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Key lessons for designing health literacy professional development courses

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Abstract. Health literacy courses for health professionals have emerged in response to health professionals' perceived lack of understanding of health literacy issues, and their failure to routinely adopt health literacy practices. Since 2013 in Victoria, Australia, the Centre for Culture, Ethnicity and Health has delivered an annual health literacy demonstration training course that it developed. Course development and delivery partners included HealthWest Partnership and cohealth. The courses are designed to develop the health literacy knowledge, skills and organisational capacity of the health and community services sector in the western metropolitan region of Melbourne. This study presents key learnings from evaluation data from three health literacy courses using Wenger's professional educational learning design framework. The framework has three educational learning architecture components (engagement, imagination and alignment) and four educational learning architecture dimensions (participation, emergent, local/global, identification). Participatory realist evaluation approaches and qualitative methods were used. The evaluations revealed that the health literacy courses are developing leadership in health literacy, building partnerships among course participants, developing health literacy workforce knowledge and skills, developing ways to use and apply health literacy resources and are serving as a catalyst for building organisational infrastructure. Although the courses were not explicitly developed or implemented using Wenger's educational learning design pedagogic features, the course structure (i.e. facilitation role of course coordinators, providing safe learning environments, encouraging small group work amongst participants, requiring participants to conduct mini-projects and sponsor organisation buy-in) provided opportunities for engagement, imagination and alignment. Wenger's educational learning design framework can inform the design of future key pedagogic features of health literacy courses.

What is known about the topic? Health professionals are increasingly participating in health literacy professional development courses.
What does this paper add? This paper provides key lessons for designing health literacy professional development courses by reflecting upon Wenger's professional educational learning design framework.
What are the implications for practitioners? To ensure health professionals are receiving evidence-informed health literacy professional education, we encourage future health literacy courses be designed, implemented and evaluated using existing professional educational learning design frameworks.

Additional keyword: education.

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Introduction

Health literacy is key to supporting people to better manage their own health and has the potential to improve the health-related outcomes of vulnerable populations.[1,2] However, health professionals lack adequate understanding of health literacy issues, and their health literacy practices are not routine.[3,4] Nationally and internationally, professional health literacy development courses now exist in multiple formats and are auspiced by different centres, universities and disciplines (i.e. http://www.cdc.gov/healthliteracy/gettrainingce.html; https://www.unmc.edu/cce/catalog/online/health-lit/index.html; https://apna.e3learning.com.au/content/store/productinfo.jsp?category=&productid=1087, all accessed December 2016) however, overall these courses are under-researched and under-evaluated.

To inform future investment in health literacy health professional development courses, we reviewed educational learning pedagogical taxonomies[5,6] and frameworks.[7] Given that we wanted to understand and assess the health literacy course

evaluated herein from an 'educational learning component' perspective and not a participant competency perspective, we chose Wenger's professional educational learning design framework because it draws upon his social theory of learning.[7] Wenger's framework has three educational learning architecture components and four educational learning architecture dimensions (Box 1).

This paper reflects upon three current health literacy professional development courses using Wenger's framework to inform the future design of health literacy professional development courses.

Since 2013 in Victoria, Australia, the Centre for Culture, Ethnicity and Health has delivered an annual health literacy demonstration training course that it has developed. Course development and delivery partners included HealthWest Partnership and cohealth. The courses are designed to develop the health literacy knowledge, skill and organisational capacity of the health and community services sector in the western metropolitan region of Melbourne (Vic., Australia) and consist of four face-to-face 1-day modules over an 8-month period. Between the modules, participants are required to undertake two miniprojects of approximately 40 h each within their organisation, to embed learnings and create sustainable health literacy practice change. Typically 10 agencies have participated in each of the annual courses, with two people per organisation attending (giving a total of 20 course participants per course). To date, 30 organisations and 59 professionals have participated in the courses.

Methods

Over 2013–15, The University of Melbourne was engaged to evaluate the implementation of three courses. Each evaluation was conducted as a project in and of itself and reported on separately. Core evaluation objectives included evaluation of the: (1) adoption and implementation of the health literacy development course in 2013; (2) extent to which the health literacy development course was creating a ripple effect and building health literacy capability in 2014; and (3) extent to which the health literacy project initiatives (course, community of practice, sponsors workshop) were creating a ripple effect at the organisational level in 2015.

A participatory evaluation approach[8] was used to optimise the engagement of course developers and participants. To understand how and why the courses have (or have not) worked, a realist evaluation approach[9] was used. The evaluation methodology built upon traditional approaches to evaluating professional development courses, focusing on participant learning outcomes, their intentions and confidence to use their newly acquired knowledge and skills, participant use of knowledge and skills gained and participant perception of organisational support required to implement participant learning outcomes.[10]

Data were collected using surveys (before, during and after the course), semistructured interviews and focus group discussions with course participants and nominated organisation representatives. Ethics approval was obtained from The University of Melbourne School of Population and Global Health Human Ethics Advisory Group for each course evaluation iteration. Surveys and verbatim interview transcripts that accurately captured the experiences of course participants formed the primary data for the evaluation. Data analysis occurred through an iterative comparative coding process.[11]

Results

Over 2013–15, 47 course participants completed online surveys before, during and after the course, 39 course participants took part in semistructured interviews and 27 nominated organisation representatives participated in four focus groups. Key evaluation findings and course enablers and barriers are discussed below.

Key evaluation findings

Overall, the evaluations revealed that the health literacy courses are:

- developing leadership in health literacy among course participants (i.e. inspiring health literacy thinking and approaches within their organisations and other networks)
- building networks and partnerships among course participants
- developing health literacy workforce knowledge and skills among course participants;
- developing ways to use and apply health literacy resources (tools, frameworks) among course participants
- serving as a catalyst for building organisational infrastructure to authorise and embed health literacy into routine practice within course participants' workplaces.

The evaluations also revealed a core set of course enablers and barriers with regard to course content, composition and structure (Table 1).

Box 1. Educational learning architecture

Educational learning architecture components:

1. Engagement – whereby participants engage in activities together, build on and use existing knowledge
2. Imagination – opportunities to reflect on self, others and situations anew
3. Alignment – overcoming differences in perspective to address significant issues

Educational learning architecture dimensions:

1. Participation – how far learning occurs through the participatory processes
2. Emergent – the degree to which course material is allowed to be applied
3. Local/global – the balance between imparting global principles that can be applied locally
4. Identification – how far the pedagogy encourages participants and sponsor organisations to buy into their learning

Table 1. Summary of course enablers and barriers

	Enablers	Barriers
Content	• Innovative, iterative, global	• Academic and theoretical • Limited practical examples
Composition	• Mix enabled knowledge transfer and exchange	• Mix of managers and frontline staff limited authorisation for change
Structure	• Modular and over 8 months • Small group discussions • Miniprojects by pairs of participants • Organisation sponsor buy-in	• Modules too spaced out

Discussion

Based on Wenger's framework,[7] reflections were made with regard to the educational learning architecture components and dimensions, as detailed below.

Educational architecture components

Wenger's framework[7] has three educational learning architecture components (engagement, imagination and alignment). The courses were found to provide participants with multiple, extensive opportunities for engagement and small group discussions, in which the activities provided opportunities for imagination. Furthermore, course participation required pairing of participants and miniprojects to be undertaken to enable alignment of health literacy concepts into practice within workplaces.

Educational architecture dimensions

With regard to Wenger's[7] four educational learning architecture dimensions, the courses were found to enable safe small group work with multiple reciprocal exchanges (participation), the course facilitators provided guidance for participants to interpret and apply (emergent), the course content drew upon global content with the view to apply locally (local/global) and the course required sponsor organisation buy-in to optimise learning application (identification).

Conclusion

To advance the health literacy practices of health professionals, Wenger's[7] professional educational learning design framework can inform the future design (planning, implementing and evaluation) of key pedagogic features of health literacy professional development courses.

Competing interests

The authors declare no conflicts of interest.

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