

1 **Title:** Health Education among Medical Students: A Challenge Worth Accepting

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12
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30 **Discussion Points:**

- 31 1. Implementing a Health Education Program for medical students
32 2. Using medical students as workshop coordinators was positively perceived by their peers and provides
33 growth opportunities for a Health Education Team
34 3. Health Education Program development: plan ahead and avoid pitfalls

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1 THE EXPERIENCE.

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3 Nowadays, medical education mostly focuses on diagnosis and treatment of disease, rather than its prevention
4 and health promotion.¹ In an effort to bridge this gap in our school's curriculum, our team has created a Health
5 Education Program. According to the World Health Organization (WHO): "Health Education comprises
6 consciously constructed opportunities for learning involving some form of communication designed to improve
7 health literacy and developing life skills which are conducive to individual and community health".² A key
8 component of this Program is active student participation. Health Education activities can play a major role in:
9 (I) assisting medical students in knowing key factors and strategies for prevention, (II) being able to promote
10 individual and societal health, and (III) being able to understand the impact of social determinants of health (e.g.
11 culture, religion, etc.) on health behavior and health.¹ Such competencies are deemed necessary by both
12 regulating bodies and medical students themselves.^{3,4}

14 Our Team

15 The Aristotle University of Thessaloniki (AUn) School of Medicine Health Education Team has a long-standing
16 presence in our university. Its main goal is to engage medical students in ideals of Health Education. Our Team
17 consists of experts on Health Education (doctors, dieticians, physical education teachers, psychologists, public
18 health workers) and, of course, medical students. These medical students are trained on Health Education and
19 on basic soft skills by the team of experts mentioned above. Both sides cooperate during the year, in order to
20 assess the needs of medical students, and create a suitable Health Education Program.

22 The Program

23 The Program takes place every year, from March until June. Preparations start in November with experts and
24 student coordinators working together on weekly basis. The Program starts in March with a seminar which is
25 open for all medical students, and acts both as an introduction to the role of Health Education, as well as an
26 open invitation to join our Team and participate in the upcoming workshops of our Program. The workshops are
27 designed to cover a number of different subjects including:

- 28 • Social role and personal identity
- 29 • Addiction in our life: Addiction and behavioral change
- 30 • Sex: Pleasure, risks and safe choices
- 31 • Healthy eating and exercising: How do they affect our physical and mental health?
- 32 • How to design a Health Education program: Steps, tips and action

34 Each workshop is carried out by an expert in cooperation with two medical students, who are properly trained
35 on the workshop topic during the preparation period. Each workshop consists of two parts. The introductory
36 one, which is more theoretical, and is presented by the expert. The other part is coordinated by the students
37 and is focused on team building activities, as well as activities that help students exchange opinions and ideas
38 on the topic of the workshop. Methods used during the workshops are shown in Table 1.

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40 Last year, twenty-five students participated in the open seminar and eighteen students enrolled for the
41 workshops, thirteen of whom successfully completed the Program.

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Medical students as coordinators

The idea of peers involved in our Team was discussed in our group after realizing that it constitutes a valuable tool in training students around the world in a range of health topics.⁵ Student coordinators had previously attended a circle of Health Education workshops and were invited to join the Team during the beginning of the preparation period.

During this period, medical students were able to interact and cooperate with people who have been actively working on Health Education for years. They had the opportunity to experience first-hand the procedure of designing such a program as well as work in an interprofessional group. Additionally, they were encouraged to delve into research on the topics of the workshops, and were regarded as equal team members, as they participated actively in the process of workshop design.

During the workshops, medical students were able to experience the role of the coordinator. It was perceived as quite a challenge to stand in a room full of colleagues and interact with them while at the same time there was a need to assess group dynamics and the engagement of participants. Presentation skills and group management were two main skills that were practiced during the workshops. Furthermore, sharing feedback after every workshop proved to be vital, since it gave medical students the chance to reconsider their approach and possible mistakes. At the end of the Program, feelings of satisfaction and gratitude were shared among the Team. After spending seven months working together, we were not just a team, but a family working for a unique purpose.

Positive outcomes and obstacles

To help others who might be interested in developing a Health Education Program like ours, we would like to share some advice based on our personal experience.

On the positive side, students understood the importance of Health Education and the role that doctors can have in this effort. At the same time medical student involvement as workshop coordinators, which was positively evaluated by the participants, provides the opportunity to expand our Team by including more students, after training them on developing some essential skills regarding Health Education. It is also a motivation for students who completed the Program to continue their involvement in the Health Education Team, as some of our participants did.

However, on the negative note, a great threat that this kind of elective programs faces, is the gradual decrease in the number of participants. This must be taken into serious consideration while designing the program since its duration, the number of workshops and the holidays intervening can affect the number of participants. Furthermore, materials and methods used should be diverse and captivating; not just theoretical lectures. Another pitfall is including too many subjects, since covering all of them in appropriate length and detail will either be impossible and end up in poor educational results or cause the extension of the duration of the program which will probably result in some participants quitting.

1 Promoting the program among medical students is also an important factor that can affect participation. This is
2 why investing time and effort on preparing good promotional material is crucial. Needless to say that one should
3 use all available promotion means (e.g. social media, banners).

4 5 **The Big Picture**

6 This Program is part of our ongoing initiative “Healthy People, Healthy University” that aims at creating a
7 “healthier” campus, by helping students and university staff in making healthy lifestyle choices. For our vision,
8 our Team received an award from our university in July 2019. “Healthy People, Healthy University” was chosen,
9 after an open call for ideas (under the name “ImproveMyCampus”) that were envisioned to improve our campus,
10 as one of the best proposals.⁶

11
12 We were planning to expand our Program to include students of other specific faculties (i.e. Departments of
13 Psychology, Education and Physical Education and Sports Science) along with medical students. Graduates of
14 these faculties can have a decisive role in Health Education. Unfortunately the SARS-CoV-2 pandemic has
15 resulted in the suspension of all in-person academic activities. However it has created a new chance to show
16 the importance of Health Education.⁷

17 18 **Limitations**

19 Despite the evaluation from both participants and student coordinators, which followed after the program, due
20 to the small number of participants, we decided not to conduct any analyses. Such analyses would not lead to
21 firm conclusions that could be easily generalized. Therefore it should be made clear that we herein just convey
22 our experience. Future bigger cohorts of participants may allow for a more objective, evidence-based,
23 conclusion, regarding this type of Health Education Program.

24 25 **Conclusion**

26 In conclusion, including students as coordinators was positively perceived by all involved parties (experts,
27 coordinators, and participants). Despite difficulties which such a program might face, it can promote Health
28 Education. Simultaneously, it can act as a recruitment tool for the team, in order to create the nucleus for further
29 future initiatives. From the perspective of medical student coordinators, this was a remarkable experience which
30 combined practical and theoretical engagement in Health Education, as well as presented a great opportunity
31 to step out of their comfort zone, and to create something new from conceptualization to implementation.

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1 **FIGURES AND TABLES.**

2

3 **Figure 1.** Aristotle University of Thessaloniki (AUTh) School of Medicine Health Education Team

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1 **Figure 2.** Team meeting photo, during which we were designing a new Health Education Program, with the aim
2 of including students from more departments of our university.
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Accepted

1 **Table 1.** Methods used during the workshops.

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Methods used during the workshops
Brief lectures
Role playing
Drama
Simulation exercises (e.g. creating an intervention for a given problem)
Discussion and reflection on activities (in small working groups, and as a whole group)

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