

# Evaluation Template testing phase HEAL

*Prepared by Maastricht University  
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# HEAL teaching intervention evaluation report

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## Description of the intervention

The starting point was to carry out an innovative teaching activity in pilot form that consisted of:

- In-person seminar with a clinical case
- Activity with 8 students and 2 teachers
- Didactic content: initial assessment of the patient in the hospitalization box
- 4 Phases: Presentation of the activity, individual simulation, written test and group reflection.
- Duration 7 in-person hours
- Patients are the teacher of the activity.

After the pilot, the conclusion was reached to enhance multidisciplinary work, increase debriefing against the written evaluation and add realism with a professional actor.

### Current activity:

- In-person seminar in a simulation classroom with a duration of 2:30 hours of on-site work and 3 hours of autonomous work by the student.
- Groups of 8 students with equality between degrees (if organizationally possible) of nursing and medicine.
- Two teachers, one from each grade.
- A professional actor (arrangement with retired volunteers and university interns/volunteers)
- Activity phases:
  - Days before the activity, educational documentation (protocols, guides) is shared. It is in the digestive practice subject of the 4th year of medicine and in nursing practice 1.
  - Presentation of the teaching staff and the teaching activity during 30 min.
  - Creation of the multidisciplinary group that will perform the simulation and the group that will perform the observation. Multi-disciplinary. Action plan in the simulation 30 min.
  - Simulation of a real patient case (we have 3 different cases) evaluation and decision making by the simulation team.
  - Teaching guides in intervention group and simulation group, to guarantee the fluidity of the simulation.
  - Total simulation with patient 30-40 minutes
  - Reflection and feelings of the patient/actor about the team's performance and their experience. 10 minutes
  - Debriefing and reflection with conclusions. 40 minutes.
  - Satisfaction survey with the activity. (Annex 1)

## Pilot improvements:

- 1.- Group work: the individualization of the simulation is eliminated and a more real simulation is created, promoting group and multidisciplinary work.
- 2.- The time of the activity is reduced a little, thus making it more dynamic and fluid.
- 3.- The written evaluation is eliminated and reflection and analysis of the decisions and actions made by the students are enhanced.
- 4.- Retired actors unknown to the students are included, improving the realism of the simulation.
- 5.- You are given autonomy to make decisions, with consequences. Providing test results or possible complications when requested by the guiding teacher.
- 6.- Reflection of their performance is encouraged, including the patient/actor's feelings about how they have felt in relation to the treatment received.
- 7.- As it is not under direct evaluation, we encourage the student's reflection and participation.

## Description of the implementation process.

In total, the following participated in the sessions:

- 4 professors (2 nursing and 2 medicine)
- 61 students (53 medicine and 7 nursing)
- 12 simulation classroom reservations for 3 hours:
- Timetable:

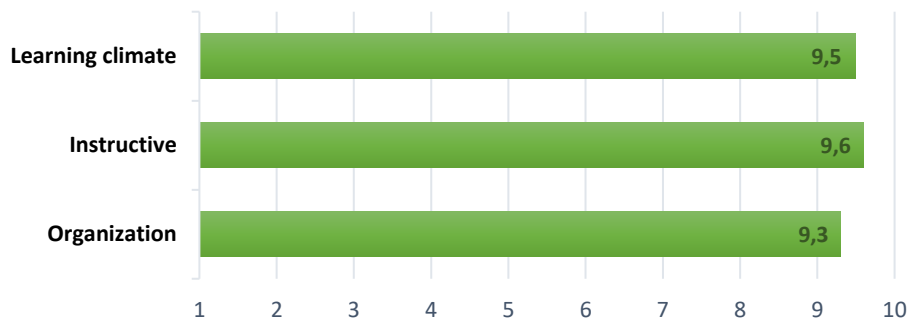
Group	Room and day	date	rescheduling
4	Simulation room 1 8:30h- 11:00h	16-02-2024	No
3	Simulation room 1 8:30h- 11:00h	23-02-2024	No
6	Simulation room 1 8:30h- 11:00h	01-03-2024	No
5	Simulation room 2 8:30h- 11:00h	14-03-2024	No
10	Simulation room 1 8:30h- 11:00h	22-03-2024	No
2	Simulation room 1 8:30h- 11:00h	05-04-2024	No
7	Simulation room 2 8:30h- 11:00h	12-04-2024	Change to 11-04-2024
11	Simulation room 1 8:30h- 11:00h	19-04-2024	No
1	Simulation room 1 8:30h- 11:00h	26-04-2024	Change to 25-04-2024
8	Simulation room 1 8:30h- 11:00h	17-05-2024	No
9	Simulation room 1 8:30h- 11:00h	24-05-2024	Change to 23-05-2024

- 1 Simulation technician for prior classroom preparation.
- 4 different actors
- Application of a satisfaction survey at the end of the simulation.
- Evaluation by presence and participation in the reflection and analysis of the case.

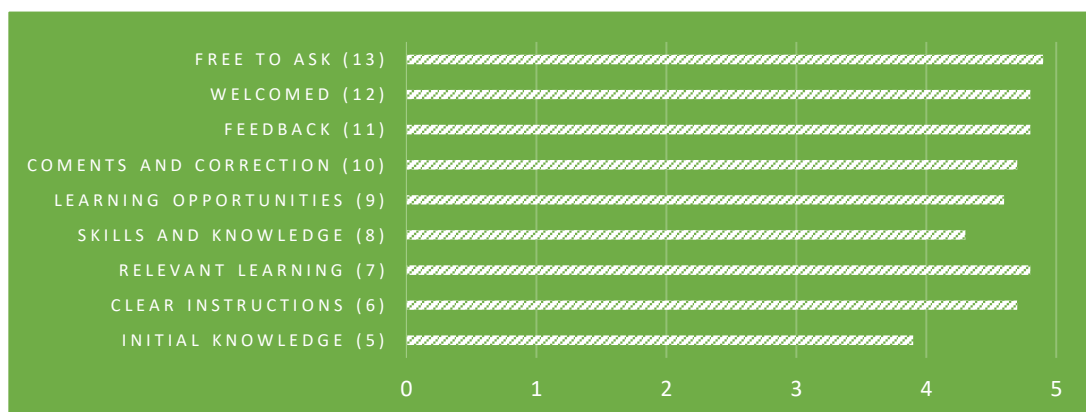
## Participants/students of the evaluation report:

As a reference to this section, we provide the results of the satisfaction surveys of the 61 participants in the activity.

1. Would you recommend this methodology to other students: **100%** of the students indicated YES.
2. Please rate the organization of the practice. (1-10) Arithmetic means of **9.3** and a median of 10.
3. Please rate the instructive nature of the practice. (1-10) Arithmetic means **9.6** and a median of 10.
4. Rate the learning climate during the practice. Arithmetic means **9.5** and a median of 10.



5. I was clear about what this practice consisted of before starting. E. Likert arithmetic mean **3.9** and a median of 4.
6. The instructions on the first day of the practice were clear and complete. E. Likert arithmetic mean **4.7** and a median of 5.
7. The learning activities during this practice were relevant to obtain the learning objectives. E. Likert arithmetic mean **4.8** and a median of 5.
8. The learning activities during this internship aligned with my prior knowledge and skills. E. Likert arithmetic mean **4.3** and a median of 5.
9. There were enough opportunities to learn during this internship. E. Likert arithmetic mean **4.6** and a median of 5.
10. I received enough comments or corrections about my development during practice. E. Likert arithmetic mean **4.7** and a median of 5.
11. The feedback I received was valuable and useful. E. Likert arithmetic mean **4.8** and a median of 5.
12. I felt welcomed during this practice. E. Likert arithmetic mean **4.8** and a median of 5.
13. I felt free to ask questions during this practice. E. Likert arithmetic mean **4.9** and a median of 5.

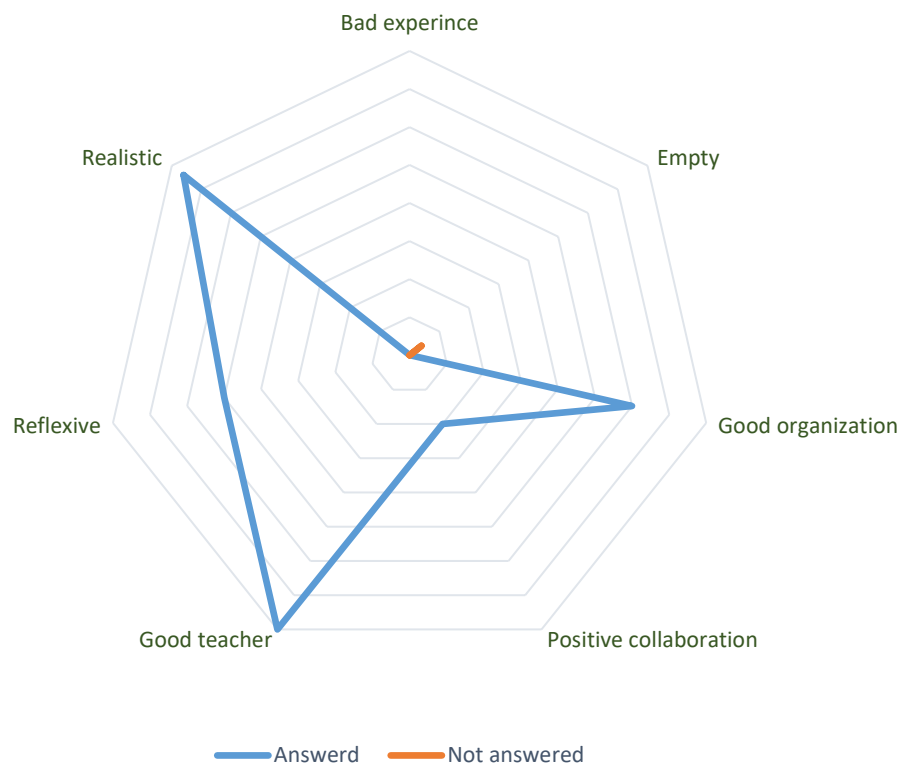


**14.** How would you summarize the activities of this practice? Consider the organization, access to information, learning activities, supervision and corrective feedback, learning climate, etc. We will divide the qualitative analysis of this question into two dimensions. The first dimension would be total satisfaction with a total of **59** answered, highlighting the following important values as referred to in the comments.

- Organization:30
- Collaboration with another positive discipline: 10
- Useful for your future:15
- Teacher:40
- Reflexive:25
- Realistic: 38

\*As this is a qualitative evaluation, it is possible that more than one topic may be considered in some answers.

The second dimension would be those who have not answered, a total of **2** participants.



**15.** What suggestions do you have to further develop or improve this practice? Consider the organization, access to information, learning activities, supervision and corrective feedback, learning climate, etc.

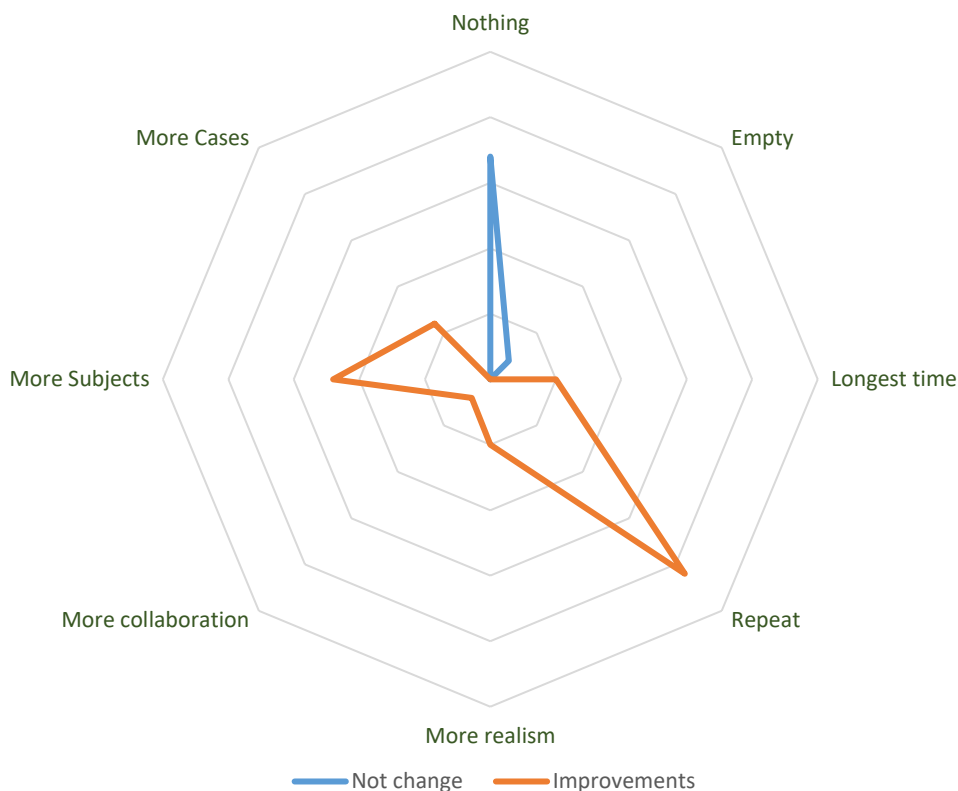
We will divide the qualitative analysis of this question into two dimensions.

The first dimension were those comments that would not change anything with a total of **19** participants writing it explicitly in the response.

The second dimension would be those that provide improvements or changes with a total of **42** participants. Summarized in the following topics:

- Longest time: 5
- Repeat the simulation to improve: 21
- More realism: 5
- Increase collaboration between grades: 2
- Implement it in more subjects: 12
- More different cases:6

\*As this is a qualitative evaluation, it is possible that more than one topic may be considered in some answers.



## Service user/doctor/teaching staff evaluation report (structured interview between professors Manel Cremadas, Raúl López and David Parés)

- The collaboration between the different grades was satisfactory, maintaining a harmony of reflection, cooperation and teamwork.  
The division of roles between teachers is natural and the complementarity between grades is similar to what is real in the hospital.  
The student is participatory and reflective, facilitating the teaching work.  
For the participating teachers, the activity can be rated as very satisfactory.
- The analysis of the results motivates teachers to continue applying teamwork and collaboration between grades.
- Teachers agree on the following weaknesses:
  - Late start of nursing. Due to the differences in the calendar, the nursing students could not be fully integrated.
  - Monitoring of the student and their evolution during the academic year when carrying out only one activity.
  - The first students have less knowledge than the last groups.
- The teachers agree on the following improvements:
  - Increase the number of cases to work
  - Facilitate at least two sessions, so that the student applies what they have learned in another similar simulation.
  - More sessions to be able to keep track of the student and their evolution in decision-making and teamwork.

### Evaluation by project implementers.

One of the main problems detected has been the university calendar for the optimal implementation of the methodology.

The academic year of health degree students (nursing and medicine) is packed with practical and theoretical classes and being able to find a common schedule in the middle of the academic year has been complicated.

Being able to implement the new teaching methodology, within the teaching plans initiated during the year, has not been complicated, but it has taken a lot of bureaucratic effort and meetings with university management to be able to develop them in a legal and official manner.

In order to overcome these difficulties, it is advisable to plan and schedule the activity at the beginning of the course and implement it in the academic calendar of the student and faculty.

Adding teaching hours without financial remuneration to the teaching staff has not been a problem, thanks to their great teaching and innovative motivation. Obtaining the necessary spaces and material has not been a problem either, thanks to the Autonomous University of Barcelona.

The two most important reflections we are left with are:

- The student and the teaching staff appreciate the union in a teaching activity of the degrees of medicine and nursing, at the expense of a joint work future.
- Conducting a seminar with real cases and patients in a multidisciplinary team improves the student's perception of simulation techniques, equating them to real practices in hospitals.



## Conclusions and recommendations

The most prominent methods used during the intervention are:

- Reflection: Patient cases, reflective supervision
- Simulation: De-briefing and simulation of gerontic patient
- Teaching Methods : cooperative learning
- Interdisciplinary learning there

The local characteristics of our university and hospital favor the application of the intervention. In our opinion, we should focus on reducing practice time in the hospital and increasing simulation with real patients, real cases and with teams of multidisciplinary students from the two university degrees.

Getting to share a subject with cooperation between teachers, where the student's future work is worked on in a controlled environment, improving their synergies in order to improve their preparation and overall patient care.

## Annexes

### Annex 1

#### Formulario de evaluación Proyecto HEAL

Este cuestionario sirve para evaluar tu experiencia con la metodología de prácticas HEAL. Le pedimos su opinión sobre la preparación, la organización, las actividades de aprendizaje, la supervisión y la corrección.

¡Muchas gracias por su cooperación!

Dominio	Apartado	Puntuación	
		Sí	No
<b>General</b>	1. Recomendaría esta metodología a otros estudiantes.	Sí	No
	2. A) Por favor, califique la organización de la práctica.	Puntuación (1-10)	
	B) Por favor, califique el carácter instructivo de la práctica.	Puntuación (1-10)	
	C) Califique el clima de aprendizaje durante la práctica.	Puntuación (1-10)	
<b>Introducción y facilitación de la información.</b>	3. Tenía claro en qué consistía esta práctica antes de comenzar	1-5 (Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
	4. Las instrucciones del primer día de la práctica fueron claras y completas.	1-5 (Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
<b>Actividades de aprendizaje</b>	5. Las actividades de aprendizaje durante esta práctica fueron relevantes para obtener los objetivos de aprendizaje.	1-5 (Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
	6. Las actividades de aprendizaje durante esta práctica se alinearon con mis conocimientos y habilidades previos.	1-5 (Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
	7. Hubo suficientes oportunidades para aprender durante esta práctica.	1-5	

		(Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
<b>Supervisión y corrección</b>	8. Recibí suficientes comentarios o correcciones sobre mi desarrollo durante la práctica.	1-5 (Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
	9. Los comentarios que recibí fueron valiosos y aprovechables.	1-5 (Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
<b>Clima de aprendizaje</b>	10. Me sentí acogido durante esta práctica.	1-5 (Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
	11. Me sentí libre de hacer preguntas durante esta práctica.	1-5 (Siendo 1 totalmente en desacuerdo y 5 totalmente de acuerdo)	
<b>Preguntas finales</b>	12. ¿Cómo resumiría las actividades de esta práctica? Considere la organización, el acceso a la información, las actividades de aprendizaje, la supervisión y comentarios de corrección, el clima de aprendizaje, etc.	Pregunta abierta _	
	13. ¿Qué sugerencias tiene para seguir desarrollando o mejorando esta práctica? Considere la organización, el acceso a la información, las actividades de aprendizaje, la supervisión y comentarios de corrección, el clima de aprendizaje, etc.	Pregunta abierta _	

Esta fue la última pregunta.  
¡Gracias por tu tiempo!