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KA2 – Cooperation and Innovation for Good Practices
Strategic Partnerships for Higher Education
[2020-1-TR01-KA203-094329]

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



HELEM-EU EDUCATION PROGRAM EVALUATION REPORT



CONTENTS

NUMBER OF PARTICIPANTS AND ATTENDANCE STATUS:
1- EVALUATION OF THE PARTICIPANT'S LEARNING a. HELEM-EU Education program outcome evaluation test results
2- EVALUATION OF THE PARTICIPANTS' REACTIONS a. Analysis of end-of-training evaluation form data
3- CONCLUSION AND RECOMMENDATIONS
4- 4- APPENDICES Appendix 1. HELEM-EU Education program outcome evaluation test Appendix 2. Curriculum Evaluation Form

NUMBER OF PARTICIPANTS AND ATTENDANCE STATUS:

A total of 184 people from Maastricht University, Murcia University, Gazi University, University of Health Sciences, Hacettepe University, Lokman Hekim University and IAPHS-Italy participated in the e-learning training platform developed 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. 92 Participants from Turkey partners and 92 participants from other partners attended to this evaluation.

1- EVALUATION OF PARTICIPANT'S LEARNING

1.a. Outcome Evaluation Test Results

The training program was conducted online on the e-learning platform. Table 1 shows the distribution of the participants' answers to the test questions and the percentage of correct answers to each question. The most incorrectly answered questions were Question 24 (144 incorrect answers) and Question 35 (136 incorrect answers). Participants' performance results in the outcome assessment test was 59.9 points out of 100.

Table 1. Distribution of the Answers of the Participants to the Test Questions (2023)

Number of Question	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of correct answers	96	132	136	88	156	112	140	52	152	108	108	120	144	112	72
Number of false answers	88	52	48	96	28	72	44	124	28	72	72	64	40	72	112
Number of skipped questions	0	0	0	0	0	0	0	8	4	4	4	0	0	0	0
The number of correct answers that should be in the question	184	184	184	184	184	184	184	184	184	184	184	184	184	184	184
Question performance	% 52,2	% 71,7	% 73,9	% 47,8	% 84,7	% 60,9	% 76,1	% 28,3	% 82,6	% 58,7	% 58,7	% 65,2	% 78,3	% 60,9	% 39,1

Number of Question	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Number of correct answers	132	140	148	120	140	104	116	112	40	108	132	104	120	136	76
Number of false answers	52	44	36	60	44	80	68	72	144	76	52	80	60	48	104
Number of skipped questions	0	0	0	4	0	0	0	0	0	0	0	0	4	0	4
The number of correct answers that should be in the question	184	184	184	184	184	184	184	184	184	184	184	184	184	184	184
Question performance	% 71,7	% 76,1	% 80,4	% 65,2	% 76,1	% 56,5	% 63,0	% 60,9	% 21,7	% 58,7	% 71,7	% 56,5	% 65,2	% 73,9	% 41,3

Number of Question	31	32	33	34	35	36	37	38	39	40					
Number of correct answers	120	84	116	128	44	92	80	68	88	132					
Number of false answers	64	104	68	56	136	88	100	116	96	52					
Number of skipped questions	0	0	0	0	4	4	4	0	0	0					
The number of correct answers that should be in the question	184	184	184	184	184	184	184	184	184	184					
Question performance	% 65,2	% 45,7	% 63,0	% 69,6	% 23,9	% 50,0	% 43,5	% 37,0	% 47,8	% 71,7					

2- EVALUATION OF PARTICIPANTS' REACTIONS

2.a. Analysis of End-Training Evaluation Form Data

For evaluation purposes, feedback was received from the participants at the end of the training. The responses of the feedback received are given in Table 2.

Table 2. Distribution of Participants' Feedback

	3 I strongly agree	2 I agree	1 I don't agree at all.
I achieved my personal expectations	%92,3	%0,0	%7,7
Organization of modules and materials was good	%84,6	%7,7	%7,7
The materials used in the training were adequate	%80,8	%11,5	%7,7
E learning practice area was sufficient for the subject	%76,9	%15,4	%7,7
The content of the training was adequate	%65,4	%30,8	%3,8
Visual design was appropriate	%76,9	%15,4	%7,7
Navigation support was adequate	%76,9	%15,4	%7,7
Resources were sufficient	%69,2	%19,2	%11,5
Questions at the end of the module made it easier for me to learn	%88,5	%7,7	%3,8
Cases made it easier for me to learn	%76,9	%19,2	%3,8
Role play videos made my learning easier	%84,6	%3,8	%11,5
This training helps me to feel more confident in my profession	%80,8	%15,4	%3,8
I achieved my personal expectations	%80,8	%11,5	%7,7

Considering the answers given to the propositions, the option "Strongly Agree" was chosen the most for the positive statements about the training program. In addition, 176 of the participants evaluated the duration of the training program as appropriate, 4 as short and 4 as long.

The distribution of the answers about the evaluation of education out of 10 points is given in Table 3. The lowest point is 1, the highest is 10, and the average is 8 points.

Tablo 3. Distribution of Participants' Evaluation Scores Related to the Education (2023)

SCORE	PERCENTAGE(%)
1	3,8
7	19,2
8	42,3
9	19,2
10	15,4
TOTAL	100,0

As seen in the table, 76,9% of the participants have scored the education program as 8 and above.

3- CONCLUSIOINS AND RECOMMENDATIONS

In conclusion, the training program increased the knowledge of the participants on integration of health literacy education into medical education curriculum with innovative methods and allowed the participants to gain new communication skills. At the end of the training program, these knowledge and attitude levels were improved. Implementation at skill level has been facilitated. Most of the participants gave positive feedback on the education program and found the training duration appropriate.

Appendices

Appendix 1. HELEM-EU E-LEARNING EDUCATION PROGRAM OUTCOME EVALUATION TEST

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

HELEM-EU EDUCATION PROGRAM ASSESSMENT TEST FOR ACHIEVEMENT OF LEARNING GOALS

MODULE 1 Description of the education program
MODULE 2 Evaluation of the program
Açıklama: Bu eğitim programını değerlendirme ve geribildirim formunu doldurmanız, düzenlenen bu eğitim programının gelişimine katkı sağlayacaktır.

Katkı ve katılımlarınız için teşekkürler

In the health literacy level determination study conducted using the HLS19-Q12 scale in 17 European countries in 2019, what is the percentage of “limited and insufficient” health literacy level?

- a) 14
- b) 24**
- c) 46
- d) 58
- e) 68

In which of the health prevention levels is the individual's health literacy level important?

- a) In primordial prevention
- b) In primordial prevention and primary prevention
- c) In secondary and tertiary prevention
- d) In primordial, primary and secondary prevention
- e) In primordial, primary, secondary and tertiary prevention**

Which of the following is the correct definition of health literacy?

- a) Health literacy is a type of literacy that has individual and social implications.
- b) Health literacy is the ability of individuals to read and understand health information such as special instructions, prescriptions, make appointments, fill out medical forms.
- c) Health literacy is the competence of individuals to access, understand and use health information and services so that they can make appropriate health decisions.**

- d) Health literacy is the ability of individuals to access health information from many sources in order to acquire healthy behaviors.
- e) Health literacy is the ability of individuals to calculate drug doses and adapt to treatment.

Which of the information about the types of health literacy given below is wrong?

- a) Being able to read the consent form given before surgery is functional health literacy.
- b) The ability to ask questions after the recommendations given by the doctor about the use of medications is communicative health literacy.
- c) Taking part in educational activities aimed at increasing health literacy is critical health literacy.
- d) It is critical health literacy to evaluate the individual effects of foods by reading the information contained on the label.
- e) **The ability to read the instructions for use in the drug prospectus is critical health literacy.**

Which of the following are not included in the risk group for low health literacy in a society?

- a) Elders
- b) Minorities or immigrants
- c) Those who do not speak the same language in their community
- d) Those with poor economic situation/the poor
- e) **Individuals whose education level is higher than high school**

MODUL 3

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

It is essential to welcome the patient/applicant using a combination of non-verbal approaches such as hand-shake, eye contact, and smile, plus a suitable verbal greeting. After the greeting you can ask the patient/applicant to sit down and provide privacy. You can do it during:

- a) Gathering Information
- b) **At the beginning the interview/consultation**
- c) To understanding the patient/applicant's perspective
- d) Encouragement of the applicant to convey his/her problem fully.
- e) Summary of the conversation

After the completing of the interview/conversation you can make use of a tool to help you understand your emotions and to reflect on the behavior or an approach. The most appropriate tool for it is :

- a) Communication skills checklist
- b) Patient history/record
- c) **Reflection guidelines**
- d) Feedback guidelines
- e) Ask patient/applicant to make a summary of the conversation

MODULE 4

Which of the following is the scale used in many countries, which contains 47 questions and measures the general level of health literacy?

- a) Rapid Estimate of Adult Literacy in Medicine (REALM)
- b) **European Health Literacy Questionnaire (HLS-EU)**

- c) Newest Vital Sign (NVS)
- d) eHealth Literacy Scale (eHEALS)
- e) Test of Functional Health Literacy in Adults (TOFHLA)

Which of the following patient characteristics may health professionals not take into account in order to quickly assess the individual's health literacy (HL) level while providing health services?

- a) **To know at least 3 medical terms related to one's own illness.**
- b) To know the healthy living skills to maintain health.
- c) To comply with the instructions during the examination.
- d) To be able to repeat the information described.
- e) To come with a relative to communicate about health problems.

During the anamnesis and examination, you assessed your patient's HL level as limited and inadequate. What do you especially take care to do when communicating with the patient?

- a) I will be friendly and friendly.
- b) I'll talk by telling the patient's name.
- c) **I explain my treatment and suggestions by drawing a picture.**
- d) I'll make eye contact.
- e) I get permission from the patient before starting the examination.

In a study conducted in 8 countries in Europe in 2009-2012 using the HLS-EU-Q47 scale, what was the level (percentage) of problematic-insufficient HL?

- a) 15
- b) 24
- c) **47**
- d) 68
- e) 71

MODULE 5

What is method in which you ask the patient to explain what they understood using their own words after you have informed them?

- a) **Teach-back**
- b) Brown bag
- c) Blue bag
- d) Feedback
- e) Feedforward

Which one of the below is not one of the requirements of using the teach-back method?

- a) Physicians underestimating the patient's need for information
- b) Physicians thinking they can effectively convey information to the patients
- c) 80% of the medical information being told to the patients in the polyclinics are being forgotten
- d) Reinforcement of effective communication
- e) **Prevalence of high Health Literacy**

Which of the following do you apply when applying the back teaching method?

- a) Ask the patient to explain their complaints using their own words.
- b) **Allow them to use materials.**
- c) If the patient can not explain correctly, you explain them again the same way you did before.
- d) If the patient can communicate his complaints to you correctly, continue the examination. If the patient can communicate his complaints to you correctly, continue the examination.
- e) Do not gather the patient's information.

Which of the following sentences starts the Teach-back process?

- a) I am sure you understand the same way.

- b) I think I've explained everything clearly.
- c) Using your inhaler is important for your health, please be careful.
- d) Can you tell me the situations in which you need to call me?**
- e) We have discussed some of the adverse effects that might occur with the use of your drugs, right?

What are the situations to keep in mind in the teach-back method?

- a) Both the child and the parent should understand the conveyed information.
- b) If the patient is facing a new diagnosis, teach-back is easier.
- c) Keep the background noise high with old people.
- d) Give old people all the information related to their illness in the first visit.
- e) Do not do the teach-back method with patients that speak another mother language.

MODULE 6

Considering the level of health literacy in the world, which of the following is a correct statement?

- a) There are more individuals with adequate health literacy levels in the world.
- b) The level of health literacy is higher in developed countries.**
- c) The level of health literacy is very inadequate in European countries.
- d) Health literacy levels are similar across countries.
- e) Low health literacy is a problem only for underdeveloped and developing countries.

Which of the following is not in the risk group for low health literacy according to research?

- a) Elderly
- b) Women**
- c) Individuals with chronic diseases
- d) Individuals with low levels of education
- e) Migrants

Considering the factors affecting health literacy, which of the following is a correct statement?

- a) Health literacy is higher in older individuals.
- b) Individuals who visit the hospital more often have a higher level of health literacy.
- c) Those who do not speak the same language in the community are at risk for low health literacy.**
- d) Being a minority or immigrant does not affect health literacy.
- e) Health literacy is not affected by culture as it is directly related to health knowledge.

MODULE 7

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.

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.

MODULE 8

Which of the following is not necessary to look at when researching reliable health information?

- a) Who is responsible for the content of the web page?
- b) Does the site identify the author?
- c) **How were the old web pages?**
- d) Does it cite references for more information?
- e) Who sponsors the site?

One of the following is not helpful when analyzing the credibility of a source:

- a) Currency of the information displayed.
- b) The source of information.
- c) Are there ways to contact authors?
- d) **Content inaccurate and incomplete.**
- e) Do they use external links so we can verify the content?

MODULE 9

Which one of the following is not an individual determinants of health literacy?

- a) Age
- b) Gender
- c) Race
- d) Occupation
- e) **Place of residence**

Which one of the following improves the communication with an old patient?

- a) **Use plain language**
- b) Give detailed information
- c) Do not give specific message
- d) Do not repeat do not confuse
- e) Ask to come with a companion

Which one of the following is true for individual determinants of health literacy?

- a) Women mostly have higher levels of health literacy than men
- b) Older age people have the same level of health literacy as the middle-aged people
- c) Digital literacy is the main factor affecting health literacy.
- d) Education degree is not very important to determine the health literacy level
- e) **Social and health insurance can affect the health literacy level**

MODULE 10

Which one of the following is the best way to increase the information of the mother on vaccination in video 1 at the community level?

- a) **Introducing reliable health-information sources in the community**
- b) Distributing brochures, pamphlets at family physician' offices
- c) Educating mothers-in law at health care facilities
- d) Including vaccination lectures in high-school curriculum
- e) Vaccinating the children at their homes

Which of the following is not an individual factor affecting the low health literacy in video 2?

- a) Age
- b) Cognitive problems
- c) Hearing loss
- d) **Having neighbors**
- e) Educational level

Which of the following is not sufficiently observed in video 3?

- a) Display awareness of information from medical record
- b) Use table or picture or chart**
- c) Discuss the patient's social conditions
- d) Encourage patient to be involved in implementing plans
- e) End the interview and politely

MODULE 11

Which of the following is one of the benefits of health education programs?

- a) people not adopting a healthy lifestyle
- b) patient non-compliance
- c) facilitating access to health services**
- d) improve working life for individuals
- e) increased overall health costs

What should be considered in the first step of program development in health education?

- a) Readiness of the target group in writing learning objectives
- b) To take into account the objectives when deciding on training methods
- c) To pilot the training
- d) Social determinants of health in needs assessment**
- e) Implement program and participatory evaluation

Although there are many models of curriculum development in health education, which of the following is the last step of curriculum development in all models?

- a) Writing learning objectives
- b) Evaluation of the training program**
- c) Deciding on training methods and techniques
- d) Piloting the training
- e) Create training content

MODULE 12

Which is the first step in Kern's program development steps?

- a) Determining the needs of the target audience
- b) Identification of goals and learning objectives
- c) Application
- d) Defining the problem and identifying general requirements**
- e) Education strategies

Which of the following is not one of the benefits of needs analysis in curriculum development in education?

- a) to determine priorities
- b) appropriate use of resources
- c) preparing an appropriate training program
- d) to decide on educational methods and techniques
- e) receiving feedback on the developed program**

How do we define the needs identified by educators in education?

- a) Normative needs
- b) Comparative needs
- c) Perceived needs
- d) Recommended needs**
- e) Unperceived needs

Which of the following is a learning objective in the attitude learning domain?

- a) Explaining the benefits of tooth brushing
- b) Suggesting compliance with the smoking ban**
- c) Blood pressure measurement
- d) Counting the early signs of cancer
- e) Differentiate between heart pain and muscle pain

Which of the following is true for the learning objectives of an education program if it has "lecture method and gamification education technique"?

- a) There is a learning objective for the field of attitude**
- b) There is a learning objective for the skill area
- c) Has a learning objective for the psychomotor domain
- d) No learning objective for the knowledge domain
- e) No learning goal for comprehension

According to Bloom's taxonomy, which of the following is the learning stage of the cognitive domain?

- a) Analysis**
- b) Detection
- c) Establishment
- d) Harmony
- e) Valuing

With which measurement method can you measure the learning objectives of the psychomotor domain?

- a) Test with multiple choice questions
- b) Oral examination
- c) Performance testing**
- d) Homework
- e) Report writing

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.
I achieved my personal expectations	3	2	1
Organization of modules and materials was good	3	2	1
The materials used in the training were adequate	3	2	1
E learning practice area was sufficient for the subject	3	2	1
The content of the training was adequate	3	2	1
Visual design was appropriate	3	2	1
Navigation support was adequate	3	2	1
Resources were sufficient	3	2	1
Questions at the end of the module made it easier for me to learn	3	2	1
Cases made it easier for me to learn	3	2	1
Role play videos made my learning easier	3	2	1
This training helps me to feel more confident in my profession	3	2	1
I achieved my personal expectations	3	2	1

Duration of the training

Too long

Suitable

Too short

Considering this training program as a whole, please evaluate its contribution to "strengthening your physician skills" (1: Not contributed at all - 10: Contributed a lot)

1 2 3 4 5 6 7 8 9 10