



MIG-DHL

Migrants Digital Health Literacy

INTELLECTUAL OUTPUT 3: DESIGNED PRACTICAL TRAINING ACTIVITIES



VNIVERSITAT
DE VALÈNCIA



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INTELLECTUAL OUTPUT PRESENTATION

This Designed Practical Training Activities belongs to the project ERASMUS+ “MIG-DHL: Development of a training program for improving Digital Health Literacy of Migrants” (ref. 2020-1-DE02-KA204-007679), and it is framed within the Intellectual Output 3 “Designed Practical Training Activities”, coordinated by Polibienestar Research Institute -UVEG-. This document tries to serve as a guide for the development of the training sessions for migrants. In this document the contents and methodology for the final users are presented based on the previous co-creation sessions carried out during the project. To this end, the main objective of this Designed Practical Training Activities is to present the contents, methodologies, and tools needed for creating and improving the critical competences of migrants in order to enhance their Digital Health Literacy.

To ensure that the resources and contents of the Training will be able to improve the Digital Health Literacy of trainees, the development of Intellectual Output 3 follows the results produced by the Intellectual Output 1: Co-Created Methodological Guide for Increasing the competences of Migrants for IMPROVING their DIGITAL HEALTH LITERACY. In this respect, the study of the state of the art and the co-creation sessions developed in the different countries of the partners belonging to this consortium allow the development and use of the theory of change for the construction of a training that is coherent with the general objectives of the project:

Public interventions, such as the one proposed by the MIG-DHL project, are associated with a theory, more or less explicit, of how changes are supposed to be induced that will mitigate the problem or improve the situation that gives rise to the intervention. The **theory of change** (also known as intervention theory or program theory) is the chain of hypotheses about how the resources allocated to the intervention are expected to enable the development of activities whose fruit will be certain products (outputs), which, in turn, will generate short-, medium- and long-term benefits for society as a whole or for the target population of the policy or program (impacts or outcomes). In other words,

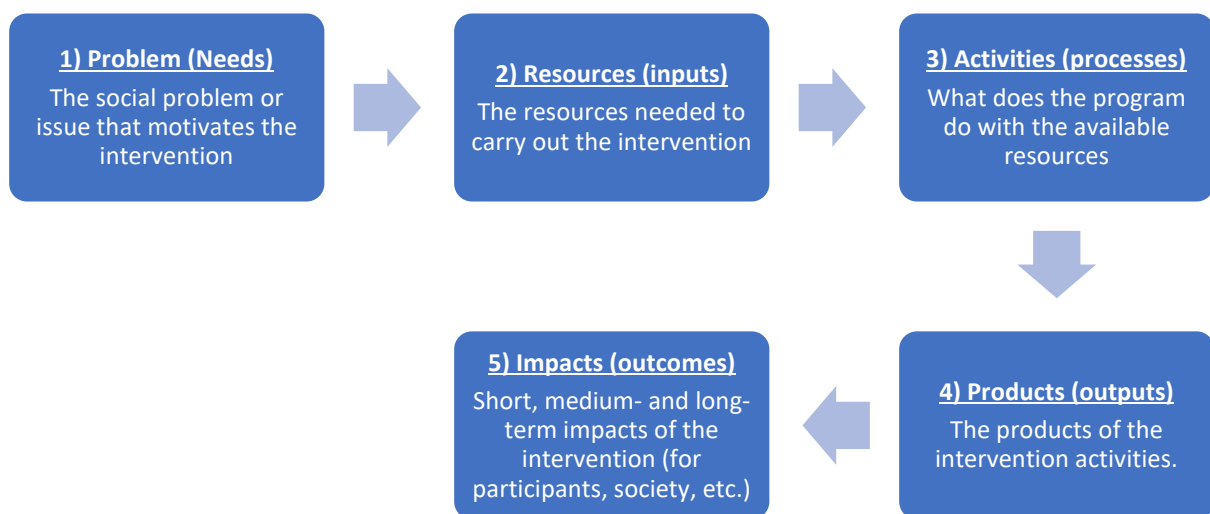


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the theory of change is the causal hypothesis that explains how a policy or programme, by applying certain resources and developing a series of activities, achieves certain results.

The Theory of change consists of the elements shown in the following figure:



The training designed within the framework of the MIG-DHL aims to improve Digital Health Literacy among migrants, as well as to provide migrant peers and health professionals with the tools to be leaders in this area and to be able to pass on their knowledge to newcomers and migrants in situations of greater vulnerability. To achieve this, it is necessary that the resources and the design of the activities carried out to achieve these objectives are coherent and appropriate. Thus, activities should aim to improve all dimensions of the Digital Health Literacy concept: Operational skills; Navigation skills; Information searching; Evaluating reliability; Determining relevance; Adding content; protecting privacy, including the optimal and oriented exploitation of the developed Training Materials within real environments. Thus, the theory of change behind the intervention proposed by the MIG-DHL project is represented as follows in the table below:

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM IMPACTS	LONG-TERM IMPACTS
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Definition	What is needed to carry out the planned activities	What is done with the resources in order to achieve the objectives of the intervention	What the activities are expected to produce directly	The benefits or changes that are expected to be detected as a result of the products	The fundamental changes that are expected to be achieved after several years
Description	Rooms and spaces where activities can be carried out. Electronic devices + e-platform for trainees to follow the class. Human resources (trainers), guidance for the trainees, support materials for the lessons.	Lessons for vulnerable migrants that focus first on developing basic health literacy skills, and cross-cutting and targeted lessons focusing on the development of each of the six digital health literacy skills.	Trained participants	Health literacy and digital health literacy skills development	Increased capacities to manage one's own health properly and to use digital devices independently and safely, as one of the key elements of the integration and social inclusion of newly arrived immigrants.
Key Hypothesis	...	The availability of material and human resources makes it possible to develop the activities for the target groups.	The trainees' attendance to the described activities allows to obtain trainees formed in digital health literacy skills.	The trainees' attendance to the described activities allows them to develop the main digital health literacy skills.	The use of electronic devices for self-health management is set to increase in the future, making this a key factor in the integration and social well-being of newly arrived immigrants.
Indicators	No. of rooms, room elements, no. of electronic devices, no. of trainers, no. of training materials and guides used.		Nº of Trained participants	DHL survey	IPL-12 survey



SUMMARY OF THE DESIGNED PRACTICAL TRAINING ACTIVITIES

Designed Practical Training Activities are a set of Tangible Templates to be used by Trainers in the implementation of the Training Activities including, among others, a detailed explanation of the methodology to be implemented, number of recommended trainees, duration, resources needed, recommendations for managing the sessions, specification of the scenarios where implement the real environment experiences and tools for supporting them. The Designed Practical Training Activities included in the documents must be understood as a standard approach that must be adapted and customized by Trainers to each specific target group, in terms of duration, prioritization and sequence of contents or support of the e-Training Platform. At the end of this document, a set of “Tips for implementation” are included, based on the direct experience get during the implementation of the Pilot Validation Actions of the project, with recommendations for the proper adaptation of this standard Designed Practical Training Activities to several environments. The Designed Practical Training Activities (DPTAs) which have been developed are the next:

- **DPTA 1.** What is Digital Health Literacy and its relevance?
- **DPTA 2.** Main health issues when landing in a new country.
- **DPTA 3.** Healthcare Services
- **DPTA 4.** Turning digitally literate.
- **DPTA 5.** Exploring Digital Health tools
- **DPTA 6.** Being active in the digital health environment.

The current structure of DPTAs presented is based on the following **rationale**: In **DPTA_1**, trainees are expected to know the aim of the course and the concept around which the course will revolve: Digital Health Literacy. It is expected that this DPTA will help trainees to realise that this is an interesting and necessary course for them. **DPTA_2** focuses on the cultural differences between their home countries and the countries they are in. **DPTA_3** focuses on developing the trainees' health literacy on the host country's healthcare services as a fundamental precondition for good digital health literacy. The fact that the first two DPTAs do not focus specifically on the development of digital health literacy skills does not prevent them from being developed incidentally, as a normal mechanism for solving some activities. The following DPTAs focus specifically on the development of digital health skills: **DPTA_4** focuses on basic skills (Operational skills; Navigation skills; Information searching; Evaluating reliability)

and **DPTA_5** will aim to test, in an eminently practical way, whether participants have managed to achieve most of the digital health literacy skills (Operational skills; Navigation skills; Information searching; Evaluating reliability; Determining relevance). The **DPTA_6** will focus on the last digital health literacy skills (Adding content and protecting privacy) and will be followed by a final wrap-up of the course. The aim is for participants to understand what it means to be digital health literate in today's world.

The trainer, however, may decide to alternate the order of some DPTAs or to eliminate or reduce the duration of some DPTAs, based on the characteristics/profile of the trainees. Some trainees may not need to develop the most basic digital skills (how to control a computer, how to carry out an internet search) but may need an in-depth lesson on which healthcare services they can access (most likely in the case of a young target group). Conversely, it is possible to find a target group in the opposite situation (with "advanced" knowledge of the national health system but needing to develop the most basic digital skills). It is therefore left to the trainer's discretion according to the different necessities and profiles of participants. DPTAs are therefore designed to be flexible.

The Designed Practical Training Activities have been developed with the next structure:

- Face to Face sessions, including theoretical and, especially, practical activities.
- Online training, including assignments and other practical activity to be done out of the classroom for supporting the learning process.

Each of the DPTAs is composed, thus, of face-to-face and online sessions. With regard to the online sessions, the fact that they are called "online" does not mean that all activities must be carried out through online methods or via the internet. The aim of these activities is that trainees can reflect, reinforce, etc. in a practical way on the contents of the face-to-face sessions, as well as learn new contents and skills in a dynamic way. In this respect, synonyms for online sessions are out-of-class sessions, offline sessions, remote sessions, synchronous or asynchronous sessions.

The Designed Practical Training Activities have been developed with the next standard duration:

- Face to Face sessions; 27 hours.
- Online training; 9 hours.



The number of hours is indicative. Nonetheless, MIGDHL consortium is of the opinion, and has favoured in the design of the DPTAs, in view of the results of I.O.1, that the total number of hours of the Training should in no



MIG-DHL

Migrants Digital Health Literacy

DPTA

Module 5

Exploring Digital Health Tools

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This Designed Practical Training Activity for module 5 is a part of the MIG-DHL Program containing 6 learning modules in total, which has been developed within the Erasmus+ Strategic Partnership **MIG-DHL- Migrants Digital Health Literacy**.

The training contents at a glance:

MIG-DHL Programm

Module 1: What is Digital Health Literacy and its relevance

Module 2: Main health issues when landing in a new country

Module 3: Healthcare Services

Module 4: Turning Digitally Literate

Module 5: Exploring Digital Health Tools

Module 6: Being Active in the Digital Health Environment

You can find more information at the homepage: <https://mig-dhl.eu/>

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DESIGNED PRACTICAL TRAINING ACTIVITY_5_EXPLORING DIGITAL HEALTH TOOLS

Objectives:

Building on the dimensions of digital health literacy (1- Operational skills; 2- Navigation skills; 3- Information searching; 4- Evaluating reliability; 5- Determining relevance; 6- Adding content; 7- protecting privacy) this DPTA will address, specifically and in a practical manner, dimensions 2 to 5, and DPTA_6 will address dimensions 6 and 7. In order to operationalise the work to be carried out in the framework of this DPTA, dimensions 2) to 5) of Digital Health literacy will be integrated into the sub-skills for digital health literacy identified by the H2020 IC-Health EU Project -Improving Digital Health Literacy in Europe, GA 727474-: Search, Understand and Appraise. This project also identifies the sub-skill 'Apply', which will be addressed in DPTA_6. Thus, these sub-skills are defined as follows:

- **Search-Find:** The keyword 'find' is used to describe the capacity of the learner to search for health-related information using the Internet. Individuals with this capacity can identify appropriate search terms and can construct search queries to find the information they are looking for. In addition, they can identify, from the information they find, the information related to their questions and find the exact information they are looking for.
- **Understand:** The keyword 'understand' is used to describe the capacity of the learner to comprehend and figure out health related information found online and derive meaning.
- **Appraise:** The keyword 'appraise' is used to describe the capacity of the learner to be able to critically review and assess the relevance and trustworthiness of health-related information on different online sources. More specifically, it refers to the abilities of the learner to differentiate high quality from low quality sources by judging the accuracy, value and relevance of online health information based on valid and established criteria. Established criteria that allow judging online health information are, for example, the websites' authorship, the website's goals and objectives, commercial interests, the presence of an accredited certificate and the absence of advertising.

Learning objectives:

- Understand what to expect to encounter when surfing online
- Identify beneficial health information online
- Understand how to protect your health information
- Identify trustworthy health information sources

- Understand the dangers of auto-cure
- Understand how to cooperate with your doctor
- Identify the benefits of health knowledge and how to get the best of it

Participants & roles:

- Migrants: About 10 (newcomer) migrants in each country as beneficiaries of the training.
- Migrant peers (about 1-2): About 1-2 migrant peers, who are key persons in the migrant communities or are already integrated in the host country. These persons are to be built up as confidants within the learning processes. They therefore have a dual role: an affirmative role ("Yes, I also had this experience when I started to deal with the health system in the country of arrival.") and an encouraging role ("It took me a while to figure everything out, but there is a lot of support."). It is very important that this role is clearly communicated in advance. Migrant peers can also offer their views on which apps and information sources are most important to them. They might even play the role of trainers in certain cases.
- Health professionals (about 1-2): The expected role of health professionals is to actively participate in the sessions (optional), based on the same argumentation as migrant peers. It is therefore advisable to invite health professionals to participate in the different sessions of this DPTA as observers and with access to the materials on the online platform in case they want to observe (and even conduct) the online tasks. They can provide special insight into the practical usefulness of the different apps and directories used in the different activities, as well as in solving the case studies.

Competences:

This module includes information on how to acquire online health information, highlighting the fact that the online world can be a powerful tool to find valuable information, but it can also mislead patients, so we should be careful. The trainees will become familiar with the different information providers as well as the type of contents they can find online. They will learn how to identify the sponsor of a website, its purpose and how they can protect their personal information. This module will also provide some tips to check if the source of information is credible and up to date, as well as how to avoid the confirmation bias – “we should be open to the “strangeness” of new information that goes against our beliefs, in order to avoid the confirmation bias”. In the last part of this module, some dangers of “trying without medication” will be presented, besides some tips on how to better

cooperate with the doctor by, for example, sharing the patient's point of view, choosing a relationship style, and preparing for appointments. The module ends with the benefits of health knowledge and how to get the best of it.

Training contents:

Practical development of knowledge and experience regarding the following digital health literacy skills: Navigation skills; Information searching; Evaluating reliability; Determining relevance.

Duration of the sessions: 9 hours.

- Face to face session: 7 hours (4 sessions of 1,40 minutes each)
- Online session: 2 hours

Transversal training:

- Social skills
- Language skills
- Ability of teamwork
- Ability to weigh up the advantages and disadvantages of conventional medicine and alternative healing methods
- Skills to put in practice theoretical contents

Methodology:

- Active and participative
- Face to face training:
 - Dialogue
 - Role playing
 - Teamwork
- Online training:
 - Practical implementation -through assignments- of some tips agreed in the classroom.
 - Some collaborative work

Training materials:

- Face to face sessions:
 - PowerPoint presentations

- Word documents. Explaining the main concepts shown on PPT
- Online sessions:
 - Online assignments in the training platform

FACE2FACE SESSION 5.1: GUIDELINES, DURATION, AND TOOLS (Day 1) – KNOWING AND MAPPING THE DIGITAL HEALTH TOOLS I CAN USE IN MY COUNTRY.

Action 5.1.1 Opening

Once the attendees have arrived at the classroom, the trainer will introduce the content of the session, including objectives, activities, and planning. The trainer - again - explains his/her role. The trainer introduces the attending peers and doctors and explains their roles. The aim of the introduction is

to create an atmosphere of joyful reunion and recognition of familiar faces

to get a glimpse on the motivation and mood of the participants

- **Duration:** 10 minutes
- **Tool:** Module 5 – 5.1.1 Opening (PPT)

Action 5.1.2 Introducing Digital Health tools platforms and apps

As the aim of this DPTA is to strengthen digital health literacy skills using the main sources and apps in the country/region where the participants are located, the DPTA will start with a presentation of these main internet sources/apps. The aim is for trainees to get to know and become familiar with the sources and apps (in case they have not already done so as part of other DPTAs 1-4 activities) in order to be able to use them in the following DPTA actions. The trainer will introduce different digital health tool platforms, including the various concepts and types, giving clear examples for each type of these concepts.

- For doing so, the trainer will start with an overview of the most important apps and websites to use when navigating the healthcare system on the internet. The trainer will explain what these websites contain (why they are useful) and what is possible to do through them (including the main functionalities of the apps). Once this has been shown, the trainer starts a discussion (assembly) with all trainees, asking them what they think are the most useful

websites/apps for them and why. The trainer takes the core ideas to the blackboard or asks a participant to do so.

- After this activity, the trainer has an idea of the main knowledge, including prejudices, myths etc. that trainees have on digital health tools. To make this activity more dynamic, the trainer can prepare some questions to boost trainees' participation.

An example of main portals in the case of Spain is presented:

1) National health system <https://www.mscbs.gob.es/organizacion/sns/home.htm>,

2) Regional health system. http://www.san.gva.es/web_estatica/index_va.html,

3) Non-public: <https://www.webconsultas.com/> , <https://www.efesalud.com/espana/> ,
<https://www.mujierysalud.es/> , <https://azsalud.com/> , <https://psicologiaymente.com/>.

- **Duration:** 40 minutes
- **Tools:**
 - Module 5 – 5.1.2 Introducing Digital Health tools platforms and apps (PPT)
 - Template for the identification of benefits/challenges of digital health tools

Break 10 minutes.

Action 5.1.3 Conclusions

After the previous steps are done, the trainer proposes the trainees to form groups (3 groups of 5 persons or 5 groups of 3 persons), and asks them:

- Which are the main benefits/problems that digital health platforms and apps can have for you, considering your specific situation?
- Do you think that digital health platforms and apps can be interesting for you to manage your own health?

Each group works on these questions and takes common conclusions, one representative of each group explains to the rest of the trainees the main conclusions they have achieved. Bear in mind that you will have different profiles, try to give examples understandable for all types of profiles.

- **Duration:** 30 minutes.
- **Tool:** Module 5 – 5.1.3 Conclusions(PPT)

Include time for questions and discussion.

Action 5.1.4 Closing - debriefing

The trainer asks trainees for feedback, tries to solve possible doubts and questions. The trainer explains how the e-Training Platform works (user, password, structure, tools, forum, webinars, etc.).

The trainer explains to the trainees how the online training sessions are going to run and what is expected from them and explains in a specific way the activities that will be done in the next online training session. The trainer summons the students for the next F2F training session.

- **Duration:** 10 minutes.
- **Tool:** Module 5 – 5.1.4 Closing – debriefing (PPT)

Include time for questions and interaction.

ONLINE SESSION 5.1: GUIDELINES, DURATION, AND TOOLS

Trainees will find an activity on the main project platform with several practical activities. In it, they will be asked which app/source of public information they would use to look for certain information related to their health. The main idea is to present enough activities and statements for trainees to identify the most relevant apps and websites of the national health system.

- **Duration:** 30 minutes
- **Tool:** online activity

The outcome will be presented by the trainer in the next session as starting point for the face-to-face session.

FACE2FACE 5.2 SESSION: GUIDELINES, DURATION, AND TOOLS – HOW TO FIND HEALTH INFORMATION ONLINE (Day 2)

Action 5.2.1 Opening

Once the attendees are in the classroom, the trainer will introduce the session, including objectives, activities, and planning. The trainer - again - explains his/her role. The trainer introduces the attending peers and doctors and explains their roles. The aim of the introduction is

- to give an outlook on the training session
- to present the training activities in an overview

- **Duration:** 10 minutes
- **Tool:** Module 5 – 5.2.1 Opening (PPT)

Action 5.2.2 Group Dynamic – what kind of information can we find online?

The trainer starts with his/her assumption that everybody has already tried to find health information on the internet. S/he asks the participants to choose one common and well-known disease (like headache, flu, haematoma) and encourages them to note the answers down on differently coloured cards (one colour for each disease) and pin the cards on a pin board.

- **Duration:** 45 minutes
- **Tools:**
 - cards, pin board, pins,
 - Module 5 – 5.2.2 & 5.2.3 How to find health information online (PPT)

Break: 10 minutes

Action 5.2.3 – Practical Activity: following

After the break, the participants are asked to gather in small groups. Each group is expected

- to check where the most information can be found
- how many different sources are offering information
- the majority of provided information.

- **Duration:** 45 minutes
- **Tools:**
 - paper and pens to note down the results
 - Module 5 – 5.2.2 & 5.2.3 How to find health information online (PPT)

Action 5.2.4 Conclusions

The trainees present the outcome based on their experiences, priorities and options. They give their opinion on the methodology of the session, e.g. on the additional value of teamwork, the advantages of different backgrounds of the participants and if they had similar or different experiences.

- Duration: 30 minutes
- Tools:
 - group discussion supported by notes and the pin board
 - Module 5 – 5.2.4 Conclusions (PPT)

Action 5.2.5 Closing - debriefing

The trainer summarises the content of the session and tries to clarify possible doubts and questions. The trainer summons trainees for the next F2F training session and asks them to keep the collected information for the online session. The trainer explains the assignments to be done in the online training session and gives an indication on the timeline.

- **Duration:** 10 minutes.
- **Tool:** Module 5 – 5.2.5 Closing - debriefing (PPT)

ONLINE SESSION 5.2: GUIDELINES, DURATION, AND TOOLS

The trainees are asked to answer a questionnaire which is related to the previous face to face activity. In this questionnaire, the trainees will be asked to reflect what kind of criteria are most important for them by searching the internet for information.

- **Duration:** 30 minutes
- **Tool:** Printed questionnaire

The outcome will be presented by the trainer in the next session as the starting point for the face-to-face session.

FACE2FACE SESSION 5.3: GUIDELINES, DURATION, AND TOOLS (Day 3) – How to appraise information

Action 5.3.1 Opening

Once the attendees are in the classroom, the trainer will introduce the objectives of the session, including objectives, activities, and planning.

- **Duration:** 10 minutes

- **Tool:** Module 5 – 5.3.1 Opening (PPT)

Action 5.3.2: Appraisal of information

At the beginning of the action the trainer will present the outcome of the questionnaire done in the online session. The trainer will show which criteria were regarded as most important for the trainees in searching online health information (e. g. quick access by concentrating on the first 2 homepages shown by Google search). S/he will then ask how the trainees would appraise the online information gained related to some criteria and herewith assess the reliability of the information: The trainees are asked for a careful examination of (3-5) resources' providers to check their favourite websites according to the questions.

- **Duration:** 60 minutes
- **Tool:** Module 5 – 5.3.2 Appraisal of information (PPT)

Break: 10 minutes

Action 5.3.3 - Outcome of appraisal

After the break, the trainees will be asked to present their outcome in terms of appraisal of the content provided by different websites and portals. The trainer asks the trainees who of them will still / not any more trust the information on the chosen website and why. The trainer summarises the content of the session and tries to clarify possible doubts and questions. The trainer explains the assignments to be done in the online training session

- **Duration:** max. 60 minutes (depending on number of participants or groups)
- **Tool:** discussion with trainees

Action 5.3.4 - Closing - debriefing

The trainer summarises the content of the session and tries to clarify possible doubts and questions. The trainer summons trainees for the next F2F training session and asks them to keep the collected information for the online session. The trainer explains the assignments to be done in the online training session and gives an indication on the timeline.

- **Duration:** 10 minutes.

ONLINE SESSION 5.3: GUIDELINES, DURATION, AND TOOLS

Homework: During the week the trainees will check 2 more online sources according to the questions presented in the face-to-face session. They will include their answers in an online questionnaire and summarize their outcome in a free text field.

Additionally, they will be asked to define the **strengths and weaknesses** of the information provided, which information they might consider as problematic and which source they would trust. The aim will be to enable trainees to identify which information they can trust. This will be useful for the trainers (as they will be able to emphasise certain issues during the rest of the training) and for the trainees themselves to make them realise that the training is useful for them.

- **Duration:** 30 minutes
- **Tools:**
 - Printed questionnaire
 - Printed table

FACE2FACE SESSION 5.4: GUIDELINES, DURATION, AND TOOLS (Day 4) - DHL CHECK

Action 5.4.1 Opening

Once the attendees have arrived at the classroom, the trainer will introduce the objectives of the session, including objectives, activities, and planning.

- **Duration:** 10 minutes
- **Tool:** Module 5 – 5.4.1 Opening (PPT)

Action 5.4.2 Practical exercises. Part 1.

The following actions aim to present activities for participants to put into practice the knowledge they have developed during the first part of DPTA_5 and during DPTA_4. Practical activities are proposed to test most of the DHL skills (skills: 6: adding self-generated content; 7: protecting privacy, will be the subject of DPTA_6) that participants will have to solve in groups or individually. The objective, when carrying out each activity, is to check that participants have acquired the DHL skills correctly. In

addition, the overall health literacy of the participants will be checked and whether it has increased as a result of their participation in previous DPTAs.

The methodology of the activity will be the resolution of practical cases in pairs. The statements will be proposed to the group of 2 (either on paper or through the online tool). Trainees will use electronic devices to solve the cases and then present them to the rest of the group. The trainer can adopt different roles: either assisting in the achievement of the correct result or waiting for the trainees to achieve the result they believe to be correct and then confirming or correcting that result.

- **Duration:** 40 minutes
- **Tool:** electronic devices, cards, Module 5 – 5.4 -5.4.2 Practical Exercises, Activities 1 – 4 (PPT)

Activities:

- **Activity 1** – I want to find information on the internet regarding whether or not it is advisable to get a flu vaccination, given the pandemic situation, how would I search for information?
 - DHL skills to assess: 1- Operational Skills; 2 - Navigation skills; 3 - Information searching; 4- Evaluating reliability; 5 - Determining relevance.
- **Activity 2** – I want to become a blood donor, where can I find the information? What are the requirements to donate blood? Where can I go to donate blood?
 - DHL skills to assess: 1- Operational Skills; 2 - Navigation skills; 3 - Information searching; 4- Evaluating reliability; 5 - Determining relevance.
- **Activity 3** – How do I find a hospital for an emergency? If something happens to me while I am at home, which hospital I should go to?
 - DHL skills to assess: 1- Operational Skills; 2 - Navigation skills; 3 - Information searching; 4- Evaluating reliability; 5 - Determining relevance.
- **Activity 4** – How do I get an appointment with my doctor?
 - DHL skills to assess: 1- Operational Skills; 2 - Navigation skills; 3 - Information searching; 4- Evaluating reliability; 5 - Determining relevance.

Break: 15 minutes

Action 5.4.3 Practical exercises. Part 2. Follow-up of the previous exercise

- **Duration:** 40 minutes

- **Tool:** electronic devices, cards, Module 5 – 5.4 Practical Exercises, Activities: Activities 5 - 8 (PPT)

Activities:

- **Activity 5** – I think I have a sprain, who should look at it, how do I make an appointment?
 - DHL skills to assess: 1- Operational Skills; 2 - Navigation skills; 3 - Information searching; 4- Evaluating reliability; 5 - Determining relevance.
- **Activity 6** – I have a toothache; how do I access public dental services?
 - DHL skills to assess: 1- Operational Skills; 2 - Navigation skills; 3 - Information searching; 4- Evaluating reliability; 5 - Determining relevance.
- **Activity 7** – How do I ask for an appointment with the psychiatrist?
 - DHL skills to assess: 1- Operational Skills; 2 - Navigation skills; 3 - Information searching; 4- Evaluating reliability; 5 - Determining relevance.
- **Activity 8** – How do I know pharmacies near me? What can I get in a pharmacy?
 - DHL skills to assess: 1- Operational Skills; 2 - Navigation skills; 3 - Information searching; 4- Evaluating reliability; 5 - Determining relevance.

Action 5.4.4 Closing - debriefing

The trainer summarises the content of the session and tries to clarify possible doubts and questions. The trainer summons trainees for the next F2F training session. The trainer will preview some of the content to be covered in DPTA_6.

- **Duration:** 10 minutes
- **Tool:** Module 5 – 5.4 – 5.4.1 Closing – debriefing (PPT)

ONLINE SESSION 5.4: GUIDELINES, DURATION, AND TOOLS

For the online session, tasks have been prepared to be completed on the project's online platform. It is proposed that trainees seek information in relation to COVID, so that they can put as many digital health skills as possible into practice. With questions such as: what is the current situation? what are the main health safety measures adopted in [country]? how should I act today if I have symptoms? etc.

- **Duration:** 30 minutes
- **Tool:** project's online platform. Assignment in online platform.