



Capstone Project

Faculty: Medicine

Department: School of Public Health

Module name: Health Economics

Degree: Global Master of Public Health (Online)

Level: Postgraduate

Approximate number of students: 125

Weighting: 75%

Module ECTS: 5

Module type: Elective

Assessment overview – Capstone Project

The Capstone Project is an individual-level summative assessment prepared for the Health Economics specialisation of the Global Master of Public Health (Online), the 'GMPH'. The Capstone is designed to capture the knowledge students will have gained throughout the economic evaluation lessons in this specialisation. This project is comprised of a mix of practical and theoretical aspects, and requires students to plan, undertake, interpret, and draw policy-relevant conclusions from economic evaluations. In layman terms, the Capstone is a mix of a quantitative exam, and case-study format questions, which require students to infer the setting, and draw upon outside knowledge to place the question in context, in order to then answer the question using course materials.

Design decisions

Rationale for the assessment

The design of the Capstone was very much linked to the type of students the GMPH included. The Capstone Project opens up 13 weeks before it is due. Time was allotted specifically to the students (no new coursework online; no online live sessions) for weeks 8-13. When a cohort is largely comprised of online, professional learners, allowing for flexibility of timing and delivery is deemed an important factor.

The Capstone was a supplement to an online, timed MCQ, worth the additional 25% of the marks for the course, delivered at week 8 (the Capstone was due week 13).

Fit with other assessments and the programme/ module

Health Economics is a standalone elective module, so it is not driven how the Capstone fits in with the other programme assessments. However, as the online GMPH is a heavy course, typically enrolling senior health staff, globally, the programme team did look to make sure no other key programme assessments were due right around the same time as the Capstone. The students are taking (perhaps not at the same time, but within the Online GMPH) the core courses of Statistics for Public Health, Epidemiology for Public Health, Foundations of Public Health Practice, Health Protection, Health Systems Development, Population Health Improvement, and a Research Portfolio. The other key summative assessment in this module was an automatically marked 45-minute MCQ.

Practicalities

Preparing students for assessment

The teaching staff presented a live session on the Capstone, trying to alert students to subtleties that might be missed, e.g. needing to look up background material themselves, each question standing independently, etc. The goal of the teaching team is for everyone to learn, and succeed, and one of the difficulties in teaching such a large cohort online is reaching all of the students. Therefore, if anyone ever wants to discuss the Capstone in office hours, et cetera, that was always accepted and welcomed.



No practice exams were given in advance, as there are limited case studies in countries with the same issues as the Capstone (Vietnam, for example, or something specific to the UK).

Marking arrangements

The Capstone was marked double-blind, by questions. The teaching team created a very detailed rubric, both for marking and for feedback. Thus, consistency in marking could be delivered, even with the open-ended questions. Quantitative problems had rubrics as well. X amount of points if this went wrong, but Y amount of points if they still maintained the right order of interventions, etc.

Feedback arrangements

Feedback comments were assigned for each point of the entire rubric. Additionally, markers were given notes as to how many comments should be made on each section of the Capstone, whether they were comments because a student had missed a significant amount of points, or positive comments because they had completed the section accurately. In this way, the teaching team ensured each student would receive a consistent level and quality of feedback, and this eased the burden on the outside markers.

Management of the process

The most important part of the Capstone of course is monitoring the students seem to understand the content going in. This is always tricky, especially in an online course. The teaching team took close note of one particular section, for example, students continued to ask about in office hours, or a large portion of the students had missed on the MCQ. If that was the case, the teaching team would proactively again try to present the material in a different way, trying to assist the students as much as possible to put them in a strong position for the Capstone.

Student experiences with the assessment

As the students are generally senior, management-level professionals, often the course draws healthcare-industry executives expecting more of a `discussion' style format, who can be surprised by the mathematics and technical rigour of a health economics course. Whilst this can make the first few weeks of the course difficult, generally expectations

Capstone Project

and understandings of the course settle in, and the level of engagement of the class is generally quite high. The `health' side of the course is most easily understood and the `economics' side of the course can be a bit misunderstood. There have been a few students who have been overwhelmed by the quantitative aspects of the course. Due to the online `go at your own pace' nature of the course, some students can fall behind. In this instance, generally the programme team is approached, and then the Teaching Fellow / Graduate Teaching Assistant is approached, and streamlined advice tailored to that individual is dispensed.

Online adaptations

This is for an online course, so no adaptations needed. However, for an in-person course, this assessment would work as well. The assessment could be distributed to the class with a large window open for submission similar to a standard exam with a due date.

The assessment window could be adapted for students who were in-person, full-time, not working professionals.