FACULTY OF HEALTH SCIENCES

QUALITY REPORT

2020/2021

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Format of the Faculty Quality Report

The 2020-21 Faculty Quality Report involved a significant reduction in the volume of data requested of schools, which is a positive development that is most welcome by our Faculty. While the more focused data collection was agreed by the Vice Provost / CAO and the Quality Office for one year only, the Faculty of Health Sciences strongly advocates for the continued use of this template which concentrates directly on issues of quality. Previous iterations of the report had grown incrementally into much broader annual reports, with a number of policy compliance requests added each year, leading to an increased workload at school level and a dilution of the focus on quality.

A quality improvement suggestion from the Faculty of Health Sciences is institutional investment in a centralised system to manage External Examiner reports

Profile of the Faculty

The Faculty of Health Sciences is comprised of four schools, with 16 undergraduate and 58 postgraduate taught programmes and professional doctorate offerings. Degree programmes within the Faculty of Health Sciences differ significantly from most other programmes within the University because most are externally accredited and have requirements for clinical placements, at both the undergraduate and postgraduate level. The approach to quality is intended to recognize these differences while contributing to the overall commitment by Trinity to the pursuit of quality in all educational offerings.

Undergraduate/Postgraduate Teaching Evaluations

There are 328 undergraduate modules offered across the Faculty and a 90% module evaluation was achieved in 2020-21. Evaluations were carried out on 53 of the 58 postgraduate programmes (91%) with a wide range of response rates, ranging from 10 to 100%. Open modules were not used in Health Sciences.

Within Health Sciences the Schools identified a multitude of online feedback mechanisms, including Survey Monkey, Outlook Forms, and anonymous reports linked to modules on Blackboard. The Faculty would welcome an audit by the Quality Office on the range of feedback mechanisms used across College with a view to sharing best practices including, but not limited to, increasing response rates and developing internal consistency, particularly as we move forward into a more blended or hybrid teaching environment.

A quality improvement suggestion from the Faculty of Health Sciences is institutional investment in a centralised student evaluation system.

Quality Improvement Initiatives

Faculty of Health Sciences

The Faculty was very responsive to Covid-19 vaccine requirements for students on clinical placements during this period, which in turn drove the development of Trinity's [Policy on Covid-19 Vaccination for Students in Clinical Placements or Placements in Allied Settings](#), by the then Dean of Health Sciences Professor Orla Sheils. The development and approval of a robust policy regarding Covid-19 vaccinations for students in clinical and allied settings supported students throughout the pandemic and allowed clinical placements to continue.

The Faculty would also like to highlight the significant investment made by each school in training staff throughout the transition to online teaching and assessment. Schools also invested in technology, both hardware and software, to support this transition and to enhance the student experience at every opportunity. One key exploration has been the use of Proctorio for online examinations, used by the schools of Medicine and Dental Science with differing degrees of success; a case study is outlined below. The second case study is the exploration of using technology to teach practical skills.

Case Study – Use of Proctorio for Online Examinations, School of Medicine

Context: In response to the COVID-19 pandemic, the School of Medicine introduced the option to take exams online using Proctorio. This software monitors for suspicious behaviours, offering reassurance to students that their exams are proctored fairly and impartially.

Preparation: Each module co-ordinator informed students about how they would use Proctorio, step-by-step documentation was developed, webpages were created for Q&A and Zoom information sessions were held. Technical requirements for students to use Proctorio include a computer with a camera, microphone, Chrome browser, and stable internet connection.

Logistics: Using Proctorio was labour intensive for the School; it involved creating exams that fit the pre-existing platforms of Blackboard and Turnitin. During the exams, multiple staff had to be available online via Zoom, including staff for IT support, Blackboard support, undergraduate curriculum administrators, as well as academic staff. Students were allowed to phone-in, in front of their webcam, if they had an academic or IT query. Proctorio facilitated the School to examine 600 students concurrently online, something that would not have been possible otherwise.

The School of Dental Science experienced a lot of inflexibility within Proctorio in terms of its settings: *"somebody opens another window, opens another file, if somebody else comes into the line of that camera, if there's a voice in the room, it'll give you all these signals"* (Staff survey). Instead, they adopted a non-Proctorio approach, using the student's smart phone via Zoom to scan the room, the student's ID card, and then to position on the student's screen for the duration of the exam. Staff monitored six students per exam, however the logistics of this were difficult.

Everybody from, you know, the porters and the maintenance guys proctoring exams as well, there was nobody left who didn't. And the drain on resource is huge because everything else had to stop while they were being done. It's the one big difficulty with the online assessment anyway. (Staff, School of Dental Science)

Evaluation: The School of Medicine received mostly positive feedback from students regarding the use of Proctorio, and moved towards online proctored testing as the primary assessment method during Covid-19, with a policy change being implemented in January 2021.

The School of Medicine, Department of Psychiatry conducted a student survey in April 2021 on *Medical Students Perceptions of Online Learning During COVID-19* which helped to inform the School's decisions regarding the direction of online learning and assessment; the full outcome report is included in Appendix 1. 333 students completed the questionnaire, across all five years of the programme, and approximately 200 students volunteered additional feedback as comments, giving a valuable insight into the medical students' experience of online teaching (including online examinations) during the 2020-21 academic year. Figure 1 outlines the students' response to the question *What are the benefits of Online Exams?*

Figure 1: Responses to student survey question, *What are the benefits of Online Exams?*
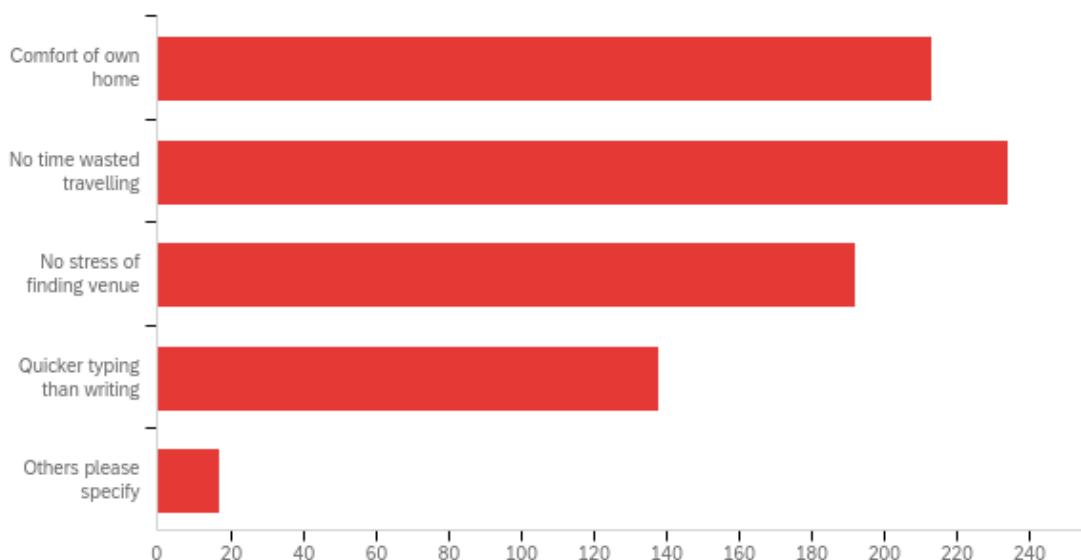
Ongoing Management: The use of Proctorio will continue to be labour-intensive as there is likely to be a multitude of concerns arising from students each year, however examining a high volume of students is labour intensive for any school, regardless of the format, so this workload is considered different, rather than additional. The School works to support the students through the process, and it is expected that a fair and standardised approach to the most common issues (eg loss of time due to Proctorio shutting the student out) will be addressed at policy level within the School (ie students are instructed to notify the examinations team if they are removed from an exam, in order that the additional time can be added to the clock.) The online examination policy will continue to be reviewed and updated as necessary, in response to any emerging issues. The School continues to be very sensitive to and responsive to student feedback.

It was good, but then obviously there was technical difficulties that came with that. […] And then I got kicked out of mine halfway through and it took 5 minutes to get back in 'cause they have to do the whole ID situation, the roomscan and stuff and then it doesn't automatically give you back the time. I think we had 25 questions in 26 minutes but I lost five of my minutes. (Student, School of Medicine)

I think it's good because it's pretty much exactly the same as a regular in person exam in the RDS or something. We would prep for it in the exact same way as if you were going in and sitting in an exam hall. (Student, School of Medicine)

I felt a bit embarrassed showing my room during proctorio settings, as it is very small compared to the houses/apartments of others. (Student, School of Medicine)

Advantages of running exams online include instantaneous results for MCQs and EMQs, typed answers to long and short essay questions is easy to read, and was reported as well-structured and more focused. Examiners for long and short essay questions have the choice of correcting directly on Blackboard, or through shared OneDrive, both options make the distribution of exam papers fast and efficient.

Disadvantages of Proctorio include the lack of control over a student's personal computer specifications or exam environment, instances where students fail to follow instructions or do not upload materials correctly. The percentage of students who could not gain access to exams online were low, and the more the School used Proctorio, the fewer problems there were. The School team worked hard to ensure that all students could enter the exam, and if for any reason they dropped out of the exam IT and Blackboard support was available online to assist. The most common problems encountered were that the student did not prepare their computer correctly for using Proctorio, their computer failed, or

their internet connection failed. It should also be noted that there were student objections to the introduction of Proctorio via the Students' Union, so it remains to be seen how popular this option will be if introduced in a post-pandemic scenario.

Financial Impact: There is a financial cost to the School for using Proctorio, with an annual user fee of €12-15 depending on the volume of licences purchased (see figure 2). This cost is born by the School at present, however should Proctorio be considered as a University-wide tool, there would be advantages to purchasing a University-level licence to avail of the reduced per-user annual fee.

Figure 2: Licencing costs for Proctorio

Automated Proctoring

1 - 2,000 licences	2,001 - 7,000 licences	7,001+ licences
€15	€14	€12
Per user Per year	Per user Per year	Per user Per year
24/7 Support	24/7 Support	24/7 Support
Automated	Automated	Automated
Unlimited Usage	Unlimited Usage	Unlimited Usage

* All costs for implementation, training, and support are included in the pricing shown above.

* The estimate provided is a projection with standard Proctorio pricing based on available information about your institution and potential usage levels. It may not include any additional discounts or multi-year adjustments negotiated by the buyer. For any questions regarding this estimate, please contact sales@proctorio.com

Broader Context: Online examinations are somewhat limited to theory-based content, whereas the curriculum for health sciences programmes invariably includes practical skills and practical assessments. The School of Medicine has been exploring the use of technology to teach practical skills, including through the **D**igitally **E**nhanced **P**ractical **T**eaching in **H**ealth Science (DEPTH) project. The goals of the DEPTH project are to:

- Examine opportunities and barriers to digitally enhanced practical teaching
- Analyse student, academic, clinical professional and patient perspectives on digitally enhanced practical teaching
- Examine the feasibility and efficacy of digitally enhanced practical teaching (in skill acquisition and assessment) in partnership with students
- Develop an open educational resource informed by results of this research

Figure 3: Preliminary abstract from the DEPTH study

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Staff and Student Perspectives of Digitally Enhanced Practical Skill Teaching in Health Science Education: A Mixed Methods Survey

Introduction. Staff and student perceptions of digitally enhanced practical skill teaching (DEPTH) and assessment methods are generally unknown across health science disciples. Furthermore, there is a need to identify staff and student perceived opportunities and barriers to digitally enhanced teaching in the health sciences generally, and in practical skill acquisition specifically. The current study aims to address these gaps in the literature. **Method**. A cross-sectional online survey was distributed among third level institutions, examining staff (n = 41) and student (n = 96) experiences of digitally enhanced practical teaching and learning, perceived opportunities and barriers and personal experiences of practical skill assessment. Undergraduate (n = 80), postgraduate (n = 16) and mature students (n = 26) were represented as well as each health science discipline. **Results**. Digital technologies were integrated into practical skill teaching by 78% (n = 32) of educators. Participant attitudes towards DEPTH were mixed. Of the staff who had not carried out digitally enhanced assessment (56%, n = 23), 39% (n = 9) struggled to identify an appropriate technology supported assessment method to measure learning outcomes. **Discussion**. The current study identifies the importance of ensuring a balance between traditional and technologically assisted learning to prevent burnout, while maximising the aspects of both traditional and technology enhanced teaching approaches that are most efficacious for practical skill learning. A balance between traditional teaching methods and digitally enhanced approaches is needed.

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The preliminary conclusions of the DEPTH project reflect the outcomes of the Department of Psychiatry's *Medical Students Perceptions of Online Learning During COVID-19* survey, which found that "Overall students had a very positive experience of online teaching and recognised and appreciated the huge effort [involved]. A number of advantages to this form of teaching, from a student's perspective, have been highlighted including time and cost savings with regard to travel, the ability to replay recorded material and the flexible study hours. However, the majority, eighty-five percent of respondents, missed the face-to-face interaction with their peers, with eighty percent **preferring a mix of face to face and online teaching**. Many students felt that online live lectures should continue, but that they should be recorded. They requested more interaction online between the lecturers and their peers."

School of Dental Science

Resilience Module for Students: Dental undergraduate programmes are delivered within a busy and complex environment which many students find stressful. Transition from the mentored environment of the Dublin Dental University Hospital to clinical independent practice on graduation is another well recognised stressor often resulting in early burnout and graduate loss. The resilience module in the School of Dental Science was developed in response to feedback from recently graduated dental hygiene students. Graduates felt there was a need for course delivery to have a greater emphasis on skills that would help graduates to cope with the complex work environment within and beyond college. It was recognised within the Dental School that these resilience skills were applicable across the board in our undergraduate programmes. Ms Yvonne Howell and Ms Sviatlana Anishchuk bid successfully for a grant through the National Forum for Teaching & Learning (Strategic Alignment of Teaching and Learning Enhancement Funding in Higher Education call 2021) to develop a module in 'Enhancing resilience in dental undergraduate students to prepare them for the clinical workplace environment'. The module has been developed in collaboration with a team from the School of Dental Sciences and Trinity's Student Counselling Service. The aim of the module is to build resilient capabilities for both professional and personal challenges, thereby developing coping mechanisms for psychological well-being. The core module comprises six weekly sessions based on an interactive e-learning articulate studio embedded in Blackboard. Each session is supported by online discussion and experiential learning through case studies, reflective writing, rubric peer assessment, quizzes, and self-evaluation. The module uses an online discussion forum where students can further reflect on the module content and recommended readings and engage with peers. The module focusses on resilience, reflection, self-compassion, empathy, social support and leadership skills. It is currently being rolled out to second year dental nursing, second year dental hygiene and fourth year dental sciences students as a preliminary pilot.

E-Portfolios: Another quality enhancement which has involved a great deal of work has been in the area of e-portfolios. The School made the decision to use the DDUH clinical platform, Salud, rather than Blackboard, which speaks to some of the limitations in Trinity's VLE platform, limitations which are also experienced by the School of Medicine relating to e-portfolios. Enhancing the School's e-portfolio project would lead to it being more accurate, time-saving, and would give the students a portfolio they can use for further employment and entry to postgraduate education, which would be a significant quality enhancement for the school.

Curriculum Mapping: In 2020 the Dental Council of Ireland adopted "The Graduating European Dentist" Curriculum (GED). To assure adherence with the GED curriculum, the Dublin Dental University Hospital (DDUH) mapped teaching interventions for its undergraduate Dental Science programme to the GED curriculum. The project involved customising a database-driven, cloud-based management system (Creatrix Campus from Anubavam LLC ; anubavam.com) due to the volume of data being mapped. Legacy considerations required that the curriculum map was a living document allowing users to access and update the curriculum, but also compare with what went before. All educational interventions were guided by historical mapping data and materials on the DDUH's virtual learning environment. These interventions were then edited and validated as current teaching interventions. Educational interventions were then remapped to the GED learning outcomes. Staff with oversight

responsibilities again validated content to ensure an accurate and comprehensive reflection of the teaching activities over the five-year program.

The project has highlighted the usefulness of bespoke database-driven solution for curriculum mapping. A strength of the database solution was the ability to mine and query the database quickly. This led to efficiencies in time and resources. The mapping is important for the purposes of accountability for accreditation and regulators and additionally for a coherent gap analysis. It has provided DDUH with a curriculum map that is a living dynamic document which may be edited, reviewed and revised continually.

Accreditation of Doctoral Programmes: Quality enhancements at doctoral level include the preparation of several strands of the DChDent programme for external accreditation. The DChDent in Periodontology was accredited initially in 2007 and re-accredited in 2015 by the European Federation of Periodontology. After appreciating the benefits from such an accreditation regarding quality assurance and the ability to attract high level postgraduate students, other directors are now preparing their courses to seek accreditation from their relevant federations or mapping their learning outcomes to align with those of international associations. One advantage of this is to assure equivalence should trainees wish to evidence their training abroad or enter a specialist list, thus recognising and enhancing the mobility of the workforce across borders.

School of Medicine

School Governance: The School of Medicine underwent a Quality Review in 2019, where the reviewers assessed and evaluated the appropriateness of the School's governance structures and resourcing (funding, staffing and physical infrastructure). The reviewers recommended that the internal structures of the School should be streamlined to ensure the balance between academic autonomy and improved administration, which should allow delegation of some tasks from the Head of the School. The School completed extensive consultation with all Heads of Discipline and a proposed divisional structure has since been approved by the School Executive and Faculty Executive.

Strategic Planning: In 2021 the School launched its Strategic Plan 2021-2026 and Research Strategy 2021-2026.

Paediatric Academic Health Sciences Centre: The Head of School of Medicine has represented the Faculty at the Academic Partnership Group, negotiating with Children's Health Ireland on the development of an MoA in relation to the creation of an academic health sciences centre with Children's Hospital Ireland and the four Dublin Universities. One critical element of this MoA is that it ensures parity of access for all healthcare students, the employment of academic staff across the Centre, and the management of research activity. The agreed document is currently working its way through the approvals processes in the partner institutions.

Athena SWAN: 2020-21 also saw a significant workload for the School of Medicine in advancing its Athena SWAN agenda. The School submitted an Athena SWAN Bronze Departmental application on the

28th of January 2022. Medicine is the first school in the Faculty of Health Sciences to apply for an Athena SWAN award.

Provost's Trinity Excellence in Teaching Awards: School of Medicine staff were awarded two of the six awards for 2020-21, with the Provost commenting that the 2020-21 Award is particularly special because in the past year teaching and learning have been tested as never before. Professor Annemarie Bennett, Assistant Professor in Dietetics in the Discipline of Clinical Medicine, and Professor Eric Downer, Associate Professor in in Human Health & Disease, were recipients of this prestigious award, having been nominated by students.

Dr Annemarie Bennett works tirelessly as an assistant professor in dietetics and as the placement coordinator for all four years of the Human Nutrition and Dietetics programme. This year has been a tremendous challenge for us all, but Annemarie has adapted much of the clinical work to an online format. She has done so in such a way that we continue to meet our proficiency requirements as dietitians and develop transferable clinical skills for the future. Determined. Dedicated. Annemarie shows us what it means to be an effective and compassionate healthcare professional, because she places her students at the centre of everything that she does for the programme. She has our admiration and gratitude.

Dr Eric Downer [..] is always well prepared for lectures and has a strong appetite for motivating students to excel to the best of their abilities [He] is at ease building trusting relationships with students, and delivers immediate, clear feedback on presentations & assignments. [He] is an excellent communicator and goes beyond in his teaching capacity. A stand-out is how he employs new teaching strategies, for example, his engaging, innovative tool to teach embryology lectures which classmates found highly. In my time in HHD he acquired funding for an invaluable research opportunity [which] encouraged undergraduate students to experience life in a laboratory and pursue a research career as I have. [..] Dr Downer is an exceptional teacher and I cannot recommend him highly enough for this award.

School of Nursing & Midwifery

The School of Nursing & Midwifery used student feedback to assess the usefulness of pre-recorded classes, live online classes and online self-study materials. Most respondents found live online classes and pre-recorded classes very useful to their learning with a slight preference for live online classes; sample outcomes in table 1, with similar trends identified across undergraduate evaluations. Table 2 outlines sample written feedback submitted via postgraduate student surveys. This provides valuable data for the School as they consider their post-pandemic teaching options, particularly at postgraduate level where students are typically employed in a healthcare setting for the duration of the programme.

Table 1: BSc Hilary Term Module Feedback Summary Table 2020-21 (SNM)

JF Modules		Pre-recorded Classes		Live Online Classes		Self-Study	
Responses		% Very Useful	%Fairly Useful	%Very Useful	%Fairly Useful	%Very Useful	%Fairy Useful
Shared: Psychosocial Foundations Of Care	66	-	-	89	10	42	41
Shared: Foundations for Professional Practice	77	39	33	65	30	51	35
General Nursing: care Across lifespan	68	44	29	78	21	32	51
Foundations of Children's Nursing	11	55	36	90	10	64	28
Psychotherapeutic Skills	25	-	-	96	4	52	40
Principles ID Nursing Across lifespan	11	64	27	100	-	73	18
Intro to Midwifery 2	17	-	-	100	-	59	41

Table 2: Michaelmas Term 2020-2021 Postgraduate Module Surveys Summary (SNM)

Positive Feedback	Negative Feedback
Online Live Classes	
interaction with lecturers, students, guest lecturers, ease of access – no traveling, recording of live online classes for revision purposes and for those unable to attend.	Students not contributing in breakout rooms, students without cameras & microphones
Pre-Recorded Classes	
flexible viewing, revision, valuable for late registrants, require less time off work which is important with staff shortages.	no lecturer / student interaction, no opportunities to ask questions
Online Learning Management – suggested enhancements	
Regular breaks needed in both online live and pre-recorded classes Need to ensure that module leaders are available at various points during the term to answer questions etc. They need to 'keep in touch' There needs to be clear communication in advance about the length of live online classes Need to ensure that students know each other before breakout room activities	

Significant enhancements were made by the School to their online offerings throughout Covid-19, including the development of simulated learning modules to compensate for specialised clinical placements that could not be accessed due to COVID-19 (approved by Nursing and Midwifery Board of Ireland), and to accommodate the significant amounts of mandatory clinical skills teaching which was still required despite the challenges of long periods of public health restrictions during the pandemic.

Responding to the increased use of online content, the School developed and implemented a comprehensive Blackboard Module Template Procedures and Guidelines document designed to support a systematic and efficient approach to module management, delivery and navigation within and between Blackboard modules. The document originally applied to modules within the undergraduate

programme but was also adopted by postgraduate programmes. This document is included in Appendix 2.

The External Examiners have been highly complimentary of the School's ability to mobilise online platforms during COVID-19, and have highlighted the need for the School to explore how these new approaches will be leveraged and integrated into the undergraduate curriculum post pandemic. This is being actively engaged, considered and actioned through the School's monthly Undergraduate Curriculum Committee meetings.

The requirement to facilitate Courts of Examiners online has presented an opportunity to enhance quality and participation at Courts of Examiners, specifically for clinical partners. The School looks forward to working with College to explore how this can be maintained and enhanced in line with College policy.

School of Pharmacy and Pharmaceutical Sciences

The School of Pharmacy & Pharmaceutical Sciences embarked on the digital transformation of its MSc/Dip in Pharmaceutical Manufacturing during this period with an online course proposal through GSC that followed a wide sectoral consultation on the strengths and weaknesses of the School's established distance learning. The transformation also provided the opportunity for programme reorganisation and streamlining to improve its effectiveness and its suitability for student needs. The new programme which started in January 2022 will be a significant improvement in student learning experience and overall value of the programme for personal and professional development. Issues with the old programme and opportunities in digital transformation were recognised for some time, but the School did not have the resources to address these. Appropriate resources were received through the HCI/Pillar 3 initiative which additionally support sustainable recruitment of an outstanding academic leader for the programme. Overall, this project represents a very significant quality improvement where it was most needed.

A more modest but significant reorganisation of the MSc in Hospital Pharmacy also occurred in the same timeframe to permit full day release of clinical pharmacists from hospital sites and some blended learning using experiences with online teaching during the pandemic. This will improve the student experience and it facilitates expansion and extension of the course to hospital sites well outside the Dublin region in line with the School's national clinical training mission.

The MSc in Pharmaceutical Sciences research projects will this year start to be offered at sites outside Trinity in European Universities and at industrial pharmaceutical sites. This will make the course more appealing and improve student experience while making it more scalable. This year saw also the very welcome introduction of the Panoz Prize for the outstanding student in this class as an incentive for academic excellence and recognition of the links with this pharmaceutical innovator.

The School of Pharmacy & Pharmaceutical Sciences, on-foot of an External Examiner recommendation, is implementing a change to the MPharm programme whereby students who achieve a mark of 80% or greater are signposted as having a project suitable for publication as an original research article. Such students are supported to develop their research project for publication by the course team working with the research supervisor. While mainly targeted at industry, some excellent students on this programme seek PhD opportunities in a highly competitive context here and abroad. The enhancement to the programme provides graduates with the opportunity to build their academic research skills and experience and improve their competitiveness.

The MSc Pharmaceutical Sciences degree is delivered to a high standard.[...] Recommendation to view marking of research project data quality in line with possibility for future publication of data e.g. mark of 80% or greater to reflect a project suitable for publication as an original research article'

2020-21 also saw the introduction of an innovation masterclass over three days in Tangent taken by the integrated MPharm Year 5 class. This development will reinforce and enhance learning in innovation and leadership already embedded in this last year of training for the future pharmacists. It was offered to the class on voluntary basis and without credit but had very high uptake and was very well received.

Risks to Quality - (Beyond the Scope of Schools to Resolve)

The risk management process has highlighted significant risks that are beyond the scope of schools in the Faculty to address. The most commonly highlighted risks to quality include inadequate space, the condition of the estate, the functionality of centralised systems and processes, and the limitations of some aspects of the IT infrastructure. So, despite the inordinate efforts of staff to deliver high quality programmes, and despite the students' ongoing passion and respect for Trinity, these present risks to Trinity's reputation, and the quality of the students' once-in-a-lifetime university experience. At the same time, there are continuous requests to increase student numbers in many undergraduate health science courses. Clearly, there is no simple solution to resource shortages, but the Faculty would welcome the opportunity to engage broadly with the University in finding possible solutions.

Quality and Availability of Space

Pharmacy students have commented consistently about lack of social/academic infrastructure, breakout space, social space, and even study space. Renewal of the estate was a specific recommendation of the Pharmaceutical Society of Ireland (PSI) at the last accreditation visit.

The School offices in Westland Row are being improved gradually and there are plans for a superficial update to the Panoz Institute to coincide with the marking of the benefaction and visit of the Panoz family. However, the Atrium in the Panoz Institute, which is used as multipurpose teaching and social space, has substantial floor damage that cannot be repaired until the leak in the roof is fixed. This is a substantial project that is on the risk register and outside the School's scope to fix. The issue has been raised with Estates & Facilities, the Interim Chief Operating Officer and the Head of Safety, but to date there is no plan to fix it.

Covid-19 has compounded the issue due to the closure of food outlets on the ground floor of the Hamilton Building. These spaces have since been allocated for use as a storage area for the Library Shop, which has resulted in an area that is visually unappealing to users of the building. The closure of the Science Gallery Café has not helped, even if it was not a place that the average student could go every day. The end result is a sense of neglect of this area of the campus, and a deterioration of the student experience as a result.

Email from Pharmacy Student, 31st Jan 2022:

How terrible that students have been resorting to eating their food in a bathroom or in a lecture theatre. Maybe this is a reflection of the lack of warm, suitable and convenient places to eat lunch brought from home on campus (that don't require purchasing of food or beverages of course).

Perhaps this is an opportunity to acknowledge this problem, and maybe those who are in a position to do so could use this as further evidence in the campaign for more student spaces. […]

I spend most of my time in the Hamilton, where there is an even greater dearth of student spaces to eat - the ground floor seating areas and benches (no tables) are unfortunately located right in the coldest part of the building right in the draft of the automatic doors, and the student space that was on the first floor had all of the seating and tables removed a couple of years ago due to COVID. There is a very nice new student space where the old BOI bank used to be, but of course again space is limited and it is usually totally full at lunch time. There is some kind of space upstairs in the Hamilton visible to students through a glass window that has some chairs and tables (often stacked up unused) and what looks like tea and coffee making facilities, but I think this might be for staff and not available for students. […]

The School of Dental Science and Dublin Dental University Hospital are now considered fully occupied and space has been identified as a key inhibitor of further expansion.

The School of Medicine have identified the need for more large teaching spaces, as well as lab and office spaces however the full impact of the new hybrid working policy has not yet been assessed with regard to office spaces.

Due to changes to the undergraduate curriculum, class sizes in Nursing and Midwifery have increased and additional large lecture theatre teaching space is required. There is an inadequate supply of large lecture teaching space for the School to conduct teaching for all 4 years of the course. Increased student numbers have also created a need for more tutorial groups to be created and so there are additional room requirements. This is compounded by the now annual requests from Government to increase the EU student intake on nursing programmes. There is a lack of flexibility in the availability of teaching spaces which is preventing the School from agreeing to these requests, and so the School is at risk of becoming irrelevant at a national level due to constraints which are beyond its control to address; it must be noted that limitations on availability of clinical placements is also a factor which inhibits growth at undergraduate level. The School has also identified that its spread across multiple sites is an inhibitor of collaborative work and collegial spirit.

Collectively, the Schools have identified the risk that there will be no cohesive, structured approach to the re-organisation of space at a College level, which will leave Schools exposed to greater workloads, more stressful situations, and potentially inadequate resources to deliver their programmes.

A quality improvement suggestion from the Faculty of Health Sciences is a series of strategic sessions with schools to address ongoing space issues and to develop a long term, sustainable space strategy.

Systems and Processes not suitable for Health Sciences

The diverse organisation of undergraduate programmes in Health Sciences is one root cause of **multiple systems and process issues** experienced by the schools on an ongoing basis. Schools continue to work with Academic Registry to enhance and streamline the processes as best they can, however no significant improvements have been noticed across a number of years which suggests that perhaps a College-level root-and-branch review of some systems is now required, for the benefit of all staff involved and to improve the overall student experience.

The School of Dental Science now manages its thesis examination process for the D.Ch.Dent students in-house, instead of going through Academic Registry. This gave the School direct control over the dispatching and examination of theses. Since this started, the process has been running efficiently and without delays. While this development is a quality enhancement for the individual students involved, it highlights the significant and ongoing systemic issues being experienced by Schools, even to the extent that they will take on more work to improve the overall student experience.

A quality improvement suggestion from the Faculty of Health Sciences is an IT Services-led needs assessment for Health Sciences programmes relating to VLE functionality and storage capacity.

IT Infrastructure

A scoping exercise considering the reduction in the **storage capacity on Blackboard** whereby students will only be able to access materials for 1-2 years poses a major risk to programmes in Health Sciences. Professional programmes require that the students have access to their course materials for the entire duration of the programme due to the integrated nature of the curriculum, and that the schools have access to course materials for presentation to accrediting bodies as part of the accreditation visits. Any reduction of storage capacity on Blackboard poses a significant risk to schools in Health Sciences. Rather than reducing storage capacity, a quality enhancement would be to allow access to course materials such as e-portfolios throughout the graduate's early career. It is not unusual for students to request details of curricula and examinations for the purposes of accreditation in different countries, or access to postgraduate education, decades after they complete their studies. Any re-distribution of the costs of Blackboard storage to schools poses a financial risk to schools, and a reputational risk to Trinity.

Poor **Wi-Fi coverage** on satellite sites has been identified as a risk to the students' learning experience, particularly with an increased reliance on online course materials. Wi-Fi coverage is particularly poor within DDUH, impacting on undergraduate and postgraduate students alike. The provision of Trinity WiFi in the Coombe Women's & Children's Hospital is now underway after more than four years lead time to resolve this critical quality issue.

Other Risks to Quality

Some schools have highlighted the need for additional resourcing to be provided to the Student Counselling Service in order to meet the demand for preventative, non-crisis sessions. Student Counselling offer emergency same-day appointments, as of March 2022 there is a significant offering of 120 sessions per week. There is a wait of approximately three weeks for a SNAP appointment (Support, Needs Assessment, Plan) after which people are offered a range of options, however if they want one-to-one counselling there is a further wait. Student Counselling are looking at options around this, but it is difficult to manage due to the high demands on the service. Pressure on the Student Counselling Service is exacerbated by the lack of services elsewhere.

Recruitment delays continued to be a significant impediment to the running of the schools because vacant posts were delayed and considerable time and effort was required to get approval for all new and replacement posts. Chair recruitment was also stalled. Late in 2021 this process was simplified with decisions being made at School and Faculty levels. Recent developments are likely to lead to a speeding up of this process.

Each Medical School has been approached by Government to take an additional 20 Irish/EU students, replacing the same number of Non-Eu students, but at half the funding. If accepted this would lead to a loss of €2-3M per year, with a subsequent knock on reduction in the quality of the course. A sectoral response from the IUA and the IMSC has rejected the offer, while remaining in favour of an increase in Irish/EU students.

The new consultant contracts being promoted under SláinteCare do not contain any contractual obligation or support for consultants to engage in teaching. Without such a contractual provision, the ongoing difficulties in ensuring quality across all clinical teaching sites remains a risk. Currently, many clinical staff provide critical teaching to our students—without payment—but it is uncertain whether this will continue under the new contract.

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Professor Brian O'Connell
Dean of the Faculty of Health Sciences

Faculty Data: 2020-21 academic year.

Table 3: UG student module evaluation – Health Sciences

School	Number of Undergraduate Modules Taught	Number of Undergraduate Modules Evaluated	Percentage of Undergraduate Modules Evaluated	Average response rate to UG module evaluations (%)	Comments/Actions arising Evaluations
Dental Science	60	60	100	Dental Science: Mean – 59% Range 42% (Year 1) – 80% (Year 3)	N/A
School of Medicine (SoM) Medicine Programme	28	28	100%	40% Average across all years.	Module feedback was collated via survey monkey anonymous reports. The administrative post supporting evaluations in Medicine is vacant. Year 1= 102 Responses Year 2= 49 Responses Year 3 = 73 Responses Year 4 = 22 Responses
SoM Radiation Therapy	28	28	100%	60%	We did online evaluations using outlook forms. It did take 2-3 reminders. We may explore doing this at the end of the last lecture.
SoM	31 (9 by Trinity)	31	100%	Unable to give a % - as joint programme	Estimated 40% (range 10-100%) by survey feedback. Close to 100% in practice placement modules. Macro level feedback is provided at 2-3 annual programme

Human Nutrition & Dietetics				and the mode of collection	committee (PC) meetings. Student representatives from years 1, 2, 3 and 4 report feedback to the PC, and any changes to modules are proposed and agreed. The annual monitoring report (collated by TU-Dublin) is discussed at the PC, which includes sections on module feedback and programme feedback
SoM Occupational Therapy	37	15	40%	60%	The standard method for module evaluation is anonymous hard-copy evaluations in-class, which yields higher response rates, however this was disrupted by Covid-19 due to a higher rate of virtual teaching. There is ongoing module review by academic staff and the curriculum committee in the Discipline of Occupational Therapy.
SoM Human Health & Disease	29	29	100%	Written feedback completed by up to 50% of the BSc Human Health & Disease students, dependent on the year and module.	Module feedback was collated via anonymous reports linked into modules on Blackboard, and in some cases directly by the module coordinator or lecturer(s) from students. A staff:student liason committee was convened in 2020-2021, Chaired by Dr. Eric Downer (Director). The committee met with years 1-4 each semester to discuss all issues within the course, including feedback on modules.
SoM Physiotherapy	28	28	100%	20-80% depending on module	Changes made to the following year's teaching or information if actionable points are raised

Nursing & Midwifery	61	50	82%	20% - 40%	Senior Sophister modules were not evaluated as this was the final year that these modules were offered. Three questions were added to the module survey to assess the usefulness of pre-recorded classes, live online classes and online self-study materials. Most respondents found live online classes and prerecorded classes very useful to their learning with a slight preference for live online classes.
Pharmacy & Pharmaceutical Sciences	26	26	100%	JF 63%, SF 46%, JS 76%, SS 71%. MPharm (Y5)45.5%	The PSI accredited MPharm integrated programme which includes the UG BSc Pharm is under very tight programme management with granular response at all levels to student experience and EE observations etc. There are far too many comments and actions on ongoing course managmenet basis to include here. The whole programme is undergoing an internal programme review through late 2021 into 2022 to include external peer feedback, focus groups with the first two cohorts to graduate (complete) and analysis of staff and student workload and organization.
Faculty Total	**328**	**295**	**90%**		

Table 4: Open Module Evaluation – Health Sciences

School	Title of Open Module(s) offered, in full	Actual response rate to Open Module evaluations using USC approved survey questions (%)	Comments/Actions arising Evaluations
Dental Science			
Medicine			
Nursing & Midwifery			
Pharmacy & Pharmaceutical Sciences			
Faculty Total	0	0	N/A

Table 5: Undergraduate External Examiner Reports - Health Sciences

School	No of External Examiner Reports Expected (UG)	No of External Examiner Reports Returned (UG)	% of External Examiner Reports Returned (UG)	Did the School respond in writing to EE recommendations?	Did the External Examiner(s) have or request access to Blackboard?	Comments/Actions arising Evaluations
Dental Science	12	12	100	Yes	Yes	
Medicine	25	9	36%	Yes	No	In Medicine the external Examiners don't submit until after supplemental pass/fail vivas at the very end of the academic year. Therefore the submissions from the external examiners are currently being collected and submitted to the Quality Office.
Radiation Therapy	1	1	100%			Our EE report was excellent
Human Nutrition & Dietetics	2	2	100%			School may have responded but I have not seen same. Trinity host 1 EE and TUD the other. TUD responded to comments for their report
Occupational Therapy	2	1	50%	No	No	
Human Health & Disease	1	1	100%			
Physiotherapy	2	1	50%	No	Yes	

Nursing & Midwifery	6	6	100%	Yes	Yes	The External Examiner Annual Reports have consistently indicated the high quality of teaching, learning and clinical practice on the undergraduate programmes. The External Examiners have been highly complimentary of the School's ability to mobilise online platforms during COVID-19. They have highlighted the need for the School to explore how these new approaches will be leveraged and integrated into the undergraduate curriculum post pandemic. This is being actively engaged, considered and actioned through the School's monthly Undergraduate Curriculum Committee meetings.
Pharmacy & Pharmaceutical Sciences	5	3	60%		Yes	External examiner reporting for the period remains incomplete. Will be reviewed at the next programme management meeting in March 2022 and in June. The programme review is also underway. External examiner feedback from 2020/21 reports is being actioned in this cycle for example on the capstone project output and assessment protocols. In general EE reports during the pandemic have been lighter and focussed on the pandemic academic responses. Overall these were highly complimentary for the academic and pastoral support for a school

that has a strong tradition of student focus and care. All observations have been followed up.

For example, David Wright on the MPharm professional registration exam commented on the statistical treatment of OSCE results and this has been intensely followed with David and colleagues in other universities collaborating on this to achieve the balance between fairness to students and patient safety and the public good. The School is satisfied it has made the right decisions in all cases.

Faculty Total   56   36   64

Table 6: Postgraduate Course Evaluation - Health Sciences

School	No. of PGT Programmes	No. of PGT Programmes Evaluated	% of PGT Programmes Evaluated	Average response rate to PGT programme evaluations (%)	Comments/Actions arising Evaluations
Dental Science	10	6	60%	100%	No issues were raised.
Medicine	23	23	100%	100%	Feedback is provided by students in verbal and written manner. Module coordinators may seek for individual feedback. Course directors seek feedback on entire course. Actions will be taken as per student feedback during the course and improvements made for future years.
Nursing & Midwifery	21	21	100%	10% -30%	There was strong support across all programmes for live online classes that were recorded for those who were unable to attend mostly due to work pressures.
Pharmacy & Pharmaceutical Sciences	4	3	75	60%	Modules on the MSc Pharmaceutical Manufacturing Technology (QP) were not evaluated because this was the last year of the programme. All other PG modules were evaluated with good responses.
Faculty Total	58	53	91%	Wide range of 10% to 100%	

Table 7: Postgraduate External Examiner Reports - Health Sciences

School	No of External Examiner Reports Expected	No of External Examiner Reports Returned	% of External Examiner Reports Returned	Comment/Actions arising from EE Reports
Dental Science	6	6	100%	No issues were raised.
Medicine	23	12	55%	Some courses experienced delays due to Covid-19 and others were given extensions so outstanding reports are expected imminently. Actions are taken from feedback during the course and improvements made for future years.
Nursing & Midwifery	18	15	83%	All reports spoke favorably of the School's PGT programmes, the standard of students' work and the feedback on assessments given, particularly the use of rubrics. Due to personal issues the External Examiner for the Mental Health, Mental Health – Child Adolescent and Family, and Mental Health – Psychosocial Interventions programmes was unable to fulfil her role and provide an annual report. A replacement External Examiner has been nominated to the Dean of Graduate Studies.
Pharmacy & Pharmaceutical Sciences	3	3	100%	MSc Pharm Sci: *The MSc Pharmaceutical Sciences degree is delivered to a high standard. Student satisfaction is high. The MSc programme is recognised as having good reputation within the pharmaceutical industry. Recommendation to view marking of research project data quality in line with possibility for future publication of data e.g. mark of 80% or greater to reflect a project suitable for publication as an original research article*' **and we are implementing recomendation this year**
Faculty Total	50	36	72%	

Table 8: Professional Accreditation – Health Sciences

SCHOOL	ACCREDITED PROGRAMME	PROFESSIONAL OR STATUTORY BODY	NEXT ACCREDITATION DUE	DID ACCREDITATION TAKE PLACE IN 2020/21? IF SO, SPECIFY WHETHER IN PERSON OR VIRTUALLY	Comment if any conditions resulted from Accreditation Report outcomes e.g. reduced period of accreditation
School of Dental Science UG Programmes	Bachelor of Dental Science (B. Dent. Sc) – 5 years)	Dental Council of Ireland	2022	NO	N/A
	Diploma - Dental Hygiene (2 years)	Dental Council of Ireland	2022	Due 2021. Delayed due to Covid-19.	N/A
	Diploma - Dental Nursing (2 years)	Dental Council of Ireland	2022	Due 2021. Delayed due to Covid-19.	N/A
	Professional Diploma in Orthodontic Therapy	Dental Council of Ireland		Due 2021. Delayed due to Covid-19.	N/A
School of Dental Science PG Programmes	Dental Surgery Programmes (D.Ch.Dent.) Strands: 1. Oral Surgery 2. Orthodontics 3. Paediatric Dentistry 4. Periodontology 5. Prosthodontics 6. Special Care Dentistry 7. Public Dental Health	Dental Council of Ireland	1. 2022* 2. 2022* 3. 2023 4. 2023 5. 2023 6. 2022* 7. 2022*	NO	N/A

			*Due to Covid-19, DC accreditations in 2020 were postponed for these strands & rescheduled for Nov 2022.		
	P.Grad. Dip in Clinical Dental Tech. (18 months p/t)	Dental Council of Ireland	Due 2020 but postponed due to Covid-19. Re-scheduled to 2022.	NO	N/A
	PG Dip. Conscious Sedation	Dental Council of Ireland	School await further details from Dental Council	NO	N/A
	Certificate in Orofacial Pain	N/A	N/A	N/A	N/A
School of Medicine UG Programmes	BSc Human Nutrition & Dietetics – joint degree Trinity and TU Dublin (note: review is in 2022, so may not be relevant to 2020-21 report)	CORU	Review in 2022-documentation submits June 2022, for visit in Autumn 2022		
School of Medicine UG Programmes	Bachelor of Science Occupational Therapy	Association of Occupational Therapists of Ireland	Reaccreditation 2021		

School of Medicine UG Programmes	BSc in Physiotherapy	CORU	Feb 2022 submission of documents & accreditation visit June 2022		
School of Nursing & Midwifery UG Programmes	B.Sc. (Cur.) General Nursing	Nursing & Midwifery Board of Ireland (NMBI)	Due in October 2022	No	
	B.Sc. (Cur.) Mental Health Nursing	Nursing & Midwifery Board of Ireland (NMBI)	Due in October 2022	No	
	B.Sc. (Cur.) Intellectual Disability Nursing	Nursing & Midwifery Board of Ireland (NMBI)	Due in October 2022	No	
	B.Sc. Children's and General Nursing	Nursing & Midwifery Board of Ireland (NMBI)	Due in October 2022	No	
	B.Sc. Midwifery	Nursing & Midwifery Board of Ireland (NMBI)	Due in October 2022	No	
School of Nursing & Midwifery PG Programmes	Advanced Practice (Midwifery)(M.Sc./PG.Dip. /PG.Cert.),	Nursing and Midwifery Board of Ireland (NMBI)	Due May 2026 Approval period 19 May 2021 – 19 May 2026	Yes Electronic Submission by a Consortium of Universities, UCD, TCD, UCC, NUIG, UL.	

	Advanced Practice (Nursing)(M.Sc./PG.Dip. /PG.Cert.),	Nursing and Midwifery Board of Ireland (NMBI)	Due March 2023	No Approval period 15 March 2018 – 15 March 2023 Electronic Submission by a Consortium of Universities, UCD, TCD, UCC, NUIG.	
	Ageing Health and Wellbeing in Intellectual Disability (M.Sc./PG.Dip. /PG.Cert.)	Nursing and Midwifery Board of Ireland (NMBI)	Due July 2023	No Approval period 11 July 2018 – 11 July 2023 Electronic submission to NMBI.	
	Clinical Health Sciences Education (M.Sc./PG.Dip.	Nursing and Midwifery Board of Ireland (NMBI)	Due June 2024	No Approval period 18 June 2019 – 18 June 2024. Electronic submission to NMB	
	Community Health (M.Sc./PG.Dip. /PG.Cert.),	Nursing and Midwifery Board of Ireland (NMBI)	Due November 2026	No. Approval period 24 November 2021-24 November 2026 Electronic submission to NMBI.	

Dementia (M.Sc./PG.Dip. /PG.Cert.)	Nursing and Midwifery Board of Ireland (NMBI)	Due February 2025	No Approval period 17 February 2020 – 17 February 2025Electronic submission to NMBI,	
Mental Health (M.Sc./PG.Dip. /PG.Cert.)	Nursing and Midwifery Board of Ireland (NMBI)	Due May 2025	No Approval period 07 May 2020 – 07 May 2025 Electronic submission to NMBI	
Mental Health – Child Adolescent and Family (M.Sc./PG.Dip. /PG.Cert.)	Nursing and Midwifery Board of Ireland (NMBI)	Due May 2025	No Approval period 07 May 2020 – 07 May 2025 Electronic submission to NMBI	
Mental Health – Psychosocial Interventions (M.Sc./PG.Dip. /PG.Cert.)	Nursing and Midwifery Board of Ireland (NMBI)	Due May 2025	No Approval period 07 May 2020 – 07 May 2025 Electronic submission to NMB	
Midwifery Practice and Leadership (M.Sc./PG.Dip.),	Nursing and Midwifery Board of Ireland (NMBI)	Due January 2022	No Approval period 14 July 2016 - 14 July 2021 (extended with	Submitted in January 202.Due for consideration at NMBI Education Training

Nursing and Midwifery Board of Ireland (NMBI)			permission to submit in January 2022) Electronic submission to NMBI	and Standards Committee meeting on the 10 March 2022.
Nursing (M.Sc./PG.Dip./ exit Pg Cert),	Nursing and Midwifery Board of Ireland (NMBI)	Due January 2022	No Approval period 14 July 2016 - 14 July 2021 (extended with permission to submit in January 2022)	Submitted in January 2022.Due for consideration at NMBI Education Training and Standards Committee meeting on the 10 March 2022.
Nursing - Child Health and Wellbeing (M.Sc./PG.Dip. /PG.Cert.)	Nursing and Midwifery Board of Ireland (NMBI)	Due January 2022	No Approval period 2 June 2016 – 2 June 2021 (extended with permission to submit in January 2022) Electronic submission to NMBI	Submitted in January 202.Due for consideration at NMBI Education Training and Standards Committee meeting on the 10 March 2022
Nursing – Specialist (M.Sc./PG.Dip. /PG.Cert.)	Nursing and Midwifery Board of Ireland (NMBI)	Due May 2022	No Approval period 7 May 2020 – 7 May 2022 Electronic submission to NMBI	
Palliative Care (M.Sc./PG.Dip. /PG.Cert.)	Nursing and Midwifery Board of Ireland (NMBI)	Due May 2025	No	

				Approval period 7 May 2020 – 7 May 2025Electronic submission to NMBI	
	H. Dip. In Children's Nursing	Nursing and Midwifery Board of Ireland (NMBI)	Due March 2026	Yes Approval period 24 March 2021 – 24 March 2026 Electronic submission to NMBI	
	H. Dip. In Midwifery	Nursing and Midwifery Board of Ireland (NMBI)	Due April 2024	Approval period 4 April 2019 – 4 April 2024 Electronic submission to NMB	
	Nurse/ Midwife Prescribing PG. Cert.	Nursing and Midwifery Board of Ireland (NMBI)	Due January 2023	No Approval period 22 January 2018 – 22 January 2023 Electronic submission to NMBI Consortium of Universities, UCD, TCD, UCC, NUIG.	
	Quantitative Methods and Data Analysis for Healthcare	Nursing and Midwifery Board of Ireland (NMBI)	Due January 2023	No Approval period 22 January 2018 – 22 January 2023 Electronic submission to NMBI	

School of Pharmacy and Pharmaceutical Sciences	MPharm Integrated Programme	Pharmaceutical Society of Ireland	2025	No Last accreditation took place in February 2020	Maximum period of accreditation achieved (5 years) but with quarterly updates and enhanced annual reporting No conditions Recommendations re strategic budgetary planning, reduction in assessment, renewal in estate

Table 9: Retention by Standing & Faculty

Standing & Retention	FHS	%
1	**775**	**25.45%**
Progressed Same Course	725	93.55%
Repeat Same Course	13	1.68%
Transferred to Another Course	7	0.90%
Not Retained	30	3.87%
2	**748**	**24.56%**
Course Completed-Exit Award		0.00%
Progressed Same Course	733	97.99%
Repeat Same Course	8	1.07%
Transferred to Another Course		0.00%
Not Retained	7	0.94%
3	**707**	**23.22%**
Course Completed	6	0.85%
Progressed Same Course	694	98.16%
Repeat Same Course		0.00%
Transferred to Another Course		0.00%
Not Retained	7	0.99%
4	**658**	**21.61%**
Course Completed	439	66.72%
Course Completed-Exit Award		0.00%
Progressed Same Course	215	32.67%
Repeat Same Course	1	0.15%
Transferred to Another Course	2	0.30%
Not Retained	1	0.15%
5	**157**	**5.16%**
Course Completed	156	99.36%
Repeat Same Course	1	0.64%
Not Retained		0.00%
Grand Total	**3045**	**100.00%**

Table 10: UG Student Body by Faculty & Gender

(Student numbers)	FHS			FHS Total
Standing & Retention	**Female**	**Male**	**Null**	
1	**631**	**143**	**1**	**775**
Progressed Same Course	593	131	1	725
Repeat Same Course	8	5		13
Transferred to Another Course	5	2		7
Not Retained	25	5		30
2	**567**	**181**		**748**
Course Completed-Exit Award				
Progressed Same Course	561	172		733
Repeat Same Course	3	5		8
Transferred to Another Course				
Not Retained	3	4		7
3	**534**	**173**		**707**
Course Completed	3	3		6
Progressed Same Course	526	168		694
Repeat Same Course				
Transferred to Another Course				
Not Retained	5	2		7
4	**535**	**123**		**658**
Course Completed	385	54		439
Course Completed-Exit Award				
Progressed Same Course	146	69		215
Repeat Same Course	1			1
Transferred to Another Course	2			2
Not Retained	1			1
5	**95**	**62**		**157**
Course Completed	95	61		156
Repeat Same Course		1		1
Not Retained				
Grand Total	**2362**	**682**	**1**	**3045**

(Percentages)	FHS			FHS Total
Standing & Retention	**Female**	**Male**	**Null**	
1	**26.7%**	**21.0%**	**100.0%**	**25.5%**
Progressed Same Course	94.0%	91.6%	100.0%	93.5%
Repeat Same Course	1.3%	3.5%	0.0%	1.7%
Transferred to Another Course	0.8%	1.4%	0.0%	0.9%
Not Retained	4.0%	3.5%	0.0%	3.9%

2	**24.0%**	**26.5%**	**0.0%**	**24.6%**
Course Completed-Exit Award	0.0%	0.0%		0.0%
Progressed Same Course	98.9%	95.0%		98.0%
Repeat Same Course	0.5%	2.8%		1.1%
Transferred to Another Course	0.0%	0.0%		0.0%
Not Retained	0.5%	2.2%		0.9%
3	**22.6%**	**25.4%**	**0.0%**	**23.2%**
Course Completed	0.6%	1.7%		0.8%
Progressed Same Course	98.5%	97.1%		98.2%
Repeat Same Course	0.0%	0.0%		0.0%
Transferred to Another Course	0.0%	0.0%		0.0%
Not Retained	0.9%	1.2%		1.0%
4	**22.7%**	**18.0%**	**0.0%**	**21.6%**
Course Completed	72.0%	43.9%		66.7%
Course Completed-Exit Award	0.0%	0.0%		0.0%
Progressed Same Course	27.3%	56.1%		32.7%
Repeat Same Course	0.2%	0.0%		0.2%
Transferred to Another Course	0.4%	0.0%		0.3%
Not Retained	0.2%	0.0%		0.2%
5	**4.0%**	**9.1%**	**0.0%**	**5.2%**
Course Completed	100.0%	98.4%		99.4%
Repeat Same Course	0.0%	1.6%		0.6%
Not Retained	0.0%	0.0%		0.0%
Grand Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Table 11: Student Body by Faculty & Fee Status

(Student numbers)	FHS		FHS Total
Standing & Retention	**EU**	**NEU**	
1	**673**	**102**	**775**
Progressed Same Course	632	93	725
Repeat Same Course	10	3	13
Transferred to Another Course	5	2	7
Not Retained	26	4	30
2	**650**	**98**	**748**
Course Completed-Exit Award			
Progressed Same Course	639	94	733
Repeat Same Course	8		8
Transferred to Another Course			
Not Retained	3	4	7
3	**617**	**90**	**707**
Course Completed	6		6
Progressed Same Course	606	88	694
Repeat Same Course			
Transferred to Another Course			
Not Retained	5	2	7
4	**590**	**68**	**658**
Course Completed	432	7	439
Course Completed-Exit Award			
Progressed Same Course	155	60	215
Repeat Same Course	1		1
Transferred to Another Course	2		2
Not Retained		1	1
5	**85**	**72**	**157**
Course Completed	84	72	156
Repeat Same Course	1		1
Not Retained			
Grand Total	**2615**	**430**	**3045**

(Percentages)	FHS		FHS Total
Standing & Retention	**EU**	**NEU**	
1	**25.7%**	**23.7%**	**25.5%**
Progressed Same Course	93.9%	91.2%	93.5%
Repeat Same Course	1.5%	2.9%	1.7%
Transferred to Another Course	0.7%	2.0%	0.9%
Not Retained	3.9%	3.9%	3.9%

2	**24.9%**	**22.8%**	**24.6%**
Course Completed-Exit Award	0.0%	0.0%	0.0%
Progressed Same Course	98.3%	95.9%	98.0%
Repeat Same Course	1.2%	0.0%	1.1%
Transferred to Another Course	0.0%	0.0%	0.0%
Not Retained	0.5%	4.1%	0.9%
3	**23.6%**	**20.9%**	**23.2%**
Course Completed	1.0%	0.0%	0.8%
Progressed Same Course	98.2%	97.8%	98.2%
Repeat Same Course	0.0%	0.0%	0.0%
Transferred to Another Course	0.0%	0.0%	0.0%
Not Retained	0.8%	2.2%	1.0%
4	**22.6%**	**15.8%**	**21.6%**
Course Completed	73.2%	10.3%	66.7%
Course Completed-Exit Award	0.0%	0.0%	0.0%
Progressed Same Course	26.3%	88.2%	32.7%
Repeat Same Course	0.2%	0.0%	0.2%
Transferred to Another Course	0.3%	0.0%	0.3%
Not Retained	0.0%	1.5%	0.2%
5	**3.3%**	**16.7%**	**5.2%**
Course Completed	98.8%	100.0%	99.4%
Repeat Same Course	1.2%	0.0%	0.6%
Not Retained	0.0%	0.0%	0.0%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Table 12: FHS Retention by Programme

Programme	Retention	1 Female EU	1 Female NEU	1 Male EU	1 Male NEU	1 Null EU	2 Female EU	2 Female NEU	2 Male EU	2 Male NEU	3 Female EU	3 Female NEU	3 Male EU	3 Male NEU	4 Female EU	4 Female NEU	4 Male EU	4 Male NEU	5 Female EU	5 Female NEU	5 Male EU	5 Male NEU	Grand Total
Children's and General Nursing	Course Completed																		16				16
	Progressed Same Course	23					24		2		21		2		19		2						93
Dental Science	Course Completed																		17	10	11	5	43
	Progressed Same Course	22	10	8	6		17	10	12	9	18	11	8	8	21	9	7	5					181
	Repeat Same Course		1												1								2
	Transferred to Another Course														1								1
	Not Retained	1	1																				2
Dental Technology	Course Completed										2												2
	Progressed Same Course	2		3			1																6
Human Health and Disease	Course Completed														24		7						31

																							Total
	Progressed Same Course	20	1	7			23		4		18		4	2									79
	Repeat Same Course						1																1
	Transferred to Another Course	1	2																				3
	Not Retained	3									1												4
Human Nutrition and Dietetics (Joint Degree)	Course Completed													24		2							26
	Progressed Same Course	17		2			21		1		16		3										60
	Transferred to Another Course													1									1
Medicine	Course Completed										1		3						16	36	24	21	101
	Progressed Same Course	73	46	30	24		66	42	52	29	64	38	50	21	65	32	41	14					687
	Repeat Same Course	3		3	1				2													1	10
	Not Retained	2	2	2	1			2	1	2				2									14
Midwifery	Course Completed														39									39
	Progressed Same Course	39					38				27												104
	Transferred to Another Course	1																					1
	Not Retained	3									3												6
Nursing	Course Completed														182		18							200

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Course	Status																		Total
	Progressed Same Course	191	1	20			180		31		181		25						629
	Repeat Same Course	1					1												2
	Transferred to Another Course	1																	1
	Not Retained	8					1				1								10
Occupational Therapy	Course Completed													30		5			35
	Progressed Same Course	38	1	2			37	1	2	1	32	1	3						118
	Not Retained	1																	1
Pharmacy	Course Completed													38	1	11	1		51
	Progressed Same Course	56	2	13			52	1	14	1	43	4	24						210
	Repeat Same Course	2			1		1		2										6
	Transferred to Another Course			2															2
	Not Retained	1		2					1						1				5
Physiotherapy	Course Completed													22	3	7			32
	Progressed Same Course	20	1	13	1	1	28		11		31	1	11	1					119
	Repeat Same Course	1					1												2
	Not Retained	2																	2

Radiation Therapy	Course Completed													21	1	2	1						25
	Progressed Same Course	30		2			20		3		19	1	6										81
	Not Retained	1																					1
Grand Total		563	68	109	34	1	511	56	139	42	478	56	139	34	488	47	102	21	49	46	36	26	3045

Appendices

Appendix 1: Report on Medical Students Perceptions of Online Learning During COVID-19.

Appendix 2: Blackboard Module Template Procedures and Guidelines, School of Nursing & Midwifery

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Report on Medical Students Perceptions of Online Learning During COVID-19.

Survey conducted in April 2021 by Siobhán O'Leary, Dept of Psychiatry

Introduction:

The author would like to thank the Medical School for facilitating this research. A special thank you to all the medical students who took the time to complete the survey.

The purpose of this research was to get feedback from the medical students attending Trinity College on their perceptions of the move to online teaching during the COVID-19 pandemic. This survey was open to all TCD medical students from years one to year five. It was available for completion for two weeks from 6th to 20th April 2021. There were ten questions relating to the students' online learning experience during the academic year 2020/21.

Over three hundred and thirty students completed the questionnaire.

In addition, students were given the opportunity to provide comments. Approximately two hundred students volunteered this additional feedback giving a valuable insight into the medical students' experience of online teaching during the academic year.

Page **1** of **13**

A total of 333 students consented to respond.

Breakdown of responses to Gender question (n327): 29% Male, 70% Female.
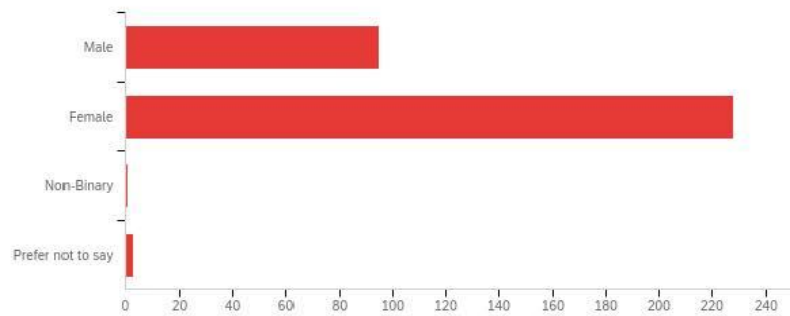
Responses were received from all years (n326),

1st Year (20%), 2nd Year (29%), 3rd Year (15%), 4th Year (22%) and 5th Year (14%).
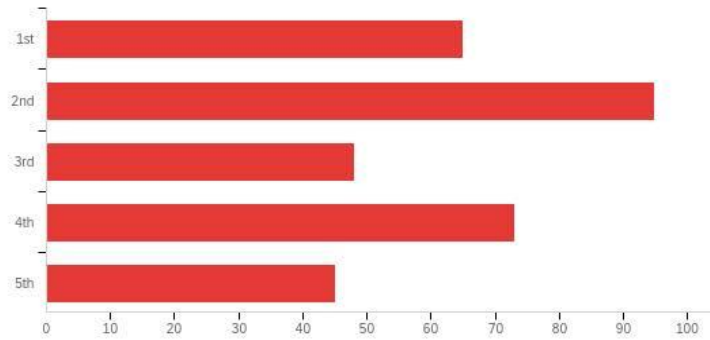
Age Breakdown (n328) 74% Aged 18-23, 23% Aged 24-29, 3% Aged over 30

Page **3** of **13**
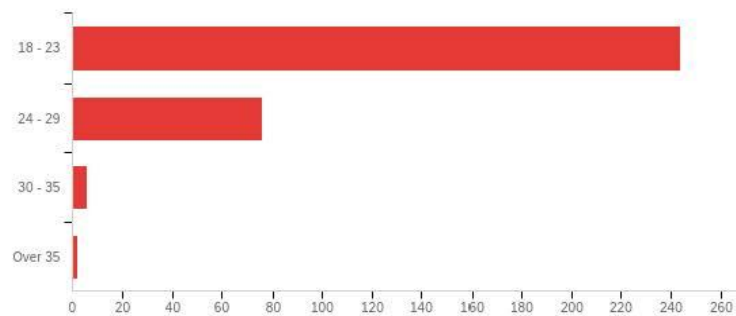
Question one composed of fifteen statements. Students were asked to respond using the five-point Likert Scale ranging from agree strongly to disagree strongly. Overview of response below

- Internet access issues did not affect my online teaching
  53% of students agreed or agreed strongly with this statement

- I was able to navigate the online teaching platform (e.g., Blackboard Collaborate Ultra)
  87% of students agreed or agreed strongly with this statement

- Local distractions did not affect my on-line teaching
  25% of students agreed or agreed strongly with this statement

- I felt comfortable using chat functions to answer questions in the virtual class
  56% of students agreed or agreed strongly with this statement

- I miss the face-to-face interaction with my peers
  85% of students agreed or agreed strongly with this statement

- I miss the face-to-face interaction with my lecturers
  67% of students agreed or agreed strongly with this statement

- I would like lectures to be delivered online in the future
  50% of students agreed or agreed strongly with this statement

- I would like a mix of on-line and face to face learning
  80% of students agreed or agreed strongly with this statement

- I would like no online teaching in the future
  11% of students agreed or agreed strongly with this statement

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- I had to invest in new equipment e.g., Laptop, Chair, Headphones, webcam

  35% of students agreed or agreed strongly with this statement

- I had appropriate space in which I could attend lectures

  69% of students agreed or agreed strongly with this statement

- I overall have had equally as good a learning experience since online learning

  27% of students agreed or agreed strongly with this statement

- I feel less prepared continuing through to next year or starting work as an intern

  62% of students agreed or agreed strongly with this statement

- I preferred tutorials where cameras on was encouraged

  48% of students agreed or agreed strongly with this statement

- I felt uncomfortable in tutorials where camera on was requested

  33% of students agreed or agreed strongly with this statement

Responses to Question 2 – What are the benefits of online learning.
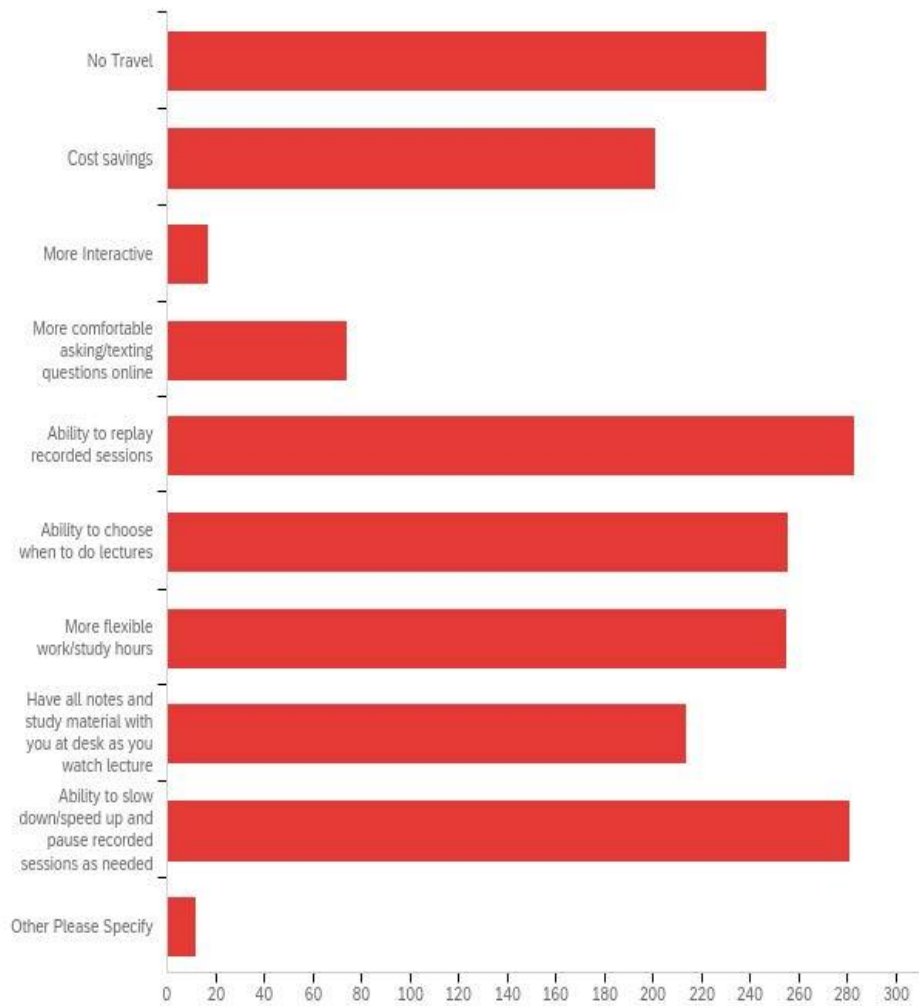
Twelve students gave additional comments, most related to the benefit of being able to revisit recorded lectures as a study tool.

Q3 What are the negatives of online learning
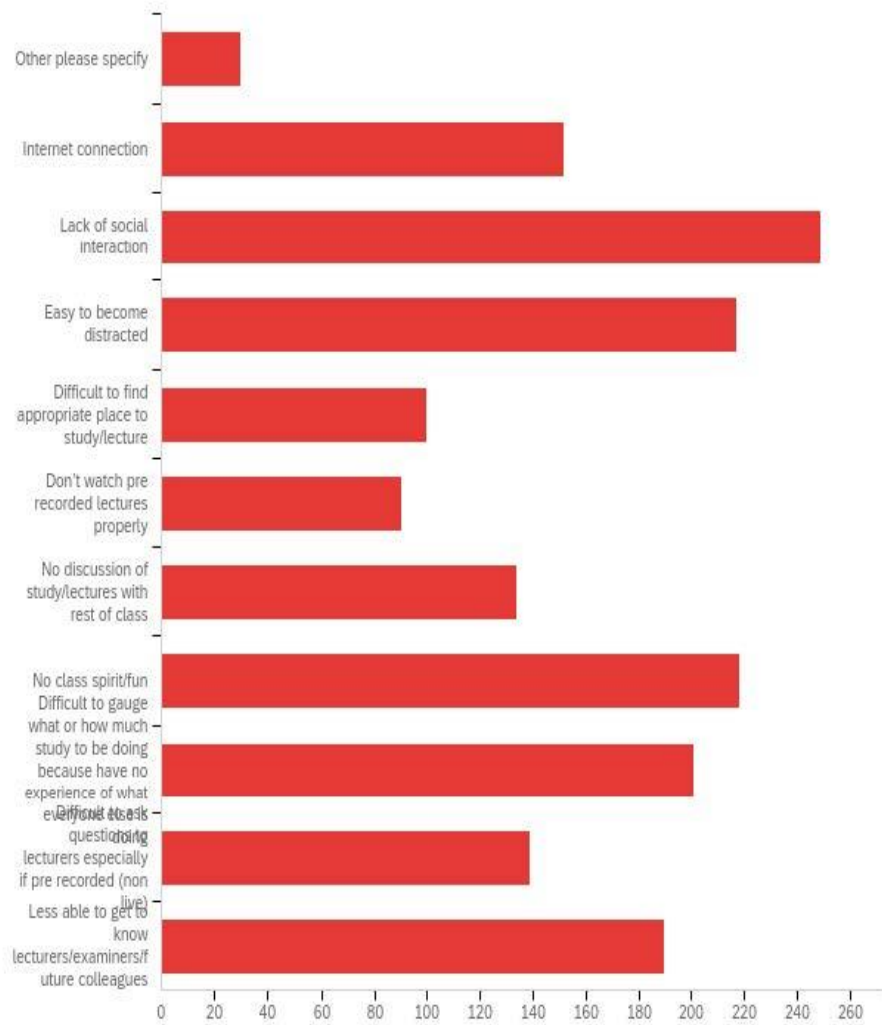
Thirty students replied to the 'others please specify' question.

The two main points made by these students were the fact that pre-recorded lectures often ran beyond the scheduled time. There were timetable clashes with online lectures.

Q4 What are the benefits of Online Exams?
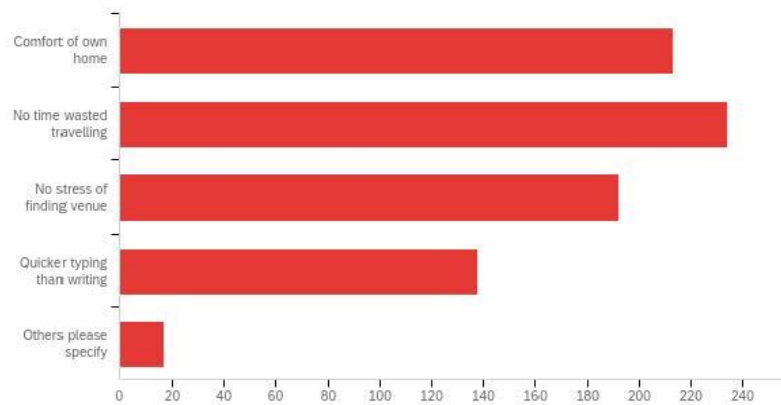
Seventeen students replied to the 'other please specify' section re the benefits on online exams.

Five felt there was no benefit. The other comments mostly reiterated the fact that it was less stressful and more comfortable.

Q5 What are the negatives of online exams
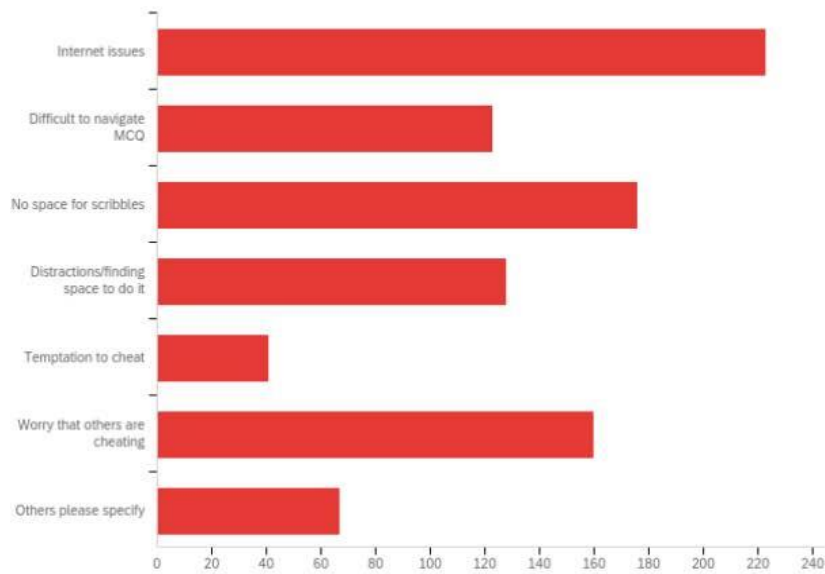
Approximately sixty students availed of the opportunity to specify other negatives of online exams. Proctorio software causing stress was a common theme mentioned by students. Slower at typing was also seen as a negative to online exams.

Q6 Do you feel able to learn practical skills through online learning

Breakdown of results (n300): Yes (2%), No (58%), Yes to some extent (35%)
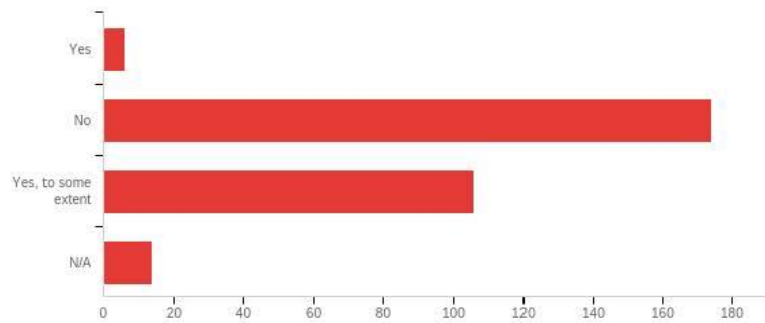
Q7 Comments on the advantage of online learning

Over 200 students replied to this question. The majority of students commented that the flexibility and time saving nature of online teaching was something they would like to continue. They appreciated that live lectures were recorded and could then be played back, paused or fast forwarded when it came to studying for exams.

Q8 Comments on the disadvantages of online learning.

Approximately 220 students provided comments on the disadvantages of online learning. The five main areas mentioned by students related to:

1. Lack of Social Interaction
2. Procrastination/Distractions
3. Dissatisfaction with school scheduling of teaching
4. Lack of support from School/College in providing space for students to avail of in TBSI/Library
5. Lack of Clinical exposure

Q9 Comments on how blended (a mixture of face to face and online) learning can enhance your medical education

Approximately 200 students provided comments in response to this question.

The five main ways that students felt blended learning could enhance their medical education were

1. Having lectures online, but practical's/tutorials/labs face to face.
2. Recording live lectures for reviewing enhances learning.
3. Improves time management e.g., ability to have lectures and clinical on the same day.
4. More productive time can be spent on clinical placement.
5. Lectures online with some face-to-face teaching to keep up social contact.

Q10 How would you improve the on-line learning experience?

Approximately 190 students provided comments in response to this question.

The main improvements suggested by students related to

1. Better Communication between the Medical School and Lecturers and students in general, but in particular with regard to timetabling.
2. Ensuring lecture slides are uploaded, ideally in advance.
3. Providing space in College and hospitals for students to attend online interactive lectures.
4. More interaction during lectures between students and lecturers and students and their peers, with cameras on for both.
5. Live online lectures rather than pre-recorded
6. More clinical simulated video sessions

Q11 Please feel free to add any additional information regarding your learning experience in the comment box below.

Sixty-five students provided additional comments.

These comments could be grouped into four main areas
1   A desire for live lectures online to remain but for these to be recorded so they can be reviewed when studying for exams.
2   Dissatisfaction with the Medical School in areas such as communication and timetabling
3   A return to in-person exams.
4   More opportunities to socially engage with peers.

Conclusion

The move to online teaching during 2020/21 enabled the continuation of undergraduate medical student education at TCD during the COVID-19 pandemic. With the introduction of vaccines for students and lecturers and following government policy, it will be possible for a return to limited face to face teaching. While planning for the new academic year it is worthwhile considering the experiences and feedback of the medical students, who will be impacted by decisions made by the School. Overall students had a very positive experience of online teaching and recognised and appreciated the huge effort that the medical school, individual lecturers and administrative staff put into transitioning the majority of teaching to an online format. A number of advantages to this form of teaching, from a student's perspective, have been highlighted including time and cost savings with regard to travel, the ability to replay recorded material and the flexible study hours. However, the majority, eighty-five percent of respondents, missed the face-to-face interaction with their peers, with eighty percent **preferring a mix of face to face and online teaching**. Many students felt that online live lectures should continue, but that they should be recorded. They requested more interaction online between the lecturers and their peers.

Fifty-eight percent did not feel able to learn practical skills online.
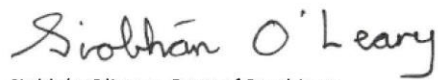
Students commented that they would rather small group tutorials and practical skills return face to face. Although some did not see the benefit of attending for practicals/labs that they were not actively participating in.

Advantages of online exams included no time-wasting travelling, no stress finding venues and the comfort of their own homes. Although internet issues and no where for making notes were seen as disadvantages, with some students commenting that Proctorio caused them some stress.

Having read all of the student feedback and comments the author noted the following

1   Students would like blended learning, online synchronous lectures recorded to aid studying for exams
2   Students miss the face-to-face social interaction with their peers and lecturers and would like face to face small group tutorials and practical clinical skills.
3   Students would appreciate more communication from the School.

The author would like to follow up this study with a further student survey in 2021/22.

Siobhán O'Leary

Siobhán O'Leary, Dept of Psychiatry

5th August 2021

Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Revision: change to Procedure 3.7 (addition of final sentence on making recorded classes downloadable). Addition of new Procedure 3.8 (student attendance tracking). Addition of Guidelines 4.6, 4.7 & 4.8 to support Procedures 3.7 & 3.8. Addition to Guideline 4.5. Addition to Procedure 3.3 (Class Folders), Addition to Procedure 3.9 (Module Leader Responsibilities)
Sheet: 1 of 28
Date of Issue: 24/07/20
Date of Revision: 14/09/20, 7/12/20

BLACKBOARD MODULE TEMPLATE PROCEDURES AND GUIDELINES

1 Purpose

This template has been designed to enable efficient navigation within and between Blackboard modules for students and staff. The design is intended to be consistent with the layout of information within the student timetable.

2 Scope

This document applies to all staff who teach on undergraduate courses within the School of Nursing and Midwifery.

3 Policy / Procedure

The procedures below and associated implementation guidelines (See Section 4 and Appendix 1) are produced in support of a systematic and efficient approach to module management and delivery.

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3.1 The Left Menu Module Contents List
(See Guideline 4.1 for implementation steps)

The screenshot below shows the Left Menu Module Contents list that students should see. Some links within the Contents List e.g. Panopto Video, Collaborate Ultra should be hidden from student view.

The Welcome Link within the menu contents list should contain a welcome message from the module team.

The Module Overview link within the menu contents list should contain the module outcomes, names of the module team with links to their staff profiles where available and an email contact for the module leader. Instructions for accessing the module content should also be included here e.g. the key to the colour codes (provided below) which should be used to distinguish the various class delivery methods as well as any instructions specific to that module.

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3.2 The Content Link
(See Guideline 4.2 for implementation steps)

As shown in the screenshot below the Content Link should contain a separate folder for each timetabled class within the module. However where two or more timetabled classes on the same topic are run as one class, they may be included within one class folder. The folder title details should reflect this.
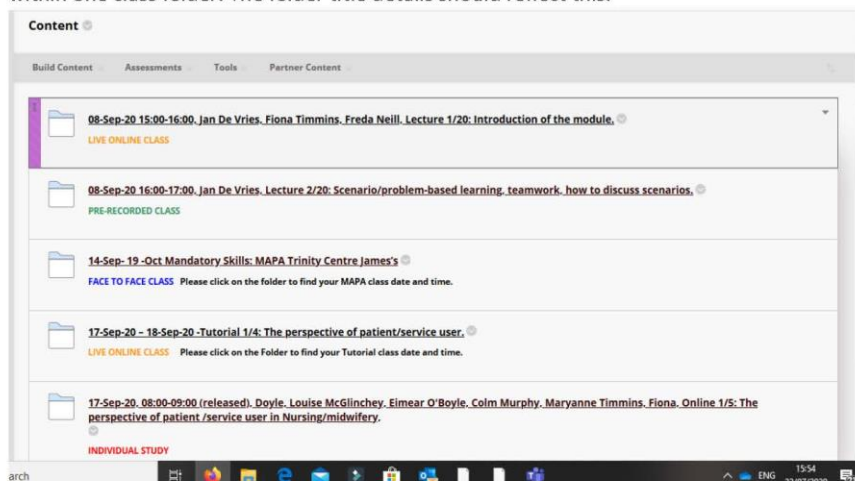
3.3 Class Folders
(See Guideline 4.2 for implementation steps)

Folders should be organised in chronological order by class date and time as in the screenshot above. The title of each class folder should include the following information as it is presented in the student timetable: Date and time of class; Lecturer/ Tutor Name(s); Class number e.g. Lecture 1/20; class title and in the case of tutorials and clinical skills classes, the tutorial group should be included e.g. Group A or Group A-1 or Group A-2.

When creating a class folder please use the following colour code and terminology to distinguish the delivery method:
Live Online Class denotes a live lecture, tutorial or clinical skills class in collaborate ultra. This is the standard or default method of online teaching;
Pre-recorded Class denotes a lecture or clinical skills class which is recorded in advance of the scheduled class and which is available for students to access

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from the scheduled date and time. This method should only be used where the lecturer is not available to take a live online class or where the pre-recorded class is the best option on educational grounds;

Face to Face Class denotes a class conducted in a classroom with students in attendance;

Individual study denotes online materials and activities which are scheduled in the timetable as 'online' and which students work through individually within a specified time frame.

3.4 Class Folders for Tutorial and Clinical Skills Classes
(See Guideline 4.2 for implementation steps)

Due to the large number of repeat tutorials and clinical skills classes within some modules, a separate folder should be created for each tutorial within which should sit a class folder for each tutorial group as shown in the following two screenshots.

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3.5   Unit Folders for Large Complex Modules

Module teams for complex modules that are divided into units my wish to place the individual class folders within the relevant unit folder which should be clearly named.

3.6   Contents of Class Folders

Each class folder should contain all resources that students will need for that class as shown in the screenshot below e.g. Panopto recording for pre-recorded classes *(See Guideline 4.3),* the collaborate ultra session link for live classes *(See Guideline 4.4),* the collaborate ultra session recording *(See Guideline 4.5),* PowerPoint slides, resource materials that students that are expected to read before class as well as materials they will use during the class.
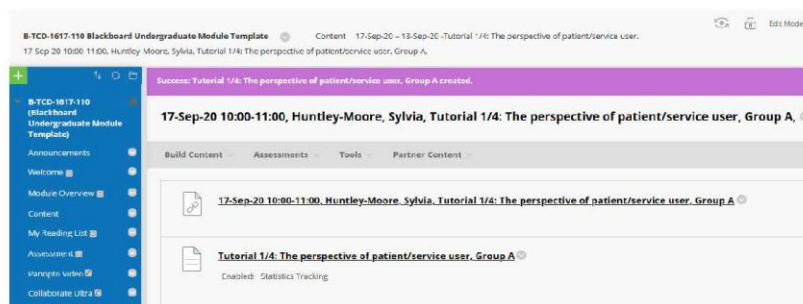
3.7   Recording Classes (collaborate ultra sessions and Panopto recordings)

Live online lectures and clinical skills classes (not including face to face classes) must be recorded and made available to students in the class folder. Where the content of a live online tutorial class forms part of the assessable content of the module, the class must be recorded otherwise tutorial classes should not normally be recorded as recording may inhibit student engagement.

Students should be informed at the beginning of a class that it will be recorded; the lecturer should also signal when recording has commenced and when recording ceases.

Lecturers should ensure that their Panopto recordings are downloadable *(See Guideline 4. 6).*

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Scoil an Altranais agus an Chnáimhseachais
Dámh na nEolaíochtaí Sláinte,
Coláiste na Trionóide, Baile Átha Cliath,
Ollscoil Átha Cliath,
24 Sráid D'Olier,
Baile Átha Cliath 2, Éire.

School of Nursing and Midwifery
Faculty of Health Sciences,
Trinity College Dublin,
The University of Dublin,
24 D'Olier Street,
Dublin 2, Ireland.

+353 1 896 2692
nursing.midwifery@tcd.ie
www.nursing.midwifery.tcd.ie

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3.8 Student Attendance Tracking

Panopto has its own attendance tracking which is automatic. For information on viewing Panopto statistical reports *See Guideline 4.8.*

Collaborate ultra live sessions automatically record student attendance and length of time in class. For information on viewing and downloading these reports *See Guideline 4.9.*

3.9 Module Leader Responsibilities

Module leaders should create the module template for their 2020-2021 undergraduate modules. This will entail creating the Left Menu Module Contents List; downloading the Panopto and Collaborate Ultra links within the Left Menu Module Contents List and ensuring that they are clearly titled and marked "not accessible to students". *(See Guideline 4.1)*

Module leaders should also create and name the class folders for their modules e.g. date and time of class; lecturer/ tutor name(s); class number e.g. lecture 1/20; class title and in the case of tutorials and clinical skills classes, the tutorial group should be included e.g. Group A or Group A-1 or Group A-2, and the class delivery method *(See Guideline 4.2).*

Module leaders should confer with their module team to ensure that collaborate ultra is the standard delivery method for online classes in their module. Panopto pre-recorded classes should only be used where the lecturer is unable to deliver a live online class or where the pre-recorded class is preferable to a live online class on educational grounds.

Module leaders should provide ongoing communication to students navigating them through all aspects of module delivery. Over the past year some module leaders have sent out a 'weekly' email each Friday reminding students of the plan for the following week, which has worked very well.

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Module Team Member Responsibilities

Module team members are responsible for populating the class folders. Pre-recorded classes should be posted within the class folder at least 2 days before the scheduled class *(See Guideline 4.3)*.

The collaborate ultra session link for live online classes should be posted in the class folder during the module set up period *(See Guideline 4.4)*.

Recordings of live online classes should be posted in the class folder by the lecturer within two days of the live class *(See Guideline 4.5)*.

The module team member teaching a class is responsible for recording it where appropriate.

For pre-recorded classes and live online classes, the lecturer should be aware of the student attendance monitoring options *(See Guidelines 4.8 & 4.9)*.

4 Guidelines for Module Template Development and Management

This section is a guide to setting up modules for online teaching.

4.1 Left Menu Structure
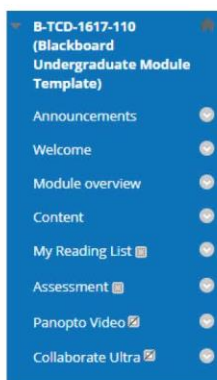
Your module may already have this structure. For information on creating the prescribed left menu links, click the "Staff Help" tab at the top of your blackboard page after logging in. Modules may also be organized into clear units of learning.

4.2 Creating and Naming the Folders and Subfolders in "Content"
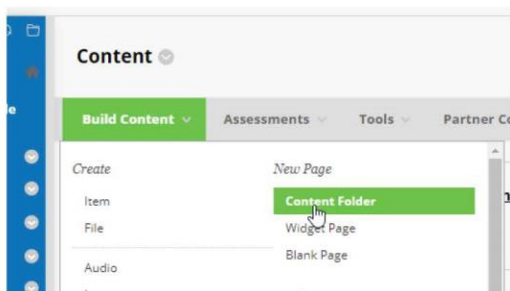
The content section contains folders which are named in sequence according to the module timetable. To create a folder, click on the left menu link "Content". Click on "Build Content" and then "Content folder".
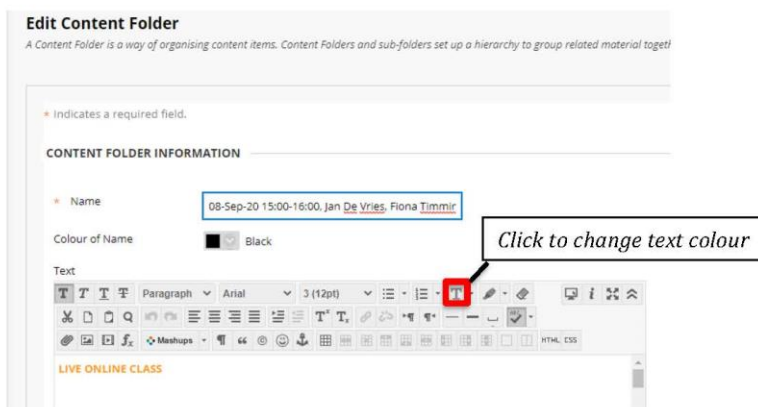
Copy and paste the information for the session from the module timetable document into the section "Name". Type the type of session in the Text box (**Live**

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Online Class / **Pre-recorded Class** / **Face to face Class** / **Individual study**). Click on the "T" icon on the right side to change the text colour.

Click on "Submit".
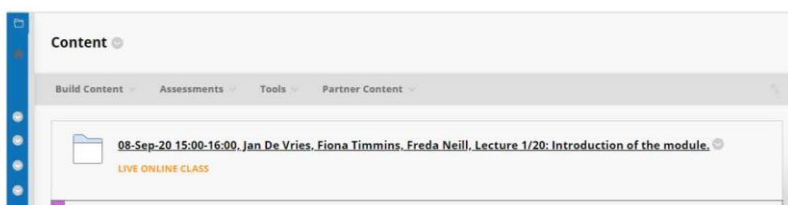
The folder has been created. Click on the title of the folder to upload materials related to that session.

Sub folders

To create a sub folder (for example for an individual tutorial class), click on the main folder to open it. Inside the main folder, repeat the process of creating a folder (Click on "Build Content" and then "Content folder").

4.3   Copying a Panopto Video Link for a Pre-recorded Class into the Appropriate Class Folder

For information on creating the left menu Panopto tool link and using Panopto to create pre recorded sessions, click the "Staff Help" tab at the top of your blackboard page after logging in.

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Panopto Video 🖉

Click on the Panopto video link on the left menu. Look through your Panopto videos to see which one you want to copy inside a class folder.
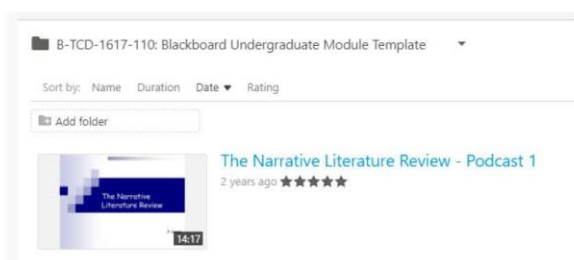
In this example, a pre-recorded Panopto video called "The narrative literature review" will be copied inside a class folder.
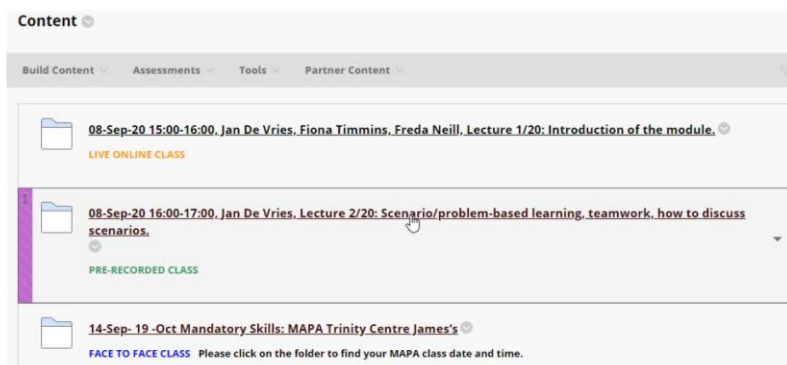
Return to the content area and open the relevant folder. In this example we will place a copy inside the Pre-recorded Class Folder 08-Sep-20 16:-17:00

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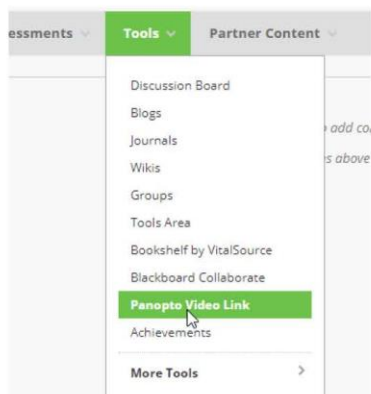
Click on "Tools". Click on "Panopto Video Link".

Click on "Select Folder".

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Click on the title of the module.

Click on "Select a Lecture".

Select the lecture from the list.

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Click on "Submit"

Click on "OK".
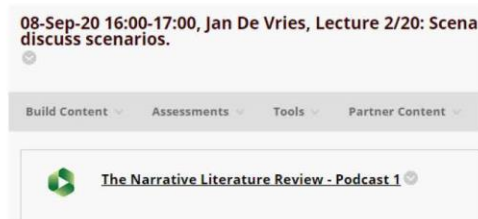
The recording has been copied.
(Please note that Build content / Panopto video embed will also copy the Panopto video but it will not contain the slide menu or any youtube / self test / weblinks from your Panopto recording).

4.4 Copying a Collaborate Ultra Live Link for a Live Online Class into the Appropriate Class Folder

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For information on creating the left menu collaborate tool link and using collaborate to schedule and record live sessions, click the "Staff Help" tab at the top of your blackboard page after logging in.

In this example the session has already been created. Click on the 3 dots on the right of the screen.
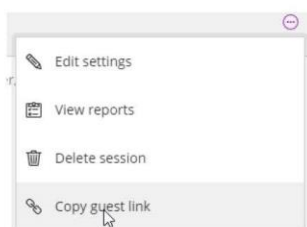
Click on "Copy guest link".
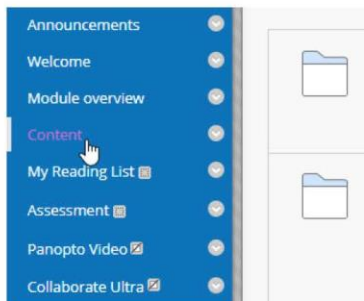
Return to the main menu and open the "Content" link.

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Open the relevant class folder.
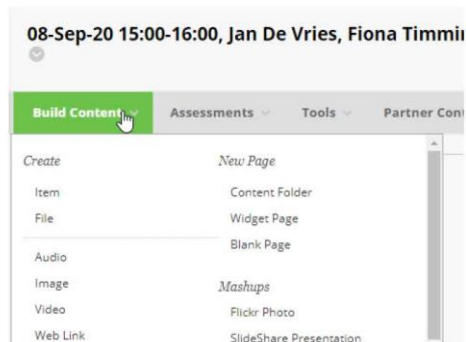
Click on "Build Content".
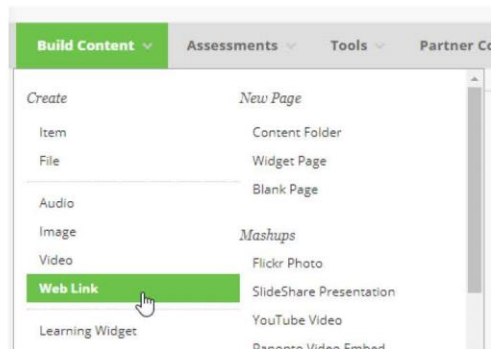
Click on Web Link.

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WEB LINK INFORMATION

* Name	Introduction of the module	
* URL		

For example, http://www.myuniversity.ac.uk

Enter the title of the link.

* Indicates a required field.

WEB LINK INFORMATION

* Name	Introduction of the module	
* URL	.com/guest/4fbbf6b36d304f6294fa831b3708e690	

For example, http://www.myuniversity.ac.uk

Click **Submit** to proceed.   Cancel   Submit

Paste the link into the URL box. Click "Submit".

08-Sep-20 15:00-16:00, Jan De Vries, Fiona Ti

Build Content	Assessments	Tools	Partn-

[icon]	**Introduction of the module**

The link to the live collaborate session has been created. You can create the live links beforehand. If a student clicks on the link before the start date, they will see the message "Session hasn't started yet".

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4.5 Copying a Collaborate Ultra Recorded Link into the Appropriate Class Folder

For information on creating the left menu collaborate tool link and using collaborate to schedule and record live sessions, click the "Staff Help" tab at the top of your blackboard page after logging in.

In this example, a live collaborate session has already been recorded. This will allow students to review the live session later.
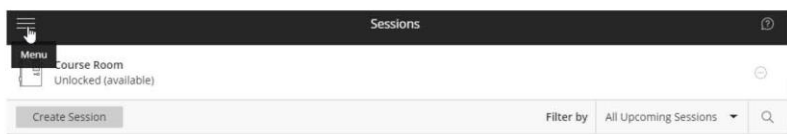
Open the collaborate left menu link. Click on the accordion type icon "Menu".
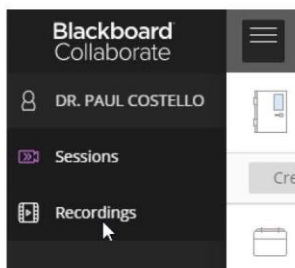
Click on "Recordings".

Locate your recording and click on the three dots at the right of the screen.

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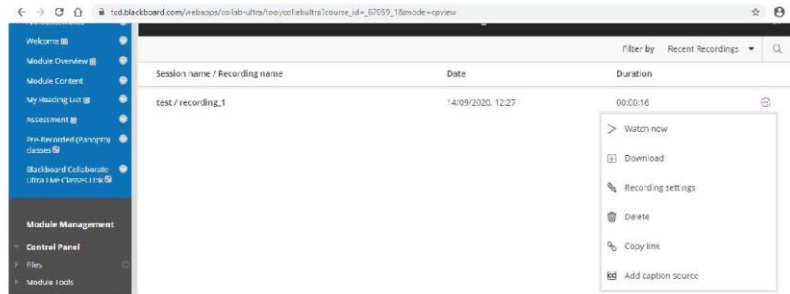
Click on Recordings Settings
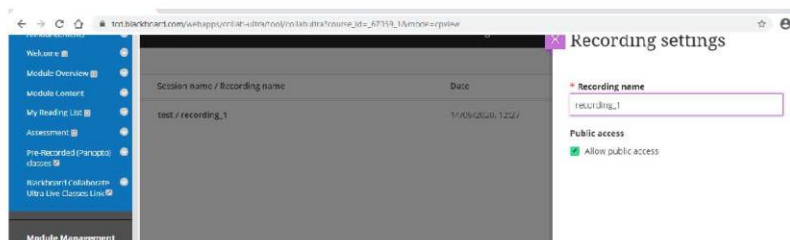
Tick the box Allow public access and click Save

Click on Session Options
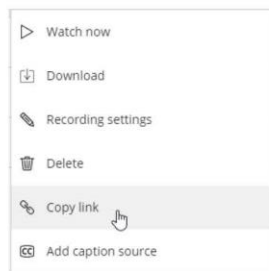
Click on "Copy link".
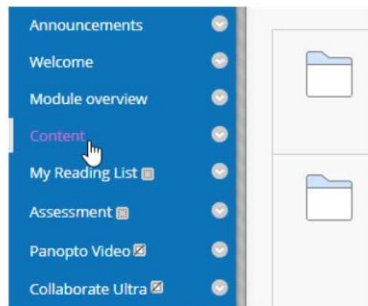
Open the "Content" link.

Open the relevant folder.

Click on "Build Content".

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Click on Web Link.

Enter the title of the recording in the "Name" box.
Copy and paste the link into the "URL" box. Click on "Submit".

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08-Sep-20 15:00-16:00, Jan De Vries, Fiona Timmins

| Build Content ⌄ | Assessments ⌄ | Tools ⌄ | Partner Conter |

Introduction of the module ⊙
Demonstration only. No sound or slides.

Recording introduction of the module ⊙
Demonstration only. No sound or slides.
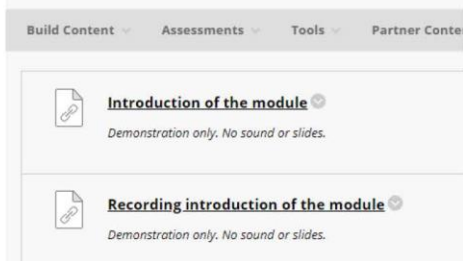
The recording of the live session is now available for students

4.6 Making Panopto Recordings Downloadable

To make Panopto recordings downloadable hover the curser over title of the completed recording and click on Settings. Then scroll down to Downloads and select the option 'authenticated users with access 'as seen in the screenshot below.
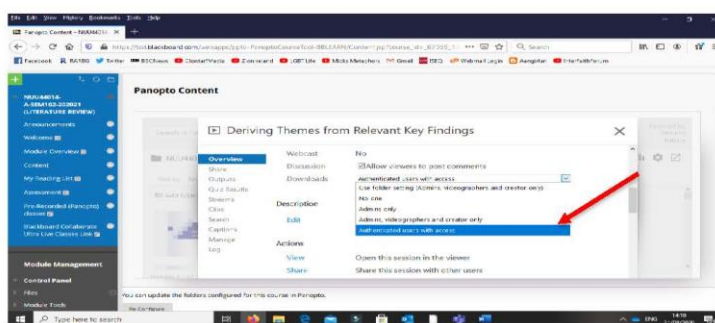
4.7   Student Attendance Statistical Reports for Panopto Recorded Sessions

Open the panopto recordings link on the left blue menu of the module. Select the recording and place your cursor over it as in the screenshot below.

Page **22** of **28**
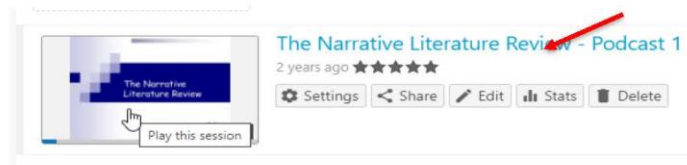
Click on the "Stats" link as in the screenshot below.

Use the drop down menu to select the time period to view, for example "Any time".
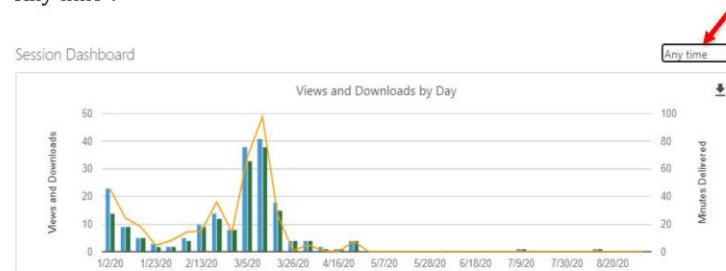
Click on 'See All' to show all the students who viewed the recording as in the screenshot below.

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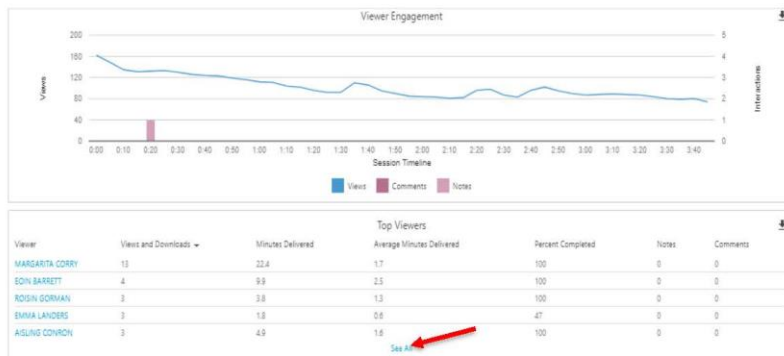
4.8 Accessing Student Attendance Reports for a Collaborate Ultra Session

The Session attendance report is automatically generated for each session. The report provides an overview of when attendees joined and left sessions. It also gives an idea of how long attendees were present in the session on average. Click on the following link for details of report types and how to access them.

https://help.blackboard.com/Collaborate/Ultra/Moderator/Reports#session-attendance-report_OTP-1

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Appendix 1. Selecting and Using Blackboard Tools for Online Teaching and Learning

Blackboard Tool	Purpose	Face to Face Equivalent	Advantages and Limitations for Teaching and Learning
Panopto	Panopto enables the lecturer to share and stream video, audio, PowerPoint and screen capture content as a podcast. Podcasts support asynchronous learning.	Podcasts are equivalent to traditional lectures with one-way communication from lecturer to students.	**Advantages:** Lecturers can produce podcasts in advance of scheduled classes. Podcasts enable students to access lecture material as often as necessary at times that suit them through a range of mobile technology. Class time is freed up for activities focussing on the application of information that students have acquired through the podcasts. Analytics are available to the lecturer on frequency and duration of access to podcasts. **Limitations:** Podcasts do not support interaction between lecturers and students. Podcasts should be downloadable to ensure they can be used efficiently with mobile technology.
Panopto Implementation Guide: Making a Podcast : https://www.tcd.ie/itservices/lecture-capture/ Flipped Classroom: https://www.tcd.ie/CAPSL/resources/flippedclassroom/			

Blackboard Tool	Purpose	Face to Face Equivalent	Advantages and Limitations for Teaching and Learning
Blackboard Collaborate Ultra	Webinars support real time interaction from lecturer to students, student to lecturer and student to student. Webinars primarily support synchronous learning but where they are recorded, they also support asynchronous learning.	Webinars are equivalent to live lectures and small group classes / tutorials/ demonstrations.	**Advantages:** Webinars provide a live virtual classroom with multimodal communication via webcams, microphones and text chat. Lecture notes and videos can be streamed from the lecturer's desktop. The lecturer can collaborate with students via an interactive whiteboard. Students can work collaboratively in virtual breakout rooms. Webinars can be recorded for students to watch at any time. Webinars can facilitate virtual office hours that students can join from any location. **Limitations:** Lecturers need a quiet space and dedicated equipment to facilitate webinars at scheduled times.
Blackboard Collaborate Ultra Implementation Guide: Setting up and managing a webinar https://www.tcd.ie/CAPSL/technologies-teaching-learning/learning-technologies/collaborate.php#onlinetutorials Breakout Rooms https://help.blackboard.com/Collaborate/Ultra/Moderator/Moderate_Sessions/Breakout_groups https://www.youtube.com/watch?v=D4dudLGevhw&feature=emb_logo			

Blackboard Tool	Purpose	Face to Face Equivalent	Advantages and Limitations for Teaching and Learning
Blogs in Blackboard	Blogs support diary-style entries and allow students to write about and reflect on their prior and current experiences. Blogs support asynchronous learning.	Paper-based diaries	**Advantages:** Blackboard Blogs create a secure place for students to post their entries. Blogs also enable lecturers to comment on students' entries and enables students to view and comment on each other's entries thus supporting peer learning. **Limitations:** Students may be hesitant to use blogs if they are not summatively assessed.

Blogs in Blackboard Implementation Guide:
https://www.tcd.ie/CAPSL/resources/onlineassessment/blogs.php

Blackboard Tool	Purpose	Face to Face Equivalent	Advantages ad Limitations for Teaching and Learning
Journals in Blackboard	Journals allow students to write about and reflect on their prior and current experiences. Journals support asynchronous learning.	Paper-based reflective journal	**Advantages:** Blackboard Journals create a secure place for students to post their reflective entries and enable lecturers to comment on students' entries. **Limitations:** Students may be hesitant to use journals if they are not summatively assessed.

Journals in Blackboard Implementation Guide:
https://www.tcd.ie/CAPSL/resources/onlineassessment/journals.php

Blackboard Tool	Purpose	Face to Face Equivalent	Advantages & Limitations for Teaching and Learning
Discussion Forums in Blackboard	Discussion Forums allow lecturers and students to post, reply and read messages. Forums are normally organised into different topics or threads where a conversation can take place and where information and ideas can be shared, and questions answered. Discussion Forums may support synchronous or asynchronous	Small group class, tutorial, administration session or office hours.	**Advantages:** Online discussion forums can facilitate collaboration, exchange of ideas, reflection, individual student voices and community building. **Limitations:** Students may be hesitant to use discussion boards if they are not summatively assessed.

	learning depending on whether they are scheduled as class time or let run over a specified time period to enable students and lecturers to contribute to the conversations at times that suit them.		

Discussion Forums in Blackboard Implementation Guide:
https://www.tcd.ie/CAPSL/resources/onlineassessment/forums.php

Blackboard Tool	Purpose	Face to Face Equivalent	Advantages and Limitations for Teaching and Learning
Directed Learning Materials	Lecturers provide content for students to individually access and engage with via a Blackboard Module. Content may be created by lecturers, downloaded to Blackboard from other sources or links to content may be provided. Directed learning materials normally support asynchronous learning.	Directed learning materials normally supplement lectures and tutorials or podcasts and webinars rather than replacing them completely.	**Advantages:** Directed learning materials can facilitate flexible and independent learning. **Limitations:** Directed learning materials may overwhelm students if their purpose is unclear or their release is not carefully managed to ensure a reasonable workload for students.
Directed Learning Materials Guide to Implementation: Creating a Content Area and Uploading Files https://www.tcd.ie/CAPSL/resources/eLearning-staff/blackboard.php			