



Using cohort performance data to explore inclusive design of a medical curriculum for a diverse student body

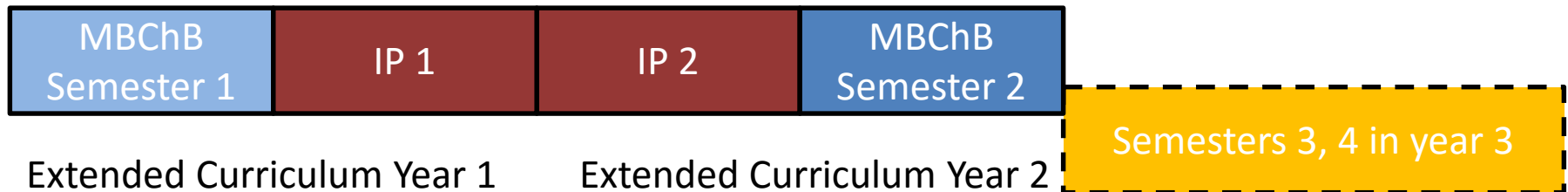
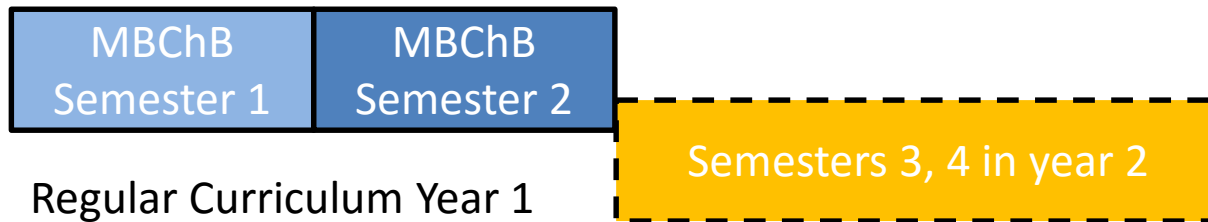
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MBChB Intervention Programme (IP) DHET funded Extended Curriculum





Background and aims



- Critiques of extended programmes
 - racially discriminatory
 - stigmatising – imposing deficit notions on students instead of on education system
- Culmination of criticism during student activist period starting in 2015
- Prompted review of intervention programme
- Aims:
 - To analyse student performance
 - To assess whether intervention programme is most appropriate way of providing support
 - To design alternatives



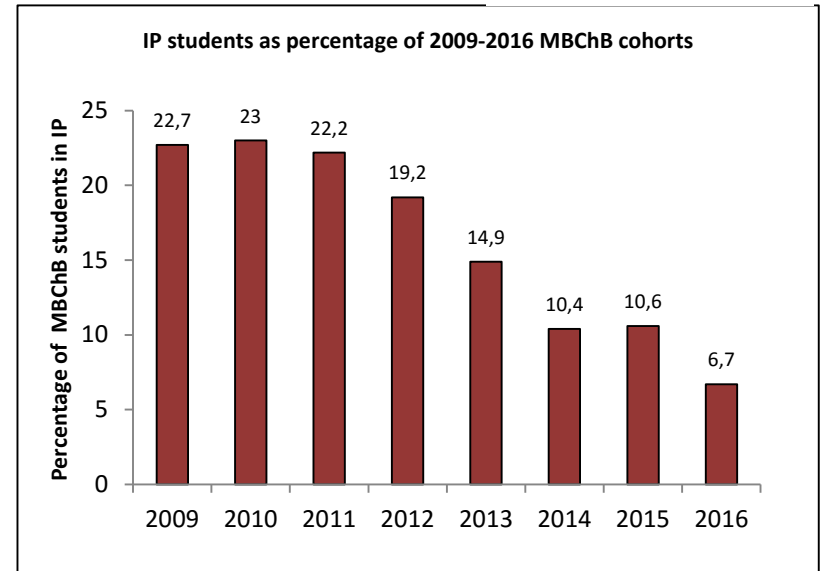
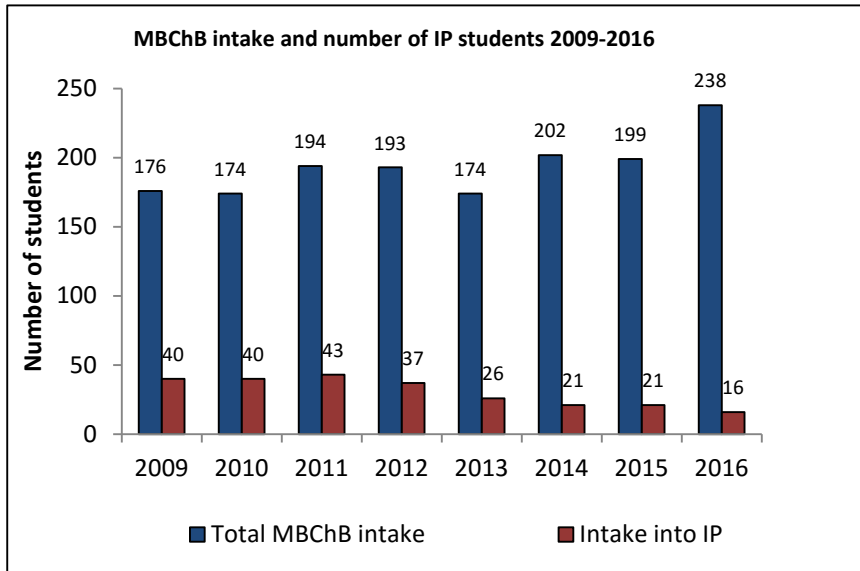
Methodology



- Throughput data for 2009-2016 cohorts drawn from SAP Business Objects / PeopleSoft
- n=244 students on intervention programme
- n=238 controls—selected from regular programme; GPA on or below the lowest performance quintile in each cohort
- Measures
 - Completion and potential completion rates for 2009 and 2010 cohorts
 - Time to completion for 2009 and 2010 IP and control cohorts
 - Progression rates of students in 5 IP and control cohorts (2009-2013) over first 4 years of registration
 - Rates of transfer to other directions of study in 5 IP and control cohorts (2009-2013) over first 4 years of registration
 - Exclusion, drop-out and overall attrition in 5 IP and control cohorts (2009-2013) over first 4 years of registration



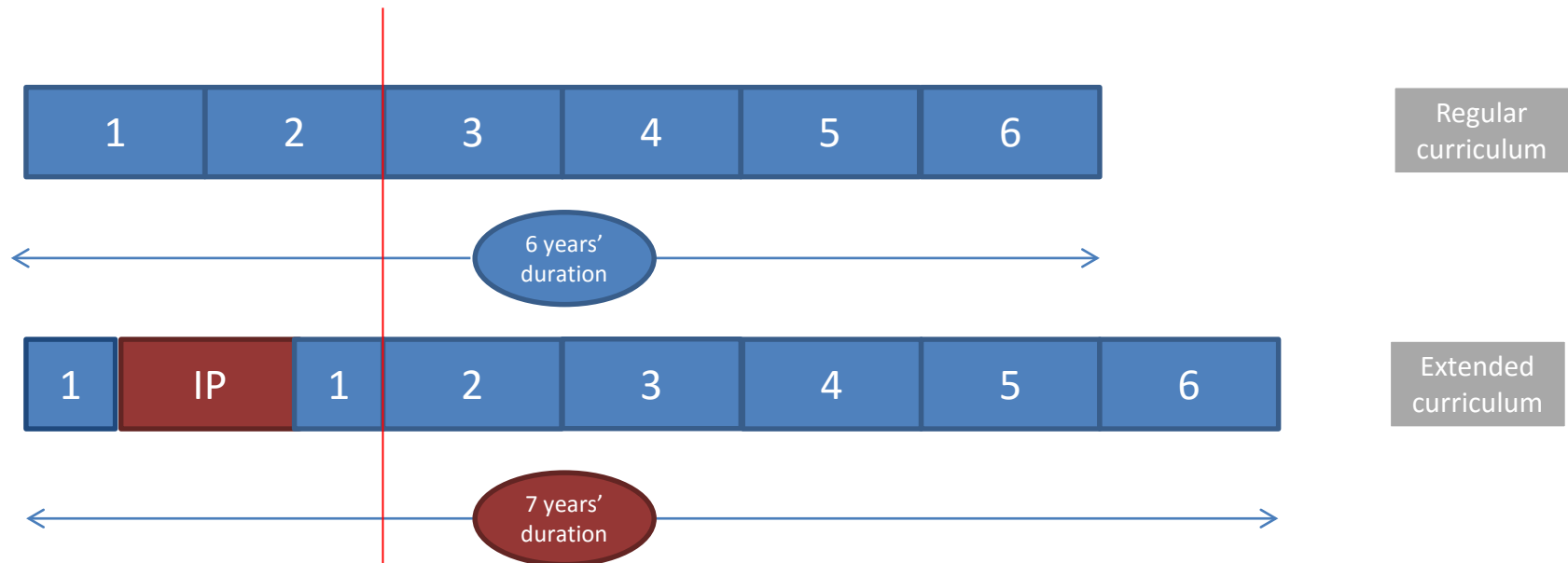
Intervention programme students as proportion of total MBChB intake



- 1550 students enrolled for MBChB from 2009-2016
- 244 students (15.7%) entered the intervention programme; class sizes ranged from 43 to 16
- Drop in numbers and % of students entering the intervention programme – max of 23% of MBChB class; min of 6.7%



Minimum time to completion



- Minimum time to completion for regular curriculum = 6 years
- Minimum time to completion for intervention programme = 7 years
- For this analysis only 2009 and 2010 IP cohorts had enough time to complete by 2016
- Analysis includes potential completion rates for 2017 to allow for minimum + 2 years for these two cohorts

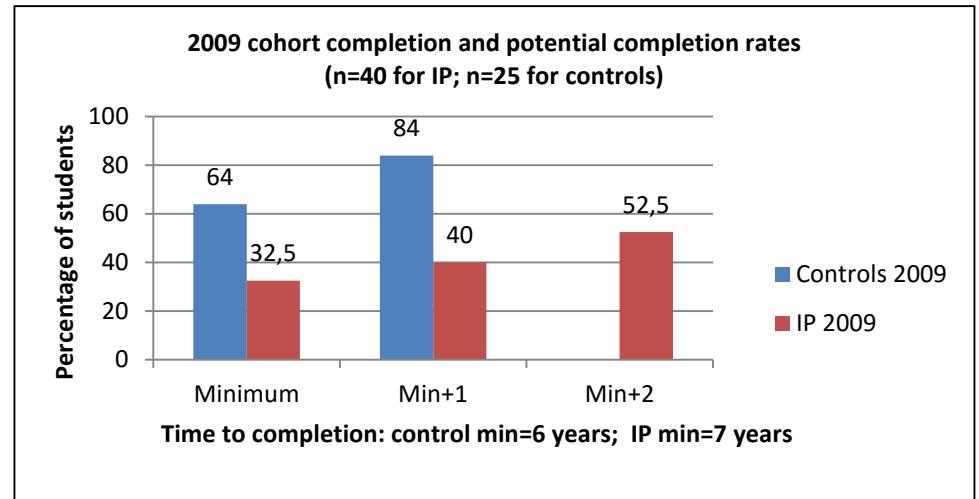


Completion and potential MBChB completion rates 2009 and 2010 cohorts



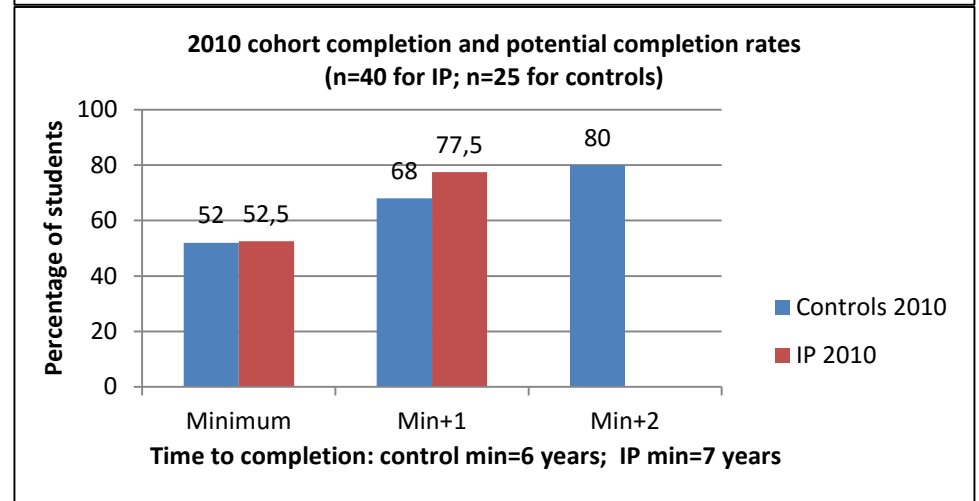
2009 IP (n=40)

2009 Controls (n=25)



2010 IP (n=40)

2010 Controls (n=25)



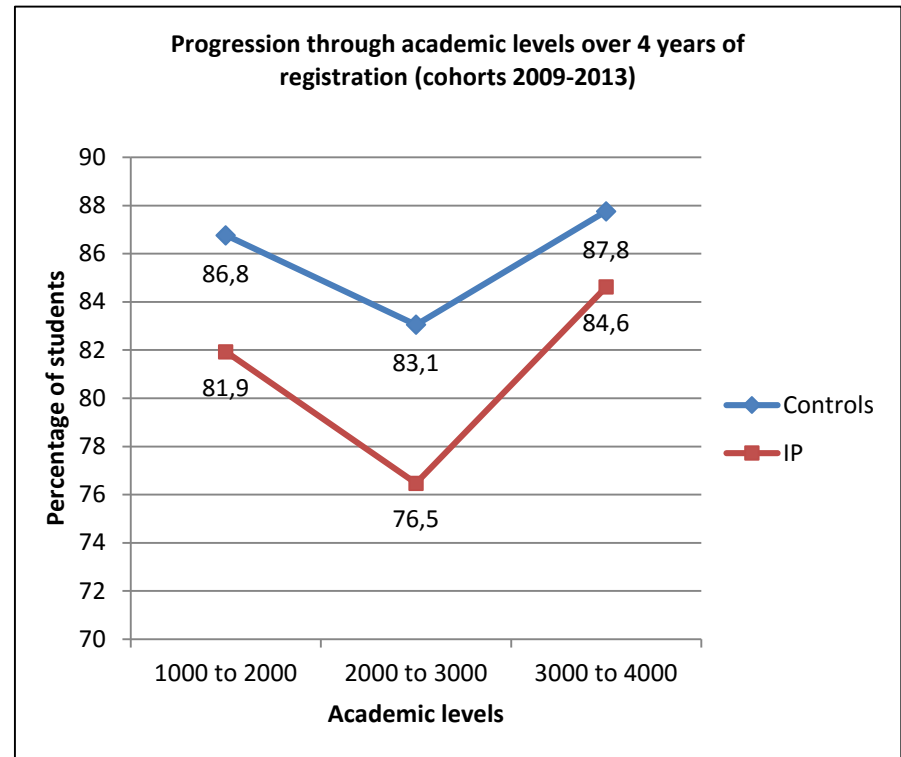


Progression in MBChB post intervention (2009-2013 cohorts)



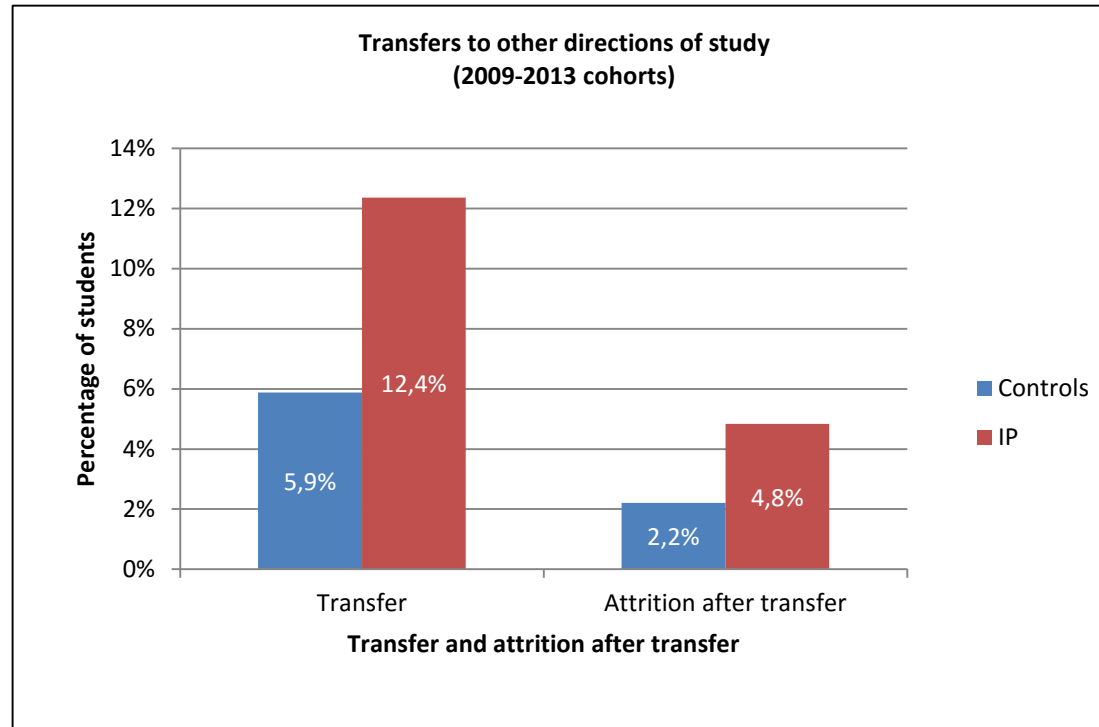
- To track progression of MBChB students post intervention – 2009-2013 cohorts selected and time period reduced to 4-5 years of registration
- Lower proportion of students from IP cohorts progress from level to level
- Similar trend – most difficulty with progression from 2000 to 3000 level
- Course at 2000 level identified that impedes progression

Note: Only MBChB students included in analysis





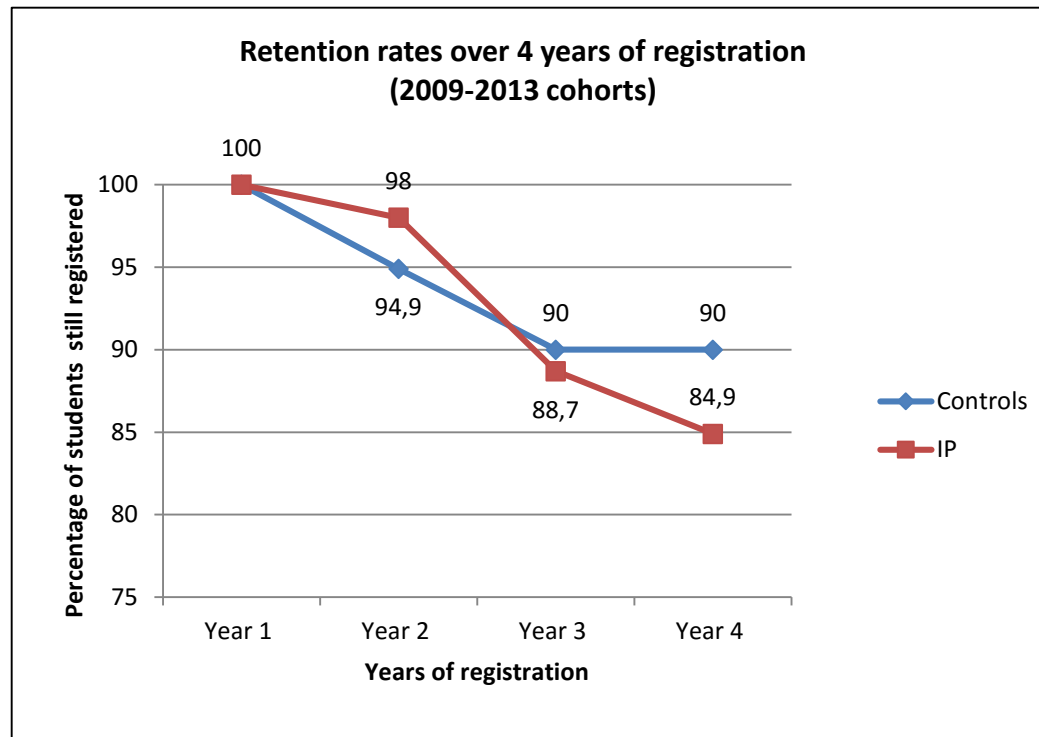
Transfers to other directions of study (2009-2013 cohorts)



- IP students twice as likely to transfer as controls
- Transfer most likely during 2nd and 3rd years of registration
- High attrition among transfers (approximately 40%)



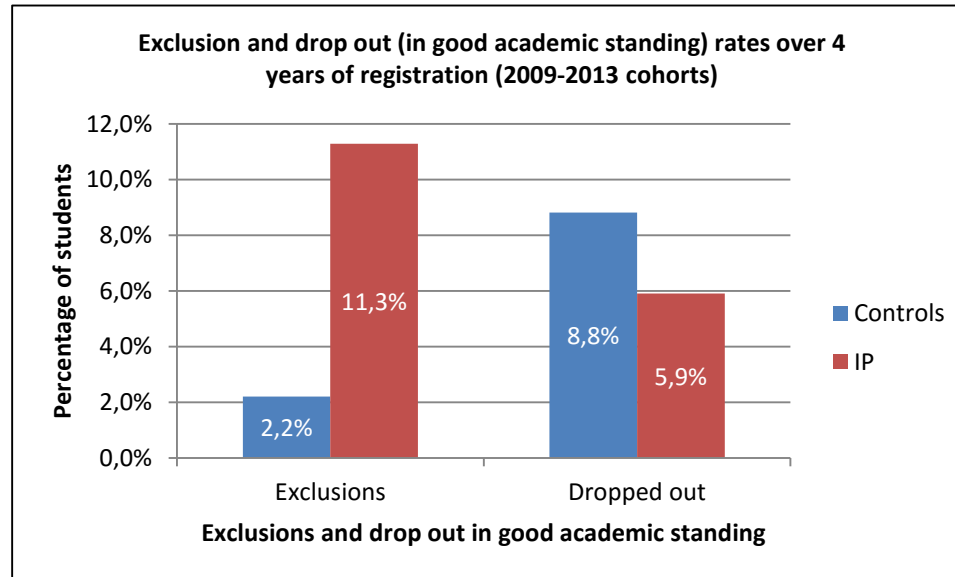
Student retention over 4 years of registration (2009-2013 cohorts)



- Analysis includes transfers
- Retention was better for students in IP cohorts than for controls during the first two years of registration
- By 3rd year of registration IP students were less successful at remaining in the system than controls



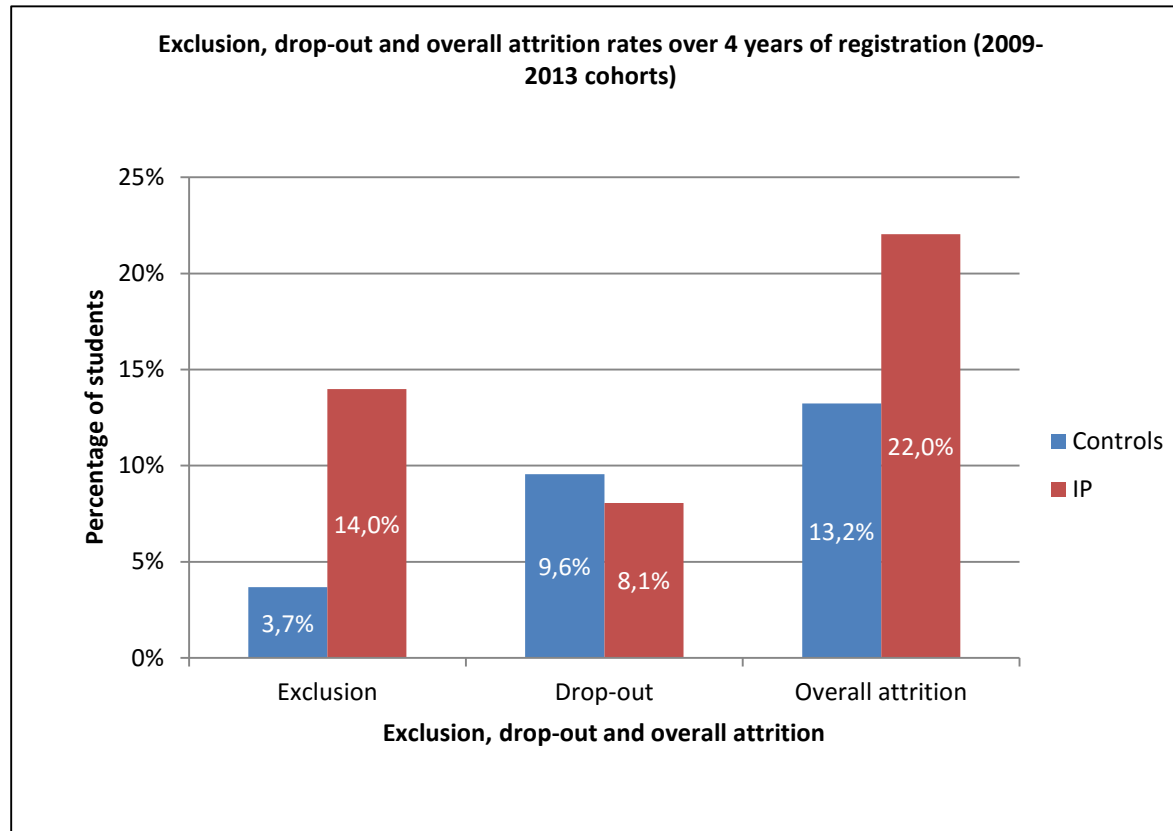
Exclusion and drop out rates from MBChB over 4 years of registration (2009-2013 cohorts)



- 11.3% from the 2009-2013 IP cohorts were excluded over 4 years of registration compared to 3 controls.
- Most of the exclusions among IP students occurred during the 2nd year of registration.
- More controls dropped out in good academic standing than IP students: 8% of controls versus 5.9% of IP students.



Overall loss to the system over 4 years of registration (2009-2013 cohorts)



- The overall loss of students from the system was higher for IP students than for controls



Discussion



- Notion that only a few students “need support” **aggravates stigma**.
- High overall **attrition**: 22% – almost fifth of students in 2009-2013 cohorts.
- Evidence that Intervention programme improved retention in years 1 and 2; **not lasting effect**.
- IP students who **‘survived’** system tended to perform well from 4th year onwards.
- Performance of controls suggested that **many more students needed support**, and needed support **further up the curriculum**.
- **Transition higher up in the curriculum problematic** for many. **Attrition** rate of 13.3% for controls still high given strenuous selection process.
- Students from 2009 to 2013 IP cohorts more likely to **transfer** to other directions of study. High transfer in 2nd year.
- Controls in 2009-2013 cohorts had higher **drop out** rate in good academic standing than students in IP cohorts.



Design for diversity



- **Diversity is a given** – targeting small groups increases stigma
- Design for **flexibility, multiple pathways, augmented** rather than extended curriculum – will new **DHET Foundation Provision Policy** support flexible design???
- Identify **courses that impede progress throughout curriculum**
- **Unload curriculum** – identify sections of regular curriculum that can be taken ‘out of sequence’ (e.g. summer/winter breaks)
- **Harness facilitated educational technology** to deliver ‘out of sequence’ offerings
- Make **all support accessible to all students.**
- Design **reliable diagnostic assessments** to guide curriculum choices
- Design strong **curriculum and career development advising services**