# The process of adapting an online induction course to support distinct student cohorts

Kirsty McIntyre University of Glasgow

Jennifer O'Neill University of Glasgow

# Abstract

Successful student transition into higher education is fundamental for student retention and future success. We have previously adapted a freely available online induction course to meet the needs of incoming Medicine (MBChB) students. This case study outlines the process of further developing this course in response to student feedback and adapting a new version to support a distinct cohort of students studying Life Sciences (BSc) degrees.

Both courses were united in the aim to equip incoming students with an awareness of digital skills and key contacts for support and further training. However, each course was tailored to the specific requirements of the students it was designed to support. We evaluated student engagement with each course using course completion data and analytics. We observed that Medicine students were highly engaged with the course initially, with most students (92%) completing the course. Conversely, Life Sciences students engaged poorly with the course initially (17% completion) but returned to it throughout the academic year to access materials relevant to academic skills development, in part due to prompting from academic staff.

We recommend that adopters of this course, or those like it, ensure that courses are designed to meet the specific needs of students. Good time management is essential in ensuring that course implementation deadlines are met and that student input is incorporated into course design. We suggest that course coordinators consider how they might promote engagement with induction materials, both initially and throughout the academic year. Keywords: Transition; induction; digital literacy; digital skills

## Context

Entry into higher education (HE) marks a period of transition for incoming students. During this transition, students often experience 'considerable change' (Yorke, 2000, p.2) as they 'shift from one state of understanding, development, and maturity to another' (Hussey and Smith, 2010, p.156). It is therefore anticipated that support provided during the induction period may be crucial in ensuring continuance and in promoting overall attainment. This premise may be particularly relevant to Science, Technology, Engineering and Maths (STEM) students. Bernacki et al. (2019) suggest that STEM student preparedness to undertake study in HE may be directly linked to academic achievement. This also reflects the findings of an earlier study by the National Audit Office (2007) which suggests that STEM students, indicating that such students may benefit from additional academic support. According to current literature, there is reason to believe that facilitating successful transitions – such as through bespoke online induction courses – may not only promote continuance but may also provide support to aid overall attainment (Osborne and Gallacher, 2007; Gale and Parker, 2014).

Whilst there is renewed emphasis upon the importance of such 'transitions', there remains little consensus upon a single definition (O'Donnell et al., 2016). Gale and Parker (2014) propose three broad conceptualisations of 'transition' in HE: 'transition as an induction', 'transition as development' and 'transition as becoming' (Gale and Parker, 2014, p.735). 'Transition as an induction' (Gale and Parker, 2014) relates specifically to the first year of study which O'Donnell et al. describe as a 'distinct, discrete period of time at the beginning of a student's higher education journey' (O'Donnell et al., 2016, p.6). 'Transition as development' relates to a process of development throughout the HE journey, rather than pertaining to a specific timeframe. Finally, 'transition as becoming' relates to transition as a part of life, which is unique to the individual and so, is without universal consensus (Gale and Parker, 2014). If 'transition as an induction' and 'transition as development' are accepted as the most relevant conceptualisations of transition within HE (Gale and Parker, 2014), then we can assume that students will require specific support during the induction into the first year of their

undergraduate (UG) study and, subsequently, as they 'develop' into postgraduate (PG) students (Yorke, 2000, p.2; Hussey and Smith, 2010, p.156). Furthermore, in light of the shift towards remote or blended learning models in response to the COVID-19 pandemic, 'transitions as induction' may involve greater emphasis on digital literacy and proficiency in navigating online learning environments. It has been demonstrated that increasing digital skills awareness in the induction phase is important in supporting successful transitions and improving students' perceived preparedness (McIntyre, 2021).

This case study reflects upon our experiences of adapting and implementing an online induction course to support STEM students. It builds upon the premise outlined in Hussey and Smith (2010) that when developing transitional support, it is important to recognise the diversity that exists in both the student body as a whole and '...in the way in which they make transitions' (p.155). Accordingly, our online induction courses were created to meet the perceived needs of two student cohorts entering distinct programmes of study: UG Medicine (MBChB), and UG Life Sciences (BSc).

#### Course development

In 2019 we designed, implemented, and evaluated the utility of an online induction course in assisting year 1 Medicine (MBChB) students' transition into HE (McIntyre, 2021). This course was adapted from the Digital Skills Awareness course created by the Bloomsbury Learning Exchange (BLE) (Bloomsbury Learning Exchange, no date). We chose the course from the BLE because it had a modular design and was available under Creative Commons licensing, which made it straightforward to import into our Virtual Learning Environment (VLE), Moodle, and then adapt to suit our specific needs. The aim of the online induction course was to increase students' awareness of the digital skills required during their studies, whilst also raising awareness of discipline-specific concepts such as professionalism. Students maintained access to the online induction course throughout the academic year. There was high engagement with the 2019 version of the course, and our research indicated that most students (66.2%, 88/133 students) considered the induction course beneficial for supporting their transition to medical school. Furthermore, we found that a high proportion of students

surveyed (90.9%, 121/133) agreed or strongly agreed that completing the online induction course gave them a sense of the professional expectations of them as a medical student (McIntyre, 2021).

Subsequently, staff from the wider College of Medical, Veterinary and Life Sciences were interested in extending the scheme to support their students transitioning into UG programmes. The first author ran a short practical workshop and information session for interested colleagues across the College during which participants began the process of editing cloned versions of the induction course to meet their students' needs. As a result of this workshop, colleagues in the School of Life Sciences decided to develop a School-specific induction course for students transitioning into year 1 Life Sciences (BSc) programmes.

We removed or rearranged and recombined aspects of the course, to meet the requirements of the distinct student cohorts (see Table 1 for a comparative course overview). We held regular staff meetings during the development phase via Microsoft Teams where we reviewed each other's courses, discussed changes, and offered support. Additionally, programme leaders across the School of Life Sciences were consulted to identify the key digital skills students should be made aware of ahead of their Life Sciences studies. R programming software and Microsoft Office packages (particularly Excel) were identified as important and were duly incorporated into the School of Life Sciences' course. The fourth unit – 'Life Sciences at Glasgow' – provided bespoke information that was not covered elsewhere, such as a wide range of course contacts, details of future curricular options, and information about study abroad opportunities.

# Table 1. Overview of the components of the MBChB online induction course and Life Sciences digital awareness course as launched in September 2020.

Course	Online induction c	ourse	Digital skills awareness course			
title						
Enrolled	Undergraduate M	edicine (MBChB) students	Undergraduate Life	Undergraduate Life Sciences (BSc) students		
students						
Launch	5 <sup>th</sup> September 202	20 (Week 0 minus 1)	14 <sup>th</sup> September 202	20 (Week 0)		
date						
	Title	Summary of content	Title	Summary of content		
Unit 1	Getting Started	etting Started Assistive technology, working with		Virtual orientation and welcome		
		files, Office applications and	the School of Life	(e.g. tour of campus, welcome		
		finding information online,	Sciences	videos), accessibility, working with		
		included an introduction to		Office applications, included		
	subject-specific resources (e.g.			subject-specific content (e.g. R		
		Anatomy.TV and ClinicalKey).		programming), searching for		
				information online.		
2	Learning and	Virtual learning environment	Learning Online	Accounts, access (e.g. to WiFi),		
	Communicating	(Moodle), communications (e.g.		online learning environments (e.g.		
	Online discussion forums, email) lecture			Moodle, Microsoft Teams), video		
		capture and using Zoom.		resources, remote lectures and		
				note-taking, online assessment.		

3	Access, sharing	Accounts, access (e.g., to WiFi)	Communicating	Communications (e.g. online
	and safety	and logins, social media and	Online	forums), social media guidance,
		sharing.		online group work tips, safety
				online, digital health.
4	Getting organised	Note-taking, referencing and	Life Sciences at	Introduction to key staff,
		digital wellbeing.	Glasgow	introduction to the curriculum,
				professionalism, and
				expectations, 'A Day in the Life'
				(of a scientist/ life sciences
				student) feature.
5	Medicine at	Introduction to key staff,	N/A	N/A
	Glasgow	curriculum overview, virtual reality		
		tour of University medical school		
		building, introduction to		
		professionalism and our		
		expectations of our students.		

Finally, student feedback gathered in the 2019/2020 academic year was used to inform the development of the two online induction courses. Students told us that they liked content to be presented in a range of formats, such as short written excerpts, short videos, and links to additional information. We also noted that students were particularly interested in the quotes provided by existing students – a generic aspect of the BLE course template. We chose to recruit current year 2 Medicine students and recent Life Sciences graduates to provide bespoke quotes relating to their experiences and advice, and to record short vlogs which could be embedded in the course. Current UG Medicine students explored themes of professionalism, study skills and student wellbeing, whilst the Life Sciences graduates addressed the use of technology to support learning, communication, and academic skills (Table 1). We anticipated that this content would improve engagement. In both instances, development of the online courses in the 2020/2021 academic year was challenging due to timing and additional pressures brought on by the COVID-19 pandemic. However, course dissemination and completion were unaffected by the pandemic.

# Implementation

Medicine students were sent an email invitation to self-enrol on the online induction course one week before 'Week 0' (15<sup>th</sup> September 2020, Freshers' week). The School of Life Sciences experienced delays in opening access to their course due to pending Ethics Committee approval and a last-minute decision to transfer the course from an external Moodle server to an internal server. The decision to move the course to an internal server was made so that students would have access to the course in subsequent years of study at the University. Staff enrolled Life Sciences students in Week 0 of the academic year – which was the same week that students had access to their academic courses, with teaching due to commence the following week. If we were conducting this process again, we would set an explicit timetable of deadlines, agree on the course host site, and apply for ethical approval, earlier in the process.

# Data collection

In all cases, completion was encouraged but not required for course credits or academic progression. At the end of each unit there was a quiz. Students were awarded a course certificate by obtaining 100% in all four (Life Sciences) or five (Medicine) end-of-unit quizzes (Table 1). Student engagement with each online induction course was monitored using completion data (i.e. number of students achieving 100% in each end-of-unit quiz) and Moodle logs, to establish how often students were accessing the resources and information contained within the course.

All students enrolled on an induction course were invited to complete a feedback survey at the time of completion (Appendices 1-2). A previously described survey, used to evaluate Medicine students' perceptions of the online induction course (McIntyre, 2021), was adapted for this purpose. Our aim in collating this information was to investigate student engagement with each course by comparing the two cohorts, and to examine the usefulness of online induction courses for incoming UG students. This study was approved by the University of Glasgow College of Medical, Veterinary and Life Sciences Ethics Committee (application numbers: 200190117 and 200190002) and all data were handled in line with UK General Data Protection Regulation (UK GDPR) requirements.

# **Findings**

#### Student engagement with the induction courses

There were 347 Medicine and 744 Life Sciences students enrolled on the relevant course at the start of the academic year. Of those Life Sciences students, 668 (90%) students were year 1 entrants and 76 (10%) were 'direct entry' students progressing straight into year 2. Student engagement with each version of the online induction course is summarised in Table 2. 92% of Medicine students completed the course by

achieving 100% in each end-of-unit quiz whereas 17% of Life Sciences students completed their version of the course.

Degree	Enrolled	Accessed the	Completed the course (scored	
programme		course	100% in each end of unit quiz)	
Medicine	347	334 (96%)	318 (92%)	
Life Sciences	744	505 (68%)	127 (17%)	

Most page hits, (69,974 in total), on the Medicine online induction course were recorded between the release date (5<sup>th</sup> September 2020) and Week 1 (20<sup>th</sup> September 2020), (see Table 3). The School of Life Sciences course had 2,959 page hits between course release (14<sup>th</sup> September 2020) and Week 1 (Table 3). Student page hits to the relevant courses 'before week 1' include logs up to and including 20<sup>th</sup> September 2020. In semester 1 there were 4,110 and 13,187 page hits by Medicine and Life Sciences students, respectfully. There was less engagement with the courses in semester 2 (from 1<sup>st</sup> January 2021), with 88 hits by Medicine students and 380 by Life Sciences students.

Table 3. Student logs recorded on the online induction course.
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	Number of course page hits by students					
Degree programme	Before week 1	Semester 1	Semester 2			
Medicine	69,974	4,110	88			
Life Sciences	2,959	13,187	380			

These data indicate that Medicine students were highly engaged with the online induction course in the period between the course launch date and the start of the semester. However, there was limited engagement with the course thereafter, which suggests that Medicine students did not use the online induction course as a resource to support their transition to HE beyond the initial transition period. Conversely, overall engagement (proportion of students accessing and completing the course) with the Life Sciences course was poor. However, data drawn from Moodle logs suggest that those students who did access the course, continued to return to it throughout the academic year and engaged particularly well with the 'Unit 1' section (Table 1).

Our study data do not provide a strong basis for determining why there were differential levels of engagement amongst the student cohorts, however, we can surmise that the higher levels of engagement demonstrated by the School of Medicine cohort were likely to be multi-factorial. The Medicine cohort had to actively self-enrol on the course which required visiting the induction course page, whereas the Life Science students were auto-enrolled, requiring those students to take definitive steps to demonstrate ownership of their own learning behaviours from the outset (see Conley and French, 2014 in Bernacki et al., 2020 p.767). Studies suggest that high-achieving students possess greater ability to regulate their own learning (Isaacson and Fujita, 2006). Whilst the literature demonstrates that Medicine students often *develop* the ability to self-regulate, it would be interesting to consider whether this cohort of vocational students are more likely to possess such self-regulatory abilities so early on in their studies (Cho et al., 2017).

By comparison, Life Science students were instructed to access the course later than the Medicine cohort – at which stage they had academic commitments to fulfil. However, Life Sciences staff re-emphasised their course in January, which likely increased engagement. Our findings pertaining to this cohort suggest that successful engagement may be facilitated through 'nudging'. This can provide a signpost so that students are directed towards supportive resources throughout the semester and can help to develop self-learning skills. Nudges have been shown to promote engagement with e-Learning resources in a healthcare professionals' context (Piotrkowicz et al., 2020), and to promote active video watching in undergraduate students more broadly (Dimitrova and Mitrovic, 2021). Further scrutiny of course logs reveals that Life Sciences students were returning to the course to access information on referencing, library skills, R programming software and searching for information online. Students' development of relevant knowledge, understanding, and skills - just one aspect of successful transition (Hussey and Smith, 2010) - may therefore be better supported by creating opportunities to nudge or re-direct students to the course at relevant points in the academic year.

#### Student perceptions of the induction courses

The survey of incoming Medicine students received 185 responses (53% of enrolled students). This contrasted with the School of Life Sciences survey for which we received 47 responses (6% of enrolled students).

We asked survey respondents about their experiences of completing the course, and aspects that influenced their participation with it. Responses from both Medicine and Life Sciences students suggested that student engagement with the course would have been higher had students had greater awareness of the course, and earlier access to it, before the start of the semester (see example quotes in Table 4). Taken together, these responses indicate that strong communication of the course commencement is a key future consideration.

Students told us that they participated in the course to help ease their transition into university and to alleviate stress. Students were also keen to get information on how the COVID-19 pandemic would impact their experience. Respondents said that they found the induction course intuitive and helpful in terms of course content. These results provide insights into what motivates students to engage with the course and indicate that the information provided was meaningful to students.

	Example quotes
Awareness of the	[] I was only aware of this course after uni had started due to
online induction	the sheer volume of emails I get daily into my student email so
course	was somewhat rushed in completing it' (Life Sciences student).

#### Table 4. Student perceptions of the induction courses.

	'I received an email about this course, however this was midway
	through September, after I had already started' (Life Sciences
	student).
	'There was no clear communication regarding the course and how
	to enroll [sic] – I only found out about it through other applicants'
	(Medicine student).
	'I did not participate in the programme because I was not aware
	that it was taking place' (Life Sciences student).
	'I wish I had taken part in this course because it sounds as though
	it would have been very beneficial.' (Life Sciences student)
Reasons for	'I participated to ensure I was up to date with all new policies from
participation	the university given the recent changes resulting from Covid-19
	[sic]' (Medicine student).
	'it [is] quite a big jump from School to University and I think the
	fact everything [is] online hasn't helped to ease any stress. I
	participated in this course to see if I could relieve some stress'
	(Life Sciences student).
	'I wanted to have a firm understanding of all the online platforms
	that are going to be used during semester one, before starting the
	course, as I didn't want a lack of knowledge of the systems to
	cause a problem with my education' (Medicine student).
Positive	'I found this induction course very helpful and it has made me feel
experiences of the	more confident before starting year 1' (Medicine student).
online induction	more confident before starting year i (medicine student).
	The induction course was well ergenized and easy to use and
course	'The induction course was well organized and easy to use and
	therefore encouraged engagement' (Medicine student).

	'I was interested to see information that may help me with digital learning. I wasn't aware of OneNote and I might use it now to organise my notes as it seems helpful. Thanks' (Medicine student).
	'I think the course was very informative, I would not make any more recommendations.' (Life Sciences student)
	'In terms of engagement the short videos from the 2 <sup>nd</sup> Year medical students were useful and were a much more interesting way of learning than simply reading' (Medicine student).
Negative	'Some of the videos were difficult to access on my device'
experiences of the	(Medicine student).
online induction	
course	'Overall, I found the course quite easy to follow and engaging. However, there were a few times that I felt some of the information was quite general, or covering knowledge that would have been acquired by most students prior to the induction course' (Medicine student). 'I would have liked if Moodle was introduced at the start of the course as I believe it is the most crucial component to my learning (Life Sciences student).
	<ul> <li>(Life Sciences student)</li> <li>'Some parts were very helpful but some parts felt very long'</li> <li>(Medicine student).</li> <li>'I found the Glasgow specific information very helpful, but covered a lot of the other content when attending university previously'</li> <li>(Medicine student).</li> </ul>

Digital badges	'certificate seems more rewarding' (Life Sciences student).
(Life Sciences	
only)	'[s]trongly dislike the idea of digital badges [as] university is not a
	game [and] badges imply its some kind of points system to pass
	opposed to helping you get adjusted to university' (Life Sciences
	student).

### Course completion and certification

All students were awarded certificates for completing the online induction course (by achieving 100% in all end-of-unit quizzes). Medicine students were encouraged to upload their certification as part of an NHS e-Portfolio which would contribute to professional development. Staff recognised that this may have provided an additional motivating factor for Medicine students to complete the course. Since there was no corresponding portfolio available to Life Sciences students, staff explored whether the use of digital skills badges would enhance motivation in this cohort by adding a degree of gamification to the course. Gamification – the use of game elements in non-gaming contexts has been explored as a means of enhancing engagement in STEM subjects, albeit without consensus as to its impact (Ortiz Rojas et al., 2016). We asked Life Sciences students whether digital badges, linked to attainment and reported on their HE transcripts, would have influenced their participation in the course. Contrary to expectations, students appeared to prefer the certification system (Table 4).

### **Concluding remarks**

We found it challenging to coordinate course development and integration within our existing curricula. Collaboration was required at a departmental and University level to ensure that there was no duplication of work for staff or students. A lack of awareness of deadlines and time required to implement ethical approval led to delays in the roll out

of one of our courses which could have been avoided through improved means of communication. Our experiences align with previous studies which suggest that improved communication between staff would be beneficial (Devis-Rozental and Clarke, 2021). It is, however, also recognised that this came at a time when all academic staff were navigating the difficulties and uncertainties of teaching during the early stages of the COVID-19 pandemic.

Whilst the majority of Life Sciences students accessed the induction course (68%), few students completed it (17%). It is therefore clear that offering a certificate alone did not promote course completion in this cohort. Moreover, the response to the survey from Life Sciences students was poor (6%). Further work is required to understand how we might promote overall engagement with the course, as well as alternative means of collating feedback.

Overall, participants were satisfied with the induction course; they particularly valued the opportunity to 'try out' Moodle and learn more about digital resources. Suggestions were made for more information on how to study, an example timetable, and practical considerations such as how to organise their time or whether to buy textbooks. These recommendations will be implemented in future iterations of the course. It is important that the structure and content of the induction courses continues to be flexible, to adapt to the current needs of the students they are designed to support.

# Principles for creating online induction materials

We have successfully adapted a publicly available Digital Skills Awareness course (Bloomsbury Learning Exchange, no date) into bespoke induction courses to support traditional induction activities for our UG Medicine and Life Sciences students. This case study contributes to our understanding of how, and why, students engage with transition support across two UG programmes. Our findings provide a basis for scholars who seek to implement their own online induction courses, and we have identified the following key recommendations:

- Allow time for course development and feedback.
  - e.g. Have you identified colleagues with expertise in learning technologies or course design to provide feedback or guidance?
  - Do you want to evaluate your course, and do you require ethical approval to do so?
- Adapt induction courses to the needs of the incoming cohorts.
  - Have you considered whether your students are UG or PG and how this may impact prior experiential learning, knowledge, and support needs (Poobalan et al., 2021)?
- Tailor induction courses to include student input.
  - Are there opportunities to include past-student quotes, video blogs and recommendations?

• Tailor induction materials to the specific cohort needs to promote engagement.

- Have you identified cohort-specific software or professional guidelines for inclusion?
- Provide ample time for students to engage with the course.
  - Have you factored in time for students to engage around their existing work and/or caring responsibilities?
- Scaffold engagement with the course throughout the academic year.
  - Have you contemplated running the course alongside academic skills development sessions?
- Identify a cohort-specific means of incentivisation.
  - Is gamification, certification, or a link to professional development likely to influence engagement amongst your cohort?
  - Can you create opportunities to 'nudge' students to engage with your course?

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# Appendix 1 MBChB Induction Course 2020-21

# **Participant Information**

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. By completing the questionnaire you will be considered to be consenting to the study.

#### Background to this study

We have designed an online induction course to support new medical students in their transition into higher education and/or the undergraduate medical school. The purpose of this study is to investigate the attitudes and experience of current medical students as to their perception of this induction course, and if/how they see the potential for this course to be improved.

#### Why am I being asked to participate?

You have been asked to take part as you are a 1st year medical student. It is up to you to decide whether or not to take part in this study. A decision not to participate will not affect your grades in any way.

#### What will happen if I decide to take part?

If you take part, you will be asked to fill out a short online questionnaire on your experiences of the new online induction course. The questionnaire will take no longer than 15 minutes to complete. The completed questionnaires will be analysed to see if any common themes emerge. The information we gather will give us a better understanding of how students view the induction course and may help in future course design.

#### Are there any benefits or risks involved?

Although there is no specific benefit to taking part in the study, completing the questionnaire may allow you to reflect on your experiences, which you may find helpful.

#### What will happen to my data if I take part?

Researchers from the XXX collect, store and process all personal information in accordance with the General Data Protection Regulation (2018). You will not be asked to disclose any personally identifiable information. All data will be stored in electronic format on secure password-protected computers. The data will be stored in archiving facilities in line with the XXX retention policy of up to 10 years. After this period, further retention may be agreed or your data will be securely destroyed in accordance with the relevant standard procedures. Your rights to access, change or

move the information we store may be limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. You can find out more about how we use your information from XXX.

#### How will the results be communicated?

It is anticipated that the results of the study will be presented both internally and externally and submitted for publication in the appropriate literature. No-one will be identifiable from the information presented. The project has been reviewed by the XXX Ethics Committee. If you have any questions or concerns about the research feel free to contact the organiser of the study: XXX.

Thank you for taking time to read this information sheet.

# **Demographics**

Please select the option that best describes you. You may only choose

one <sup>C</sup> School	SO	select th	e one	that bes	applies.	
<sup>C</sup> Schoollea	ver -					
<sup>C</sup> Graduate						
<sup>C</sup> Graduate	-					
<sup>C</sup> Have cor	npleted	а	foundation	1		
<sup>C</sup> Have cor	npleted	а	foundation	coursec	r	
<sup>C</sup> Repeating	/returni	na to				
<sup>C</sup> Gap						
<sup>C</sup> Othe						
L						
Based on	your	previous	trainin	g (e.g	. school leaver, foundation	course),

Please don't select more than 1 answer(s) per row.

Please select at least 1 answer(s).

	Not at all	Slightly	Moderately	Very	Extremely
How prepared did you feel about entering the medical programme?	Г	Г	F	Г	Г

read the participant information sheet and understand by completing L have that the questionnaire | consent to participation.  $\bigcirc$ Ye

 $^{\circ}$  N

# Use of the induction course

I have participated in the MBChB induction course Required

° Ye ° N

I have **completed** the MBChB induction course by scoring 100% in the five end-of-unit quizzes. *Required* 

° Ye ° N

# **Online induction course**

#### 

Please don't select more than 1 answer(s) per row.

Please select at least 6 answer(s).

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The induction course assisted my transition to medical education	Г	Г	Г	Г	Г
The induction course covered all the information I needed before starting the course	Г	Г	Г	Г	Г
The level and amount of information given in the course was appropriate for me	F	Г	г	Г	г
Since completing the course, I feel confident using Moodle	Г	Г	Г	Г	Г
Completing the course gave me a sense of the professional expectations of me as a medical student	F	Г	Г	Г	Г
I would use / have used the induction course as an additional resource to core medical teaching during semester 1	Г	Г	Г	Г	Г

# **Online induction course**

Please rate the components of the induction course in terms of how helpful you found them *Required* 

Please don't select more than 1 answer(s) per row.

Please select at least 9 answer(s).

	Not at all helpful	Somewhat helpful	Extremely Helpful
Short videos	Г	Г	Г
Overall written content	Г	Г	Г
Links to additional resources	Г	Г	Г
Quizzes (Units 1-4)	Г	Г	Г
Professionalism quiz (Unit 5)	Г	Г	Г
Introduction to Moodle/using Moodle	Г	Г	Г
Introduction to key staff	Г	Г	Г
Introduction to the medical curriculum	Г	Г	Г
General information about XXX	Г	Г	Г
Virtual reality tour of the XXX	Г	Г	Г

How likely is it that you would recommend this course to another student starting first year?

#### Required

Please don't select more than 1 answer(s) per row.

Please select at least 1 answer(s).

	0	1	2	3	4	5	6	7	8	9	10	
Not at all likely	Γ	Г	Γ	Г	Г	Г	Г	Г	Г	Г	Г	Extremely likely

# Free text questions

The purpose of this questionnaire is to gather general feedback on the online induction course. We do not wish to capture any personally identifiable information or information related to personal circumstances. Students are reminded to avoid sharing such information when responding to this questionnaire. What factors have affected your participation or engagement with the induction course?

What information (if any) would you like to see included in the induction course? Please explain your answer and suggest what additions (if any)

you think might be useful.

Do you have any further comments?


End of survey

Thank you for your time.

# Thank you for completing this survey

The research team would like to thank you for your participation in this survey.

# Appendix 2: XXX Digital Skills Awareness Course 2020-21

# Page 1: Participant Information

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. By completing the questionnaire you will be considered to be consenting to the study.

#### Background to this study

We have designed an online Digital Skills Awareness course to support new XXX students in their transition into higher education.

The purpose of this study is to investigate the attitudes and experience of current students as to their perception of this digital skills awareness course, and if/how they see the potential for this course to be improved.

#### Why am I being asked to participate?

You have been asked to take part as you are a XXX student. It is up to you to decide whether or not to take part in this study. A decision not to participate will not affect your grades in any way.

#### What will happen if I decide to take part?

If you take part, you will be asked to fill out a short online questionnaire on your experiences of the new online induction course. The questionnaire will take no longer than 15 minutes to complete. The completed questionnaires will be analysed to see if any common themes emerge. The information we gather will give us a better understanding of how students view the digital skills awareness course and may help in future course design.

#### Are there any benefits or risks involved?

Although there is no specific benefit to taking part in the study, completing the questionnaire may allow you to reflect on your experiences, which you may find helpful.

#### What will happen to my data if I take part?

Researchers from the XXX collect, store and process all personal information in accordance with the General Data Protection Regulation (2018). You will not be asked to disclose any personally identifiable information. All data will be stored in electronic format on secure password-protected computers. The data will be stored in archiving facilities in line with the XXX retention policy of up to 10 years. After this period, further retention may be agreed or your data will be securely destroyed in accordance with the relevant standard procedures. Your rights to access, change or move the information we store may be limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. You can find out more about how we use your information from XXX.

#### How will the results be communicated?

It is anticipated that the results of the study will be presented both internally and externally and submitted for publication in the appropriate literature. No-one will be identifiable from the information presented. The project has been reviewed by the XXX Ethics Committee.

If you have any questions or concerns about the research, you can contact the organiser of the study: XXX

Thank you for taking time to read this information sheet.

# Author details

Kirsty McIntyre is a Lecturer in the School of Medicine, Dentistry and Nursing at the University of Glasgow. She has a Postgraduate Diploma in Academic Practice and PhD in placental physiology.

Jennifer O'Neill is a Lecturer in the School of Medicine, Dentistry and Nursing at the University of Glasgow. She is a Fellow of the Higher Education Academy and has a PhD in Medical Law and Ethics.