2018 GFMER Adolescent Sexual and Reproductive Health Course: Course Evaluation Report

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Acknowledgement

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Our gratitude also goes to all our coaches who gave their time to mentor the course participants, reviewing their assignments and providing valuable feedbacks.
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Background

The 2018 GFMER Adolescent Sexual and Reproductive Health (ASRH) Course is one of a series of 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 lasted for 8 weeks from 14 May until 6 July 2018. The theme for the course was “Meeting the needs and fulfilling the rights of adolescents’ sexual and reproductive health”. The course coordinator was Dr Venkatraman Chandra-Mouli of Department of Reproductive Health and Research, World Health Organization. A total of 180 health professionals from all over the world enrolled for the course of whom 66 (35 female, 31 male) completed the course. At the end of the course, a course evaluation was done to 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.

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 to obtain feedback from participants on what they liked about the course and suggestions on how to improve it as follows:

1. Demographic information on age, country and profession
2. Course evaluation:
   2.1. Overall course rating - Participants were asked to rate the course by choosing one of the following options: Very good, Excellent, Good, Fair or Poor
   2.2. Course objectives and structure - Participants had to choose one of the options of Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree to indicate their level of agreement with the following statements:
      i. The course objectives were clear
      ii. The course was organized in a way that helped me learn
      iii. The course instructions were clear
      iv. The course learning resources were adequate
      v. The assignments were relevant and helpful to my learning
      vi. The assignments were appropriate for the level of this class
      vii. The course increased my knowledge of Adolescent sexual and reproductive health
      viii. The course corresponded to my expectations
      ix. I will apply the knowledge gained from this course in my professional practice
   2.3. Relevance of course topics - Participants were asked to choose from the options: Not relevant, Maybe relevant, Relevant and Very relevant to rate the course topics in terms of their relevance to their professional practice. The topics covered in the course were:
      i. Promoting menstrual hygiene and health
      ii. Providing sexuality education
      iii. Promoting gender equality in young adolescents
      iv. Providing contraceptive information and services
      v. Preventing STIs and responding to them when they occur
vi. Preventing and responding to violence against women
vii. Preventing unsafe abortion and providing safe abortion care
viii. Building community support for ASRH and dealing with resistance

2.4. Participants rating of coaches - Participants chose from the options: Excellent, Very good, Good, Fair and Poor to rate their coaches.

2.5. Quality of coaching received - To assess the quality of coaching received during the course, participants were requested to choose between the options of Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree 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

2.6. Readiness to recommend the course to others - Participants chose from the options of Definitely, Probably, Not sure, Probably not and Definitely not to indicate their willingness to recommend the course to others.

2.7. 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. Open-ended questions about the course to enable participants express their views freely - Participants were asked what they liked best about this course and to provide any comments or suggestions that might help improve the course.

Results

1. Demographic information on age, country and profession
All together 53 participants from 27 countries completed the survey. Nigeria had the highest number of participants (6), followed by Burkina Faso and Zambia with five participants each and Ethiopia, Kenya, Namibia and South Sudan with three participants each. Five countries, Cameroon, Chad, Ghana, Togo and Uganda each had two participants whilst 15 other countries had one participant each (Table 1). Majority of the participants belonged to the age group 30-39 (27, 50.9%), followed by the age group 40-49 (16, 30.2%), then the age groups 20-29 and 50-59 equally represented by five participants (9.4% each) (Figure 1). The participants were mostly doctors (18, 34.0%) and nurses or midwives (11, 20.8%) (Figure 2).

Table 1: Country breakdown

<table>
<thead>
<tr>
<th>Countries</th>
<th>No. of participants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>6</td>
<td>11.3%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>5</td>
<td>9.4%</td>
</tr>
<tr>
<td>Zambia</td>
<td>5</td>
<td>9.4%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>3</td>
<td>5.7%</td>
</tr>
<tr>
<td>Kenya</td>
<td>3</td>
<td>5.7%</td>
</tr>
<tr>
<td>Namibia</td>
<td>3</td>
<td>5.7%</td>
</tr>
<tr>
<td>Country</td>
<td>Participants</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>South Sudan</td>
<td>3</td>
<td>5.7%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Chad</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Ghana</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Togo</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Uganda</td>
<td>2</td>
<td>3.8%</td>
</tr>
<tr>
<td>Countries with only 1 representative each: DR Congo, Egypt, India, Indonesia, Iraq, Mauritius, Netherlands, Pakistan, Rwanda, Saudi Arabia, Sierra Leone, Sudan, Switzerland, Turkey and United States</td>
<td>15</td>
<td>28.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
2. Course evaluation

2.1 Overall course rating

Majority of the participants (26, 49.1%) believed that the course was very good, 24 participants (45.3%) thought the course was excellent and 3 participants (5.7%) felt it was good. None of the participants rated the course as fair or poor (Figure 3).
Figure 3: Overall course rating

2.2 Course objectives and structure

As shown in Figure 4, majority of the participants agreed or strongly agreed to all the statements assessing the objectives and structure of the course. However, three participants disagree or strongly disagree that the course instructions were clear or that the level of assignments was adequate. Similarly, two participants each did not agree that the course objectives were clear, course organization encouraged learning, course learning resources were adequate, assignments were relevant, the course increased their knowledge of ASRH, the course corresponded to their expectations or that they will apply the knowledge from the course in their practice. Very few participants (less than 5 each) neither agreed nor disagreed with the statements (Figure 4).
2.3 Relevance of course topics

Over 90% of participants felt that the course topics were relevant or very relevant to their professional practice. Very few of them (less than four each) were not sure if the course was relevant to their practice, whilst one participant opined that the topic “Preventing unsafe abortion and providing safe abortion care” was not relevant to his/her professional practice (Figure 5).

Figure 5: Relevance of course topics to participants’ practice

2.4 Participants rating of coaches

Most of the participants (over 90%) were of the opinion that their coaches were either good (9, 17.0%), very good (20, 37.7%) or excellent (20, 37.7%). However, three participants rated their coaches fairly and one participant rated his/ her coach poorly (Figure 6).
2.5 Quality of coaching received

Many (up to 35) of the participants expressed their satisfaction with the quality of coaching received by agreeing or strongly agreeing with the statements, up to 12 of them were neutral, whilst up to six of them disagreed or strongly disagreed with the statements, so were dissatisfied (Figure 7).

2.6 Readiness to recommend the course to others

Majority of the participants (94%) were definite that they will recommend the course to others, whilst 6% will probably do so (Figure 8).
2.7 Study hours per week

Most participants (15, 28.3%) spent 6-10 hours/week reading the course materials and preparing the assignments, 11 participants each (20.8%) spent 1-5 hours/week and 11-15 hours/week, seven participants (13.2%) spent 16-20 hours/week whilst the remaining participants spent 21 hours/week or more studying (Figure 9).

3. Responses to open-ended questions about the course

3.1 What participants liked best about the course

Participants were mostly contented with the course content, organization, assignments and communication with participants. A few participants were happy with the flexibility of the course, the feedback and guidance received from their coaches and many felt the learning
resources provided were useful to their practice. Figure 2 highlights a few of the comments received from the participants.

Table 2: What participants liked best about the course

<table>
<thead>
<tr>
<th>What did you like best about this course?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The course structure was excellent, contents relevant and for the time, and my coach was very good in guiding me.”</td>
</tr>
<tr>
<td>“Promptness of providing course materials and necessary guidance by the coach and the administration”</td>
</tr>
<tr>
<td>“The learning resources were useful and comprehensive”</td>
</tr>
<tr>
<td>“The videos among the reading material and assignments in relation to my country situation”</td>
</tr>
<tr>
<td>“The different assignments were very useful to apply the knowledge gained”</td>
</tr>
<tr>
<td>“The topics were relevant to my professional work”</td>
</tr>
<tr>
<td>“Adolescent are vulnerable thus it answered all questions I had making it easier for me to provide the services”</td>
</tr>
<tr>
<td>“The reminders on progress”</td>
</tr>
<tr>
<td>“I loved the building of topics on to each other and the course materials which were brief and to the point. The videos were a great kind of resource. The flexibility on submission of assignments was also good looking at the fact that some of us have other heavy workloads.”</td>
</tr>
<tr>
<td>“Reviewing relevant materials which are in line with my current work.”</td>
</tr>
</tbody>
</table>

3.2 Comments / suggestions from participants to help improve the course

In all, five participants did not have any comment and six participants were satisfied with the course as it is currently whilst 42 participants provided feedback on how to improve the course. The recommendations were mostly on including more video and audio presentations and other learning resources, reducing the assignment load, prompt feedback from coaches and increasing the interactivity amongst students and between students, coaches and lecturers. A few of the participants suggested a fee reduction for those who cannot afford the full course fee and one participant requested to have the course in French as well. Few of the responses are listed in Table 3.

Table 3: Participants’ suggestions for course improvement

<table>
<thead>
<tr>
<th>Please provide any comments or suggestions that might help improve this course in the future.</th>
</tr>
</thead>
<tbody>
<tr>
<td>“More video sessions. Maybe Webinar sessions in the nearest future”</td>
</tr>
<tr>
<td>“The final assignment that requires research should be given earlier so that one can start working on it during the period of the course.”</td>
</tr>
<tr>
<td>“I would have preferred that assignments deadline be every 2 weeks and all material and assignments are available from the beginning to give more time to absorbing and enjoying the gained information rather than focus on completing assignments especially while you are working and have some weeks which may be very difficult to work on assignments with other work commitments and deadlines.”</td>
</tr>
<tr>
<td>-Discussions using Google groups is very difficult making interaction with colleagues a missed</td>
</tr>
</tbody>
</table>
opportunity. I hope in the future, if possible a moodle can be used as it is more engaging.
-I would suggest avoiding the overlap between the first and second course where deadline of
the last assignment and MCQs coincide with the deadline of the second course first assignment
which is a bit disturbing.”
“Introduction of multiple answer questions for every topic covered.”
“Give some allowance for who cannot meet up with assignment deadlines due to some
challenges beyond their control”
“More interactive session; like an online platform to network with other students.”
“Including topic such providing support to those who are on ART and supporting adolescents
with special need (deaf, blind)”
“To include interactive forums among students and lecturers on the different subtopics”
“It is very interesting course. For the future it is better if you give enough time to complete
each module, make the module prerequisite for the next module.”
“More interaction and feedback from the coach will be helpful”

<table>
<thead>
<tr>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majority of the participants were from low-income countries. These are individuals whose access to training may be limited by geographical or economic reasons and will thus benefit from online courses. The professional background of the survey participants represents the target audience for this course with many of them being doctors, nurses or midwives. Others were professors, lecturers or researchers, medical or midwifery students, health care workers or in management. 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.</td>
</tr>
<tr>
<td>The responses received from participants on the course were mostly positive, especially with respect to the course objectives, organization, content and assignments. The minimum overall rating for the course was good from 6% of the participants, whilst the remaining 94% rated the course as very good or excellent. Similarly, all the participants will probably (6%) or definitely (94%) recommend the course to others. It is interesting to note that one of the participants felt that the topic “Preventing unsafe abortion and providing safe abortion care” was not relevant to his/her professional practice considering that this topic was one of the two topics that were included in the course based on popular votes by the students in an opinion survey conducted before the start of the course. While most participants found the course assignments adequate, a few participants felt the assignment load was heavy or felt pressured by the assignment submission deadlines. This can be explained by the fact that our participants come from different backgrounds and thus will have varying professional and family commitments. It is to be noted that we were quite flexible with assignment deadlines for participants who were unable to meet them due to family, health or work reasons. Probably some participants were unaware of this.</td>
</tr>
<tr>
<td>With respect to the coaching received during the course, over 90% of the participants gave an overall rating of good, very good or excellent for their coaches. However, some participants would like to receive feedback on their assignments more promptly and have better interactions with their coaches. This is nonetheless, encouraging considering that our coaches, who are former participants of the course are volunteers with responsibilities in their regular jobs which for some could have contributed to delayed feedback and limited interactions with their participants.</td>
</tr>
</tbody>
</table>
Finally, the expected study hours per week for this course was 6 hours. Majority of the participants spent either 6 to 10 (28.3%), 1 to 5 (20.8%) or 11 to 15 hours 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.

**Recommendations based on findings from this report**

1. Consider the possibility of providing all course materials and assignments at the beginning of the course. This way, participants can better manage their time to complete the course.
2. Keep only the weekly short assignments and multiple-choice questions for course evaluation. That is, no end of course written assignment.
3. Evaluate the course with multiple choice questions and make written assignments optional. This will provide busy health professionals who are unable to fit in the written assignments in their schedule and those who cannot afford to pay for coaching with the opportunity to complete the course and earn the course certificate. It should also reduce the course drop-out rate.
4. Engage coaches who are committed and reward them according to their level of commitments.
5. Allocate fewer participants to coaches.
6. Continue to maintain flexibility with the assignment deadlines.

**Conclusion**

The findings from the evaluation of the 2018 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 reducing the assignment load, making written assignments optional and encouraging better interactions between students and coaches.