

CASE STUDY 15 - SUMMARY

NAME

Nisha Jacob

LEVEL

Undergraduate

COURSE

PPH4056W - Health in Context

CATEGORY

Holding pattern/Difficulties

FACULTY

Health Sciences

One sentence summary

Time constraints, COVID restrictions and students' unequal internet access required multiple changes to the assessment formats, weighting and administration. The major changes were that the group research project became an individual critical appraisal assignment, the final exam fell away, and an oral assessment was introduced.



Context

The Health in Context course has four components (Public Health, Family Medicine, Health Promotion, and Palliative Care) taught in Year 4 of the MBChB programme. It is a busy course, which would normally include several in-course assessments, including two group projects, and a final exam. Students would normally attend the course for six weeks. In ERT, they had three weeks of remote learning and three weeks where they went back to campus, with very limited contact time. There were concerns that students did not have equal access to remote learning, and it was not feasible to continue with all of the assessments. Some assessments fell away, others were adapted, the group research project was changed to be an individual assignment, and the final exam was removed entirely.



Process

For the individual assignment, there was a high risk of collusion if all students were given the same article to appraise, so they were all given individual papers to assess. The topics were all COVID-related, which was highly pertinent to the current times. There were a range of published articles (good and bad). Markers were asked to mark according to each article and how the student engaged with the material, regardless of the quality of the article.



Purpose:

The course mark was based on the in-course assessments, which now carried a higher weighting than before ERT, or changed from being a DP requirement to counting for marks. Other assessments that required home visits, or shadowing a GP, were taken out and replaced with a mock-motivational interview with lecturers acting as patients. Palliative care was normally assessed in the written exam, but in ERT that fell away and became an oral assessment. The main summative assessment was the individual critical appraisal assignment which assessed research appraisal skills. There were also a few formative quizzes aimed at recapping the work covered



CASE STUDY 15 - SUMMARY (Continued)



Outcomes/ Lessons learned

Changing the group research project to the individual appraisal assignment was less aligned with the course objectives in terms of group work and research skills. Another issue was that the marks for the individual assignment were really disparate, with some students who went beyond what was expected, while others had not even grasped the basics of appraisal. This is most likely due to differential teaching, learning and assessment environments, but also highlights the problem in group assessments where this disparity is masked by a combined group mark. Students and staff were happy there was no exam, but it was evident in the course wrap-up that students did not know the content as well as before. The end of year exam was usually where everything was brought together in an integrated manner. In ERT, everything was taught and assessed in silos, essentially covering four sub-courses within one course. Staff particularly enjoyed engaging with students in the palliative care oral assessment, however some students complained about subjectivity. Changing some assessments from being for DP to counting for marks was a positive change that helped students engage more with the material. ERT allowed flexibility and freedom to make changes; however, with the restrictions applied by the UCT course handbook, the assessments will mostly return to how they were pre-COVID, with the exception of the oral assessment, which will be retained, and the exam, which will move online.



Recommendation

While we were forced to make adaptations under ERT, not all the changes were best for the course outcomes or for student learning. The oral assessment component was mostly seen as a useful addition to existing practice, although there were some concerns about subjectivity of the assessors.