

Evaluation in Italy – methods, tools and results

Great attention was devoted to the evaluation of the training initiative, choosing methods and tools allowing qualitative and quantitative analysis of the results. The main evaluation objective consisted in measuring the impact of the training in the participants, both in the short and in the medium term. Evaluation also aimed at assessing the participants satisfaction towards the initiative.

Evaluation of the training impact

A structured *Likert* scale questionnaire was designed, meant to allow a quantitative analysis. The questionnaire included 4 macro-areas, each corresponding to a training objective:

Macro-area	Training objective
Knowledge	Increasing the learners' knowledge in terms of cultural mediation, rules and related services
Competence	Improve the learners' competence in the interaction with migrant patients
Awareness	Sensitize the learners on the difficulties the migrant patients meet because of language and cultural barriers
Behaviour	Make the learner reflect on the behaviours they adopt towards their migrant patients, and on the possibility to correct them.

The questionnaire included a number of questions common for all the partners, and some other specific questions each partner included because of their relevance to the territorial area and/or the specific target.

The evaluation aimed to measure any changes in the learners' knowledge, attitudes and behaviours after the training course. The questionnaire was therefore submitted to the learners twice: once before the training and once at the end of it. The differences in the values of the answers would have given the measure of the training impact.

The results were initially analysed by groups, i.e. comparing the average value for each question between the first and the second questionnaire. Still, some of the values emerged from the comparison of data lent themselves to interpretative ambiguities. Further measurements were therefore carried out to verify their reliability (Fig. 1). In the last column, the "p-value" tells you if the difference is just incidental, or based on a meaningful difference. If the p value is <.05, then you can attach meaning to the differences. It is evident the significant increase in knowledge, skills, behaviour (tendentially), but not so with regard to awareness. Nonetheless, the awareness score was higher then the other ones in the first questionnaire: this might be interpreted that the learners were aware of the problems already, but lacked knowledge and skills, which increased significantly after the training.

Fig. 1 – Comparison of values, per individual data, between the two questionnaires (in Italian)

	Pre-test	Post-test	t-value	p-value
Knowledge (5 questions)	2.8	3.4	- 2.483	.016
Competence (2 questions)	2.7	3.3	-2.642	.011
Behaviour (3 questions)	2.8	3.2	-1.640	.11
Awareness (7 questions)	3.5	3.8	-1.394	.17
Total (17 questions)	3.1	3.5	-2.497	.016

Evaluation of the participants satisfaction

This kind of evaluation aimed to assess whether the learners had liked the proposed methods and contents. As the training initiative was officially accredited, a standard structured questionnaire provided by the Ministry had to be used, and was submitted to the participants at the end of each training day. The analysis of data revealed an extremely high score with respect to organisation, content, methods and trainers for both the days. As for the Forum Theatre, the evaluation reached the highest scores in the Likert scale.

Follow-up

The evaluation activities ended with a follow-up phase: 6 months after the end of the training, the components of the pilot group were contacted to be interviewed again. The guidelines for the interviews were based on the previous questionnaire items. The objective consisted in verifying the training long-term impact, specifically if it had affected the participants' working practices and behaviours towards their migrant patients.

14 out of 30 participants were available for the interviews. Their answers revealed that:

- the communication problems with the migrant patients are still a reality, mainly due to the difficulty to understand their family, social and cultural context, which gives easily way to misunderstandings;
- the importance of working with a formal mediator/interpreter to make the communication more reliable and effective is acknowledged. Nonetheless, the use of informal interpreters persists, especially when urgencies occur and there is no time to look for a formal interpreter;
- the use of the mediation service has increased in those departments less burdened by urgencies;
- the informal interpreters can offer a partial and distorted translation, but their emotional closeness to the patient continues to be seen as a value;
- their prejudices and behaviours have been analysed after the course, and their working modalities sometimes modified. Nonetheless, the enthusiasm aroused by the course soon faded because of the problems making their daily work with the migrant patients difficult, even frustrating;
- further training is suggested, with diversified contents according to the departments needs and characteristics;
- training should be provided to GPs, as they often send improperly their patients to the hospital;
- the appreciation for the course was confirmed, especially for its innovative and experiential aspect.