



MODULE SPECIFICATION

Academic Year (student cohort covered by specification)	2024-25
Module Code	1400
Module Title	Health Care Evaluation
Module Organiser(s)	David Cromwell, Ipek Gurol-Urganci
Faculty	Public Health & Policy
FHEQ Level	Level 7
Credit Value	CATS: 15 ECTS: 7.5
HECoS Code	101317 : 100476 : 100473
Term of Delivery	Term 2
Mode of Delivery	For 2024-25, this module will be delivered by predominantly face-to-face teaching modes. Where specific teaching methods (lectures, seminars, discussion groups) are noted in this module specification, these will be delivered by predominantly face-to-face sessions. There will be a combination of live and interactive activities (synchronous learning) as well as recorded or self-directed study (asynchronous learning).
Mode of Study	Full-time
Language of Study	English
Pre-Requisites	Students attending this module will be expected either to have taken the following Term 1 modules, or to have an understanding of the material covered in those modules: <ul style="list-style-type: none"> • Basic Statistics for Public Health & Policy (1121) • Basic Epidemiology (2001) • Introduction to Health Economics (1103)
Accreditation by Professional Statutory and Regulatory Body	None
Module Cap (Indicative number of students)	60
Target Audience	This module is intended for students interested in the evaluation of health care services in high-income and middle-/low-income countries.



Module Description	Throughout history, people have been given health care interventions that we now know to be ineffective or even harmful. It is therefore important to evaluate health care interventions so that health services deliver care that is beneficial to patients. The objective of this module is to give students an understanding of how to evaluate health care interventions in low-, middle- and high-income countries. It focuses on the scientific methods used to evaluate different aspects of a health care intervention: (a) its effectiveness (b) its efficiency (or cost-effectiveness) (c) whether it is being delivered humanely to patients, as reflected in their experience of care, and (d) whether it is delivered equitably	
Duration	5 weeks at 2.5 days per week	
Timetabling slot	Term 2 - slot C1	
Last Revised (e.g. year changes approved)	August 2024	
Programme(s) This module is linked to the following programme(s)	Status	
MSc Public Health (Health Services Research)	Recommended	
MSc Public Health	Recommended	
MSc Public Health (Health Services and Management)	Recommended	
MSc Health Policy, Planning & Finance	Recommended	
MSc Control of Infectious Diseases	Recommended	
MSc Public Health for Development	Recommended	

Module Aim and Intended Learning Outcomes

Overall aim of the module
<p>The overall module aim is to:</p> <ul style="list-style-type: none"> describe and illustrate a range of methods which can be used to evaluate health services in high, middle and low-income countries. The module is aimed at enabling students to develop an understanding of the principles involved in designing studies to evaluate whether health care interventions are effective, efficient, and are delivered humanely and equitably. <p>The module considers relatively simple interventions, such as a new drug or surgical techniques. It does not cover evaluations of large-scale public health interventions.</p>



Module Intended Learning Outcomes

Upon successful completion of the module, a student should be able to:

1. Describe the main methods used for evaluating the effectiveness, efficiency, equity and humanity of health care interventions
2. Assess the main advantages and limitations of each method
3. Explain the key steps involved in evaluating specific health care interventions

Indicative Syllabus

Session Content

The module is expected to cover the following topics:

- Definition of scientific health care evaluation
- Description of the different aspects of health care that an evaluation can examine (e.g. effectiveness, efficiency, equity, patient experience)
- The steps involved in designing an evaluative study
- How key aspects (such as the impact of health care on patient health status and quality of life, and costs) can be measured
- The principal study designs (randomised, observational and ecological) used in health care evaluation.

Teaching and Learning

Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Contact time	22	15%
Directed self-study	34	23%
Self-directed learning	59	39%
Assessment, review and revision	35	23%
Total	150	100%

Student contact time refers to the tutor-mediated time allocated to teaching, provision of guidance and feedback to students. This time includes activities that take place in face-to-face contexts such as lectures, seminars, demonstrations, tutorials, supervised laboratory workshops, practical classes, project supervision as well as where tutors are available for one-to-one discussions and interaction by email.

The division of notional learning hours listed above is indicative and is designed to inform students as to the relative split between interactive and self-directed study.



Teaching and Learning Strategy

The technical / methodological aspects of evaluation are presented in ten lectures. The format of seminars will encourage both a practical application and critical appraisal of methods. Students will be required to prepare for seminars in advance, work in groups during the seminars, and will present the results of group work for discussion. To facilitate appropriate discussions, seminars will be divided into high-income and middle-/low-income country groups with approximately fifteen students in each group.

Assessment

Assessment Strategy

The assessment for this module has been designed to measure student learning against the module intended learning outcomes (ILOs) as listed above. Formative assessment methods may be used to measure students' progress. The grade for summative assessment(s) only will go towards the overall award GPA.

The assessment for this module will be online.

The module is assessed using a time-limited assessment. Students are required to answer any four of five short-answer questions. Each question is typically broken down into sections that require short answers (rather than an essay style response). Students will be able to download the examination at a given time at the end of the module and be required to return their answer script within a specified time. The assessment will not require group work.

Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length of presentation in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Time limited assessment (in-module test)	Timed in-module online	100%	All three learning outcomes tested

Resitting assessment

Resits will accord with [Chapter 8a](#) of the LSHTM Academic Manual.

The task will be a time-limited assessment (in the same format as the original assessment) consisting of short answer questions.



Resources

Indicative reading list

1. Ergina PL, Cook JA, Blazeby JM, Boutron I, et al. Challenges in evaluating surgical innovation. *Lancet*. 2009; 374: 1097-104.
2. Molyneux E, Mathanga D, Witte D, Molyneux M. Practical issues in relation to clinical trials in children in low-income countries: experience from the front line. *Arch Dis Child*. 2012; 97(9): 848-51.
3. Savović J, Jones HE, Altman DG, et al. Influence of reported study design characteristics on intervention effect estimates from randomized, controlled trials. *Ann Intern Med*. 2012; 157(6): 429-38.
4. Dreyer NA, Tunis SR, Berger M, Ollendorf D, Mattox P, Gliklich R. Why observational studies should be among the tools used in comparative effectiveness research. *Health Aff (Millwood)*. 2010; 29(10): 1818-25.
5. Petrou S, Gray A. Economic evaluation alongside randomised controlled trials: design, conduct, analysis, and reporting. *BMJ* 2011; 342: d1548
6. Griffiths UK, Legood R, Pitt C. Comparison of Economic Evaluation Methods across Low-income, Middle-income and High-income Countries: What are the Differences and Why? *Health Econ*. 2016; 25 (Suppl 1): 29-41.
7. Valentine N, Darby C, Bonsel GJ. Which aspects of non-clinical quality of care are most important? Results from WHO's general population surveys of "health systems responsiveness" in 41 countries. *Soc Sci Med* 2008; 66: 1939-1950.
8. Allin S, Hernandez-Queveo, Masseria C. Measuring equity of access to health care. In: Smith P, Mossialos E, Papanicolas I, Leatherman S. (eds). *Performance measurement for health systems improvement: experiences, challenges, and prospects*. Cambridge: Cambridge University Press, 2009.

Other resources

Tsang C, Cromwell D. (eds) Health Care Evaluation. Maidenhead: Open University Press, 2018



Teaching for Disabilities and Learning Differences

The module-specific site on Moodle gives students access to lecture notes and copies of the slides used during the lecture. Where appropriate, lectures are recorded and made available on Moodle. All materials posted on Moodle, including computer-based sessions, have been made accessible where possible.

LSHTM Moodle is accessible to the widest possible audience, regardless of specific needs or disabilities. More detail can be found in the [Moodle Accessibility Statement](#) which can also be found within the footer of the Moodle pages. All students have access to “[SensusAccess](#)” software which allows conversion of files into alternative formats.

Student Support Services can arrange learning or assessment adjustments for students where needed. Details and how to request support can be found on the [LSHTM Disability Support pages](#).