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HEALTH LITERACY TRAINING PROGRAM FOR MEDICAL STUDENTS

04-EDUCATIONAL PROGRAMME - CURRICULUM DEVELOPMENT



HACETTEPE
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INTRODUCTION- THE HEALTH LITERACY PROGRAM

Health Literacy (HL) is the degree to which individuals have the capacity to acquire, process and understand basic health information and services needed to make appropriate health decisions (Ratzan & Parker, 2000). Health literacy is an important issue in our age. The level of health literacy in the European population was found to be 47.6% insufficient-problematic. Health literacy is a common function of social and individual factors, and individuals' education levels, cultures and languages affect their health literacy skills and capacities (Nielsen-Bohlman, 2004).

Physicians have an important role in raising the health literacy level of the society. At the same time, they are expected to continue the service by taking into account the level of health literacy during the execution of health services. For this reason, the application of health literacy education to the medical education program will enable better equipped physicians to be trained.

For this reason, this training program has been prepared within the scope of the Development and Integration of Health Literacy Education with Innovative Methods in Medical Curricula Across Europe (HELEM-EU) project.

This training program is designed for 3rd year medical school students. However, considering the differences in the programs of the faculties, it can be used in different classes by adapting the program or activities.

The program consists of the following parts:

- **Structure of the health literacy program:** The main purpose and learning objectives of the program are included in this section. In addition, explanations about the scope of the program, the learning strategies adopted and assessment and evaluation methods can be found in this section.
- **Session Plans:** The health literacy program is designed as 13 weeks, 32 (50 minutes) class hours. Sessions for each week are given in this section. In the session plans, the specific purpose and learning objectives of the session, its content, teaching methods, how the learning activities will be carried out, assessment and evaluation methods and suggested references are given. In addition, the training materials to be used in the conduct of the activities are listed by numbering.
- **Educational Materials:** Educational materials developed for learning activities are included in this section. The abbreviation EM is used for the training materials and is numbered in the order recommended for use in each session. With this numbering, the place of the suggested training material in the training program can be followed.

Every learning environment is unique. It is expected that this developed program will be adapted and utilized by considering the needs of each faculty or group in order to improve the health literacy competencies of medical faculty students.

STRUCTURE OF THE HL COURSE

The goal and learning objectives of the HL course

The main purposes of this training program are to gain competence to the students in

- Understanding the concept of HL and influencing factors
- Assessing the health literacy level of the patient/applicant and communicating in accordance with the level of health literacy
- Presenting information to the patient/applicant on the ways of accessing reliable sources of health information in the community and, on health-related issues and assessing their understanding
- Preparing an educational activity for the community and the patient/applicant

General Learning Objectives of the HL Course

At the end of the course, students will be able to

- define health literacy
- discuss the importance of health literacy
- assess the applicant's level of health literacy
- evaluate the factors affecting the health literacy level of the applicant and the community
- understand the importance of infodemia
- improve the communication skills with applicant in different level of HL
- manage the communication in different situations
- check the understanding of the information presented about the applicant's health problem
- provide the reliable information sources on health to the applicant
- evaluate the health literacy level of the community and follow up the health information sources at community level
- understand the importance of adherence to treatment and recommendation of the applicants
- assess the applicant's understanding of the treatment and recommendation
- develop an educational activity for the community and the patient/applicant

Contents of the HL course

- Health literacy, importance of health literacy, risk groups and affecting factors
- Assessment of health literacy of the individual/community
- Social, physical, and psychological factors affecting the health literacy level of the applicant
- Infodemia
- The communication skills with applicant in different level of HL and different situations
- Being a reliable health information source at the clinics
- Developing an educational activity for the community and the patient/applicant

Teaching and learning strategies

Experiential learning strategies supported by e-learning are used in the training program. Theoretical background of the HL is provided via e-learning courses. Face to face part of the training is enriched by interactive learning methods such as case study, discussion, role-playing etc. Simulation method is

selected to support experiential learning. Details of the session plan can be seen in the following part.

Evaluation of the program and participants

Students' and trainers' feedback, students' performance evaluation and portfolios will be used for program evaluation. Students' and trainers' feedback will take at the end of the program. Students' performance will be assessed in a simulated environment. Besides, students' portfolios will be assessed. E-portfolio will be included:

- Records of the participation of online courses
- Homework
- Simulation
- Reflection
- Peer evaluation
- Simulated patient evaluation
- Tutor evaluation

SESSIONS

Week 1:	Introduction	50 minutes
Week 2:	Health literacy, importance of health literacy, risk groups and affecting factors (macro level)	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 3:	Communication skills	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 4:	Assessment of health literacy of the individual with the practice of communication skills	50 minutes – Theoretical “as a reading document/online lecture” - Simulated patient encounter
Week 5:	Assessment of health literacy of the individual with the practice of communication skills	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 6:	Social, cultural, physical and psychological factors affecting the health literacy level of the applicant (individual and community level)	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 7:	Infodemia	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 8:	Being a reliable health information source at the clinics and in the community	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 9:	The communication skills with applicant in different level of HL and in different situations	50 minutes – Theoretical “as a reading document/online lecture” - Simulated patient encounter
Week 10:	The communication skills with applicant in different level of HL and in different situations	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 11:	Developing an educational activity for the community and the patient/applicant-1	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 12:	Developing an educational activity for the community and the patient/applicant-2	50 minutes – Theoretical “as a reading document/online lecture” 100 minutes- Practical “interactive, face to face”
Week 13:	General evaluation and Closing	100 minutes – face to face

SESSIONS' PLANS

WEEK 1: Introduction

Mode of delivery:

- Face to face

Time: 50 minutes theoretical

Goal of the session:

In this session, it is aimed to meet the participants of the health literacy course and to share information about the course process.

Session contents:

- Training program

Learning and teaching methods:

- Presentation
- Group work
- Question and answer

Learning Activities:

- Participants are asked to come to the venue with their badges. Participants first learn about each other in pairs and then introduce them to the big group. Participant information forms prepared for this purpose are shared.
- Participants' expectations from the course are taken.
 - The course program and expectations from the participant are shared. Student guide is shared with students and explains how to use it.
 - The online environment is presented.
 - The online platform, face-to-face teaching methods (simulation, case study, role-play, etc.), the importance of class participation and attendance, assessment and evaluation components are detailed.
- It is explained that the "Definition of health literacy and its conceptual model", "Risk groups in terms of health literacy" and "Factors affecting health literacy at the macro level" videos are on the online platform. Students are expected to come the next session by watching the relevant videos and doing homework regarding "Turkey Steps research (EM 2.1)".

Educational Materials

- Badges (EM 1.1)
- Activities for introduction (EM 1.2)
- Course program
- Student guide (EM 1.3)

WEEK 2: Health literacy, importance of health literacy, risk groups and affecting factors (macro level)

Mode of delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/100 minutes practical

Goal of the session: In this session, it is expected that the participants will be able to explain the definition of health literacy, its importance, risk groups and the factors affecting it at the macro level.

Learning objectives:

At the end of the session, students will be able to

- define health literacy.
- explain the importance of health literacy.
- count the risk groups in terms of health literacy.
- comprehend the factors affecting health literacy at the macro level.

Session contents:

- Definition of health literacy
- Conceptual model of health literacy
- The importance of health literacy in terms of health promotion
- Benefits of health literacy at the individual and community level
- Negative consequences of low health literacy
- Risk groups in terms of health literacy
- Factors affecting health literacy at the macro level
- Results of Turkey Health Literacy Survey (this content is prepared for Turkey; each partner should adopt this part of the session according to the results of their country report)

Learning and teaching methods:

- Video-based e-learning
- Case study
- Question and answer
- Homework/presentation

Learning Activities:

Introduction-20 min

- Video lectures and distance education materials previously prepared on “Definition and conceptual model of health literacy”, “Risk groups in terms of health literacy” and “Factors affecting health literacy at macro level” are shared with students at the program

introduction session one week before the session. Participants are given an assignment on the Turkey STEPS Research (Educational Material “EM” 2.1). Students come to class studying these materials and preparing their homework. The students will evaluate the utilization of health services through the findings of the research (this content is prepared for Turkey; each partner should adopt this part of the session according to the results of their country report or an article related to HL in the community)

- A game is played for warming up.
- At the beginning of the lesson, the achievement level of the group is evaluated with online survey application games (Google survey, etc.), questions are answered and the lesson is reviewed.
- Course objectives and processes are shared.

Procedures-70 min

- “Measurement and importance of health literacy on an individual basis” is discussed through a case study. (EM 2.2)
- A discussion is held by presenting the assignments prepared by the participants (EM 2.1) on the effects of health literacy on the social dimension. Volunteers/ selected assignments are requested to make a presentation. All students are expected to upload assignments to the distance learning platform before this session.
- The Turkey Health Literacy Survey (EM 2.3) is presented and a general discussion is conducted about its epidemiology and the factors affecting health literacy at the macro level.

Closure- 10 min

- The main messages of the lesson are summarized together with the participants.
- Participants are reminded to come to the lesson by studying the e-learning materials of the next lesson.

Educational Materials:

- Homework: National Household Health Survey – Prevalence of Noncommunicable Disease Risk Factors in Turkey 2017 (STEPS) (EM 2.1)
- Cases (EM 2.2, 2.4)
- Turkey Health Literacy Survey (EM 2.3)
- E-learning platform-Learning videos

Assessment:

- Students are given feedback on their assignments.
- Uploaded assignments of students are evaluated.

Suggested Literature:

- 1) WHO. Health Literacy. In: Kickbusch I, Pelikan LM, Apfel F, Tsouros AD, editors. World Health Organization, Regional Office for Europe, 2013.
- 2) Okan O, Bauer U, Levin-Zamir D, Pinheiro P, Sørensen K. International Handbook of Health Literacy: Research, practice and policy across the lifespan. Policy Press, 2019.c
- 3) Sørensen K, den Broucke SV, Fullam J, et al. Health literacy and public health: A

systematic review and integration of definitions and models. BMC Public Health 2012;12:80.

- 4) Özkan S, Uğraş Dikmen A, Baran Aksakal N, Çalışkan D, Tüzün H, Taşçı Ö, Ceylan SÜ. Türkiye sağlık okuryazarlığı düzeyi ve ilişkili faktörleri araştırması, 2018 (National reference)
- 5) Visscher BB, Steunenberg B, Heijmans M, Hofstede JM, Devillé W, van der Heide I, Rademakers J. Evidence on the effectiveness of health literacy interventions in the EU: a systematic review. BMC Public Health 2018;18(1):1-12.
- 6) Berkman ND, Sheridan SL, Donahue KE, et al. Health literacy interventions and outcomes: an updated systematic review. Evidence report/technology assessment 2011;(199):1-941.
- 7) Nutbeam D, McGill B, Premkumar P. Improving health literacy in community populations: a review of progress. Health Promotion International 2018;33(5):901-911.
- 8) Rowlands G, Tabassum B, Campbell P, et al. The evidence-based development of an intervention to improve clinical health literacy practice. International Journal Of Environmental Research and Public Health 2020;17(5):1513.
- 9) National Household Health Survey – Prevalence of Noncommunicable Disease Risk Factors in Turkey 2017 (STEPS). Üner S, Balçılar M, Ergüder T editors. World Health Organization Country Office in Turkey, Ankara, 2018. (National reference)

WEEK 3 : Communication skills

Mode of delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/100 minutes practical

Goal of the session: In this session, it is aimed that the participants will be able to explain the principles and process of communication in different media with the patient/applicant in different level of HL.

Learning objectives:

At the end of the session, students will be able to

- explain the basic principles of physician-patient/applicant communication
- communicate effectively:
 - conduct face-to-face patient/applicant interviews.
 - conduct online patient/applicant interviews.
 - communicate effectively using written materials.

Session contents:

- Principles of communication
- Relationship between communication and patient safety
- Configuring the physician-patient/applicant interview process
- Conducting effective communication
 - Face to face
 - Online

Learning and teaching methods:

- Video-based e-learning
- Case study
- Role-play
- Small group discussion
- Question and answer

Learning Activities:

Introduction-15 min

- Previously prepared video lectures and e-learning materials on “*principles of communication*”, “*relationship between communication and patient safety*” and “*structuring the physician-patient/applicant interview process*” are shared with students one week before the session. Students come to class by studying these materials.
- A game such as ear-to-ear or taboo is played for warming up.
- At the beginning of the lesson, the achievement level of the students is assessed and reviewed with an online survey application (Google survey, etc.).
- Course objectives and processes are shared.

Procedures-75 min

- “Communication and patient safety relationship” is discussed with a case study (example: medicine misuse, misdirection, inability to carry out processes such as lab examination, disruptions in the timing of vaccinations, etc.) (EM 3.1.1, EM 3.1.2)
- Physician-patient/applicant interview is role played by volunteer/selected students (face-to-face and online interview) (EM 3.2.1, EM 3.2.2). Communication skills learning guides (EM 3.3.1) is shared with students. Students communication skills is observed by using communication skills check-list (EM 3.3.2). Students reflection will discuss by using reflection and feedback guide (EM 3.3.3).
- A case study including different written communication examples is carried out (EM 3.4.1, EM 3.4.2, EM 3.4.3, EM 3.4.4). Students examine cases and evaluate them in terms of written communication principles.

Closure- 10 min

- The learning objectives of the lesson are summarized using online games like Kahoot, Mentee etc. Students are rewarded.
- Students are asked to prepare an assignment for written communication. This assignment is submitted by students in week 11. (EM 3.5.1, EM 3.5.2)

Educational Materials:

- Video films (good practice examples, lecture videos, etc.)
- Case studies (EM 3.1.1, EM 3.1.2)
- Role-play scenarios (EM 3.2.1, EM 3.2.2)
- Communication skills learning guides (EM 3.3.1), communication skills check-list (EM 3.3.2), reflection and feedback guide (EM 3.3.3).
- Written communication examples (EM 3.4.1, EM 3.4.2, EM 3.4.3, EM 3.4.4)
- Homework form-Written communication (EM 3.5.1, EM 3.5.2)

Assessment:

- During the learning process, students are given feedback on their role-playing performances by using learning guides.
- Written communication homework is assessed at the 11th week session and written feedback is given to the students.

Suggested Literature:

- 1) Health Literacy and Patient Safety: Help Patients Understand
https://www.youtube.com/watch?v=cGtTZ_vxjyA
- 2) Partnership for Clear Health Communication. Advancing clear health communication to positively impact health outcomes. <https://slideplayer.com/slide/10100000/>
- 3) WHO Strategic Communication Framework. <https://slideplayer.com/slide/10100000/>.
<https://www.who.int/mediacentre/communication-framework.pdf>
- 4) HEALTH LITERACY: Taking action to improve safety and quality.
<https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf>
- 5) Centers for Medicare and Medicaid Services. Toolkit for Making Written Materials Clear and Effective. <https://www.cms.gov/outreach-and-education/outreach/writtenmaterialstoolkit?redirect=/writtenmaterialstoolkit/>
- 6) Mayer, G. G., & Michael Villaire, M. S. L. M. (2007). *Health literacy in primary care: A clinician's guide* (Vol. 130). Springer Publishing Company.

WEEK 4 : Assessment of health literacy of the individual with the practice of communication skills (Simulated patient encounter)

Mode of delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/ Student interview 8-10 minutes

Learning and teaching methods:

- Simulation

Learning Activities:

Previously prepared video lectures and e-learning materials on “Scale/tools used in the assessment of health literacy,” “Teach-back,” and “Checking to understand of treatment and drug administration (Brown-bag),” “videos containing model interviews” are shared with students one week before the session. Students come to class by studying these materials. Assessment of health literacy control list is shared with students (EM 4.1.)

The simulation laboratory is introduced to the students, and the process is explained. Students encounter the standard patient (EM 4.2.1, EM 4.2.2) in the simulation laboratory, and interviews are recorded. Standard patient is evaluated each encounter to give feedback to students (EM 4.3). Students is filled the standard patient encounter reflection form after the simulation (EM 4.4).

The debriefing session is held in the following week.

Educational Materials:

- Assessment of health literacy control list (EM 4.1)
- Standard patient scenarios (EM 4.2.1, EM 4.2.2)
- Standard patient feedback form (EM 4.3)
- Standard patient encounter reflection form (EM 4.4)

WEEK 5: Assessment of health literacy of the individual with the practice of communication skills

Mode of delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/100 minutes practical

Goal of the session: In this session, it is aimed that the participants will be able to assess the health literacy level of the patient/applicant and communicate in accordance with the level of health literacy.

Learning objectives:

At the end of the session, students will be able to

- assess the patient/applicant's level of health literacy
- improve the communication skills with applicant in different level of HL
- check the understanding of the information presented about the patient/applicant's health problem (Teach-back)
- assess the patient/applicant's understanding of the treatment and recommendation (Brown bag)

Session contents:

- Scale/tools used in the assessment of health literacy (EM 4.1)
- Checking the understanding of information (Teach-back)
- Checking the understanding of treatment and drug administration (Brown-bag)
- Conducting effective communication according to health literacy level
 - Face to face
 - Online

Learning and teaching methods:

- Video-based e-learning
- Debriefing on standardized patient interviews
- Question and answer

Learning Activities

Introduction-15 min

- Previously prepared video lectures and e-learning materials on "Scale/tools used in the assessment of health literacy," "Teach-back," and "Checking to understand of treatment and medicine (Brown-bag)", "videos containing model interviews" are shared with students two week before the session. Students come to class by studying these materials.
- At the beginning of the lesson, the achievement level of the students is assessed and reviewed with an online survey application (Google survey, etc.).

- Course objectives and processes are shared.
- Frequently used medical terms and their understandable usage (in everyone's own language) are listed with the word finder game. The medical terms lists previously prepared by the trainers are shared with the students. (EM 5.1)

Procedures-75 min

- The processes of checking the understanding of information (teach-back) and checking the understanding of treatment and medicine (brown-bag) are experienced by volunteer/selected students through role play practice. (EM 5.2.1, EM 5.2.2). Teach back control list is used during to observation of the role play (EM 5.3)
- In the debriefing session, the students are divided into groups of 4-5 people. In group work, the records of the students one week ago are watched. Via communication skills learning guides (EM 3.3.1) and check list (EM 3.3.2), students do reflection and self-assessment (EM 3.3.3), peers and trainers give feedback. If there is only one trainer, several interviews can be selected, watched, and discussed.

Closure- 10 min

- The students list the critical points for evaluating health literacy in patient-physician communication. The trainer completes gaps related to lessons key points.

Educational Materials:

- Video films (good practice examples, lecture videos, etc.)
- List of frequently used medical terms and alternatives words used in daily language (EM 5.1)
- Role-play scenarios (teach-back and brown-bag focused) (EM 5.2.1, 5.2.2)
- Teach back checklists EM (5.3)
- Standard patient/applicant scenarios (EM 4.3)
- Communication skills learning guides (EM 3.3.1) and check list (EM 3.3.2), students do reflection and self-assessment (EM 3.3.3)
- Teach-back information note (EM 5.4.)
- Brown bag information note (EM. 5.5.)

Assessment:

- Students are asked to prepare written reflections on their experiences. (EM 3.3.3)

Suggested Literature:

- 1) Use simple language. <https://www.healthliteracyplace.org.uk/toolkit/techniques/use-simple-language/>
- 2) This is Bad EnoughH. <https://www.youtube.com/watch?v=R3tJ-MXqPmk>
- 3) AHRQ Health Literacy Universal Precautions Toolkit https://www.ahrq.gov/sites/default/files/publications/files/healthlittoolkit2_4.pdf
- 4) Online Teach-back Interactive Learning Module <http://www.teachbacktraining.org/interactive-teach-back-learning-module>
- 5) Brown Bag Medicine Review Toolkit available here.

<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool8.html>

- 6) Teach Back Method) Information and tool available here:

<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.html>

- 7) Simply put; a guide for creating easy-to-understand materials

<https://stacks.cdc.gov/view/cdc/11938/>

WEEK 6: Social, cultural, physical and psychological factors affecting the health literacy level of the applicant (individual and community level)

Mode of delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/100 minutes practical

Goal of the session: In this session, it is aimed that the participants will be able to describe the social, physical, and psychological factors affecting the health literacy of the applicant/patient and community.

Learning Objectives:

At the end of the session, students will be able to,

- Discuss social, cultural, physical and psychological factors affecting health literacy level.
 - Disability
 - Faith
 - Ethnicity
 - Migrant/Refugee
 - Place of residence
 - Health status- especially psychosocial health, having a patient in family
 - Economic situation
 - Other

Session contents:

- Importance of evaluating social and cultural characteristics of the individual
- Social, cultural, physical and psychological factors affecting health literacy level in the community

Learning and teaching methods:

- Video-based e-learning
- Question and answer
- Watching movies/videos from different communities
- Case study

Learning Activities:

Introduction- 15 min

- Previously prepared video lectures and e-learning materials on "social, physical, psychological factors affecting health literacy level" along with model interviews are shared

with students before the session. Students attend the session, having studied these materials.

- At the beginning of the session, the achievement level of the students is assessed and reviewed with an online survey application (Google survey, etc.).
- Course objectives and processes are shared.

Procedures- 75 min

- Social, cultural, physical and psychological factors are discussed with case study. (EM 6.1.1, 6.1.2, 6.1.3)
- Watching movies/videos from different communities and discussion on the importance of social, cultural, physical and psychological factors (EM 6.4)

Closure-10 min

- Social, cultural, physical, psychological factors are listed. The listed factors written on the paper board and hung. The remaining factors are completed by the trainer.

Educational materials:

- Case scenario (EM 6.1.1, EM 6.1.2, EM 6.1.3)
- Movies/Videos (including different cultural practices) (EM 6.2)
- Ekological model (EM 6.3)

Assessment:

- Theoretical exam (multiple choice)

Suggested Literature:

- 1) Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: a systematic review and integration of definitions and models. *BMC public health*, 12(1), 1-13.
- 2) Lee, S. Y. D., Arozullah, A. M., & Cho, Y. I. (2004). Health literacy, social support, and health: a research agenda. *Social science & medicine*, 58(7), 1309-1321.
- 3) Bloom-Feshbach, K., Casey, D., Schulson, L., Gliatto, P., Giftos, J., & Karani, R. (2016). Health literacy in transitions of care: An innovative objective structured clinical examination for fourth-year medical students in an internship preparation course. *Journal of general internal medicine*, 31(2), 242-246.
- 4) Inoue M, Takahashi M, Kai I. (2013), Impact Of Communicative And Critical Health Literacy On Understanding Of Diabetes Care And Self-Efficacy in Diabetes Management: Across-Sectional Study Of Primary Care in Japan, *BMC Family Practice*.14(40),1-9.

WEEK 7: Infodemia

Mode of Delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/100 minutes practical

Goal of the Session: In this session, it is aimed that the participants will be able to explain the definition of the infodemia, the importance of the infodemia and the methods of the struggling with infodemia.

Learning objectives:

At the end of the session, students will be able to

- Define the basic structure of information (misinformation/disinformation, knowledge gap, rumor, non-evidence-based and unverified information)
- Give examples about the healthcare areas that infodemia is effective
- Define the conditions that cause infodemia and its effects on the individual and community.
- Explain practices at individual and community level to struggle with infodemia.
- Explain the transdisciplinary approach in the management of infodemia.

Session contents:

- Definition of infodemia, misinformation/disinformation form
- Examples of infodemia
- Conditions that cause infodemia
- Effects of infodemia on the individual/community
- Definitions and examples of knowledge gap, rumor, non-evidence-based and unverified information
- The methods of the struggling with infodemia
- Transdisciplinary approach of management of the infodemia

Learning and teaching methods:

- Video-based e-learning
- Case study
- Small group discussion
- Question and answer

Learning Activities:

Introduction-15 min

- Previously prepared video lectures and e-learning materials on *"Infodemia"*, *"Struggling with Infodemia"* and *"A transdisciplinary approach of the infodemia management"* are shared with students one week before the session. Students come to class by studying these materials.

- A game such as ear-to-ear, taboo or brainstorming (EM 7.1.) is played for warming up.
- At the beginning of the lesson, the achievement level of the students is assessed and reviewed with an online survey application (Google survey, etc.).
- Course objectives and processes are shared.

Procedures-75 min

- *“Social Media News Examples of the Impact of the Infodemia on Society”* is discussed with a case study. (EM 7.1)
- Participants are divided into small groups of 2-3 persons. *“The Effects of Infodemia on the Individual/Society and the Case Regarding the Struggling with Infodemia”* (EM 7.2) is shared and discussed (35min). Students are asked to prepare a presentation with the questions given in the case in small groups.
- Group presentations are made and discussed in the large group.

Closure- 10 min

- The main topics of the lesson are summarized together with the participants, written on the paper board and hanged.

Educational Materials:

- e-learning materials- lecture videos
- Written cases (EM 7.1, EM 7.2)

Assessment:

- During the learning process, students are given feedback on their presentation performances.
- Theoretical exam (multiple choice)

Suggested Literature

- 1) Bin Naeem, S., & Kamel Boulos, M. N. (2021). COVID-19 Misinformation Online and Health Literacy: A Brief Overview. *Int J Environ Res Public Health*, 18(15). <https://doi.org/10.3390/ijerph18158091>
- 2) Ying, W., & Cheng, C. (2021). Public Emotional and Coping Responses to the COVID-19 Infodemic: A Review and Recommendations. *Front Psychiatry*, 12, 755938. <https://doi.org/10.3389/fpsyt.2021.755938>
- 3) [İnternet] İstanbul Politik Araştırmalar Enstitüsü COVID-10 İnfodemisi ve Yönetimi, https://d4b693e1-c592-4336-bc6a-36c134d6fb5e.filesusr.com/ugd/c80586_b962495b3b4b41f68f26ace499fc014a.pdf Erişim: 21.01.2022
- 4) Bahar, A. (2020). Polislik Perspektifinden Dijital Misenformasyon ve Dezenformasyon: Covid-19 Örnek Olayı Bağlamında Bir Analiz . *OPUS International Journal of Society Researches* , 16 (30) , 2760-2794 . DOI: 10.26466/opus.783266
- 5) Karakaş, O. & Doğru, Y. B. (2021). COVID-19 AŞILARINA YÖNELİK ÜRETİLEN YENİ MEDYA İÇERİKLERİNİN POST-TRUTH KAVRAMI BAĞLAMINDA ANALİZİ . *Asya Studies* , 5 (16) , 163-182 . DOI: 10.31455/asya.878400
- 6) Gölbaşı SD, Metintaş S. COVID-19 Pandemisi ve İnfodemi. *ESTÜDAM Halk Sağlığı Dergisi*. 2020;5(COVID-19 Özel Sayısı):126-37.
- 7) Eysenbach G. (2020). How to Fight an Infodemic: The Four Pillars of Infodemic Management. *Journal of medical Internet research*, 22(6), e21820. <https://doi.org/10.2196/21820>
- 8) Islam, M. S., Sarkar, T., Khan, S. H., Mostofa Kamal, A. H., Hasan, S., Kabir, A., Yeasmin, D., Islam, M. A., Amin Chowdhury, K. I., Anwar, K. S., Chughtai, A. A., & Seale, H. (2020). COVID-19-Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis. *The American journal of tropical medicine and hygiene*, 103(4), 1621–1629. <https://doi.org/10.4269/ajtmh.20-0812>
- 9) [İnternet] World Health Organization, WHO competency framework: Building a response workforce to manage infodemics, <https://www.who.int/publications/i/item/9789240035287>. Erişim: 21.01.2022

WEEK 8: Being a reliable health information source at the clinics and in the community

Mode of delivery:

- Online
- Face to face
- Simulation environment

Duration: 50 minutes theoretical/100 minutes practical

Goal of the session: In this session, it is aimed that the participants will be able to explain the importance of being a reliable source of information with the identity of a physician during the delivery of health services in the clinic and in the community.

Learning objectives:

At the end of the session, students will be able to

- explain the importance of being a reliable source of information in the clinic
- list the criteria of reliable information source in the clinic
- explain the importance of being a reliable source of information in the community
- explain the importance of presenting evidence-based information
- discuss the role of being a reliable source of information on physician roles and qualifications (Five-star physician and other different competency frameworks).

Session contents:

- Reliable source of information
- The importance of having reliable information in the clinic for the patient
- The importance of being a reliable source of information in the community
- Physician role and competence frameworks (Five-star doctor and other different competency frameworks)

Learning and teaching methods:

- Video-based e-learning
- Brain storming
- Video watching (*good practice examples*)
- Case study
- Small group discussion
- Question and answer

Learning Activities:

Introduction-15 min

- Previously prepared video lectures and e-learning materials on “*Being a reliable source of information*”, “*Physician roles and competencies*” and “*Transdisciplinary approach for infodemia management*” are shared with students one week before the session. Students come to class by

studying these materials.

- A game is played for warming up.
- At the beginning of the lesson, the achievement level of the students is assessed and reviewed with online survey application (Google survey, etc.).
- Course objectives and process are shared.

Procedures-75 min

- Skills to be acquired to be a reliable source of information is listed by applying the brainstorming technique (EM 8.1)
- A video with correct messages is watched. (Evidence-based information sharing will be content.)
- Participants are divided into small groups of 2-3 persons. The importance of being a reliable source of information is discussed by sharing case examples related to different situations (EM 8.2)
- Group presentations are made and discussed in the large group.

Closure- 10 min

- The main topics of the lesson are summarized together with the participants, written on the paper board and hanged.

Educational Materials:

- E-learning materials- lecture videos
- Brain storming (EM 8.1)
- Case (EM 8.2)

Assessment:

- During the learning process, students are given feedback on their presentation performances.
- Theoretical exam (multiple choice)

Suggested Literature:

- 1) Schulte, M. C. (2020). Evidence-Based Medicine - A Paradigm Ready To Be Challenged?: How Scientific Evidence Shapes Our Understanding And Use Of Medicine. J.B. Metzler.
- 2) Okan, O., & Bauer, U. (2019). International Handbook of Health Literacy: Research, practice and policy across the life-span. Policy Press.
- 3) Mayer, G. G., & Villaire, M. (2007). Health literacy in primary care: A clinician's guide. Springer Publishing Co.
- 4) World Health Organization, The Five Star Doctor: An asset to healthcare reform, https://www.who.int/hrh/en/HRDJ_1_1_02.pdf Erişim: 22.01.2022
- 5) Ruberton, P. M., Huynh, H. P., Miller, T. A., Kruse, E., Chancellor, J., & Lyubomirsky, S. (2016). The relationship between physician humility, physician-patient communication, and patient health. *Patient Educ Couns*, 99(7), 1138-1145. <https://doi.org/10.1016/j.pec.2016.01.012>
- 6) What's a good doctor and how do you make one? (2002). *BMJ*, 325(7366), 711. <https://doi.org/10.1136/bmj.325.7366.711>
- 7) Berger, R., Bulmash, B., Drori, N., Ben-Assuli, O., & Herstein, R. (2020). The patient-physician relationship: an account of the physician's perspective. *Isr J Health Policy Res*, 9(1), 33. <https://doi.org/10.1186/s13584-020-00375-4>

- 8) Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. A. (2019). Patient Satisfaction with Health Care Services; An Application of Physician's Behavior as a Moderator. *Int J Environ Res Public Health*, 16(18). <https://doi.org/10.3390/ijerph16183318>
- 9) Ishikawa, H., Son, D., Eto, M., Kitamura, K., & Kiuchi, T. (2017). The information-giving skills of resident physicians: relationships with confidence and simulated patient satisfaction. *BMC Med Educ*, 17(1), 34. <https://doi.org/10.1186/s12909-017-0875-6>
- 10) Hirschberg, I., Seidel, G., Strech, D., Bastian, H., & Dierks, M. L. (2013). Evidence-based health information from the users' perspective--a qualitative analysis. *BMC health services research*, 13, 405. <https://doi.org/10.1186/1472-6963-13-405>
- 11) Oxman, A. D., Glenton, C., Flottorp, S., Lewin, S., Rosenbaum, S., & Fretheim, A. (2020). Development of a checklist for people communicating evidence-based information about the effects of healthcare interventions: a mixed methods study. *BMJ Open*, 10(7), e036348. <https://doi.org/10.1136/bmjopen-2019-036348>

WEEK 9: The communication skills with applicant in different level of HL and in different situations (Simulated patient encounter)

Mode of delivery:

Face to face

Duration: 50 minutes theoretical/ Student interview 8-10 minutes

Learning and teaching methods:

Simulation

Learning Activities:

The process is explained. Students encounter (EM 9.1, EM 9.2, EM 9.3) with the standard patient in the simulation laboratory, and interviews are recorded. At the end of the interview, the standard patient gives feedback to the student via a learning guide. (EM 3.3.1, EM 3.3.2, EM 3.3.3)

Interview videos are shared with students through an online platform. Students are paired and watch each other's interview recordings online and evaluate via guide. They fill out the feedback by using learning guide and upload it to the online system until the next week. (EM 3.3.1, EM 3.3.2, EM 3.3.3).

The debriefing session will be in the following week.

Educational Materials:

- Standard patient/applicant scenarios (EM 9.1, EM 9.2, EM 9.3)
- Communication skills learning guides (EM 3.3.1) and check list (EM 3.3.2), students do reflection and self-assessment (EM 3.3.3)

WEEK 10: The communication skills with applicant in different level of HL and in different situations

Mode of delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/100 minutes practical

Goal of the session: In this session, it is aimed that the participants will be able to communicate in accordance with the health literacy level of the patient/applicant.

Learning objectives:

At the end of the session, students will be able to

- manage the communication in different situations (mainly focus the *italic* ones)
 - *Language*
 - *Age*
 - Disability
 - Faith
 - *Education*
 - Ethnicity
 - Place of residence
 - Health status
 - Economic situation
 - Other

Session contents:

- Managing the face to face and online communication in different situations
 - Language
 - Age
 - Education

Learning and teaching methods:

- Debriefing standardized patient interviews
- Question and answer

Learning Activities:

Introduction-15 min

- Human bingo game is played.

Procedures-75 min

- In the debriefing session, students' records are watched and feedback is given. It can be divided into groups but all students should watch all scenarios as much as possible. If there is

only one trainer, several interviews can be selected and watched and discussed with all students.

Closure- 10 min

- The students list the critical points for evaluating health literacy communication in different situations. The trainer completes gaps of key messages.

Educational Materials:

- Communication skills learning guides (EM 3.3.1) and check list (EM 3.3.2), students reflection and self-assessment (EM 3.3.3)

Assessment:

- The records of the participants are evaluated by their peers, standard patient and trainer using the learning guides.

Suggested Literature:

- 1) Health Literacy situations. <https://www.cdc.gov/healthliteracy/learn/Understanding.html>
- 2) Think cultural health. <https://thinkculturalhealth.hhs.gov/resources/library>
- 3) Improving Cultural Competence to Reduce Health Disparities for Priority Populations. <https://effectivehealthcare.ahrq.gov/topics/cultural-competence/research-protocol>
- 4) Dr Rima Rudd. https://www.youtube.com/watch?v=CF2Qa51scM&list=PLV_jckFiOypHAoiUffyw4aXuPAmD79BK
- 5) HRSA Website
- 6) <https://www.hrsa.gov/sites/default/files/culturalcompetence/cultcompedu.pdf>
<https://www.hrsa.gov/cultural-competence/>
- 7) CDC Website. <https://www.cdc.gov/healthliteracy/culture.html>
- 8) HHS Website. <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-pafresources/cultural-competence/>
- 9) Wisconsin Department of Health and Family Services. (2007). I speak cards.. <https://fns-prod.azureedge.net/sites/default/files/cnd/Ispeak.pdf>
- 10) National Center for Culture Competency
https://nccc.georgetown.edu/documents/NCCC_PP_Cultural%20Brokers.pdf
- 11) Vignette. <https://nccc.georgetown.edu/data-vignettes/gonzalez/index.php>
- 12) Translation is not enough.
<https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/translation-is-not-enough.pdf>
- 13) Working with Linguistically Diverse Populations.
<https://nccc.georgetown.edu/resources/language.php#14>
- 14) Think Speak Act Culture Health: <https://vimeo.com/26272291>. <https://vimeo.com/262723>

WEEK 11: Developing an educational activity for the community and the patient/applicant-1

Mode of delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/100 minutes practical

Goal of the session: In this session, it is aimed that the participants develop educational activities and materials for the individual/society.

Learning objectives:

At the end of this session, students will be able to;

- explain the importance of developing a health education program.
- define the basic elements making up a training program.
- explain the steps of program development.
- explain the need assessment methods while developing the program.
- write a learning goal in accordance with the rules for a training program.
- list the rules to be considered in the selection of content in curriculum development.
- explain the principles of training method selection
- explain evaluation methods in education.
- develop a training program design.

Session content:

- Steps of program development for health education
- Identification of individual needs and group needs (needs assessment and needs analysis)
- Determination of training objectives
- Determining and editing content in education
- Conducting training activities
- Evaluation of education
- Examples from previously implemented training programs and materials
- Preparation of training program and material

Learning and teaching methods

- Video-based e-learning
- Small group discussion
- Task-based learning
- Question and answer

Learning Activities:

Introduction-20 min

- Video lectures and distance education materials, which were prepared before, on the subject of “Health education activity at individual and social level” are shared with students one week before the session. Students come to class studying these materials and preparing their homework.
- At the beginning of the lesson, the achievement level of the group is evaluated with online survey application games (Google survey, etc.), questions are answered and the lesson is reviewed.
- Course objectives and process are shared.
- In the patient/applicant interview, the use and places of the training material are listed with the brainstorming technique. (EM 11.1)

Procedures - 70 min

- Students are given tasks that include the planning processes of educational activities related to the field of health. Training plans are prepared in small groups on the subjects given by the workshop activity (EM 11.2) min (Educational material is prepared for adult education. Diabetes education for those who come to the polyclinic, infection prevention education for cancer patients, etc.)

Closure - 10 min

- The main topics of the lesson are summarized together with the participants, written on the paper board and posted.

Educational materials:

- Brainstorming (COVID-19 vaccination- Health education for community) (EM 11.1)
- Workshop (Group work- Health education for community) (EM 11.2)

WEEK 12: : Developing an educational activity for the community and the patient/applicant-2

It is the continuation of the session that took place in the 11th week; therefore, the learning objectives, content, teaching methods and techniques are the same.

Mode of delivery:

- Online
- Face to face

Duration: 50 minutes theoretical/100 minutes practical

Goal of the session: In this session, it is aimed that the participants will be able to develop a training program draft by using the health education program development steps effectively.

Learning objectives:

At the end of this session, students will be able to;

- tell the importance of developing a health education program.
- define the basic elements making up a training program.
- explain the steps of program development.
- explain the need assessment methods while developing the program.
- write a learning goal in accordance with the rules for a training program.
- list the rules to be considered in the selection of content in curriculum development.
- explain the principles of training method selection
- explain evaluation methods in education.
- develop a training program design.

Session contents:

- Steps of program development for health education
- Identification of individual needs and group needs (needs assessment and needs analysis)
- Determination of training objectives
- Determining and editing content in education
- Conducting training activities
- Evaluation of education
- Examples from previously implemented training programs and materials
- Preparation of training program and material

Learning and teaching methods

- Video-based e-learning
- Small group discussion
- Task-based learning
- Question and answer

Learning Activities:

Introduction-10 min

Summarizing the week 11

Procedures- 80 min

- Students make presentations of the workshop and are given feedback.
- The information framework that should be given in individual and community-oriented educational activities is discussed (patient's needs, educational status, socioeconomic status, etc.)
- A role-play is performed on providing education to the patient on an individual level (example of misuse of drugs) (EM 12.1). Two students are asked to perform role-play.

Closure-10 min

Educational materials:

- E-learning platform-Lecture videos
- Role play scenarios (EM 12.1)

Assessment (for 11th and 12 th weeks)

- Feedback is given on student presentations
- Theoretical exam (multiple choice)

Suggested Literature:

- 1) Fertman CI, Allensworth DD. Sağlık Geliştirme Programlar: Teoriden Pratiğe. (Çev: NM. Işıtman). TC Sağlık Bakanlığı, Ankara, 2012.
- 2) Özvarış ŞB. Sağlık geliştirme ve sağlık eğitimi, Hacettepe Üniversitesi Yayınları, Ankara, 2016.
- 3) Özer C, Şahin EM, Dağdeviren N, Aktürk Z. Birinci basamakta hasta eğitimi. Sürekli Tıp Eğitimi Dergisi 2002;11:11-4.
- 4) Sullivan R, Gaffikin L, Lowry E. Tıp Eğitimcileri için Program Geliştirme Rehberi (Çev. N. Şahin, Ş. Bahar-Özvarış). Hacettepe Halk Sağlığı Vakfı. Ankara, 1999.

EDUCATION MATERIALS

SESSION 1

- EM 1.1. Name Badges
- EM 1.2. Meeting forms/events
- EM 1.3. Student's Guide

EM 1.1. Name Badges



Name

Meeting Title
Date..., Place....



EM 1.2. Meeting forms/events

Event-1

Aim: To enable participants to communicate

Material: Candy (colored papers for those with a sugar allergy), Bag

Method: Group Work (The upper limit is 12 people; if the participants are more than 12 people, it can be done by dividing into 2 groups.)

Duration: 20 Minutes

Participants are asked to divide into two groups and form two circles. Each participant is asked to choose a piece of paper from the bag. A question is determined for each color, and the participant shares the answer to the question associated with the color chosen by the other participants. Sample questions are shared below.

- **Red-** Favorite hobby
- **Green-** Favorite place/view
- **Blue-** Favorite memory
- **Yellow -** Favorite food
- **Orange-** Future job (specialty/practitioner preferences)

References

1. [Internet] <https://www.bu.edu/cas/files/2015/06/Candy-Introductions.pdf> Access date: 31.03.2022
2. [Internet] <https://sacd.sdsu.edu/student-life-leadership/student-organizations/info-for-rso/organization-development/icebreakers> Access date: 31.03.2022

3. [Internet] <https://www.ndi.org/sites/default/files/Energisers.pdf> Access date: 31.03.2022

EM 1.3. Student's Guide

Dear students,

Health Literacy (HL) is the degree to which individuals have the capacity to acquire, process and understand basic health information and services needed to make appropriate health decisions (Ratzan & Parker, 2000). Health literacy is an important issue in our era. In the European society, the level of health literacy was found to be 47.6% insufficient-problematic. Health literacy is a common function of social and individual factors; therefore, individuals' education levels, cultures and languages affect their health literacy skills and capacities (Nielsen-Bohlman, 2004). In particular, education is the most important aspect of this issue. Having knowledge and applying knowledge requires the educational process. As medical doctors, we are a subgroup of healthcare professionals and our training begins in medical schools. Integrating health literacy education to the medical education program will increase our chances for improving the current situation by educating better-equipped medical students at the undergraduate programs.

Based on this reason, this elective course developed within the scope of the Development and Integration of Health Literacy Education with Innovative Methods in Medical Curricula Across Europe (HELEM-EU) project has been prepared for you. The purpose learning objectives, learning, teaching and evaluation strategies of this 12-week course are given below.

The goal and learning objectives of the HL course

The purpose of this training program is to gain competence to the students in

- Understanding the concept of HL and influencing factors
- Assessing the health literacy level of the patient/applicant and communicating in accordance with the level of health literacy
- Presenting information to the patient/applicant on the ways of accessing reliable sources of health information in the community and, on health-related issues and assessing their understanding
- Preparing an educational activity for the community and the patient/applicant.

Learning Objectives of the HL Course

Being able

- to define health literacy
- to discuss the importance of health literacy
- to assess the applicant's level of health literacy
- to evaluate the factors affecting the health literacy level of the applicant and the community
- to understand the importance of infodemia
- to improve the communication skills with applicant in different level of HL
- to manage the communication in different situations
- to check the understanding of the information presented about the applicant's health problem

- to provide the reliable information sources on health to the applicant
- to evaluate the health literacy level of the community and follow up the health information sources at community level
- to understand the importance of adherence to treatment and recommendation of the applicants
- to assess the applicant's understanding of the treatment and recommendation
- to develop an educational activity for the community and the patient/applicant

Content

- Health literacy, importance of health literacy, risk groups and affecting factors
- Assessment of health literacy of the individual/community
- Social, physical and psychological factors affecting the health literacy level of the applicant
- Infodemia
- The communication skills with applicant in different level of HL and different situations
- Being a reliable health information source at the clinics
- Developing an educational activity for the community and the patient/applicant

Teaching and Learning Strategies

Experiential Learning strategies supported by e-learning are used in the training program. Theoretical background of the HL is provided via e-learning courses. Face to face part of the training is enriched by interactive learning methods such as case study, discussion, role-playing etc. Simulation method is selected to support experiential learning. Details of the session plan can be seen in the following part.

● **Evaluation of the program and participants**

Students' and trainers' feedback, students' performance evaluation and portfolios will be used for program evaluation. Students' and trainers' feedback will take at the end of the program. Students' performance will be assessed in a simulated environment. Besides, students' portfolios will be assessed. E-portfolio will be included:

- Records of the participation of online courses
- Homework
- Simulation
- Reflection
- Peer evaluation
- Simulated patient evaluation
- Tutor evaluation

The following are our expectations from you so that the curriculum will proceed efficiently as planned. You are expected:

- ★ *To complete the courses that will be uploaded to the e-learning platforms one week before the face-to-face classes, before coming to the class,*
- ★ *To upload your homework to the system, if you have given in the previous lesson,*
- ★ *To participate in standard patient interviews to be held at the times to be announced to you, and*
- ★ *To actively participate in the lessons.*

REFERENCE: <https://www.helemeu.org/>

SESSION 2

- EM.2.1. Turkey or other Europe country Household Health Survey: Prevalence of Risk Factors for Noncommunicable Diseases 2017 (STEPS) (Homework)
- EM 2.2. Case discussion (Measurement and importance of health literacy on an individual basis)
- EM 2.3: Turkey or other Europe country health literacy survey
- EM 2.4. Checklist for assessing health literacy level

EM 2.1. Turkey Household Health Survey: Risk Factors for Non-Communicable Diseases Prevalence 2017 (STEPS)

Inform students about the research and provide the link to access the report.

https://www.euro.who.int/_data/assets/pdf_file/0009/383985/turkey-risk-factors-tur.pdf

Information note:

'Turkey Household Health Survey "Prevalence of Risk Factors of Non-Communicable Diseases" was organized by the T.R. Ministry of Health under the 'Strengthening and Supporting the Health System Project'. The overall objective of the research is to identify the prevalence of major NCD risk factors using the WHO STEPwise approach and to enable more effective planning of activities to prevent NCDs.

The main aims of the research are

- to determine the prevalence of the most common behavioral and biological risk factors for noncommunicable diseases in the population aged 15 years and older, and
- to describe differences in the prevalences of risk factors by sex, by five age groups, and by 12 regions in Level 1 of the Nomenclature of Territorial Units for Statistics.

Instruct students to read the background of the research on page 26 of the report.

Give the students the numbers of the sections, tables and graphics related to the diagnoses below. Ask each student to prepare an individual report.

Group 1

4.9. High Blood Pressure Story

4.21. Physical Measurements (Graph 35-38, Table 50)

Group 2

4.10. Diabetes Story

4.22. Biochemical Measurements (Graph 40-43, Table 52)

Group 3

4.11. The High Total Cholesterol Story

4.22. Biochemical Measurements (Table 53-55, Graphic 45-46)

Ask each group to answer the following questions within the framework of the topics given to them.

1. Indicate the statements of individuals about the diagnosis of “disease determined according to the defined group” during the research? Are there age groups and gender differences?
2. What is the frequency determined for the disease identified in individuals during the research? Is there an age group and gender difference?
3. Is there a difference between the statements of the individuals and the number of individuals diagnosed with the disease determined during the research? If there is a difference, discuss the reasons. During the discussion, you can benefit from the findings in other sections of the report (Results 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8)

Indicate that students should come by preparing a report and a presentation that answers all three questions as the homework. Specify that the presentation should have a maximum of 5 slides. Ask them to upload the homework report and presentations to the system specified for them before coming to the class.

During the discussion about the presentations of the assignments, you can use the headings of sociodemographic characteristics, lifestyle, access to health services and application of treatment plans by using the information note below.

“Noncommunicable diseases are the leading causes of death across the WHO European Region. More than 75% of all deaths are caused by one of four chronic diseases: cancer, cardiovascular diseases, diabetes and respiratory diseases. Noncommunicable diseases often result in chronic conditions, and health literacy plays a crucial role in enabling people to self-manage their chronic illness. Of people with one or two chronic diseases 52% are under the age of 65. People with poor health literacy have more difficulty managing chronic conditions. This challenge includes planning lifestyle, making informed decisions, and knowing when and how to access healthcare. Health literacy is an important factor in the prevention of noncommunicable diseases. Non-communicable diseases such as cancer, cardiovascular diseases, and diabetes are associated with many modifiable risk factors, especially behavioral determinants such as lack of physical activity, inadequate and unbalanced eating habits, smoking and alcohol use.

Low health literacy is often linked to other determinants of noncommunicable diseases. For example, lower health literacy is more common in older population groups, low-income population groups, and transitional cultures that are more prone to noncommunicable diseases. The European Health Literacy Survey included indicators related to smoking, alcohol, body mass index and physical activity. Frequency of physical activity is most consistently and strongly associated with health literacy and the higher the health literacy, the higher the frequency of physical activity in all participating countries, except Spain.”

EM 2.2. Measuring and importance of health literacy on an individual basis

CASE DISCUSSION

CASE INFORMATION

Facilitators:

Case name: Childhood Vaccines

Session name: Health literacy, importance of health literacy, risk groups and affecting factors

Student level: Term 3 Medical Faculty Students

Location: District State Hospital

“You work as a pediatric infectious diseases specialist in a District State Hospital. Families are hesitant to vaccinate their children because of what they read on social media and hear from their own social circles. A mother who does not want her child to be vaccinated says “My neighbor said that she had one child vaccinated, the other not vaccinated, she never took the child she had not vaccinated to a doctor, this child was not sick, the one who was vaccinated was always sick...”. There were those who hid especially boys because they heard that the vaccine caused infertility during the door-to-door period for the polio vaccine.” Evaluate this case in the context of health literacy and discuss the factors that may affect health literacy.

EM 2.3. Turkey or other Europe country Health Literacy Survey

<https://sggm.saglik.gov.tr/Eklenti/39699/0/soya-rapor-1pdf.pdf>

The scale used in this research and a short presentation prepared regarding the results of the research are shown to the students, and the factors affecting health literacy, which came to the agenda during the session, are emphasized again at the “macro level” and in this way, reinforcement is made.

SESSION-3

- EM. 3.1.1: Case-1 (Diabet and Obesity)
- EM. 3.1.2: Case-2 (Knee Injury)
- EM. 3.2.1. Roleplay Scenario-1 (Headache)
- EM. 3.2.2. Roleplay Scenario -2 (Backache)
- EM 3.3.1. Communication skills learning guide
- EM. 3.3.2. Communication skills checklist
- EM 3.3.3. Reflection and feedback guides
- EM. 3.4.1. Badly written prescription and medication error
- EM. 3.4.2. Written Communication Examples-Email 1
- EM. 3.4.3. Written Communication Examples-WhatsApp 2
- EM. 3.4.4. Hypertension Brochure
- EM. 3.5.1. Written communication assignment -1
- EM. 3.5.2. Written communication assignment -2

EM. 3.1.1. CASE-1

CASE INFORMATION

Facilitators:

Name of case: Diabetes and obesity

Name of session: Communication skills

Student level: Phase 3 Medical students

Setting: Family medicine outpatient clinic

Case-1

Diabetes and obesity

Ms. Selma is 71 years old, married with 2 children. She applied to Doctor Mr. Ahmet with complaints of frequent urination, dry mouth and drinking too much water for a month. She has no other additional illnesses or medications she uses. As a result of blood and urine tests, Doctor Mr. Ahmet diagnosed type 2 diabetes, Obesity (BMI=31.3) and hyperlipidemia. He shares the diagnosis with the patient: *"According to the results, you have diabetes and cholesterol, your body mass index is also high, let's start Metformin treatment for diabetes. You also need to lose weight, reduce calorie intake, try not to consume foods that contain too much fat and glucose."*

Ms. Selma is listening to Mr. Ahmet at this time. Since Ms. Selma didn't ask questions, Ahmet Bey adds that he will prescribe a glucometer device, assuming that the patient understands the diagnosis and what she needs to do, and she should record her measurements. After 3 months, he wants to see Ms. Selma again: *"Now I will prescribe you a glucometer and your medications, you take notes every morning by measuring your blood sugar on a full stomach after breakfast and when you are hungry. See you in 3 months."*

Mr. Ahmet gives Ms. Selma a brochure with images of foods that are not recommended to be eaten (wet cake, cola, sweet fruit, etc.) and articles about sugar control:

"Let me give you a brochure so you can adjust your diet according to what is written here". At that moment, there is a knock on the door and another patient enters the room and asks, "Doctor, will we wait longer?" Ms. Selma receives the brochure from the doctor, she says "Okay, doctor." and leaves the room.

When Ms. Selma was six years old, she was not sent to school to help her family, who worked in the gardening, and to take care of her younger siblings. To date, it has rarely been the case that she needs to come to the doctor. She usually goes to the grocery store, the doctor, or somewhere far away with one of her children or grandchildren. This time she had to come alone. When she goes home, her neighbor asks her how her health is and what the doctor said. She tells her neighbor that she does not quite understand what the doctor is saying but gives her a piece of paper with pictures of the foods

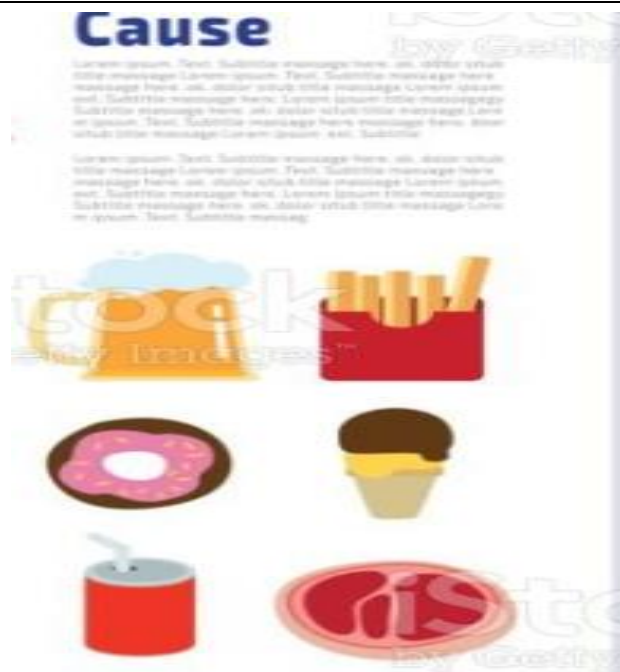
she needs to eat (Figure 1). She says she bought the drugs and a device from the pharmacy. She says, "I don't know how to use this device, I'll ask the children in the evening."

Ms. Selma uses the medication irregularly for 3 months and does not make any adjustments in her diet. When she came back to her doctor 3 months later, she gained another three kilograms and her blood sugar deteriorated further.

Questions

1. Discuss the communication barriers between Ms. Selma and Doctor Mr. Ahmet and the relationship between communication and patient safety.
2. Discuss what can be done for effective patient-physician communication in this case.

Figure 1 Brochure of foods to avoid



EM. 3.1.2. CASE-2

CASE INFORMATION

Facilitators:

Name of case: Knee injury

Name of session: Communication skills

Type and level of learner: Phase 3 Medical students

Setting: Emergency Room

Case-2

Knee injury

Omar from Afghanistan is a 28 years old patient who came to the emergency room complaining of pain in his right knee because of a fall while playing football. He and his friend spoke Afghan, and except for a few words they could not speak English or Turkish. The doctors and nurses in the emergency room were all busy; therefore, Dr. Emir, who welcomed Omar, decided to take an anamnesis in English and Turkish words as far as he knew. He was able to get some information about the location of the trauma and pain. When Dr. Emir asked the patient if he had any drug allergies, a significant history of illness, and the medication he was using, Omar did not seem to understand the questions and said no.

On physical examination, the patient's vital signs were stable, and he had moderate pain. There was limitation of movement in the right knee due to pain in the knee examination. X-rays were taken on the right knee and normal findings were observed; therefore, Dr. Emir decided to give the patient an injection of VOLTAREN® (Diclofenac Sodium) to relieve pain. One of the nurses came to give the injection and asked if he was allergic to any medication or if he was asthmatic. There was no response. The nurse made injection. Immediately after the injection, the patient fainted. His blood pressure dropped to 50/30 mmHg, his pulse rate was 145 beats per minute, the Glasgow Coma Scale was 10, and he developed urticaria and edema of the mucous membranes. As a result, injection of Diclofenac Sodium, anaphylactic shock was diagnosed. The patient was started to administer adrenaline, AVIL®, PREDNOL-L® and intravenous fluid and vasopressor support. There was a deterioration in his cardiac enzymes and ECG. A cardiology consultation was held immediately. Echocardiography revealed decreased ejection fraction and hypokinesis of the left ventricle. The patient was diagnosed with Kounis Syndrome (myocardial infarction due to allergy) caused by diclofenac sodium anaphylaxis. He was taken to medical treatment. After 36 hours of hospitalization, the patient's vital signs were discharged as normal.

Questions

1. Discuss the barriers in Doctor Emir and Omar's communication processes and the relationship between communication and patient safety.

2. Discuss what can be done for effective communication in this case.

EM.3.2.1. Session 3 Roleplay Scenario-1

Case Info

Facilitators:

Name of case: : Headache

Name of session: Communication skills

Type and level of learner: 3rd Year Faculty of Medicine Students

Setting:: Family Health Center

Educator Instruction

- Two volunteer participants are determined, one of whom will perform the patient role and the other will perform the physician role.
- Additional information about the patient is given only to the student who will perform the role of patient. The student who will pretend to be the patient is asked to put himself/herself in the patient's shoes and to react to the physician's tone of voice, expression, and body language as if he were a patient.
- The physician is expected to conduct a meeting with the patient.
- A communication skills checklist (EM 3.3) is used to evaluate performance. All participants are asked to use the checklists distributed to them while monitoring the performance.
- After the performance, first, the students who play the role are allowed to get out of the role. They are asked to express their feelings about the role.
- **Post-performance analysis questions:** Direct the questions first to the students who perform the role and then to the group.
 - What do you think went well?
 - What could have been done better?
 - Is there anything missing left?

Physician Role

At Kırıkkale University, you work as a general practitioner in the Medicosocial (primary care unit where university students and staff are examined). You are expected to conduct a "patient meeting" with a college student who has just applied to you.

Patient role (Student in patient role only)

Your name is Ceren/Ali Doğan, you are an 18 years old college student in Kırıkkale. You have persistent and sometimes severe headaches that have lasted for two to three months, persisted throughout the day on average several times a week, usually starting at noon during the day. The pain starts from your neck and spreads to your head. As you shake your head, there is also throbbing. The pain is very severe, unbearable. When the pain starts, you can't study and sleep. Painkillers sometimes work and sometimes they don't. When there is intensity, fatigue and stress, your headache begins. You usually eat fast food outside. You don't think that what you eat causes pain.

Your medical history: There are no other symptoms (visual impairment, blackout, dizziness, etc.) accompanying your headache. You don't have any allergies. You haven't had any accidents. You didn't have surgery. You drink 1-2 cups of filter coffee a day, more tea. You don't smoke. (Your roommate smokes a lot, but don't say it unless the doctor asks "*are you exposed to smoking?*") You also rarely consume alcohol; you haven't consumed it for a month or two. You have never been to the doctor for a headache. There are no medications that you use regularly.

Your family history: There is no disease that you know in your mother or father. You have six siblings, there is no problem in your siblings.

You are expected to:

- Put yourself in the patient's shoes, react to the physician's tone of voice, expression, and body language as if you were sick.
- If the physician asks for all the information, tell them.
- You are harmonious, you are open to communication. You grew up in the village, your father is engaged in animal husbandry. You accompanied your grandfather when your grandfather went to the doctor from time to time, but you don't remember going to a health facility for any other reason.

EM.3.2.2. Session 3 Roleplay Scenario-2

Case Info

Facilitators:

Name of case: Low back pain

Name of session: Communication skills (Session 3)

Type and level of learner: 3rd Year Faculty of Medicine Students

Setting: Family Health Center

Educator Instruction

- Two volunteer participants are determined, one of whom will perform the patient role and the other will perform the physician role.
- Roles are shared with students and other participants who will perform physician and patient roles. Additional information about the patient is shared only with the student who will perform the role of the patient. The student who will pretend to be the patient is asked to put himself in the patient's shoes and to react to the physician's tone of voice, expression, and body language as if he were a patient.
- The physician is expected to conduct a meeting with the patient.
- The communication capability checklist (EM 3.5) is used to evaluate performance. Checklists are distributed to all participants, and they are asked to use them during follow-up.
- After the performance, first, the students who play the role are allowed to get out of the role. First, they are asked to express their feelings about the role.
- **Post-performance analysis questions:** Direct the questions first to the students who perform the role and then to the group.
 - What do you think went well?
 - What could have been done better?
 - Is there anything missing left?

Physician Role

You are a family physician at a Family medicine outpatient clinic in Altındağ. You are expected to conduct a "patient meeting" with a newly admitted patient.

Patient role (Student in patient role only)

You are Güllü Ersoy, who is 52 years old and lives in Ankara. You are a primary school graduate; you are a widow, and you have 2 children. You have low back pain and a lot of difficulty walking, sitting, and getting up. It started about 2 weeks ago. There is pain in the lower part of the back. It spreads to your left leg, sometimes the pain that spreads to your fingertips is very severe. Contraction in your leg, numbness is extremely uncomfortable. You have trouble standing or sitting for prolonged periods of time, at any time of the day, or in the morning. You work in the kitchen of a cafeteria; you have to be constantly standing. Your pain increases after straining, coughing, or sneezing. Especially when you lift heavy, the pain increases. It feels good to rest and responds to painkillers from time to time.

Your medical history: You don't smoke or drink alcohol. You haven't had any accidents. You didn't have surgery. You don't have any medication that you use constantly except for the painkillers. You have never been to the doctor for pain.

Your family history: Your mother is alive; she lives with you. Your father passed away from a heart attack when you were young. You lost your husband to high blood pressure 4 years ago. Your sister has articular rheumatism. They said that she had an ulcer in her stomach because she used a lot of pain medication.

You are expected to:

- Put yourself in the patient's shoes, react to the physician's tone of voice, expression, and body language as if you were sick.
- If the physician asks for all the information, tell them.
- You are a primary school graduate and don't read books or newspapers. You don't follow health news. If you don't want to go to the doctor, you usually consume herbal teas recommended by the neighbors.

EM 3.3.1 COMMUNICATION SKILLS LEARNING GUIDES

Interviewing a patient/applicant

A) Beginning the interview

1. Greet the patient/applicant

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. It has a positive impact on the patient/applicant when the doctor stands up and buttons up his/her white coat.

2. Introduce yourself

Introduce yourself using your exact position (Phase I Medical Student Ayşe Coşkun, Intern Ali Gezen, etc.).

3. Ask the patient/applicant to sit down and provide privacy.

Başvuracı/hastayı kendini rahat hissedebileceği yere alınız. Gerekli mahremiyeti sağlamak için bulunduğunuz odanın kapısını kapatınız. Başvuracı/hasta ile sessiz bir ortamda görüşünüz. Başvuracı/hastaya “buyurun, şu koltuğa oturunuz” gibi sözel bir ifade kullanınız veya elinizle başvuracı/hastaya oturabileceği yeri işaret ediniz.

4. Obtain the patient/applicant's name

You may read the patient/applicant's name on the card/screen, but it is preferable to ask his/her name to clarify the information.

5. Use the patient/applicant's name in the interview.

6. Ask the patient/applicant an open question

It is important to begin the interview with an open question to make the patient/applicant tell his/her complaints comfortably. Each doctor tends to have a favorite stock question that s/he uses repeatedly; 'How are you doing?', 'How can I help you?', 'Tell me what you have come to see me about.' You can ask a second question like 'what else can you tell if the patient/applicant answers your first question briefly.

7. Listen to the patient/applicant without interrupting him/her.

Learning how to listen at the beginning of the interview is the first step to an efficient and accurate interview. Do not interrupt your patient's story to clarify some points of the story or to ask new questions about some critical information in the story. Wait till s/he completes her/his story. You may let your patient/applicant be silent and think about the details.

B) Personal Manner

8. Make eye contact

Make eye contact and maintain it throughout the interview.

9. Use appropriate body language, tone of voice, and facial expression

One of the essential components of good communication with the patient/applicant is correctly following nonverbal communication steps. Positive facial expression and tone of voice with the patient/applicant are basic nonverbal communication steps. Make sure your facial expression is positive and speak in a tone where they can hear you. Avoid crossing your arms.

10. Avoid engaging distractors

During the interview with the patient/applicant, direct all your attention to them. Do not engage in anything (looking at the clock or watch, using cell phones, talking to other people, etc.).

11. Considering non-verbal cues (applicant's facial expressions, tone of voice, posture, etc.)

C) Gathering Information

12. Display awareness of information from the medical record (if not at the first meeting)

13. Ask open-ended questions to let the patient/applicant describe the problem

Ask questions detailing the patient/applicant's problem. "You said your problem was... Could you give some more detailed information on this matter?" such questions can be asked.

Make sure that the history is as detailed as possible by saying, "Is there anything you would like to add?" If the patient/applicant is far from the main subject, draw attention to the issue by saying, "What can you tell about your complaint/problem?". Questions with a single answer such as "yes/no" limit the conversation. Ask "open-ended questions" that will enable you to learn the details of your problem/reason for application (for example: ... can you tell me how your problem affects you? etc.).

14. Ensure information privacy

15. Using plain language (Avoid medical jargon)

Tıbbi sözcük ve deyimleri kullanmamaya özen gösterir 'Ağrının lokalizasyonunu gösterir misiniz?' yerine 'Ağrının yerini gösterir misiniz?' sorusu daha anlaşılır olacaktır. Most of the patient/applicants do not have medical background, familiarity or experience. They cannot understand the medical words and phrases. Do not use medical jargon while interviewing with the patient/applicant.

16. Ask questions one at a time.

17. Take enough time (avoid rushing the patient/applicant)

18. Take notes without interrupting the interview

Writing down only the critical information is enough in most of the interviews. Taking more extended notes during the interview may be necessary if doctors need detailed information about the specific case. The critical point in taking notes is not to give the impression to the that you are not listening to him/her. Try to keep eye contact, at least when you ask the question, to see the patient/applicant's first reaction to the question.

19. Focus and avoid asking a question that was already answered

20. Summarize the history in the end, and ask if the patient/applicant has anything to add or correct

Summarizing is the deliberate step of making an explicit verbal summary to the patient/applicant of the information gathered so far.

D) Understanding the patient/applicant's perspective

21. Encourage the applicant to convey his/her problem fully.

When the applicant/patient hesitates, encourage him to explain more and convey the details. Along with non-verbal head nods and facial expressions, doctors use frequent verbal encouragers, like 'go on, 'I see,' 'um .' Repeating the last few words that the patient has said shows that the doctor listens to the patient and encourages him/her to keep talking.

22. Find out the applicant/patient's perception of what is wrong, establish his/her attitudes to the problem, and determine the effect the problem has on their day-to-day lives and relationships.

Ask the applicant/patient, "How did this problem affect or will affect your and your family's life, and did/will it make any change in your work/school/daily life?"

23. Demonstrate empathy

The doctor needs to understand and appreciate the applicant/patient's predicament or feelings and communicate that understanding back to the applicant/patient in a supportive way. So the applicant/patient feels safe. Empathic statements are supportive comments that specifically link the 'I' of the doctor and the 'you' of the applicant/patient: "I can appreciate how difficult it is for you to talk about this."

E) Sharing information and planning

24. Provide explanations, information, and plans that the patient can remember and understand

Give explanations clearly and comprehensively about the patient's problem, including the solution options, and make the possibilities understandable for the patient with verbal or visual materials.

25. Ensure that the patient understands the information correctly

Ask the patient whether s/he understands or has any concerns about the information provided to her/him. Ask questions like, "Is there anything you want to ask about the topics we have discussed so far?"

26. Discuss the importance of the patient's involvement in the plans

The patient has a critical role in the implementation of the decisions taken. Explain this importance clearly to the patient (For example, "Ms. Ayşe, you have a significant role in implementing these decisions and the success of the result. Your positive and determined approach will make it easier for us to get a successful result. Do you want to discuss or say anything?")

27. Involve the patient in the decision process

Ask the patient's opinion about the solution options, find out which one / s is suitable for her, and make additional explanations when necessary.

28. Discuss the appropriateness of the solutions proposed by the applicant/patient

Ask if there are any difficulties in implementing the solution for the applicant/patient. Allow time for the applicant/patient to make a decision.

29. Obtain informed consent

Obtain verbal or written informed consent after explaining the process and addressing the concerns.

F) Ending the interview

30. Summarize and confirm the established plan

Summarize the decisions you made with the applicant/patient during your interview. While summarizing, make use of the notes you took during the interview. For example, to a person who applied for family planning counseling and decided to use an intrauterine device, "Mrs. Ayse, we talked to you about some details about family planning methods during this interview. In the light of the information I have given you, you have decided that the most appropriate method will be an intrauterine device. According to your information on this subject, no risky situation has been detected...." It can be summarized as follows.

31. Explaining unexpected situations and what to do in this situation

There is a possibility that the applicant/patient may encounter unforeseen situations after this interview. For this reason, if possible, explain the steps that he can reach you (or the institution) in such cases, and if it is not possible, s/he should do it himself.

32. Ask if the applicant has any questions.

The applicant/patient may have questions about the interview or that have just come to mind. For this, ask the applicant: "Is there any other question you want to ask?"

33. Contract with the applicant/patient about the next steps/or control

Contracting the applicant/patient for the next appointment is crucial to gaining his trust and fulfilling your responsibility as a physician. Therefore, before ending the interview, decide on a suitable time for you and the applicant/patient.

34. End the interview and politely let him/her go out

While ending the interview, it is nice to farewell the applicant/patient, similarly to welcoming the applicant/patient. Use your gestures, mimics, and verbal skills to politely let the applicant/patient go out. Verbally, use expressions such as "Mrs. Ayşe, have a nice day."

EM. 3.3.2. COMMUNICATION SKILLS CHECKLIST

Date:

Student's name:

Phase: 1 2 3

Keywords: Yes = Most of the time, Parital= Sometimes, No = Almost never

N/A: Not applicable

A) Beginning the interview	No	Partial	Yes	N/A	Comments
1. Greeted the applicant/patient					
2. Introduced self					
3. Asked the applicant/patient to sit down					
4. Obtained the applicant/patient's name					
5. Called patient by the name during interview					
6. Asked the applicant/patient an open question					
7. Listened to the applicant/patient without interrupting him/her					
8. Concentrate on the interview					
B) Personal Manner	No	Partial	Yes	N/A	Comments
9. Made eye contact					

10. Used appropriate body language, tone of voice, facial expression					
11. Smiled					
12. Leaned in toward the applicant/patient					
13. Avoided crossing arms					
14. Avoided using cell phones					
15. Responded to non-verbal cues from the applicant/patient					
C) Gathering Information	No	Partial	Yes	N/A	Comments
16. Displayed awareness of information from medical record					
17. Asked open ended questions to let the applicant/patient describe the problem					
18. Assured confidentially					
19. Avoided leading questions					
20. Avoided medical jargon					
21. Asked questions one at a time					

22. Avoided rushing the applicant/patient					
23. Took notes					
24. Focused, as to not asking a question that was already answered					
25. Summarized the history in the end, and ask if the applicant/patient has anything to add or correct					
D) Understanding the applicant/patient's perspective	No	Partial	Yes	N/A	Comments
26. Encourage the applicant/patient to tell his/her story in a more complete fashion					
27. Determine what effect the problem has on their day-to-day life and relationships					
28. Respond supportively to the applicant/patient's expression of feelings and thoughts					
E) Explanation and planning	No	Partial	Yes	N/A	Comments
29. Provide explanations that the applicant/patient can remember and understand					
30. Check applicant/patient's understanding of information given					
31. Discuss the importance of the applicant/patient's involvement in the plans					

32. Encourage applicant/patient to be involved in implementing plans, and negotiate an acceptable plan					
33. Elicit the applicant/patient's reactions and concerns about plans and treatments					
34. Check with applicant/patient					
35. Obtain informed consent					
36. Explained management plan					
F) Ending the interview	No	Partial	Yes	N/A	Comments
37. Summarize and confirm the established plan of care					
38. Explain possible outcomes, what to do if plan is not working, when and how to seek help					
39. Check final agreement					
40. Contract with the applicant/patient about next steps for both applicant/patient and physician					
41. End the interview and politely, let him/her go out					

TOTAL:

EM 3.3.3. REFLECTION AND FEEDBACK GUIDES

REFLECTION GUIDE

1. Description of the situation: What did I do? What did I think?

The situation is considered in detail. What exactly happened? Who were they and what did they do? What have I done? What was my role? What was I thinking while doing this? What happened after all?

2. Identifying emotions: How did I feel? What were my feelings?

What crossed my mind while experiencing these and how did I feel? What emotions did I feel: resentment, anger, fear, etc. Have there been other occasions in my life where I felt the same emotions? Can I encounter such situations in the future?

3. Why did this happen? Why did I feel like this?

The situation is clarified by considering in detail and analyzing the emotions. Howt was the situation for me and others? Why did this happen? Why did things turn out like this? Why did I feel like this? What has been caused?What factors were caused by me, other people, and the environment?

4. What are the results of the condition for me and others?

How did this development of the situation influenced the process and the outcome? How have I and others been affected by the situation and what conclusion have we reached?

5. What did I do well?

The situation is reviewed. What did I do that was effective? Why do I think it is effective?

6. Could I have done differently?

Factors affecting the condition are considered. What can I do better? (Considering not enough attention and care, not done, forgotten, etc.) Could I have managed the matters differently? What can I do or specifically do when I encounter a similar situation in the future? Why do I do this? Wwhat are the possible consequences?

GIVING FEEDBACK GUIDE

1. Focus feedback on behavior rather than the personality

We should focus on what a person does. It is required that we should use words describing behavior rather than person. For example we might say a person who is interviewing very fast with a patient “talked very fast in this encounter,” rather than that he/she “is a person who talks incoherent”. When we talk in terms of “personality traits” it implies inherited, constant qualities difficult, if not impossible, to change. Focusing on behavior implies that it is something related to a specific situation that might be changed. It is less threatening to a person to hear comments about his behavior than his “traits”.

2. Focus feedback on observation rather than inferences

Observations refer to what we can see or hear in the behavior of another person, while inferences refer to interpretations and conclusions which we make from what we see or hear. In a sense, inferences or conclusions about a person contaminate our observations. When inferences or conclusions are shared and it may be valuable to have this data, it is important that they be so identified.

3. Focus feedback on description rather than judgment

The effort to describe represents a process for reporting what occurred, while judgment refers to an evaluation in terms of good or bad, right or wrong, nice or not nice. The judgments’ arise out of a personal frame of reference or values, whereas description represents neutral reporting.

4. Focus feedback on descriptions of behavior in terms of “more or less” rather than in terms of “good or bad”

The “more or less” terminology implies a continuum on which any behavior may fall, stressing quantity, which is objective and meaningful rather than quality, which is subjective and judgmental. Thus, eye contact of a person may fall on a continuum from less to more, rather than “good” or “bad”.

5. Focus feedback on behavior related to a specific situation

Feedback should refer to behavior placing in the “here and now” rather than to behavior in the past. What you and I do is always tied in some way to time and place. Feedback is generally more meaningful if given as soon as appropriate after the observation or reactions occur, thus keeping it concrete and relatively free of distortions that come with the lapse of time.

6. Focus feedback on the sharing of ideas and information rather than on giving advice

By sharing ideas and information we leave the person free to decide for himself, in the light of his own goals in a particular situation at a particular time, how to use the ideas and the information. When we give advice we tell him what to do with the information, and in that sense we take away his freedom to determine for himself what is for him the most appropriate course of action. Thus, we should share ideas and information rather than on giving advice and give them freedom in order to decide themselves.

7. Focus feedback on exploration of alternatives rather than answers or solutions

The more we can focus on a variety of procedures and means for the attainment of a particular goal, the less likely we are to accept our particular problem. We should explore alternatives that person have rather than go around with a collation of answers and solutions for which there are no problems

8. Focus feedback on the needs of the recipient

The feedback provided should serve the needs of the recipient rather than the needs of the giver. Help and feedback need to be given and heard as an offer, not an imposition.

9. Focus feedback on the amount of information that the person receiving it can use

Feedback should include the amount of information that the person receiving it can use, rather than on the amount that you have which you might like to give. To overload a person with feedback is to reduce the possibility that he may use what he receives effectively.

10. Focus feedback on time and place so that personal data can be shared at appropriate times

Because the reception and use of personal feedback involves many possible emotional reactions, it is important to be sensitive to when it is appropriate to provide feedback. Excellent feedback presented at an inappropriate time may do more harm than good. 11. Focus feedback on what is said rather than why it is said The aspects of feedback which relate to the what, how, when, where, of what is said are observable characteristics. The why of what is said takes us from the observable to the inferred, and brings up questions of "motive" or "intent". Thus we should focus on what is said rather than why it is said.

EM 3.4.1 Badly written prescription and medication error

CASE INFORMATION

Facilitators:

Name of case: Badly written prescription and medication error

Name of session: Communication skills

Type and level of learner: Phase 3 Medical students

Setting: Outpatient Clinic and Service

Case 1

Badly written prescription and medication error

A 65-year-old woman was operated on for mitral valve insufficiency on December 20, 2021. While being discharged on December 28, 2021, she was prescribed the drug Coumadin (anticoagulant). When the first medicine packet ran out, she applied to her doctor to get a new prescription for a new one. She went to a different pharmacy than the previous one. The journeyman read the prescription medicine as "Famodin" (H2 antagonist) and gave this medicine to the patient.

The patient came for control on January 12, 2022, and the tests showed an INR (International Normalized Ratio) of 0.7. A thrombosed valve was detected on echocardiography, and heparin infusion was started. When the INR was raised (3.6), the patient was taken for a surgical operation. The thrombus and the fibrinous dysfunctional prosthetic valve were removed from the left atrium.

Questions:

1. Discuss the communication barriers in the case and the relationship between written communication and patient safety.
2. Discuss what can be done for effective and correct communication.

EM 3.4.2

Written Communication Examples-Email 1:

There is an example of email correspondence between the doctor and the patient regarding the drugs used. By examining the email:

1. Discuss possible communication barriers and the relationship between written communication and patient safety in the context of health literacy.

2. Discuss what can be done for effective and correct communication regarding this correspondence. Bu yazışma ile ilgili etkin ve doğru iletişim için neler yapılabileceğini tartışınız.

From: gulsenk@gmail.com

Recipient: beyaz_yaprak@gmail.com

Hello Doctor,

Last week, you gave me the antibiotic Bactrim and a painkiller for an urinary tract infection. I used these drugs for a week, but my complaints did not disappear. I'm out of antibiotics. Should I use it again?

From: gulsenk@gmail.com

Recipient: beyaz_yaprak@gmail.com

Mrs. Yaprak,

Go on using the same antibiotic one more. Come next week Tuesday for a urinalysis.

EM 3.4.3.

Written Communication Examples-WhatsApp:

There is an example of correspondence via WhatsApp on the 3rd day after chemotherapy between you and a patient receiving chemotherapy below. By examining the correspondence:

1. Discuss possible communication barriers and the relationship between written communication and patient safety in the context of health literacy.
2. Discuss what can be done for effective and correct communication regarding this correspondence. Olası iletişim engellerini ve yazılı iletişim ile hasta güvenliği ilişkisini sağlık okuryazarlığı bağlamında tartışınız.

Yaprak- Patient

Doctor, I felt terrible after chemotherapy. You told me to take Dekort the next day. I took it, but my stomach is awful. I don't want to take that medicine. Is there any other medicine to replace it?

Gülsen-Doctor

How did you use Dekort?

Yaprak

I started after treatment and took two a day.

Gülsen

Other drugs?

Yaprak

Which drugs?

Gülsen

I also prescribed you stomach protector drug. Did you take them?

Yaprak

I did not take any otherdrug, doctor. Which is it?

Gülsen

While taking these drugs, you need to take one stomach protector (Lansor) with an empty stomach.

Please take this drug.

Yaprak

Oke doctor. Thank you.

EM. 3.4.4. Hypertension Brochure

Written Communication Examples-Brochure:


There is a Hypertension brochure below. By reviewing the brochure:

1. Discuss possible communication barriers and the relevance of the brochure for different levels of health literacy.
2. Discuss what can be done to make this brochure more useful.

Tips for Lowering Blood Pressure


How can you take action to bring your blood pressure to target levels? The key is to start slow and **make changes that you can sustain over time**. Try any of the following...

- **Use reduced sodium or no-salt-added versions of foods.** There are lots of tasty, no/low-salt versions of many canned foods, condiments, deli meats, cheeses, boxed meals, and more!
- **Increase the number of fruits and vegetables** that you eat each day.
- **Increase the amount of time that you engage in physical activity.** Look for simple ways to be more active, like taking the stairs instead of the elevator or going for a walk during your lunch break.
- If you smoke, **quitting** is one of the best things that you can do for your heart.



Benefits of Lowering Blood Pressure

It is never too late to take action to lower your blood pressure. Even small reductions in blood pressure (like **2 mmHg**) substantially reduce your risk of complications.



As your blood pressure gets out of the danger zone and to normal levels, your risk of congestive heart failure, heart attacks, and angina goes down. Your risk of stroke, blindness, and kidney failure is reduced as well. **Reduce your blood pressure to reduce your risk!**

Category	Systolic	Diastolic
Normal	<120	<80
Prehypertension	120-139	80-89
Stage 1 Hypertension	140-159	90-99
Stage 2 Hypertension	160+	100+

The Link Between Diet and Blood Pressure

Changes in diet can lower blood pressure and even **prevent hypertension**.

Increase your consumption of a variety of...

- Fruits
- Vegetables
- Nuts
- Lean protein
- Whole grains


Decrease your consumption of...

- **Sodium**
- Red meat
- Sugar
- Cholesterol
- Alcohol

According to the National Heart, Lung, and Blood Institute, "**you can take action to prevent high blood pressure by reducing sodium (salt) intake.**"

To reduce sodium consumption, avoid **canned, frozen, and prepackaged foods**, which often contain huge amounts of salt.

Did you know that soy sauce, soy substitutes, and mustard are all high in sodium? **Try vinegars, Worcestershire sauce, or salt-free ketchup instead.**



EM 3.5.1. Written communication assignment -1

You have received the following message from your patient as an e-mail. Compose a reply.

[From: cicekdeniz@gmail.com](mailto:cicekdeniz@gmail.com)

[Recipient: toprakbul@gmail.com](mailto:toprakbul@gmail.com)

[Subject: Suna Gül-examination](#)

Hello doctor,

You are treating my daughter Suna Gül for premature puberty. You had called us for control in January. We are living out of town. Is there anything we should do before we come? Which day can we arrive?

Thank you for your attention.

Ali Gül

EM 3.5.2

Written communication assignment -2

A 60-year-old female patient with low hearing applied to you with the complaint of burning during urination. You have been diagnosed with an acute urinary tract infection and prescribed the following medications. The patient cannot hear you fully; please prepare an information note that includes your suggestions for using these drugs and about the disease.

Prescriptions

1. Fosfomycin 3gr sachet 1×1
2. Nitrofurantoin 2×100 – 5 days orally
3. Trimethoprim-sulfamethoxazole (160mg TMP / 800mg SMX) 2×1 – 5 days

SESSION-4

- EM 4.1. Checklist for assessing health literacy level
- EM 4.2.1. Standardized patient scenario (Adult vaccination)
- EM 4.2.2. Standardized patient scenario (Diabetes management)
- EM 4.3. Interview evaluation for standard patients (Checklist)
- EM 4.4. Standardized patient interview reflection form

EM 4.1. Checklist for assessing health literacy level

HEALTH LITERACY (HL) LEVEL ASSESSMENT CHECKLIST

This form has been developed for health professionals to quickly evaluate the individual's health literacy (HL) level while providing healthcare service.

Although it is not a scale that measures the level of HL, the result of evaluating the individual with this form will help you develop an approach strategy and communication skills appropriate for the individual.

The form consists of 20 questions. Tick "Yes" or "No". Evaluate the level of HL according to the frequency of "Yes" given to the questions:

"Yes" frequency	HL Level
5 and below	Low/Poor
6-10	Limited
11-15	Sufficient
16-20	Very sufficient

Evaluation questions		
Applicant/patient	Yes	No
1. Under 65 years old		
2. Education level at least high school graduate		
3. Not an immigrant		
4. No language barrier		
5. Economic situation is generally good		
6. S/he did not come with a relative to explain/communicate about her/his health problems.		
7. Knows healthy living skills to protect her/his health		
8. Appeals to healthcare professionals appropriately		
9. Able to follow instructions during examination.		

10. Able to repeat the information told		
11. Knows at least one medical term related to her/his illness		
12. Verbal information is enough (it is not necessary to show with pictures / writing and draw)		
13. Able to read the training and information materials (such as brochures, booklets, etc.)		
14. Uses appropriate health information resources		
15. Asks necessary questions		
16. Gives adequate answers to questions		
17. Does not self-diagnose / does not insist on examination / does not treat her/himself		
18. Does not use neighbor/friend suggestions		
19. Participates in health-related decision processes		
20. Able to make an appointment in the health system		

Lesson Summary:

The World Health Organization (WHO) defined health literacy in 1988 as *“the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions”*. Sorensen et al. (2012) analyzed the definitions of health literacy and stated that *“health literacy is related to general literacy”*. They defined HL *“people’s desires and capacities to reach health-related information resources, to perceive and understand health-related information and messages correctly in order to develop opinions and make decisions about health services throughout their lives, to protect, maintain and improve their health, to improve their quality of life”* (ADD REFERENCE)

Health literacy covers the areas of literacy, adult education, and health promotion. Health literacy, which has become a priority for health in the 21st century, is vital to people's ability to manage health. A low level of health literacy means that the individual cannot access health services, cannot understand health information, and therefore cannot make the right health decisions. From this perspective, improving health literacy is essential in reducing health inequalities. According to WHO, there is growing evidence to support the negative impact of poor health literacy on the health of individuals.

Factors affecting the level of health literacy include age, education level, income level, employment status, and health knowledge level. In addition to all these individual knowledge and skills, demographic, cultural, and environmental factors and past experiences also affect health literacy. The elderly, low-income, low education, immigrants, and minority groups are the main risk groups for low health literacy. Health literacy is also a factor that determines people's health behaviors. For example, Less than half of people with diabetes are aware of the symptoms of hypoglycemia, and most

asthmatics cannot accurately demonstrate the use of asthma inhalers. For patients with low health literacy, it is among the findings of studies that blood sugar regulation is more impaired in diabetes patients. Those with low health literacy use fewer preventive health services (such as cancer screening and immunization). There is a relationship between low health literacy and increased outpatient service applications and hospitalizations. Low health literacy also has economic consequences. For example, the financial cost of poor health literacy in the United States is estimated at more than one hundred billion dollars annually.

EM 4.2.1. STANDARD PATIENT SCENARIO

GENERAL INFORMATION

Standard Patient Trainers:

Case name: Adult vaccination

Session name: Assessment of health literacy of the individual with the practice of communication skills

Student level: 3rd Year Faculty of Medicine Students

Location: Family Health Center

STANDARD PATIENT TRAINING MATERIAL

Summary

Ayşe Dönmez is a 65 years old female patient who came to the family health center. Her son told her she needed some vaccines, such as the flu. She applied to the family health center for counseling on this issue. Ayşe Dönmez has 3 pregnancies and 2 living children. She doesn't remember when she was last vaccinated. She had a hysterectomy (removal of the uterus) 5 years ago. She has not additional complaints.

General posture/mood

You look healthy and calm. You are just hoping to get information about vaccines. You are polite, but you can't understand everything the doctor says. You repeat questions and what has been said too much.

As a Standard Patient, you are expected to:

1. Make a suitable role for Ayşe hanım.
2. Observe the student's behavior while continuing the meeting.
3. After the meeting, evaluate the student's performance with the form given to you (Annex: 4.2 Standard patient evaluation form).

Characteristics of the patient

Patient name: Ayşe Dönmez

Age: 65 years

Marital status: Married

Job/Occupation: Housewife

Education level: Secondary School

Where he lives: You live in your own house with your husband Mr. Ahmet. Your husband is retired, you are a housewife.

General appearance and clothing: Your self-care is good; your clothes are clean.

Habits: You don't smoke. You don't have substance use or illegal drug use. You don't consume alcohol. You try to walk for half an hour several times a week. You are satisfied with your weight and overall appearance. Your self-care is good, your clothes are clean.

SCENARIO DETAIL

Complaint

You want to learn about age-appropriate vaccines.

A history of your current illness

You have no active complaints currently. You are getting older; you have not been examined for a very long time.

Emotions, behaviors, attitude

Your self-care is good, and you look generally healthy. You are harmonious, you are open to communication. But you don't understand the medical term and some of the explanations of the doctor about the administration of vaccines.

Past medical history

You take care of your health. You don't have any diseases. You had a hysterectomy (uterus removal) 5 years ago. You don't use any medications.

You have been pregnant 3 times and have 2 living children, you had one spontaneous miscarriage.

Family history

Your mother (78 years old) died of heart failure and your father died of inflammation in his lungs (83 years old). You have a sister (60 years old) who is also healthy.

Information on education and health literacy

You graduated from secondary school. You didn't continue your education and got married early (at the age of 17). You love watching TV. You follow especially health-related programs and news closely. You also consult your neighbors about the news you hear from there. You are trying to comply with the plant treatments, dietary recommendations recommended by doctors who appear on television.

Meeting flow

Physician: *What was your complaint? What complaint do you have?*

Ayşe Dönmez: *My son told me that I should get vaccinated. I have heard it on TV too. I have come to ask you about these vaccines.*

Physician: *Let's get to know you first*

Ayşe Donmez:... (Information above)

Physician: *Let me give information about vaccines.*

In adulthood, individuals over 65 years of age without chronic diseases are recommended to receive the flu vaccine every year and two types of pneumonia vaccine, one year apart. There is also a diphtheria-tetanus-pertussis vaccine, which should be given every 10 years in all adults. For which one do you want to get information?

Ayşe Dönmez: *Should I have all these vaccines now? Didn't we have them done as children? Why do you need to get these vaccines again?*

Physician: *The immunity we gain with the vaccines we have made in childhood decreases with age. That's why you need to get the diphtheria-tetanus-pertussis vaccine. Pneumonia can happen with many microbes. But the most frequent and dangerous condition in the elderly (pneumococcus) is now in the childhood country program, but it was not there in your childhood. You need to get the flu vaccine every year.*

Ayşe Dönmez: *I can't understand these things, could you say it again?*

Physician: *The immunity we gain with the vaccines we have made in childhood decreases with age. That's why you need to get the diphtheria-tetanus-pertussis vaccine. Pneumonia can happen with many microbes. But the most frequent and dangerous condition in the elderly (pneumococcus) is now in the childhood country program, but it was not there in your childhood. You need to get the flu vaccine every year.*

Ayşe Dönmez: *Why every year?*

Physician: *Actually, the flu virus changes itself every year, and the effect of the previous year's vaccine is passing, and its protection is decreasing.*

Ayşe Dönmez: *When will I have which one done?*

Physician: *The flu vaccine can preferably be given during the flu season in September and October but until March.*

Ayşe Dönmez: *Then*

Physician: *You can also get the pneumonia vaccine.*

Ayşe Dönmez: *When?*

Physician: *Let's make a table and write the dates together.*

Ayşe Dönmez: *It would be better. Is there any harm in this vaccine?*

Physician: *As with all medications, vaccines can have some effects. There are no known significant side effects, but local side effects such as redness, pain, swelling may occur at the vaccination site.*

Ayşe Dönmez: *Should I have all of this you have written?*

Physician: *I would recommend it, but it is still appropriate for you to make the final decision.*

STUDENT INFORMATION NOTE

Patient's Name: Ayşe Dönmez

Meeting environment: Family Health Center

Meeting time: 10-15 min

Information about the patient: Ayşe Dönmez is a 65 years old female patient who came to the family health center. Her son told her she needed some vaccines, such as the flu. She applied to her family physician for counseling on this issue. Ayşe Dönmez has 3 pregnancies and 2 living children. She doesn't remember when she was last vaccinated. She had a hysterectomy 5 years ago. She has not additional complaints.

What is expected of you:

- Take the patient's history and find out the reason for application and advise the patient on the vaccinations you recommend being made.

NOTE: You are not expected to perform a physical examination during the meeting.

EM 4.2.2. STANDARD PATIENT SCENARIO

GENERAL INFORMATION

Standard Patient Trainers:

Case name: Diabetes management

Session name: Assessment of health literacy of the individual with the practice of communication skills

Student level: 3rd Year Faculty of Medicine Students

Location: Family Health Center

STANDARD PATIENT TRAINING MATERIAL

Summary

Şirin Toprak is 61 years old. She complains of a burning sensation in the lower part of both feet that has been increasingly bothering for several months. For 2 months, she has been urinating frequently during the day and 2-3 times at night. At the same time, there is blurred vision, dry mouth, and skin. Other than that, she doesn't have any diseases or medication use.

General posture/mood

You are talkative and just hope that the physician will prescribe medication, you are kind. If you think that the physician has made enough explanations, you are convinced of diet and exercise.

As a Standard Patient, you are expected to:

1. Make a role in accordance with the complaints of Ms. Şirin.
2. Observe the student's behavior while continuing the meeting.
3. After the meeting, evaluate the student's performance with the form given to you (Annex 4.2 Standard patient evaluation form).

Characteristics of the patient

Patient name: Şirin Toprak

Age: 61

Marital status: Married

Job/Occupation: Retired PTT (Turkish Post) officer

Education level: High school graduate

Weight: 80 kg **Length:** 160cm **BMI:** 31,2 kg/m² (obese)

Place of residence: You and your partner live in a small house with 2 rooms. You have 2 children, and they are both studying at the university in different cities.

General appearance and clothing: Your self-care is good, your clothes are clean.

Habits: You don't smoke. You don't have substance use or illegal drug use. You don't consume alcohol. You like to drink a cup or two of coffee a day. You like to spend time with your neighbors. You don't have a regular exercise routine. You don't walk much; you use public transport. You love to make sweets and eat. You think that you can not lose weight after childbirth, your weight doesn't bother you much, you don't think about dieting.

SCENARIO DETAIL

Complaint

Increasingly uncomfortable burning sensation in the lower part of both feet for several months, urinating frequently during the day and 2-3 times at night for 2 months, blurred vision and dry skin.

A history of your current illness

(Your complaints will be shared with the student as a patient file before the meeting. You are not expected to tell your story during the meeting process, answer as much as the student asks. The student is expected to explain and inform you about your diabetes diagnosis)

- In recent weeks, you have started to feel **pain** in your feet. You thought your new sneaker might be causing this. But even after you stopped wearing the shoe, the pain persisted. The pain gets worse when you try to sleep at night. Before that, you had no problems with your feet. Your feet hurt the most when you are trying to sleep at night.
- For about two months, you have been using **the toilet** 2-3 times a night and your sleep is interrupted.
- About a month ago you noticed that **your skin** was gradually **dry**. You used body lotion. It worked a little bit; you attribute it to aging.
- For the past two months, you have noticed that **your mouth** is constantly **dry**. You start to need a lot of fluids.

While you may have noticed the above changes, you haven't made any connection between them.

Emotions, behaviors, attitude

Your self-care is good, and you look generally healthy. You are harmonious, polite, and open to friendly communication. If you find the student's information clear and sufficient, cooperate for diet and exercise. Otherwise, don't need to diet and only focus on taking medication.

Past medical history

You take care of your health. You don't have any diseases. You eat well, but you don't exercise. You lead a very sedentary lifestyle. You have two children. All your births were uncomplicated. You had your gallbladder removed 6 years ago. You were having pain in the upper right abdominal area. This

pain was made worse by fatty foods. Your gallbladder was removed with closed surgery (laparoscopic). You have recovered after surgery.

Family history

Your mother had blood pressure disease and diabetes. She passed away at the age of 80, she was taking medication every day. Your father passed away from lung cancer at the age of 60.

Personal story

You grew up in a middle-class family in Ankara. You met your husband at the post office where you worked as an officer. You got married a brief time later. Your husband also works as an officer in the same place. You have two boys. Both are college students in different cities.

Information on education and health literacy

When you graduated from high school, you started working. You do the job you were given to; you already did the same job for 30 years. You have no interest in learning new things. You don't like to read either. You often make an excuse that your eyes are tired.

Meeting flow

Physician: *Please take a seat, I'm Dr. 3rd Year student..... Welcome Ms. Şirin your blood sugar is high. You have diabetes. I want to give you information.*

Şirin Toprak: (When you are informed that you have diabetes, immediately ask "*what you should use*". You think it's going to get in order with pills. Your mother used to take pills too.)

I will have to take medication every day. My mother used it too. (All you know is that it's necessary to take daily medication, you don't know anything else about sugar, you don't wonder.)

Physician: *There are some things that need to be done besides medication. Adjusting your diet, losing weight, exercising, and monitoring your blood sugar levels. If these methods aren't effective, we'll need to prescribe medication to regulate your sugar.*

Şirin Toprak: *If you prescribe medicine, is it necessary for me to diet? My mother used to eat food and then take her medicine.*

...

If, at the end of the meeting, the student tries to help you lose weight properly and guide you towards a healthy diet, hesitantly agree to give it a try. You are polite and harmonious. However, if the student doesn't care and exhibits an arrogant attitude, be reluctant to diet and exercise.

STUDENT INFORMATION NOTE

Patient's Name: Şirin Toprak

Meeting environment: Family Health Center

Meeting time: 10-15 min

Information about the patient: Ms. Şirin is a 61 years old female patient. You are her family physician. She has presented you with complaints of an increasingly uncomfortable burning sensation in the lower part of both feet, frequent urination for 2 months and 2-3 times at night, blurred vision, dry mouth, and skin. Your patient's examination findings:

- Blood Pressure: 120/70 mmHg
- Temperature: 36.5 °C
- Heart Rate: 70 bpm
- **Weight:** 80 kg **Length:** 160cm **BMI:** 31,2 kg/m² (obese)
- You looked for a fasting blood glucose measurement. The result was 240mg/dl. You have diagnosed diabetes.

Past medical history

She takes care of her health. She doesn't have any diseases. She leads a very sedentary lifestyle. She has two children. All her births were uncomplicated. 6 years ago, her gallbladder was removed.

Family history

Her mother had blood pressure disease and diabetes. The father died of lung cancer at the age of 60.

What is expected of you:

- Find out how much she knows about diabetes.
- Inform the patient about diabetes.
- Create a plan for management and monitoring.

NOTE: You are not expected to perform a physical examination during the meeting.

EM 4.3. Interview evaluation for standard patients (Checklist)

Date:

Student's name:

Phase: 1 2 3

Keywords: Yes = Most of the time, Parital= Sometimes, No = Almost never

N/A: Not applicable

Student;	No	Parital	Yes	N/A:	Comments
1. Greeted me politely					
2. Introduced self					
3. Asked my name					
4. Called with my name during interview					
5. Listened to me without interrupting and asked me questions for detailing.					
6. Encouraged me to ask questions					
7. Avoided medical jargon, used plain language					
8. Provided explanations for me to remember and understand					
9. Shared with me the plan (treatment, medication, etc.) and goals					
10. Ended the interview and politely					

11. In real life,

- I would like to meet such a doctor
- I am not sure if I want to meet such a doctor.

- I definitely do not want to meet such a doctor.

12. General comments about the interview:

(Please specify if you think it is necessary)

EM 4. 4. Standard patient interview reflection form

1. Who did I talk to? What was my role? What was the applicant's reason for application and what were his/her characteristics?
2. What I felt at the interview. Why did I feel like this?
3. What did I do well?
4. What can I do when I encounter a similar situation in the future?

SESSION-5

- EM 5.1. Frequently used medical terms
- EM 5.2.1. Role Play Scenario-1
- EM 5.2.2. Role Play Scenario-2
- EM 5.3. Teach-back checklist
- EM. 5.4. Teach-back information note
- EM 5.5. Brown bag information note

EM 5.1. Frequently used medical terms

- Hepatitis
- Anemia
- Obesity
- Osteoporosis
- Analgesic
- Malignant
- Benign
- Cardiac Enzyme
- Cashier
- Anti-Inflammatory
- Lipid
- Mens
- Terminal
- Toxic
- Urinary Catheterization
- Sequelae
- Mental
- Otitis
- Local
- Anxiety
- Acute
- Dermatologist
- Contraception
- Hypertension
- Oral
- Iv
- Vascular Access
- Diabetes
- Diet
- Hygiene
- Mental
- Depression
- Monitoring
- Cardiovascular
- Arthritis
- Menstruation
- Colitis
- Irritation
- Constipation
- Inflammatory

EM 5.2.1. Role play scenario -1

CASE INFORMATION

Facilitators:

Name of case: Diabet (Teachback)

Name of session: Assessment of health literacy of the individual with the practice of communication skills

Type and level of learner: Phase 3 Medical students

Setting: Family medicine outpatient clinic

Educator Instruction

A roleplay focusing teach-back method in health literacy is implemented with the following steps:

-Two volunteer participants are determined, one of whom will perform the patient role and the other will perform the doctor role.

-**Scenarios regarding the roles** are shared with the volunteers. Additional information about the patient should only be shared with the participant who will play the patient role. The participant, who will play the patient role, is asked to put himself in the patient's place and to react to the physician's tone, expression and body language as if he were a patient.

-**Teachback checklist** is distributed to all participants. Information is given about the monitoring of the performance by using the checklist.

Questions for discussion after performance:

- What went well?
- What could have been done better?
- Is there anything missing?

Demonstration and Expectations about Teach back

The physician is asked to first demonstrate the use of the glucometer to the patient and then teach-back to make sure the patient understands.

Did student use initial sentences for teach back, such as Ms. Şirin , I'm going to show you how to use your new blood glucometer. Glucose is another name for sugar. This instrument will measure the glucose level in your blood.....I want to make sure that I explain these steps to you in a good way, as it can be difficult to start something new sometimes... Can you show me now how to use your blood glucometer?

Did the physician use plain language?

If the patient did not explain what he/she understood correctly, did the physician explain until the patient understood clearly?

Did the patient feel like he/she was tested?

Physician Role

Show how to use the device you have prescribed to measure blood sugar following with the instructions below to 51 years old secondary school graduate Ms. Şirin who you diagnosed with diabetes. Make sure that the patient can do it right.

Blood glucose measurement instruction

1. Review the user manual of the device
2. Prepare glucometer, test strip/test stick, lancet pen, lancet and clean napkin.
3. Check that the expiration date of the test strips has not passed.
4. Wash and dry your hands (use warm water to help blood flow).
5. Turn on the device using the "on/off" key and insert the test strip into the device.(Most devices are automatically turned on and ready for use when the test stick is inserted. Some devices require blood to be dripped onto the test strip first and then inserted into the device. These features should be reviewed in the user manual. Share and show the information written in the user manual with the patient.)
6. Attach the lancet to the lancet pen and adjust the depth according to the skin thickness.
7. Collect the blood towards the tip of the finger to be pricked with the fingers of the other hand. ("Do not always use the same finger, Using the side of the fingertip may be less painful as there are fewer nerve endings ...").
8. Clean finger with a napkin.
9. Perform pricking by pressing the key of the lancet pen.
10. Wipe off the first drop of blood with a clean napkin after the prick .("Cotton leaves residues due to its texture, and these residues may absorb blood and cause an incorrect measurement result. Therefore, do the cleaning with a napkin instead of cotton....")
11. Touch the subsequent blood drop to the end of the test strip and let the blood be absorbed. ("The test will start automatically when the test stick has absorbed enough blood.")
12. The measurement value will appear on the screen in a few seconds.(If there are any deficiencies in the procedures, the device does not conclude the test and gives a warning. In such a case, it is necessary to repeat the test.)
13. Write test results with date and clock in your diabetes diary. (previously informed.) Please bring your diary with you a week from today.
14. The test strip and the lancet inside the lancet pen are disposable. Pack test strip, lancet in a way that these things do not harm other people and throw them in the trash.
15. Keep the test strips box closed and away from devices that create magnetic fields such as microwave ovens, televisions, radios, cell phones.

Patient Role

You are Ms. Şirin who is 51 years old and a diabetic patient. Your family physician diagnosed diabetes and prescribed glucometer to you. You bought the prescribed device from the pharmacy and came back to the family physician.

Task: The physician will show you how to use your new blood glucometer and then ask you to show it.

Additional information about patient (Only to the student in the patient role)

Ms. Şirin expresses that it is complicated and she mixes the steps. That's why she was worried and panicked.

Put yourself in the patient's place, react to the voice tone, expression and body language of the physician as if you were sick and graduated from secondary school.

EM 5.2.2. Role play scenario -2

CASE INFORMATION

Facilitators:

Name of case: Multidrug use(Teachback)

Name of session: Assessment of health literacy of the individual with the practice of communication skills

Type and level of learner: Phase 3 Medical students

Setting: Family medicine outpatient clinic

Educator Instruction

A roleplay focusing teach-back method in health literacy is implemented with the following steps:

-Two volunteer participants are determined, one of whom will perform the patient role and the other will perform the doctor role.

-**Scenarios regarding the roles** are shared with the volunteers. Additional information about the patient should only be shared with the participant who will play the patient role. The participant, who will play the patient role, is asked to put himself in the patient's place and to react to the physician's tone, expression and body language as if he were a patient.

-**Teachback checklist** is distributed to all participants. Information is given about the monitoring of the performance by using the checklist.

Questions for discussion after performance:

- What went well?
- What could have been done better?
- Is there anything missing?

Expectations

- Did student use initial sentences for teach back, such as, “....I want to make sure that I explain to you in a good way.. Can you tell me now how to use medication?”
- Did the physician use plain language?
- If the patient did not explain what he/she understood correctly, did the physician explain until the patient understood clearly?
- Did the patient feel like he/she was tested?

Physician Role

Caner, a 78-year-old patient with hypertension, applied to his family doctor for knee pain. While Mr. Caner is an active and fit person who exercises daily, he is quite unhappy because his knee pain has prevented him from exercising for the last few months.

Caner brought the outer boxes of his medicines with him. He told you that he took hydrochlorothiazide 50 mg - 1 tablet PO 1x1, atorvastatin 20 mg - 1 tablet orally 1x1, and low-dose adult aspirin 81 mg - 1 tablet orally 1x1. However, Mr. Caner states that he takes hydrochlorothiazide about 3 to 4 times a week because the full dose causes too much urination and disrupts his sleep. You have decided to replace the blood pressure medication with lisinopril.

You observed that Mr. Caner's low morale and his self-care also decreased compared to his previous visits, and you applied a depression screening scale during the interview (Let's ask Duygu for the 1st step).

You informed him about his depression and stated that you would also prescribe an antidepressant. Mr. Caner welcomed it positively.

You told him to stop taking hydrochlorothiazide and prescribed lisinopril (20 mg orally 1x1).

You prescribed fluoxetine (20 mg orally 1x1).

You told him to go to an orthopedist for a knee replacement.

You told him to continue atorvastatin (20 mg orally 1x1).

You told him to continue on low-dose adult aspirin (81 mg orally 1x1)

Task: Assume that as the physician, you told the patient the entire new treatment plan and that the visit has now come to an end. Make sure that the patient understands

Patient Role

Mr. Caner, 78 years old, has hypertension. You applied to your family physician for knee pain. You were an active and fit person who exercises daily, you have been quite unhappy for the past few months because knee pain has prevented you from exercising.

You have medicine boxes with you. In the interview, you stated that you took hydrochlorothiazide 50 mg - 1 tablet PO 1x1, atorvastatin 20 mg - 1 tablet orally 1x1, and low-dose adult aspirin 81 mg - 1 tablet orally 1x1. But you state that you take hydrochlorothiazide about 3 to 4 times a week because the full dose causes you to urinate too much and disrupts your sleep. Your physician has changed your blood pressure medication to lisinopril.

Your morale is low, and your self-care has decreased compared to previous visits. The physician administered you a depression screening scale. He informed you about your depression and also prescribed antidepressants. You were surprised but accepted.

- He told you to stop hydrochlorothiazide and start lisinopril (20 mg orally 1x1).
- He told you to start fluoxetine (20 mg orally 1x1).
- He told you to see an orthopedist for a possible knee replacement.
- He told you to continue with atorvastatin (20 mg orally 1x1).
- He told you to continue with low-dose adult aspirin (81mg orally 1x1).

Task: You have talked to the physician about your new treatment plan, and the visit is now over. The physician will ask you to give back the information he has told you.

Additional information about patient (Only to the student in the patient role)

- Mr. Caner has difficulty keeping new information in his mind correctly. It also expresses this ("While I was young I used to understand immediately and not forget anything, but now I speak slowly and understand slowly ...")
- Mr. Caner is serious and polite. The family doctor respects him even though he is very young. ("Mr. Doctor...")
- He is surprised when he hears the doctor's advice about depression, but he trusts the doctor's advice and wants to use the drug ("Really? I didn't think I might be depressed. But I'm ready to do whatever you say...")
- Mr. Caner went to his appointment by minibus, so he has no pen or paper to jot down new information.
- Caner gets anxious when the doctor tells him that he expects him to repeat it. He has trouble remembering important messages and feels a bit rushed and tested.
- Put yourself in the patient's shoes, and react to the doctor's tone, expression, and body language as if you were a patient yourself.

EM 5.3. Teach-back checklist (Reference: Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit, 2nd Edition.)

Student's name:

Key: Yes = majority of time, Partial= about half of time, No = Almost never, N/A: Not Applicable

Teachback steps	Yes	Partial	No	N/A
Used positive body language, eye contact and voice tone.				
Checked the patient's understanding of the information given (care plan, treatment plan, healthy lifestyle recommendations, etc.).				
Used simple language which did not contain any medical terminology.				
Interview and speed of information transfer was appropriate for patient.				
Stated that the responsibility for disclosure is his/her own. <i>(I want to make sure I can explain everything clearly)</i>				
Asked the patient to explain the information given in his/her own words as he/she understood.				
Encouraged the patient's understanding without creating a feeling of being tested, clarifying it with open-ended questions. <i>(Let's remember How many times a day do you use fluoxetine?... Great..)</i>				
Took precautions by anticipating obstacles that could lead to any misunderstanding (e.g. speaking a little loudly to older person, writing notes, allowing person to take notes, etc.)				

If the patient was unable to correctly implement teach-back, he explained it again and rechecked the patient's grasp.				
Applied part whole method in the transfer of complicated information.				

(Reference: Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit, 2nd Edition.)

EM 5.4. Teach-Back Information note

“Tell me and I forget, teach me and I may remember, involve me and I learn.”

Benjamin Franklin

What is teach-back?

Method of ensuring that patients understand what you’ve told them.

During teach-back, you ask patients to explain in **their own words** what they need to know or do to take care of their health. You ask them to **teach back** to you what you have told them.

Why should I use teach-back?

1. Research shows that clinicians underestimate patients’ needs for information, and overestimate their own ability to convey information effectively. (2,3,4,5,7)
2. Studies have shown that up to 80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect. (1,8)
3. Low health literacy can affect patient adherence and ultimately patient health outcomes. (10)
4. There is a 19% higher risk of nonadherence among patients whose physician communicates poorly than among patients whose physician communicates well. (11)
5. Effective communication in medical care positively correlates with better patient adherence.

What is teach-back?

- Chunk and teach information.
- Ask patients to teach back in their own words. Allow patients to consult material.
- If patient teaches back correctly and there’s more to explain, return to Chunk and teach information.
- If patient doesn’t teach back correctly, reteach using different words.
- Return to Ask patients to teach back in their own words. Allow patients to consult material.

When should I use teach-back?

Use teach-back whenever explaining important concepts to patients about their healthcare such as:

- New diagnosis.
- Medication.
- Home care instructions.
- Treatment plan.
- Recommended behavior changes.
- Use of a new device.
- Treatment options.
- Next steps.

How is teach-back different?

If you ask patients whether they have any questions, they will often say they don't, even if they don't really understand what you've told them. They may be embarrassed or intimidated, or they may **think** they understand.

The only way to be sure that your patients understand is to hear them teach the information back to you in **their own words**.

How do I start the teach-back process?

"I want to make sure we are on the same page. Can you tell me..."

"I want to make sure that I explained things clearly. Can you explain to me..."

"Your inhaler is important for your health. Can you show me how you would use it at home?"

"We have discussed some important information about your medicine. As a safety check, can you tell me warning signs to look for with this medicine?"

How can I communicate clearly?

- **Focus on 2 to 4 key points** for that visit.
- **Start with the most important message.**
- **Use plain language.** Most patients do not understand medical jargon. Using plain language may take some practice.
- **Use patient education materials** and underline or circle the most important points during teach-back.
- **Use pictures or draw diagrams** to support your teaching.
- **Encourage questions.** You might say "We discussed a lot of information. What would you like to review again?"
- **Engage with the patient** by smiling, maintaining eye contact, nodding encouragingly, and removing any physical barriers, such as a computer, desk, or crossed arms.

Which patients benefit from teach-back?

All patients can benefit from teach-back. Any patient can have trouble understanding, particularly if they are feeling unwell, are tired, or are frightened, such as when facing a new diagnosis.

Are there other considerations when using teach-back?

With certain patient populations, there are additional considerations when using teach-back.

Older Adults

When using teach-back with older adults, consider the following:

Mild or moderate hearing impairments often occur with age:

- Use a lower voice pitch.
- Speak naturally and distinctly.
- Minimize background noise.

Information processing speed declines with age:

- Limit the amount of new information delivered during each visit.
- Speak slowly.

Children

When using teach-back with children, consider the following:

- The conversation with the child should be age and developmentally appropriate.
- Both the patient and the caregiver should understand the information being shared.
- Visual aids can support communication of new diagnoses and new therapies (such as the use of an inhaler).

Language Diversity

When using teach-back with patients who speak a different first language, consider the following:

- Medical translation services are beneficial if available. ,
- Both verbal and nonverbal cues can help with communication.
- Visual aids can support communication.

What if a patient can't teach back?

If your patient doesn't understand, rephrase (don't repeat) your message and ask again for teach-back. If the patient is unable to teach back after several attempts, consider:

- Enlisting the help of a family member or friend.
- Asking another member of the healthcare team to explain.
- Taking a break or scheduling another time to go over the information

References

(Reference: Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit, 2nd Edition.)

1. Anderson JL, Dodman S, Kopelman M, et al. Patient information recall in a rheumatology clinic. *Rheumatology* 1979 18(1):18-22.
2. Britten N, Stevenson FA, Barry CA, et al. Misunderstandings in prescribing decisions in general practice: qualitative study. *BMJ* 2000 Feb 19;320(7233):484-8.
3. Calkins DR, Davis RB, Reiley P, et al. Patient-physician communication at hospital discharge and patients' understanding of the postdischarge treatment plan. *Arch Intern Med* 1997 May 12;157(9):1026-30.
4. Coran JJ, Koropecjy-Cox T, Arnold CL. Are physicians and patients in agreement? Exploring dyadic concordance. *Health Educ Behav* 2013 40(5):603-611
5. Hancock K, Clayton JM, Parker SM, et al. Discrepant perceptions about end-of-life communication: a systematic review. *J Pain Symptom Manag* 2007 Aug 31;34(2):190-200.
6. Zolnieriek KB, DiMatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. *Medical Care* 2009 Aug;47(8):826.
7. Hibbard JH, Greene J. What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs. *Health Aff* 2013 Feb 1;32(2):207-14.
8. Keulers BJ, Scheltinga MR, Houterman S, et al. Surgeons underestimate their patients' desire for preoperative information. *World J Surg* 2008 Jun 1;32(6):964-70.

9. Kessels RP. Patients' memory for medical information. *J Roy Soc Med* 2003 May 1;96(5):219-22.
10. Kripalani S, Weiss BD. Teaching about health literacy and clear communication. *J of Gen Intern Med* 2006 Aug 1;21(8):888-90.
11. Lagay F. Reducing the effects of low health literacy. *Virtual Mentor* 2003 Jun 1;5(6).
12. Zolnieriek KB, DiMatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. *Med Care* 2009 Aug;47(8):826.

EM. 5.5. Brown bag information note (Reference: Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit, 2nd Edition.)

The “Brown Bag Review” of medicines is a common practice that involves encouraging patients to bring all of their medicines and supplements to their visit and reviewing them. The goal is to determine what medicines patients are taking and how they are taking them. The process can identify medicine errors and misunderstandings that would otherwise be overlooked. Although many practices conduct medicine reconciliation using information in the medical record or as reported by the patient, a Brown Bag Medicine Review is important for patient safety.

ACTIONS

Identify medicines patients should bring.

- All prescription medicines.
- All over-the-counter medicines.
- All vitamins, supplements, and herbal medicines.
- All topicals, liquids, injectibles, and inhalants, as well as pills.

Remind patients to bring medicines.

- Discuss medicine review during a visit and emphasize the potential benefits (e.g., possible reduction in number of medicines).
- Write a note on the appointment card.
- Mention it during the appointment reminder call.
- Hang posters in the exam room and waiting room.
- Provide a carrier, such as a bag with your practice’s name and “Bring All Your Medicines” printed on it.
- Every patient can benefit from a Brown Bag Medicine Review. Even patients for whom your clinicians have written no prescriptions could be taking medicines or supplements you need to know about.

Prepare for the review.

- A nurse or medical assistant can set out all the medicines at the beginning of a visit.
- The staff member should thank patients for bringing in their medicines.

Perform the review.

- Ask the patient to pick up each medicine bottle, and ask the patient:
What do you take this medicine for?

When do you take this medicine?

Can you show me how much you take each time?

Clarify medicine instructions.

- When you find that patients are taking medicines incorrectly, try to find out why. Clarify what they should be doing. Use common, everyday words and provide precise instructions (“Take 1 pill in the morning and 1 pill at bedtime.”)
- Use the teach-back method to confirm patient understanding. See EM 5.3 and 5.4

(Reference: Agency for Healthcare Research and Quality. Health Literacy Universal Precautions Toolkit, 2nd Edition.)

SESSION 6

- EM 6.1.1, EM 6.1.2., EM 6.1.3 Case scenarios
- Movies/Videos (including different cultural practices) (EM 6.2)
- Ecological model (EM 6.3)

EM 6.1.1

CASE INFORMATION

Facilitators:

Case name: Refugee patient application

Session Name: Social, cultural, physical and psychological factors affecting the health literacy level of the applicant (individual and community level)

Student Level: Third year students of medical school

Place: Patient's home

Case 1

Alma immigrated to 5 years ago, Ahmed immigrated to Turkey 3 years ago because of the war. Alma and Ahmed have been married for two years and live with Ahmed's parents. At the age of 23, Alma gave birth to a 3450 g girl by normal vaginal delivery at 39 weeks. This was Alma's first birth. She continued her follow-up visits at the family doctor in her neighborhood throughout her pregnancy. She gave birth at the hospital and returned home with her baby after being discharged. Alma was invited to healthcare facility by Dr.Ayşe for heel blood spot test in the first week after the birth. Ahmed's mother, Salah, approached this situation negatively and opposed Alma's taking the baby to the family doctor. She believes that the baby should stay at home for first forty days and will get sick if she leaves the house. Salah tells that she did not leave his four children out of the house in this way for forty days, and that the babies of his neighbors who did not behave this way in Syria fell ill.

Questions

1. What factors influenced the level of health literacy in the case that caused Salah to think this way?
2. In this case, what are the obstacles encountered in the process of the baby's application to the family doctor?

EM 6.1.2

CASE INFORMATION

Facilitators:

Case name: The influence of beliefs

Session Name: Social, cultural, physical and psychological factors affecting the health literacy level of the applicant (individual and community level)

Student Level: Third year students of medical school

Place: Patient's home

Case 2

Altan is 54 years old, lives in Mongolia, earns his living from farming. He lives in the countryside with his 3 children and his wife. Altan has been complaining of itching and flaking on his skin for two years. When he consulted the traditional healer in his village, he suggested that he apply a mixture of herbal extracts to the itchy areas. Altan's complaints did not ease with this practice. Over time, he started to have stiffness in his hands and pain in his knees in the mornings. He has difficulty in doing his work during the day. Altan plans to apply to the regional hospital in the center, Altan's family wants to comply with the traditional healer's suggestion of sacrificing and exorcising evil spirits in their village. For this reason, Altan postponed his application to the health institution.

Questions

1. In this case, what is the main problem in Altan's access to health care?
2. Explain the situations that affect the health literacy level of Altan and his family.

EM 6.1.3

CASE INFORMATION

Facilitators:

Case Name: Cultural factors

Session Name: Social, cultural, physical and psychological factors affecting the health literacy level of the applicant (individual and community level)

Student Level: Third year students of medical school

Place: Patient's home

Place: Hospital clinic

Case 3

Zehra is 42 years old housewife with two children. She applied to the hospital with weakness complaint. Iron replacement is recommended from the department of internal medicine. Zehra was also offered a smear test for HPV evaluation in the obstetrics clinic. When Zehra comes out of her internal diseases, she does not want to have a gynecological disease. She thinks that there are people who know her in the waiting room of the regional health center, that they will think negatively about her, and that it is unnecessary to apply to an obstetrician except pregnancy.

Questions

1. Examine this case in terms of preventive health services.
2. When this case was evaluated, which factors on the level of health literacy effect the most in this situation? Please discuss the situation.

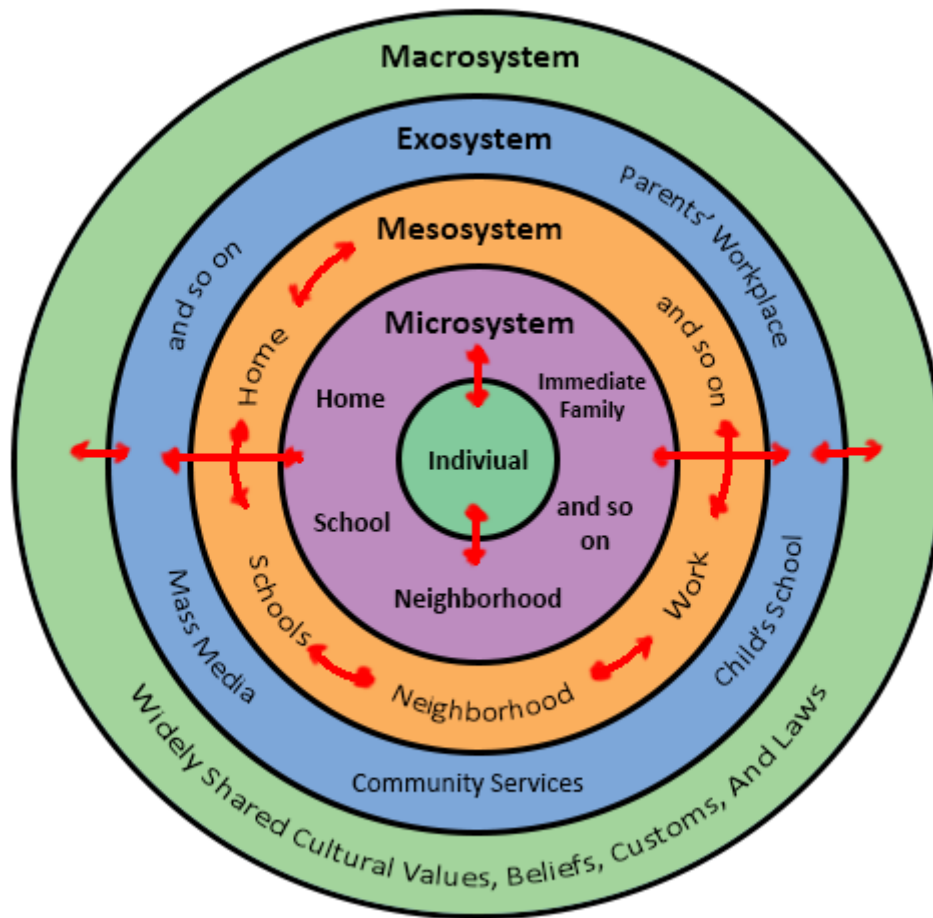
EM 6.2. Movies/videos

- <https://www.youtube.com/watch?v=8QSqXKtx3zg>
- <https://www.youtube.com/watch?v=ZB-jmlA3veo>
- <https://www.youtube.com/watch?v=uwsV09K4n0s>

Please watch every movie and discuss it,

- How did you evaluate the level of health literacy in this movie?
- What do you think are the factors that affect health literacy at the individual and society level?

EM 6.3. Ecological model



Please discuss the individual, institutional, social and cultural factors that affect people's health literacy level through the ecological model.

SESSION 7

- EM 7.1. Case 1
- EM 7.2. Case 2

EM 7.1.

SESSION INFORMATION

Facilitators:

Case Name: The effect of banner on flu vaccine

Session Name: Infodemia

Student Level: Third year students of medical school

Place: Shopping mall

Case 1

The 67-year-old person is watching a public service ad on television about risky groups that should get the flu vaccine. The people who should be vaccinated against the flu are not specified in the public service announcement, and the information is presented inconsistently. "This does not apply to me, I am very healthy," he thinks. Later, while walking through a shopping mall, he is confused when he sees a poster advising all adults 50 and older to get the flu shot. He decides to go to the family health center.

Questions

1. What is the problem in the case? Please analyze this problem.
2. Discuss this case with the role of health personnel in health literacy.
3. Discuss this case with the role of primary health care personnel in "infodemia".
4. Discuss the role of media and print media in the "infodemia".
5. Discuss the role of public and private institutions.

Note for trainer; (Case 1)

- 1. Responses may be obtained from the participants about the fact that the person may have misunderstood the information conveyed in the public service advertisement due to the low level of health literacy, and on the other hand, the incorrect age information on the poster.*
- 2. It can be emphasized that a 67-year-old person will have applied to a health institution for any reason before, a health personnel may be expected to warn the person about this issue, and the awareness that will be created by the health education that the health personnel can give through direct contact with the people is the main factor that will contribute to the increase of the person's health knowledge level.*
- 3. Responses can be expected regarding the family physician's warning of seeing registered patients over the age of 65 from time to time, following them in terms of chronic diseases, and warning about issues such as flu vaccination, and emphasizing the importance of primary health care services against the health risks that may arise from the low health literacy level of individuals and infodemic in this particular case.*
- 4. It can be emphasized that the mass media are very effective on the society, they are effective in raising the awareness of the society when used correctly, they can contribute to the development of the health literacy level of the society with the right programs, and misinformation will negatively affect the health of the people. Their role in infodemia is discussed.*
- 5. It can be emphasized that private institutions such as shopping centers or public institutions should confirm the accuracy of the information on them when hanging posters and banners.*

EM 7.2.

SESSION INFORMATION

Facilitators:

Case name: Online health information research

Session name: Infodemia

Student Level: Third year students of medical school

Place: Shopping mall

Case 2

A 52-year-old male patient was diagnosed with COPD 5 months ago. In the patient's history, it is stated that he applied to the outpatient clinic for four different branches regarding his complaints in the last year, and applied to the emergency health service 3 times in the last month. He obtained information about his disease from the internet and watched videos. He does not regularly use the "inhaler" treatment that his doctor gave him and showed him how to use. It is used only when experiencing respiratory distress. When he uses it, he misuses it because of his internet information. The patient applies to the family health center with the complaints of cough and shortness of breath.

Questions

1. Discuss the case in terms of health literacy level and the effect of infodemia on health.
2. Discuss the importance of infodemia in the management of chronic diseases.
3. Discuss the role of healthcare professionals in combating infodemic.
4. Which policies and programs can be applied to reach and use correct information?

Note for trainer; (Case 2)

1. *It can be emphasized that the level of health literacy and infodemic can function as a very important factor in terms of compliance with the treatment and the effectiveness of the treatment given.*
2. *It can be emphasized that chronic diseases are a public health problem of increasing importance, that these diseases may require long-term treatment and follow-up processes, and that the level of health literacy and infodemic for these processes should be considered in the management of chronic diseases as an important parameter.*
3. *In this case, the importance of primary health care services in health behaviors and health care use can be discussed by emphasizing the effect of infodemia in people with limited/insufficient level of health literacy. It can be emphasized that the relationship between the limited health literacy level of features such as not being able to access the right health services due to the infodemic despite the need, unnecessary health service applications, application to the wrong branch or institution, frequent emergency service applications.*
4. *Existing policies and programs in the fight against infodemia and in accessing and using correct information are discussed. Suggestions are taken on what can be done.*

SESSION 8

EM. 8.1. BRAINSTORMING

EM 8.2. INFORMATION SOURCES

EM. 8.1. BRAINSTORMING

What are the reliable sources of information?

(These resources may vary for each country: gov.tr, edu.tr, 112, academic people, hotlines etc.)

EM 8.2. INFORMATION SOURCES

CASE INFORMATION

Facilitators:

Case name: Information Sources

Session name: Being a reliable health information source at the clinics and in the community

Student Level: Third year students of medical school

Place: Community health center

CASE-1

Due to the increasing incidence of diarrhea in a large, touristic district, the family doctor and family health personnel are assigned to lead the community in raising awareness of diarrhea prevention. As a result of interviews with individuals and patients, they determine that information is obtained from neighbors and friends and wrong practices are made. Realizing the importance of reliable information sources in health literacy, they decide to prepare a poster/brochure that provides information about diarrhea and ways to prevent it.

Questions

1. Please define the problem.

2. What is the importance of reliable sources of information in this problem?
3. Discuss the case in terms of the health literacy level of the society in terms of reaching a reliable source of information and its impact on health.
4. In terms of a reliable source of information, would you consider any other application besides posters/brochures?
5. Define the role of other stakeholders outside the primary health care facility.

Note for trainer; (Case 1)

1. *The necessity of determining whether the increase in diarrhea cases is an epidemic or not, the necessity of finding the source should be discussed.*
2. *Since it is the health institution that people can reach most easily and in the shortest time, primary health care personnel will encounter cases more frequently and should warn people about epidemics and prevention methods.*
3. *Since the effectiveness of the posters and brochures used as intervention tools in reaching reliable information sources may change according to the health literacy level of the people, the prevalence of the epidemic and the duration of its prevention will also change. From this point of view, it can be emphasized that the level of health literacy may be of decisive importance in terms of public health, as in this case example.*
4. *Public trainings, training of employees in places such as hotels, warning the municipality about mains water, emphasizing the importance of the issue from television and social media...etc. Emphasizing that with interventions such as epidemics can be prevented from the beginning, it can be stated that health education has basic functions in terms of preventive health services. It can be emphasized that the use of communication tools with different characteristics in order to improve health literacy will increase the effectiveness of interventions.*
5. *It can be discussed what the municipality, hotels, community health center, etc. can do.*

SESSION 9

- EM 9.1. Standardized Patient Scenario-1
- EM 9.2. Standardized Patient Scenario-2
- EM 9.3. Standardized Patient Scenario-3

EM 9.1. STANDARDIZED PATIENT SCENARIO-1

GENERAL INFORMATION

Standardized Patient Trainers:

Name of case: Use of high-dose drugs (LUSTRAL® sertraline, CO-DIOVAN valsartan / hydrochlorothiazide)

Name of session: The communication skills with applicant in different level of HL and in different situations

Type and level of learner: 3rd Year Faculty of Medicine Students

Setting: Family medicine outpatient clinic

STANDARDIZED PATIENT TRAINING MATERIAL

Summary

Süheyla Yener is 72 years old. She consults her family physician to prescribe her finished medications. At this time in addition, there are complaints of insomnia, headache, dizziness, which have increased in recent days.

She last applied to her family physician 4 months ago. At this time her physical examination and laboratory findings were evaluated as normal, and she was diagnosed with major depression. LUSTRAL® (sertraline, 50 mg daily) is initiated. She was advised to come to the control the next month, but the patient didn't come to the control.

Ms. Süheyla was diagnosed with hypertension and osteoporosis (bone resorption) 2 years ago. She has been using CO-DIOVAN® (Valsartan/hydrochlorothiazide 160/12,5 mg daily) and EVISTA® (Raloxifene Hcl 60 mg daily) for 2 years. Family physician prescribed these drugs every 6 months.

She had a hysterectomy (removal of the uterus) 10 years ago and a prosthesis was placed in both knees 4 years ago. Ms. Süheyla doesn't take her medication properly. Forgetting when she last took medications, she often takes 2-3 times what she should have taken. In this admission, she shows the empty boxes of LUSTRAL® (50 mg) and CO-DIOVAN® (160/12,5 mg) to the physician. When Ms. Süheyla should have had enough medicine for two months, but she ran out of medicines.

While Ms. Süheyla lived on the same street with her daughter until 8 months ago, her daughter moved to another city when got married and she was left alone. The main reason that leads to insomnia, dizziness and headache is that Ms. Süheyla takes the medication more than she should.

General posture/mood

You are harmonious, and open to communication, but you look tired.

As a Standard Patient, you are expected to:

1. Make a role appropriate to Ms. Süheyla's complaints.
2. Observe the student's behavior while your performance.
3. After the meeting, evaluate the student's performance with the form given to you.

Characteristics of the patient

Patient name: Süheyla Yener

Age: 72

Marital status: Widow (You lost your husband 4 years ago)

Job/Occupation: Housewife

Education Level: High School

Place of residence: You live alone in a detached house. Your daughter used to live on the same street as you but moved to Izmir when she got married 8 months ago. Since she left, you've struggled with self-sufficiency. You routinely go grocery shopping, cooking, and clean your house. You meet with your neighbors.

General appearance and clothing: Your self-care is good; your clothes are clean.

Habits: You don't smoke. You don't have substance use or illegal drug use. You don't consume alcohol. You like to spend time with your neighbors. You take a walk when the weather is nice.

SCENARIO DETAIL

Complaint

You have applied to the family physician to prescribe your finished medications. In addition, you have been complaining of restlessness, insomnia, and headache for a month or two.

A history of your current illness

Süheyla Yener is 72 years old. You have consulted your family physician to prescribe your finished medications. You additionally have complaints of restlessness, insomnia, headaches, which have increased in recent days.

You last consulted your family physician 4 months ago. At that time, your physical examination and laboratory findings were evaluated as normal and you were diagnosed with depression due to

complaints such as difficulty concentrating, weakness, and not wanting to get out of bed. LUSTRAL® (sertraline, 50 mg daily) was prescribed. You no longer feel depressed. Your current complaints are different than they were then.

- Insomnia: You've been having trouble falling asleep for the past few weeks. You try to go to bed early, but you can't sleep for a long time.
- Headaches: You have frequent headaches (lasting for 3-4 hours every 2-3 days). Throbbing usually occurs in front of your head. You experienced this type of headache a few years ago (before you were diagnosed with hypertension). You have no other problems or symptoms associated with the headache (no unbearable pain). You've never fainted or had seizures. You've never had vision loss, spots (or flashes of light), or double vision.
- Dizziness: For the past week or two, you've felt dizzy the first time you get up from a chair or when you get out of bed. It takes about a minute and then it goes. You neither fainted nor fell.

Emotions, behaviors, attitude

You are a 72 years old widow and mother of one child. Your self-care is good, and you look generally healthy. You are harmonious, and open to communication, but you look tired. You were diagnosed with depression 4 months ago and the medication worked. Although you may complain of headaches and insomnia, you feel much better since you take Lustral. But your daughter moving was difficult for you, you miss her so much.

Past medical history

You take care of your health. You eat well and try to walk. But you have not been highly active for the last 2 years due to COVID-19. You try not to neglect your doctor check-ups (family physician visits, mammography, etc.), but since your daughter is gone, it has become difficult to follow. You were diagnosed with high blood pressure and osteoporosis two years ago and it was controlled with medications given (CO-DIOVAN and EVISTA). You were experiencing severe headaches before starting blood pressure medication. It was brought under control with the diagnosis and treatment two years ago.

Family history

Your mother passed away at the age of 80 due to heart problems. You lost your father in a car accident (40 years old) when you were a child. You also lost your husband to a heart attack 4 years ago. You have a brother who lives in Istanbul, and you rarely see each other. You have a daughter who is 30 years old. You were living together until 8 months ago. She got married 8 months ago and moved to Izmir. Your daughter is fond of you and is constantly trying to come to visit you, but her work is also intense.

Personal story

You grew up in a middle-class family in Ankara. You met your husband from the neighborhood and got married shortly after. Your husband was a teacher. You have a child. Your husband died of a heart attack 4 years ago. Overall, he was healthy. His death was sudden and it was a very difficult period for you.

Information on education and health literacy

When you graduated from high school, you got married. You've never worked. You read newspapers, you like news programs. Since your husband is a literature teacher, always there would books in your home. But you haven't read much since your husband passed away. You don't use medical terminology. For example, you say "high blood pressure" not hypertension and "osteopurus" or "bone resorption" not osteoporosis. You never think that your symptoms may be caused by taking high doses of your medications. You tend to do whatever the physicians say, you don't try to make much sense of the justifications and reasons for the physician's recommendations.

Meeting flow

Physician: *Please take a seat, I'm Dr. 3rd Year student..... Can I learn your name? (Name-surname)*

Süheyla Yener: *Süheyla Yener*

Physician: *What is your complaint/what complaint do you have?*

Süheyla Yener: *I finished medicines (LUSTRAL and CO-DIOVAN show the box) would you prescribe these? Actually, you write for 6 months, but the drugs are early." And added "I've also been having trouble sleeping for the last few weeks. I've also been getting a headache lately, and a dizziness. In fact, I feel better than in the past months this drug you have prescribed (she shows Lustral) felt good.*

Physician: *Can you tell me about insomnia?*

Süheyla Yener: *I have been having difficulty falling asleep for the last few weeks. I try to go to bed early like 9-10 p.m. but I can't sleep for 3-4 hours.*

Physician: *Can you describe the headache?*

Süheyla Yener: *I have frequent headaches. It lasts for 3-4 hours every 2-3 days. It's throbbing and usually in front of my head. It is not unbearable, but when I drink painkillers, it seems to pass, but it doesn't pass.*

Physician: *Have you ever fainted or had seizures, have you ever had vision loss? Or things like light flashes double vision?*

Süheyla Yener: *No*

Physician: *When does your dizziness occur?*

Süheyla Yener: *It happens the first time I've gotten out of a chair or gotten out of bed in the last week or two. It takes about a minute and then it goes.*

Physician: *Did you faint or fall?*

Süheyla Yener: *No*

Physician: *How do you use your medications?*

Süheyla Yener: *I try to take my medication in the morning, but sometimes I forget whether I took it or not. I may have forgotten and picked it up again in the evening. When my daughter lived here, she used to remind me of it, and it's hard when I'm single.*

Physician: *How many do you take per day?*

Süheyla Yener: *Every day I buy one of these burgundy blood pressure pills, one of this white (Lustral) and one of the white with bone medicine, in that house. Maybe I forget about it and take it again (You are not aware of the relationship between your current complaints and medication incompatibility.)*

At the end of the meeting, if you think the student understands your signs and how the symptoms relate to your medication compliance, be open to suggestions the student makes. The student may recommend that you take your medication at a regular time each day and/or use a medication reminder device (e.g., medication regulator, electronic pill box, etc.).

STUDENT INFORMATION NOTE

Patient's Name: Süheyla Yener

Meeting environment: Family Health Center

Meeting time: 10-15 min

Information about the patient: Ms. Süheyla is a 72 years old female patient who comes to you (you are family physician) for her finished medicines. In addition, she has been complaining of increasing restlessness, insomnia, and headaches for the last few weeks. The last time you saw the patient was 4 months ago. At that time, you had done a full physical examination, laboratory findings were normal, and you had prescribed LUSTRAL (50 mg) 1x1, diagnosing major depression. You told her to come back a month later, but she couldn't. She has been using CO-DIOVAN for 2 years for the treatment of hypertension and EVISTA for osteoporosis. She had a hysterectomy 10 years ago and a prosthesis was placed on his knees 4 years ago. Your patient's present values:

Blood Pressure: 100/70 mmHg

Temperature: 36.5 °C

Heart rate: 66 bpm

What is expected of you:

- Gather information about the patient's current symptoms
- Create a plan for management and monitoring

NOTE: You are not expected to perform a physical examination during the meeting.

EM 9.2. STANDARDIZED PATIENT SCENARIO-2

GENERAL INFORMATION

Standardized Patient Trainers:

Name of case: Nonadherence to medical examination

Name of session: The communication skills with applicant in different level of HL and in different situations

Type and level of learner: 3rd Year Faculty of Medicine Students

Setting: Family Health Center

STANDARDIZED PATIENT TRAINING MATERIAL

Summary

Sibel Doğan is a 34 years old woman who came to the Family Medicine Clinic for general control. Sibel doesn't want a gynecological examination during the scan. In her history there are recurrent genital infections and a period of genital warts. Menstrual cycles are normal. Ms. Sibel was last examined by a gynecologist and obstetrician for genital warts 6 years ago. At that time, during the gynecological examination she experienced for the first time, she felt severe pain when the physician inserted the speculum at an unexpected moment. She has a vaginal infection 2-3 times a year and has last used medication 3 months ago due to the fungus. She has no active complaints now.

General posture/mood

Even though you look healthy, you're worried about being there. You hope to be able to leave with just the examination. You don't want a gynecological examination. You are polite, but you are worried. You tell the student your sexual story clearly and accurately.

As a Standard Patient, you are expected to:

1. Make a suitable role for Ms. Sibel.
2. Observe the student's behavior while your performance.
3. After the meeting, evaluate the student's performance with the form given to you.

Characteristics of the patient

Patient name: Sibel Doğan

Age: 34

Marital status: Single / Lives with boyfriend

Job/Occupation: Accountant

Education level: Junior College

Place of residence: You and your boyfriend Mert live in a small, rented apartment in a middle-class neighborhood in Balgat.

General appearance and clothing: Your self-care is good; your clothes are clean.

Habits: You don't smoke. You don't have substance use or illegal drug use. You try to exercise several times a week. You are satisfied with your weight and overall appearance. When you go out on the weekends, you rarely drink 1-2 beers, other than that you don't.

SCENARIO DETAIL

Complaint

You want a general screening and examination.

A history of your current illness

You don't have any active complaints now. You are getting older; you have not had an examination for a very long time.

Emotions, behaviors, attitude

Your self-care is good, and you look generally healthy. You are harmonious, you are open to communication. You are worried about a gynecological examination.

Past medical history

You take care of your health. You don't have any diseases. 6 years ago, you went to the gynecologist and obstetrician for an examination and received treatment for genital warts. You experienced severe cramp-like pain during that gynecological examination. You also experienced a small amount of bleeding after the examination. Your female doctor was very polite, but she didn't let you know when she was wearing a speculum. Since it is your first and only experience, you think that gynecological examination is a painful procedure. You have no preference for a male or female doctor, and you are not ashamed of the procedures. You have vaginal discharge 2-3 times a year, the last time you used medication 3 months ago because of a fungus infection. For this reason, vaginal examination was not performed during the visits to the doctor you went to, medication was prescribed. You don't have painful vaginal contractions (vaginismus) during sexual intercourse.

Family history

Your mother, father and brother are healthy. Both your mother (58 years old) and father (60 years old) are alive and in good health. You have a brother (32 years old) who is also healthy.

Personal story

You grew up in a middle-class family in Çorum. Your parents divorced when you were 13. They married others. You don't feel much sincerity to your father or mother either. You have a younger brother who is married and has one child. Other than that, you have two half-siblings, but you don't see them. You studied in the accounting department for two years. Your studentship was not easy, your family didn't send money regularly. You worked part-time jobs while studying. After you graduated, you worked as a clerk in sales stores. Now you work in the accounting department of a textile factory. You love to work. You have been dating your boyfriend for 4 years and you live in the same house.

Story about sexual life

You started having sex at the age of 17. You've never been married, but you've had more than one male sexual partner. In general, your boyfriends were protected by condoms, and sometimes you used the next day's pill. You have never been pregnant. You have never been harassed or forced into unwanted sex. You have had many boyfriends, but none as serious as your current boyfriend, Mert. You met Mert through a friend, he works as a salesman in a telephone company. You have been together nearly four years. You live together but have no plans to get married yet. You use condoms most of the time in your sexual intercourse. Mert was married once, and you don't know what kind of protection he used with his ex-partners. Mert is not aware of your genital warts. Sometimes, you have genital infection, usually physician prescribe medications to the you and you use them.

Information on education and health literacy

You graduated from the accounting department at the age of 20. You love to work. You also worked part-time at university and made a living for yourself. You are hardworking and honest. You don't read newspapers much, but you like to read novels on the subway.

Meeting flow

Physician: *Please take a seat, I'm Dr. 3rd Year student..... Can I learn your name? (Name-surname)*

Sibel Dogan: *Sibel Dogan*

Physician: *What is your complaint/what complaint do you have?*

Sibel Doğan: *I came only for general control.*

Physician: *I see that you have a history of warts. Recently, you were prescribed a fungicide and previously a medication for genital infection. How are you now?*

Sibel Doğan: *I am fine now. I had some discharge and itching. I don't have anything right now. I used the drugs and passed. I'm fine now.*

Physician: *Smear test has not been done; I think we need to take a smear from you.*

Sibel Doğan: *I don't think of children. It is not possible for me to lie in that examination table.*

....

If the student insists that a gynecological examination should be performed, be reluctant. During and after your last (and only) gynecological exam, you experienced severe cramp-like pain. You also don't think it's necessary because you think you're healthy. Although you have a genital infection from time to time, it resolves with medication. You know very little about the purpose of smear testing and gynecological examinations. Although you may have heard that this examination is recommended, you think that it is only necessary for women who want to get pregnant. You believe that gynecological examination and smear are unnecessary because you are healthy and in a monogamous relationship. You don't know that the smear test is used to investigate cervical cancer. You think you're not at risk of cancer because you're young.

- If the student clearly explains the importance of regular gynecological examination and makes these explanations in a way that makes you comfortable, accept the gynecological examination, even if hesitantly.
- If the student fails to explain the importance of these examinations or tries to inform them in a dismissive manner due to your fear of examination, refuse to be examined.

STUDENT INFORMATION NOTE

Patient's Name: Sibel Doğan

Meeting environment: Family Health Center

Meeting time: 10-15 min

Information about the patient: Sibel Doğan is a 34 years old woman who came to the Family Health Center for general control. When you look at the patient's information screen.

6 years ago: Diagnosis and treatment of genital warts

You have viewed 5 times in the last two years that vaginal infection has been diagnosed and treated.

She has no active complaints currently.

Blood Pressure: 120/70 mmHg

Temperature: 36.5 °C

Heart Rate: 70 bpm

What is expected of you:

- Take the patient's history and advise the patient on the importance of a smear test.

NOTE: You are not expected to perform a physical examination during the meeting.

EM 9.3. STANDARDIZED PATIENT SCENARIO-3

GENERAL INFORMATION

Standardized Patient Trainers:

Name of case: Unvaccinated 2 months old baby

Name of session: The communication skills with applicant in different level of HL and in different situations

Type and level of learner: 3rd Year Faculty of Medicine Students

Setting: Family Health Center (FHC)

STANDARDIZED PATIENT TRAINING MATERIAL

Summary

Fatma Avci is a 19 years old new mother who came to the family physician for her 2 months old son Mahmut. Mahmut was born in Urfa Suruç State Hospital, and he is healthy. His mother, Ms. Fatma, started breastfeeding Mahmut immediately after the birth. The Apgar score at birth was 9 (1 minute) and 9 (5 minutes). The birth weight was 3200 grams, and the length of birth was 50 cm. The family physician called Ms. Fatma for newborn check-ups and to come to the vaccine, but her parents didn't bring Mahmut to the FHC. Ms. Fatma breastfed Mahmut for the first three weeks, and when her nipples were wounded, she switched to food. Ms. Fatma's best friend constantly tells her that vaccines are dangerous and that there may be substances in vaccines that damage the brains of children, so she should not vaccinate her baby. Her friend included Ms. Fatma in a Facebook group to follow up on vaccines. Ms. Fatma, who thought that the information she read here was correct, Mahmut didn't receive any vaccinations other than the hepatitis B vaccine administered after birth.

General posture/mood

You're harmonious, you're open to communication, but you look tired.

As a Standard Patient, you are expected to:

1. Make a suitable role for Ms. Fatma.
2. Observe the student's behavior while your performance.
3. After the meeting, evaluate the student's performance with the form given to you.

Information about the baby

Name: Mahmut Avci

Age: 8 weeks

Gender: Male

Height: 55 cm

Weight: 5100 grams

Information about the mother

Age: 19 years

Job/Occupation: Pre-pregnancy grocery store cashier

Education level: High school (open education)

Place of residence: You live in a 2-room house in Suruç with your husband's mother, your baby Mahmut and your husband.

General appearance and clothing: Your self-care is good, your clothes are clean, local.

Habits: You don't use cigarettes. You don't have substance use or illegal drug use. You don't consume alcohol. You love your job; you get along well with your colleagues at work.

SCENARIO DETAIL

Complaint

With the insistence of your FHC nurse on the phone, you brought your son Mahmut to the control.

A history of your current illness

Mahmut was born two months ago with a normal birth in a state hospital. You didn't have any problems. The birth weight was 3200 grams, and the length of birth was 50 cm. He is quite healthy, eats well, sleeps regularly and has not been sick. He regularly urinates and stools. You breastfed for about three weeks and then switched to formula in a few days. You've already heard that "it's important to just breastfeed for the first few weeks." Mahmut has been bottle-fed ever since. You don't sterilize baby bottles and bottles nipples. You clean in the dishwasher. You haven't given Mahmut any additional food other than formula yet, but you plan to start it soon.

Emotions, behaviors, attitude: Even though you are a mother for the first time, you are quite confident in yourself. You know very little about health. But you follow Facebook groups about vaccination and child-rearing. Although your FHC nurse called, you didn't bring your baby to the vaccine and control examination. You are not too worried because you think that there is no need to go to the doctor because Mahmut is not sick. Your mother-in-law has raised a lot of children, she says he doesn't need a doctor. You take information about child-rearing and vaccinations from your friends and by following social media. Your close friends think like you that vaccinating children will damage the brain. Your friend shares with you the speeches of important doctors on this subject. You look healthy and happy. You are collaborative, but you give short answers to every question. You are skeptical and insecure about doctors. You think they all say contradictory things. Some well-known

doctors recommend not getting vaccinated, and you trust them. You are outspoken, confident in yourself and in your knowledge, but you aren't rude. You want what's best for your son, but you believe that medications and vaccines are harmful.

Before you left the hospital after the birth, the nurse had given you many brochures and booklets to read about Mahmut's care and vaccinations. You browsed, but there were a lot of graphics and text in the booklet. It didn't seem very understandable to you. Instead of understanding what is written there, you prefer to consult with friends and hodjas who you trust.

Past medical history

You don't have any diseases. You have had all the vaccinations done during your childhood.

Family history

Your mother passed away from breast cancer when she was 52 years old. Your father is a healthy and had a second marriage, he doesn't have any diseases. You have 6 healthy siblings, 2 of your siblings passed away from a febrile illness when they were children.

Personal story

You grew up as the middle child of a low-income multi-child family in the neighborhood where you still live. You met your husband when you were 16 years old, 1 year after your mother died of cancer. Your mother's death was so sudden. She died 3 months after diagnosis. You've been working full-time as a cashier at a local grocery store since you were 16. You quit your job when you gave birth to your baby. You love your job and work. When Mahmut is a little older, you want to go back to work.

Information on education and health literacy

You left secondary school at the age of 13, you finished it externally with open education. You don't read regularly; you like to watch TV series. You can use the smartphone actively. You like to engage with social media. You are a member of groups related to raising children.

Meeting flow

Physician: *Please take a seat, I'm Dr. 3rd Year student..... Can I learn your name? (Name-surname)*

Fatma Avci: *Fatma Avci*

Physician: *Do you have any complaints?*

Fatma Avci: *We have no complaints; I came because your nurse called. For checking.*

Physician: *We need to control your baby's growth and we need to administer the hepatitis vaccine 2. dose.*

Fatma Avci: *You can control, but I don't want to get vaccinated (you still don't have a certain determination, you have hesitation), what if I don't?*

Physician: Vaccines have been developed to protect against diseases. Especially in infancy and childhood, it provides protection from diseases that can be very harmful to children when it is transmitted such as measles, pertussis.

Fatma Avcı: But there are some substances in vaccines that are harmful for children. There is aluminum, and it damages the brain. I don't want to do it to my baby. (Yet you are not decisive but have hesitation)

Physician: The amount of additives in vaccines is not enough to create the effect you are talking about. In addition, the production of vaccines is allowed after their harm to human health is tested.

Parent: There are doctors I follow, and they strongly recommend that it not be done.

...

At the end of the meeting, be open to suggestions from the student. Even if you don't accept the vaccine immediately, say that you will come again by thinking about the issue.

STUDENT INFORMATION NOTE

Parent's Name: Fatma Avcı

Meeting environment: Family health center

Meeting time: 10-15 min

Information about the patient: Fatma Avcı is a 19 years old new mother who came to the family physician for her 2 months old son Mahmut. Mahmut was born in Urfa Suruç State Hospital and looks healthy. His mother, Fatma, began breastfeeding Mahmut immediately after birth. The Apgar score at birth was 9 (1 minute) and 9 (5 minutes). The birth weight was 3200 grams, and the length of birth was 50 cm. The family physician called Ms. Fatma several times for newborn check-ups and to come for the vaccine, but his parents didn't bring Mahmut to the FHC. At the insistence of the FHC nurse, Fatma brought Mahmut to the control. Mahmut didn't receive any vaccine other than the hepatitis B vaccine administered after birth.

Name: Mahmut Avcı

Age: 8 weeks

Gender: Male

Height: 55 cm

Weight: 5100 grams

Healthy, formula-fed

What is expected of you:

- Take a story from Ms. Fatma and give information about vaccination.

NOTE: You are not expected to perform a physical examination during the meeting.

SESSION 11

EM 11.1: Brainstorming (COVID-19 vaccination-Health education for the community)

EM 11.1: Workshop work (Group work - Health education for the community)

EM 11.1 Brainstorm: *An obstetrician and gynecologist decides to use educational materials as much as possible to encourage pregnant women who come to his clinic to get the COVID-19 vaccine. Discuss what applications it can do. For example;*

- He or she can give information verbally.
- Can put brochures in the waiting room and examination room.
- Can hang educational posters on the walls.
- It can show educational video programs in the waiting room.
- It can provide group trainings by arranging a special room for training.
- May suggest websites, social media accounts or videos that provide reliable information on the subject.
- *Put yourself in this doctor's shoes and prepare a visual about the COVID-19 vaccine in pregnant women to both share on social media and print it out and give it to the patients.*

EM 11.2. Workshop: *(Divide into three groups and ask each group to prepare a training program on one of the following topics.) Discuss what will be included in each stage of health education program planning. Plan a training taking into account the characteristics of the target groups and prepare the materials you will use in the training.*

- Diabetes education program for diabetes patients coming to the outpatient clinic
- An education program including infection control measures for cancer patients
- A training program for parents on the death of 3 children in one month due to stove poisoning in the district where you work as an ISM physician.

SESSION 12

EM 12.1. ROLE-PLAY:

CASE INFORMATION

Facilitators:

Case name: Hypertension information

Session name: Developing an educational activity for the community and the patient/applicant

Student level: Term 3 medical students

Location: Family health center

A 69-year-old male patient, who was followed up regularly by the family health center (FHC) with the diagnosis of hypertension, applied to the FHC with the complaint of headache. Deepening the story of the patient whose blood pressure was found to be 190/140, the physician learns that normally his wife always gives him his medication, that his wife went out of town to see their children a while ago, and therefore he often neglects his medication because he often forgets to take it. Thereupon, he informs the patient about the severity of his condition and writes the names of the drugs and the hours they should take on a piece of paper so that he can understand them, and asks him to set an alarm for these hours every day. He sends the patient by arranging the treatment and making a control appointment on a suitable date.

Animate this situation and answer the following questions.

1. How was the communication with the applicant?
2. Was the physician's approach correct?
3. Was his advice to take his medication regularly practical?
4. How can you use what you learned from this animation in real life?

SESSION 11 AND 12- LESSON SUMMARY

Health education programs developed for the society are organized in order to encourage people to adopt a healthy lifestyle, to increase patient compliance, and to facilitate access to health services and care. These trainings can help individuals to improve physical, psychological, educational and professional outcomes and to control and reduce general health costs. All approaches used in health education consist of three basic stages, and these three stage processes work together to provide continuous feedback and opportunities to adapt the program:

1. Program planning, including a needs assessment of the health problem and associated factors and impacts, prioritizing actions, selecting interventions, and making decisions about program creation and development.
2. Implementation of program interventions based on health theory, eliminating inequalities and rooted in needs assessment.
3. Evaluation of the program to determine whether it is being implemented as planned and is actually affecting the health problem or related factors (identified in the assessment) that it is supposed to affect.

Places where people are found collectively such as schools, workplaces, health care facilities, community recreation centers, sports clubs, houses of worship or parks provide suitable opportunities for community education. While preparing an effective health education program, it should be noted that every field and every group of people is different. These differences can often be related to economic status, race and ethnicity, gender, education, disability, geographic location or sexual

orientation. The social conditions in which we are born, live and work are **the most influential factors** on health and life expectancy. In order for health education programs to be effective, it is extremely important to evaluate the individuals to whom the education will be given in the context of the social determinants of health while the program is being planned, implemented and evaluated.

Identifying needs is an important part of program development. In order to determine the problem, its importance and its priority, needs analysis should be done with appropriate methods after needs' assessment. Objectives should be set according to learning needs. The educational goals should be expressed as "observable, measurable and desirable" behaviors. The content should focus on the problems and be structured in a way that allows for the joint sharing of views and experiences and participation. Interactive techniques are recommended. Evaluation, which is the last dimension of the education program, should be realized as the process of determining the degree of realization of the educational goals.

Furthermore, every time that the healthcare worker and the patient come together is an opportunity for individual patient education. It has been demonstrated that patient education increases compliance with the service and treatments, reduces hospitalizations, length of stay in hospital, and rates of admission to the emergency department, and reduces costs. Education should be planned by taking into account the needs of the society and should be designed to make permanent behavioral changes in the patient. **It is absolutely necessary to start by knowing from the beginning at what stage of behavior change the patient is.** Many educational materials such as posters, brochures, books, videos, mock-ups, computer-based learning systems, etc. can be used for this purpose.

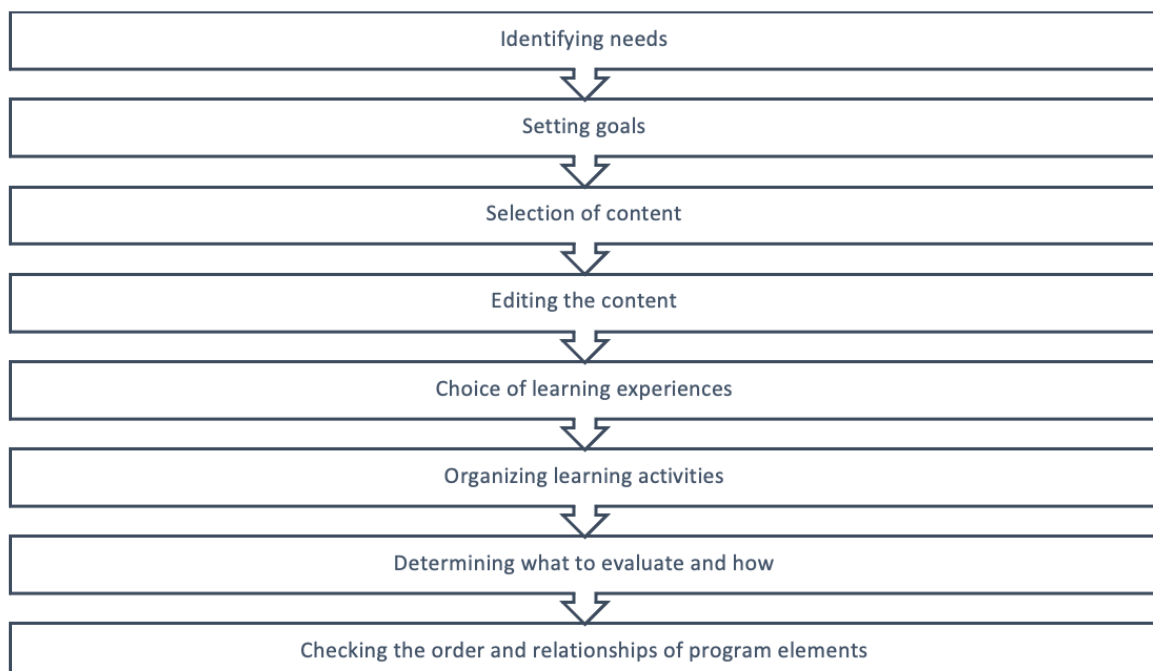


Figure.1: TABA model in program development