

**GENEVA FOUNDATION
FOR MEDICAL EDUCATION AND RESEARCH**



**2019 GFMER Adolescent Sexual and
Reproductive Health Course:
Course Evaluation Report**

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Acknowledgement

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Background

The 2019 GFMER Adolescent Sexual and Reproductive Health (ASRH) Course is one of the online training courses in the field of sexual and reproductive health and research organized by the Geneva Foundation for Medical Education and Research in collaboration with the World Health Organization. The course coordinator was Dr Venkatraman Chandra-Mouli of Department of Reproductive Health and Research, World Health Organization (WHO). The duration of the course was eight weeks from 9 September – 4 November 2019. The course theme was “Meeting the needs and fulfilling the rights of adolescents’ sexual and reproductive health”. The course covered eight topics on key issues on adolescents sexual and reproductive health and rights. The course was assessed by weekly written assignments. A total of 95 health professionals from all over the world enrolled for the course of whom 72 (41 female, 31 male) completed the course. At the end of the course, a course evaluation survey was performed to assess the satisfaction level and usefulness of the course to participants and to identify areas of improvement. The report of the evaluation is presented in this paper.

Course evaluation report

Method

A link to an anonymous online survey to evaluate the course was sent to participants upon completion of the course. Participation in the survey was voluntary. The survey included questions to collect participants’ demographic data and appraisal of the course, and open-ended questions for additional comments and to express their likes and dislikes about the course as well as suggestions on how to improve it as follows:

1. Demographic information on age group, continent of residence and profession
2. Course evaluation:
 - 2.1. Overall course rating - Participants were asked to rate the course by choosing from 1 to 5; the highest rating being 5.
 - 2.2 Course objectives and structure
 - 2.2.1 Participants had to choose a number between from 1 to 5 to indicate their level of agreement with the following statements (highest rating was 5):
 - i. The course objectives were clear
 - ii. The course was organized in a way that helped me learn
 - iii. The course content was adequate
 - iv. The course learning resources were clearly presented
 - v. The assignments were relevant and helpful to my learning
 - vi. The assignments were appropriate for the level of this class
 - vii. I will apply the knowledge gained from this course in my professional practice
 - 2.2.2 Participants were asked to provide additional comments on course structure in an open-ended question.
 - 2.3 Relevance of course topics
 - 2.3.1 Participants were asked to choose from the options 1 to 5 to rate the course topics in terms of their relevance to their professional practice. The topics covered in the course were:
 - i. Comprehensive sexuality education provision
 - ii. Contraception counselling and provision
 - iii. Antenatal, intrapartum and postnatal care
 - iv. Safe abortion care
 - v. Sexually transmitted infections prevention and care

- vi. HIV prevention and care
- vii. Violence against women and girls: prevention, support and care
- viii. Harmful traditional practices prevention
- 2.3.2 An open-ended question asking participants to provide additional comments on course topics
- 2.4 Participants rating of coaches - Participants chose between 1 to 5 to rate their coaches; 5 being the highest rating.
- 2.5 Quality of coaching received –
 - 2.5.1 To assess the quality of coaching received during the course, participants were requested to choose from numbers 1 to 5 to indicate their level of agreement with the following statements:
 - i. I felt encouraged to contact my coach if I had any questions or needs in the course
 - ii. My coach was responsive when I contacted her/him
 - iii. My coach gave me constructive feedback on assignments
 - iv. My coach provided feedback timely
 - v. The feedback from my coach helped me to improve my work
 - vi. My coach encouraged my participation in the course
 - 2.5.2 Open-ended question for additional comments on coaching.
- 2.6 Like and dislikes about the course. In these open-ended questions,
 - 2.6.1 Participants were asked to name one thing they liked best about the course
 - 2.6.2 Participants were asked to name one thing they liked the least about the course
- 2.7 Readiness to recommend the course to others - Participants chose from the options of Yes, Maybe or No to indicate their willingness to recommend the course to others.
- 2.8 Study hours per week- Participants were asked to indicate how many hours per week they spent on reading the course materials and preparation of assignments. The hours were arranged as follows for analysis: 1-5, 6-10, 11-15, 16-20, 21-25 and 26 hours or higher.
- 3 Comment / suggestion to help improve the course- Participants were asked to provide any comment or suggestion for course improvement.

Results

1. Demographic information on continent, age and profession

Of the 72 people who completed the course, 46 (64%) submitted the survey. The 46 participants were from 4 continents. Africa had the highest number of respondents (38, 83%), followed by Asia (5, 11%), Europe (2, 4%) and South America (1, 2%). (Table 1, Figure 1).

Table 1: Continents breakdown

Continents	No. of participants	%
Africa	38	83%
Asia	5	11%
Europe	2	4%
South America	1	2%
Total	46	100%

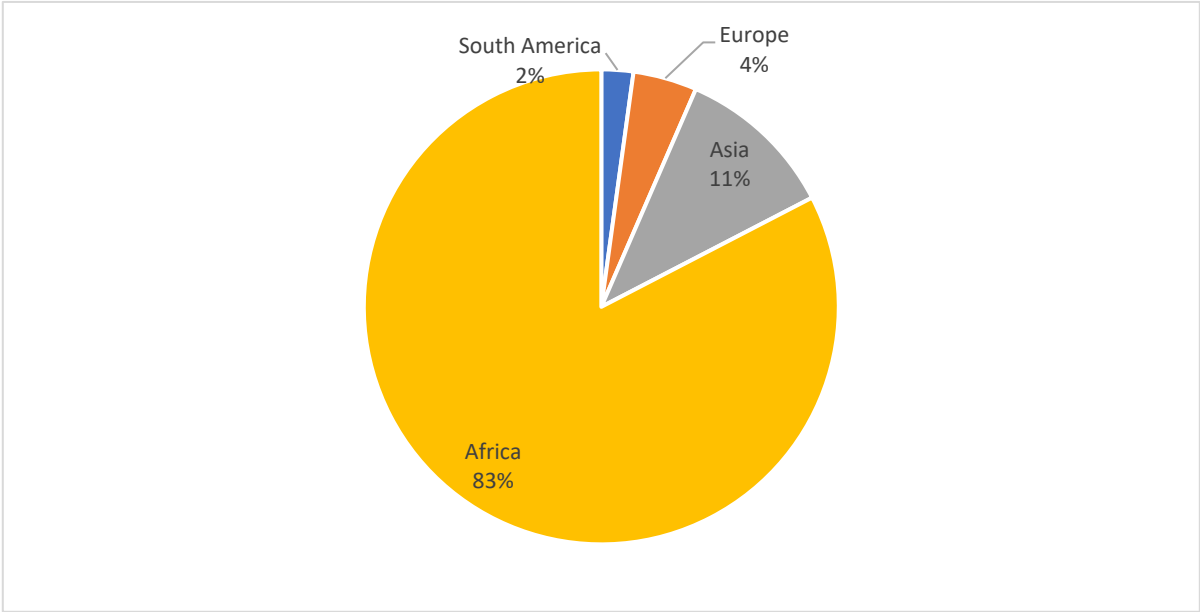


Figure 1: Continents breakdown

Majority of the participants belonged to the age group 30-39 (17, 37%), followed by the age group 40-49 (15, 33%), then the age groups 20-29 (9, 19%) and 50-59 (5, 11%) (Table 2, Figure 2).

Table 2: Age of participants

Age group	No. of participants	%
20-29 years old	9	19%
30-39 years old	17	37%
40-49 years old	15	33%
50-59 years old	5	11%
Total	46	100%

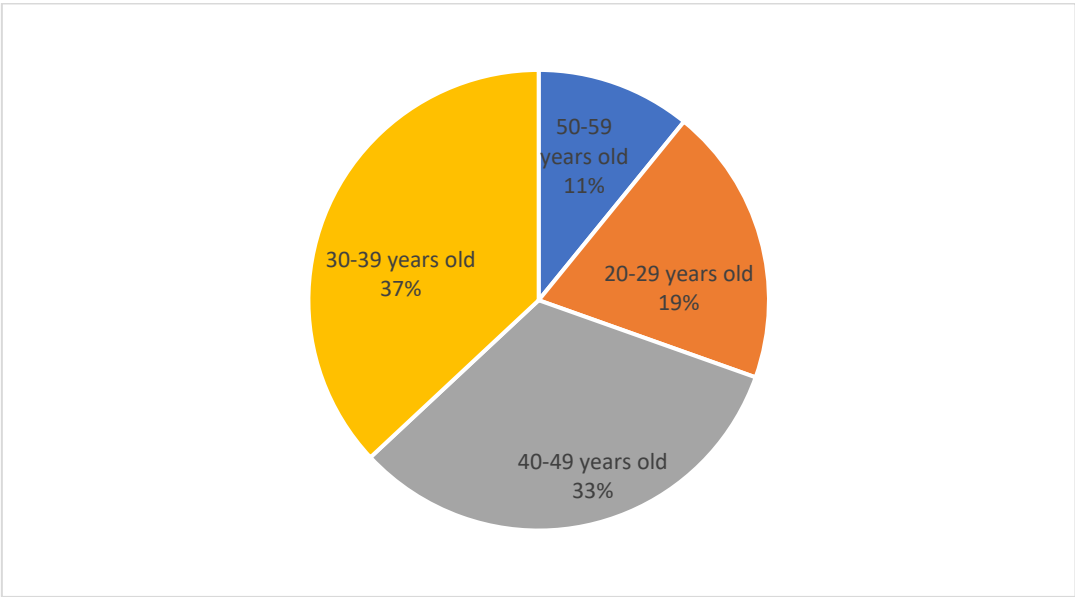


Figure 2: Age of participants

The participants were mostly doctors (14, 30%) and managerial staff (7, 15%) (Table 3, Figure 3).

Table 3: Profession of participants

Profession	No. of participants	%
Doctor	14	30%
Management	7	15%
Professor / Lecturer / Researcher	4	9%
Midwife / Nurse	4	9%
Healthcare Worker	3	7%
Midwife / Medical Student	1	2%
Others	13	28%
Total	46	100%

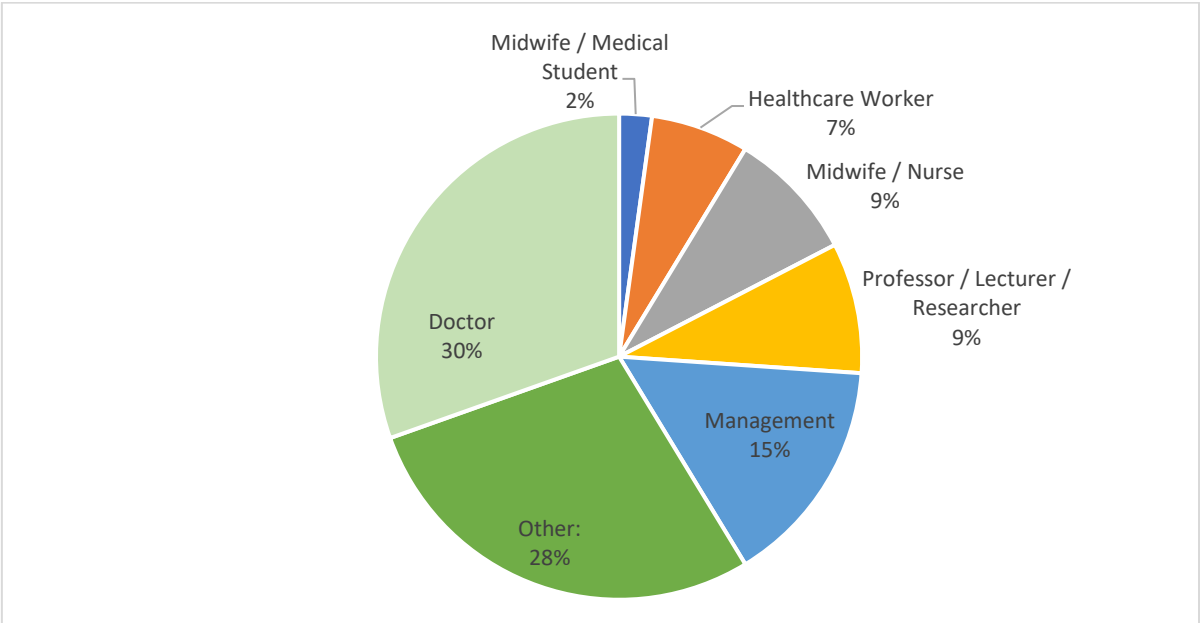


Figure 3: Profession of participants

2. Course evaluation

2.1 Overall course rating

The highest rating is 5. More than half of the participants rated the course 5 (25, 54%) which is the highest rating. Fewer participants (21, 46%) gave a rating of 4. None of the participants rated the course below 4 (Figure 4).

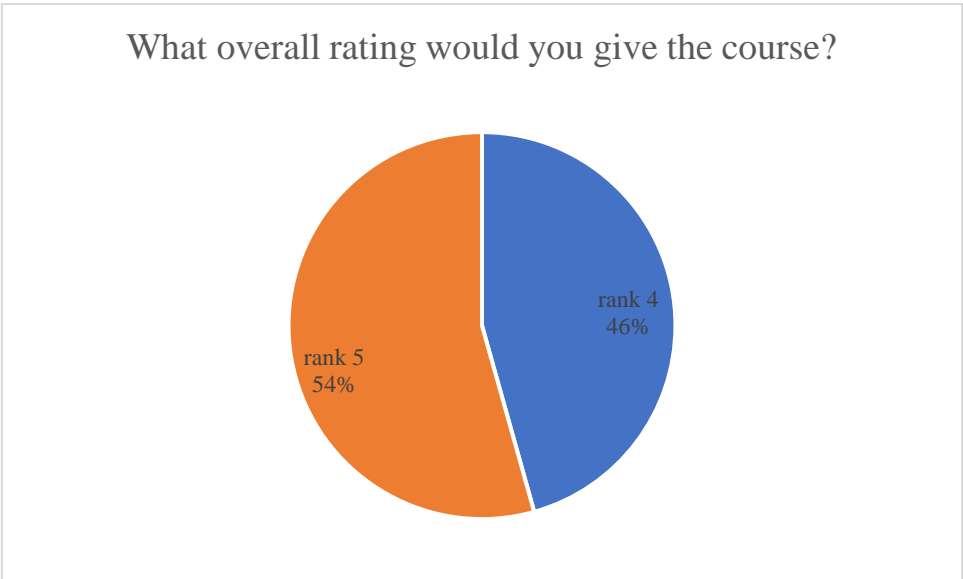


Figure 4: Overall course rating

2.2 Course objectives and structure

2.2.1 Participants scoring of course objectives and structure

As shown in Figure 5, majority of the participants gave the highest score of 5, thus to a high extent agreeing to all the statements assessing the objectives and structure of the course. A large part of the remaining participants moderately agreed to these statements with a score of 3 or 4. One participant each scoring 2, did not agree much with the statements that the course objectives were clear, the course content was adequate, the course learning resources were adequately presented and that assignments were appropriate for the level of the class. None of them gave the lowest score of 1 (Figure 5).

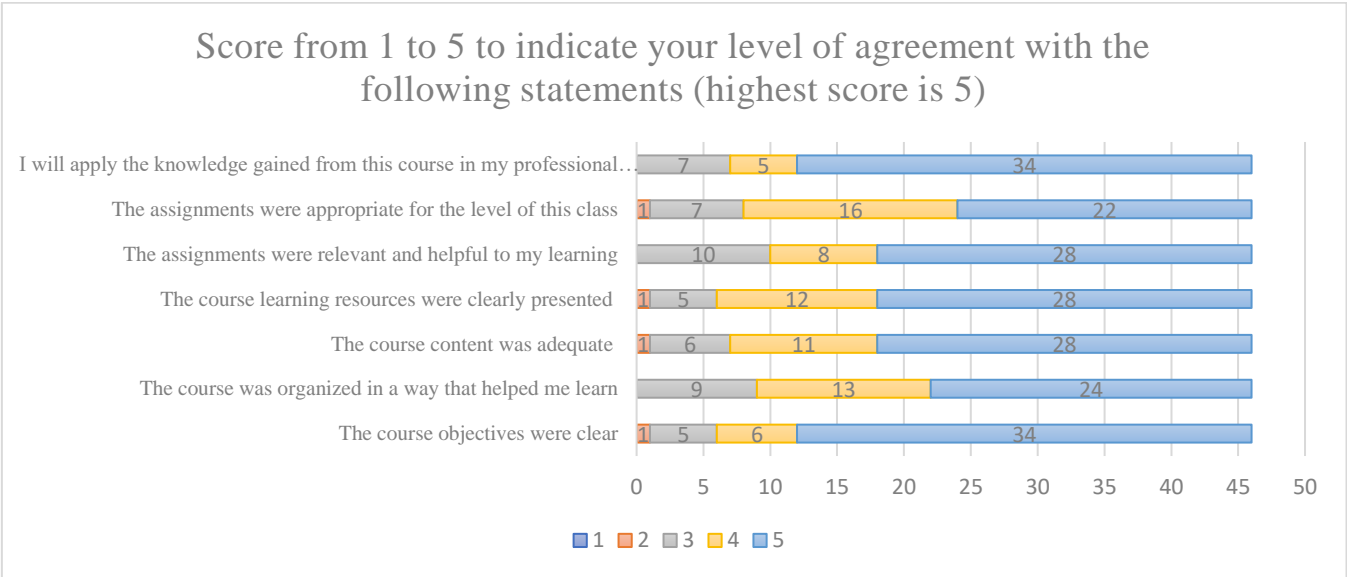


Figure 5: Participant's opinion about course objectives and structure

2.2.2 Additional comments on course structure

Participants were asked to comment on the course structure. A little over half (25 of 46) of the participants responded to this question. Comments provided were mostly positive and included

that the course was ‘clear’, ‘well structured’, ‘insightful’, ‘practical’, ‘appropriate and relevant’, ‘well designed and coordinated’, ‘good and easy to follow’ and ‘good learning experience’. On the other hand, a few felt the course content was ‘bulky’, could have been ‘better if lecture included’, or wanted more interactivity/ knowledge sharing among participants, more clarity on assignment questions, a break in between the course and availability of course content in other languages.

2.3 Relevance of course topics

2.3.1 Participants’ rating of relevance of course topics to their professional practice

With a rating of 3 and above, most of the participants felt that the course topics were relevant to their professional practice. Two of the participants were however not quite convinced that the topic “HIV prevention and care” was relevant to their practice, rating this topic 2. None of the participants gave a rating below 2 (Figure 6).

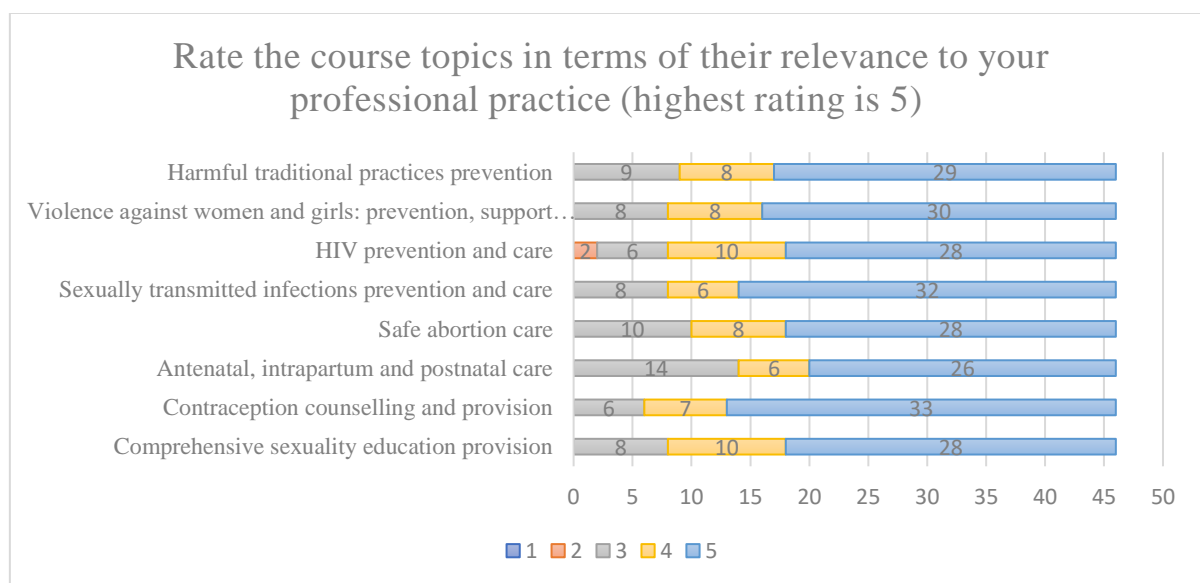


Figure 6: Relevance of course topics to participants’ practice

2.3.2 Additional comments on course topics

In another open-ended question, 19 participants expressed their opinion about the course topics. Responses include that the topics were ‘very good’, ‘very informative’, ‘well aligned to the training’, ‘apt’, ‘educative’, ‘relevant’, ‘appropriate to my professional practice’, ‘innovative and up to date’ and ‘good learning experience’. On the other hand, a few participants commented that the some of the course topics ‘could use clarity’, a few of the content were technical for those without medical background, that harmful traditional practice was not dealt with in detail, especially for the African setting and that the topics were based on WHO guideline while ‘adolescents have more things to understand in each country’. One respondent would like a topic on ‘health workers role in providing quality and adolescent friendly services’ to be considered.

2.4 Participants rating of coaches

Overall, most of the participants (over 90%) were satisfied with their coaches with a rating of 5 (54%), 4 (31%) or 3 (11%). However, 4% of participants rated their coaches 2 (2%) and 1 (2%) (Figure 7).

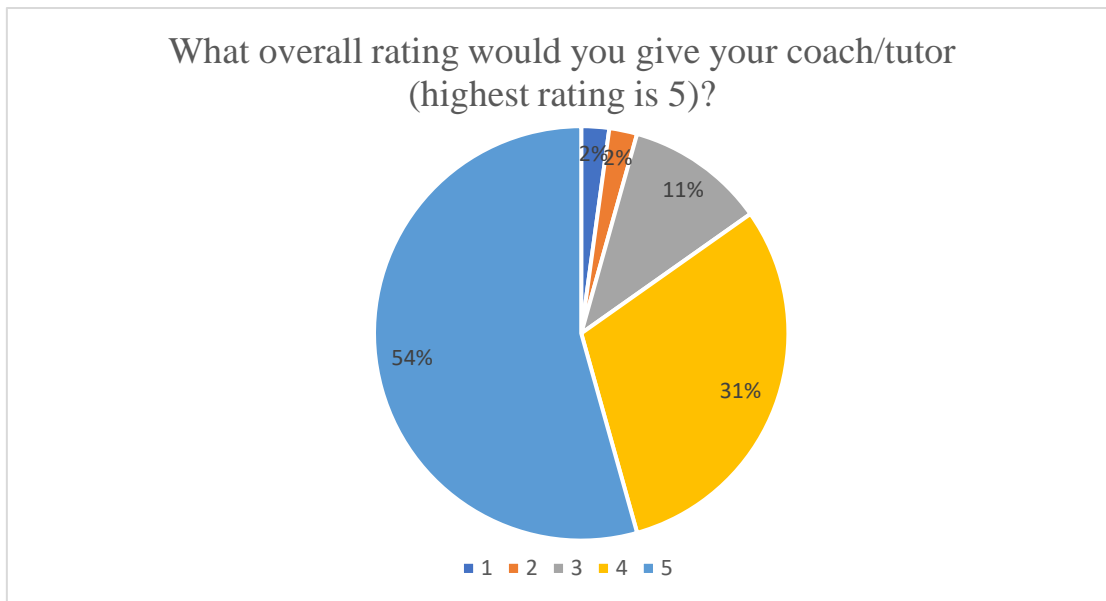


Figure 7: Participants rating of coaches

2.5 Quality of coaching received

2.5.1 Participants' assessment of quality of coaching received

More than three quarters of participants (38 or more) gave a score of 3 and above to express their agreement with all the questions asked regarding the quality of coaching received during the course. About eight participants gave scores of 1 or 2 though (Figure 8).

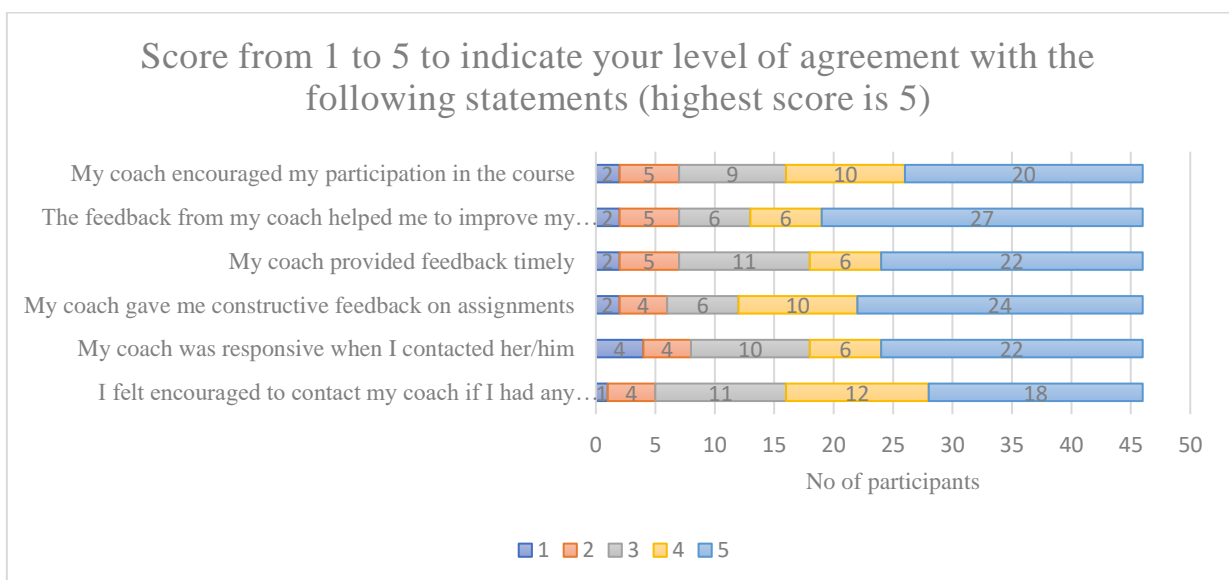


Figure 8: Participant's scoring of the quality of coaching received

2.5.2 Additional comments on coaching

A total of 25 participants commented on the coaching in an open-ended question. While most of the respondents felt that their coaches were tolerant, flexible, supportive, or helpful, a few others would like to see improvement especially timely and enhanced tutor to student communication to include face contact by Skype or WhatsApp.

2.6. Likes and dislikes about the course

2.6.1 One thing participants liked best about the course

What many of the respondents liked best about the course were the course content, organization, assignments and communication with participants. Others liked the flexibility of the course, the feedback and guidance received from their coaches and usefulness of the learning resources to their practice. Table 4 highlights a few of the comments received from the participants.

Table 4: What participants liked best about the course

Name one thing you liked the least about the course
“The topics”
“The assignments and coach”
“Clear learning objectives and assignments that ensured I understood the course content”
“I liked the feedback from my coach, this helped me to improve my work”
“It is very scheduled”
“the flexibility of the learning, weekly reading and assignments kept me engaging in the learning”
“I liked the video presentations by Dr. Chandra-Mouli. They really helped with explaining the power point presentations”
“The information given in form of reference was very good I used it even for other purpose like when I was developing some proposal”
“Close collaboration between organizers and participants”
“The multiple current resources that were available to us is a precious gold mine. An avenue for continuous learning has been provided to us.”

2.6.2 One thing participants liked the least about the course

Of the 46 respondents, 15 did not have anything least liked about. Reported as least liked about the course were: bulkiness, the time for training, presentation format, assignments- clarity of questions, grading, page limits and deadlines, not as interactive as expected, coaching, limited practical sessions, not enough videos, communication and timeliness of course materials, medical perspective, availability of course in English language only and payment system. Few of the comments are shown in Table 5.

Table 5: What participants liked the least about the course

Name one thing you liked the least about the course
“Not as interactive as I would have hoped”
“Time constraint because of my regular activities”
“Bulky material”
“Practical session limited”
“the only language used in the course was English”
“support from the coach”
“the presentation format”
“It would be great to include more videos”
“Limitation in pages for assignments”

2.7 Readiness to recommend the course to others

Majority of the participants (91%) were definite that they will recommend the course to others, 2% were however not sure, whilst 7% would not do so (Figure 9).



Figure 9: Participants’ readiness to endorse the course

2.8 Study hours per week

A little over a third of participants (37%) spent 1-5 hours/ week reading the course materials and preparing the assignments, 20% spent ≥26 hours/ week, 17% spent 6-10 hours/ week, 13% spent 11-15 hours/ week. The remaining participants spent 16-20 hours/ week (7%) and 21-25 hours/ week (4%) whilst 2% of participants did not know (Figure 9).

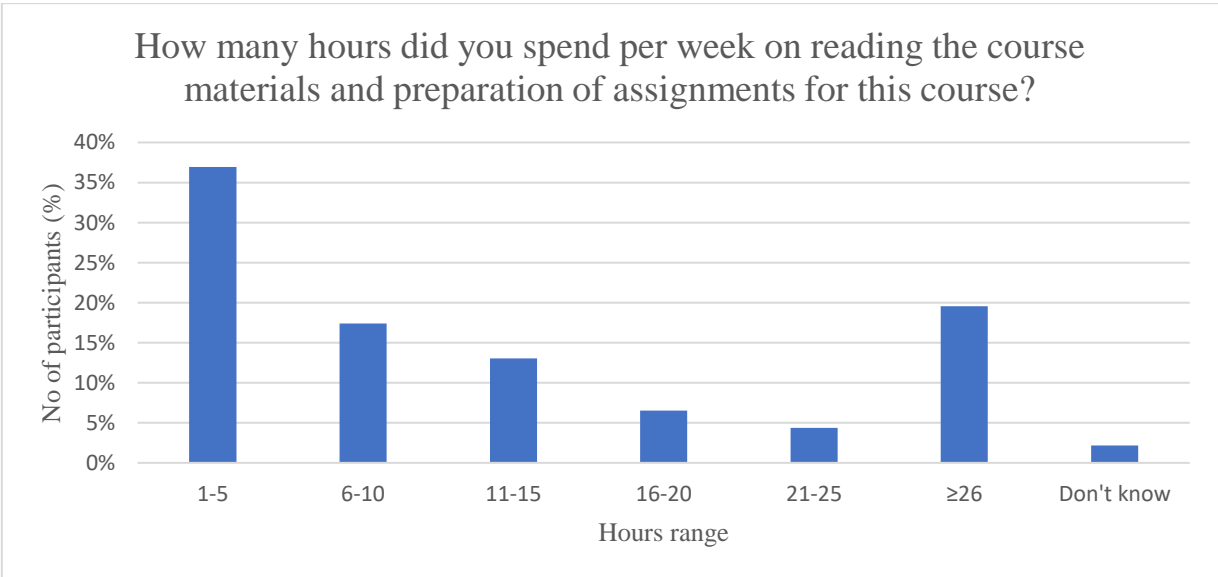


Figure 10: Number of hours spent per week on reading the course materials and preparation of assignments

3. Comments / suggestions from participants to help improve the course

In all, four participants did not have any comment and seven participants were satisfied with the course as it is currently whilst 35 participants provided feedback on how to improve the course. The recommendations were mostly on including more video and audio presentations and other interactive learning resources, increasing the interactivity amongst students and between students and coaches through posting questions or scenarios on course platform for students to react to, Webinars, group work, WhatsApp etc. Other suggestions were to have

more analytical assignment questions, submission of articles of interest in addition to weekly assignments, improve assignment guide, include multiple choice questions, for weekly scores to be posted, twice weekly course schedules, improve communication channels, timely responses from coaches, course contents/ coaching in languages other than English, less technical training modules for participants with non-medical background, extension of course duration, to run course biannually, to upgrade course certificate to a degree, simplify payment, and to make course available to a wider audience and especially to those who cannot afford by sourcing for scholarship. Few of the responses are listed in Table 3.

Table 6: Participants’ suggestions for course improvement

Please provide any comment or suggestion to help improve this course.
“The course was good and I have improved my knowledge during this period. This course must be continued every year or every six months in order to touch many persons. I thank my colleague who has shared with me the link which helped me join this course. Thanks”
“Please improve on the tutor to student level of interaction”
“The course was enjoyable and therefore as there is a platform for course, please try to post some scenarios or questions to get views of participants once in a week.”
“Include videos and multiple choice self analysis section”
“Generally, the topics are very relevant, up-to-date and also supported with adequate resource materials for further reading and enhancing the knowledge. In addition, it would be better to have more video presentation and some times to have group discussion in selected topics to get more information and understanding on the subject matter.”
“I think course is highly educative and in order to aid under develop countries it will be prudent that the organizers solicit funding for scholarship in order to allow those who are interested but cant afford be given the space to participate”
“Make the schedule every two weeks”
“may be the assignments can be more analytical in nature”
“participants can submit an article of interest related to their work in addition to the weekly assignments.”
“Having webinars to exchange knowledge among participants”

Discussion

Majority of the participants were from Africa, thus from low-income countries. These are individuals whose access to training may be limited by geographical or economic reasons and will thus benefit more from this online course. The professional background of the survey participants in diverse areas of the health field, represents the target audience for this course with almost a third of them being doctors. Participants ages ranged from 20 to 59, which falls in the working age population with majority being in their prime working lives. Thus, they are more likely to benefit from and apply the knowledge from this course.

The responses received from participants on the course were mostly positive. The overall rating for the course was 4 (46%) or 5 (54%) with 5 being the highest. The respondents were generally in agreement that the course was well structured, with almost all of them scoring the different aspects of the course (objectives, organization, content, leaning resources and assignments) a 3 and above. All respondents agreed that they will apply the knowledge from the course in their practice. The course topics were also thought to be relevant with ratings of 3 and above, though two of the respondents felt that the topic “HIV prevention and care” was not so relevant to their professional practice rating it 2 out of the highest rating of 5. A possibly reason being that HIV is a separate department from SRHR in some settings. A

participant would like a separate topic on health workers' role in the provision of quality and adolescent friendly services which is already an integral part of each module.

Most participants were satisfied with the coaching received with over 90% of them rating their coaches a 3 and above (maximum rating was 5). However, a few participants would have liked better audio-video interactions with their coaches and more timely feedback on their assignments. Due to some unavoidable constraint, there was a delay in providing marking guides to coaches on one or two occasions, which could have in turn contributed to the delay in communicating feedback on assignments to participants.

The expected study hours per week for this course was 6 hours. Majority of the participants spent either 1 to 5 (37%) 6 to 10 (17%), or 11 to 15 hours (13%) per week to go through the course materials and prepare the assignments. This is not surprising since this is an online course that provided participants with the flexibility to follow the course at their own pace and convenience. Participants also go to varying lengths to consult optional additional resources provided by the course which could explain why some spent much longer hours than expected.

We can therefore assume that this course has been beneficial to our participants as also indicated in the proportion of them who will probably (2%) or, definitely (91%) recommend the course to others. Moreover, a sub-analysis of the those who responded negatively showed that their overall rating of the course was still a 4 or 5. However, they would like the coaching to be improved or provided in another language other than English. The teaching language of this course is clearly indicated as English. While we would like to satisfy the wish of some of our participants to have the course and coaching in other languages, which in a way emphasizes the value they place on the course, this is currently not feasible. This is an interactive online course. We will continue to encourage the interaction among participants and between participants and tutors to improve the learning experience of our participants within the available resources.

Similarly, the objective of this course is to provide WHO recommendations for the delivery of effective health and social interventions to promote adolescent sexual and reproductive health, to prevent and respond to any health and social problems. In line with this objective, the course is based on WHO guidelines. These guidelines do acknowledge the peculiar situations in various countries advising that recommendations be adapted to settings. Participants of our course are also oriented to do so in the course assignments. The evaluation of the course is done by weekly paperwork assignments. Following the feedback received from last year's course participants and a re-evaluation of the course assessment, the long essay at the end of course and multiple-choice questions did not feature in this year's course to reduce the assignment load. In recognition of the various commitments of our participants, we are always flexible with the assignment deadlines. One of the things liked most about the course is this flexibility. The few participants who due to family, health or work reasons feel under pressure, can continue to take advantage of this.

Although we try to make the course affordable to as many participants as possible, each year, many health professionals especially those in low-income countries are still financially constraint. To this end, we have been and will continue to solicit for funding for the course. We also hope that more organizations dealing with issues pertaining to adolescents will come up to sponsor participants/ staff for this course like the Plan International is doing.

Finally, we appreciate and thank all our participants who took part in the evaluation survey for this course. We will continue to use the feedback provided to improve on the course and to accommodate the diverse professional background of our participants.

Key recommendations based on findings from this report

1. Include more audio/ videos in learning resources.
2. Improve on the level of interaction amongst students
3. Improve student and tutor interaction.
4. Encourage timely feedback on assignments.
5. Continue to maintain flexibility with the assignment deadlines.
6. Consider holding the course biannually.

Conclusion

The findings from the evaluation of the 2019 GFMER Adolescent sexual and reproductive health course revealed that most participants were satisfied with the standard of the course and found it useful to their career. The course may be further improved by encouraging better student to student and student to tutor interactions as well as including more multimedia learning materials.