

CASE STUDY 19 - SUMMARY

NAME

Chiv Gordon

LEVEL

Undergraduate

COURSE

ZC MDN3001S - Women's Health

CATEGORY

Holding pattern/Difficulties

FACULTY

Health Sciences

One sentence summary

In ERT, students weren't allowed to see any women's health patients and missed out on valuable clinical exposure. The formal assessments - usually based on real patient encounters - were adapted for online by changing the portfolio of case reports to an open-book family planning assignment based on three case vignettes. Students wrote an MCQ when they were back on campus, and all questions were written from scratch to align with the new online course content and lack of clinical exposure, which was different to pre-COVID content.



Context

Pre-COVID, the assessment for the 3rd year course - Women's Health - comprised one long in-block case report and two short cases, four family planning cases, as well as an end-of-block multidisciplinary MCQ. In ERT, students weren't allowed onto the clinical platform and didn't see a single women's health patient, so the case studies became an open-book family planning assignment, where students were given three case vignettes about common and important contraception issues, on which they had to answer questions. The format of the MCQ stayed the same as it was pre-COVID, but the questions were all re-written to be novel and relevant to the new COVID content.



Purpose:

The mark weightings were adjusted in ERT. The assignment was for 30 marks (10 marks per case) and counted 50% of the overall course mark, with the big multidisciplinary MCQ contributing the other 50%. Students weren't required to sign a declaration for their assignment, but I appealed to them not to collaborate, as doing so would only be a disservice to themselves, their intelligence and their learning. They had also appreciated the huge amounts of effort we had put into the course, and I appealed to them to honour that with an authentic assignment submission.



Process

For the family planning assignment, students were given base resources and then had to do additional research. There was no patient contact but they had to apply their learning to clinical cases.



Outcomes/ Lessons learned

Students were hugely impacted by COVID. They never saw a gynae patient, so their experience was completely hands-off. The assignment was good because it served some of the really fundamental objectives of what they need to learn in third year, and it definitely discriminated between average and excellent students, but they didn't learn how to interact with patients. They didn't learn how to talk to women about sensitive issues. Assessment is usually so tied to clinical exposure, so there was a definite loss there.



Recommendation

While the paper-based case studies approach was an effective assessment of the concepts relating to contraception and women's health, online assessment alone cannot provide the essential clinical depth students need to integrate clinical concepts and learn to interact sensitively with gynaecology patients.