



Course evaluation template

After the course has ended, the course leader must fill in this template. The program director and education management will use your reflections to make adaptations to the program and/or the next time the course is given. The reflections will also be posted on the program web for students to read.

Course code 4FH094	Course title Epidemiological Methods for Outcome Evaluation of Public Health Interventions	Credits 10 hp
Semester HT23	Period 20230911-20231025	

Course leader Rosaria Galanti	Examiner Rosaria Galanti
Other participating teachers	Other participating teachers

Number of registered students 40	Number who have not completed the course¹ 0 (two students completed the course but elected not to participate in the examination)	Number passed after regular session² 30/38 (8 not passed, 2 absent)
Methods for student influence other than course survey³		

¹ At the time of completed grading and mandatory assignments/revisions.

² After first summative examination.

³ State: how the students were given the opportunity to participate in the preparation and decisions at course level, how the students were given the opportunity to provide feedback on the course and how this forms the basis of the analysis and proposals below, response frequency (for example, concluding survey 70 % response frequency, post-it notes – improvement suggestions after the second course week 90 % response frequency, course council 85 % attendance).

Conclusions from the previous course evaluation

- *Insert reflections from previous course evaluation.*

The previous course (2022) was not led by me. I cannot find any reflection on that course in my library.

Description of conducted changes since previous course occasion

With reference to the latest occasion during which I was the course leader (2020) the following changes were introduced:

- a. Closer alignment of exercises and lectures, so that the students were able to rehearse concepts recently explained

- b. The cases for the written task composing the final examination were explained earlier in the course (third week instead of 4th week). In an oral discussion at the end of the course this was criticized by a couple of students for being “too early”.
- c. The oral examination was substituted with four sessions of “formative evaluation” with 10 students per session having to do an individual exercise on a case very similar to that proposed for the final examination. The students were asked to present their solutions, and this was discussed in plenary. This allowed the students to receive individual feed-back without grades. This lay-out of the examination is new for this course
- d. A new workshop on elderly health was added to the curriculum

Summary of the students' response to the course valuation

- *Graphs and selected quotes from course surveys and any other instruments can be added as appendices if required.*

The students were given the opportunity to express their suggestions in an open discussion the very same day of the course's closure

Reports from the open discussion:

General remark: the course was very appreciated, including the formative evaluation and the layout of the examination, however difficult.

Specific points:

1. The method section should be expanded
2. A textbook or more pedagogical method papers are desirable
3. The workshops should be conducted so that they are useful as applications, not just resemble lectures
4. Do not use systematic reviews a meta-analyses as applications, because the corresponding course takes place later
5. More diversity in the cases/examples presented
6. Explain better the scope and layout of the “think together” sessions at the very beginning of the course
7. There can be specific difficulties in applying the “epidemiologic language” to this new context, perhaps a glossary in the beginning of the course would be useful
8. This is the first course asking for an assemblage of knowledge gained in other courses, therefore difficult. Possibly achieve this same layout even in previous courses
9. The cases could be explained at an earlier stage and the task possibly split in “interim tasks” spread through the course (with or without feed-back)

From the formal anonymous evaluation (whole evaluation attached as pdf)

- The response frequency at the final evaluation was moderately satisfactory (24/40 i.e., 60%). I believe that many students felt they already communicated their opinions (see above)
- All in all, the students seemed to have appreciated the course. Some of the points raised in the free comments are already reported above. I think the most recurrent that may require new arrangements are the following (see also Proposals for improvement):
 - Replenish the course's material on methodologic subjects

- Improve several workshops by giving the conductors a clear structure
- Organize feed-back sessions in the final weeks
- Space the work with the final assignment

The course leader's reflections on the implementation and results of the course

Reflections on the course's strengths, weaknesses, opportunities, limitations within, for example, the following areas:

- *How have the students' previous knowledge, experiences and prerequisites been used as a basis during the course?*
- *In what way the work methods used during the course contribute to the students' attaining the learning outcomes? (Reflect on the selected learning activities and the students' type of engagement and presence in class)*
- *How has the course worked with -constructive alignment - from learning outcomes to examination form and examination content?*
- *How do examinations and assessment criteria ensure that students achieve the learning outcomes of the course? (Reflect on the choice of examination form and formative assessments.)*
- The students were very dedicated and committed. This was reflected in the high participation in class and in the high proportion of “Distinction” grades.
- As noted by one student, the ambition of this course is to put together the core learning from previous courses in epidemiology and biostatistics (such as study design, concept of bias, measures of association, causal inference) with the novel task of evaluating a complex intervention as those typically developed in Public Health and Health promotion. In this sense, the course is heavily relying on the students' previous experiences, acquired not only during the program but also in other domains, such as involvement in projects, interventions, etc. In addition, the students had the opportunity to propose “cases” for the final assignment, which one student did – with success.
- The methods in the course are diverse (from lectures to study visits) and cover multiple scopes. The common features are that in all moments active student participation is required and that theoretical concepts are applied to real life cases.
- The applied new layout for the examination was a step towards a closer alignment of learning goals and work methods. In particular, the formative evaluation following individual tasks shaped to relate both with the lectures and with the coming examination task allowed the students to self-check their knowledge and to receive feed-back. This moment was very well received, but obviously required a high sense of responsibility, which not all students own. Other strategies to reach a good alignment were the proposal of exercises closely related to the topic explained in the days before.
- The examination form in this course is really a “hands on” task, where the students are required to employ all the knowledge and the skills acquired in the course to a complex task such as writing an evaluation protocol, with format very similar to a study protocol to be published before the actual study is carried out. In other words, the examination can be thought as of requiring a medical student wanting to become a chartered physician to visit and treat a real patient.
- The examination criteria in this course (explained to the students the very first day of the course; repeated both orally in class when describing the cases to which the evaluation should be applied and in written form in Canvas) are simply declined as “Correctness” in the use of standard epidemiology concepts, including the consistency between questions, design, data, and divulgation; “Completeness”, referred to using all information required in the examination template; and Communication and form

(correct scientific English and logic flow). The extensive use of AI in language revision made this latter criterion rather “light”. All criteria had a score ranging 0-2, where score 1 in all criteria was required to pass. The feed-back to the students does not only consist in the grades, but also in the written feed-back (almost line-by-line) to the students’ tasks, so that any revision would be an important learning moment.

Course leader’s conclusions and suggestions for improvement

The course seems to really meet some of the most important expectations concerning education in Public Health (i.e., not only describing and understanding problems, but also modifying them and gathering evidence on solutions). In my opinion it deserves a central position in the program.

In the future versions, I propose the following structural and functional changes:

1. *Shortening* may be beneficial, but not more than one week
2. Course *literature* in form of a book or manual should be given (see proposals below), but not alone. The students must be able to deepen some methodologic points also with the help of more advanced and recent literature
3. Write a “*glossary*” of epidemiologic terminology applied to intervention evaluation
4. When recruiting *teachers* for workshops and demonstrations require that they adhere to a structured template for intervention description, guided class discussion and summarization
5. *Split the final task* into “sub-tasks” to be carried out during the last three weeks
6. Organize *collective discussions* the last week of the course for mutual learning

Other comments

Some proposals for a course book or handbook :

1. Katz MH. *Evaluating Clinical and Public Health Interventions* - 2010 Cambridge University Press
2. Thorogood M & Coombes Y. *Evaluating Health Promotion* – 2010 Oxford University Press
3. WHO evaluation practice handbook (enclosed as pdf)