

CHIRS/TEACH – Course Registration and Pre-Learning Assessment

Pre-Learning Assessment

Adapting Substance Use Treatment for People with Acquired Brain Injury

(Specialty Course)

INSERT DATES OF COURSE

Completion of the Pre-Learning Assessment is mandatory as per accreditation requirements. Please take a moment to complete the Pre-Learning Assessment prior to the start of this course.

We are interested in understanding the impact of this course on your work with your clients. The information collected in this assessment will help guide future course development and help us to evaluate your pre and post ratings of key concepts.

To start the assessment, click on "Answer the questions..." below.

Demographic Information:

1. First Name: _____
2. Last Name: _____
3. E-mail address: _____
4. Confirm E-mail address: _____
5. Organization/Agency Name: _____
6. Organization Address: _____
7. City: _____
8. Province: _____
9. Postal/Zip Code: _____
10. Business/Work Phone Number: _____
11. Extension: _____
12. Home Address: _____
13. City: _____
14. Province: _____
15. Postal/Zip Code: _____
16. Home Phone Number: _____
17. Mobile/Cell Phone Number: _____

18. Primary Contact Number:

- Same as Business Phone Number
- Same as Home Phone Number
- Same as Mobile/Cell Phone Number
- Other

19. If other please indicate : _____

20. Please note that the next two questions regarding age and gender are *optional* and are asked for the purposes of program evaluation and reporting only. Declining to answer any of the following questions regarding age and gender **will not** impact the application selection process in any way.

Please identify your sex: _____

21. Age:

- 30 or under
- 31 - 40
- 41 - 50
- 51 - 60
- Over 60
- Prefer not to answer

22. In which sector do you primarily work?

- Public health
- Health care
- Education
- Social services, Non-profit, or Non-governmental organization
- Government
- Other

23. If other please specify : _____

24. Please indicate if you work for a/an:

- Aboriginal Health Access Centre (AHAC)
- Addiction Agency
- Community Care Access Centre (CCAC)
- Community Health Centre (CHC)
- Family Health Team (FHT)
- Mental Health Agency
- Nurse Practitioner Led Clinic (NPLC)

- Private Practice
- Public Health Unit (PHU)
- School
- Not currently employed
- Hospital
- Other

25. If other please specify : _____

26. What is your current discipline?

(Please select one response which best reflects your current professional affiliation/position.)

- | | |
|--|--|
| ○ Aboriginal Health Worker | ○ Occupational Therapist |
| ○ Addiction Counsellor | ○ Pharmacist |
| ○ Advanced Practice Nurse/Clinician | ○ Physiotherapist |
| ○ Board Member/Volunteer | ○ Practitioner of Natural Healing |
| ○ Case Manager/Public Health Nurse | ○ Psychologist |
| ○ Chiropractor | ○ Registered Nurse |
| ○ Community Health Worker | ○ Registered Practical Nurse |
| ○ Dental assistant | ○ Registered Psychotherapist |
| ○ Dental Hygienist or Dental Therapist | ○ Researcher |
| ○ Dentist | ○ Respiratory Therapist, Clinical
Perfusionist or Asthma Educator |
| ○ Dietitian or Nutritionist | ○ Senior Administrator |
| ○ General practitioner/Family
Physician | ○ Social Worker |
| ○ Health promoter/Educator | ○ Specialist Physician |
| ○ Manager/Coordinator | ○ Support/Administrative Staff |
| ○ Midwife | ○ Tobacco Quit Specialist |
| ○ Nurse Practitioner | ○ Other |

27. If other please specify : _____

28. What region does your organization serve?

- Central East Area - Peterborough, Haliburton, Simcoe, Peel or York Region
- Central West Area - Waterloo, Brant, Niagara, Wellington, Guelph or Haldimand-Norfolk
- Eastern Area - Ottawa, Kingston, Renfrew, Hastings or Prince Edward
- North East Area - Porcupine, Sudbury, Algoma, Timiskaming or North Bay
- North West Area - Thunder Bay, Kenora, Dryden or Nipigon
- South West Area - Windsor, Elgin-St. Thomas, Grey Bruce, Perth, Oxford or London

- Toronto and Greater Toronto Area
- I work Ontario-wide
- I work outside of the province of Ontario but within Canada
- I work outside of Canada

29. Please specify : _____

30. Would you like to join the TEACH mailing list and be informed of upcoming trainings, initiatives, and other opportunities related to the TEACH Project?

- Yes
- No

Clinical Practice Activities:

31. Do you currently have any direct clinical contact with clients/patients for the purposes of providing care or treatment?

- Yes
- No

32. How frequently do you screen your clients/patients for acquired brain injury?

- Always
- Often
- Occasionally
- Seldom
- Never

33. How frequently do you screen your clients/patients for substance use?

- Always
- Often
- Occasionally
- Seldom
- Never

34. In your role at your agency/program, do you currently provide any counselling to clients/patients?

- Yes
- No
- Don't know

35. What forms of counselling do you currently provide to clients/patients in your agency/program?

- I currently provide group sessions
- I currently provide individual sessions
- I currently provide both group and individual sessions
- Other

36. If other please specify : _____

37. With approximately how many clients did you provide individual counselling over the last 3 months?

- > 20
- 16 – 20
- 11 – 15
- 6 – 10
- 1 – 5
- None
- Unsure
- Not applicable

38. Approximately how many group counselling sessions have you offered over the last 3 months?

- > 20
- 16 – 20
- 11 – 15
- 6 – 10
- 1 – 5
- None
- Unsure
- Not applicable

39. **Pre-Learning Assessment**

Please rate and answer the following items/questions as they relate to the key learning objectives for this course.

Learning Objective: Describe the relationship between acquired brain injury and substance use disorder.

On a scale of 0 to 10, with 10 being the highest rating, rate your knowledge about the relationship between acquired brain injury and substance use disorder.

40. On a scale of 0 to 10, with 10 being the highest rating, rate your skills related to describing the relationship between acquired brain injury and substance use disorder.
41. On a scale of 0 to 10, with 10 being the highest rating, rate how feasible it is to describe the relationship between acquired brain injury and substance use disorder.
42. On a scale of 0 to 10, with 10 being the highest rating, rate how *important* it is to describe the relationship between acquired brain injury and substance use disorder.
43. On a scale of 0 to 10, with 10 being the highest rating, rate how *confident* you are at describing the relationship between acquired brain injury and substance use disorder.
44. Do you currently describe the relationship between acquired brain injury and substance use disorder?
- Yes
 - No
 - Not applicable

45. Learning Objective: Apply a model of substance use disorder care for persons with acquired brain injury.

On a scale of 0 to 10, with 10 being the highest rating, rate your knowledge about a model of substance use disorder care for persons with acquired brain injury.

46. On a scale of 0 to 10, with 10 being the highest rating, rate your skills related to applying a model of substance use disorder care for persons with acquired brain injury.
47. On a scale of 0 to 10, with 10 being the highest rating, rate how *feasible* it is to apply a model of substance use disorder care for persons with acquired brain injury.
48. On a scale of 0 to 10, with 10 being the highest rating, rate how *important* it is to apply a model of substance use disorder care for persons with acquired brain injury.
49. On a scale of 0 to 10, with 10 being the highest rating, rate how *confident* you are at applying a model of substance use disorder care for persons with acquired brain injury.
50. Do you currently apply a model of substance use disorder care for persons with acquired brain injury?
- Yes
 - No
 - Not applicable

51. Learning Objective: Identify basics of cognitive accommodation.

On a scale of 0 to 10, with 10 being the highest rating, rate your knowledge about the basics of cognitive accommodation.

52. On a scale of 0 to 10, with 10 being the highest rating, rate your skills related to identifying basics of cognitive accommodation.

53. On a scale of 0 to 10, with 10 being the highest rating, rate how *feasible* it is to identify basics of cognitive accommodation.

54. On a scale of 0 to 10, with 10 being the highest rating, rate how *important* it is to identify basics of cognitive accommodation.

55. On a scale of 0 to 10, with 10 being the highest rating, rate how *confident* you are at identifying the basics of cognitive accommodation.

56. Do you currently identify basics of cognitive accommodation?

- Yes
- No
- Not applicable

57. Learning Objective: Design a program for substance use disorder for persons with acquired brain injury.

On a scale of 0 to 10, with 10 being the highest rating, rate your knowledge about designing a program for substance use disorder for persons with acquired brain injury.

58. On a scale of 0 to 10, with 10 being the highest rating, rate your skills related to designing a program for substance use disorder for persons with acquired brain injury.

59. On a scale of 0 to 10, with 10 being the highest rating, rate how *feasible* it is to design a program for substance use disorder for persons with acquired brain injury.

60. On a scale of 0 to 10, with 10 being the highest rating, rate how *important* it is to design a program for substance use disorder for persons with acquired brain injury.

61. On a scale of 0 to 10, with 10 being the highest rating, rate how *confident* you are at designing a program for substance use disorder for persons with acquired brain injury.

62. Do you currently design programs for substance use disorder for persons with acquired brain injury?

- Yes
- No
- Not applicable

[confirmation page, appears after submission]

Thank you for completing the Pre-Learning Assessment

Your responses have been submitted successfully. Please return to the course home page and complete the Orientation Module to begin the course.