



## 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.

<b>Course code</b> 1QA147	<b>Course title</b> HIV - with the individual in focus from a global perspective	<b>Credits</b> 7,5 credits
<b>Semester</b> Spring 2026	<b>Period</b> 2026-01-19 -- 2026-03-29	

<b>Course leader</b> Anna Mia Ekström	<b>Examiner</b> Anna Mia Ekström
<b>Other participating teachers</b> Carl Fredrik Sjöland	<b>Other participating teachers</b>

<b>Number of registered students</b> 35	<b>Number who have not completed the course<sup>1</sup></b> 2	<b>Number passed after regular session<sup>2</sup></b> 33
<b>Methods for student influence other than course survey<sup>3</sup></b> Oral feedback in relation to each session.		

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

<sup>2</sup> After first summative examination.

<sup>3</sup> 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

In the previous course evaluation (VT25), students highlighted the strong relevance of the course content and its connection to real-world perspectives on HIV. As also reported from previous courses, the interactive components, including seminars and discussions, were much appreciated. Some expressed a desire for clearer alignment between learning objectives and assessment criteria, as well as earlier communication regarding examination expectations. Additionally, some students would like to see an opportunity to participate digitally, but given the importance of student interaction and the fact that people living by HIV also teach in the course and confidentiality issues prevent us from having digital recordings, I decided to keep it in person. Overall, the 2025 course was evaluated very positively (overall rating 5 out of 6 on all evaluation items).

## Description of conducted changes since previous course occasion

This semester was the first time we held the course in English which generated a much higher number of course applicants and participants. Based on prior feedback, some adjustments were implemented to further strengthen the course. Efforts were made to increase opportunities for active learning through interactive components for even stronger student engagement and discussion. We also tried to very carefully clarify learning outcomes and assessment criteria and also gave examples of previous exam questions beforehand. All students were also given the opportunity to upload a mock exam document to prevent any logistics problems at the time of the actual examination.

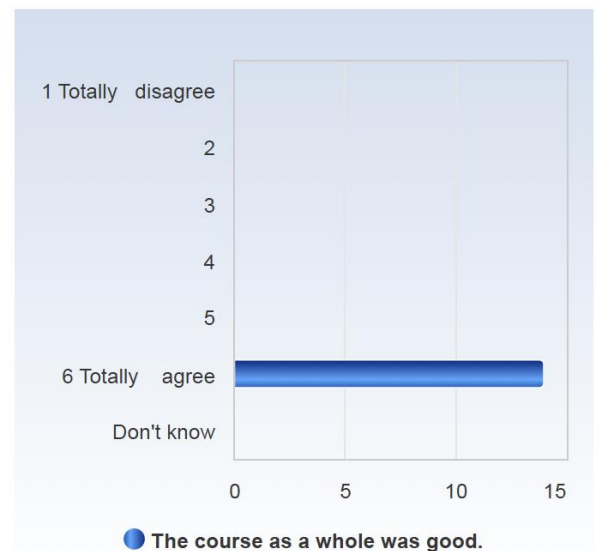
While some logistical constraints (e.g., classroom size) remained a little bit challenging, efforts were made to optimize the use of available space and promote a supportive learning atmosphere. We prefer to be on floor 3 at KI given the accessibility to “fika” and a more welcoming atmosphere to the students also keeping within the limitation of the course budget regarding rent. Overall, the changes were intended to build on an already strong course foundation while addressing specific areas identified for improvement.

## Summary of the students' response to the course valuation

- The course evaluation results indicate an overall exceptionally high level of student satisfaction. All respondents (100%) agreed that the course as a whole was good, with a mean score of 6.0 (see graph below)

### The course as a whole was good.

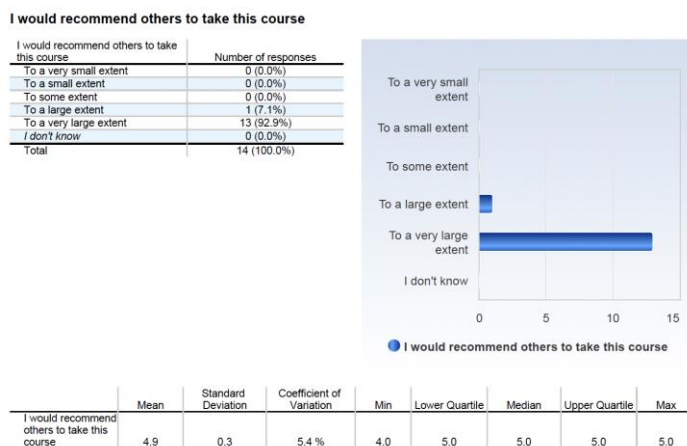
The course as a whole was good.	Number of responses
1 Totally disagree	0 (0.0%)
2	0 (0.0%)
3	0 (0.0%)
4	0 (0.0%)
5	0 (0.0%)
6 Totally agree	14 (100.0%)
Don't know	0 (0.0%)
Total	14 (100.0%)



- Students particularly valued the inclusive and respectful learning environment, with 85.7% totally agreeing that they felt included and respected. The teaching staff were also rated very highly, with 92.9% indicating that teachers demonstrated strong pedagogical competence.
- Active learning elements were well received (mean 5.4), although some students expressed interest in even more discussion-based activities. The course was also highly effective in increasing knowledge related to HIV and health promotion, with

100% reporting this to a very large extent. Additionally, 92.9% would strongly recommend the course to others (see graph below).

- Qualitative feedback highlighted the course as “very inspiring” and “one of the best courses” taken. Suggestions for improvement included more interactive discussions, improved classroom facilities, and a slightly stronger emphasis on biomedical aspects.



## The course leader’s reflections on the implementation and results of the course

The course successfully built on students’ prior knowledge and experiences by integrating clinical, sociocultural, and global perspectives on HIV. Students were encouraged to contribute their own backgrounds during seminars and discussions, which supported peer learning and contextual understanding.

Constructive alignment was generally well achieved, with learning activities and examination tasks designed to reflect the intended outcomes. As described above, efforts were made to very carefully clarify learning outcomes and assessment criteria and we also gave examples of previous exam questions beforehand. All students were also given the opportunity to upload a trial exam document to prevent any logistics problems at the time of the actual examination. However, student feedback suggests that even further clarity regarding assessment criteria could strengthen this alignment. It will never be possible to examine all the course topics since several lecturers speak from their own personal experiences e.g. of HIV stigma and about living with HIV. The examination format, combining formative and summative elements, is however intended to support continuous learning and both personal and professional reflections.

There were also a few comments on some lecturers expressing personal views on chemsex use and migration. Most of this course material will be maintained since it represents a clinical reality of key populations at higher risk of HIV as well as a sexual minority perspective, both critical to understand for real-world effective HIV treatment (avoiding drug resistance and antiretroviral treatment failure) and HIV prevention. The point of the course is to give room for sometimes conflicting views, without moralizing and of course never express offensive perspectives, while maintaining academic neutrality and critical reflection.

The course’s strengths include its relevance, strong teaching engagement, and inclusive learning environment. Identified limitations relate mainly to logistical aspects (e.g., classroom setting) and the challenge of balancing biomedical and sociocultural content.

Overall, the course implementation was highly successful, as reflected in the excellent student evaluations

### **Course leader's conclusions and suggestions for improvement**

The course continues to demonstrate very high quality, with excellent student satisfaction and strong achievement of learning outcomes. The English language format was a major success, and we will try to keep this ahead. The results confirm that the course design, teaching methods, and content are effective and meaningful for students. Moving forward, incremental improvements can further enhance the learning experience. One area for development is to even more increase structured opportunities for student interaction, such as more facilitated discussions the last part of each session. We did have introductory activities among all participants to strengthen group cohesion and there was also plenty of opportunity to interact between the planned fika-breaks every session. However, of course it is possible to do even more of this, while ensuring all students' the opportunity to remain confidential about one's reasons to take the course. The migrant session (as originally planned) will adjusted as described above.

Additionally, further clarification and communication of assessment criteria will be done to support student preparedness. However, all students passed the examination and it was obvious that they had fully understood the course material and learning objectives. Consideration will also be given to strengthening the biomedical components of the course to better complement the existing sociocultural focus, while maintaining the course's unique interdisciplinary perspective.

Overall, only minor adjustments are needed to refine an already highly successful course.

### **Other comments**

The course stands out as highly appreciated by students, particularly for its relevance, engaging teaching, and real-world applicability. The strong positive feedback, including comments describing the course as inspiring and highly valuable, reflects a well-functioning course with dedicated teaching staff.

It is also clear that students appreciated the course being conducted in English, highlighting its accessibility and international relevance. This suggests potential for courses also being held in English.

While some critical feedback was provided particularly regarding lecture content balance and occasional perceived bias, some of this is must be maintained since it represents a clinical reality as well as a sexual minority perspective, both critical to understand for real-world effective HIV treatment and prevention. However, we will continue to offer constructive input for maintaining academic neutrality and critical reflection.

In conclusion, the course is functioning at a very high level, with overwhelmingly positive feedback and only minor areas identified for further enhancement.