**Course analysis template**

After the course has ended, the course leader fills in this template.

<table>
<thead>
<tr>
<th>Course code</th>
<th>Course title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHI003</td>
<td>Health Care Organization and Management [in the Digital Age]</td>
<td>7.5</td>
</tr>
</tbody>
</table>

**Semester**  
HT 2021

**Period**  

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**Course leader**  
Natalia Stathakarou

**Examiner**  
Sabine Koch

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**Other participating teachers**

- CJS: Carl Johan Sundberg, Licensed Physician and Professor at the Department of Physiology and Pharmacology. Head of the Department of Learning, Informatics, Management and Ethics (LIME). KI
- Emily Erhardt, head of operations, MediCheck
- GT: Göran Tomson, Senior Professor of International Health Systems Research, MMC/LIME and GPB, KI
- JØ: John Øvretveit, Professor of health care improvement implementation and evaluation, MMC/LIME
- KI: Kenneth Ilvall; medical officer of MediCheck
- Karl Hybinette, Researcher and Doctoral student at MMC/LIME, coordinator of patient safety at NICU/KS
- KS: Kay Sundberg, Assistant professor, Department of Neurobiology, Care Sciences and Society (NVS), Karolinska Institutet
- LJH: Lovisa Jäderlund Hagstedt, MD, specialist, deputy head of TioHundra primary care; PhD student at HIC
- MB: Mats Brommels, Professor of Health Services Management, MMC/LIME
- MS: Mariano Salazar, PhD, MD, social epidemiologist, Research Coordinator at GPH, KI
- NF: Nasim Farrokhnia, MD, PhD, Director of research and education, KRY
- NS: Natalia Stathakarou, MSc, PhD candidate & project coordinator, course leader, HIC/ LIME, KI
- PB: Panos Bamidis; Prof. in the Lab of Medical Physics, School of Medicine of the Aristotle University of Thessaloniki, Greece
1. Description of any implemented changes since the previous course

The course was launched combining both digital and physical learning activities, due to the uncertainty of the COVID-19 restrictions that would be in place when the course was designed. Several lectures that took place online, were recorded after requiring permission of everyone participating and were uploaded in Canvas, after the lecture. The course leader discussed this method with the students at the course introduction day and it was perceived positively. At least one lecture per week took place in Campus. The course leader followed the course design from previous year (HT2020) as it was perceived positively by most of the students. Following the last course analysis (HT2020) and specifically the suggestion to include in the schedule a summarizing lecture, one interactive seminar was added to the course schedule. In the interactive seminar the students were asked to study a patient case and discuss with each other and with the guidance of the course leader, several of the aspects of the course. The assignments remained unchanged. One study visit to Karolinska Hospital, specifically to the neonatal clinic was conducted and was appreciated by the students.
2. A brief summary of the students' evaluations of the course
(Based on the students' quantitative answers to the course evaluation and comments. Quantitative compilation and possible graphs attached. Enclose results from the course evaluation)

The course was overall appreciated by the students. The survey was answered by 6 students which might be a risk for the generalizability of the results. For each question of the survey, mean, standard deviation and coefficient of variation, as a percentage, are presented in Table 1.

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Coefficient of Variation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In my view, I have developed valuable expertise/skills during the course.</td>
<td>4.0</td>
<td>0.9</td>
<td>22.4%</td>
</tr>
<tr>
<td>2</td>
<td>In my view, I have achieved all the intended learning outcomes of the course.</td>
<td>4.3</td>
<td>0.5</td>
<td>11.9%</td>
</tr>
<tr>
<td>3</td>
<td>In my view, there was a common theme running throughout the course – from learning outcomes to examinations.</td>
<td>3.8</td>
<td>1.2</td>
<td>30.5%</td>
</tr>
<tr>
<td>4</td>
<td>In my view, the course has promoted a scientific way of thinking and reasoning (e.g. analytical and critical thinking, independent search for and evaluation of information).</td>
<td>4.0</td>
<td>0.9</td>
<td>22.4%</td>
</tr>
<tr>
<td>5</td>
<td>In my view, during the course, the teachers have been open to ideas and opinions about the course’s structure and content.</td>
<td>4.3</td>
<td>0.5</td>
<td>11.9%</td>
</tr>
<tr>
<td>6</td>
<td>Teaching was based on real examples to develop students’ professional knowledge.</td>
<td>4.5</td>
<td>0.5</td>
<td>12.2%</td>
</tr>
<tr>
<td>9</td>
<td>The course was challenging enough for me.</td>
<td>3.0</td>
<td>0.6</td>
<td>21.1%</td>
</tr>
</tbody>
</table>

3. The course-responsible reflection on the course implementation and results

Course strengths:

- The guest lectures, quality and quantity
- Real world examples
Course analysis template (Health Informatics- Autumn 2021)

- The study visit
- The group assignment, distributing the tasks in a team

Course weaknesses:
- The course consists of four weeks each one with a theme, introducing students to healthcare organization and management aspects. This can be perceived as a lack of a common thread.
- Level of difficulty of the group assignment

4. Other comments

Overall the course was perceived positively by the students.

5. The course-responsible conclusions and any proposals for changes
(If any changes are proposed, please specify who is responsible for implementing these and a time schedule.)

I am not going to conduct any major changes.