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Methodology Framework for the Training Curriculum

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3.2 Deliverable



The **ERASMUS+ MEDLIT project** will develop innovative and evidence-based training programs focused on advancing health literacy, disease prevention and the safe use of medications.

MedLit will enable adult educators to integrate medical literacy into their curriculum and educational activities, therefore amplifying the impact of the project. The program is designed to benefit patients and elderly citizens as well as parents and caretakers.

DELIVERABLE 3.2 METHODOLOGY FRAMEWORK FOR THE TRAINING CURRICULUM



Co-funded by
the European Union

The MedLit project is co-funded by the European Union. MedLit is coordinated by the Vaccine Safety Initiative in Berlin, Germany in collaboration with two NGO's in Greece (Prolepsis and Givmed) as well as the Technical University of Cyprus and the University of Rzeszow, Poland.



Deliverable 3.2



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WP3 – Methodology Framework

Training Curriculum Design

**MedLit: Training for Safer Use of Medication
and Improvement of Health Literacy.**

Version 2.0 | March 2026

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Part I: Introduction

1.1 About the MedLit Project

Health literacy refers, broadly, to the ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health (Nutbeam, 1998). This encompasses two closely related and increasingly important sub-domains: medication literacy and vaccine literacy. Medication literacy is a relatively recent concept, broadly defined as an individual's competences or skills in the safe and effective use of medicines (Raynor, 2009; Saucedo et al., 2012). Vaccine literacy is considered a core component of health literacy, grounded in the overall framework of health literacy and connected to the motivation, knowledge, and competence of people about vaccines – enabling them to make informed decisions regarding vaccination for themselves and others (Biasio et al., 2020).

The MedLit project aims to address the pressing issue of medication safety and literacy, as well as vaccination literacy, across the European Union by developing an innovative digital training program. Through this initiative, MedLit seeks to contribute to a more health-literate population in the EU – one that is empowered to make informed and responsible decisions about medication use and vaccination to protect their own health and the health of those around them.

The project focuses on five key thematic areas:

- **Antimicrobial Resistance (AMR):** Educating on the need for appropriate antibiotic use to combat the growing threat of AMR.
- **Vaccine Hesitancy:** Providing evidence-based information to address vaccine hesitancy and promote informed vaccination decisions.
- **Mental Health Medication:** Educating on the safe and effective use of mental health medications, including adherence and potential side effects.
- **Medication Disposal:** Promoting proper disposal practices to protect public health and the environment.
- **Medication Safety in Specific Populations:** Addressing medication safety for children and older adults, including overdose risks and potential adverse effects.

The target groups for the MedLit project include adult educators, parents, older people, patients, and carers.

1.2 Project Partners

The MedLit project is a collaborative Erasmus+ initiative involving a consortium of partners from across Europe.

1.3 Purpose of This Document

This Methodology Framework document (WP3) serves as the guiding blueprint for the design, development, and delivery of the MedLit online learning platform and its accompanying training modules.

This document is intended for use by all consortium members contributing to the development of training content.

The copyright and ownership of the developed materials and content belong collectively to the entire consortium.

1.4 Foundation: WP2 Literature Review and Focus Group Findings

1.4.1 Overview of Work Package 2

Work Package 2 (WP2) of the MedLit project established the theoretical foundation and conducted co-creation activities to inform the design of the training program. This work package directly contributed to the project's overall goal of developing a comprehensive and effective curriculum on medication safety and literacy. WP2 comprised three interrelated activities:

- Reviewing the existing situation by assessing the current state of medication and vaccination literacy in EU countries.
- Co-creation activities conducted through focus groups with adult educators, parents, older people, patients, and carers, to gather their perspectives and identify specific training needs.
- Developing a theoretical foundation based on the review and co-creation activities, establishing a framework that would guide the design of the training curriculum and its pedagogical approaches.

By establishing a strong theoretical foundation and incorporating the insights and needs of the target groups through co-creation activities, WP2 ensured that the MedLit training program is relevant, effective, and tailored to the specific requirements of the intended audience.

1.4.2 Key Findings from the Literature Review

The literature review conducted in WP2 provided a comprehensive overview of the current state of health, medication, and vaccine literacy across EU member states. Key themes and findings were divided into three main thematic areas and included:

Medication Use and Literacy

Older adults aged 75 and over represent the largest group of prescribed medication consumers in Europe, and lower educational attainment is consistently associated with higher prescribed medicine use and lower adherence. Prescribed overuse of opioids, sedatives, and antidepressants is increasing across the EU, and the safe use of over-the-counter medications – particularly paracetamol and ibuprofen – remains poorly understood by significant segments of the population. Antibiotic misuse is a particular concern: 57% of Europeans are unaware that antibiotics do not work against viruses, and 44% do not know they are ineffective against colds and flu. This contributes to antimicrobial resistance (AMR), which causes approximately 35,000 deaths annually in the EU. Medication overuse headache, affecting 1-2% of the European population (predominantly women), further illustrates the public health consequences of inadequate medication literacy. Proper reading and interpretation of Patient Information Leaflets (PILs) also remains a challenge, with evidence that extensive side effect listings frequently generate anxiety and can lead patients to discontinue treatment without professional guidance. Medication disposal is an additional area of concern, with large quantities of unused medicines discarded improperly each year, posing environmental and public health risks.

Vaccination Literacy

Vaccine confidence is variable across the EU and is declining among younger adults aged 18-34, while older populations show growing trust. Vaccine literacy levels increase significantly with educational attainment. Vaccine hesitancy is most pronounced in Central and Eastern Europe, and widespread misinformation – particularly regarding HPV and COVID-19 vaccines – continues to fuel public uncertainty. The European Centre for Disease Prevention and Control (ECDC) now promotes a life-course vaccination approach to improve coverage and awareness, and vaccination schedules remain the competence of national authorities across the EU.

Pharmacovigilance System

The EU pharmacovigilance system operates through EudraVigilance under the European Medicines Agency (EMA), collecting adverse drug reaction (ADR) reports to ensure medicine safety. Over 2.9 million ADR reports were recorded in 2022, the majority related to COVID-19 vaccines. Despite this volume, patient awareness of reporting systems remains low, and many individuals do not perceive ADR reporting as their responsibility. Initiatives such as the Vaccine Monitoring Platform and national yellow card reporting systems (e.g., Greece's kitrinikarta.gr) aim to strengthen safety monitoring, though greater public education is needed to increase participation.

1.4.3 Key Findings from Focus Groups

Focus groups were conducted across four partner countries – Germany, Poland, Greece, and Cyprus – with representatives from all target groups: adult educators, parents, older people, patients, and carers. The co-creation process yielded a rich set of insights that directly shaped the design of this training framework.

Trust and Communication as the Central Determinant

Across all four countries, trust in healthcare professionals emerged as the most critical determinant of safe medication use and vaccination adherence. Clear, empathetic, and

consistent communication from doctors and pharmacists was universally identified as the foundation of patient confidence. Where communication was rushed, incomplete, or paternalistic, mistrust arose, prompting individuals to turn to online sources, peer networks, or social media. Participants across all contexts highlighted the value of structured preparation for medical consultations – including written question lists, checklists, or "cheat sheets" – as practical tools for enabling informed, confident engagement with healthcare providers.

Emotional and Cognitive Barriers

Anxiety about side effects, fear of adverse outcomes, and information overload were identified as powerful barriers in all countries. Reading medication leaflets, for example, frequently generated fear rather than reassurance, and sometimes led patients to self-discontinue treatment. Participants described how these emotional responses could lead to avoidance behaviours, hesitation around vaccinations, or non-adherence to prescribed regimens. This was particularly pronounced among older adults and carers managing complex medication routines.

Social and Relational Influences

Medication and vaccination decisions were consistently described as socially embedded practices, shaped by family influence, peer networks, community norms, and cultural context. In Greece and Cyprus, relational trust and community influence played especially prominent roles, while in Poland and Germany, misinformation circulating through social networks and online platforms was identified as a significant barrier. Carers across all countries reported high levels of responsibility and emotional burden, and often lacked adequate training or structured support.

Practical Tools and Accessible Information

Participants across all countries expressed a clear desire for simple, actionable, and reliable health information. They valued visual materials, short videos, real-life case examples, and practical tools such as medication calendars, pillboxes, and checklists. There was strong consensus that health literacy training should be modular, practice-oriented, and revisitable – and that it should support understanding and reflection rather than prescribing "correct" behaviour. Participants additionally valued the opportunity to learn from other countries' experiences, seeing international examples as a means to broaden understanding and foster cross-cultural dialogue.

Implications for Module Design

From the cross-country analysis, ten training themes were identified as relevant across all national contexts: (1) Trust and Communication; (2) Understanding Medications and Vaccines; (3) Safe Use and Adherence; (4) Collective Responsibility and Vulnerable Populations; (5) Critical Evaluation of Health Information and Misinformation; (6)

Addressing Fear and Hesitancy; (7) Cultural and Contextual Influences; (8) Practical Tools and Applications; (9) Emotional and Social Dimensions; and (10) Strengthening Autonomy and Participation. These themes directly inform the six-module curriculum structure developed in WP3, as described in Part II of this document.

Part II: Training Curriculum Overview

2.1 Contractual Obligations and Deliverables

In accordance with the MedLit project application and consortium agreement, the WP3 training curriculum is required to deliver the following components:

Modular Training Courses

Training content, exercises, and material organized by theme.
Practical Activities integrated within each module to accompany theoretical content, implemented in digital environments to enhance participants' applied learning.

Assessment Manual

A collection of guidelines for knowledge and competence assessment based on both traditional and non-traditional methods.
Assessment tools, scenario-based exercises, and case studies to support formative and summative evaluation.

Training Manual and Resource Libraries

Training content, case studies, exercises, material per theme, organized in libraries.

Digital Resources and Multimedia Support

The platform will host a digital resources database with multimedia such as peer-reviewed articles, videos, podcasts and infographics.
The platform will also function as a space to share best practices across the consortium and with end users.

2.2 Module Overview and Partner Responsibilities

The training curriculum is organized into six thematic modules. Each module is the responsibility of a designated partner, who leads content development in close collaboration with the broader consortium and WP3 leader (CUT). The table below provides an overview of all modules and their responsible partners.

#	Module Title	Responsible Partner
1	Communication	VIVI

2	Safe Use and Adherence of Medications and Vaccines	GIVMED
3	Collective Responsibility & Vulnerable Populations	Prolepsis
4	Building Trust: Critical Evaluation of Health Information & Misinformation	UR
5	Cultural Contexts, Emotional and Social Dimensions	CUT
6	Repository of Tools and Resources	CUT (All partners)

Part III: Module Design Guide

This section describes the standard structure and design principles that all modules must follow. Consistency across modules is essential for a coherent learner experience on the MedLit platform. All partners are expected to adhere to the model outlined below and to consult with GIVMED before finalizing their content to ensure platform compatibility.

3.1 Standard Module Structure

Each module must follow the structure below. Partners are encouraged to think of this as a model module.

1	Module Description	Description
2	Vignette (Real-Life Case)	Description
3	Learning Objectives	Description
4	Teaching Video	Description
5	Evaluation Questionnaire	Description

3.2 Content Design Principles

All training content should adhere to the following principles to ensure accessibility, quality, and consistency across the curriculum:

Language and Readability

- Write in plain, accessible US English.
- Avoid medical jargon.
- Use short sentences and short paragraphs.
- Aim for a reading level accessible to non-specialist adult learners. (main target audience: public)
- Favor active voice over passive voice.

Content Creation

- Videos should be recorded using the following guidelines:
 - Format: Landscape (16:9)
 - Background Visuals: Neutral, clean, and non-distracting background in MedLit's Color Palette. ([MedLit Style Guide.pdf](#))

- **Framing:** Medium close-up shot (head and upper torso visible), with the speaker centered and looking directly at the camera. Eye-level camera positioning is recommended.
- **Minimum Resolution and Frame Rate:** Full HD (1920x1080) at 25 or 30 fps
- **File Format:** MP4
- **Audio** should be recorded on a separate microphone device (if available) to ensure quality and clarity of speech.

Multimedia and Interactive Content

- Modules should incorporate a range of content formats to support diverse learning styles, including written text, video, at least one infographic, and interactive exercises.

Digital Resources Database and Best Practice Sharing

- Platform users will be encouraged to share resources by emailing the website manager, who will approve and upload them.

Formatting

- Please consult GIVMED for specific platform formatting requirements before submission.

Module Length (Timing)

- The module content should be no longer than 15 to 20 minutes, excluding the vignette and evaluation.

Referencing Materials

- APA style for all references.

Repository

An excel file was created and shared in the OneDrive file. All partners can reference their used material.

[List of the material for Module 6.xlsx](#)

3.3 Evaluation Questionnaire Design

Each module must conclude with an evaluation questionnaire to assess participant learning. The following guidance applies:

- **Number:** ten questions per module and five questions for the vignette
- **Type:** multiple choice and scenario-based

Example Question Format – Multiple Choice

Question: Which of the following is true about antibiotics?

- A) If I feel better before finishing my antibiotics, it is okay to stop taking them.
- B) Antibiotics work on bacteria, not viruses.
- C) Antibiotics can be taken for any type of infection.
- D) Antibiotics work faster if you take a higher dose.

Correct Answer: B

Rationale: Antibiotics are designed to treat bacterial infections only. They do not work against viruses, which cause illnesses like colds and flu. It is also important to always complete the full course of antibiotics, even if you start feeling better. Stopping early means some bacteria may survive and become resistant, making future infections harder to treat.

Example Question Format – Scenario-Based

Scenario: Maria, age 68, has been prescribed three different medications by two different doctors. She is unsure whether it is safe to take them together and finds the information on the packaging confusing. Make notes answering the questions below:

Question 1: What is the most important first step Maria should take?

Question 2: What resources or services could help Maria understand her medications?

Question 3: What risks may arise from taking multiple medications without professional guidance?

3.4 Vignette Design

Each module must include a real-life case vignette to contextualize the module's content and promote learner engagement.

Guidelines for vignette construction:

- Length: 5-10 minutes
- Format: text
- Content: based on the module
- Reflection prompts: 3

Example Vignette – Module 2: Safe Use of Medications

Situation: Carlos is a 72-year-old retired teacher living alone. He has been managing hypertension and type 2 diabetes for several years and takes four different medications daily. Recently, his GP prescribed a new antibiotic for a chest infection. Carlos is unsure whether the antibiotic is safe to take alongside his other medications. He decides not to bother his doctor and instead looks for information online, where he finds a forum post suggesting that one of his blood pressure medications interacts badly with antibiotics.

Carlos becomes anxious and decides to stop taking his blood pressure medication while he completes the antibiotic course, without informing his doctor.

Reflection Questions:

1. What potential risks does Carlos face as a result of his decision?
2. What should Carlos have done when he had concerns about drug interactions?

3. How could healthcare providers better support patients like Carlos in managing polypharmacy?

Part IV: Module Descriptions

The following sections provide full descriptions of each of the six training modules, including learning objectives, unit structure (where applicable), and responsible partner details.

1 Communication

Responsible Partner: VIVI

Description

This module focuses on building and maintaining trust between the public and healthcare providers. It aims to empower individuals to actively participate in their own healthcare by promoting honest and clear communication. The module teaches strategies that help the public express concerns, ask clarifying questions, and better understand medical information, encouraging greater engagement in health-related decisions.

Expected Learning Outcomes

Upon completion of this module, learners will be able to:

Prepare for and navigate medical consultations, including identifying key questions, explaining symptoms, and clarifying treatment instructions.

Understand and clarify medical information provided by healthcare professionals, including knowing when to seek a follow-up.

Communicate openly and confidently with healthcare professionals about medicines and vaccines, including asking questions and expressing concerns.

Actively participate in shared decision-making and understand their role in managing their own health or the health of those they care for.

Adopt a balanced approach that combines constructive, positive interactions with healthcare providers with awareness of patient's rights and responsibilities.

2 Safe Use and Adherence of Medications and Vaccines

Responsible Partner: CIVMED

Description

This module introduces key concepts related to medicines and vaccines and promotes their safe and responsible use. It explains correct medication practices, including proper dosage, appropriate antibiotic use, drug interactions, and safe storage to prevent accidental poisoning. It also addresses common myths and misconceptions about medicines and vaccines and provides essential terminology. Additionally, the module raises awareness about donating unused medicines and properly disposing of expired products to protect public health and the environment.

Expected Learning Outcomes

Upon completion of this module, learners will be able to:

Increase learner's understanding of what medicines and vaccines are and how they help prevent or treat diseases.

Promoting safe and responsible use of medicines by applying knowledge of correct dosage, appropriate antibiotic use, and professional guidance.

Help learners recognize and take steps to prevent common medication risks, including incorrect dosing, unsafe combinations, and accidental poisoning due to improper storage.

Equip learners with practical knowledge for safely storing medicines at home and understand responsible practices such as donating unused medicines and properly disposing of expired ones. This includes basic understanding of antimicrobial resistance and its prevention.

3

Collective Responsibility & Vulnerable Populations

Responsible Partner: Prolepsis

Description

This module highlights the societal dimension of health, focusing on vaccination and the impact of individual choices on community wellbeing. It covers concepts such as herd immunity and the ethical responsibility toward vulnerable populations, including those who are unable to receive vaccines or antibiotics.

Expected Learning Outcomes

Upon completion of this module, learners will be able to:

Understand how individual health decisions can affect community wellbeing.

Explain the purpose and benefits of vaccination in preventing infectious diseases.

Describe the concept of herd immunity and how it protects communities.

Recognize why high vaccination coverage is important for public health.

Identify vulnerable groups (such as older adults, migrants, and immunocompromised individuals).

Understand the social and ethical responsibility of protecting them through vaccination.

Develop awareness of how collective action contributes to healthier and safer societies.

4 Building Trust: Critical Evaluation of Health Information & Misinformation

Responsible Partner: UR

Description

This module equips participants with the skills to critically evaluate health information, distinguish scientific evidence from misinformation, and assess the credibility of online and media sources. It strengthens media literacy by teaching strategies to verify claims through trusted references and recognize misleading content, including the influence of social networks on health perceptions. Participants also explore strategies to rebuild confidence in health information, including transparent explanations, credible sources, and community dialogue. The module addresses common fears and doubts about medications and vaccines – such as alleged links to autism and distrust of the pharmaceutical industry – by guiding participants to interpret evidence accurately and communicate clearly about safety and effectiveness.

Expected Learning Outcomes

Upon completion of this module, learners will be able to:

Develop the ability to critically evaluate health information and distinguish scientific evidence from misinformation encountered in media, social networks, and online sources.

Learn how to assess the credibility of health information and verify claims using reliable and evidence-based sources.

Understand how media, social networks, and personal narratives can shape perceptions of medicines and vaccines.

Recognize and reflect on common fears, doubts, and misconceptions about medicines and vaccines, and interpret scientific evidence related to their safety and effectiveness.

Build confidence in making informed health decisions by drawing on trustworthy information and engaging in constructive discussions with others.

Suggested Module Units

- Unit 1: Assessing health information
 - A) Distinguishing scientific evidence from myths and misinformation
 - B) Evaluating online sources and media literacy
 - C) Strategies for cross-checking claims with trusted references
- Unit 2: Social networks and social media in shaping health perceptions
- Unit 3: Effective communication for reducing fear and concern

5

Cultural Contexts, Emotional and Social Dimensions

Responsible Partner: CUT

Description

This module examines how culture, social networks, personal experiences, and beliefs shape healthcare decisions. It teaches participants to recognize the role of social norms, emotions, and local context in influencing trust and adherence. The module also provides guidance on culturally sensitive communication, understanding diverse health beliefs, and adapting messages to various communities. It explores the emotional and social factors that influence adherence, and teaches strategies for emotional regulation, coping with social expectations, and leveraging supportive networks.

Expected Learning Outcomes

Upon completion of this module, learners will be able to:

Recognize how culture, social norms, personal experiences, and social networks influence decisions about medicines and vaccines.

Reflect on how emotions can affect personal health decisions.

Develop skills to manage emotional and social influences that may create uncertainty around medication use and vaccination.

Learn how to communicate respectfully and effectively with people who hold different health beliefs or perspectives.

Identify ways to use supportive relationships and community networks to strengthen safe and informed health behaviors.

Suggested Module Units

- Unit 1: Understanding the influence of culture, social networks, personal experiences, and beliefs on healthcare decisions
- Unit 2: Culturally sensitive communication and adapting messages to various communities
- Unit 3: Emotional and social factors that influence adherence
- Unit 4: Strategies for emotional regulation, coping with social expectations, and leveraging supportive networks

6

Repository of Tools and Resources

Responsible Partner: CUT (Collection Responsibility)

Description

This module serves as a comprehensive, interactive digital library that aggregates practical tools, trusted resources, and best practices from across all five thematic modules. Rather than delivering new theoretical content, Module 6 provides learners with a curated repository of materials they can return to and use in their everyday lives. CUT is responsible for collecting and organizing all submitted material from consortium partners into this module.

Repository Content Categories

- Practical self-management tools: how to use calendars, pillboxes, medication checklists, digital apps, e-books, and gamified medication tracking tools.
- Integration guidance: tutorials and tips on how to incorporate practical tools and medication safety habits into daily life.
- Digital resource library: an interactive collection of peer-reviewed articles, videos, podcasts, and educational websites, organized by theme and accessible level.
- Platform tutorials: recommendations for trusted health websites and how to make best use of their content (covering both national and EU-level resources).
- Best practice examples: curated case examples and approaches from across partner countries, shared via the platform's best practice space. This includes medication lists and regular verification with healthcare professionals to avoid overmedication.

Note on Platform Integration

All partners contributing resources to this repository are asked to submit materials relating to any of the above modules, in the agreed format and tagging system, to ensure resources are correctly searchable and categorized on the platform.

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