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



### **C1- HEALTH LITERACY INTENSIVE PROGRAM FOR HIGHER EDUCATION LEARNERS EVALUATION REPORT**

**DATE OF EDUCATION: 4-8 JULY 2022, MURCIA, SPAIN**



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## 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 intense program for higher education held at Murcia University Faculty of Medicine /Murcia between 4-8 July 2022, a total of 21 students and 6 trainers participated from Murcia University, Maastricht University, Gazi University, Health Sciences University, Hacettepe University and IIAPHS-Torino University. 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 (4-8 JULY 2022, MURCIA)

KURUM	ADI SOYADI
Health Sciences University	Süleyman Talha Değer
	Oğuz Kerem Kepenekçi
	Batuhan Zengin
	Muhammed Yaşar Aksuz
Gazi University	Esra Gültekin Koç
	Gökçen Makas
	Fatma Sıla Eroğlu
	Feyzan Nida Nur Demirkol
	Sevil Buket Koyuncu
Hacettepe University	Duygu Ayhan Başer
	Merih Öztoprak
	Tarık Çulcu
	Ahmet Çetin Tola
	Arda Durmuş
	Yaren Kaya
Murcia University	Joaquin Garcia Estan Lopez
Maastricht University	Olga Gershuni
	Martina Pavic
	Elianne Moene
	Oetse Peter Oltmans
	Jort Simons
	Anindita Bhattacharjee
IIAPHS- Torino University	Sofia Citriniti
	Riccardo Giai Merlery
	Giorgio Aimar

## 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 12 (20 incorrect answers) and Question 13 (18 incorrect answers). The pre-test performance of the participants is 49 out of 100.

**Table 2.** Distribution of the Answers of the Participants to the Pre-Test Questions (4-8 JULY 2022, MURCIA)

Number of Question(Pret est)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of correct answers	10	10	16	8	8	13	16	19	15	12	8	1	3	5	18
Number of false answers	11	11	5	13	13	8	5	2	6	9	13	20	18	16	3
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	47,6 %	47,6 %	76,2 %	38,1 %	38,1 %	61,9 %	76,2 %	90,5 %	71,4 %	57,1 %	38,1 %	4,8 %	14,3 %	23,8 %	85,7 %

### 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 11 and 13 (each has 21 incorrect answers). The post-test performance of the participants is 74.43 out of 100.

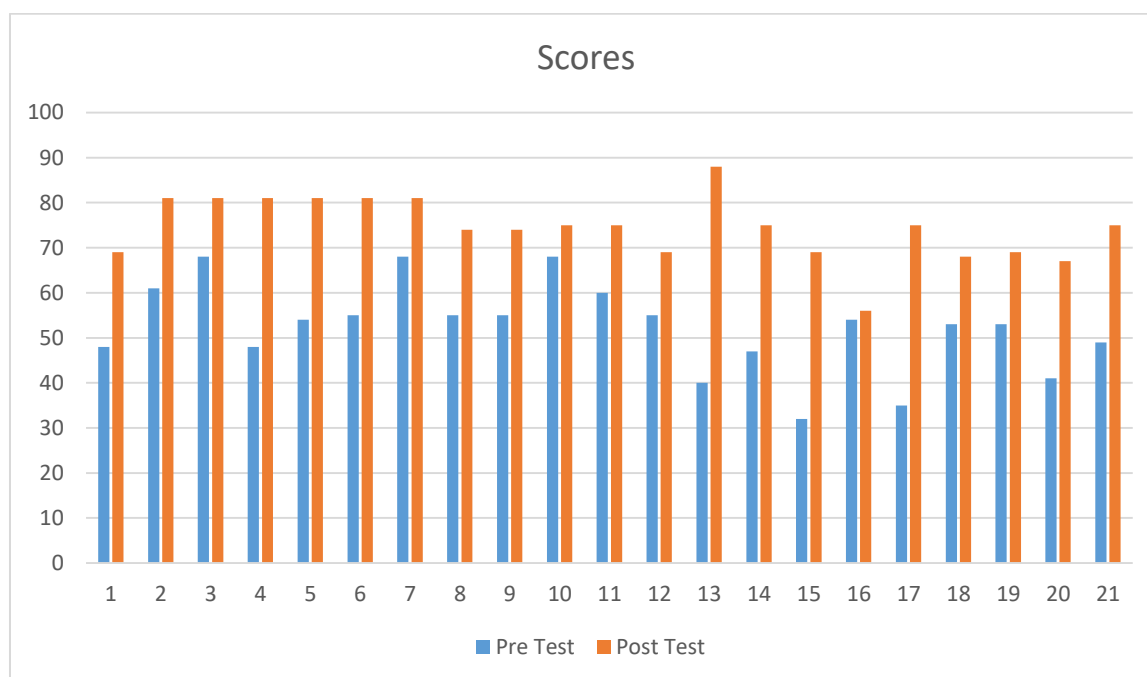
**Table 3.** Distribution of Participants' Answers to Post-Test Questions (4-8 JULY 2022, MURCIA)

Number of Questions (Post-test)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of correct answers	16	21	16	20	9	21	17	21	21	21	0	10	0	16	21
Number of false answers	5	0	5	1	12	0	4	0	0	0	21	11	21	5	0
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	76,2 %	100 %	76,2 %	95,2 %	42,9 %	100%	81%	100 %	100 %	100 %	0%	47,6 %	67%	76,2 %	100 %

### 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 52,33, the post-test mean score increased by 22,1 points to 74,43. Participants did interactive group work with role play in the training. The performances exhibited were observed by the trainers and feedback was given.

**Figure 1.** Pre-Test-Post-Test Comparison: Participants' Score Increase  
(4-8 JULY 2022, MURCIA)



## 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.

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

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

**Table 4.** Distribution of Participants' Written Feedback (4-8 JULY 2022, MURCIA)

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
2	2	1	2	1	1	1	1	3	2	3	1	1
3	2	3	1	1	2	3	3	3	2	2	2	2
3	3	2	3	3	3	3	3	3	3	3	2	3
2	3	3	2	3	3	1	3	3	3	2	3	3
2	2	2	2	2	2	1	2	2	1	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	2	3	2	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	3	1	2	2	1	2	2	1	2	2	2
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
1	1	3	2	2	2	1	2	3	2	2	1	1
3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	3	3	2	2	2	3	3	3	2	3
2	2	2	2	2	2	2	3	3	2	3	2	2
2	2	3	2	3	3	3	3	3	2	3	3	2
2	1	3	2	2	2	1	3	3	3	2	2	2
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. I do not agree at all

2. I agree

3. I strongly Agree

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 (4-8 JULY 2022, MURCIA)**

<b>Opinions</b>
• 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 4, the highest is 10, the average score is 8.

**Table 6. Distribution of Participants' Education Evaluation Scores (4-8 JULY 2022, MURCIA)**

<b>SCORE</b>	<b>NUMBER</b>	<b>PERCENT(%)</b>
4	1	4,8
6	1	4,8
7	6	28,6
8	6	28,6
9	3	14,2
10	4	19,0
<b>TOTAL</b>	<b>21</b>	<b>100,0</b>

As can be seen in the table, 61.8% 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 communication skills. Before starting the training program, the participants had a certain level of knowledge and attitude about health literacy and communication 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 epidemic 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. Which 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. I. Age

II. Income level

III. Health knowledge

IV. Marital status

Which of the factors mentioned above affect the level of health literacy? Please select the option that includes all of the true answers.

- A Only I
- B I and IV
- C **I, II and III**
- D II and IV
- E All of the above

4. 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

5. I. Being immigrant

II. Low income level

III.Low education level

IV.Being young

V.Being disabled

Which of the factors mentioned above are the risk factors for low health literacy level?  
Please select the option that includes all of the true risk factors.

- A. I and II
- B. I, II and III
- C. Only IV
- D. I,II,III and V**
- E. All of the above

6. Which of the following is not an indicator for low health literacy level?

- A. Frequently missing appointments
- B. Unable to name medications used
- C. Unable to give proper history
- D. Lack of follow-through on tests or referrals
- E. Able to tell the purpose of medications used**

7.Which of the following methods is not used to improve patient understanding health information?

- A. Use of clearly written educational materials
- B. Teach- back method
- C. Use of plain language
- D. Repeat/Summarize
- E. Use of medical jargon**

8. Which of the following is not used for effective listening?

- A. Let the patient speak with few or no interruptions
- B. Look at the screen instead of patient**
- C. Invite patients to ask questions
- D. Avoid distractions
- E. Sit face to face

9. Which of the following is not used to find reliable health information?

- A. Governmental websites(.gov)
- B. Medical textbooks
- C. Research /articles
- D. Drug company sites**
- E. University websites (.edu)

10. Which one of the following statements can not be a consequence of false information during an outbreak?Learner-centered methods should be used for adult education

- A. False information can cause myths
- B. False information can cause panic in the community
- C. False information can increase demand for health services
- D. False information can cause risky health behaviour
- E. **False information may increase correctly made self-treatments**

11. An effective feedback incorporates several components, one of those components is:

- A information-focused
- B **observation-based**
- C subjective
- D keywords-based
- E positive

12. 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

13. 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

14. 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

15. Which of the following is positive body language to use when speaking with a patient?

- A. Fold your arms or cross your legs
- B. Stand behind a desk and keep your body hidden
- C. Don't make eye contact
- D. **Keep arms open and use open gestures**
- E. Listen with a furrowed brow

## Appendix 2. Curriculum Evaluation Form

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

#### 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

### Appendix 3. Photos of training program































