Date: Thursday, October 15, 2010   Time: 09:30 – 13:30
Room: CHCP Boardroom

Cultural Advisory Panel: Gita Rafiee
                                        Kamaljit Kaur
                                        Vivian Lam
                                        Norma Sanchez
                                        Sayuri Sugawara
                                        Fariyal Dhirani
Principal Investigator: Dr. Claudia Jacova
Neurologist/Co-Investigator: Dr. Ging-Yuek Robin Hsiung
UBC Computer Science Graduate Student: Matthew Brehmer
UBC Computer Science Undergraduate Student: Hyunsoo Steve Lee
Cultural Advisory Coordinators: Kymberley Bontinen, Patricia Juvik
CHCP Project Manager: Dr. Marina Niks
Douglas College BSN Student   Priya Raju

Panel Member	Positives:	Negatives:	Suggestions:	Other Comments:
Fariyal Dhirani	• Feasible and good tool • People will become more aware of seeking help • People will be open to using tool • People in their 70's are more likely to use the tool, because they are more likely to be computer literate than 80 year olds	• Language issue • People in their 80's not likely to use tool due to language and computer illiteracy • Click and drop feature frustrating because object was not moving	• Seniors more likely to take test if done with peers • Subdivide the test into blocks, show progress, and how much longer is left • End the test with "Congratulations… You're Done!" • Informative cue post-distraction: The inclusion of a 'back' button on the screen	• There is an increase in individuals in this community affected by dementia • We should focus on tool now, and fix the issue of language and technicality later •
Panel Member	**Positives:**	**Negatives:**	**Suggestions:**	**Other Comments:**
Kamaljit Kaur	• Test itself is not difficult to complete	• Language is barrier • Target group will	• More likely to take the test at a community center or temple • Incorporate more graphic	• Target population will trust nurse or any health care professional of same

		• not be comfortable taking the test at home • Sometimes double click is required for pictures/words questions – this was confusing	instructions, i.e. movie about how questions can be answered o Claudia's response: Language is not immediate concern because this is first area affected by cognitive impairment • Create dialogue around tool by implementing awareness workshops • GP can campaign annually to pass the word around in the community about the tool • Instructions present on each aspect of test or option to view instructions available • Informative cue post-distraction: brief re-cap, illustrations, or re-play	culture when having tool administered • Grand children assisting in test process will affect results
Vivian Lam	• Beneficial to mild cognitively impaired individuals, especially adults with early onset of symptoms • V2 easier than V1, but still a complicated process	• Language • Pictures • Level of computer literacy • Some complicated questions require more time to complete • Some objects too small or faded to see	• Clients will listen to their Dr's recommendation of taking tool • Needs to be simpler • Incorporate visual and verbal instructions • There should be a clear picture of what should be expected; this can increase confidence and decrease stress • An example or demonstration of what user will have to do • Informative cue post-distraction: forward/next/previous buttons	• 2nd generation will help encourage clients to take the test

Panel Member	Positives:	Negatives:	Suggestions:	Other Comments:
Sayuri Sugawara	• Length of V2 is better because seniors cannot concentrate during long tests	• If test is taken at home, clients will ask family how to solve problems • Clients may not have computer at home, therefore not able to complete test • User must familiarize self with test in order to understand the question • Clicking area is too small – clients with hand mobility issues will have a difficult time	• Likely will see an increase in users if tool is administered by a health care professional • Practice questions prior to test • A possible mini or practice version of test prior to CTOC administration	• Clients more likely to take test if suggested by Dr
Norma Sanchez		• Increased level of illiteracy in Afghanistan • This tool requires user to have education, language and computer skills to complete the test • Many components of test are not known to other cultures, i.e. puzzle as toy, saxophone, beaker, baseball	• Group facilitator to administer test • Results or feedback at the end of the test • Option for music to play in the background • Option to take a break → there should be a 'take a break' icon • In regards to post-distraction: tests involving recall would not valid if asked distraction	• Some seniors communicate with email, some are illiterate → there is a diverse group with divers skills • Communities are small, therefore client may not trust peers to complete test together • Option to take a break is not easily found • User may not consider going to the 'help' menu to pause the test for a break • Questions the validity of

		• glove, rose • Increasing difficulty of test as test progresses; performance on test may decline due to user fatigue		test if practice questions, samples, and pictures are provided

Panel Member	Positives:	Negatives:	Suggestions:	Other Comments:

Gita Rafiee	• Great start for development of tool	• Some colors are hard to see
		• Less contrast of objects with scenes, i.e. chocolate in forest
		• No audio component in test
		• Frequent "try again" would be disappointing for user
			• Incorporate audio component, i.e. audio instructions
			• Take test with peers
			• Nurse from same culture should administer test
			• Dr should recommend test
			• Give more options of watching or listening to instructions
			• Informative cue post-distraction:
			  o go one step back, start again, then re-score
			  o give prevention of distraction instructions
			  o there is no way to limit distractions in real world, therefore incorporate them into the test
			  o headphones (to listen to instructions and limit external noises)
			  o "Are you still there?" prompt
				• In the community, information should be given to adults, who can then take the information back to their parents to perform the tool
				• Parents may not work and therefore stay home – not exposed to tool in the community
				• Clients will listen to their children about taking the tool
				• People learn very differently (visual, auditory)
				• Examples of distractions/interruptions: noise, physical environment
				• If after distraction, client is still able to successfully finish the question, isn't this good for them because they are able to complete it?