



Med Ed[©]:
*A psychopharmacotherapeutic education tool for
youth and their caregivers*

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EXECUTIVE SUMMARY

Youth oriented and informed psychotropic educational materials are generally not available. Written information is often inadequate in supporting clients, or supporting their information needs. To overcome this, in addition to providing factual information, educational resources should promote dialogue among clients, parents/caregivers, and health providers. Additionally, such resources should facilitate shared decision-making and collaborative treatment monitoring. Med Ed is a tool designed to facilitate informed, collaborative decision-making among youth, their parents/caregivers and health providers, and to encourage client input in order to improve treatment outcomes. Its target users are youth aged 12-24 years for whom psychotropic medications are being used to treat mental symptoms or illness, along with other partners in their care (i.e. parents/caregivers, physicians, pharmacists, youth workers, etc.).

The Med Ed resource was developed by the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (the Centre), in partnership with Dr. Stan Kutcher (Sun Life Financial Chair in Adolescent Mental Health) and pharmacists Drs. Andrea Murphy and David Gardner. Feedback from youth and other key stakeholders, as well as consultation from a graphic designer and plain language expert, were used to ensure that the tool remained youth-friendly. The Med Ed resource has three components: a comprehensive booklet, a companion passport, and the accompanying training. The booklet contains information on various types of medications (including potential side effects), frequently asked questions (FAQs) generated by youth, monitoring tools for symptoms, activities and side effects, checklists of questions to ask doctors and pharmacists, medication and appointment logs, and information about youths' rights with regards to medication. The passport is a smaller, more portable version of the booklet that can easily be transported to appointments with various practitioners.

Med Ed is not intended to be a stand-alone tool but one that is accompanied by training. Training sessions on how to use the tool were provided by the developers and the Centre twice during the pilot phase of the project, using a train-the-trainer approach. Thirty-eight champions from across Ontario took part in these sessions, and have since returned to their respective organizations to train over 200 service providers how to use the tool with clients and their caregivers. A number of supports have been available throughout this process, including one-on-one support for all trained champions, the provision of training materials, bi-monthly teleconferences and an online community of practice where champions are able share information and feedback. Currently over 250 service providers have now been trained on how to use Med Ed, and more training sessions are being planned by the latest group of champions.

The evaluation of the pilot phase of Med Ed has focused on assessing the effectiveness of training and the utility of the resource. Input was sought from multiple stakeholders, including trained champions, service providers, youth and their parents/caregivers. Evaluation measures included pre- and post-tests, feedback questionnaires, exit surveys, telephone interviews and online surveys. The results of the evaluation suggest that both champions and service providers found the content of the training program useful and informative, and were satisfied with educational supports provided by Centre staff. They also rated the tool positively in areas such as ease of use, ease in learning and usefulness, and generally rated themselves as highly confident in their ability to distribute Med Ed to end users. Pre- and post-tests revealed that while the initial group of champions already exhibited adequate knowledge of psychotropic





medications prior to training, the service providers they trained showed significant improvement in this knowledge following their training sessions.

Although the sample size was small, feedback indicates that the tool is well-received by youth and their parents/caregivers. They noted that the information was useful in conversations with prescribers, but also highlighted concerns regarding consistent use and applicability for younger ages and lower reading levels. Several organizational processes for improving uptake were also identified as part of the evaluation.

A number of key recommendations have been generated based on the findings from the evaluation of the pilot phase, as well as feedback from participants at various presentations on the Med Ed resource. These include improvements to the booklet and passport (such as providing electronic resources, revisiting the language used, adapting the content to an expanded audience, and adding information about possible interactions with non-prescription medication), changes to the training protocol and supports (such as providing “booster” sessions for champions, adapting training to target particular groups of potential users, and initiating a mentoring system), and suggestions to increase the uptake of Med Ed (including exploring and addressing barriers to uptake, and expanding the promotion of the tool to a broader audience). Finally, actively engaging youth in the future planning and decision-making around the Med Ed resource is considered an essential recommendation for future iterations of the project. These recommendations will hopefully serve to inform next steps regarding the future of the Med Ed resource.





INTRODUCTION

Psychotropic medications can play an integral role in treating many mental health problems. In order to maximize the potential benefit and minimize potential harms of psychotropic use, decisions to make these a part of a treatment plan require informed decision-making and close monitoring. Currently, few tools exist to facilitate this process. Youth, parents/caregivers, and health providers need access to information, tools, and resources in order to make informed decisions about medications. This information should be useful in promoting dialogue between young people, their parents/caregivers and health providers in order to support collaborative treatment planning and monitoring. Tools supporting these exchanges that are youth-friendly, patient-oriented, and consumer-informed are rarely available. Standard medication information pamphlets and monographs are not designed to support information seeking and sharing, informed decision-making, or therapeutic communications about the benefits and risks of psychotropics.

Recognizing that information and communication tools for psychotropics were missing for youth in care, and in response to a critical incident pertaining to the use of psychotropics in residential care, the Ministry of Children and Youth Services (MCYS) in Ontario, Canada sought to have such resources developed. A project team with extensive clinical experience, knowledge of psychopharmacology, and expertise in bringing people and knowledge together in order to promote the best mental health of children and youth was assembled. The result of this team's efforts is the creation of the Med Ed resource. This is an innovative set of tools created to help youth and their parents/caregivers and health providers exchange information about medication so that informed decisions about treatment can be made. The resource includes information about medications (including possible side effects and interactions), answers to many frequently asked questions about these medications, trackers and checklists to aid in monitoring treatment progress and outcomes, and information about youths' rights related to medications. Med Ed is not meant to promote medication as the only solution to mental health problems. Rather, its goal is to engage youth, parents/caregivers, and health providers in an informed dialogue about possible treatment options.

This resource was created through an iterative process of feedback from youth, mental health care providers, and an expert review committee. Resource development was guided by a review of best practices focused on creating useful, patient-oriented, written materials related to health care information. The content is a synthesis of the best available evidence on the safe and effective use of psychotropics in youth, as well as the experiential knowledge of the team's members. A graphic artist and plain language consultant were used throughout the development process to ensure the materials remained youth-friendly.

In the following sections, we describe how Med Ed was developed, and provide an overview of its three main components: the booklet, the passport, and the associated training. We then share our approach to disseminating Med Ed, and summarize the findings from our evaluation of the pilot stage of this project. We conclude with a discussion of lessons learned, recommendations and future opportunities, and a summary of costs associated with Med Ed to date.





BACKGROUND

Psychotropic medication can be a useful part of a treatment plan for youth dealing with mental health problems. However, many youth taking psychotropic medications often do not know enough about these medications to make informed decisions about their use (Bell et al., 2006; Gardner et al., 2001; Widerholt et al., 1992). This may be due in part to the lack of information that is youth-friendly, but also because clinicians are typically inclined towards information-sharing sessions that are brief and limited in detail (Raynor et al., 2007). Despite this, clients and their families express wanting extensive, informative discussions that focus on various aspects of such treatment (in particular, the potential harms) (Gardner et al., 2007).

Resources that are youth-friendly, and which facilitate efficient yet comprehensive discussions that promote empowerment, knowledge sharing, and safe and effective medication use are required (Nathan et al., 2007; Raynor et al., 2007; Wolf et al., 2006). Such tools should encourage dialogue between youth, parents/caregivers, and health providers in order to collaboratively develop and monitor appropriate treatment goals and outcomes. An evidence-based approach should be used to inform both the design and content of an educational resource to meet these needs.

Med Ed: Goals and target users

Med Ed is a resource comprised of a comprehensive, information-rich booklet, a companion passport, and the required training. The goals of Med Ed are:

1. To facilitate information and knowledge exchange about medications among partners in care (i.e., the client, parent/caregiver, and health provider);
2. To support collaborative decision-making in order to improve treatment outcomes; and
3. To encourage client input in shaping their care.

Target users of Med Ed include youth aged 12-24 for whom psychotropic medications are being considered or used to treat mental symptoms or a mental illness; parents/caregivers; and health providers (e.g., physicians, pharmacists, nurses, psychologists, youth workers, occupational therapists, and social workers).

Key people involved in developing Med Ed

The Project Team: The Med Ed resource was developed by a team of researchers with content expertise in pharmacology and psychiatry from Dalhousie University (Drs. Andrea Murphy, David Gardner and Stan Kutcher). Drs. Simon Davidson and Ian Manion (The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO) helped to conceptualize the resource and its format.

Project partners: Overall project coordination, dissemination and evaluation of the pilot stage of Med Ed was provided by Drs. Simon Davidson and Ian Manion and their team at The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO (whose expertise is in bringing people and knowledge together to promote the best mental health in children and youth).





Other key stakeholders: Youth between 12-25 years of age who identified as having a mental illness, as well as other key stakeholders involved in caring for youth with mental health problems (e.g., clinicians, a mental health advocate, youth workers) also contributed to the development of Med Ed. Their input regarding the content and appearance of the resource was sought through focus groups and interview consultations. Youth talked about information they viewed as important, and felt should be included in the resource. A graphic designer attended meetings with youth to understand their ideas and opinions about graphics, imagery, and the layout of the resource. A plain language consultant worked with the group to ensure that the resource was youth-friendly. An expert review panel of mental health practitioners also reviewed the resource and provided feedback to the project team. Finally, a legal expert consulted with the project team in order to clarify youths' legal rights regarding mental health treatment in Ontario.





THE MED ED RESOURCE

In this section, we describe the evolution of the Med Ed resource. We begin by summarizing the relevant published literature related to the health/medication information needs of users. This is followed by a detailed description of the Med Ed booklet, passport, and required training.

RESOURCE DEVELOPMENT

When evaluating possible treatment options, accessible, informative resources about psychotropic medications are critical for youth experiencing a mental illness. In addition to enhancing the client's ability to make informed decisions about medications, such information can be useful in supporting collaborative treatment planning along with parents/caregivers and health providers, and can improve treatment-related outcomes. Medication information is available in a number of formats, each with its advantages and challenges.

For example, at this time of rapid technological growth, youth and other consumers frequently default to the Internet to find information about health and medication (Diaz et al., 2002; Hansen et al., 2003; Sciamanna et al., 2003). The ease with which information can be accessed, and the interactive nature of the medium makes the Internet a great resource for clients and their parents/caregivers. However, possible problems with accessing Internet-based health information can include an overwhelming volume of information, incomplete information, and an assumed level of literacy that may not be present among most users. Further, users may not be able to distinguish credible websites from those that are misleading (Peterson, Aslani, & Williams, 2003). It has also been shown that clients rarely share or discuss information that they have found on the Internet with their health providers, making it difficult to verify the accuracy of their findings (Diaz et al., 2002). The media is another key source of health and medication-related information. According to Gregg et al. (1999), 84% of doctors agreed that media reports influence the kind of treatments their clients requested. When considered along with findings from a 1997 US National Health Council report where 58% of Americans surveyed said they were prompted to modify some aspect of their behaviour by a health-related story in the media, the impact of the media on choices related to health is compelling.

Even when based on best practices and current evidence, medication information resources may not be read by patients, making informed autonomous or shared decision-making impossible (Nathan et al., 2007). For this reason, it is important to understand client and health provider preferences around both the type of information included in medication-related resources, as well as the modalities in which this is delivered (Dickinson, Raynor, & Duman, 2001; Dickinson & Raynor, 2003; Nicolson et al., 2006; Raynor et al., 2004; Zwaenepoel & Laekeman, 2003; Zwaenepoel et al., 2005). In terms of content, several authors have shown that what clinicians consider to be important information about medications and treatments is not always consistent with what clients value (e.g., Davis, 2007; Gardner et al., 2007; Raynor et al., 2007; Zwaenepoel et al., 2005). In terms of medium, the literature suggests that clients prefer verbal and/or printed materials as their primary source of medication-related information (Raynor et al., 2007; Zwaenepoel et al., 2005), while clinicians tend to prefer face-to-face interactions and paper-based resources over computer-based technologies (Bennet et al., 2005; Bennet et al., 2006; Murphy et al., 2006). For these reasons, Med Ed has initially been





developed using a paper-based format with an Internet release being considered as a possibility at a later date[†].

According to Gagne (2005), consumer input is critical in emerging collaborative care models where the theme of “consumer centeredness” encourages client involvement in all aspects of care. This includes participating in treatment decisions, designing educational materials and evaluating program processes and outcomes. Youth participation in the development of the Med Ed resource, then, was given high priority by the project team. A basic template for Med Ed was developed by the project team based on the literature, and their professional knowledge and experiences. This template was shared with key stakeholders, who made suggestions for revisions to the content and design. Stakeholders played an integral role in shaping the presentation of information by commenting on: the order in which information appears in Med Ed, the style (i.e., font, size, graphics), the appropriateness of language used throughout the resource (e.g., “medicaleze”, literacy level), the illustrations, the format (i.e., concise, bulleted), and the consistency of both design and information. The project team worked with stakeholders to develop several iterations of the resource, until they arrived at a final product.

THE MED ED BOOKLET

The Med Ed resource consists of three components: a booklet, a passport, and the required training. The **booklet** (88 pages) is content rich, and includes the following main sections:

1. Twenty-six frequently asked questions (FAQs) generated by youth;
2. Information about medications in the major psychotropic drug classes, including potential side effects
3. Monitoring tools (referred to as “trackers”) for symptoms, activities, and side effects;
4. Checklists of possible questions to ask doctors and pharmacists;
5. A medication log;
6. An appointment log;
7. A “notes” section; and
8. A glossary

Youth consumers emphasized the need for detailed **information about psychotropic medication**, which is contained in the first two sections (FAQs and information related to the major psychotropic drug classes). Along with the checklists of possible questions to ask doctors and pharmacists, the information in these sections is intended to highlight issues that clients may want to discuss with their health providers. In other words, the FAQs and checklist questions are designed to act as “springboards” to discuss necessary medication-related information. For example, the FAQ “How does my prescriber know which medication to give?” addresses some basic issues that prescribers typically consider before suggesting a particular medication, and encourages clients to be active participants in the treatment selection process. The FAQs “What can I expect when I start a medication?” and “How long will it take a medication to make me feel better?” highlight important issues that often arise early in the course of therapy. Other FAQs, such as “I am feeling better. Should I stop my medication?”

[†] In order to address issues raised above related to Internet content, Med Ed includes the FAQ “Can I trust medication information from the Internet?” that briefly outlines some of the challenges associated with information found on the Internet, and offers some guidance for clients using the Internet for medication-related information.





promote the safe and effective use of psychotropics, as well underscoring the importance of adherence and continued communication and monitoring throughout the recovery process.

The third section includes **trackers** for symptoms, activities, and side effects. These tools are meant to encourage a collaborative plan for monitoring the effects of psychotropics. Youth, parents/caregivers, and health providers can use these tools to jointly determine which symptoms, activities, and side effects might require a systematic approach to tracking. Using these trackers, clients can document their progress and work with parents/caregivers and health providers to collaboratively evaluate their treatment over time. An added benefit of the trackers is that health providers can use the tool as an efficient source of information for assessing progress between visits.

Sections 5 and 6 include **logs** that are intended to support youth in their efforts to keep track of their medications and appointments, and the **notes** section is helpful for jotting down questions, concerns, or thoughts that might arise throughout treatment. Finally, the **glossary** can be used as a source to clarify technical terms and “medicaleze” (jargon, or specialized terms used in the health care field).

Also included in the Med Ed booklet is a loose-leaf page focusing on youths’ **legal rights** related to medications. The information contained on this page was developed in consultation with a legal expert, and is meant to clarify key questions, such as “What information should be provided to me about my treatment?” and “I consented to treatment, but now I have changed my mind. What do I do?” Information about the Consent and Capacity Board of Ontario is also provided. Given that information related to youths’ legal rights related to medications differ across provinces, this page can be easily removed in order to adapt depending on the legal context in which Med Ed is being used.

THE MED ED PASSPORT

While youth consumers felt that the Med Ed tool would be informative and helpful in number of ways, they suggested that a portable companion to the booklet would enhance the usefulness of the resource. The result was the creation of the Med Ed passport, a 56-page travel companion which mirrors the Med Ed booklet but includes a condensed list of FAQs, an abbreviated checklist, trackers, a “notes” section, and logs for appointments and medications. Like the Med Ed booklet, the passport is youth-friendly and inconspicuous, but it easily fits into a pocket or backpack for day-to-day use. It is portable, which allows for it to be brought to each health provider encounter so that medication questions and monitoring can be discussed.

THE REQUIRED TRAINING

Training in the effective use of the Med Ed resource is viewed as an essential part of its dissemination. A train-the-trainer model was adopted to maximize the reach and eventual uptake of the resource. Training for how to use Med Ed took place twice throughout this pilot stage of the project, with two different sets of Champions participating (N=38). While Med Ed materials are available in both English and French, these initial training sessions were conducted in English only. Consistent with a train-the-trainer approach, trainees became “peer champions” for further dissemination of Med Ed to colleagues in their organizations, and within





their region. To date, champions have trained over 215 service provider individuals, resulting in over 250 trained users of Med Ed. While this cascade model has been limited by the duration of the pilot, this approach to training has the potential to reach a significant number of end users over a relatively short period of time (i.e., assuming an annual caseload of at least 50 young people per service provider trained).

The first training session took place on May 6-7, 2008 in Ottawa, Ontario. Nineteen champions from across Ontario participated in this intense two-day training program hosted by the Centre. The developers, Drs. Andrea Murphy, David Gardner and Stan Kutcher, facilitated the training session. The Centre worked in collaboration with the Ministry of Children and Youth Services (MCYS) regional offices to identify the inaugural Med Ed champions. Each MCYS region was represented by at least one agency, with most represented by two or more. Most agencies participating in the first iteration of training were residential treatment facilities or had a residential program component. Organizations spanned across sectors and included not only child and youth mental health agencies, but also child welfare and youth justice organizations. The champions occupied a variety of roles within their agencies, including child and youth workers, social workers, nurses, managers and administrative staff.

The first session was designed to educate champions about the optimal use of the Med Ed resource and to gain their input regarding ongoing training methods and implementation within their respective organizations. Information on scopes of practice, roles and responsibilities, informed consent and rights for refusal of treatment were also included. This training session was videotaped in order to create a training aid for future iterations of training. Trainers presented information on the development and content of the Med Ed booklet and passport. Champions worked through case examples to illustrate how the tools can be helpful in real-life scenarios. The trainers and champions worked together to identify potential barriers to successful implementation of the program, and strategies that could be used to overcome them. Champions also provided feedback on ways to improve future training. They suggested a number of essential resources to support their roles in training others within their organizations and beyond.

The second round of champion training took place, also in Ottawa, Ontario, on February 3, 2009. Again, 19 champions took part in this second round of training, which was facilitated by 3 Centre staff members (themselves trained as champions), this time in a one-day session. Once again, representatives from all of the MCYS regions were present, with larger regions being represented by more than one champion. Participants in this iteration of training were identified in a number of ways. The Centre worked with MCYS regional offices to identify potential champions or organizations in which champions might be found. In addition, publicity related to Med Ed through several means (including the Centre's website, our e-bulletin (CheckPoint), and the annual regional meetings hosted by the Centre throughout the province) resulted in a number of service providers contacting our staff directly to express their interest in taking part in champion training. In this second iteration of training, a number of areas related to child and youth mental health were represented (e.g., residential services, children's mental health services, telepsychiatry, inpatient programs, nursing, psychology, social work, counseling, pharmacy).

All of the topics covered in the first session were addressed during the second champion training. However, some materials were abbreviated and others expanded, consistent with suggestions made by the first group of trained champions. For example, information on





strategies for how to provide training to others, as well as interactive exercises to work through various training scenarios were added to the curriculum. Special emphasis was placed on both large and small group exercises in order to highlight important information, and to provide opportunities for champions to work directly with the Med Ed resource.

Attempts were made to ensure an even distribution of champions across the province. A breakdown of the number of champions trained by region is provided in the following table:

Region	1st iteration	2nd iteration	Total
Toronto	2	4	6
Eastern	1	4	5
Northern	4	1	5
North East	2	1	3
Central East	2	2	4
Central West	3	1	4
Hamilton-Niagara	2	2	4
South East	1	2	3
South West	2	2	4
Total	19	19	38





DISSEMINATION OF MED ED

In disseminating the Med Ed resource, we worked towards three main goals: 1) to provide service providers with the necessary background information about the resource and its content prior to its use; 2) to highlight the many possible uses of the resource and its related tools; and 3) to maximize the uptake of this innovation in organizations across the province. Information about Med Ed has been shared at a number of conferences and regional meetings (see Appendix A), and a formal manuscript has been submitted for publication in a community mental health-focused, peer reviewed journal. In addition to these more traditional forms of knowledge exchange, information about the Med Ed resource has been disseminated using a train-the-trainer approach described above.

ONGOING SUPPORTS FOR CHAMPIONS

The Centre has provided a number of supports to assist champions as they use and disseminate the Med Ed resource. First, Centre staff offers, **one-on-one support** for all trained champions. In addition to providing training materials (i.e., training slides and supplementary materials, a video of the original champion training session conducted by Med Ed developers, as many copies of the Med Ed resource as required for training and use), Centre staff are available to clarify information, problem-solve around any issues that arise either during training or the implementation of the resource, and link trained champions to service providers across the region who are interested in receiving training on the use of Med Ed.

A web portal is also being hosted on the Centre's website for all trained champions to access. The portal acts to facilitate an **online community of practice**, where champions are able to connect with Centre staff, the developers, and one another. Users can post messages, pose questions, and share information about challenges and successes in training and implementing Med Ed in their organizations and communities. Champions are also able to complete and submit the required evaluation questionnaires directly through the portal.

Finally, **bi-monthly teleconferences** have been conducted between Centre staff and trained champions for ongoing support and feedback. Champions are encouraged to connect with one another to share insights on what elements of the training are working well, what areas have presented challenges, as well as ways that the training has been adapted to fit the needs of the service providers being trained.





EVALUATION OF MED ED

Our evaluation of Med Ed has focused on assessing the effectiveness of the training, and the utility of the resource. The evaluation goals and corresponding questions are as follows:

- 1) Outcome evaluation of the effectiveness of the pilot training
 - a) Do trained champions and service providers acquire adequate knowledge on the Med-Ed tool in the train-the-trainer model?
- 2) Outcome evaluation of the utility of the Med-Ed tools
 - a) What are the perceptions of end-users (youth, families/parents/caregivers) on Med-Ed's effectiveness in informed decision-making?
 - b) What are the perceptions of trained service providers on Med-Ed's clinical utility for coordination of care?
- 3) Process evaluation of the pilot training
 - a) How well did trainers adhere to the curriculum and training plans?
 - b) What are the factors affecting the effectiveness of the pilot training at the individual, provider and organizational levels?

METHODS USED

A convenience sample of trained champions was drawn from the pool of eligible individuals who took part in the first round of training (as the second round of champions had yet to conduct their own training sessions at the time of the evaluation). Trained champions identified service providers whom they had trained, and a convenience sample of these individuals was drawn by Centre staff. In order to protect the identity of potential end-user participants (i.e., parents/caregivers and youth), we relied on champions/service providers to contact individuals with whom they have used the Med Ed resource, inform them of the goals of the evaluation project, and to invite their participation. Champions/service providers in each organization received a letter (sent by email) asking them for their help in recruiting potential participants. All participants were assured that their identity would be protected at all times. This evaluation research was approved by the Children's Hospital of Eastern Ontario's Research Ethics Committee (for associated documents, please see Appendices B through F).[‡]

Pre- and post tests were used to assess the extent to which trained champions and service providers acquire adequate knowledge on the Med Ed resource via the train-the-trainer model. Two versions of this test were created to accurately reflect the specific content and level of detail associated with each type of training (i.e. champion and service provider training, see Appendices G and H). Nineteen champions and 216 service providers completed this tool both prior to and at the end of the training session, in order to yield a measure of knowledge acquisition.

Feedback Questionnaires were used to obtain champion and service provider feedback immediately following the training they received. The questionnaires sought to obtain their input

[‡] Centre staff trained a second cohort of champions. However, results on their service provider training sessions are not available at the time of this report. Hence, the sample for this report refers to the 19 initially trained champions, and the 216 service providers they subsequently trained.





regarding various aspects of the tool and the training curriculum. These forms were adapted to reflect the change in content and format of different training sessions (see Appendix I). In total, 19 champions and 203 service providers provided feedback to help shape the training protocol.

Exit surveys were completed by 9 champions immediately following the training they conducted. The purpose of these surveys was to assess various characteristics of the service provider group they trained, early reflections on people's reactions to the Med Ed resource, as well as thoughts on what worked well in the training and what might be improved in future training sessions (see Appendices J, K and L).

Semi-structured **telephone interviews** were conducted with 12 champions and 11 service providers in order to understand how well trainers adhered to the curriculum and training plans, as well as to identify factors affecting the effectiveness of the pilot training at individual, provider, and organizational levels (see Appendices M and N). For those individuals not able to or interested in answering interview questions over the telephone, the option to complete a questionnaire containing the same questions was made available to potential participants.

An **online survey** (located on the Centre's secure website) was completed by 2 parents/caregivers and 1 youth who have used the Med Ed resource (see Appendices O and P). Participants answered questions related to their experiences with the tool, and its impact on decision-making and treatment planning around the use of psychotropic medications.

Finally, as described above, the Med Ed resource has been presented at a number of community and conference presentations. Each year, the Centre, along with MCYS partners, hosts an Annual Conference in each of the province's nine regions. The topics discussed at each of these events vary by region; this year, the Med Ed resource was featured at three of these (i.e., Hamilton-Niagara, Central West, and Toronto regions). Feedback from participants in attendance at each of these presentations was actively sought, and is also included here.

EVALUATION FINDINGS

In this section, we present the findings from our evaluation of the Med Ed resource. Findings are organized according to the evaluation goals and corresponding questions outlined above.

1a. Do champions trained by the Med Ed developers acquire adequate knowledge on the Med-Ed tool in the train-the-trainer model?

The knowledge component of the Med Ed tool was assessed through the pre and post-tests on the day of the training session. The mean score of 19 champions for the pre-test was 19.6 (sd=4.26) out of a total of 30 items, and slightly improved for the post-test, with a mean of 20 (sd=9.04). The difference in the mean scores was not significantly different. The results imply that champions who participated in the initial pilot training session already had adequate knowledge about psychotropic medications.

Table 1 below summarizes the ratings of the champions on how useful and informative the Med Ed training was. In general, ratings were positive, with mean scores around 4 on a 5-point scale. Responses to the open-ended questions indicate that champions appreciated learning more on





psychotropic medication, particularly current controversies and the use of case studies. Champions also liked the small group discussions. Suggestions in terms of content knowledge areas included more information on pharmacology and use of more case studies to provide examples of practical applications of the Med Ed tools.

Table 1. Feedback on Training by Champions, n=19

I found the following content to be useful and informative*	N	Mean	Standard deviation
1a. pharmacology	19	4.2	0.63
1b. developing patient education materials	19	4.4	0.61
1c. informed consent	19	4.5	0.51
1d. controversies about psychotropics	19	4.3	0.65
1e. exercise on "bringing Med Ed back to your practice setting"	16	4.4	0.72
1f. case 1 "Jenny" and case 2 "Nadim"	16	4.4	0.63
Total score, Useful content (Cronbach's alpha = .70)	19	4.4	0.41
Overall rating on training program			
2a. Enjoyed training program	19	4.7	0.48
2b. Speakers high quality	19	4.9	0.32
2c. Information useful	19	4.4	0.60
2d. Intend to modify practice	18	4.1	0.68
2e. Recommend to my colleagues	19	4.5	0.55
2f. Rate training program highly	19	4.6	0.50
Total score, Training program (Cronbach's alpha = .78)	19	4.6	0.37

* Items were rated on a 5 point scale from 1=strongly disagree and 5=strongly agree.

1b. Do trained service providers trained by champions acquire adequate knowledge on the Med-Ed tool in the train-the-trainer model?

Med Ed Champions trained a total of 216 service providers. The mean score for the pre-test was 15.3 (sd=5.50) and the mean post-test score was 20.8 (sd=4.59). These mean scores were significantly different ($t = -13.966$, $df = 215$, $p < .001$). It is interesting to note that the mean post-test score of the service providers was similar to the mean scores of the Champions.

Table 2 below shows that similar to champions, service providers found the content of the training program useful and informative, with mean scores around 4 on a 5-point scale. When asked what they liked best about the training, most aspects of the training were mentioned such as: the presentations, case examples and group discussions.





Table 2. Feedback on Training by Service Providers, n=67

I found the following content to be useful and informative*	N	Mean	Standard deviation
1a. pharmacology	67	4.0	0.64
1b. developing patient education materials	67	4.2	0.65
1c. informed consent	67	4.2	0.66
1d. controversies about psychotropics	67	3.9	0.67
1e. exercise on “bringing Med Ed back to your practice setting”	66	4.2	0.61
1f. case 1 “Jenny” and case 2 “Nadim”	66	4.2	0.64
Total score, Useful content (Cronbach’s alpha = .80)			
Overall rating on training program			
2a. Enjoyed training program	67	4.3	0.61
2b. Speakers high quality	67	4.5	0.59
2c. Information useful	67	4.4	0.58
2d. Intend to modify practice	66	4.0	0.63
2e. Recommend to my colleagues	67	4.3	0.61
2f. Rate training program highly	67	4.3	0.57
Total score, Training program (Cronbach’s alpha = .87)			

* Items were rated on a 5 point scale from 1=strongly disagree and 5=strongly agree.

2a. What are the perceptions of end-users (youth, families/parents/caregivers) on Med-Ed’s effectiveness in informed decision-making?

There were very few participants from the online surveys of parents/caregivers and youth. Hence, for this question, we also used feedback from interviews with service providers and champions who had directly interacted with youth and/or caregivers. Overall, the Med Ed tool is well-received by youth and by caregivers of younger children. They reported that the tools themselves are visually attractive and useful in monitoring their medications, particularly side effects. For example:

“I asked him for feedback on the book and he really liked it, really liked the pictures on the side effects (the body)...he didn’t know much about his medication and he found it helpful. Other clients have given this same feedback – that they like the side effect pictures – and the other program also agreed that it has really informed staff and staff are sharing lots of verbal information with the kids.”

The information from Med Ed was reported to be useful in conversations with physicians about their medications, as well as for transitions between caregivers. For example:

“The clients were quite thrilled to gain information on the medication they were using, the classifications of medications, (mood stabilizers, etc.), and the side effects of use. The caregivers enjoyed that the clients questions, for their doctors, could be recorded and then presented during their appointments in the future.”





“It was very easy to understand and to inform the caregiver to inform them about the program, I felt well-prepared, the caregiver was very excited to go through it, I explained each of the areas with her, etc. She was very excited about it – her excitement was because everything was in one neat package; gave positive feedback. One area she was very excited about was because this grandmother has temporary custody of the child for a year, and while she is taking her to the doctor’s appointments for medications she can document all of the changes. Then when (biological) mom gets her, she has all the info in one neat package– it will make the transition easier.”

“The family that I have introduced the Med Ed booklet to (is) excited about the booklet to help them gather the right amount (of information) and tracking the side effects of the current medication the child has been using. It is the parents’ and this worker’s opinion that the child is not receiving the right medication or the right dosage and this will help to share with his Doctor at the next appointment as we will have concrete information. We would not know what to track or how without the booklet. The booklet is very clear and easy to fill in.”

Some of the challenges mentioned in using the Med Ed tools focused on the consistent use of the trackers:

“(I) did do it with one child and found he lost interest in tracking his medications early on. He had too many other things happening in his life to keep track of (his medications).”

“Some clients have no interest. Others are interested in the material but once they learn there is work involved they don’t want to do it. Some parents have expressed interest but no one has followed through using it.”

“With maybe one or two of the kids I work with, completing the book or remembering may be a challenge. Even approaching staff as to whether they’re feeling side effects of symptoms may be a challenge.”

The applicability for younger ages or for those with lower reading/educational levels was also mentioned as a barrier:

“My concern would be that with some of our clients on our team – I work on the Native team – is patients’ education levels. Many of the caregivers have low education and not strong reading abilities, so there might be resistance because of that. If the provider doesn’t take the time to go through everything and just goes over it quickly, they may not understand it, may not even look at it because there is lots of reading to understand, even though the booklets are very clear and easy to follow.”

“Some of the kids we work with are lower functioning and Med Ed content would be beyond their grasp. It’s just about getting the right kid to fit that program.”

2b. What are the perceptions of trained service providers on Med-Ed’s clinical utility for coordination of care?

A qualitative analysis of the interviews with champions and service providers likewise indicated that Med Ed was perceived as useful for improving coordinated care. For example:





"I think anyone could then take kids to a med appointment. Oftentimes people take kids to a psychiatrist's appointment and don't know much about meds. With this book, everyone will be kept well informed."

"Our clients have more important things to do than track, but our clinician has been using it as a resource, and parents and clients ask questions about meds, and they are sharing the book between parents and clients. Families are happy to be able to keep the book, and they look up questions in it. When they lose the book (they have), they contact the clinician, and the clinician uses the book as a reference. As do their child and youth workers. The workers (love) having that book as a resource. It has been the most positive thing."

"Staff feel they are able to talk to the kids a lot better. And because staff are more aware, they can introduce the right questions etc. where necessary and encourage kids to talk to their doctors."

"It was exciting to see this youth become a part of her care plan. The information in the book helped her to understand what she was taking, and why, and allowed her to explore the positive and negative effects of the medications. It also allowed her some 'proof' of the effects when she went for a med review with her Psychiatrist, as previously she was not confident in asking questions in this forum."

3a. How well did trainers adhere to the curriculum and training plans?

Nine champions provided information on 13 training sessions conducted to 173 service providers. The average amount of time for the training sessions was 3.25 hours (sd=1.5). Eleven of the sessions were for service providers in the child and youth mental health sector, and three sessions included youth justice. Service providers trained included managers, residential program workers, clinicians and community workers.

Of the 13 training sessions, 9 used the slides provided for their presentation. Of these 9 sessions, 5 sessions modified the information on the background on the tool's development process, and information on the case studies. The most frequent reasons cited for the modifications were time constraints, lack of availability of the slides at the time of the training session, and in one case similar slides were already available in the organization.

Champions reported that they modified the information on the case studies to make the material more relevant to the particular audience or background of the service providers. Champions also noted that other areas which need to be covered more include pharmacology, legal implications and obtaining consent from younger children.

3b. What are the factors affecting the effectiveness of the pilot training at the individual, provider and organizational levels?

Several factors emerged as influential in the uptake or utilization of Med Ed in the champions' organizations. These factors include the perceived characteristics of Med Ed, self-efficacy in conducting Med Ed training and in using the tools, attitudes towards change, organizational culture for change, and various organizational processes towards new initiatives.





Perceived characteristics of Med Ed

Service providers rated the characteristics of the Med Ed tool positively in areas such as ease of use, ease in learning, and usefulness. Table 3 shows the means for each item and for all items combined. Cronbach's alpha for this 6-item scale was .71, indicating good internal consistency.

Table 3. Perceived characteristics of Med Ed

Items*	Mean	Standard deviation	N
1. The Med-Ed tool is easy to learn.	5.5	0.62	136
2. It is easy to use.	5.5	0.67	135
3. It is useful for decision-making for children and youth on psychotropic medications.	5.3	0.71	134
4. I can find the time to disseminate the Med-Ed tools.	4.9	1.03	134
5. It is too much trouble to apply.	4.8	1.31	136
6. It is consistent with other initiatives in our organization.	4.7	1.09	129
Total score, Characteristics of Med Ed	5.1	0.59	136

* Items were rated on a 6 point scale from 1=strongly disagree and 6=strongly agree. Item 5 was reverse coded.

Satisfaction with educational supports

Champions and service providers were generally satisfied with the training and educational supports provided by Centre staff. Table 4 below summarizes their responses, on a 6-point scale from 1 as not helpful at all and 6 as extremely helpful.

Table 4. Satisfaction with Educational Supports

Educational supports	Champions				Service Providers			
	N	Missing	Mean	Std. Deviation	N	Missing	Mean	Std. Deviation
1. Champion-training session	6	1	5.3	0.52	136	0	5.2	0.91
2. Champion-training written materials	6	1	5.2	0.75	136	0	5.3	0.91
3. Teleconferences	3	4	4.3	0.58	40	96	5.4	1.00
4. Online Portal	6	1	4.7	0.52	NA			
Total Score, Satisfaction with Educational Support	6	1	4.9	0.38	136	0	5.2	0.87

* Items used a 6-point scale, from 1=extremely unhelpful to 6=extremely helpful.

Self-efficacy

Table 5 shows the results on champions' and service providers' ratings on self-efficacy in conducting Med Ed training and distributing the tools. Champions provided high ratings of self-





efficacy in training service providers on the Med-Ed tools, and in distributing the Med Ed tools to end users. Service providers were likewise highly confident in distributing the Med Ed tools to end users.

Table 5. Self-efficacy in using Med Ed tools and training

Items*	Champions			Service Providers		
	N	Mean	Standard deviation	N	Mean	Standard deviation
How confident are you in providing training on the Med-Ed tool to other service providers?	6	8.7	1.97	NA		
How confident are you in distributing the Med-Ed tool to children and/or youth on psychotropic medications?	5	9.8	0.45	116	8.3	1.20

* Items used a 10-point scale from 1=not at all confident to 10=extremely confident.

Attitudes towards change

Champions and service providers were asked about their own attitudes and their organizations' experiences towards new initiatives. Overall, most of those interviewed indicated positive attitudes towards change. They described themselves as lifelong learners, open to new ideas, willing to try new things and welcome to new opportunities. For example:

"I like to keep myself up-to-date and look to find new initiatives that help me to provide the best support to my clients and colleagues as I can. New initiatives are exciting to me and challenge me to keep an open mind as well as keeping my professional expertise up-to-date."

Champions and service providers acknowledged that staff attitudes play a role in the uptake of new organizational initiatives. New projects that are perceived as relevant, helpful to clients and feasible are likely to be received well:

"People in our organization are open and actively participate in new initiatives. We are presently undergoing clinical transformation across our agency and people are actively involved in the process."

Some noted that resistance to changes was due to lack of time to implement the change, due to historical factors within the organization, or lack of clear expectations. For example:

"Change is difficult. Many staff feel unsupported and frustrated with the high expectations of our workplace. Attitudes towards new processes are typically negative. They are often looked at as being imposed increasing the already significant demand on our limited resources."

"We have had cut-backs in the last year and there is a roll-over effect. Staff are doing more and time constraints are our worst enemy... We're trying to make Med Ed part of the routine. Reasons why some people haven't given feedback (are) because they've said they haven't had time to implement it, to do it with the clients. This is especially tough for the day treatment program – how can we implement this – it's still a bit of a struggle."





Some noted that their role involved identifying appropriate initiatives for the organization, ensuring proper staffing, and managing risks involved with the changes. For example:

“Well in the position I am, I always have to think of the repercussions that it has on the agency at large. I would say that the agency has been open to movements and there has been, in the past 5 or 6 years, (rapid changes can create imbalance and rigidity), the agency has doubled in size in the past 5 or 6 years and has been undergoing a fair amount of change – development in the agency. Now we are serving populations beyond the (mental health) population. These are welcomed, but create pressure.”

Organizational processes for improving uptake

The content analysis of semi-structured interviews with champions and service providers provided information on various aspects that are either currently in place in the organizations, or that need to be monitored to improve uptake. These were discussed in the context of implementing Med Ed training and distributing the tools to service providers and end users. However, these can also be applied to the implementation of new projects.





Table 6. Organizational processes for improving uptake

Category	Organizational Process	Example
Assessment of relevance and feasibility	Assess initial fit	<i>"Both organization and clinical team support initiatives that are in line with our mission and vision. Med Ed falls within our mission and vision very well. And people are receptive to things that fall within these guidelines."</i>
	Assess consistency with other initiatives	<i>"...another thing that we're doing right now is establishing the <u>Personal Health Information Prediction</u>. We have a committee advocating for client rights, sensitivities, awareness, and Med Ed falls nicely into this."</i>
	Assemble a taskforce	<i>"Generally we do have like a taskforce of people who have an interest in a training factor or initiative they form a group and bring together the information and ideas, we have them present to management programs about applying the initiative..."</i>
	Identify staffing	<i>"(I) tried to also look at Med Ed and see how it could be quickly streamlined to be implemented here. Who would implement? Who would follow up? Who would introduce to kids and families? Streamlined to fit [agency] and looked to whole team." "My position is, even if excellent, do we have the staffing to go forward with the initiative? Sometimes at [agency] we don't always have the staffing to put new things into play."</i>
Management leadership and organizational support	Obtain management decision	<i>"...I presented to the management team and I think they see the benefits to their workers and their families and they loved it..."</i>
	Show visible management support	<i>"Management needs to promote Med Ed more and encourage staff to use it. I can only push so much and if they're not going to say it's something they should be doing."</i>
	Identify champions for the initiative	<i>"...they have set aside a role to do this training along with risk management (my role), someone to take the time to take programs and develop good solid training to deliver it, actually in roles how do you do concrete training." "We were looking at that then once we targeted them as people we would train, then the [agency] side underwent every change in staff possible, then 2 of 3 staff transferred on our side of things, it was left without a leader, which all played a part in not being able to deliver it."</i>





Category	Organizational Process	Example
Implementation	Obtain staff buy-in and involvement	<p><i>"...then take back to the team and talk to them about the new opportunity – are you interested in being a part, how would it affect the program positively or negatively, if they think it would be an asset for clients – the bottom line is "will it assist how we work with kids and families, maybe make it easier for them" – our mandate is to improve lives of children and their families....so how can we do that? What program works best with this initiative – are staff teams committed with that mandate in mind."</i></p> <p><i>"...bring everyone together to determine how we are going to implement it – making that come on board and involving the team who has expertise and thinking if you are having this with staff or team you have to involve everyone."</i></p>
	Ensure all staff are trained	<p><i>"Awareness is a big thing, to attend the training and, even if not all trained, all would benefit from learning about the tool. Some kind of training for all would be useful."</i></p>
	Build into routine	<p><i>"We are trying to implement as part of the routine so that it would not be as much of an extra task for the staff to do."</i></p>
	Build on positive experiences	<p><i>"One thing I did: have one of our kids look at it with me, was a kid not even on meds, but even she felt she liked it, holding it, it was a good size. I liked hearing this because it made me feel more confident and confident to use it with other kids."</i></p>
	Teach problem solving	<p><i>"Although very interesting and learned things, it wasn't our area of expertise. So what I did is remind staff who they can go to with regards to pharmacology (nurses, medical doctor, child psychiatrist) and I said if anything came up, to go to those resources because not my area of expertise."</i></p>
	Integrate with other training or other events	<p><i>"I presented briefly to a bunch of things all out like a fair at our organization (where things about the different programs are there), (to) about 50 people. I got to briefly present because there was a meds table and there was all kinds of stuff like books on the DSM etc, and I had Med Ed out there. I was able to present for 5-10 minutes about it and what it was all about, and that went over well - people thought it was pretty neat; received well."</i></p>





Category	Organizational Process	Example
	Apply new initiative consistently	<p><i>"I just need to try and keep bugging and pestering them to do it. It has been a really tough year with going through accreditation and licensing, it has been a huge ordeal, really tough, now that all that is over and things are more relaxed maybe we can do it."</i></p> <p><i>"It would be the commitment and consistency from everyone."</i></p>
	Utilize available external supports (e.g., from the Centre)	<p><i>"...you have been great to talk with and bounce things off of, I never felt I was censored, I liked your presentation and the feeling that it is team environment and a work in progress, you were willing to help in any way, listening to what we have to say, and giving the tools. It makes me more comfortable and how the dialogues to access online and find some information and become part of the team, helping us because we are from all over, the web is great for that but your being a part of answering questions has been helpful, you are very much integral part of me feeling comfortable."</i></p>
	Obtain feedback and use evaluation findings	<p><i>"...we will look for their feedback, is there something they would like changed – get their feedback, get it out there, and look for evaluation process, either change our training or knowledge base or how we utilize it. Until we do process of actually applying we wont know."</i></p>
Sustaining and spreading the innovation	Explore training beyond own organization	<p><i>"In my group we had a couple of nurses, and so is it something that we could give to our public health department, and have them become champions so they can also reach our children in school? Because I know we have some public health nurses that are champions (one was also from [agency]). And I am the only champion for my region, which is a challenge."</i></p>
	Continue management support	<p><i>"Even though the ED sent me to Med Ed (training), he hasn't been saying a whole lot about it. It is not a priority right now for new residential program managers. Management is not encouraging staff to use the tool."</i></p>
	Identifying champions in each program/area of the organization	<p><i>"...if we had one key person with each program then we would have a go-to-person to talk to about using Med Ed in their setting (e.g., our autism program, our young offender program, developmental programs). I would want a champion for the autism group, like I am a champion for the mental health group. And our agency is becoming more and more diverse so it seems impossible for me to do all the training... want other trainers."</i></p>





LESSONS LEARNED AND RECOMMENDATIONS FOR THE FUTURE

Throughout the development and dissemination process of Med Ed, we have learned a number of useful lessons from health providers and users/potential users (including youth and their parents/caregivers) that can be used to direct future activities related to this resource. In addition to input from champions, service providers, parents/caregivers, and youth, provided within the context of our evaluation, we have gained valuable insights from individuals in attendance at our various conference and regional meeting presentations.

The lessons we have learned, and our recommendations for the future are presented below. These have been grouped into three main areas of focus: the booklet and passport; the training and supports; and uptake.

The Med Ed booklet and passport

Recommendation 1:

Explore the possible range of modalities in which to offer Med Ed to youth, caregivers, and health providers, with electronic resources being a priority. Revisit the language used, keeping in mind an audience with a lower level of literacy.

Most people felt that the format and delivery of the Med Ed booklet was appealing and youth friendly. Feedback on the general look and feel, therefore, was quite positive. A barrier to its use in some residential settings, however, may be the coil binding used to join the pages in the booklet and passport. A number of people also suggested that the resource should be offered in a several modalities in order to ensure that it can be used by youth and their families across a range of literacy levels and socio-economic groups. For example, the content of Med Ed could be easily displayed on a PDA, with downloadable trackers. The paper resource, however, could also be available for those without access to such technology, or a preference for this format. By offering Med Ed in several possible ways, the range of potential users' preferences and needs would be addressed. Finally, although the booklet and passport are written at a Grade 6 level, people continued to express concern that clients with lower levels of literacy may still struggle with the language.

Recommendation 2:

Enhance the content of Med Ed by adding information about possible interactions with street drugs and/or alternative treatments, and by providing a more complete list of psychotropic medications more generally.

Champions and service providers had a number of suggestions for possible ways of enhancing the Med Ed content. In particular, they agreed that there should be more information provided on the use of street drugs and how these might interact with various prescriptions. As well, given the popularity of alternative, naturopathic, and homeopathic types of treatments, they felt that information about how these might interact with other prescription medications would be valuable to include. Finally, they felt that a more comprehensive summary of psychotropic





medications should be provided (i.e., generic names, their purpose, information about relative benefits and drawbacks, etc.), as this would be valuable for both youth and their caregivers.

Recommendation #3

Adapt Med Ed for an expanded audience, including parents of younger children, and those across a range of language groups and literacy levels.

Many people suggested that the target audience for Med Ed be expanded beyond youth between ages 12-24 and their caregivers, to include parents/caregivers of younger children who may be considering psychotropic medications as part of a plan of treatment. As well, there were suggestions to offer Med Ed in a number of languages, while being cautious about the cultural relevance of such a resource.

Med Ed training and supports

Recommendation #4

Provide regular, in-person “booster” sessions for champions in order to share new information and enhance their approach to training others.

As described earlier, champions and service providers offered valuable feedback on the effectiveness of the Med Ed training. In terms of the length of training, they felt it could easily be delivered in either a day or half-day session, but that the training should not be broken down and offered over a number of days (e.g., in one-hour sessions as an educational component of staff meetings). They shared that the content of the training was relevant, but also flexible in that it could be adapted to suit the needs of particular audiences. A key suggestion for improving the training, however, was to offer “refreshers” or “booster sessions” at regular intervals for champions, in order to keep them up-to-date:

“It would be good to develop a one-day refresher for champions, and to come together as a group to discuss how effective it is and giving our suggestions of how it could be improved. And certainly looking from Ontario, there are a lot of distance issues sometimes to connect with other agencies and hear how they’re doing. It would help to be in person and not in teleconference.”

Recommendation #5

Adapt the training and target it to particular groups of potential users in order to help increase the uptake and utility of the Med Ed resource. Expand the range of groups trained as champions to include youth and their parents.

While the training sessions offered during the pilot stage were attended by a cross-section of champions from a range of sectors, a number of people have proposed that the training be offered to *specific* health/service provider groups, with adjustments made to the materials in order to suit their particular needs. For example, the Med Ed resource would be useful for child welfare workers, doctors, nurses, pharmacists, psychiatrists, teachers, etc., but the way it is used in particular settings and the potential challenges to its uptake might vary. In addition, there has been interest in parents and youth themselves being trained directly as champions, so that *they* might introduce the use of the resource to health providers, rather than the other way around.




Recommendation #6

Complement cross-sectoral supports with a sector-specific “mentoring” or “buddy” program in order to facilitate collaborative problem-solving around challenges specific to particular fields.

Currently, trained champions are supported in their training activities in a number of ways. As described on page 12, champions receive one-on-one support from Centre staff, and communicate with one another through a web portal and monthly teleconferences where the diverse group of champions are able to problem-solve, share techniques for training, etc. Champions felt, however, that introducing a mentoring or “buddy” system for providers with similar backgrounds could be a helpful way of providing supports to one another *within* particular sectors. This way, health providers with similar backgrounds and mandates could connect regularly to share what has worked well and engage in collaborative problem-solving around challenges specific to their fields.

Uptake of Med Ed
Recommendation #7

Explore barriers to uptake at the clinician or worker level, and develop ways of addressing these to facilitate use.

As with all health-care innovations, simply developing and disseminating a new tool does not guarantee its use. Earlier, champions and service providers discussed some critical barriers to the uptake of Med Ed in their organizations, and a number of suggestions for enhancing organizational supports for the implementation of Med Ed were shared. In addition to these, champions and service providers discussed the need to understand any clinician-level barriers that may be interfering with the uptake of this resource.

Recommendation #8

Expand the promotion and marketing of Med Ed to a broader audience using a variety of mediums to increase uptake and ensure its use.

In terms of dissemination, most people felt that in order to change the way youth, caregivers, and health providers communicate, the Med Ed resource would need to be promoted and marketed to a broader audience. Brochures, one-pagers, and posters could be used to publicize Med Ed, and encourage potential users to ask their health provider for more information. As well, the resource could be disseminated in a number of different venues, such as doctor’s offices, schools, community centres, etc.





Our final recommendation is to actively engage youth in future planning and decision-making around the Med Ed resource. Youth were active contributors to the development of the Med Ed booklet and passport, playing a key role in shaping the content and format of the resource. Youth can also provide important insights to help shape future dissemination efforts, which may enhance utilization. The importance of a tool that provides information to youth and their caregivers about psychotropic medications, supports collaborative decision-making, and helps youth to become full participants in planning and monitoring their treatment cannot be underestimated. In the words of one young person:

“Medication isn’t always the solution to our problems, however it is sometimes necessary. We are given our diagnosis and different medications to figure out what works and what doesn’t. We ask questions like: “How will this affect me?” and “What will these meds do to me?” but our questions are rarely answered. A way to get these questions answered is to inform youth and professionals about medications, diagnosis and their effects through pamphlets, brochures and especially workshops. We need to talk more about all of this out loud and make sure we are heard so we can...be more comfortable to talk about mental issues when we need to. I believe a reason we have such a hard time talking about these issues now is because we were never taught to talk about them earlier. Professionals need to understand how important it is to us, as youth, to understand what is happening to us and the effects of our medication. We are told what our diagnosis is but it is not explained to us so that we can clearly understand how greatly it affects us in our daily lives. This morning we were fortunate enough to learn about Med-Ed. We feel as though all family doctors, child and youth, workers, social workers, other professionals as well as youth should be trained in this program to be able to use it. Med-Ed is a tool that can be used to help the conversation between youth, the care givers and the service providers. It...includes information about medication, answers to frequently asked questions and tracking sheets for the daily activities, the drugs being used and their side effects, all in a language we can understand. We need to start the process of Med-Ed and we need to start it now.”





CONCLUSION

Interest in Med Ed continues to grow. Youth, their parents/caregivers, and health providers across a range of sectors are eager to use this resource in treatment planning and monitoring. Although information on psychotropic medications is widely available, it is often not easily accessible and/or understandable to many of those involved in making treatment decisions with youth experiencing a mental illness. In addition, most resources are not designed explicitly to promote meaningful dialogue between youth, their parents/caregivers, and health providers, and informed decision-making. Both formal and informal feedback from youth, parents/caregivers, and health providers in the field suggest that Med Ed is an innovative, relevant resource that fulfills this need.

The above recommendations are offered as guidelines to inform next steps related to the future of the Med Ed resource. The Ministry of Children and Youth Services would need to consider its role in further dissemination of this tool (e.g., future printings, ongoing support for the train-the-trainer model), and its commitment to a provincial roll-out of Med Ed, either alone or in collaboration with national efforts (e.g., Mental Health Commission of Canada).





SUMMARY OF COSTS

Item	Cost
Consultation costs (with developers, Gardner & Murphy Consulting, Inc.)	\$1730.92
Product development (to Gardner & Murphy Consulting, Inc.)	\$34,069.50
Printing (to TAC Associates)	\$68,026.00
Legal consultation (Hiltz Szigeti LLP)	\$2,362.50
Research and KE Consultant 20% of staff time (Training session presentations, entering evaluation data, developing evaluation data measures)	\$20,000
Research Assistant 10% of Staff Time (Editing training videos, administration and maintenance of online portal, organizing teleconferences, correspond with trainees, coordinate the storage and retrieval of materials)	\$4,200
Training Meetings & Videos (Training Meetings- May 6 & 7, 08, February 3rd, 09. Videos are for participants to take home)	\$39,872.63
Storage Costs	\$1,329.75
Translation Costs (Translation of Med Ed books and Summary)	\$607.29
Total project costs	\$172,198.59





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APPENDICES





APPENDIX A – LIST OF PRESENTATIONS

NAME OF CONFERENCE AND LOCATION	DATE OF PRESENTATION	PRESENTERS	ABSTRACT TITLE
8 th National Conference on Collaborative Mental Health Care, Quebec City	June 7-9, 2007	Murphy, A., Gardner, D., Kutcher, S., Manion, I., & Davidson, S.	Demystifying psychopharmacology: Helpful tools for stakeholders in child and youth mental health. (Poster)
57 th Annual Conference of the Canadian Psychiatric Association, Montréal, Québec.	November 15-18, 2007	Murphy, A., Gardner, D., Kutcher, S., Manion, I., & Davidson, S.	The Development of a Psychopharmacotherapeutic Education Tool for Mentally Ill Youth and Their Caregivers. (Poster)
16 th European Congress of Psychiatry, Nice, France.	April 5 – 8, 2008	Murphy, A., Gardner, D., Kutcher, S., Manion, I., & Davidson, S.	Enhancing communication and collaboration with youth-oriented psychopharmacology resources.
CMHO 2008 CONFERENCE - From Implementation to Outcome: Making it Happen, Toronto, ON	November 20-21, 2008	Sundar, P., Murphy, A., Gardner, D., Kutcher, S., Manion, I., & Davidson, S., Wilson, A.	Making sense of medication. (Poster)
AEP (?)	?	Murphy, A., Gardner, D., Kutcher, S., Manion, I., & Davidson, S.	Enhancing communication and collaboration with youth-oriented psychopharmacology resources.
CHEO Health Expo	October 16, 2008	Sundar, P., Murphy, A., Gardner, D., Kutcher, S., Manion, I., & Davidson, S.	Making sense of medication. (Poster)
Directors of Mental Health Meeting. Nova Scotia Department of Health. Halifax, NS.	October 16, 2008	Gardner, D. & Murphy, A.	Med Ed in Nova Scotia.
Hamilton-Niagara Regional Conference	November 27, 2008	Manion, I.	Med Ed: Making sense of medication
Central West Regional Conference	January 22, 2009	Sundar, P.	Med Ed: Making sense of medication





17th Congress of European Psychiatry (EPA). Lisbon, Portugal	January 26, 2009	Kutcher, S., Davidson, S., Manion, I., Murphy, A., Gardner, D., Sundar, P., & Wilson, A.	MED ED: A Novel Interactive Manual to Enhance Psychopharmacologic Care in Children and Adolescents".
International Initiative for Mental Health Leadership 2009 Leadership Exchange in Brisbane, Australia.	March 5, 2009	Kutcher, S., Davidson, S., Manion, I., Murphy, A., Gardner, D., Sundar, P., & Wilson, A.	Med Ed: An educational tool about psychotropic medications for youth and their caregivers
Toronto Regional Conference	March 24, 2009	Sundar, P.	Med Ed: Making sense of medication
ICYCC 2009	May 29, 2009	Sundar, P., Murphy, A., Gardner, D., Kutcher, S., Manion, I., & Davidson, S., Wilson, A.	Med Ed: A team-based approach to managing medications with youth (workshop)





APPENDIX B – LETTER OF INVITATION TO CHAMPIONS



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados

[date]

Subject: Med Ed[®] Evaluation

Dear Med Ed Champion[®],

We are asking for your help in evaluating the Med Ed[®] booklet and passport. We would like to find out whether you are using the Med Ed[®] booklet and passport, how it is being received at your organization, and how you think the training and the use of the tool could be improved.

As a trained Med Ed[®] champion, you have insights that would be valuable to our evaluation. We are interested in asking you some questions about your experience with the training and in using the tools with children and youth. Your feedback will help us to improve on the use of Med Ed[®] both with clients and in training scenarios.

We would like to speak with you for a brief telephone interview. The interview should take about 15 minutes to complete. We would schedule this to take place at a time that is most convenient to you. Your responses to all questions will be kept confidential, and we will not identify you by name.

Should you prefer, the interview questions are also available to complete in the form of an online survey, which can be found at the following web address:

http://meded.smartsimple.biz/Forms/fm_forms.jsp?token=HwkHRx4GZ1FRShtb

This address can be entered into your web browser and the survey can be completed online. Once again, this should take approximately 15 minutes to complete.

If you are interested in talking to us about Med Ed[®], or if you have any questions, please contact me by phone at (613) 737-7600 Ext. 3361, or by email at anwilson@cheo.on.ca

Thank you for your interest,

Angela Wilson, Research Assistant
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



APPENDIX C – LETTER OF INVITATION TO SERVICE PROVIDERS



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados

[date]

Subject: Med Ed[®] Evaluation

Dear Service Provider,

We are asking for your help in evaluating the Med Ed[®] booklet and passport. We would like to find out whether you are using the Med Ed[®] booklet and passport, what you like and don't like about it, whether you find it useful, and how you think it could be improved.

As a service provider who has been trained on the use of Med Ed[®], you have insights that would be valuable to our evaluation. We are interested in asking you some questions about your experience with the training and in using the tools with children and youth. Your feedback will help us to improve on the use of Med Ed[®] both with clients and in training scenarios.

We would like to speak with you for a brief telephone interview. The interview should take about 15 minutes to complete. We would schedule this to take place at a time that is most convenient to you. Your responses to all questions will be kept confidential, and we will not identify you by name.

Should you prefer, the interview questions are also available to complete in the form of an online survey, which can be found at the following web address:

http://meded.smartsimple.biz/Forms/fm_forms.jsp?token=HwkHRx8GZ1FRShtb

This address can be entered into your web browser and the survey can be completed online. Once again, this should take approximately 15 minutes to complete.

If you are interested in talking to us about Med Ed[®], or if you have any questions, please contact me by phone at (613) 737-7600 Ext. 3361, or by email at anwilson@cheo.on.ca

Thank you for your interest,

Angela Wilson, Research Assistant
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



APPENDIX D – LETTER OF INVITATION TO PARENTS/CAREGIVERS



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados

[date]

Subject: Med Ed[®] Evaluation

Dear Parent/Caregiver,

We are asking for your help in evaluating the Med Ed[®] booklet and passport. We would like to find out whether your child/youth is using the Med Ed[®] booklet and passport, what you like and don't like about it, whether you find it useful, and how you think it could be improved.

As someone who has used the Med Ed[®] booklet and passport with a child/youth you care for, you have insights that would be valuable to our evaluation. We are interested in asking you some questions about your experience with the Med Ed[®] booklet and passport. Your feedback will help us to improve this tool so that it can be helpful to you and others.

We would like to speak with you for a brief telephone interview. The interview should take about 15 minutes to complete. We would schedule this to take place at a time that is most convenient to you. Your responses to all questions will be kept confidential, and we will not identify you by name.

If you prefer not to speak on the phone, the interview questions are also available to complete in the form of an online survey, which can be found at the following web address:

http://meded.smartsimple.biz/Forms/fm_forms.jsp?token=HwkHRxkGZ1FRShtb

This address can be entered into your web browser and the survey can be completed online. Once again, this should take approximately 15 minutes to complete.

If you are interested in taking part in this project, either by speaking with us or completing the online survey, we would like to offer you a \$20.00 gift card to thank you for your time.

If you are interested in talking to us about Med Ed[®], or if you have any questions, please contact me by phone at (613) 737-7600 Ext. 3361, or by email at anwilson@cheo.on.ca

Thank you for your interest,

Angela Wilson, Research Assistant
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



APPENDIX E – LETTER OF INVITATION TO YOUTH



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados

[date]

Subject: Med Ed[®] Youth Evaluation

Dear young person,

You and your service provider may have recently talked about a new tool that has been developed called Med Ed[®]. Med Ed[®] is designed to help youth and professionals talk about and discuss the use of psychotropic medication. The tool can also help young people understand side effects and track the medication they may be taking.

We are hoping that Med Ed[®] is a useful tool for young people and their service providers but we won't know unless you tell us! We need your help in evaluating Med Ed[®]. Your feedback will help us improve the tool so that it can be helpful to you and others.

There are 2 ways that you can tell us what you think about Med Ed[®]:

1. by completing an online survey (this will take about 15-20 minutes)
2. by participating in a short telephone interview with a Med Ed[®] staff person (this will take about 15-20 minutes)

In helping us with the evaluation of Med Ed[®], you will be asked things like:

- What you think about the Med Ed[®] booklet and passport?
- What do you like and dislike about it?
- Do you find it useful?
- How do you think it could be improved?

Confidentiality is very important to us. All of your answers will be confidential; we will not share any of your information or identify you by name.

In recognition of your time and the contribution you are making to improve the Med Ed[®] tool, we would like to offer each youth participant who completes the evaluation (either online or by phone) a **\$20.00 gift card which you will receive in the mail.**



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados

March 2009

Med Ed



To complete the evaluation online, please go to:

http://meded.smartsimple.biz/Forms/fm_forms.jsp?token=HwkHRxwGZ1FRShtb

To complete the evaluation by phone, please call:

Angela at 1.866.282.7601, or email anwilson@cheo.on.ca.

Thanks very much for taking the time to read this and for your help in evaluating Med Ed®.
We look forward to hearing from you!

Angela

Angela Wilson, Research Assistant
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



APPENDIX F – INFORMED CONSENT FOR TELEPHONE INTERVIEWS WITH CHAMPIONS AND SERVICE PROVIDERS

The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO LETTER OF INFORMATION AND CONSENT FORM

Evaluation of the Med Ed© Pilot Program

Researcher: Evangeline Danseco, PhD
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
(613) 737-7600, ext. 3319
edanseco@cheo.on.ca

You are invited to participate in an evaluation of the Med Ed Pilot Program. The purpose of this evaluation is to understand how the Med Ed booklet and passport are being used with children, youth, their caregivers and service providers, and how these resources might be improved. Brief interviews with children and youth, their caregivers and service providers will be used to understand how, when and if the Med Ed tools are being used. These insights will help to identify areas of improvement for the tools and the training associated with them, and to guide dissemination plans for the program in the future.

Your Role as a Research Participant

Your participation has been requested because you possess valuable experiential knowledge in this area. As one of 30 participants, you will be involved in a telephone interview conducted by the Researcher and/or Research Assistant. The interview will take place over the telephone for approximately 15 minutes.

You reserve the right to refuse to answer any question or address any topic you wish not to discuss. You are guaranteed that your privacy will be protected in all final written reports and presentations. This means that no names or statements that might reveal your identity will be used in the final written report and presentations. No one other than the Researcher and Research Assistant will have access to notes made during your telephone interview.

Risks and Benefits

There are no direct psychological or emotional risks to participation in this research. It is possible, however, that discussing personal experiences with the Researcher may be uncomfortable for some participants. In order to minimize this risk, you are assured that all information you share in the context of this interview will be held in the strictest of confidence, with no names or identifying statements being used in the written report. You have the right to skip over any topic or question you wish not to discuss, and you may stop the interview/withdraw your participation at any time without penalty. I will answer any questions arising from the interview process that you may have as directly and honestly as possible. Finally, I will be available for debriefing following the interview.

Great consideration and effort have taken place in order to minimize any risks you may suffer as a participant in this research. This is because sharing your personal experiences within the context of this study facilitates a greater understanding of this topic. If you should choose *not* to participate or wish to discontinue your participation *at any time*, you will experience no penalty. In addition, all data pertaining to your interview will be promptly destroyed.

Contact Information



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



You are invited to ask questions at any time before, during, or after the completion of this study by contacting the Researcher, Evangeline Danseco, at (613) 737-7600, ext. 3319, or by email at edanseco@cheo.on.ca.

This project has been reviewed and approved by the Children's Hospital of Eastern Ontario Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the board's chair, Dr. Carole Gentile at gentile@cheo.on.ca or by phone at (613) 737-7600, ext. 3624.

Consent

I, _____ have read the above letter and understand that I am participating in a research project and I voluntarily agree to participate.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____





APPENDIX G – PRE-/POST-TEST FOR CHAMPIONS



Pre-Test/Post-Test

Name (please print): _____

Date: _____

Circle one:	Pre-test	Post-test
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Please complete the following true or false questions to the best of your ability without looking at the program materials. This test is designed to help evaluate your learning in this program. Pre- and post-tests will be collected and the aggregate information will be used to help the training program staff to determine how well the program improves participant knowledge of this topic. The aggregate data may also be used in quality assurance, descriptive or empirical reports/publications pertaining to the program. Your individual results are confidential. We are asking for your name as we will need to match your pre- and post-tests for scoring purposes.

1.	Med Ed has been developed in response to the Ministry of Children and Youth Services mandate to fully inform all children and adolescents about medications they take.	True	False
2.	If a person is deemed incapable of making a decision regarding treatment but does not agree that they are incapable, s/he can appeal this decision through the Consent and Capacity Board.	True	False
3.	In research studies, the SSRIs have been associated with an increased rate of suicide when compared with people taking placebos.	True	False
4.	Citalopram and sertraline are the “first choice” antidepressants for the treatment of depression in youth.	True	False
5.	Warnings released by Health Canada and the FDA about suicidality in youth taking antidepressants led to a decrease in antidepressant use and an increase in the diagnosing of depression in youth.	True	False
6.	Across different countries, the rate of antidepressant use dropped off and the rate of suicide increased since the warnings about suicidality in youth taking antidepressants were released.	True	False
7.	Antipsychotic (e.g. olanzapine) induced weight gain is most effectively treated by exercise as changes in diet or taking medications to help reduce weight have been found to be ineffective.	True	False
8	The content in Med Ed was largely guided and developed by the Ministry of Children and Youth Services of Ontario.	True	False





9.	Med Ed was developed by 2 pharmacists who specialize in psychiatric medications and a child and adolescent psychiatrist, in partnership with The Provincial Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario.	True	False
10.	The Schizophrenia Society of Ontario designed the cover of Med Ed.	True	False
11.	Med Ed has trackers designed to help patients monitor their symptoms, activities, and side effects.	True	False
12.	The target age group for users of Med Ed is 6 - 12 years of age.	True	False
13.	The target users of Med Ed are youth with mental disorders and their families or other caregivers, youth workers, and other health providers such as physicians, pharmacists, and social workers.	True	False
14.	Med Ed serves as a stand-alone resource that aims to answer patient questions about medications.	True	False
15.	Providing written information, such as a pamphlet about antidepressants, significantly improves patients' long-term adherence to treatment (e.g. an 80% improvement).	True	False
16.	In general, sources of health information from the mass media and the Internet (e.g. blogs) perform well at reporting health stories in relation to prescription medications.	True	False
17.	Instead of using text, pictures should be used whenever possible when creating printed sources of patient information (e.g. pamphlets).	True	False
18.	Med Ed contains a healthy living section designed to provide extensive information on non-pharmacological methods for treating mental illnesses.	True	False
19.	Med Ed contains summary information on classes of medications including medications for anxiety and sleep, antipsychotics, antidepressants, mood stabilizers, and stimulants.	True	False
20.	Psychotropic medications (e.g., risperidone, divalproex, fluoxetine, clonazepam) commonly have more than one use.	True	False
21.	Psychotropic medications that do not have regulatory approval from Health Canada for use in children or adolescents should be avoided.	True	False
22.	Side effects due to psychotropic medications can affect physical, emotional, or behavioural health.	True	False
23.	A side effect that happens in 1 in 10 people is the same as saying its frequency is 1%.	True	False





24.	Med Ed contains an extensive list of website links on psychotropic medications.	True	False
25.	The trackers in Med Ed should only be filled out by prescribers (e.g. physicians) as they have the most knowledge about the medication(s) a patient is taking.	True	False
26.	The trackers in Med Ed help patients monitor their adherence to treatments as they can record the number of doses they miss in a month.	True	False
27.	Med Ed has a useful tool that allows patients and caregivers to document their consent to medication treatments.	True	False
28.	The Med Ed medication list should be used if patients are taking one or more medications.	True	False
29.	The medication list in Med Ed should only be used for recording psychotropic medications and not other medications in order to keep the emphasis on their mental illness treatments.	True	False
30.	Consumers were not involved in developing the content or appearance of Med Ed. Med Ed will be evaluated by consumers at a later date.	True	False





APPENDIX H – PRE-/POST-TEST FOR SERVICE PROVIDERS



Pre-Test/Post-Test

Name (please print): _____

Date: _____

Name of trainer: _____

Organization: _____

<u>Circle one:</u>	Pre-test	Post-test
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Please complete the following 25 true or false questions to the best of your ability without looking at the program materials. This test is designed to help evaluate your learning in this program. Pre- and post-tests will be collected and the aggregate information will be used to help the training program staff determine how well the program improves participant knowledge of this topic. The aggregate data may also be used in quality assurance, descriptive or empirical reports/publications pertaining to the program. Your individual results are confidential. We are asking for your name as we may be contacting you in 3 and 6 months to ask you to complete a similar test to determine knowledge retention.

1.	Med Ed has been developed in response to the Ministry of Children and Youth Services mandate to fully inform all children and adolescents about medications they take.	True	False
2.	If a person is deemed incapable of making a decision regarding treatment but does not agree that they are incapable, they can appeal this situation via the Consent and Capacity Board.	True	False
3.	Controversies about psychotropic medications (e.g. antidepressants and suicidal thinking in youth) are rare.	True	False
4.	The prescriber (e.g. doctor) of psychotropic medications is the only person capable of helping a client to find information about their medications if they ask for it.	True	False
5.	Informed consent is a continuous process. It is not a “one-time” event.	True	False
6.	Med Ed has a useful tool that allows patients and caregivers to document their consent to medication treatments.	True	False
7.	The content in Med Ed was largely guided and developed by the Ministry of Children and Youth Services of Ontario.	True	False
8.	Med Ed development was led by 2 pharmacists who specialize in psychiatric medications and a child and adolescent psychiatrist in partnership with The Provincial Centre of Excellence for Child and Youth Mental Health at the Children’s Hospital of Eastern Ontario.	True	False





9.	The Schizophrenia Society of Ontario designed the cover of Med Ed.	True	False
10.	Med Ed has trackers designed to help patients monitor their symptoms, activities, and side effects.	True	False
11.	The target age group for users of Med Ed is 12 to 24 years of age.	True	False
12.	The target users of Med Ed are youth with mental disorders and their families or other caregivers, youth workers, and other health providers such as physicians, pharmacists, and social workers.	True	False
13.	Med Ed serves as a stand alone resource that aims to answer patient questions about medications.	True	False
14.	Written information, such as a pamphlet, can significantly improve patients' long-term adherence to treatment as research has shown that patients will keep these pamphlets and frequently refer to them.	True	False
15.	In general, sources of health information from the mass media and the Internet (e.g. blogs) perform well at reporting health stories in relation to prescription medications.	True	False
16.	Med Ed contains a healthy living section designed to provide extensive information on non-pharmacological methods for treating mental illnesses.	True	False
17.	Med Ed contains summary information on classes of medications including medications for anxiety and sleep, antipsychotics, antidepressants, mood stabilizers, and stimulants.	True	False
18.	Psychotropic medications commonly have more than one name.	True	False
19.	The frequently asked questions (FAQs) in Med Ed are to be reviewed with patients in order of appearance.	True	False
20.	Side effects due to psychotropic medications can affect physical, emotional, or behavioural health.	True	False
21.	Med Ed contains an extensive list of website links on psychotropic medications.	True	False
22.	The trackers in Med Ed should only be filled out by prescribers (e.g. physicians) as they have the most knowledge about the medication(s) a patient is taking.	True	False
23.	The Med Ed medication list should be used if patients are taking one or more medications.	True	False





24.	The medication list in Med Ed should only be used for recording psychotropic medications and not other medications in order to keep the emphasis on their mental illness treatments.	True	False
25.	Consumers were not involved in developing the content or appearance of Med Ed. Med Ed will be evaluated by consumers at a later date.	True	False





APPENDIX I – FEEDBACK QUESTIONNAIRE FOR ROUND 1 CHAMPIONS AND SERVICE PROVIDERS



Evaluation form - Med Ed Training Program

This evaluation is to be completed at the end of Med Ed training. Results are anonymous and will be reported as aggregate data. We will use your results for making program improvements.

For each statement circle the descriptor on the scale that corresponds with your level of agreement.

I found the following content in the training program to be useful and informative:

<i>pharmacology</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>developing patient education materials</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>informed consent</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>controversies about psychotropics</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>exercise on “bringing Med Ed back to your practice setting”</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>case 1 “Jenny”</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Overall, I:

<i>enjoyed the training program</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>found the speakers to be of high quality</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>learned information and concepts that will be helpful to me in my work</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>intend to modify aspects of my practice because of this program</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>would recommend this training program to my colleagues</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>would rate this training program highly</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree





What did you like best about the program?

What did you like least about the program?

Suggestions for Improvement:

Other Comments:

Thank you for your time!





APPENDIX J – EXIT SURVEY FOR CHAMPIONS: PART 1



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



Champion Questionnaire – Post Training

Please complete the following questions regarding the training session you have conducted with service providers in your organization. This information will be used to make adjustments to training materials, to identify the needs of different training groups, and to help interpret pre- and post-test results. The aggregate data may also be used in quality assurance, and descriptive or empirical reports/publications pertaining to the Med Ed program. Your individual results are confidential. This questionnaire may be completed by hand or in electronic form. Please feel free to use the reverse or extra paper should you require more space.

Please note that “champion-training session” refers to the training you received, while “training” refers to the training you have provided to others.

A. Characteristics of the Med-Ed Tools*

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. The Med-Ed tool is easy to learn.	1	2	3	4	5	6
2. It is easy to use.	1	2	3	4	5	6
3. It is useful for decision-making for children and youth on psychotropic medications.	1	2	3	4	5	6
4. I can find the time to disseminate the Med-Ed tools.	1	2	3	4	5	6
5. It is too much trouble to apply.	1	2	3	4	5	6
6. It is consistent with other initiatives in our organization.	1	2	3	4	5	6

B. Satisfaction with the Champion-training and educational supports

To what extent did you find the following helpful in learning about Med-Ed:	Extremely Unhelpful	Not at all helpful	Not helpful	Helpful	Very Helpful	Extremely Helpful
1. Champion-training session	1	2	3	4	5	6
2. Champion-training written materials	1	2	3	4	5	6
3. Teleconferences	1	2	3	4	5	6
4. Online Portal	1	2	3	4	5	6
5. DVD	1	2	3	4	5	6
6. Others: (please specify)	1	2	3	4	5	6



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7. What suggestions do you have for **improving the Champion training**?

8. In what ways were other **educational supports** particularly helpful? Why?

9. Are there other ways that the Centre of Excellence could have supported or assisted you with the Med-Ed tools?

10. a. On a scale from 1 to 10 (10 meaning extremely confident), how confident are you in providing training on the Med-Ed tool to other service providers?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

b. Why or why not?

11. a. On a scale from 1 to 10 (10 meaning extremely confident), how confident are you in distributing the Med-Ed tool to children and/or youth on psychotropic medications?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----





b. Why or why not?

Thank you for taking the time to complete this questionnaire!





APPENDIX K – EXIT SURVEY FOR CHAMPIONS: PART 2



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



Follow Up Questionnaire for Champion Trainers

Name: _____ Date of Training: _____

Organization: _____ # of "trainees": _____

Please complete the following questions regarding the training session you have just conducted with service providers in your agency/organization. This information will be used to make adjustments to training materials, to identify the needs of different training groups, and to help interpret pre- and post-test results. The aggregate data may also be used in quality assurance, and descriptive or empirical reports/publications pertaining to the program. Your individual results are confidential. This questionnaire may be completed by hand or in electronic form. Please feel free to use the reverse or extra paper should you require more space.

Information about participants in your training session:

1. Were participants from your organization alone? Y / N
2. If you trained individuals from another organization, what was/were the name of the other organization(s)? _____
3. What roles do the participants play in the organization? Please check all that apply
 - Residential care worker
 - Administrative staff
 - Manager
 - Other: Please specify: _____
4. Will your trainees be using the Med Ed materials directly with clients? Y / N
5. If you responded NO to Question #4, please provide a brief description of how Med Ed is being/will be disseminated in your organization:

6. What community are the participants from? _____
7. What sector do they serve?
 (Check all that apply)
 - Child and youth mental health
 - Youth justice
 - Child welfare
 - Other (please specify): _____



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Information about the training session you conducted:

8. How long did your training session last? _____

9. Did you make use of the slide presentation provided? Y / N

If you responded NO to Question #3, was there a reason you did not use the slides? (e.g. no equipment, too long, etc.) _____

10. If you did use the slides, did you go through the whole presentation as is, or did you adapt the contents (i.e. leave sections out) to fit the needs of your session? Y / N

11. If you made adaptations, which parts did you:

a. Omit? _____

b. Modify? _____

12. If you did make adaptations to the content, what were the reasons for the adaptation? Please list all that apply. (e.g. time constraints, background knowledge of trainees, audience interest or feedback, etc.)

13. Did you work through Case 1 with the participants? Y / N

14. If you did work through Case 1, was this done in small groups, or the larger group?

15. Did you find Case 1 to be helpful in illustrating the use of Med Ed to your trainees? Y / N

General feedback:

16. Were any difficult questions asked, questions you were not able to answer, or interesting issues raised during the training session? Please elaborate.

17. Please provide examples of elements of the training protocol you found....

a. Worked well? _____

b. Didn't work? _____

c. Too in-depth? _____

d. Not in-depth enough? _____





18. For your next training session to service providers, what are some things you think you need to do to improve the training protocol?

19. Was the training well received by your managers? The trainees?

20. Any other information you would like to share concerning your training session, or questions you may have?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!





APPENDIX L – EXIT SURVEY FOR SERVICE PROVIDERS



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



Service Provider Questionnaire – Post Training

Please complete the following questions regarding the training session you have just participated in. This information will be used to make adjustments to training materials, to identify the needs of different training groups, and to help interpret pre- and post-test results. The aggregate data may also be used in quality assurance, and descriptive or empirical reports/publications pertaining to the Med Ed program. Your individual results are confidential. This questionnaire may be completed by hand or in electronic form. Please feel free to use the reverse or extra paper should you require more space.

A. Characteristics of the Med-Ed Tools*

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. The Med-Ed tool is easy to learn.	1	2	3	4	5	6
2. It is easy to use.	1	2	3	4	5	6
3. It is useful for decision-making for children and youth on psychotropic medications.	1	2	3	4	5	6
4. I can find the time to disseminate the Med-Ed tools.	1	2	3	4	5	6
5. It is too much trouble to apply.	1	2	3	4	5	6
6. It is consistent with other initiatives in our organization.	1	2	3	4	5	6

B. Satisfaction with the service provider-training and educational supports

To what extent did you find the following helpful in learning about Med-Ed:	Extremely Unhelpful	Not at all helpful	Not helpful	Helpful	Very Helpful	Extremely Helpful
1. Training session	1	2	3	4	5	6
2. Training written materials	1	2	3	4	5	6
3. Others: (please specify)	1	2	3	4	5	6

*Adapted from Brehaut, Stiell & Graham (2006). Will a new clinical decision rule be widely used? The case of the Canadian C-spine rule. *Acad Emerg Med*, 13(4):413-20.





4. Were there particular aspects of the training that you think **worked well**? Why?

5. What suggestions do you have for **improving** the training?

6. What other types of **educational supports** would have been helpful to you?

7. a. On a scale from 1 to 10 (10 meaning extremely confident), how confident are you in **distributing** the Med-Ed tool to children and/or youth on psychotropic medications?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

b. **Why or why not?**

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!





APPENDIX M – TELEPHONE INTERVIEW FOR CHAMPIONS



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



Telephone Interview for Champions

Script for Interviewer:

Thank you for agreeing to take part in this telephone interview. As you know, we are conducting an evaluation of the Med Ed[®] pilot project. As a trained Med Ed[®] champion, you have valuable knowledge and insights to share about different aspects of the training and the tool. Today, I'd like to ask you to share your thoughts about Med Ed[®] training and the use of the tool within your organization. This information will be used to make adjustments to training materials, to identify the needs of different training groups, and to help interpret pre- and post-test results. This information may also be used in quality assurance, and descriptive or empirical reports/publications pertaining to the Med Ed program. **Your individual results are confidential.**

I'd like to start off by asking some questions about the organization you work for.

1. How supportive is your workplace around using Med Ed[®] tools?
2. How do people in your organization/ clinical team/ unit deal with new initiatives? [attitudes to change, new documents, new processes, clinical innovation]
3. For you personally, how do you deal with new initiatives or changes in how you do your work? [attitudes to practice changes or clinical innovations]

Now I'm going to ask you questions about the Med-Ed[®] tool and the training you provided.

4. What were your impressions of the training session you provided on how to use Med Ed[®]? Is there anything you would change about this session(s)?
5. Have you used Med Ed[®] with any of your clients? If so, how have your clients and their caregivers reacted (generally) when you introduced them to the Med Ed[®] tools?
6. How confident do you feel about using the Med Ed[®] tool with clients who take psychotropic medications?
7. Can you tell me a story of one time or situation when you used Med Ed[®] with a client and you felt it went very well? What happened and what made you feel excited about using the tool? [Prompts: reaction of the client; reaction of the caregiver, suitability of the tool to the clients' needs; support from team/manager; describe conditions, other events happening at the time]



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8. What do you think needs to happen so that there are more successes like this?
 - a. What can the Centre do?
 - b. What can other champions do?
 - c. What can your organization do?
 - d. What can your coworkers/other professionals or service providers do?
 - e. What can clients do?
 - f. What can others do? (e.g. pharmacists, doctors, nurses etc.)

9. What are some things you think you need from your organization to successfully use Med-Ed[®] with your clients?

10. What is the biggest challenge in using Med Ed[®] with your clients?

11. Additional Comments:

[Ask here for follow-up responses to incomplete items in Service Provider Questionnaire – Post-Training]

Script for Interviewer:

Thank you very much for taking the time to speak with me today and to share your opinions and experiences. Your input is very valuable to us and will help us guide how Med Ed[®] is used in the future. If you have any questions please contact me at any time.





APPENDIX N – TELEPHONE INTERVIEW FOR SERVICE PROVIDERS



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
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Telephone Interview for Service Providers

Script for Interviewer:

Thank you for agreeing to take part in this telephone interview. As you know, we are conducting an evaluation of the Med Ed pilot project. As a service provider who has been trained on the use of Med Ed, you have valuable knowledge and insights to share about different aspects of the training and the tool. Today, I'd like to ask you to share your thoughts about Med Ed training and the use of the tool within your organization. This information will be used to make adjustments to training materials, to identify the needs of different training groups, and to help interpret pre- and post-test results. This information may also be used in quality assurance, and descriptive or empirical reports/publications pertaining to the Med Ed program. **Your individual results are confidential.**

I'd like to start off by asking some questions about the organization you work for.

1. How supportive is your workplace around using Med Ed tools?
2. How do people in your organization/ clinical team/ unit deal with new initiatives? [attitudes to change, new documents, new processes, clinical innovation]
3. For you personally, how do you deal with new initiatives or changes in how you do your work? [attitudes to practice changes or clinical innovations]

Now I'm going to ask you questions about the Med-Ed tool and the training you received.

4. What were your impressions of the training session you attended to learn how to use Med Ed? Is there anything you would change about this session?
5. Have you used Med Ed with any of your clients? If so, how have your clients and their caregivers reacted (generally) when you introduced them to the Med Ed tools?
6. How confident do you feel about using the Med Ed tool with clients who take psychotropic medications?
7. Can you tell me a story of one time or situation when you used Med Ed with a client and you felt it went very well? What happened and what made you feel excited about using the tool? [Prompts:



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reaction of the client; reaction of the caregiver, suitability of the tool to the clients' needs; support from team/manager; describe conditions, other events happening at the time]

8. What do you think needs to happen so that there are more successes like this?
 - a. What can the Centre do?
 - b. What can your champion trainer do?
 - c. What can your coworkers/other professionals or service providers do?
 - d. What can clients do?
 - e. What can others do? (e.g. pharmacists, doctors, nurses etc.)

9. What are some things you think you need from your organization to successfully use Med-Ed with your clients?

10. What is the biggest challenge in using Med Ed with your clients?

11. Additional Comments:

[Ask here for follow-up responses to incomplete items in Service Provider Questionnaire – Post-Training]

Script for Interviewer:

Thank you very much for taking the time to speak with me today and to share your opinions and experiences. Your input is very valuable to us and will help us guide how Med Ed is used in the future. If you have any questions please contact me at any time.





APPENDIX O – ONLINE SURVEY FOR PARENTS AND CAREGIVERS



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



Parent/Caregiver Survey – Letter of information and Consent

You are invited to participate in an evaluation of the Med Ed[®] Pilot Program. The purpose of this evaluation is to understand how the Med Ed[®] booklet and passport are being used with children, youth, their caregivers and service providers, and how these resources might be improved.

Your Role as a Research Participant

Your participation has been requested because you possess valuable experiential knowledge in this area. We are asking you to complete a brief (13 questions) online questionnaire about your experiences with Med Ed[®]. Should you choose to complete the survey, you are assured that all information you share in the context of this questionnaire will be held in the strictest of confidence, with no names or identifying statements being used in the written report. You reserve the right to refuse to answer any question or address any topic you wish not to discuss, and you may stop the survey/withdraw your participation at any time without penalty. You are guaranteed that your privacy will be protected in all final written reports and presentations. This means that no names or statements that might reveal your identity will be used in the final written report and presentations. No one other than the Researcher and Research Assistant will have access to your responses to the questionnaire.

Great consideration and effort have taken place in order to minimize any risks you may suffer as a participant in this research. This is because sharing your personal experiences within the context of this study facilitates a greater understanding of this topic. If you should choose *not* to participate or wish to discontinue your participation *at any time*, you will experience no penalty. In addition, all data pertaining to your interview will be promptly destroyed.

Compensation

For participating in this study, you will receive a gift card valued at \$20. If you choose to withdraw your participation before completing the study, this gift is yours to keep.

Contact Information

You are invited to ask questions at any time before, during, or after the completion of this study by contacting the Researcher, Evangeline Danseco, at (613) 737-7600, ext. 3319, or by email at edanseco@cheo.on.ca.

This project has been reviewed and approved by the Children's Hospital of Eastern Ontario Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the board's chair, Dr. Carole Gentile at gentile@cheo.on.ca or by phone at (613) 737-7600, ext. 3624.

I have read the above letter and understand that I am participating in a research project. I voluntarily agree to participate. [checkbox appears here with the instructions: Please check this box if you agree with the following statement].



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Online Survey for Parents/Caregivers

Thank you for agreeing to complete this questionnaire. As someone who has been introduced to Med Ed[®], you have valuable knowledge and insights to share about this tool. Today, we'd like to ask you to share your thoughts about Med Ed[®] and your experience using it. This information will be used to help us find out how it is working and to make changes to the tool and how we use it so that others can get the most out of Med Ed[®]. This information may also be used in quality assurance, and descriptive or empirical reports/publications pertaining to the Med Ed[®] program. **Your individual answers are confidential.**

1. Where did you first learn about Med Ed[®]?
2. What were your initial impressions of the Med Ed[®] booklet and passport?
3. Do you think the tool will be useful for your child/youth? Why/why not?
4. Do you think your child/youth will use the tool on an ongoing basis?
5. What do you see as being the biggest benefit of using Med Ed[®] with your child/youth?
6. What do you think is the biggest challenge/obstacle in using Med Ed[®] with your child/youth?
7. What aspects of Med Ed[®] do you find to be particularly useful/helpful? [For example: the medication list; the checklists for doctors and pharmacy appointments; symptom/activity/side effect trackers; FAQs; information about different types of medications]
8. What aspects of Med Ed[®] do you think could be improved upon? These [For example: for example, is there enough space available for writing? Is the number of questions appropriate? Is the format/layout appropriate?]
9. Did you find you had a good understanding of how to use Med Ed[®] after you were introduced to it by the service provider? Did you have any unanswered questions, or was anything unclear?
10. Who are some of the people who would benefit from knowing about the medications your child is taking (Who is involved in their care that could help them use the tools)? In what ways can the Med-Ed[®] tool be helpful?
11. Additional Comments:
12. As stated above, we would like to offer you a gift card valued at \$20.00 to show our appreciation for your participation today. If you are interested in receiving this gift card, please provide the address where you would like us to send it:





Thank you very much for taking the time to share your opinions and experiences. Your input is very valuable to us and will help us guide how Med Ed[®] is used in the future. If you have any questions please contact us at any time.

Researcher: Evangeline Danseco, PhD
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
(613) 737-7600, ext. 3319
edanseco@cheo.on.ca

Research Assistant: Angela Wilson
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
(613) 737-7600, ext. 3361
anwilson@cheo.on.ca





APPENDIX P – ONLINE SURVEY FOR YOUTH



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
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Youth Survey – Letter of Information and Consent

WHAT YOU NEED TO KNOW (Information and Consent to participate)

You and your service provider may have recently talked about a new tool that has been developed called Med Ed[®]. Med Ed[®] is designed to help youth and professionals talk about and discuss the use of psychotropic medication. The tool can also help young people understand side effects and track the medication they may be taking.

We are hoping that Med Ed is a useful tool for young people and their service providers but we won't know unless we evaluate how it is working. We have developed an evaluation questionnaire to help us understand how the Med Ed[®] booklet and passport are being used with children, youth, their caregivers and service providers, and how we might improve these resources.

HOW YOU FIT IN

As a young person who may be using Med Ed, it is really important that we hear what you have to say. Your opinions and experiences are really valuable and your input will help us to understand how Med Ed[®] is working. We are asking you to complete a short (13 questions) online survey about your experiences with Med Ed[®]. Your participation is completely voluntary. If you choose to complete the survey, we will make sure that all of your answers will be kept confidential, and you will not be identified in any way. No one other than the Researcher and the Research Assistant will have access to your responses to the questionnaire. You can choose to skip any question or topic that you do not want to discuss, and you can stop the questionnaire at any time. If you choose not to complete the survey or want to stop the survey at any time, all of the information you provided will be destroyed.

COMPENSATION

In recognition of your time and the contribution you are making to improve the Med Ed tool, we would like to offer each youth participant who completes the evaluation a **\$20.00 gift card which you will receive in the mail (see below for details).** **If you choose to withdraw your participation before completing the study, this gift will still be yours to keep.**

CONTACT INFORMATION

If you have any questions at all about this evaluation, please feel free to give us a call any time before, during or after you decide to participate. You can contact Evangeline Danseco, Researcher, at (613) 737-7600, ext. 3319, or by email at edanseco@cheo.on.ca.



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Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



This project has been reviewed and approved by the Children's Hospital of Eastern Ontario Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the board's chair, Dr. Carole Gentile at gentile@cheo.on.ca or by phone at (613) 737-7600, ext. 3624.

[checkbox appears here with the instructions: Please check this box if you agree with the following statement]

I have read the above letter and understand that I am participating in a research project. I voluntarily agree to participate.





Online Survey for Youth

Thank you for taking the time to complete this questionnaire. We want to find out what you think about Med Ed[®]. What you tell us will let us know how it is working, and give us ideas about how to change the tool so that you and others can get the most out of Med Ed[®]. All of your answers are confidential, and we won't share your name or information with anyone.

1. Where did you learn about Med Ed[®]?
2. What did you think when you first saw the Med Ed[®] booklet and passport?
3. How do you think that Med Ed[®] could help you with your medications?
4. Have you used Med Ed[®] yet?
5. Do you like using Med Ed[®]? Why or why not?
6. If you have used it before, do you think you will use it again or continue to use it in the future? Why or why not?
7. What do you like the most about the Med Ed[®] booklet?
For example:
 - the medication list
 - the checklists for doctors and pharmacy appointments
 - symptom/activity/side effect trackers
 - FAQs
 - information about different types of medications
8. What do you like the least about the Med Ed[®] booklet?
For example:
 - Is there enough room for writing?
 - Are there any parts that are hard to understand?
 - Do you like the graphics?
9. What are some ways we could make Med Ed[®] better?
For example:
Is there a solution for fixing what you like least about the booklet?
10. Can you tell me a story of a time when you used Med Ed[®] and you felt that it was really helpful for you?
What happened? For example:
 - Were you using it with anyone?
 - Did you get answers to questions you had?
 - Did you feel like you understood your treatment better?
 - Did you feel less worried about taking your medication?
 - Did it help you to think about things you want your medications to help with?





11. Who are some of the people in your life that you think you would like to show your Med-Ed[®] to? How do you think they can help you use Med Ed[®]?

For example:

- What can your care worker do?
- What can the pharmacist do?
- What can the doctor do?
- What can the nurse do?
- What can your parents or guardians do?
- What can your friends do?

12. Is there anything else you would like to say about Med Ed[®], or about this questionnaire? Any questions you have, or comments you would like to make?

We would like to offer you a \$20.00 gift card to thank you for your participation today. If you are interested in receiving this gift card, please:

- Write down your name and address where we can send it.
- OR -
- Write down the name and address of someone who can receive this for you (for example, your care worker at your treatment centre).

Thank you very much for taking the time to share your experiences and tell us what you think about Med Ed[®]. Your input is very important to us and will help us guide how Med Ed[®] is used in the future. If you have any questions please contact us at any time.

Researcher: Evangeline Danseco, PhD
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