DEVELOPMENT AND INTEGRATION OF HEALTH LITERACY EDUCATION WITH INNOVATIVE METHODS
IN MEDICAL CURRICULA ACROSS EUROPE (HELEM-EU) PROJECT

HELEM-EU

C2- HEALTH LITERACY TRAINERS' TRAINING PROGRAM EDUCATION EVALUATION REPORT

DATE OF EDUCATION: 18-22 APRIL 2022, ROME, ITALY

GAZI UNIVERSITY 1926 · UNIVERSITY OF HEALTH SCIENCES · HACETTEPE UNIVERSITY · LOKMAN HEKİM UNIVERSITY · IAPHS · Maastricht University · UNIVERSIDAD DE MURCIA

CONTENTS

NUMBER OF PARTICIPANTS AND ATTENDANCE STATUS:

1- EVALUATION OF THE PARTICIPANT'S LEARNING
 	
    a. Pretest results
 	
    b. Posttest results
 	
    c. Comparison of pretest and posttest results

2- EVALUATION OF THE PARTICIPANTS' REACTIONS
 	
    a. Analysis of daily evaluation results
 	
    b. Analysis of end-of-training evaluation form data

3- CONCLUSİON AND RECOMMENDATİONS
4- APPENDİCES Appendix 1. Pre-test and post-test questions Appendix 2. Curriculum Evaluation Form

NUMBER OF PARTICIPANTS AND ATTENDANCE STATUS:

Within the scope of the Erasmus+ Strategic Partnership for Higher Education European Union Project (HELEM-EU), which is carried out with the aim of developing and disseminating medical education programs related to health literacy, the trainers' training program held at BV Oly Hotel in Italy / Rome between 18-22 April 2022, 21 people participated from University of Murcia, Maastricht University, Gazi University, University of Health Sciences, Hacettepe University and IIAPHS-Italy. Since Lokman Hekim University is a partner without a budget, there was no participation. Participants regularly attended the entire training and participated interactively. The names of the participants according to the universities/institutions are given in Table 1.

Table 1. Participants by Institutions (18-22 April 2022, ROME)

INSTITUTION	NAME SURNAME
University of Health Sciences	Ceyhun Şener
	Ebru Korkmazgöz
	Fatma Sena Konyalıoğlu
	Çağrı Özbeyaz
	Hatice Şeyma Erdem
Gazi University	Cansu Özbaş
	Mücahit Yıldız
	Hakan Tüzün
	Mert Babacanoğlu
Hacettepe University	Bürge Atılgan
	Gökçe Uğurlu
	Gülşah Onur
University of Murcia	Joaquin Garcia Estan Lopez
	Matilde Moreno
	Noemi Marin Atuchay
	Yolanda Guerrero
Maastricht University	Olga Gershuni
IIAPHS	Claudio Iacono
	Lenuta Gurgu
	Giuseppina Ciani
	Gualtiero Sarra

1- EVALUATION OF THE PARTICIPANT'S LEARNING

1.a. Pre-test Results

The training program was conducted in a suitable hall for training. Before the first session, a 15-question pre-test was administered. In Table 2, the distribution of the answers given by the participants to the pre-test questions and the percentages of correct answers to each question are given.The most incorrectly answered question numbers were Question 8 (19 incorrect answers) and Question 14 (19 incorrect answers). The pre-test performance of the participants is 29.21 out of 100.

Table 2. Distribution of the Answers of the Participants to the Pre-Test Questions (18-22 APRIL 2022, ROME)

Number of Question(Pretest)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of correct answers	6	10	5	4	7	15	3	2	5	11	8	3	7	2	4
Number of false answers	15	11	16	17	14	6	18	19	16	10	13	18	14	19	17
Number of skipped questions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
The number of correct answers that should be in the question	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21
Question performance	29%	48%	24%	19%	33%	71%	14%	10%	24%	52%	38%	14%	33%	10%	19%

1.b. Post-test results

The post-test was applied on the fifth day of the training. In this test, the same test was applied as the first day. In Table 3, the distribution of the answers given by the participants to the post-test questions and the percentage of correct answers to each question are given. The most incorrectly answered question numbers were Question 9 (10 incorrect answers), Question 12 (9 incorrect answers), Question 14 (9 incorrect answers). The post-test performance of the participants is 70.48 out of 100.

Table 3. Distribution of Participants' Answers to Post-Test Questions (18-22 APRIL 2022, ROME)

Number of Questions (Post-test)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of correct answers	19	15	13	13	13	21	14	15	11	18	16	12	14	12	16
Number of false answers	2	6	8	8	8	0	7	6	10	3	5	9	7	9	5
Number of skipped questons	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
The number of correct answers that should be in the question	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21
Queston performance	90%	71%	62%	62%	62%	100%	67%	71%	52%	86%	76%	57%	67%	57%	76%

1.c. Pre-Test-Post-Test Comparison: Participant score increase

A pre-test and a post-test consisting of 15 questions with the same questions were administered to the participants. While the pre-test mean score of the participants was 29.21, the post-test mean score increased by 41.27 points to 70.48. Participants did interactive group work with role play in the training. The performances exhibited were observed by the trainers and feedback was given in Figure 1.

Figure 1. Comparison of Participants' Pre-Test-Post-Test Scores

(18-22 APRIL 2022, ROME)
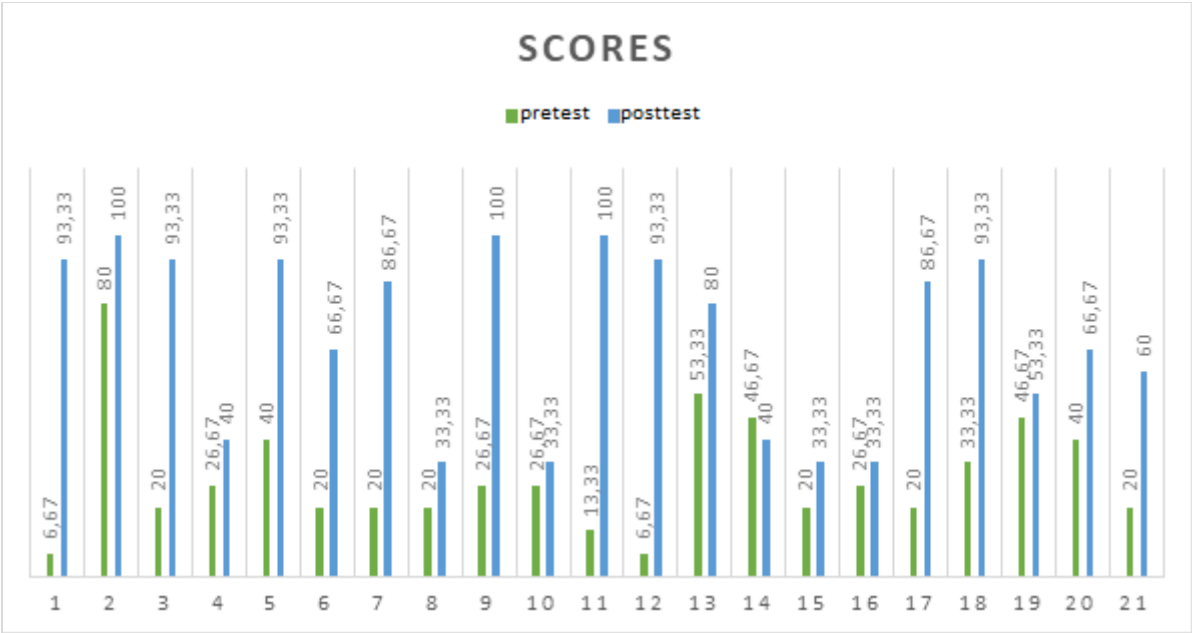
2- EVALUATION OF PARTICIPANTS' REACTIONS

2.a. Analysis of Daily Evaluation Results

At the end of each day, feedback was received from the participants about the training program, content, materials, etc., with the "verbal analogy method".

In general, the participants gave feedback every day that the organizers, participants and trainers did their job properly, and that there was good communication and sharing between them. The feedback about the hotel has been corrected as much as possible.

2.b. Analysis of end-of-training evaluation form data

For evaluation purposes, feedback was received from the participants with a form prepared after the training. The responses to the written feedback received are given in Table 4.

Table 4. Distribution of Participants' Written Feedback (18-22 APRIL 2022, ROME)

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
3	3	3	3	2	2	3	3	3	3	3	3	3
3	2	3	1	1	2	3	3	3	2	2	2	2
3	3	3	3	2	2	3	3	3	3	3	3	3
3	3	3	1	2	3	3	3	3	3	3	3	3
2	2	2	2	2	2	1	2	2	1	2	2	2
3	3	3	3	3	2	3	3	3	3	3	3	3
2	2	2	2	2	2	1	2	2	1	2	2	2

1	1	2	1	2	2	1	1	2	2	1	1	1
3	3	3	2	2	2	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	2	3	3	2	2	3	3	2	3	3	3
3	3	3	2	2	2	3	3	3	2	3	3	3
1	1	1	1	1	2	1	2	2	1	2	1	1
2	2	2	2	2	3	3	2	3	2	2	2	2
3	2	3	2	3	3	3	3	3	2	2	3	3
2	2	2	3	3	2	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	2	3	3	3
3	3	2	3	3	2	3	2	3	2	2	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	2	2	3	3	3	2	2	3	3
3	3	2	3	3	2	3	3	3	3	3	3	3

1. Absolutely Agreed   2. Agreed   3. Absolutely not agreed

Considering the answers given to the statements, the option "Absolutely agreed" was marked the most for the positive statements about the training program. In addition, 18 of the participants evaluated the training period as appropriate and 3 as short. The suggestions of the participants regarding the training are given in Table 5.

Table 5. Participants' Views on Education (18-22 APRIL 2022, ROME)

Opinions
• I would like to thank everyone who contributed, especially our valuable trainers.
• I would like to thank all the trainers and the other team
• It was a very successful education, only the physical conditions were bad.
• The training is useful in terms of content, especially role-play was successful, thank you
• Thank you to all the trainers and participants

The distribution of the answers they gave when they evaluated the training out of 10 (ten) points is given in Table 6. The lowest score is 2, the highest is 10, the average score is 8.

Table 6. Distribution of Participants' Education Evaluation Scores (18-22 APRIL 2022, ROME)

SCORE	NUMBER	PERCENT(%)
2	1	4,8
3	2	9,5
7	1	4,8
8	6	28,6
9	7	33,3
10	4	19,0
TOTAL	21	100,0

As can be seen in the table, 80.9% of the participants gave the training program a score of 8 and above.

CONCLUSION AND RECOMMENDATIONS

As a result, the training program enabled the participants to increase their level of knowledge about integrating and developing health literacy education into the medical curriculum with innovative methods, and to gain skills in educational skills. Before starting the training program, the participants had a certain level of knowledge and attitude about training skills. At the end of the training program, these knowledge and attitude levels were developed. Implementation at skill level has been simplified.

Appendices

Appendix 1. Pre-test and post-test questions

1.Infodemics is best defined as:

    A The epidemy of information.

    B The information about epidemics.

    C **An excessive amount of information.**

    D People that could not find the information they need.

    E Information that is false.

2.One of the following is not related to misinformation created by science:

    A Scientists using preprints widely.

    B Overstate the implications of the author's work.

    C Increased pressure to publish research results.

    D Publishing research in peer-reviewed journals.

    E Information is distorted as it moves to social media both intentionally and unintentionally.

3.An effective feedback incorporates several components, one of those components is:
    A information-focused
    B observation-based
    C subjective
    D keywords-based
    E positive

4.The ASE model has a focus in changing persons' behaviour. The letter S stands for:
    A. social integration
    B. social efficacy
    C. social norm
    D. social experience
    E. societal perspective

    5.Aspects for a good conversation or dialogue are:
    A. Assume and give your opinion
    B. Listen and fill in missing information
    C. Think in terms of assumptions
    D. Summarise and ask questions
    E. Always give feedback

 6.A trainer asked his students "what could be the factors affecting health literacy" and wrote the ideas from the students on the board for 10 minutes. Then he encouraged the students to discuss and create ideas.
Which of the following method or technique used in the case above?
    A. Simulation

B. Question and answer
C. Demonstration and Coaching
D. Discussion
E. Brainstorming

7.Which of the following methods and techniques is most effective in learning a practical skill related to the psychomotor domain?
   A. Case study
   B. Question and answer
   C. Demonstration
   D. Discussion
   E. Role playing

8.
  I.   Models produced in the form of an organ or body region for practical skills
 II.   Fresh frozen cadaver trainings
III.   Gamification
IV.   Standard patients
 V.   Haptic simulators
Which of the above statements is an example of high-fidelity simulation method?
   A. I and II
   B. I and III
   C. **IV only**
   D. I, III and IV
   E. II, III and IV

9.
  I.   We should watch part of performance.
 II.   We should give feedback to the students on their behavior not on individual characteristics.
III.   Firstly we should give feedback, and then ask him to reflect.
IV.   We should focus "why" he said and did, not "what" is said or done.
 V.   We should prefer many/few instead of nice/bad in describing the behavior.
Which of the statements above regarding debriefing principles is correct?
   A. I and II
   B. **II and V**
   C. III only
   D. I, III and IV
   E. II, III and V

10.Which of the following is wrong for adult education?

   A. Learner-centered methods should be used for adult education
   B. Adult learners wants to decide which topics to focus on
   C. Adult learners can self-assess if given the proper tools
   D. Adult learners brings their experiential knowledge into a learning environment.
   E. Adult learners are totally dependent on the instructor for knowledge

11.Which of the following is wrong regarding the practices performed during the training?

   A. We should give general information about the training
   B. Trainees should know each other and the trainer
   C. It should be provided that the participants make the rule themselves
   D. Aims and the learning objectives of the training should not revised never during training
   E. Participants can expressing the expectations from training

12.Which is an advantage of using audio-visual equipments during an education program?
   A   Getting rid of a standardization in education
   B   Spending the money which set aside for education
   C   In changing approach towards education
   D   Helping educators more focused
   E   Enriching language of educators

13.Which is <u>wrong</u> for printed materials (brochures etc.) ?
   A   Must have a lot of photographs
   B   There should be 3-4 messages at most
   C   First person style language must be used
   D   Photos and drawings must be clear to understand
   E   Should contain more than one theme

14.According to Lee et al (2004) health risk behavior
   A. is an outcome of health literacy
   B. is a predictor of health literacy
   C. is irrelevant for health literacy
   D. is a moderator of health literacy
   E. produced contradicting data in research

15.According to Cozzio et al (2019) the most effective strategy to persuade users to increase the intake of healthy food is
   A. **experiential communication strategy**
   B. emotional communication strategy
   C. normative communication strategy
   D. informative communication strategy
   E. cognitive communication strategy

Appendix 2. Curriculum Evaluation Form

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Evaluation Form (filled by participants)

By answering the questions in this form, you can evaluate the education program. Your feedback is very valuable and helps us to improve education program. Thank you for your time and consideration.

Please evaluate the education program by answering the questions below.

Please circle the number that you think appropriate.

	3 I strongly agree	2 I agree	1 I don't agree at all.
Education program has fulfilled its aims.	3	2	1
Program met my personal expectations.	3	2	1
Education program is related with my profession.	3	2	1
Education program was organized very well.	3	2	1
Material and equipment used for education were adequate.	3	2	1
Classroom was appropriate for education.	3	2	1
The content of the education was sufficient.	3	2	1
Educators have good communication skills.	3	2	1
Educators were enthusiastic and happy to teach.	3	2	1
Program was more practical than theory.	3	2	1
Educators used questions to engage all participants.	3	2	1
This education program will help me feel adequate at my own job.	3	2	1
This education program will help me feel adequate in education project activities.	3	2	1

The length of the education program was

Very long   Just appropriate   Very short

When you think of this education program as a whole, how did it effect your personnel skill building ability?
1. no effect at all; 10: a lot of effect

    1   2   3   4   5   6   7   8   9   10