

INTERIM REPORT - TRAINING EVALUATION

Summary of Training Evaluation

I. Data collection methods

Data collected for the training evaluation consisted of the following components:

1. Trainees pre-and post written self-assessment of English knowledge and skills
2. Trainees anonymous written course evaluation.
3. Trainees pre-and post written knowledge tests in four areas: health; communication and peer support; research methods; community development
4. A semi-structured group evaluation which was facilitated by the CCHC health promoter. The instructors were not present for part of this discussion.

II. Key findings

1. Self-assessment of English knowledge and learning needs

- Overall, trainee's confidence level and perception of their own English skills decreased when comparing pre- and post training scores.
- This lower self-assessment contradicts the improvement that the instructors noticed in all these areas as the course progressed.

2. Results from the anonymous training evaluation

Students received a 98-item anonymous questionnaire to evaluate the training course. Students were asked to rate each item on a five-point scale: 1=a lot; 3= somewhat; and 5= not at all. Ten students handed in their anonymous course evaluation.

- Students very satisfied with the course, with an average ranking of 1.8.
- The importance of the supports that they had received (honorarium for attendance and study time, having the course paid for, on-site child care, and receiving specific learning assistance, were rated very highly (1.6).
- They felt that their knowledge and skills in research methods and community development had increased a lot (1.7), as well as in the area of health promotion, communication and peer support (1.8).
- Overall, they were satisfied with how the training principles had been applied in the course (1.9). Group skills development received the lowest average ranking (2.1).

3. Pre- and Post-Training Tests

Trainees received four baseline knowledge tests for each of the training components during each of the first classes in September and again, during the last class in December. Three tests contained only closed-ended questions (health, peer support and communication, research methods) while the test on community development used an open-ended question format. Overall results and issues that might need further training are highlighted in the following.

a) Health Knowledge

All trainees increased their knowledge of the test items from an average of 50% correct answers to 88%.

- **Pap-test:** The concept of using this test for ‘prevention’ should be reviewed among LHPs, and consistent usage, according to CCHC practice, should be reviewed and reinforced.
- **Walk-in clinics:** In future training, it would be useful to review not only what can be done at such a clinic, but also the benefits and disadvantages of using these sites as a place for a pap smear.
- **Referrals for mammograms:** A large percentage of trainees continue to have incorrect or incomplete information about the function of the Ottawa Health Services and Emergency Departments within the health care system. Many trainees also did not know, whether referrals could be received at an obstetrician’s office. LHPs may benefit from a refresher session about the role of the various players in the health care system.
- **Risk factors for breast cancer:** Some LHPs have not yet fully assimilated detailed knowledge of some of the risk factors (obesity, breastfeeding). It may also be that risk factors were not emphasized sufficiently in the content of the course, given that the importance of encouraging all women to perform breast self-examination and go for regular check-ups, regardless of potential risk factors, was emphasized in training.
- **Familiarity with the parts of the female reproductive system and the breast:** A number of trainees were unable to label some items correctly in the post-test, especially in Spanish (possibly due to unclear illustration). For future training, it may be useful for LHPs to review this knowledge, and ensure that both Spanish and English terms are used correctly.

b) Knowledge on Peer Support and Communication

Overall, trainees increased their knowledge of the test items from an average of 46% correct answers to an average of 74%.

- There was considerable variance in an item testing whether trainees believed that **peer-helping skills** are innate or not, although during the training course it was emphasized that these skills can be learned and be improved.
- It may be useful to encourage LHPs to discuss and deepen their understanding of **bias** and its impact on a helping relationship, since many of the discussions on bias and prejudice took place in Spanish. LHPs might not have translated or correctly interpreted the term 'bias'.
- **Confidentiality:** The importance of debriefing difficult situations with a supervisor or with a group and the professional obligation to report suspicion of abuse were discussed in class. A review might be useful especially to contrast and overlap of confidentiality issues during a research interview versus in a helping relationship.
- **Communication:** LHPs may benefit from a quick review of non-verbal behaviour, since the impact of this element of communication during the process of relationship building is often overlooked.

c) Research methods

Overall, trainees increased their knowledge of the test items from an average of 63% correct answers to 85%.

- **Role of the group facilitator:** It might be useful to review the function of a group facilitator, especially in relation to keeping one's opinion for themselves, and the importance of pointing out disagreements in the group, rather than achieving consensus.

d) Community Development Knowledge

- Overall, trainees increased their knowledge on the test items from an average of 49% right answers to 61%.
- The test results indicate that there was considerable disparity among trainees in relation to whether, and how, their knowledge of community development issues increased after the training. The open-ended question format and some 'testing fatigue' (this test was the sixth test administered during the same morning session) likely contributed to the differences in scoring.

4. Group evaluation

Questions for this discussion had been prepared by trainees and instructors together during a previous training sessions. The questions focused on a variety of themes, such as to what extent the trainees' expectations for their own learning had been met; satisfaction with the instructors; how the structure of the course influenced students and instructors relationships; team building; and impact of the course on their personal and family lives.

Satisfaction with own learning

- Overall, trainees were very pleased with the amount that they had been able to learn during the course and the impact that the learning had on themselves and their lives: "The course changed my whole life" (trainee).
- At the same time, many trainees described the level of stress that they had experienced as a result of the work and the assignments that they needed to complete as part of the course requirements
- All trainees felt ready and prepared to go out into the community and begin their work.

Satisfaction with instructors

- Instructors commented on the usefulness of having been able to work as a team to implement the course, especially in relation to sharing preparation, marking assignments, and providing each other with support.
- Trainees, however, were unsure, why they had three instructors. Some felt that this was to their advantage, especially being able to respond to different teaching styles, and being able to have instructions in English and Spanish.
- Others expressed that having three instructors led to some inconsistencies or confusion in terms of expectations in relation to some of the assignments.
- Generally, trainees felt that the instructors had been fair in their assessments and very supportive and available to help with any questions trainees had to clarify assignments or other questions.
- Some were annoyed with certain instructor's behaviours such as limits set on the use of cell phones during class time for emergency purposes, and calling people back to class.

Satisfaction with course structure and supports

- Trainees were very pleased that this course had been accredited by the university and college, because it provided them with credits and confidence to succeed.
- On the other hand, the accreditation had some unintended influences particularly on the group process and team building.
- Instructors had to assume a different role of power, since they had to assess students and were responsible to implement the course content.
- All trainees were pleased with the supports that had been provided to implement the training course, especially the provision of childcare.

Team building

- A number of trainees emphasized that they had felt very supported by certain women in the group, for example during group assignments or tasks that had required working in pairs.
- Others commented on the advantages of working as a group, because it enhances their learning.
- There seemed to be some consensus, however, that the group building process had started but was far from complete.

Impact of the training on personal lives: family and friends

- Trainees expressed in many different ways, how the training and the amount of work they were required to complete had impacted on their families and live at home. These experiences were accompanied by mixed feelings.
- Those trainees with very young children found it especially difficult to look after their babies needs and continue studying. This was particularly hard for the single mothers in the group.
- Other trainees with older children felt that while their homes had been messier than usual, and their families had to do without warm dinners many nights, they, on the other hand, were setting a good example for their children to study hard and make education a priority in their lives.

Impact on themselves and the community

- Trainees felt an obligation to become role models to other women in the community by taking care of their own health first, before teaching this to other women
- Some commented that their level of confidence had increased as a result of the training and were eager to go and teach other women what they had learned.
- This motivation had been reinforced for some trainees who had friends that had been diagnosed with cancer, some at an advanced stage. These trainees felt confident that they could make a difference by preventing this from happening to other women by teaching about early detection.