



MIG-HEALTH APPS

Mobile Health Apps for Migrants

EXPECTED RESULT

ACTIVITY 2.3

TRAINER'S GUIDE

Authors



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Content

INTRODUCTION	1
TARGET GROUPS AND LEARNING OUTCOMES	2
Target Groups	2
Learning Outcomes	2
TRAINING CONTENTS	3
APPROACH OF THE TRAINING METHODOLOGY	4
BASES OF THE EVALUATION METHODOLOGY	8
RECOMMENDATIONS AND TIPS FOR TRAINERS	10
Annex I. DOCUMENTS FOR EVALUATION	12



1 INTRODUCTION

Digital health applications (health apps) cover a broad range of applications that may connect to medical devices or sensors (e.g., bracelets or watches) as well as personal guidance systems, health information and medication reminders (*WHO, 2012*). Health apps facilitate patients managing their own conditions or healthy citizens benefiting from prevention measures. Citizens can monitor their health, adapt their lifestyle and even interact with their doctors, careers or supports receiving and providing feedback. Health apps supports migrants' well-being, empowerment and self-affirmation and can specifically contribute to improving their health status and even integration in the host country. Additionally, health apps can make in the longrun an important contribution to stabilizing and financing the national European healthcare systems.

“MIG-HEALTH APPS” was launched with the aim of **increasing the competences of migrants for using health apps**, within a health self-management approach. According to that, **“MIG-HEALTH APPS” project** developed the following main results:

- An **Experiential Training Methodology** for increasing the awareness and competences of Migrants for using Health Apps.
- A set of **Training Resources**, including **Training Materials for migrants** and a **Trainer's Guide**, for enhancing the adoption of Health Apps by Migrants through the implementation of the training methodology adapted to the learning processes and interests of Migrants.
- An **e-Training Platform** (<https://training.apps4health.eu>) supported by an **App Training Tool** for supporting the implementation of the training methodology, including the access to the training resources and automatized search of selected Health Apps.

This **“Trainer's Guide”** aims to:

- Explain to the trainers the basis of the Experiential Training Methodology to be implemented.
- Detail to the trainers the step-by-step actions to be done and resources to be used within the different Experiential Training Activities (ETAs)
- Give to the trainers recommendations and tips for adapting the Experiential Training Methodology to the characteristics of specific training groups and how they can build on previous background.



2 TARGET GROUPS AND LEARNING OUTCOMES

2.1 Target Groups

MIG-HEALTH APPS is mainly addressed to **migrants** including: i) **Newcomer Migrants**; Migrants recently introduced in an EU country; ii) **Migrants Peers**; migrants already established and integrated in an EU country that could support newcomer migrants in their local communities, often belonging to local associations. This could also include local persons supporting migrants.

The Training Program addresses a broad representation of migrants, including the participation of women, as well as representation of different age ranges and countries of origin. MIG-HEALTH APPS will also address the **supports of migrants**, being mainly **professionals working in social services and/or non-for-profit organizations**. For instance, we can mention qualified and trained mediators who promote access to the community center and to local health services among people at high risk of social exclusion within a migrant community (known as the community health educator in some countries).

2.2 Learning Outcomes

As a result of the implementation of the training methodology, the target groups will be able to:

2.2.1 Newcomer Migrants:

- Understand the relevance of health self-management.
- Assess the health status of themselves and their main social network, e.g. their family.
- Understand the concept of health apps and how they can be used for enhancing health self-management.
- Know about existing health apps in the health fields of main relevance for them.
- Select, test and apply, at least, one health app in the health field of main relevance for them.

2.2.2 Migrants' Peers:

- Transfer knowledge to and support newcomer migrants in the adoption of health apps, within a health self-management approach.
- Understand the relevance of health self-management.
- Assess the health status of themselves and their main network.
- Understand the concept of health apps and how they can be used for enhancing health self-management.
- Select, test and apply, at least, one health app in the health field of main relevance for them.

2.2.3 Supports:

- Transfer knowledge to and support newcomer migrants in the adoption of health apps, within a health self-management approach.
- Understand the concept of health apps and how they can be used for enhancing health self-



management.

- Know about existing health apps in the health fields of main relevance for them.

3 TRAINING CONTENTS

The implementation of the **Experiential Training Methodology** aims to the acquisition of knowledge covering the following areas of training contents or topics, distributed across the different ETA:

- **Self-Management and Empowerment;** How to be empowered and self-manage my health status; main health areas to take care
- **What are Health Apps?** Health apps: what is it? benefits, application, barriers and facilitators; application of health apps to migrants: best practices
- **Health APPs for Migrants;** structured collection of health apps, divided into the main health care areas affecting migrants, including, among others: Prevention and diagnosis; monitoring and tracking the health status; healthier lifestyles; communication with health professionals or caregivers; specific health areas: nutrition; pregnancy; mental Health, new-borns care.



4 APPROACH OF THE TRAINING METHODOLOGY

The training methodology is based on a “learning by doing” approach, where trainees are involved in self-management situations and will be driven to be the use of real health apps and to apply them to their own personal conditions, in order to get familiar with these processes and technologies in a friendly and supported environment, before they could use them in their real-life situations.

The Training Program will be structured into a set of **ETA**, including the following sessions:

- **Teaching session:** A session will be held in which the main related training contents will be introduced by the trainer to the learners. This could be done “face2face” or supported by e-learning tools. The session will be enhanced by group dynamics involving the trainees in discussions about topics like “why the addressed health care areas are relevant and best practices”, “how health apps can support self-management within the addressed health care areas”, “how trainees are doing”, etc.
- **Experiential training session:** The learners will be invited to select, at least, one health app in the related health area. Then, they will be supported by the trainer in the process of testing and applying the health app to their own health/life situation. When applicable, health data and/or experiences will be shared with other people, like relatives, peers, health & care professionals, etc. or other learners.
- **Self-learning supported by online training tools:** The learners will be invited to complete and assess their knowledge through complementary readings and practical activities to be implemented with the support of e-learning tools and punctual support of the trainer.
- **Closing session:** A session will be held in which the learners will be invited to share their experiences related with the use of health app. This will be helpful in order to identify best and bad practices and spread the knowledge about applicable health apps and their drivers and barriers.

The Training Program is **flexible and modular**. This will allow the trainers and learners to implement the whole training program or select those ETA which will be more relevant for them. The training program has also been prepared for enhancing a full self-learning experience, without the participation of a trainer, when this would be the option selected by the learners.

The implementation of the Experiential Training Methodology is supported by the following main resources.

- **Training Materials**, including theoretical contents, assignments and practical activities have been developed mainly in written formats (MSN Word, PDF, PowerPoints, case studies, best practices, assignments, etc.) to facilitate the learning experience and overcome possible learning difficulties of participants.
- **An e-Training Platform and App Training Tool** has been developed for supporting the implementation of the Experiential Training Methodology. The web e-training platform enhances the structured access to the Training Materials, including several functionalities like: Exhibitor of training content and materials to provide participants, information, resources, support materials; meeting point for all participants, not only to monitor the contents of the trainings but also as a place of debate and social network through the use of forums, chat, mail and messaging, among



others; working space in which the participants as well as access to resources and documentation, can also perform and deliver tasks and assignments; area of collaborative work, with the possibility to create and organize working groups; self-assessment tool and links to existing applicable health apps in the areas of following main health care areas for migrants.

The **MIG-HEALTH APPS mobile application** has been developed for Android mobile devices. The users are able to download and have direct access to selected parts of the MIG-HEALTH APPS material hosted by the e-training platform. The purpose is to facilitate the access to the materials by migrants. The mobile app will also serve as a dissemination tool, as well, e.g., download the MIG-HEALTH APP application to learn how to better protect your health.

Trainers are invited to identify and use other additional resources, especially trying to make the learning experience more customized to the learners, considering their specific interests, origin, age, health conditions, etc.

The Training Program includes the following **Experiential Training Activities**

- ETA1; General awareness on the relevance of self-management and Health apps
- ETA2. How to search and select Health Apps
- ETA3. Health apps for physical activity
- ETA4. Health apps for rest routines
- ETA5. Health apps for addictions and substances use
- ETA6. Nutrition and relevant health apps
- ETA7. Women's health and relevant health apps
- ETA8. Health apps for new-born care
- ETA9. Health apps for the elderly
- ETA10. Health apps for mental health
- ETA11. Apps for healthcare services

Full details on this ETAs are available in Annex I, including objectives; participants and roles; learning outcomes; training contents; estimated duration; resources; step-by-step actions to be implemented.

An estimated duration of these ETAs has been considered in their design, driving to an overall planning, although its final implementation will be flexible and adaptable to each group of learners and/or the modules can be used separately, according to the needs of the learners.

Mig-Health Apps course planning		
Week	Experiential Training Activity	Estimated duration
1	ETA 1 General awareness on the relevance of self-management and Health Apps	<ul style="list-style-type: none"> ➤ Teaching session: 4 hours ➤ Experiential training session: 1:30 hours ➤ Self-learning : 2 hours ➤ Closing session: 1 hour



2	ETA 2 How to search and select Health Apps	<ul style="list-style-type: none"> ➤ Teaching session: 4 hours ➤ Experiential training session: 1 hour ➤ Self-learning: 1 hours ➤ Closing session: 30 min
3	ETA3. Health Apps for Physical Activity	<ul style="list-style-type: none"> ➤ Teaching session: 3:30 hours ➤ Experiential training session: 1 hour ➤ Self-learning 1 30 hour ➤ Closing session: 30 min
4	ETA4. Health Apps for Rest Routines	<ul style="list-style-type: none"> ➤ Teaching session: 2 hours ➤ Experiential training session: 1 hour ➤ Self-learning: 1 hour ➤ Closing session: 30 min
5	ETA5. Health Apps Addictions and Substances Use	<ul style="list-style-type: none"> ➤ Teaching sessions: 4 hours ➤ Experiential training session: 2 hours ➤ Self-learning: 1 hour ➤ Closing session: 1 hour
6	ETA6. Nutrition for Health Apps	<ul style="list-style-type: none"> ➤ Teaching session: 2:30 hours ➤ Experiential training session: 1 hour ➤ Self-learning: 1:30 hours ➤ Closing session: 30 min
7	ETA7. Women's Health and relevant Health Apps	<ul style="list-style-type: none"> ➤ Teaching session: 4 hours ➤ Experiential training session: 2 hours ➤ Self-learning: 1 hour ➤ Closing session: 1 hour
8	ETA8. Health Apps for new-born care	<ul style="list-style-type: none"> ➤ Teaching session: 3:00 hours ➤ Experiential training session: 2:30 hours ➤ Self-learning: 1:30 hours ➤ Closure session: 30 min
9	ETA 9. Health Apps for the Elderly	<ul style="list-style-type: none"> ➤ Teaching sessions: 2:30 hours ➤ Experiential training session: 2 hours ➤ Self-learning: 1:30 hours ➤ Closing session: 30 min
10	ETA 10. Health Apps for mental heath	<ul style="list-style-type: none"> ➤ Teaching sessions: 3:30 hours ➤ Experiential training session: 1 30 hours ➤ Self-learning: 1:30 hours ➤ Closure session: 30 min
11	ETA 11. Apps for healthcare services	<ul style="list-style-type: none"> ➤ Teaching session: 2:30 hours ➤ Experiential training session: 2:30 hours ➤ Self-learning: 1 hour ➤ Closing session: 1 hour



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MIG-HEALTH APPS
Mobile Health Apps for Migrants



5 BASES OF THE EVALUATION METHODOLOGY

The methodology to be used to evaluate the acquisition of competences of trainees aims to the **learning outcomes** referred in Section 2. These learning outcomes can be translated into specific competences to be achieved on each single Experiential Training Activity, which will be the core of the evaluation processes and which are aligned with the expected results to be achieved by the trainees. A set of Qualitative Questions are suggested.

Key Learning Outcome 1. Understand the relevance of the health self-management

Indicator 1. *Trainees show along the course, through the different activities planned, that they understand the relevance of the health self-management*

1.1 *Do trainees understand the concepts behind the health self-management?*

1.2 *Do trainees show commitment in improving their health self-management?*

Key Learning Outcome 2. Assess the health status of themselves and their main network

Indicator 2. *Trainees show along the course, through the different activities planned, that they have improved their capacity for assessing the health status of themselves and their main network?*

2.1 *Do trainees understand the key aspects affecting their health condition?*

2.2 *Do trainees properly self-assess themselves on the health condition of themselves and their main network?*

Key Learning Outcome 3. Understand the concept of Health Apps and how they can be used for enhancing the health self-management

Indicator 3. *Trainees show along the course, through the different activities planned, that they understand the concept of Health Apps and how they can be used for enhancing the health self-management*

3.1 *Do trainees understand the concept of the Health Apps and how they can be used for enhancing their health self-management?*

3.2 *Do trainees show interest in using Health Apps for enhancing their health self-management?*

Key Learning Outcome 4. Know about existing Health Apps in the health fields of main relevance for them

Indicator 4. *Trainees show along the course, through the different activities planned, that they know about existing Health Apps in the health fields of main relevance for them*

4.1 *Do trainees understand the scope of the Health Apps introduced in the pilot training course?*

4.2 *Are trainees able to identify other additional Health Apps in the health fields of main relevance for them?*

Key Learning Outcome 5. Development of the Digital Health Literacy competences

Indicator 5. *Trainees are able, through the different activities planned, to make a safe and purposeful navigation through health information and Apps*



5.1 Do trainees apply proper criteria for searching and evaluating the reliability and relevance of health information and Apps?

5.1 Do trainees apply proper practices for ensuring a safe use of digital devices, sites and health Apps?

Key Learning Outcome 6. Select, test and apply Health Apps in the health field of main relevance for them

Indicator 6. *Trainees are able, through the different activities planned, to select, test and apply, at least, one Health Apps in the health field of main relevance for them*

6.1 Are trainees able to select and use, at least, one Health Apps?

6.2 Are trainees able to apply the Health Apps for improving any area of their own self-management?

It's important to note that this methodology will mainly assess the competences acquired by the Migrants. For the Supports, the application of these qualitative questions will depend on their specific characteristics, background and interests (peer supports, professionals, etc.). In addition, there is a specific Key Learning Outcome for these Supports, which is the "development of their capacity for transfer knowledge to and support the Migrants". Their successful participation in the pilot training courses and achievement of the same qualitative indicators will be a first needed milestone, but their full capacity for transfer deeper knowledge would need of some additional assessments, which is out of the scope of this methodology. In this regard, the inputs given by these Supports in the corresponding satisfaction questionnaires already described will complement the qualitative assessment and will help in building the validation conclusions.

A set of documents have been prepared for enhancing the evaluation of the acquisition of competences and satisfaction of the trainees, available in Annex II.



6 RECOMMENDATIONS AND TIPS FOR TRAINERS

Ice-breaker activities, which appear in all ETAs, will be used at the trainer's discretion. If it is a group in which they already know each other, it is not necessary to do the activity. This activity is designed for group members to introduce themselves in a relaxed and dynamic way when they do not know each other.

Timekeeping: The keeping of time is important but the training might need a different time for different groups, especially if the groups are not homogeneous in terms of ethnic background, age and gender. Be aware that “time” might have a different meaning for different ethnic groups.

Gender sensitivity: It is easier to handle homogeneous groups on certain topics - not only because of interest but also because of opportunities to communicate openly in a trustful way. Consider respective group compositions.

Topic sensitivity: There are topics (e.g. mental health or sexuality) that need a sensitive approach. It is important to know how such issues are dealt with in the migrants' home countries but it is also important to communicate the handling of such issues in the host country. The focus should always be on health.

Sensitivity to health terms with different meanings: When we use certain terms, we assume that our counterpart knows the same meaning. This is not necessarily the case with migrants. The term ‘sick’ alone is seen differently in different cultures. It is therefore advisable to be sensitive when using terms - if in doubt, please explain and let explain.

Acceptance of boundaries: It is possible that you as a trainer will come up against limits: in communication skills, in serious health problems communicated by participants, in emotional situations. You will not be able to resolve these exceptional situations in your training sessions. Seek advice from the supervising staff, foreigners' offices or specialists but avoid letting your training be dominated by such situations.

Concentration ability: As a trainer, bear in mind that people who have no work routines can quickly become overwhelmed in their ability to concentrate. Therefore, plan several breaks and favour face-to-face training whenever possible.

Reality of life and reality of learning: Even if registration for your learning events is binding, the reality of life of the registered participants may have different requirements. An appointment at the immigration office at short notice, a sick child, or a work opportunity are relevant obstacles, especially for asylum seekers. You should therefore emphasize the binding nature of participation and ask for apologies for non-attendance as a basic rule of social interaction.

Build on previous projects: There are several projects which could be used by trainers to know more about related topics and/or use their results for complementing the information and materials delivered to the trainees. Among others, we can highlight the following projects:

- **MIG-DHL:** The objective of the project is to increase the competences (attitudes, knowledge, skills) of Migrants for improving their Digital Health Literacy (DHL). Specifically, the project aware Migrants about the importance of Digital Health Literacy and develops Digital Health Skills within the Migrants population



- **EU-MiCare:** An innovative and comprehensive training program for health professionals (psychologists, psychiatrists, social workers, physicians, nurses) and other professionals (cultural mediators, interpreters, counselors), enhancing their knowledge and skills to improve mental health service delivery to migrants and refugees.
- **EU-VET CARE:** Aims to design and implement innovative vocational training on the appropriate delivery of health-care for migrant/refugee children. More specifically, it aims to strengthen key competencies in vocational education and training and to develop high quality skills among people working in the delivery of health care to these vulnerable populations.
- **Therapy2.0:** This project focused on how to reach young people and “digital natives” with eCounselling measures - meaning activities between health experts and clients/patients by ICT (information and communication technology) tools. The goal was to raise awareness of the potentials of ICT based approaches in therapeutic and counselling processes, but also to provide a practical guide to the different ways of how technology can be used, best practice examples, and a mobile application for smartphones.



7 Annex I. DOCUMENTS FOR EVALUATION

VALIDATION PILOT ACTIONS DECLARATION

I, the undersigned, declare that:

- I participate in the Pilot Training Course of **MIG-HEALTH APPS**, a European Project Funded by the Erasmus+ Programme of the European Union, aiming to increase the competences of Migrants for using Health Apps
- My profile;

Migrant

Migrants Peers (key community persons in migrant population)

Professionals, namely physicians, psychologists, social workers, and other professionals working for the health and care of migrants (e.g. cultural mediators).

Other (specify):

In _____ at _____ 2024

Name:

Surname:

Signature

By filling out this declaration, you consent to allow us to store the data of this validation session including any personal data consisting of names, email addresses etc. In line with the data protection rules, Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), you have the right to access information about the use of your personal data, as well as the right to rectify/amend, cancel or oppose to the use of your personal data, any time during the storage of your data. According to our internal GDPR procedures, your data will be saved for the duration of the MIG HEALTH APP project and the retention period for project documents. You can contact the MIG HEALTH APP team at media k GmbH for any specific questions: laura.llopv.es



TRAINEES' SATISFACTION QUESTIONNAIRE

Please, assess the MIG-HEALTH APPS training course in which you have participated as a trainee, by rating the next quality items. The objective is to help us to improve the next editions of the course by taking into account your points of view.

First of all, please, **select your profile**

- Migrant
- Migrants peers (key community persons in migrant population, people with migrant background, who are experienced and already integrated in the host country)
- Professionals, namely physicians, psychologists, social workers, and other professionals working for the health and care of migrants (e.g. cultural mediators).
- Other: _____ -

To perform this evaluation, rate every item using a Likert scale 1 – 10, where:

- 1, means that you are highly disappointed/disagree
- 10, means that you are highly satisfied with them/agree.

GLOBAL SATISFACTION	
1. In general, I liked the course	1 2 3 4 5 6 7 8 9 10
2. I will recommend this course to my own contacts	1 2 3 4 5 6 7 8 9 10
3. In this course I have learned new things	1 2 3 4 5 6 7 8 9 10
4. The course has helped me to improve my knowledge about Health Apps and skills for using them	1 2 3 4 5 6 7 8 9 10

TRAINING MATERIALS	
5. The training materials are useful and facilitate learning	1 2 3 4 5 6 7 8 9 10
6. The training materials are adapted to my needs	1 2 3 4 5 6 7 8 9 10
7. I can understand the information available in the training materials	1 2 3 4 5 6 7 8 9 10

TRAINING METHODOLOGY	
8. I like that we can have direct contact with health apps during the course	1 2 3 4 5 6 7 8 9 10
9. I like that we can adapt the learning experience to our own needs	1 2 3 4 5 6 7 8 9 10
10. I liked practical activities; they have facilitated the learning process.	1 2 3 4 5 6 7 8 9 10
11. The duration of the course is good	1 2 3 4 5 6 7 8 9 10
12. I have enjoyed learning with other people from different backgrounds, experience and interests	1 2 3 4 5 6 7 8 9 10
13. During the course I have had clear what I had to do in each moment	1 2 3 4 5 6 7 8 9 10

TRAINING MATERIALS



14. The different training contents seen during the course have been new and useful to improve my knowledge about health apps and their use	1 2 3 4 5 6 7 8 9 10
<p>Please tell us which of the next training contents/activities have you found more interesting for you and necessary for improving your competences.</p> <ul style="list-style-type: none"> • General awareness on the relevance of self-management and health apps • How to search and select health apps • Health apps for physical activity • Health apps for rest routines • Health apps for substances use • Health apps for nutrition • Health apps women's health • Health apps for children's care • Health apps for alderly • Health apps for mental health • Health apps for healthcare services 	

E-TRAINING PLATFORM	
15. It has been easy to navigate the platform	1 2 3 4 5 6 7 8 9 10
16. It has been easy to get to the training materials from the platform	1 2 3 4 5 6 7 8 9 10
17. It has been easy to login with the username and password	1 2 3 4 5 6 7 8 9 10
18. It has been easy to do the practical activities through the platform and upload homework and practical work	1 2 3 4 5 6 7 8 9 10
19. Forum has been easy and useful to use	1 2 3 4 5 6 7 8 9 10
20. When I have had a problem, I have been able to contact my trainer through the platform in an easy way.	1 2 3 4 5 6 7 8 9 10

MOBILE APPLICATION	
21. It has been easy to navigate the application	1 2 3 4 5 6 7 8 9 10
22. It has been easy to access to the training materials from the application	1 2 3 4 5 6 7 8 9 10
23. It has been easy to login with the username and password	1 2 3 4 5 6 7 8 9 10
24. It has been easy to do the practical activities through the platform and upload homework and practical work	1 2 3 4 5 6 7 8 9 10
25. Forum has been easy and useful to use	1 2 3 4 5 6 7 8 9 10
26. When I have had a problem, I have been able to contact my trainer through the application in an easy way.	1 2 3 4 5 6 7 8 9 10



TRAINERS' QUALITATIVE ASSESSMENT OF TRAINEES' PERFORMANCE INDICATORS

Entity:	
Trainer/s:	Trainees number, groups and profiles:
PERFORMANCE INDICATORS	
Key Learning Outcome 1. Understand the relevance of the health self-management	
Indicator 1. Trainees show along the course, through the different activities planned, that they understand the relevance of the health self-management	
Qualitative Questions	
<i>1.1 Do trainees understand the concepts behind the health self-management?</i>	
<i>Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)</i>	
<i>1.2 Do trainees show commitment in improving their health self-management?</i>	
<i>Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)</i>	



Key Learning Outcome 2. Assess the health status of themselves and their main network

Indicator 2. Trainees show along the course, through the different activities planned, that they have improved their capacity for assessing the health status of themselves and their main network?

2.1 Do trainees understand the key aspects affecting their health condition?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)

2.2 Do trainees properly self-assess themselves on the health condition of themselves and their main network?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)

Key Learning Outcome 3. Understand the concept of health apps and how they can be used for enhancing the health self-management

Indicator 3. Trainees show along the course, through the different activities planned, that they understand the concept of health apps and how they can be used for enhancing the health self-management

Qualitative questions;

3.1 Do trainees understand the concept of the health apps and how they can be used for enhancing their health self-management?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)

3.2 Do trainees show interest in using health apps for enhancing their health self-management?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)



Key Learning Outcome 4. Know about existing health apps in the health fields of main relevance for them

Indicator 4. Trainees show along the course, through the different activities planned, that they know about existing health apps in the health fields of main relevance for them

4.1 Do trainees understand the scope of the health apps introduced in the pilot training course?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)

4.2 Are trainees able to identify other additional health apps in the health fields of main relevance for them?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)



Key Learning Outcome 5. Development of the Digital Health Literacy competences

Indicator 5. Trainees are able, through the different activities planned, to make a safe and purposeful navigation through health information and apps

5.1 Do trainees apply proper criteria for searching and evaluating the reliability and relevance of health information and apps?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)

5.2 Do trainees apply proper practices for ensuring a safe use of digital devices, sites and health apps?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)

Key Learning Outcome 6. Select, test and apply health apps in the health field of main relevance for them

Indicator 6. Trainees are able, through the different activities planned, to select, test and apply, at least, one health apps in the health field of main relevance for them

6.1 Are trainees able to select and use, at least, one health apps?

Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)

6.2 Are trainees able to apply the health apps for improving any area of their own self-management?



Qualitative assessment, including reference to evidences (group dynamics, assignments, practical activities, etc.)