

REPORT

STATUS OF TRAINING

ON PRENATAL ALCOHOL EXPOSURE AND FETAL ALCOHOL SPECTRUM DISORDER (FASD)

June 2021



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Acknowledgements

The production of this document was made possible by the financial contribution of the Public Health Agency of Canada. The views expressed herein do not necessarily reflect the official position of the Public Health Agency of Canada.

We would particularly like to thank all the people working in various universities in Quebec and Canada, as well as in professional orders and associations, who took the time to help us by answering our questionnaire. Thanks to them, we were able to benefit from a great wealth of information that enabled us to produce this report. We would also like to thank the people who helped us identify the key players we needed to contact in the various institutions targeted by the study, and those who participated in some way in developing this study or reviewing this report.

Finally, we would like to thank the Health Canada Research Ethics Board for its support and availability in validating the non-necessity of obtaining an ethics certificate.

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EXECUTIVE SUMMARY

Objective: This exploratory component is a continuation of the action research currently being conducted by the ASPQ to develop an awareness campaign on alcohol use in pregnancy and FASD. The purpose of this component was to draw up a portrait of the training offered concerning prenatal alcohol exposure and FASD among health and social service professionals. Prenatal exposure to alcohol is still a major public health issue in Quebec and is the most avoidable cause of birth defects. Previous research conducted by the ASPQ has highlighted the heterogeneity and lack of training of these professionals.^[1] It is therefore essential to know the training status of these professionals who are often the main contacts for pregnant women as well as people with FASD and their families.

Method: To this end, we conducted a self-administered survey that we sent to various program directors training future health and social service professionals in Quebec and Canada and asked questions of several professional orders and associations representing these same professions. The questionnaire, which took about 15 minutes to complete, was sent to 57 different undergraduate and graduate study programs in Quebec and to a few programs at five other universities in Canada. We did the same with 10 professional associations and orders in Quebec.

Results: We had 25 respondents representing 21 university undergraduate and graduate study programs in Quebec, as some programs provided us with responses from a number of professors. We also had three respondents from three different university programs in other Canadian provinces. The 10 professional associations and orders that were contacted also responded.

In initial training, this topic is generally addressed, though not in a systematic or standardized way, according to the information provided by our respondents. For example, most students are only exposed to FASD and alcohol use in pregnancy for approximately one hour during their entire course of study, and the content of the course is left to the discretion of the professors responsible for the courses in question. Although most respondents recognized the importance of training students on this topic, most rejected the idea of standardized training in order to guarantee academic freedom, but also because most programs do not have the human, time and financial resources to implement such training. Instead, some respondents recommended the creation of a toolkit containing information on the disorder, its prevention, screening, diagnosis, management, support, etc., to be presented briefly in courses, and explored at length by students on their own and, above all, used in their future practice, if needed.

Continuing education in Quebec offered by professional associations, federations and orders is almost non-existent.

Finally, although the training offered in so-called “standard” academic programs (medicine, nursing, social work, etc.) is similar in Quebec and in the other provinces, training focused on FASD is more available and accessible in certain other Canadian provinces, as certificates focusing solely on FASD are offered in many universities and colleges across Canada. Also, online courses accessible to all actors and stakeholders in this area are also provided by Canadian and even international organizations and are available, free of charge or fee-based, mostly in English, to interested individuals.

Conclusion: Training on FASD and alcohol use in pregnancy is available in Quebec to future health and social service professionals, but it is neither systematic nor comprehensive, and not at all standardized. The development of a toolkit would therefore be an avenue to explore in order to offer information and training to these students without burdening the already very full university programs. Developing this theme in the context of continuing education offered by professional orders could also be a possibility worth considering. Finally, for the development of this training, it is possible to draw inspiration from what other organizations or universities already offer in Canada or around the world.

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INTRODUCTION

This report is a continuation of the action research conducted by the Association pour la santé publique du Québec (ASPQ), entitled *TSAF : en parler pour mieux agir* (FASD: Talking about it for better action). The research was initiated with the aim of developing an awareness campaign and tools for young girls (12-17 years) and young women (18-25 years). It also aims to raise awareness among health and social service professionals and the general population.

It should be noted that alcohol use in pregnancy remains a major public health issue in Quebec. It is the leading preventable cause of intellectual disability and congenital malformations.^[2-4] The sequelae of prenatal alcohol exposure vary and are not systematic from one individual to another, hence the term Fetal Alcohol Spectrum Disorder (FASD), which encompasses all the consequences of alcohol exposure during pregnancy. FASD manifests itself mainly as neurodevelopmental delay, but sometimes also as physical signs.^[2, 3, 5] The prevalence of prenatal exposure to alcohol remains high, given that, according to a study by the Public Health Agency of Canada, 11% of Canadian women drank alcohol during their pregnancy in 2006.^[5] Quebec is even more affected than Canada as a whole, with a rate of 34.1% of pregnant women having consumed alcohol in 2006, according to the *Enquête sur l'allaitement maternel*.^[6] In view of the scale of this public health issue, it is essential to develop means of preventing alcohol use in pregnancy. The ASPQ's action research is therefore part of this objective.

Other parts of the research, carried out in 2019 and 2020,^[1,7] have highlighted the key role that health and social service professionals can play in preventing and raising awareness of this disorder. Unfortunately, several barriers to their efficient intervention were described. Among these obstacles, the lack of training was the most recurrent one presented by the professionals themselves and by pregnant women, people with FASD and their families.^[1] It therefore seemed essential to draw up a portrait of the training available, including both initial training in the various university programs and continuing education through the professional orders and associations.

This report presents the results of the responses obtained from various university departments and programs, as well as professional associations, federations and orders on the status of training on prenatal alcohol exposure and FASD in Quebec. We will first present the methodology used to carry out this part of the action research. We will then present the results obtained on the initial training of health and social service professionals on this subject in Quebec and on the continuing education offered by professional orders and associations. Third, we will present the results of our research with various universities and organizations in Canada regarding the training offered, before finally concluding.

METHODOLOGY

Sampling

Using the directory of educational institutions and university programs in Quebec, we found the various programs that train health and social service professionals who may be required to accompany or be exposed to pregnant women or to people who have FASD: medicine, nursing, midwifery, social work, substance abuse, physiotherapy and occupational therapy, psychology, psycho-education, and nutritionist. We also contacted some of the professional associations corresponding to these professions.

In addition, we reached out to some Canadian university departments in other provinces in order to identify similarities and differences in how the topic is covered.

Solicitation

Professional associations and programs were contacted by direct email to members of the management team. This information is publicly available. We sent them the survey at the beginning of February 2021 and followed up at the end of February for those programs for which we had not received any feedback.

We also did the same with the professional associations, contacting them via their publicly accessible email addresses.

Questionnaires

The survey (available in Appendix A), which took approximately 15 minutes to complete, asked whether or not training on prenatal alcohol exposure and FASD was available. If such training exists within the program or the professional association, questions were asked about the content and delivery of the training. Finally, we also surveyed participants to determine the importance they placed on teaching this topic to their students, and the barriers and facilitators they encountered in implementing such training.

Ethical concerns

In order to administer this questionnaire to the various university programs targeted by our research and to the various professional orders, we wished to validate with the Health Canada Research Ethics Board that it was not necessary to obtain an ethics certificate from them, given that we are collecting non-confidential, public information (although not easily accessible) and that our research is part of a desire to improve practices with regard to training on prenatal alcohol exposure and FASD, as specified in Articles 2.2 and 2.5 of the Tri-Council Policy Statement.^[8] The Health Canada REB has confirmed that certification is not required. We are nevertheless concerned with protecting the anonymity of the individuals who answered our questionnaire, and with not damaging the reputation of the institutions or professional orders based on the

information they were able to disclose to us. To this end, particular attention was paid to the de-identification of the data and the aggregated presentation of the results.

Analysis

We had 25 respondents representing 21 university undergraduate and graduate programs in Quebec, since some programs provided us with the responses of several professors. We also had three respondents from three university programs in other Canadian provinces. The 10 professional associations and orders that we contacted also responded. After receiving the questionnaires, we conducted descriptive and thematic analyses of the responses provided by the directors of the programs and professional orders in order to determine what training is available and what the programs include.

RESULTS

Status of initial training on prenatal alcohol exposure and FASD among future health and social service professionals in Quebec

TRAINING OFFERED

1. TRAINING AVAILABILITY

Of the health and human services program directors or faculty members surveyed at various universities, 19 of the 25 respondents indicated that their program included training on prenatal alcohol exposure and FASD. Only six programs indicated that they did not have any training or courses on the topic. Three of these programs, offered at different universities, are for physiotherapists, the fourth is for post-residency perinatal medical students at another university, the fifth is a graduate nursing program and the sixth is for a speech-language pathology program. Respondents to the questionnaire regarding the various physiotherapy programs, as well as the speech-language pathology program, indicated to us that this topic was not included in their educational content, as it is not directly related to the essential elements that must be addressed for the practice of a future physiotherapist. One respondent stated: "The content regarding this knowledge appears to us to be at a level that goes beyond what is required for practising. It is a practice that is acquired in a specialized setting and the volume, from a clinical point of view, is probably low and therefore concentrated in a few specialized settings." In addition, these three respondents also mention the limited time that is available to train students relative to the amount of material to be covered. FASD, given its low representation among physiotherapy patients, is therefore not covered, in order to leave more time for other pathologies. In the case of the post-residency program in perinatal medicine at one of the Quebec universities, the topic is not covered because it has already been potentially seen in clerkships or family medicine residency courses, but also because this program aims to train students specifically in childbirth. Finally, for the graduate nursing program at one of the universities contacted, the course is in the process of being added, but the respondent indicated a lack of available mentors or specialists to produce the video content on the topic to be added to the course.

Table 1: Availability of FASD training by type and level of university program in Quebec

Programs surveyed who responded	Level of study	Training availability
Nursing	Undergraduate (bachelor/certificate)	Yes
	Graduate	Yes for certain specialties
Medicine	Pre-clerkship	No
	Clerkship	Yes
	Residency	Yes for certain specialties
	Post-residency in perinatology	No
Physiotherapy	Both undergraduate and graduate programs	No
Speech-language pathology	Both undergraduate and graduate programs	Mostly yes
Psychoeducation	Undergraduate (bachelor)	Yes
Social Work	Undergraduate (bachelor)	Yes
Midwifery	Full training	Yes
Occupational therapy	Undergraduate (bachelor)	Yes

2. EDUCATION

According to our respondents, most health and social service students are therefore exposed to the topic of alcohol use in pregnancy and FASD. However, this exposure varies greatly depending on the specialties taught and the universities. Training is clearly not standardized.

For the most part, this topic is presented in courses on perinatal health, factors that can affect fetal or child development, substance abuse prevention, psychopathology, or mental health. Thus, this topic is covered in a variety of courses, but most often it can be found in child development courses. Some respondents provided details on the sources they used to develop and teach this material. Among these sources, we noted the guidelines issued by the Canadian Paediatric Society, the Governments of Canada and Quebec, as well as documents produced by the Ministère de la Santé et des Services sociaux.

It should be noted that although most of these courses count for at least 3 credits and represent a 45-hour workload, only a small portion of this time is allocated to FASD and alcohol use in pregnancy. Students' exposure to this topic throughout their schooling varies from a few minutes to a few hours (maximum 3 hours).

The median of this exposure is one hour, since of the 15 respondents who explicitly told us how much time they spent on this topic, five indicated less than or equal to 30 minutes, six indicated one hour, one indicated

two hours, one indicated three hours, one indicated four hours, and one indicated approximately five hours. The programs where students are most exposed to it are bachelor of science in nursing programs, midwifery programs and some speech-language pathology programs. Those with the least amount of exposure are generally occupational therapy students.

Of the 19 respondents who indicated who was responsible for teaching this topic, most (n=16) indicated that it was taught by a regular professor or lecturer in the faculty, school or department with which the program is affiliated. Sometimes, the teacher may be a guest speaker who teaches alone or in collaboration with the regular teacher on this topic (specialist for example) (n=3). It should also be noted that it is at the discretion of the teacher responsible for the course in question to decide whether or not to address this topic and the content of the material taught on it. There are no specific and systematic guidelines for the teaching of this topic by program directors. It should be noted, however, that some academic programs are subject to compliance with the requirements of professional orders regarding training for the practice of the profession.

Based on these findings, it can be argued that training on FASD and alcohol use in pregnancy is neither systematic nor standardized in the academic curricula of future health and social service professionals. There is a great deal of variability in the availability of training, the length of exposure, the general theme of the course in which the topic is addressed, and the manner in which it is taught.

TRAINING INTERESTS

We then wished to study our respondents' perception of the importance of training being offered to all future health and social service professionals, and of the need for it to be standardized among the various programs.

1. IMPORTANCE OF COVERING THE TOPIC

Almost all of the respondents agreed that this topic should be addressed in the programs they represent. The only respondent who answered in the negative stated that this topic must have already been discussed in the students' previous training since the program they represent trains post-residents. Also, the vast majority of people who took the time to answer our questions expressed an interest in seeing this topic appear in the various academic programs that train health and social service professionals. One of these individuals explained that "since maternal use of alcohol during pregnancy can potentially have negative impacts on the development of the child, early detection is desirable. It is therefore appropriate that the links between maternal use, legal grounds for intervention, timing of intervention, and the study of protective factors be addressed in different specialty curricula." That said, some provided a bit of nuance in their response. For example, one respondent stated that "a general overview can certainly be included for physiotherapy, but I see more relevant coverage in psychology, occupational therapy or medicine. It should appear in the curriculum of specialties where deficits are significant or in those likely to make the diagnosis."

According to another respondent, "[this training] is important because it [FASD] can manifest itself in different areas, not just obstetrics, for example, pediatrics, adults, community. [...]" Thus, while almost all advocate the presence of such training in all curricula, the emphasis on it should vary depending on the program and the professional specialty in question.

2. BENEFITS AND DRAWBACKS OF HAVING TRAINING IN THIS AREA

In terms of the benefits that respondents were able to identify for having training on FASD and alcohol use in pregnancy, many (n=12) indicated that it would allow for better support, screening, diagnosis, and prevention of this disorder. Some also put forth that it would improve students' knowledge of these topics (n=2) and convey public health advice more clearly (n=1). One respondent from a Quebec university social work program summarized the benefits of including this topic in the general education of future professionals as follows:

“There is value in covering the topic to help future social workers better identify these situations, learn about the impact prenatal alcohol exposure and FASD have on child development, and choose the most appropriate actions. One benefit is to educate future caregivers about the impacts of prenatal alcohol exposure and to provide more information to tailor their actions for expectant mothers with drinking problems and/or to help children who have been exposed to FASD. Considering that we are training future social workers, they will be exposed to this client base in the various settings in which they will be called to act in the practice of their profession.”

Along with these benefits, several respondents (n=12) also explained that there is a major drawback, particularly related to the eventual standardization and systematization of the training offered on FASD: the limited time available in the academic curricula. Most respondents stated that the content of the programs was very full, that there were many topics to discuss but little time to do so, and that the addition of a more specific and substantial course on FASD and alcohol use in pregnancy would be detrimental to the teaching of other topics or would simply not be possible to put in place. One respondent explained: “[...] we need to talk about other communication disorders that are much more common. These disorders are obviously given priority. Also, courses are no longer taught by type of difficulty, but rather by age groups, which requires the inclusion of all relevant populations. This is for 80 intensive credits over two years (including three clerkships).” Others also mentioned the need for financial resources to develop a new course on the topic and the lack of relevance that the topic would have in certain training programs because few of these future professionals would be exposed to this pathology during their clinical practice. Finally, a last respondent indicated that it was also difficult to find specialists who could come and teach the topic in order to train future health professionals, so that the latter could not only perform screening, but also know where and how to refer clients with this problem.

3. STANDARDIZATION OF TRAINING ACROSS QUEBEC

On the other hand, some of the drawbacks raised by respondents are also related to the proposal made to standardize training given on the topic to future health and social service professionals throughout Quebec. Most respondents (n=16) do not wish to see the implementation of standardized training on the topic.

Some of them explained that the presentation and teaching of the topic should be left to the discretion of professors or program directors in the name of academic freedom and because of the aforementioned drawbacks that impact the capacity of certain programs to implement such training.

One respondent added, “It would require a clear directive from the Department of Health that educational institutions ensure that the topic is addressed. And if they do: what should the subject matter be, how much time should be allocated to it? These are just a few questions that need to be answered.” However, of these 16 respondents, seven indicated that a common base would be important to have in place, or at least to propose, so that the faculty responsible for the courses in question could build on it while remaining free to adjust the material. Three respondents recognized the value of standardized training and explained that it would provide common goals and a common message about alcohol use in pregnancy.

4. PROPOSALS MADE BY RESPONDENTS

Given the lack of consensus regarding the implementation of a standardized training program, several respondents (n=4) indicated that they would be interested in providing their students with a toolkit. The kit would include general as well as more specific information (guidelines, recommendations), but also tools for diagnosis, support, or prevention that they might need to do in their future practice. The kit could be presented in a relatively brief manner during class, but it would remain in the possession of the students, who could return to it when the need arises. They would be made aware of the topic without having to spend a lot of time on it in class. One respondent further elaborated on this proposal: "While I think this is an important topic, I don't believe forced standardized training is a good thing. A better idea would be a toolkit that could be available to faculties/programs that wish to use it. If the toolkit is interesting (with testimonials from families, individuals, with relevant readings, short narrated videos, etc.), it is more likely to be used and the topic to be included in courses." In a similar approach, another respondent suggested, more generally, that at least short online videos be made available to faculty that would provide a fairly standardized training experience for all future professionals exposed to this disorder, while still allowing for the uniqueness of each specialty.

5. ADMINISTRATIVE PROCESS FOR ADDING A TRAINING SESSION OR COURSE TO A UNIVERSITY PROGRAM

Finally, we listed the steps to follow to add a training session or course to the various programs surveyed. Depending on the program, such an addition can be made at the discretion of the director or the program committee, or by going to the university's academic committee and board of directors, or by consulting the professor responsible for the course. Also, as a reminder, these modifications must be coherent and in line with the expectations of the professional orders that accredit the training followed by the students that lead them to the practice of their future profession.

Status of continuing education on prenatal alcohol exposure and FASD among future health and social service professionals offered by professional orders in Quebec

We contacted 10 professional associations, federations and orders in Quebec representing health and social service professionals who support pregnant women in their practice and/or children/adolescents who may have FASD. Not all of them offer specific continuing education on alcohol use in pregnancy and/or FASD.¹ One respondent indicated that he had been exposed to the topic at a scientific conference and during his initial training, but only in a very cursory manner. On the other hand, because members have little training and awareness of FASD, some respondents told us that their members do not request continuing education on the topic.

Thus, although no (or almost no) continuing education is available on the topic, it is important to note that the organization SAFERA has been offering training on FASD in Quebec since 1998. This organization wishes to prevent, inform, train and support people with FASD and all the stakeholders who may interact with them (family, health professionals, educators, legal professionals, etc.). Multiple training sessions are available: a presentation of the disorder, the effects of alcohol on the development of the embryo, the fetus and the

child and a presentation of effective interventions and strategies for people with FASD in their daily lives and at school.^[9] They are also intended for a variety of audiences: parents and families in the community, social workers, special education and childcare professionals, occupational therapists, speech-language pathologists, remedial teachers, intermediate and family-type resources, and education professionals. Training is also provided in some universities (especially in nursing programs) and CEGEPs (early childhood training, police training, etc.) thanks to members of the organization. It should be noted that the SAFERA organization also provides training to the First Nations communities and FASD awareness programs to schools, for children of all ages.^[10] The organization can also provide training to people working in correctional facilities, in mental health or with homeless people, as some adults with FASD may be in these situations. Finally, SAFERA makes appearances at certain conferences through its members, and organizes international conferences and symposiums on prenatal exposure to alcohol and FASD. The last symposium was held in 2016 and the next one will be held on September 17, 2021, which will give many professionals an opportunity to learn about the topic.

Overview of training offered on prenatal alcohol exposure and FASD for current and future health and social service professionals in Canada

The training available in Canada on FASD and alcohol use in pregnancy appears to be quite similar to the training available in Quebec concerning the initial curricula of health and social service professionals. The topic appears to be generally well covered in medical curricula, particularly in specialty curricula such as obstetrics and gynecology, pediatrics, family medicine and psychiatry, according to our respondents and online research.

Interestingly, unlike Quebec, some Canadian universities offer programs specifically focused on FASD, as is the case for the University of New Brunswick, whose certificate is composed of 6 modules spread over 24 weeks.^[11] The University, on its web page, also specifies that the certificate is designed for “anyone who works with individuals who have FASD, including but not limited to: alcohol and drug workers, counsellors, psychologists, psychiatrists, social workers, speech-language pathologists, mental health specialists, educators, corrections workers, addiction/rehab service providers, government agencies, First Nations community members, and family members.”^[11]

We can therefore see a desire to train and raise awareness among all actors and stakeholders who may be involved with pregnant women or people who have FASD. Other institutions, such as Sault College^[12] or the Anishinabek Educational Institute^[13] in Ontario, also have a specific program on FASD, which generally lasts two sessions and includes 11 courses. At Douglas College in British Columbia, a course focusing on FASD is also available for interested students.^[14] Finally, the University of Manitoba^[15] and the University of Alberta^[16] also offer complementary training certificates on FASD, as part of subspecialties in pediatric or child development medicine. Therefore, although the training offered in the “standard” curricula of future health and social service professionals seems quite similar, more specific training offered on FASD seems to be more developed and accessible than in Quebec. This finding is consistent with what two of the experts we interviewed, Dr. Goyette and Dr. Ratnani, shared with us in the fall of 2020. They told us that they had received specific training on this topic in other Canadian provinces.

Although very interesting and highly specific, these programs require current or future health professionals to travel, for a relatively long period of time, and to speak and understand English to acquire expertise on

FASD and alcohol use in pregnancy, since all these programs are in other provinces and are offered in English.

Online courses for the various actors and stakeholders in this field are also available.

The CanFASD website offers several training modules.^[17] Their content varies depending on the module's target population. For example, a training course presenting the basics of FASD and aimed at the general population is available, while other training courses for school teams or for professionals in the legal and judicial system are also available. Finally, training for health and social service professionals (especially front-line professionals) is also available. These courses have different themes: prevention conversations, improving practices, learning to work in a multidisciplinary team to diagnose and treat people with FASD. These courses are not free of charge (generally between \$25 and \$1,000 per course depending on the target population and content). The courses are available in English and some are also available in French.

In Alberta, FASD training and education provides a series of learning videos for people with FASD, caregivers and professionals.^[18] It also offers a toolkit of videos that are freely available on YouTube.^[19]

Also in Alberta, the Lakeland Centre for FASD is a centre that not only provides support to individuals with FASD, their families and communities, but also offers training to different populations.^[20] For example, they speak at schools, agencies and organizations in the Lakeland area to educate and raise awareness about FASD. Presentations are tailored to meet the needs of individual groups: general knowledge, how and when to refer someone for a diagnosis of FASD, what conversation to have to discuss prevention of FASD, training for care teams who accompany and diagnose people with FASD, etc. The training teams train professionals across Canada.^[21]

Internationally, other online FASD course resources are also available. For example, the FASD eLearning modules in Australia for healthcare professionals is a free training course available in English that contains 7 modules.^[22] We can also mention the FASD Primer for Healthcare Professionals, which is offered by the Center for Disease Control and Prevention in the United States.^[23] A 3.5 hour online training course with 5 modules on FASD is also offered by the Behavioral Health Springboard hosted at the University of North Carolina.^[24] This training is designed primarily for social workers.

CONCLUSION

Our research has shown that although training on FASD and drinking alcohol in pregnancy was available in the academic curricula of health and social service professionals, it was neither systematic nor standardized. The amount of time and content allocated to this topic in courses is generally left to the discretion of the professor in charge of the course. Students are therefore rarely exposed to it for more than an hour during their studies. Most respondents to our questionnaire attested to the importance of teaching the topic in order to raise awareness and improve subsequent care for these individuals and their families. However, many were not in favour of the implementation of standardized training, which would interfere with academic freedom and require time, financial, and human resources that many programs do not have available. Unfortunately, it should also be noted that professionals are far from being more exposed to the topic in their continuing education, as all respondents from professional associations, federations or colleges indicated that no training on this topic was available.

This state of affairs in Quebec is not quite similar to that in other Canadian provinces since, although the training available is similar in the “standard” academic curricula, more specialized programs focusing on FASD and alcohol use in pregnancy are available for students who wish to take them.

Also, online training resources, free of charge or fee-based, and almost all in English, are available for people who are interested (including health and social service professionals). Finally, we would also like to point out that several respondents expressed an interest in developing a toolbox on FASD (presentation of the disorder, prevention, screening, diagnosis, management, support, etc.) that could be briefly presented during the courses, but that students could keep with them. They could then refer to it and use it if they feel the need or if they are exposed to the topic in their practice. Training for working professionals should also be developed to ensure that awareness, information and knowledge are maintained. This training and the toolkit could be based on the training and courses already available in Canadian and international universities and organizations that we mentioned above.

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APPENDICES

Appendix 1: Questionnaire submitted to the directors of departments or faculties training future health and social service professionals

Questions about training future health professionals in prenatal alcohol exposure and Fetal Alcohol Spectrum Disorder (FASD)

Teaching practices

- 1) Is the topic of prenatal alcohol exposure and FASD addressed in your faculty?

Yes

No

Don't know

N.B.: If you don't know, please indicate why (e.g., if teaching this topic is left to the discretion of the teachers responsible for certain courses, and faculty have no information).

If yes:

- 2) In which courses is it presented to students?
- 3) At what point in their education (if this topic is presented several times, please indicate all the times the students are exposed to it)?
- 4) In which courses (names or acronyms) is it taught?
- 5) What is the length and number of credits given for these courses?
- 6) Is the teaching of this topic left to the discretion of the professor(s) teaching it or does the faculty provide the course content on this topic to the professors?
- 7) Who is responsible for teaching this topic in general (regular faculty or guest speakers)?
- 8) Approximately how much time throughout their education are students exposed to this topic (in minutes or hours)?

If no:

- 9) Why are students not exposed to this topic?

Teaching interests

- 1) Do you think this topic is important and should be taught as part of the core curriculum for all future health professionals?
- 2) Do you think this topic should also appear in the various specialty curricula?
- 3) What are the benefits and drawbacks of implementing such training?
- 4) Do you think that this training should be standardized in all higher education institutions or should the content be left to the discretion of the faculties and/or professors?
- 5) What are the facilitators and barriers to the implementation of general and standardized training on this topic in Quebec?
- 6) Within your faculty, what is the process for adding a teaching theme such as this to your students' curriculum?

Do you have any other comments or remarks?

Thank you for taking the time to help us with this project! If you would like to learn more and find out about best practices for effective alcohol awareness and prevention during pregnancy, you will find at the bottom of this questionnaire an infographic recently developed to increase awareness of FASD issues among health and social service professionals.

For your information, the data from this questionnaire will not be associated with a specific institution name, and only general results will be presented by type of institution (university, CEGEP, school, etc.).

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