knowledge	Kingston	16	3.6875	.6021	2.00	4.00
	Ottawa	28	3.6786	.6696	2.00	5.00
	Central East	28	3.7857	.8759	2.00	5.00
	Toronto	28	3.6786	.6118	2.00	5.00
	Central West	29	3.9310	.6509	2.00	5.00
	London	28	3.8214	.6118	3.00	5.00
	Chatham	27	4.0370	.4369	3.00	5.00
	Total	184	3.8098	.6543	2.00	5.00

17a. I am clear about the expectations for my role and performance as an in-house Psychogeriatric Resource Person.

17b. I have the necessary support (resources, time, authority, etc.) to fulfill my role as an in-house Psychogeriatric Resource Person. Please describe supports:

Many participants in all sites listed time as a support. In some cases it was not possible to determine whether the participant had time or needed time; however, in most cases, it was obvious that lack of time was a problem or a concern. In some cases, most notably in Chatham Central East, and London, participants stated that they do (or will) have time. These three sites also stated having support from their administration. Overall, many participants cited having a supportive administration and support from personnel within and outside the facility as important. A few listed resource materials (manual, bookset: Ottawa) and Internet access (notably, those in Central West and Chatham).

17c. I am aware of the reinforcements/incentives/rewards for my work as an in-house Psychogeriatric Resource Person. (5-point scale; 1= Strongly Disagree, 2= Disagree, 3= Neutral or Not Sure, 4= Agree, 5= Strongly Agree).

Please describe reinforcements/incentives/rewards:

All sites listed two main categories of reinforcements/incentives/rewards:

- i) Reinforcements that would improve the quality of care and the quality of life for residents and their families - Specifically, participants would feel rewarded by seeing the residents happy, content, less agitated; establish a calm enjoyable environment for residents, decreased problematic behaviours, e.g., decrease chemical restraints (Central East).

“seeing behaviours stabilize or decrease as a result of identifying triggers and putting plans of care into action” (Central West)

- ii) Reinforcements that would benefit the participant and their coworkers professionally - Many participants listed the following reinforcements: improving working environment for staff, personal satisfaction, professional development, greater job satisfaction, increased hours for the PRP, being a support for other team members, and being recognized as an expert.

17 d. I receive prompt and appropriate feedback from supervisors or others on my day-to-day practice in dealing with mental health problems and associated behaviours. (5-point scale; 1= Strongly Disagree, 2= Disagree, 3= Neutral or Not Sure, 4= Agree, 5= Strongly Agree)

17e. I have the necessary skills and knowledge to perform successfully in my day-to-day practice related to cognitive/mental health problems and associated behavioural issues. (5-point scale; 1= Strongly Disagree, 2= Disagree, 3= Neutral or Not Sure, 4= Agree, 5= Strongly Agree)

18a. As part of the registration process for the P.I.E.C.E.S. education initiative, did you access the online “Senior Management Guide to P.I.E.C.E.S. Implementation & Sustainability”? (Yes, No)

Did you access the online "Senior Management Guide"

					Total
			Yes	No	
SITE	Kingston	Count	1	14	15
		% within SITE	6.7%	93.3%	100.0%
	Ottawa	Count	8	19	27
		% within SITE	29.6%	70.4%	100.0%
	Central East	Count	10	18	28
		% within SITE	35.7%	64.3%	100.0%
	Toronto	Count	14	11	25
		% within SITE	56.0%	44.0%	100.0%
	Central West	Count	7	19	26
		% within SITE	26.9%	73.1%	100.0%
	London	Count	7	21	28
		% within SITE	25.0%	75.0%	100.0%
	Chatham	Count	6	21	27
		% within SITE	22.2%	77.8%	100.0%
Total	Count	53	123	176	
	% within SITE	30.1%	69.9%	100.0%	

18b. Given your review of the online content, please describe your two top priorities for enhancing the return on your investment in P.I.E.C.E.S. education.

From each site there were some who stated they were unable to access the website (notably in Kingston, Chatham, and London), either because they do not have Internet access or because they were unable to access it, despite several attempts. Two main categories of priorities were repeated by most participants:

- i) One priority can be described as benefiting the staff and helping them to work effectively with external resources:
 - ☐ Train/coach other staff, be a resource, build in-house support for other staff, help the team
 - ☐ Communication within support groups, work closely with the psychiatric hospital, network with others

- ❑ Learn about available resources
- ii) The second priority relates to benefits for residents:
 - ❑ Improving assessment skills and learning how to use the tools
 - ❑ Understand problem solving and managing difficult behaviours of residents and identifying problems before they emerge, decreasing the incidents of agitation and aggression
 - ❑ Gaining a greater awareness of medications and side-effects (psychotropic medication was mentioned specifically by a few)

3.2 Evaluation of 3-Day Session

1. How would you rate your satisfaction with the following aspects of the 2-day session? (1= Too Slow/Little/Basic/Few, 3= About Right, 5= Too Fast/Much/Complex/Many)

How would you rate your satisfaction with the following aspects of the 3-day session?

		N	Mean	SD	Minimum	Maximum
Pace of activity	Kingston	16	3.2500	.4472	3.00	4.00
	Ottawa	21	3.2381	.5390	2.00	4.00
	Central East	27	3.1481	.6624	1.00	5.00
	Toronto	25	3.2000	.4082	3.00	4.00
	Central West	28	3.2857	.5345	2.00	4.00
	London	27	2.9630	.7061	1.00	4.00
	Chatham	28	3.1071	.6289	1.00	4.00
	Total	172	3.1628	.5796	1.00	5.00
Volume of material	Kingston	16	3.3125	.4787	3.00	4.00
	Ottawa	20	3.4500	.5104	3.00	4.00
	Central East	27	3.2593	.5257	3.00	5.00
	Toronto	26	3.3846	.6373	3.00	5.00
	Central West	28	3.4643	.7445	2.00	5.00
	London	27	3.2778	.5604	2.00	4.50
	Chatham	28	3.6071	.5669	3.00	5.00
	Total	172	3.3983	.5922	2.00	5.00
Complexity of material	Kingston	16	3.2500	.4472	3.00	4.00
	Ottawa	20	3.4500	.5104	3.00	4.00
	Central East	27	3.2593	.5944	2.00	5.00
	Toronto	26	3.1154	.3258	3.00	4.00
	Central West	28	3.3571	.4880	3.00	4.00
	London	27	3.2407	.4245	3.00	4.00
	Chatham	28	3.3929	.5669	3.00	5.00
	Total	172	3.2936	.4922	2.00	5.00
Opportunities to participate	Kingston	16	3.2500	.4472	3.00	4.00
	Ottawa	20	3.3500	.5871	2.00	4.00
	Central East	27	3.2222	.6980	1.00	5.00
	Toronto	26	3.1923	.4019	3.00	4.00
	Central West	28	3.2857	.4600	3.00	4.00
	London	27	3.2222	.5774	2.00	5.00
	Chatham	28	3.2500	.5182	2.00	4.00
	Total	172	3.2500	.5312	1.00	5.00

2. Overall, how would you rate the following aspects of the 3-day session? (5-point scale; 1= Poor, 2= Fair, 3=Good, 4= Very Good, 5= Excellent)

Overall, how would you rate the following aspects of the 3-day session?

		N	Mean	SD	Minimum	Maximum
P.I.E.C.E.S. Educators	Kingston	16	4.8125	.4031	4.00	5.00
	Ottawa	21	4.6190	.4976	4.00	5.00
	Central East	26	4.4038	.4903	4.00	5.00
	Toronto	26	4.6923	.5491	3.00	5.00
	Central West	28	4.6071	.4973	4.00	5.00
	London	27	4.3333	.8321	2.00	5.00
	Chatham	28	4.3214	.7228	3.00	5.00
	Total	172	4.5203	.6150	2.00	5.00
Interaction with other health care professionals	Kingston	16	4.6875	.4787	4.00	5.00
	Ottawa	21	4.3810	.7400	3.00	5.00
	Central East	27	4.1852	.7357	2.00	5.00
	Toronto	26	4.2692	.6668	3.00	5.00
	Central West	28	3.9643	.6372	3.00	5.00
	London	27	4.0370	.8540	2.00	5.00
	Chatham	28	3.8929	.6289	3.00	5.00
	Total	173	4.1618	.7212	2.00	5.00
The 3-day session, overall	Kingston	16	4.7500	.4472	4.00	5.00
	Ottawa	21	4.4762	.5118	4.00	5.00
	Central East	27	4.2593	.5944	3.00	5.00
	Toronto	26	4.5000	.6481	3.00	5.00
	Central West	28	4.3571	.5587	3.00	5.00
	London	27	3.9630	.8979	2.00	5.00
	Chatham	28	4.2143	.6299	3.00	5.00
	Total	173	4.3295	.6657	2.00	5.00

Comments:

Several participants commented that the educators were excellent and very motivating, and that, overall, the three days were excellent.

“A lot of new information. Excellent practical experience examples. Great tips/suggestions for care that I don’t get from my regular team. Really motivated and energized me in terms of how I can improve”

There was much positive feedback on the Brain and Behaviour session. Many participants wanted even more information on this topic. Several participants felt that the case examples were incomplete and confusing, for example:

“Many times I felt confused after doing the case examples. I thought they were left unfinished and often too many stories told during the day added to my confusion. Back and forth from instructors.”

Many participants commented on the pace and structure of the 3-day session:

- ❑ For many, there was too much information for 3 days, and many commented that it was “overwhelming”.
- ❑ should vary presentation formats “Greater variation in presentation methods may help with learning and retention” (Chatham)
- ❑ Several participants wanted more time on medication
- ❑ The learning material and guide was confusing at times
- ❑ The drug video on Friday afternoon was “not a good idea” to more than a few of the participants
- ❑ Moving between tables was controversial: many liked, many did not like, some noted that not all individuals participated in doing this.

Some notable quotes include:

- ❑ “role play and interaction among us was indeed a very good way to learn the pieces”
- ❑ “perhaps provide material in advance to familiarize would be of benefit”
- ❑ “Felt mornings were slow and afternoons rushed to complete daily programs” (Chatham)
- ❑ “I feel like I was always missing the point, but then came to conclusion after talking with others that we jumped place to place and seem like we never finished one thing before jumping into the next” (Chatham)

3. Please rate the following aspects of the first 3 days of the P.I.E.C.E.S. program using the 5-point scale: (1= Not at All, 5 = Completely)

Please rate the following aspects of the first 3 days:

		N	Mean	SD	Minimum	Maximum
Relevant to issues within your facility?	Kingston	16	4.8125	.4031	4.00	5.00
	Ottawa	21	4.9048	.3008	4.00	5.00
	Central East	27	4.9630	.1925	4.00	5.00
	Toronto	25	4.6000	.5774	3.00	5.00
	Central West	28	4.7143	.4600	4.00	5.00
	London	27	4.5926	.7473	2.00	5.00
	Chatham	27	4.7778	.5064	3.00	5.00
	Total	171	4.7602	.5039	2.00	5.00
Examples used relevant to your practice?	Kingston	16	4.7500	.4472	4.00	5.00
	Ottawa	21	4.8571	.3586	4.00	5.00
	Central East	27	4.8519	.4560	3.00	5.00
	Toronto	25	4.5200	.5859	3.00	5.00
	Central West	28	4.5714	.5040	4.00	5.00
	London	27	4.4815	.7530	3.00	5.00
	Chatham	27	4.8148	.3958	4.00	5.00
	Total	171	4.6842	.5366	3.00	5.00

4. Overall, how would you rate the following aspects of the P.I.E.C.E.S. 3-day program? (5-point scale; 1= Poor, 2= Fair, 3= Good, 4= Very Good, 5= Excellent)

Ratings of specific components of the 3-day program

		N	Mean	SD	Minimum	Maximum
Partners in Care Template	Kingston	16	4.4375	.7274	3.00	5.00
	Ottawa	21	4.0952	.7003	3.00	5.00
	Central East	26	3.8846	.8162	2.00	5.00
	Toronto	25	4.0400	.6758	3.00	5.00
	Central West	28	4.2143	.6299	3.00	5.00
	London	27	3.6296	.8389	2.00	5.00
	Chatham	27	3.8148	.7863	2.00	5.00
	Total	170	3.9882	.7691	2.00	5.00
Brain and behaviour	Kingston	16	4.3125	.7042	3.00	5.00
	Ottawa	21	4.9524	.2182	4.00	5.00
	Central East	27	4.7037	.7753	2.00	5.00
	Toronto	26	3.9231	.8910	2.00	5.00
	Central West	28	4.4643	.6372	3.00	5.00
	London	27	4.4444	.8006	3.00	5.00
	Chatham	28	5.0000	.0000	5.00	5.00
	Total	173	4.5491	.7347	2.00	5.00
Psychoses	Kingston	15	4.4667	.6399	3.00	5.00
	Ottawa	21	4.0952	.7684	3.00	5.00
	Central East	27	3.8889	.7511	2.00	5.00
	Toronto	26	3.8846	.7114	3.00	5.00
	Central West	28	4.0357	.6372	3.00	5.00
	London	26	3.3462	.7971	2.00	5.00
	Chatham	28	3.8571	.7052	2.00	5.00
	Total	171	3.9006	.7643	2.00	5.00
Introduction of standardized assessment instruments	Kingston	16	4.6250	.6191	3.00	5.00
	Ottawa	20	4.2500	.6387	3.00	5.00
	Central East	27	3.8519	.7181	2.00	5.00
	Toronto	26	4.2692	.7243	3.00	5.00
	Central West	28	4.2857	.5998	3.00	5.00
	London	26	3.8462	.8339	3.00	5.00
	Chatham	28	3.8929	.6289	3.00	5.00
	Total	171	4.1111	.7231	2.00	5.00
Folstein and The Clock	Kingston	16	4.6250	.6191	3.00	5.00
	Ottawa	21	4.2381	.7003	3.00	5.00
	Central East	27	4.1852	.5573	3.00	5.00
	Toronto	26	4.3462	.6288	3.00	5.00
	Central West	28	4.2857	.7127	2.00	5.00
	London	27	4.1296	.6736	3.00	5.00
	Chatham	28	4.2857	.5998	3.00	5.00
	Total	173	4.2803	.6454	2.00	5.00

Ratings of specific components of the 3-day program

		N	Mean	SD	Minimum	Maximum
6-Question Template	Kingston	16	4.6250	.6191	3.00	5.00
	Ottawa	21	4.1429	.6547	3.00	5.00
	Central East	27	3.9259	.7299	2.00	5.00
	Toronto	26	4.4615	.6469	3.00	5.00
	Central West	28	4.3929	.6289	3.00	5.00
	London	27	3.5556	1.1547	1.00	5.00
	Chatham	28	3.8929	.9165	2.00	5.00
	Total	173	4.1098	.8590	1.00	5.00
Cohen-Mansfield Agitation Inventory	Kingston	16	4.3750	.7188	3.00	5.00
	Ottawa	21	4.1905	.6796	3.00	5.00
	Central East	26	4.1923	.5670	3.00	5.00
	Toronto	26	4.2692	.6668	3.00	5.00
	Central West	28	4.2143	.5681	3.00	5.00
	London	27	3.8519	.7181	3.00	5.00
	Chatham	28	3.9286	.7664	2.00	5.00
	Total	172	4.1279	.6805	2.00	5.00
Dementia Observation System	Kingston	16	4.5625	.6292	3.00	5.00
	Ottawa	21	4.2857	.5606	3.00	5.00
	Central East	27	4.2963	.6086	3.00	5.00
	Toronto	25	4.1600	.7461	3.00	5.00
	Central West	28	4.3571	.5587	3.00	5.00
	London	26	4.0000	.8485	2.00	5.00
	Chatham	28	4.1786	.8189	2.00	5.00
	Total	171	4.2456	.7016	2.00	5.00
Delirium and the Confusion Assessment Method	Kingston	16	4.4375	.6292	3.00	5.00
	Ottawa	21	4.3810	.5896	3.00	5.00
	Central East	27	4.0741	.7299	2.00	5.00
	Toronto	25	4.3600	.5686	3.00	5.00
	Central West	28	4.1786	.6118	3.00	5.00
	London	27	3.5926	1.0099	2.00	5.00
	Chatham	28	4.0000	.7698	3.00	5.00
	Total	172	4.1163	.7635	2.00	5.00
Depression and the Cornell	Kingston	16	4.3750	.7188	3.00	5.00
	Ottawa	21	4.0476	.7400	3.00	5.00
	Central East	27	4.0370	.7061	2.00	5.00
	Toronto	26	4.2692	.6668	3.00	5.00
	Central West	28	4.2857	.5345	3.00	5.00
	London	27	3.6296	.9260	2.00	5.00
	Chatham	28	3.8929	.8317	2.00	5.00
	Total	173	4.0578	.7679	2.00	5.00

Ratings of specific components of the 3-day program

		N	Mean	SD	Minimum	Maximum
The Psychotropics Template	Kingston	15	4.3333	.7237	3.00	5.00
	Ottawa	20	3.7000	.8645	3.00	5.00
	Central East	27	3.8519	.9074	2.00	5.00
	Toronto	26	4.0769	.7442	2.00	5.00
	Central West	28	4.1429	.6506	3.00	5.00
	London	27	2.8704	1.1896	1.00	5.00
	Chatham	26	3.8846	.9089	2.00	5.00
	Total	169	3.8077	.9728	1.00	5.00
P.I.E.C.E.S. Quick Start	Kingston	16	4.5000	.6325	3.00	5.00
	Ottawa	21	4.1905	.6796	3.00	5.00
	Central East	27	3.7407	.8130	2.00	5.00
	Toronto	26	4.2692	.8744	2.00	5.00
	Central West	28	4.3571	.5587	3.00	5.00
	London	27	3.5185	1.1887	1.00	5.00
	Chatham	28	3.8571	.9315	2.00	5.00
	Total	173	4.0289	.8985	1.00	5.00
Information and support regarding practical applications	Kingston	16	4.5000	.7303	3.00	5.00
	Ottawa	21	4.2857	.7171	3.00	5.00
	Central East	27	3.9630	.8077	2.00	5.00
	Toronto	26	4.1923	.7494	2.00	5.00
	Central West	28	4.1786	.6696	3.00	5.00
	London	26	3.3077	.8840	2.00	5.00
	Chatham	26	3.9615	.8237	3.00	5.00
	Total	170	4.0235	.8353	2.00	5.00

5. Do you feel the information learned (P.I.E.C.E.S. Frameworks and Tools) will be helpful in your day-to-day role? (5-point scale; 1= Not at All Helpful, 5= Extremely Helpful).

Do you feel the information learned (P.I.E.C.E.S. Frameworks and Tools) will be helpful in your day-to-day role?

Q5

	N	Mean	SD	Minimum	Maximum
Kingston	16	4.6875	.4787	4.00	5.00
Ottawa	21	4.6190	.4976	4.00	5.00
Central East	27	4.7037	.5417	3.00	5.00
Toronto	26	4.4231	.7575	2.00	5.00
Central West	28	4.5714	.6341	3.00	5.00
London	27	4.1481	.7698	3.00	5.00
Chatham	28	4.6071	.4973	4.00	5.00
Total	173	4.5260	.6340	2.00	5.00

6a. Please provide two examples of how you will use this learning in your clinical work.

A great many participants stated that they would educate and involve staff and families and explain a resident's behaviours and mental health state to staff and family. Many also stated that they would conduct better assessments, use the tools, and be able to recognize problems and identify triggers for behaviours. Increase the involvement of family; obtain and consider life history of resident from family and chart, and not ignore them - remember they have feelings, see them as a whole person with a history. Many participants stated that they would review medications and medication effects. Other comments included:

- ❑ Document, and monitor behaviours
- ❑ Use the P.I.E.C.E.S. Quick Start template
- ❑ ABCs apply shift to shift
- ❑ Understand that there is a reason for every behaviour
- ❑ Have more awareness of delirium symptoms, depression and potential for misdiagnosis, check for deliriums
- ❑ Better understand those with frontal lobe changes
- ❑ Improve communication and documentation with/for Doctors (e.g., re. Aggressive behaviour) & other professionals and family
- ❑ Deal with behaviour problems more effectively
- ❑ Develop better care plan/strategies
- ❑ More likely to use all partners in care
- ❑ Have a "better understanding of possible reasons behind behaviour. Better understanding of disease processes and why people act the way they do"
- ❑ Will better utilize the psychogeriatric teams when needed
- ❑ Will understand "aggressive" behaviours - may not be aggression but defensive, e.g., bathing, and help front line staff manage problem better and look for alternatives in managing the problems
- ❑ Especially in London, participants commented that they will not turn to prn medications (Ativan mentioned a few times) so readily but look for other ways to solve the problem

6b. What will help you to apply what you have learned through the P.I.E.C.E.S. program?

The following were mentioned by many participants from all sites:

- ❑ assessment tools and templates
- ❑ guide, quick reference sheets, acronyms and the laminated templates (specifically the 6-question template)
- ❑ support, co-operation from management and co-workers
- ❑ the resource guide, the P.I.E.C.E.S. manual
- ❑ time
- ❑ support from the PRC and assistance and guidance from the PRN

- ❑ P.I.E.C.E.S. Quick Start
- ❑ the website, the website for TIPS
- ❑ Support team available, previously trained P.I.E.C.E.S. nurses, follow-up with co-participants, “keeping the networks alive”, support from Partners in Care
- ❑ practice, practical experience
- ❑ Brain and Behaviour Session

7. Please feel free to make any other comments about the 3-day session or the Putting the P.I.E.C.E.S. Together learning initiative.

Many participants commented that the program was excellent and that they enjoyed the 3 days.

“excellent program. I have learned so much and now understand why my residents exhibit their behaviours. I am looking forward to going back to my facility and put P.I.E.C.E.S. into place and educate other staff and HCAs re Residents behaviour.”

Many felt that there was too much information for 3 days and that 4 days would have been better. The following examples illustrate this sentiment: “my head is spinning”, “I’m exhausted”, “overwhelming”

Many participants from London and Chatham commented that following through the books was difficult at times, and suggested the following improvements: labeling of the book, use tabs to flag chapters, better page numbering.

Several felt that the information on medication needed more breaking down and could have been improved: “The medication info - last part of Day 3 - deadly” and a few did not like seeing the video on Friday afternoon

Participants in Ottawa and Central East commented that the room was “noisy” and “distracting”, due to “people coming in and out”. One participant suggested using a U-shaped seating arrangement.

The pre-assignment questionnaire was confusing for a few: they did not know what was being asked of them. Specific comments regarding the structuring of the three days include the following:

- ❑ “I did not find the group activity useful/insightful on Day 2 in the afternoon”
- ❑ too much info for 3 days
- ❑ “make your cell phones go away”
- ❑ “reverse content from day 3 to day 2. If medication and illness depression and delirium done prior - it would help when identifying individual cases”
- ❑ don’t have film on medications Friday afternoon
- ❑ didn’t enjoy presentation by other “students” - prefer to learn from educators
- ❑ video lecture only fair -sound was not always clear and picture small

- ❑ when reviewing MMSE tool - more instruction with respect to interpreting exam results differentiating 3 “Ds” - included in resource guide but NOT in P.I.E.C.E.S. training
- ❑ day 3 medication - needs more breaking down/less video more [facts?] from P.I.E.C.E.S. educator
- ❑ please use microphone
- ❑ templates on an overview of assessment tools and guides would be helpful, and psychiatric indications for diagnostic tests
- ❑ laminate the overview of assessments tools and guides (many people requested this)
- ❑ make some references available to borrow or buy (the books listed in black book for reference)
- ❑ teach about psychotropics differently make it more interesting
- ❑ “should be part for curriculum in nurses training”
- ❑ “I wish I had a partner – a coworker in facility who was trained through the P.I.E.C.E.S. program”
- ❑ “I found these sessions, although complex and at times overwhelming, very good and can hardly wait to apply the principles I've learned to my practice. Brain and behaviour presentation was excellent!”
- ❑ “I would have liked addresses/names of the video tapes, books used during the 3 days as handout”
- ❑ “Many of the health professionals I spoke with felt that there is not enough education (P.I.E.C.E.S.) for Health Care Aides. Some suggested that a P.I.E.C.E.S. training program be specially designed for HCAs - geared to their education levels and also on their tasks”

3.3 Evaluation of the 2-Day Session

1. How would you rate your satisfaction with the following aspects of the 2-day session? (1= Too Slow/Little/Basic/Few, 3= About Right, 5= Too Fast/Much/Complex/Many)

How would you rate your satisfaction with the following aspects of the 2-day session?

		N	Mean	SD	Minimum	Maximum
Pace of activity	Kingston	15	3.2667	.4577	3.00	4.00
	Ottawa	20	3.1500	.3663	3.00	4.00
	Central East	27	2.8148	.4833	2.00	4.00
	Toronto	26	3.2308	.4297	3.00	4.00
	Central West	25	3.0000	.5774	2.00	4.00
	London	27	2.8148	.6225	1.00	4.00
	Chatham	28	2.8214	.6696	1.00	4.00
	Total	168	2.9881	.5579	1.00	4.00
Volume of material	Kingston	15	3.3333	.4880	3.00	4.00
	Ottawa	20	3.1500	.4894	2.00	4.00
	Central East	27	3.0000	.2774	2.00	4.00
	Toronto	26	3.3269	.4678	3.00	4.00
	Central West	25	3.2000	.5774	2.00	5.00
	London	27	3.1111	.6405	1.00	4.00
	Chatham	28	3.2500	.5853	2.00	5.00
	Total	168	3.1875	.5211	1.00	5.00
Complexity of material	Kingston	15	3.2000	.4140	3.00	4.00
	Ottawa	21	3.0476	.3842	2.00	4.00
	Central East	27	3.0000	.2774	2.00	4.00
	Toronto	26	3.3077	.4707	3.00	4.00
	Central West	25	3.1200	.4397	2.00	4.00
	London	27	3.0000	.5547	1.00	4.00
	Chatham	28	3.0714	.2623	3.00	4.00
	Total	169	3.1006	.4175	1.00	4.00
Opportunities to participate	Kingston	15	3.2000	.4140	3.00	4.00
	Ottawa	21	3.2381	.4364	3.00	4.00
	Central East	27	3.3333	.4804	3.00	4.00
	Toronto	26	3.3846	.5711	3.00	5.00
	Central West	25	3.1200	.3317	3.00	4.00
	London	27	3.4444	.5774	3.00	5.00
	Chatham	28	3.1786	.3900	3.00	4.00
	Total	169	3.2781	.4752	3.00	5.00

2. Overall, how would you rate the following aspects of the 2-day session? (1= Poor, 2= Fair, 3= Good, 4= Very Good, 5= Excellent)

Overall, how would you rate the following aspects of the 2-day session?

		N	Mean	SD	Minimum	Maximum
P.I.E.C.E.S. Educator Team	Kingston	15	4.7333	.4577	4.00	5.00
	Ottawa	21	4.2857	.7171	3.00	5.00
	Central East	27	4.2778	.7116	2.50	5.00
	Toronto	26	4.6923	.4707	4.00	5.00
	Central West	25	4.6800	.4761	4.00	5.00
	London	27	4.3704	.6293	3.00	5.00
	Chatham	28	4.0893	.8171	2.00	5.00
	Total	169	4.4260	.6674	2.00	5.00
Interaction with other health professionals	Kingston	15	4.5333	.6399	3.00	5.00
	Ottawa	21	4.0952	.7003	3.00	5.00
	Central East	27	4.2593	.7121	2.00	5.00
	Toronto	25	4.2800	.6137	3.00	5.00
	Central West	25	3.9600	.6110	3.00	5.00
	London	27	4.2222	.6980	3.00	5.00
	Chatham	27	3.9259	.8738	2.00	5.00
	Total	167	4.1617	.7140	2.00	5.00
The 2-day session, overall	Kingston	15	4.6667	.4880	4.00	5.00
	Ottawa	21	4.2381	.7684	3.00	5.00
	Central East	27	4.2222	.8006	2.00	5.00
	Toronto	26	4.6923	.4707	4.00	5.00
	Central West	25	4.2800	.5416	3.00	5.00
	London	27	3.8519	.8182	2.00	5.00
	Chatham	28	3.9286	.7164	3.00	5.00
	Total	169	4.2367	.7341	2.00	5.00

Comments:

The overwhelming response from all sites was that the Educator Teams were excellent. A great many of the participants used the following positive words to describe the Educator Teams: “wonderful”, “positive”, “stimulating”, “motivating”, “inspirational”, “encouraging”, “very knowledgeable”, “provided good examples”.

Many participants expressed positive comments regarding the interaction with other health professionals: “good exchange of information with other participants”; “opportunity to network is excellent.”

With regard to the 2-day session:

- ❑ There were many comments on how good the video Art of Possibility was.

- ❑ Many participants stated that the 2-day session helped them to grasp P.I.E.C.E.S. Quick Start “lots of practice with Quick Start. Really reinforced everything”.
- ❑ Many participants at the London session found P.I.E.C.E.S. Quick Sell to be difficult to understand.
- ❑ Many participants said that the 2-day session really helped to pull together everything that was learned in the 3-day session, and that “it all came together”. Participants felt it helped them to “feel more ready to practice with support and assistance”. For example, one participant stated: “When I left I was amazed how much I had actually learned and implemented knowledge”.
- ❑ Some participants stated that they were more prepared for this session compared to the first session.
- ❑ A few participants commented that the “shining eyes” theme was good.
- ❑ A few participants from London thought there was too much time spent in group activities.
- ❑ A few participants from Central East felt that at times the day moved slowly: “some aspects seemed to go on and on and not enough ‘beef’”, “material that was read to group from books as review was a little slow and long”.
- ❑ A few participants, from sites London and Chatham, commented on the confusing organization of the black binder.

3. Overall, how would you rate the following aspects of the P.I.E.C.E.S. 2-day program? (1= Poor, 2= Fair, 3= Good, 4= Very Good, 5= Excellent).

Ratings of specific components of the 2-day session:

		N	Mean	SD	Minimum	Maximum
The Art of Possibility	Kingston	15	4.8667	.3519	4.00	5.00
	Ottawa	21	4.3333	.7958	3.00	5.00
	Central East	27	4.4444	.6980	3.00	5.00
	Toronto	26	4.3846	.5711	3.00	5.00
	Central West	25	4.4800	.7703	3.00	5.00
	London	27	4.4444	.8473	2.00	5.00
	Chatham	28	4.4643	.7927	3.00	5.00
	Total	169	4.4675	.7240	2.00	5.00
Review of practical assignments	Kingston	15	4.0667	.7037	3.00	5.00
	Ottawa	21	3.6190	.7400	2.00	5.00
	Central East	27	3.5926	.6939	2.00	5.00
	Toronto	26	4.1538	.4641	3.00	5.00
	Central West	25	3.7200	.6782	2.00	5.00
	London	27	3.4444	.7511	2.00	5.00
	Chatham	28	3.1071	.9560	1.00	5.00
	Total	169	3.6391	.7905	1.00	5.00
P.I.E.C.E.S. Quick Start scenarios	Kingston	15	4.2667	.5936	3.00	5.00
	Ottawa	21	4.0000	.7071	3.00	5.00
	Central East	27	3.8889	.7511	3.00	5.00
	Toronto	26	4.3846	.5711	3.00	5.00
	Central West	25	4.2000	.5000	3.00	5.00
	London	27	3.7407	.8590	2.00	5.00
	Chatham	28	3.6786	.8630	2.00	5.00
	Total	169	4.0000	.7480	2.00	5.00
P.I.E.C.E.S. Quick Sell	Kingston	15	4.2000	.5606	3.00	5.00
	Ottawa	21	3.5714	.7464	2.00	5.00
	Central East	27	3.5185	.8932	2.00	5.00
	Toronto	26	3.5385	.8593	2.00	5.00
	Central West	25	3.7600	.5972	3.00	5.00
	London	26	2.6346	1.0350	1.00	5.00
	Chatham	28	2.9643	1.0709	1.00	5.00
	Total	168	3.3958	.9663	1.00	5.00

Ratings of specific components of the 2-day session:

		N	Mean	SD	Minimum	Maximum
Partners in care and system issues	Kingston	15	4.2000	.5606	3.00	5.00
	Ottawa	21	3.9524	.6690	3.00	5.00
	Central East	27	3.6667	.7845	2.00	5.00
	Toronto	26	4.0385	.5987	3.00	5.00
	Central West	25	4.0400	.3512	3.00	5.00
	London	27	3.4815	.8932	1.00	5.00
	Chatham	28	3.5000	.7454	2.00	5.00
	Total	169	3.8047	.7260	1.00	5.00
Behaviour	Kingston	15	4.2667	.5936	3.00	5.00
	Ottawa	21	3.9048	.6249	3.00	5.00
	Central East	27	3.9259	.7299	3.00	5.00
	Toronto	26	4.2308	.6516	3.00	5.00
	Central West	25	3.9200	.6403	3.00	5.00
	London	27	3.7037	.8689	2.00	5.00
	Chatham	28	3.8393	.7583	2.00	5.00
	Total	169	3.9497	.7230	2.00	5.00
Psychosis	Kingston	15	4.0667	.5936	3.00	5.00
	Ottawa	21	3.8095	.6016	3.00	5.00
	Central East	27	3.9630	.7061	3.00	5.00
	Toronto	26	3.9231	.6884	3.00	5.00
	Central West	25	3.8800	.6000	3.00	5.00
	London	27	3.7037	.7240	3.00	5.00
	Chatham	27	3.5185	.8024	2.00	5.00
	Total	168	3.8214	.6949	2.00	5.00
Adult learning strategies	Kingston	15	4.0667	.5936	3.00	5.00
	Ottawa	21	3.6667	.6583	3.00	5.00
	Central East	26	3.6538	.8458	2.00	5.00
	Toronto	26	4.2308	.7646	2.00	5.00
	Central West	25	3.6800	.6904	2.00	5.00
	London	27	3.2593	.9027	2.00	5.00
	Chatham	26	3.3077	.8840	1.00	5.00
	Total	166	3.6687	.8413	1.00	5.00

Ratings of specific components of the 2-day session:

		N	Mean	SD	Minimum	Maximum
Caregiver Burden	Kingston	15	4.2667	.5936	3.00	5.00
	Ottawa	21	4.0000	.7071	3.00	5.00
	Central East	27	3.6296	.8389	2.00	5.00
	Toronto	26	4.0385	.6622	3.00	5.00
	Central West	25	3.8800	.6658	3.00	5.00
	London	27	3.4074	.6939	2.00	4.00
	Chatham	27	3.5185	.9352	2.00	5.00
	Total	168	3.7798	.7848	2.00	5.00
Psychotropics Part II	Kingston	15	4.7333	.4577	4.00	5.00
	Ottawa	21	3.8095	.6796	3.00	5.00
	Central East	27	3.7778	.9337	1.00	5.00
	Toronto	26	3.8462	.7845	2.00	5.00
	Central West	24	4.0833	.7755	3.00	5.00
	London	27	3.3704	.9260	2.00	5.00
	Chatham	27	3.5556	.9337	2.00	5.00
	Total	167	3.8204	.8870	1.00	5.00
Sexual Behaviour	Kingston	15	4.4000	.5071	4.00	5.00
	Ottawa	21	4.0476	.5896	3.00	5.00
	Central East	27	3.7407	.7642	2.00	5.00
	Toronto	26	4.1538	.7317	3.00	5.00
	Central West	25	4.2400	.7234	3.00	5.00
	London	27	3.6296	.6877	2.00	5.00
	Chatham	28	3.5357	.8812	2.00	5.00
	Total	169	3.9231	.7715	2.00	5.00
Review of assessment instruments	Kingston	14	4.2143	.4258	4.00	5.00
	Ottawa	21	3.7143	.7838	2.00	5.00
	Central East	27	3.5185	.8932	2.00	5.00
	Toronto	26	4.3462	.6288	3.00	5.00
	Central West	24	3.9167	.5836	3.00	5.00
	London	26	3.9231	.7961	3.00	5.00
	Chatham	28	3.9286	.8133	2.00	5.00
	Total	166	3.9217	.7706	2.00	5.00

Comments:

The Art of Possibility: video/principles

Many participants stated that they enjoyed the Art of Possibility video - one individual wondered why it was not shown on Day 1. There were no negative comments on the video.

Review of practical assignments

Many participants thought the review of the practical assignments could have been better. In particular:

- ❑ “as assignments were in point form, I did not get a lot out of this exercise, not actually knowing the resident”
- ❑ “not enough feedback on the assignments”

P.I.E.C.E.S. Quick Start scenarios

Many participants needed more examples for the P.I.E.C.E.S. Quick Start scenarios.

P.I.E.C.E.S. Quick Sell

A number of participants (primarily at the London site) commented that the purpose of P.I.E.C.E.S. Quick Sell was unclear and confusing.

- ❑ “[it was] difficult to understand what is being ‘sold’ and why”
- ❑ “unsure who we were to sell (i.e., family, administration)”

Partners in Care and system issues

No notable comments

Behaviour

No notable comments

Psychosis

Several participants stated that the video was very informative. One would have preferred seeing the video before lunch not after lunch and commented that the video quality was fair.

Adult learning strategies

No notable comments

Caregiver burden

No notable comments

Psychotropics Part 2

Several participants wanted more time on psychotropics. While some participants thought the video was “excellent”, others found it “difficult to follow”. A few would have preferred to see the video in the morning rather than the afternoon.

Sexual Behaviour

A few participants wanted more information regarding the legalities of sexual behaviour. “Would have appreciated more info regarding legalities of sexual behaviour case study, i.e., was resident capable and what then are his legal responsibilities ...”

Review of assessment instruments

No notable comments

Overall/Other

Several participants stated that the case studies needed more information/more history. Several participants stated that they were now “more confident to return to work to implement the tools and involve peers” and that they “absorbed much more” this time around. One participant noted: “[we] need more of a concentration on leadership and time management skills for our new role”.

4a. How confident are you in taking on a role of psychogeriatric resource person to others in your facility?

Confidence in PRP role

		N	Mean	SD	Minimum	Maximum
Confidence in taking on a role of PRP (1: not at all, to 5: completely)	Kingston	15	3.8000	.5606	3.00	5.00
	Ottawa	21	3.3333	.6583	2.00	5.00
	Central East	27	3.6852	.6672	2.00	5.00
	Toronto	26	3.5962	.6328	3.00	5.00
	Central West	24	3.4167	.6539	2.00	4.00
	London	27	3.5370	.4986	3.00	4.00
	Chatham	28	3.4107	.8284	1.00	5.00
	Total	168	3.5298	.6605	1.00	5.00
Compared to confidence before P.I.E.C.E.S. (1: less confident, to 5: more confident)	Kingston	15	4.3333	1.0465	2.00	5.00
	Ottawa	21	4.2381	1.0911	1.00	5.00
	Central East	27	4.2963	1.0675	1.00	5.00
	Toronto	26	4.1923	1.0206	1.00	5.00
	Central West	24	4.3333	.8165	2.00	5.00
	London	27	3.8519	1.0991	1.00	5.00
	Chatham	27	3.9259	1.0715	1.00	5.00
	Total	167	4.1497	1.0334	1.00	5.00

Confidence in taking on a role of PRP to others in the facility

		Q4A					
		Not at all	2.00	3.00	3.50	4.00	Completely
Site	Kingston			4 26.7%		10 66.7%	1 6.7%
	Ottawa		1 4.8%	13 61.9%		6 28.6%	1 4.8%
	Central East		1 3.7%	8 29.6%	1 3.7%	15 55.6%	2 7.4%
	Toronto			12 46.2%	1 3.8%	11 42.3%	2 7.7%
	Central West		2 8.3%	10 41.7%		12 50.0%	
	London			12 44.4%	1 3.7%	14 51.9%	
	Chatham	1 3.6%	1 3.6%	13 46.4%	1 3.6%	10 35.7%	2 7.1%
	Total	1 .6%	5 3.0%	72 42.9%	4 2.4%	78 46.4%	8 4.8%

4b. How does this compare with your level of confidence before the P.I.E.C.E.S. program?

Confidence compared to before P.I.E.C.E.S. program

		Frequency	Percent	Valid Percent	Cumulative Percent
Confidence	Less	5	3.0	3.0	3.0
	2.00	11	6.5	6.6	9.6
	Same	15	8.9	9.0	18.6
	4.00	59	34.9	35.3	53.9
	More	77	45.6	46.1	100.0
	Total	167	98.8	100.0	
Missing	System	2	1.2		
Total		169	100.0		

5a. How confident are you in your ability to work collaboratively with internal resources to improve care for residents in your facility:

Confidence in working with internal resources

		N	Mean	SD	Minimum	Maximum
Confidence in working with internal resources	Kingston	15	3.7333	.7988	2.00	5.00
	Ottawa	21	4.0476	.6690	2.00	5.00
	Central East	27	3.8889	.8473	2.00	5.00
	Toronto	26	3.8846	.5883	3.00	5.00
	Central West	25	3.9400	.6178	2.00	5.00
	London	27	4.0185	.7903	3.00	5.00
	Chatham	28	3.6786	.8189	2.00	5.00
	Total	169	3.8876	.7375	2.00	5.00
Confidence compared to before P.I.E.C.E.S.	Kingston	15	4.1333	1.3020	1.00	5.00
	Ottawa	21	4.1905	1.0779	1.00	5.00
	Central East	27	4.0741	1.0350	1.00	5.00
	Toronto	26	4.1538	.9672	2.00	5.00
	Central West	25	4.1200	.8813	2.00	5.00
	London	26	4.0385	.9584	2.00	5.00
	Chatham	28	3.8929	.8751	2.00	5.00
	Total	168	4.0774	.9849	1.00	5.00

5b. How does this compare with your level of confidence before the P.I.E.C.E.S. program?

Confidence in working with internal resources - compared to before P.I.E.C.E.S.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less	3	1.8	1.8	1.8
	2.00	9	5.3	5.4	7.1
	Same	30	17.8	17.9	25.0
	4.00	56	33.1	33.3	58.3
	More	70	41.4	41.7	100.0
	Total	168	99.4	100.0	
Missing	System	1	.6		
Total		169	100.0		

6a. How confident are you in your ability to work collaboratively with external resources to improve care for residents in your facility?

Confidence in working with external resources

		N	Mean	SD	Minimum	Maximum
Confidence working with external resources	Kingston	15	3.9333	.5936	3.00	5.00
	Ottawa	21	3.9524	.7400	3.00	5.00
	Central East	27	3.9630	.7061	3.00	5.00
	Toronto	26	4.0769	.5602	3.00	5.00
	Central West	25	3.7400	.6633	2.00	5.00
	London	27	3.8704	.8037	2.00	5.00
	Chatham	28	3.5000	.7454	2.00	5.00
	Total	169	3.8521	.7105	2.00	5.00
Confidence compared to before P.I.E.C.E.S.	Kingston	15	4.5000	.6814	3.00	5.00
	Ottawa	20	4.1500	1.1367	1.00	5.00
	Central East	27	4.0741	1.0715	1.00	5.00
	Toronto	25	4.1600	1.1790	1.00	5.00
	Central West	25	4.0000	.8660	2.00	5.00
	London	27	3.9630	.9799	2.00	5.00
	Chatham	28	3.5000	.8819	2.00	5.00
	Total	167	4.0090	1.0127	1.00	5.00

6b. How does this compare with your level of confidence before the P.I.E.C.E.S. program?

Confidence in working with external resources - compared to before P.I.E.C.E.S.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Les	3	1.8	1.8	1.8
	2.00	10	5.9	6.0	7.8
	Same	36	21.3	21.6	29.3
	3.50	1	.6	.6	29.9
	4.00	50	29.6	29.9	59.9
	More	67	39.6	40.1	100.0
	Total	167	98.8	100.0	
Missing	System	2	1.2		
Total		169	100.0		

7a. Provide 2 examples of P.I.E.C.E.S. program learning you applied following the first 3-day session:

By far, assessment and using assessment tools and templates (the 6-question template was specifically mentioned by many participants) were the most common examples and were cited by most participants from all sites. P.I.E.C.E.S.Quick Start was another commonly mentioned example. Other examples included:

- ❑ using Partners in Care and PRCs more
- ❑ ABC charting
- ❑ I WATCH DEATH
- ❑ Educating and helping other staff to understand a behaviour and use P.I.E.C.E.S. approach to deal with it
- ❑ reviewing medications
- ❑ understanding and explaining the brain function (frontal lobe)
- ❑ breaking down a problem
- ❑ recognizing delirium, depression, inappropriate sexual touching
- ❑ identifying physical underlying cause for behaviour (UTIs mentioned a few times)

The following quotes provide some detail to illustrate how many participants used the P.I.E.C.E.S. training to benefit residents and to train their co-workers:

“I had a new resident who was recently admitted on my unit and he was really agitated and most of the staff want him medicated - we went through the P.I.E.C.E.S. and found that he had UTI” (Ottawa)

“I used the P.I.E.C.E.S. QuickStart on a resident who was at high risk for falls and found an effective intervention – the TAGS alarm system which was effective in this situation.” (Ottawa)

“Learned to break down problems into single unit to be assessed and dealt with individually to improve the whole – I detected 3 problems in my resident that were ultimately resolved.” (Ottawa)

“I began using more ‘partners in care’, I often forgot to include recreation, dietary and other staff. It is much more helpful to involve all the team members to come up with good ideas and interventions.” (Ottawa)

“I started looking at medication a resident didn’t need to be on. Then I requested MD to decrease it or discontinue it (actually I said could we do a trial hold). My suggestions were accepted and this benefited the resident.” (Toronto)

“Was able to point out to physician that a resident who did not present as depressed may have been as evidenced by Cornell Score.” (Toronto)

“I was also able to pick out behaviours with residents that were misinterpreted by staff.” (London)

“Staff had problems understanding why resident was having increased behaviour, discussed P.I.E.C.E.S., walked them through to find answers.” (London)

“Assessing for pain more frequently when a resident increases in agitation, have a clearer understanding of delirium and assessing for it” (Chatham)

“When other staff came to me to medicate someone for aggressiveness I suggested other means to find out ‘why’ he is doing this.” (London)

7b. Following the 3-day session, what helped you the most to apply what you had learned?

Several specific educational resources were listed by most of the participants, including: the laminated sheets, assessment tools, 6-question template, psychotropics template, P.I.E.C.E.S. Quick Start, manual/resource guide/handbook, and binders. In addition, the cases studies, practical examples from educators and talking with others taking P.I.E.C.E.S., small group discussion and examples from others, exchange of ideas, and good networking were helpful.

In particular, participants gained confidence from doing the practical homework assignment, and gaining knowledge of the brain, mental health concerns, and medications, (e.g. psychotropics).

The website was mentioned on the first questionnaire by several: very few participants specifically mentioned the website here. Those that did mention it described it as “very good” and “a great asset”, or mentioned that TIPS was interesting.

Several participants stated that what helped the most was having support from management and other staff, resource team, PRCs, other P.I.E.C.E.S. trained persons at facility, knowing who in the community to contact, and reaching out to Partners in Care more.

4.0 Summary and Discussion

4.1 Participants

- ❑ Of 190 initial registrants, 169 completed the five days of training (and completed evaluation forms).
- ❑ Nearly 80% of participants were registered nurses.
- ❑ Less than half of participants reported that there was currently an in-house PRP in their facility. Approximately one-quarter of participants had been involved in an educational session conducted by a PRP.

Many participants reported difficulty accessing the on-line Management Guide, and this varied across sites.

4.2 Baseline Information

There was variation across sites in awareness of, and relationships with, the PRCs. Several questions were asked about awareness of, and contact and collaboration with, the PRCs. Some of these results appear contradictory. For example, only 76.5% of participants at the Kingston session gave a name or a program affiliation for a PRC, but 92.9% reported having an opportunity to collaborate with a PRC. Part of the apparent inconsistency may relate to the number of participants who did not answer some of these questions. The following table presents a summary of questions related to the PRC role, in which the denominator used for the proportions is the total number of participants at that site (rather than the total number who answered a particular question). This assumes that participants not answering a question are not in contact with a PRC, or have not had opportunity to collaborate with the PRC (i.e., that they would have answered “no” to that question).

Questions Related to PRC Role

Site	No. of Participants	Name PRC or Agency (%)	Any Contact with PRC (%)	Opp'ty to Collaborate with PRC (%)	Mean Confidence (out of 5)
Kingston	17	.76	.71	.76	3.7
Ottawa	28	.75	.71	.61	4.0
Central East	29	.83	.66	.59	3.7
Toronto	29	.76	.72	.48	3.8
Central West	29	.79	.55	.59	4.0
London	29	.52	.41	.66	3.5
Chatham	29	.55	.38	.48	3.6
Total	190	.71	.58	.58	3.7

The table indicates a correspondence with an ability to indicate a PRC name or agency and actual contact with the PRC, but not with either of these variables and “opportunity to collaborate”. The wording of the latter question sounds a bit speculative, somewhat like a hypothetical question. Some participants might have said they had opportunity to collaborate even if they had had no actual contact. Where there is consistency in these responses, it may indicate areas with more developed (Kingston) and less developed (Chatham) relationships with PRCs. Nonetheless, caution should be used when interpreting these responses.

Participants across all sites reported similar opportunities for collaboration with most internal and external partners, but there was some variation in reported collaboration with external specialized resources, such as geriatric outreach teams, the Alzheimer Society, and PRCs. There was considerable variation in reported access to specialist geriatric medicine and geriatric psychiatry physicians and teams. Some of the responses to these questions seemed inconsistent or implausible and caution should be used when interpreting these results. These data (and the apparent confusion in some of the responses) suggest a need for work to enhance awareness of, and linkages with, external resources such as PRCs and outreach teams.

At baseline, participants across sites reported similar levels of confidence in aspects of assessment, in the use of assessment tools, and in knowledge of medications. Participants across sites reported small variation in ratings of core competencies, similar priority ratings for performance objectives, and similar presence of factors that facilitate the transfer of learning into practice.

Time and the support of administration and other personnel, were described as important supports in fulfilling their roles.

4.3 Evaluation of Sessions and Application of Learning

The P.I.E.C.E.S. Learning Initiative was very well-received by participants in all seven sites. The Educator Teams were very highly rated. The Brain and Behaviour session and the Art of Possibility video were especially well-received.

Overall, participants were cautiously confident in taking on the PRP role, and reported that their confidence had increased since before the P.I.E.C.E.S. program. Participants also reported increased confidence in working collaboratively with internal and external resources

- ❑ Over half of participants were quite confident in taking on the role of PRP: 53.6% rated their confidence positively (> 3 out of 5) after the 2-day session.
- ❑ Less than 4% rated their confidence negatively (< 3 out of 5).
- ❑ Many (42.9%) rated their confidence at the midpoint, indicating a degree of caution about the new role.

- ❑ There was some variation by site: over two-thirds of participants in Kingston and Central East rated their confidence positively; only one-third of Ottawa participants gave positive confidence ratings.
- ❑ Over 80% of participants felt their confidence had increased since before the P.I.E.C.E.S. program. Some however (less than 10%) felt less confident, perhaps indicating a feeling of being overwhelmed by the new information and potential challenges.
- ❑ Over 75% of participants felt their confidence in working with internal resources had increased; over 70% reported increased confidence in working with external resources.
- ❑ Ratings of confidence in working with internal and external resources were generally somewhat higher than ratings of confidence in taking on the PRP role. This may mean that although many are concerned about their role, they are better able to undertake the collaborative relationships with other resources that will be necessary for them to be successful.

Confusion, primarily at one session, around the purpose and use of P.I.E.C.E.S. Quick Sell highlights the need for a clear presentation of this framework.

Although many participants had listed “time” as an issue on the pre-program questionnaire, there was only one comment regarding time on the follow-up questionnaire, and it was optimistic, rather than negative: “I am hopeful that there will be enough time to use the information adequately.” (London)

Participants had shared their information with co-workers and were better able to communicate with physicians, consultants, and other resources. Following P.I.E.C.E.S., participants reported involving Partners in Care, including family members and others, more frequently in care planning for residents. They were more likely to consider the patient as a whole person with a life history.

Participants gave many examples of how they had applied learning from the P.I.E.C.E.S. program. Assessment applications and the use of assessment tools and templates (the 6-question template was specifically mentioned by many participants) were the most common examples and were cited by most participants from all sites. P.I.E.C.E.S. Quick Start was another commonly mentioned example. Other examples included using the techniques learned in the P.I.E.C.E.S. program to help themselves and other staff to better understand a problem.

Many participants felt that application of the P.I.E.C.E.S. training had had a direct impact on the care of residents, for example, in identifying unrecognized problems such as urinary tract infections or depression, or in influencing a resident’s medication by discussing the problem with the physician.

Specific resources that helped the participants apply what they learned included: the laminated sheets, assessment tools, 6-question template, psychotropics template, P.I.E.C.E.S. Quick Start, and the resource guide. In addition, the cases studies, practical

examples from educators, and discussions and networking with other participants, were helpful. Participants gained confidence from doing the practical homework assignment, and gaining knowledge of the brain, difficult mental health concerns (delirium, depression, delusion), and medications, (e.g. psychotropics). Several participants stated that what helped the most was having support from management and other staff, and from internal and external resources and Partners in Care.

4.4 Concerns and Suggestions for Improvement

Several concerns or suggestions for improvement were made by participants:

- ❑ More information in the case examples would be helpful.
- ❑ The pace and quantity of information were overwhelming for many participants; some of these suggested re-structuring the P.I.E.C.E.S. content over a longer period.
- ❑ Although many commented that there was too much information presented, some participants would have liked to have more information on medication, and in particular, on psychotropics.
- ❑ Some sites seemed to have poor access to the website either because of an inability to log onto the site, or because of not having a computer.
- ❑ The organization of the binder could be improved.

The evaluation data (and the apparent confusion in some of the responses) highlight the importance of links with external resources, such as PRCs and outreach teams, and the need for continued work to raise awareness of these resources and enhance these linkages.

The fact that many participants felt overwhelmed by the pace and quantity of the material indicates that the P.I.E.C.E.S. Learning Initiative continues to provide a great deal of challenging information for participants. It also illustrates the difficulty of providing educational sessions for participants of varying knowledge levels and backgrounds – while some are overwhelmed, others would like more material.

4.5 Conclusion

Overall, the P.I.E.C.E.S 2002 Learning Initiative was very well-received by participants. Participants reported great benefits in terms of increased knowledge, confidence and skills, and described how they had used this learning to change their practice, to influence the care practices of their co-workers, and to benefit the residents of their long-term care facilities.