ISSUE BRIEF

Training Retired Social Workers:
Experience and Innovation to Serve the Aging Population

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It is no secret that the population is aging. Every paper and presentation related to gerontology cites not only the increase in the aging population, but the relevant deficiencies in services to meet the needs of this population. Social work, a profession attuned to the physical, mental, and social needs of its clients, will be at the forefront of service provision to older adults. In a range of settings, through a variety of roles and responsibilities, social workers will partner with older adults and their families.

In Chicago, Illinois, the role of social work in meeting the needs of the aging population has not gone unnoticed. Neither has the reality that there will be a significant shortage of professionals to meet the health and social service needs of older adults. Nisson and Dolores Pearl, both experienced social workers, designed an innovative program to address this problem.

In 2002, the Pearls approached NASW's Illinois Chapter with a project idea: to bring retired social workers back into the workforce to work with the aging population. They saw retired social workers as an untapped resource; professionals with years of experience who could, and should, be encouraged to re-enter the field. With support from the Retirement Research Foundation and the NASW Illinois Chapter, the purpose of the Pearls' Retired Social Workers Project (RSW) is threefold: (1) to bring retired social workers back into the field to serve older adults, (2) to work with agencies to highlight retired social workers as an untapped resource for staffing, and (3) to demonstrate that older adults are productive members of society.

As part of the goal to bring retired social workers back into the field to serve older adults, the Retired Social Workers Project offers a number of professional development and education programs focused on services for seniors. Although retired social workers have years of experience, that experience is varied, with some having worked previously with older adults, and others being new to the field of aging. Thus, the Retired Social Workers Project is preparing its members for re-entry to the field through a range of training opportunities.

One of the most recent professional development opportunities the Project participated in was an innovative blended model training program provided by the Institute for Geriatric Social Work (IGSW) at Boston University. The program consisted of seven online courses that focused on key aspects of social work and aging, and four face-to-face sessions led by Dr. Marcia Spira, Associate Professor, School of Social Work, Loyola University of Chicago. Upon completion of the program, participants received 34 to 38 Continuing Education Units and a Certificate in Aging from the Institute for Geriatric Social Work at Boston University.

TRAINING PROGRAM STRUCTURE

The Retired Social Workers Project Training Program was a blended model training program consisting of seven online courses created by IGSW and four face-to-face sessions, all focusing on the older adult and the role of social work in the field of aging.

The initial face-to-face session presented participants with an overview of the training program. It included an online course demonstration and detailed instructions on accessing IGSW online courses. Participants then had two months to complete their first two required online courses, "Basic Issues in Aging" and "Geriatric Assessment." Following the first two online courses, the group convened for a second face-to-face session to review and supplement the online course material. Then, participants had another two months to complete two additional required online courses, "Coping with Grief" and "Medications and Aging." Another face-to-face session followed these courses to supplement the online course material. With the completion of the four required courses, participants chose three elective courses in aging on topics such as mental health, substance abuse, caregiving, and community-based resources. Participants concluded the training program with a final face-to-face session, where they again reviewed and supplemented online course material.

In addition to having little experience working in the field of aging, many participants reported that they received little or no training in aging prior to this program. The majority (71.4%) never took a course in aging during their educational career.

Following completion of the training program, participants received approximately 34 to 38 Continuing Education Units, depending on which elective courses they chose, and a Certificate in Aging from the Institute for Geriatric Social Work at Boston University.
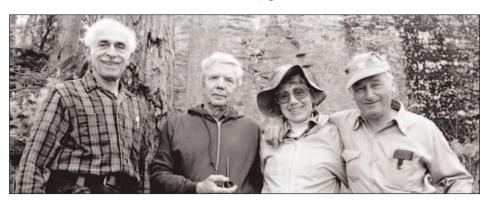
PARTICIPANT PROFILE

Twenty-one retired social workers who plan to re-enter the social work profession completed the training program. Originally, 28 retired social workers signed up to participate, however seven did not complete the program for various reasons (e.g., unable to attend face-to-face sessions, unable to meet the technological requirements, and personal reasons). In terms of demographics, most were female (81%). The majority of participants (81%) identified themselves as Caucasian/White, while 14.3% identified as African American/Black and 4.8% identified as Hispanic. Participant ages ranged from 36 to 71 with an average age of 60.

In terms of social work status, all participants reported having a master's in social work, and one also had a PhD in social work. The majority (71%) were licensed during program participation. While experienced practitioners, with an average of 25 years in the field of social work, participants were largely new to geriatric social work. The percent of participants who never worked with older adults was 14.3%, and the remainder worked an average of only five years specifically in the field of aging. Overall, 71.4% reported spending 25% or less of their careers thus far working with older adults.

In addition to having little experience working in the field of aging, many participants reported that they received little or no training in aging prior to this program. The majority (71.4%) never took a course in aging during their educational career. Of those who indicated that they participated in a course in aging previously, the average number of courses reported was three. Another 19% of the participants indicated that they have an aging concentration or certificate. This credential may be a result of either professional experience or continuing education. Although over half of participants (57.1%) reported no previous professional training in aging, those with training reported a range of 1–100 trainings, with a mean of 7 trainings over the past five years.

GERIATRIC SOCIAL WORK SKILLS

Program participants completed a pre- and post-test self-assessment of their geriatric social work skills using the Hartford Practicum Partnership Program (PPP) Geriatric Social Work Competency Scale II (See Appendix A). This scale measures the degree of skill competency of social work students and practitioners who specialize in practice with older adults and their families (Damron-Rodriguez, Lawrence, Lee & Volland, 2006). This 40-item instrument is a shorter, revised version of the Social Work with Aging Skill Competency Scale previously developed by the PPP. The instrument is divided into four domains: 1) Values, Ethics, and Theoretical Perspectives; 2) Assessment; 3) Intervention; and 4) Aging Services, Programs, and Policies. It measures the respondents' perceptions of their skill level on a scale of 0 to 4 (0=not skilled at all; 4=expert skill). A score is derived by evaluating individual items, combinations of individual items by domain, or the total competency score of all items.

COMPETENCY SCORES

Competency scores are reported below as a percentage of the maximum score for each competency domain. As indicated in Table 1, the highest skill area for participants was in the Values, Ethics, and Theoretical Perspectives domain, while the lowest skill was in the Aging Services, Programs, and Policies domain. The majority of the retired social workers participating

Table 1. AVERAGE COMPETENCY SCORES		
	Average Scores	
Competency Domain	Pre-Test	Post-Test
Values, Ethics, and Theoretical Perspectives	59%	81%
Assessment	48%	75%
Intervention	54%	79%
Aging Services, Programs, and Policies	38%	62%
Overall Competency Score	60%	74%

identified as clinical practitioners, therefore they may feel more competent in their professional values and direct practice clinical skills than in their macro-level skills due to their prior professional training and experience.

Within each competency domain, average scores were determined for individual items. Comparing the lowest and highest average scores from the pre- and post-test highlights the strengths and weaknesses of both the participants and the course. Participants generally perceived themselves to be most and least competent in the same areas both before and after the training program. This implies that participants felt they had prior strengths and weaknesses in each skill area, but that their overall ability to work with older adults improved significantly, as demonstrated by a significant increase in average scores for all competency areas from pre- to post-test.

The following information identifies the individual items that received the lowest and highest average scores within each competency domain. As previously mentioned, each item was rated on a scale of 0 to 4 (0=not skilled at all; 4=expert skill). The average scores at both pre- and post-test are provided.

Values, Ethics, and Theoretical Perspectives

The Values, Ethics, and Theoretical Perspectives domain consisted of 10 questions. On average, participants rated their competency higher in the area of Values, Ethics, and Theoretical Perspectives on the post-test compared to the pre-test. Not surprisingly, this area was also the area of least growth. It can be more difficult to change personal values, ethics, and theoretical perspectives than to acquire knowledge or skills. Individuals develop these perspectives slowly throughout their lives, therefore a training program may not significantly alter an individual's values and ethics.

The lowest average score in the pre-test for this area was for the competency, "relate concepts and theories of aging to social work practice (e.g., cohorts, normal aging, life course perspective)" (2.0). In the post-test, participants rated "address the cultural, spiritual, and ethical values and

After completing the program, participants felt most competent in their ability to "understand the perspective and values of social work in geriatric interdisciplinary practice while respecting the roles of other disciplines."

beliefs of older adults and families" (3.0) as their least competent domain. Perhaps participants rated themselves least competent in this area after completing the courses because they now have a greater awareness of the complexity and diversity of the issues.

"Respect diversity among older adult clients, families, and professionals (e.g., class, gender, and sexual orientation)" was scored as the most competent area on the

pre-test (3.0). After completing the program, participants felt most competent in their ability to "understand the perspective and values of social work in geriatric interdisciplinary practice while respecting the roles of other disciplines" (3.48).

Assessment

A total of 10 items are used to assess competency in the domain of Assessment. Although participants reported feeling more competent at post-test in administering and interpreting standardized assessments and diagnostic tools that research has shown to be appropriate for use with older adults (e.g., geriatric depression scale, Mini-Mental Status Exam), participants perceived this area as one in which they were not very skilled (1.24 pre-test, 2.52 post-test). At both pre- and post-test, participants felt most competent in their ability to "use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems" (3.04 pre-test, 3.48 post-test).

Intervention

The Intervention domain contained 13 items. While the original PPP scale includes 10 items in this domain, IGSW added three additional items to further assess participants' intervention skills. In

...participants expected their practice skills with older adults to improve significantly as a result of the training program.

general, participants felt least competent both prior to and after the program in their ability to "identify and utilize the latest proven techniques to provide older adults and their families with appropriate interventions"; however, their competency in this area improved from moderate to advanced (1.57 pre-test, 2.57 post-test). At both the pre- and post-test the participants felt their strongest competency to be their ability to "establish rapport and maintain an effective working relationship with older adults and family members" (2.95 pre-test, 3.57 post-test).

Aging Services, Programs, and Policies

The domain of Aging Services, Programs, and Policies contained 10 items and had the lowest score at both the pre- and post-test assessments. One explanation for this is that the participants were primarily clinical or direct practice social workers and therefore may have less direct exposure to or experience with programs and policies. Also, although the online training program included sections in each course on relevant policy issues, the program did not include a course focusing exclusively on service, program, and policy issues.

Participants felt the least skilled in their ability to "develop program budgets that take into account diverse sources of financial support for the older population" both prior to and after completing the

Table 2. **PRE/POST COMPETENCY OUTCOMES**			
Competency Domain	**Pre-Test**	**Post-Test**	**p-value**
Overall Mean Competency Score			
Mean	2.000	3.000	.000***
Standard Deviation	0.810	0.630	
Value and Ethics			
Mean	2.300	3.200	.000***
Standard Deviation	0.940	0.510	
Assessment			
Mean	1.900	3.000	.000***
Standard Deviation	0.960	0.680	
Intervention			
Mean	2.200	3.100	.000***
Standard Deviation	0.920	0.630	
Aging Services			
Mean	1.500	2.500	.000***
Standard Deviation	1.100	0.940	

***p<.001

training program (1.10 pre-test, 1.7 post-test). Program participants felt most competent both before and after the program in their ability to "effectively communicate and collaborate with other health, mental health, and social services professionals in delivering services to older adults" (2.24 pre-test, 3.10 post-test).

STATISTICAL ANALYSIS

A paired samples t-test was conducted to statistically analyze pre/post differences in each competency domain and overall competency score. As illustrated in Table 2, the paired samples t-test results show statistically significant improvement in participants' geriatric social work competencies overall and within each of the four domains (p<.001).

The results also show significant improvement on each individual item (p<.05) except for two items in the values domain: "respect diversity among older adult clients, families, and professionals (e.g., class, gender, and sexual orientation)"

Table 3. AVERAGE SCORES OF TRAINING TOPIC IMPORTANCE							
Lowest Average Score				Highest Average Score			
Pre-Test		Post-Test		Pre-Test		Post-Test	
Topic	Avg.	Topic	Avg.	Topic	Avg.	Topic	Avg.
Substance Abuse	7.20	Substance Abuse	7.55	Geriatric Assessment	9.63	Geriatric Assessment	8.89
Housing	7.20	Housing	5.34	Mental Health	8.63	Caregiving	8.58

(p = .258), and "address the cultural, spiritual, and ethnic values and beliefs of older adults and families" (p=.217). Although the average scores for these value competencies did increase, the improvement was not statistically significant.

TRAINING TOPIC IMPORTANCE

Participants were asked to rate the importance of 11 training topic areas on a scale of 1 to 10, with 1 being least important and 10 being most important. Topic areas included basic issues in aging, geriatric assessment, mental health, substance abuse, caregiving, housing, ethical and legal issues, elder abuse, end of life, cultural competence, and professional reflection/self care. All topic areas received relatively high ratings of importance, with average scores ranging from 7.20 to 9.63 on the pre-test and 7.20 to 8.89 on the post-test. As indicated in Table 3, the topic of geriatric assessment received the highest average score both before and after the

…participants stated in both assessments that they intended to integrate and apply what they learned to their current professional practice.

training program. Participants also considered caregiving an important topic upon completion of the training program. Although not rated as highly in the pre-test, participants may have rated this topic as more important following the training program since each course in the program emphasized the importance of working not only with the older adult but with his/her support network of family and friends.

Additional training topics suggested by participants on both the pre- and post-test were very similar. The areas of interest included: aging policy and research, physical and mental health, healthy aging, spirituality and aging, and retirement issues. On the pre-test participants also suggested topics such as medications and older adults, coping with loss, intimacy and sexuality among older adults, and assistive technology. Many of these topics were available as electives during the training program. Unique to the post-test, participants requested course topics including the Baby Boomer generation, finances and

aging, physical rehabilitation, managed care, geriatric counseling, and specific mental health issues such as OCD, hoarding, and working with "difficult" clients.

PROGRAM EXPECTATIONS AND EVALUATION

Prior to starting the training program, participants attended a program orientation. Following a detailed description of the training program structure and requirements, participants rated their expectations of the training program. In general, participants expected the program to be somewhat difficult but extremely interesting and convenient. After reviewing the curriculum, participants expected their practice skills with older adults to improve significantly as a result of the training program. The data indicated a wide range of prior knowledge and skill levels, with participants reporting they knew between 5% and 75% of the material to be covered. On average, participants reported that 35% of the material in the curriculum was prior knowledge.

Upon finishing the training program, participants completed an evaluation of the program. Meeting their previously identified program expectations, participants reported that their practice skills improved significantly after their participa-

The vast majority (95%) of participants indicated that the program expanded their knowledge and understanding of working with older adults and that the content and level of training met their learning needs very well.

tion in the training program and that although the training program was somewhat difficult, it was extremely interesting. Also similar to the program expectations, the data at post-assessment indicated a wide range of knowledge and skill levels, with participants claiming they already knew between 5% and 90% of the material covered by the training program, with an average of 51.1% of the material already

Table 4. PLANS UPON PROGRAM COMPLETION				
Plans Upon Program Completion	Pre-Test		Post-Test	
Integrate/Apply in Current Professional Practice	12	57%	13	62%
Seek Employment in Geriatric Social Work	5	24%	3	14%
Utilize Personally	2	10%	3	14%
Continue Education	0	00%	4	19%

known. Compared to their baseline assessments, participants reported that they knew more of the material covered in the program than they expected. This may indicate that the training program covered material that is more familiar to the experienced practitioner.

PLANS UPON PROGRAM COMPLETION

On both the pre- and post-test, participants identified their plans upon completion of the training program. Participants were able to indicate more than one response. The responses were coded and categorized into four themes as depicted in Table 4. As indicated in Table 4, participants stated in both assessments that they intended to integrate and apply what they learned to their current professional practice if still working part-time. Since part of the goal of the Retired Social Workers Project is to train and prepare retired social workers for re-entry into the workforce, it is not surprising that employment, both current and future, was a common plan for participants. Only three participants noted that they plan to seek employment in geriatric social work in the survey following the training program compared to five participants who indicate an interest in a geriatric social work position prior to the program. This may be a result of participants' increased awareness of how geriatric social work can be incorporated or applied in their professional practice. Further, after completing the program, four participants reported that they plan to continue learning about issues related to social work practice with older adults, perhaps reflecting an increase in awareness of issues and/or a desire to pursue a specialization in aging.

LEARNED SKILLS PARTICIPANTS USE AND PLAN TO USE

As part of the post-test, 19 of the 21 participants responded to an open-ended question asking what skills they have used in practice that they learned from the courses. Participants were able to indicate more than one response and there was a total of 29 responses. The most common skills that participants have implemented since program completion are the ability to use the assessments explained throughout the courses (31%) as well as using knowledge gained from the courses to improve practice with the needs of aging clients (24%). Participants specified that they have applied their learned knowledge of dementia, end of life issues, substance abuse, and general knowledge since participating in the program. Other learned skills participants mentioned they have used since program completion are policy analysis, advocacy, group problem solving, working with caregivers, exploring resources with clients, and cultural competence. All but one of the participants who answered the question indicated that they have used their recently learned skills. Of

those who did respond, two did not complete this section of the survey, one stated that this question was "not applicable," and the fourth responded by saying that he/she did not have an opportunity to use these skills.

COURSE EVALUATIONS

Participants were asked to evaluate each individual online course by completing a Course Evaluation (See Appendix B). On average, participants were satisfied with the training and found it to be valuable. The vast majority (95%) of participants indicated that the program expanded their knowledge and understanding of working with older adults and that the content and level of training met their learning needs very well. All participants identified that it is very likely they will be able to apply what was learned in the training to their personal life, while 76% stated they would be likely to apply the information learned to their professional practice with aging clients and their families. This may be a result of participants' varying professional activities. Many participants were not actively practicing social work and/or working with older adults while in the training program and thus may not have been able to directly apply the skills learned from the program. Despite initial technical problems and challenges with computer use, 67% of participants found the online format used to deliver the training to be very satisfying.

DISCUSSION

The IGSW/RSW Project was completed in May 2006. As demonstrated by the findings, training in aging can have significant implications for the field of geriatric social work. Evaluation of the IGSW/RSW training program revealed that participants assessed themselves as significantly more competent in their geriatric social work skills following program participation.

Participants felt that as a result of the training program, not only did they sharpen timeless social work skills, but they also improved their knowledge of practices that are more vulnerable to modernization and improvement over time, such as assessment methods and best practices.

According to their self-assessments, participants were confident in the social work skills that they have refined over their professional careers, such as building rapport with clients, practicing empathy, and using sensitive interviewing skills. Participants felt that as a result of the training program, not only did they sharpen timeless social work skills, but they also improved their knowledge of practices that are more vulnerable to modernization and improve-

ment over time, such as assessment methods and best practices.

Reflecting the current retirement trends, program participants plan to continue their education, incorporate new knowledge into current or future practice, or apply learned skills to personal situations. The Retired Social Workers of Chicago represent the current older adult population's interest in participating as key contributors to society past the traditional retirement age. The Retired Social Workers plan to continue their education and training, not only for the personal benefit of lifelong learning but also for the professional benefit of improved social work practice with older adults. As Chaffin and Harlow (2005) explain, "having reached a certain age does not constitute a plateau that then descends; if seen correctly, achieving a certain age allows a continual process of problem solving and discovery of knowledge derived from living." The results of this project exemplify the benefits of such lifelong learning and continuing education.

Geriatric Social Work Skills Assessment

The following is a listing of skills recognized by geriatric social workers as important to effectively work with and on behalf of older adults and their families.

Please use the scale below to thoughtfully rate your current skill:

0 = Not skilled at all (I have no experience with this skill)
1 = Beginning skill (I have to consciously work at this skill)
2 = Moderate skill (This skill is becoming more integrated in my practice)
3 = Advanced skill (This skill is done with confidence and is an integral part of my practice)
4 = Expert skill (I complete this skill with sufficient mastery to teach others)

0	1	2	3	4
Not skilled at all	Beginning skill	Moderate skill	Advanced skill	Expert skill

A. VALUES, ETHICS, AND THEORETICAL PERSPECTIVES   Skill Level (0–4)

1. Assess and address values and biases regarding aging. _____

2. Respect and promote older adult clients' right to dignity and self-determination. _____

3. Apply ethical principles to decisions on behalf of all older clients with special attention to those with limited decisional capability. _____

4. Respect diversity among older adult clients, families, and professionals (e.g., class, gender, and sexual orientation). _____

5. Address the cultural, spiritual, and ethnic values and beliefs of older adults and families. _____

6. Relate concepts and theories of aging to social work practice (e.g., cohorts, normal aging, life course perspective). _____

7. Relate social work perspectives and related theories to practice with older adults (e.g., person–in–environment, social justice). _____

8. Identify issues related to losses, changes, and transitions over their life cycle in designing interventions. _____

9. Support persons and families dealing with end of life issues related to dying, death, and bereavement. _____

10. Understand the perspective and values of social work in geriatric interdisciplinary practice while respecting the roles of other disciplines. _____

B. ASSESSMENT   Skill Level (0–4)

1. Use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems. _____

2. Adapt interviewing methods to potential sensory, language, and cognitive limitations of the older adult. _____

3. Conduct a comprehensive geriatric assessment (bio-psychosocial evaluation). _____

4. Ascertain health status and assess physical functioning (e.g., ADLs and IADLs) of older clients. _____

5. Assess cognitive functioning and mental health status of older clients (e.g., depression, dementia). _____

6. Assess social functioning (e.g., social skills, social activity level) and social support of older clients. _____

7. Assess caregivers' needs and level of stress. _____

8. Administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults (e.g., depression scale, Mini-Mental Status Exam). _____

9. Develop clear, timely, and appropriate service plans with measurable objectives for older adults. _____

10. Reevaluate and adjust service plans for older adults on a continuing basis. _____

C. INTERVENTION

Skill Level (0–4)

1. Establish rapport and maintain an effective working relationship with older adults and family members. _____

2. Enhance the coping capacities and mental health of older persons through a variety of therapy modalities (e.g., supportive, psychodynamic). _____

3. Utilize group interventions with older adults and their families (e.g., bereavement groups, reminiscence groups). _____

4. Mediate situations with angry or hostile older adults and/or family members. _____

5. Assist caregivers to reduce their stress levels and maintain their own mental and physical health. _____

6. Provide social work case management to link elders and their families to resources and services. _____

7. Use educational strategies to provide older persons and their families with information related to wellness and disease management (e.g., Alzheimer's disease, end of life care). _____

8. Apply skills in termination in work with older clients and their families. _____

9. Advocate on behalf of clients with agencies and other professionals to help elderly clients obtain quality services. _____

10. Adhere to laws and public policies related to older adults (e.g., elder abuse reporting, legal guardianship, advance directives). _____

11. Utilize a problem-solving approach to help older adults and their families. _____

12. Assist older adults and their families in crisis situations. _____

13. Identify and utilize the latest proven techniques to provide older adults and their families with appropriate interventions. _____

D. AGING SERVICES, PROGRAMS, AND POLICIES

Skill Level (0–4)

1. Outreach to older adults and their families to insure appropriate use of the service continuum (e.g., health promotion, long-term care, mental health). _____

2. Adapt organizational policy, procedures, and resources to facilitate the provision of services to diverse older adults and their family caregivers. _____

3. Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons. _____

4. Include older adults in planning and designing programs. _____

5. Develop program budgets that take into account diverse sources of financial support for the older population. _____

6. Evaluate the effectiveness of practice and programs in achieving intended outcomes for older adults. _____

7. Apply evaluation and research findings to improve practice and program outcomes. _____

8. Advocate and organize with the service providers, community organizations, policy makers, and the public to promote the needs and issues of a growing aging population. _____

9. Effectively communicate and collaborate with other health, mental health, and social services professionals in delivering services to older adults. _____

10. Identify and utilize resources appropriate for the needs of older adults and their families. _____

Course Evaluation

CONTENT

This training expanded my knowledge and understanding of the topic area significantly.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

The content and the level of the training met my learning needs very well.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

The training met the learning objectives of the course.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

The format used to deliver this training was very satisfying.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

The material was very relevant and useful to my professional activities.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

The material was appropriate for my level of knowledge and experience.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

It is very likely that I will apply what I just learned in this training to my work with aging clients and their families in the near future.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

It is very likely that I will be able to apply what I just learned in this training to my personal life relative to friends, family, or neighbors, in the near future.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

PRESENTATION SKILLS

The presenter was knowledgeable, well prepared, and organized.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Audio-visual aids and other training materials were used effectively.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

OVERALL IMPRESSION

How would you rate the overall value of this training to your professional practice?

☐ Extremely Valuable ☐ Somewhat Valuable ☐ Uncertain ☐ Probably Not Valuable ☐ Absolutely Not Valuable

REASONS FOR SELECTING THE TRAINING

How important were the following factors in your decision to take this training?

	Very important	Somewhat important	Not at all important	N/A
Content/topic	☐	☐	☐	☐
Format	☐	☐	☐	☐
Continuing Education Credits	☐	☐	☐	☐
Cost	☐	☐	☐	☐
Flexibility/convenience	☐	☐	☐	☐
Location	☐	☐	☐	☐

Please list any additional course topics in which you would like to receive training:

_____

_____

_____

Please provide any suggestions for improvement:

_____

_____

_____

Thank you for taking the time to complete these questions.

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ABOUT THE INSTITUTE

The Institute for Geriatric Social Work (IGSW) is dedicated to advancing social work practice with older adults and their families. Located at Boston University School of Social Work, IGSW will build upon the School's historical commitment to the aging field and current strength in gerontological teaching, research, and training.

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