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Enhancing
Assessment
Practices

Using Annotated Bibliographies for Assessment

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Description

Background/ Context

The health promotion module is run as part of the Masters in Public Health, EuroPubHealth and Masters in Dental Public Health programmes. The annotated bibliography forms part of the summative assessment for both online and face-to-face programmes. An annotated bibliography is a list of sources which are summarised and evaluated and can be used for most subjects when a range of knowledge needs to be condensed. In this particular case, the annotated bibliography is being used to provide a comprehensive, logical, focused and critical overview on an area of the student's choosing that must be related to health promotion.

Motivation & Aims

The original assessment for this module was a 3,500 word essay. The student cohort for the module was culturally diverse; consisting of home and international students with a mixed range of academic abilities and proficiency in the use of English in written form. A 3,500 word essay was not an effective test of whether students had grasped an understanding of the aims of health promotion and could engage critically when pooling the evidence base to create interventions. Instead, the assessment benefited students with strong essay writing skills.

A decision was made to change the assessment to an annotated bibliography in which the students could use the theoretical perspectives taught on the module, plus the outcomes of problem based learning and blend them with newly generated evidence acquired by research around an area/population/group of their choosing. It also develops transferable skills that can be used on other modules and in the workplace (Assiter 1995). The alignment of assessment with development of graduate skills has been suggested as one way of turning experience into learning (Gibbs 1988; Boud and Falchikow, 2006).

Advantages	Disadvantages	Other uses
<ul style="list-style-type: none">• Useful way for students to engage with evidence rather than merely collecting information on an area• Students can illustrate depth of understanding and breadth of evidence reviewed• Reduces the tendency to plagiarise• Depending on requirements of assessment students do not choose the same evidence to present• Can assist progression for students who are not strong essay writers• Can develop research and critical skills• Can develop structure when presenting work• Can develop depth of thinking in a particular	<ul style="list-style-type: none">• Breadth of evidence may mask depth of thinking, but this can be mitigated by setting a minimum and maximum number of resources to be produced. It is also useful to give students a framework to work within and criteria to consider the resources against.	<ul style="list-style-type: none">• Can be used as a resource bank for other students on which to base their own annotated bibliographies• Transferable skills can be used by students in the workplace

area and help the student with new insights		
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Table 1. Adapted from Brown and Race (2013, p. 83)

Methodology

This is an individual assignment for assessment. The formative part of this assessment requires students to submit a poster about a topic area of their choice that conveys a clear message and focus on a population or group. There is a formatted WORD document provided for students to build their poster. Feedback on the formative work then guides the student in building the annotated bibliography, or asks them to change their topic area/population/group or expand their focus.

Students are provided with a PDF explaining the format of an annotated bibliography and providing examples of critical analysis. It also offers a selection of words to assist in writing. For example, the word 'claim' which queries assertions made by authors, in contrast to suggests or argues which are stronger terms.

Students are required to produce a 2,500 word annotated bibliography in a topic area of their choice. They are asked to choose no fewer than five pieces of evidence and no more than eight, no more than one book chapter and policy document. At least three forms of evidence must have been published in the past 5-10 years.

Initially, students are advised to scope the area of choice to ensure there is enough evidence to draw upon; ideally this should have been carried out prior to them developing the poster. They are asked to write a brief introduction of no more than 250 words outlining and justifying their population of focus (with evidence to support them), search terms and search engines used. This develops searching skills and enables them to decide on the most appropriate level of evidence to present.

Students are asked to use Harvard to reference the papers they annotate. They are then asked to provide a critical analysis of the evidence which considers the methods used and which positions the evidence takes in relation to the five key action areas and principles of health promotion. They are advised to draw on other evidence to demonstrate wider reading and to back them up. The additional evidence may contrast with or support their analysis and provide citations (either Vancouver or Harvard) which are referenced in full at the end of the bibliography. References are not included in the word count. The format of the assessment looks like short abstracts of different evidence sources.

Students are guided to compare and contrast their evidence between annotations and build from one annotation to the next. They are also asked to consider how the evidence links to the poster presented for the formative assessment. They are also asked to consider the impact of health promotion actions and principles and the ways that the evidence presents, or fails to present them.

A rubric guides the students on the four areas that will be assessed: research; critical analysis; logical progression and focus.

Successes/ Challenges/ Lessons Learnt

This form of assessment has been running for 8 years. From the outset clear guidelines were issued on how the assignment should be carried out and which criteria needed to be included. We have found that it has assisted students who are not strong essay writers. Some students have reported that the assessment has made them consider evidence in more depth and that this has assisted them in other assessments and in the workplace. The assessment appears to prevent plagiarism and differentiates between students who merely describe and fail to analyse. It further differentiates between students who adopt a surface approach to learning and students who reflect deeply on evidence, research further and link it to evidence outside the discipline; appearing to promote transdisciplinary thinking. Feedback

follows the marking rubric and indicates what students carried out well and instructs them on how they can improve the areas outlined.

Scalability/ Conclusion

The assessment has also been used successfully for face-to-face and online learners and can be adapted for a number of disciplines. It can be used for both undergraduate and postgraduate assessments. It is a useful assessment for students who do not excel with academic writing because it develops and promotes confidence in their abilities.

References

Assiter, A., (1995). Transferable skills: A response to the sceptics. In Assiter, A., (Ed.), *Transferable skills in higher education* (pp. 11-20). London: Kogan Page.

Boud, D., and Falchikow, N., (2006). Aligning assessment with long-term learning. *Assessment & Evaluation in Higher Education*. Vol.31(4):399-413.

Brown, S., and Race, P., (2013). Using effective assessment to promote learning. Chapter 5. In Hunt, L., and Chalmers, D., (Eds), *University Teaching in Focus: A Learning-Centred Approach*. Abingdon; Oxon, and New York: Routledge.

Gibbs, G., (1988). *Learning by Doing: A guide to teaching and learning methods*. London: Further Education Unit.

Additional Resources/ files: Example of marking rubric

	30-48%	50-68%	70-100%
Research	No idea how evidence is searched for and chosen. Little effort to justify population/group of focus. Uses a limited range of resources. Majority of references are old (>15 years). No evidence of wider reading. Uses only web or Department of Health resources (e.g. policy documents). No contrast between the evidence presented. Annotations do not link with the poster. Uses more than 8 or less than 5 main pieces of evidence.	Indicates how evidence is searched for and justifies population/group of focus. Adequate range of evidence used. The majority are within the past 15 years. References link to the poster and a contrasting range of evidence presented. Uses no more than 8 and no less than 5 pieces of evidence.	Describes how evidence is searched for and chosen. Justifies population/group of focus. Good to excellent range of contrasting evidence presented; journals; books; web sites; policy. Most within the past 5-10 years. Strongly underpins the poster. Uses no more than 8 and no less than 5 pieces of evidence. Brings in external evidence to support their arguments.
Critical Analysis	Entirely descriptive. No attempt at analysis of evidence presented. Little	Some comparing and contrasting of evidence but no attempt at synthesis of information. Some	Good to excellent analysis of evidence presented. Extensively compared, contrasted and synthesised.

	awareness of limitations of evidence presented.	awareness of limitations of evidence presented.	
Logical Progression	Evidence presented in a haphazard fashion with no logic as to how one resource links to the other and to the poster. Fails to identify target population/group or area and reason for or importance of focus.	Some attempt at providing a logical pathway from one piece of evidence to the next. Links to the poster. Identifies target population/ group or area but does not strongly identify reasons for focus.	Well-structured and logical pathway building from one piece of evidence to the next. Displays an organised approach to presenting the evidence and links to the poster. Identifies target population/ group or area and strongly justifies reasons.
Focus	Poorly focused. Biomedical. Confusing. No consideration of health promotion action areas and principles. No consideration of social determinants of health. Little or no awareness of the impact of context on health promotion. No link to poster.	Reasonably focused. Some consideration of social determinants of health but needs more depth. Considers health promotion action areas and principles. Needs to display more awareness of context. Links to poster.	Explicit and 'tight'. Explains health promotion action areas and principles. Uses social determinants of health to explain and display depth of awareness of the context. Links to poster obvious.