

# **Graduate Programme in Health Informatics**

**January 2012**

## **Dissertation Proposal Feedback**

**Student: TMPC1**

**Mark: 58%**

Reasonable study, but write-up and reading a bit thin.

### **Background/Critique of literature**

A good introduction to the area. You have identified some useful literature here that is pertinent. The barriers to change articles could have been set more in context and unpacked to link into your area.

### **Rationale for study**

This is a straightforward idea that, although simple, has wide ramifications. There is more you could have done however to justify it, both in terms of the issues faced currently, and in the objectives of the study. This section should relate closely to your title: you refer to counting the costs – be explicit. What costs?

“computer-related problems” – Part of the project is establishing the frequency and nature of problems, but this is very broad if it includes all computer related problems - define what limits of definition are. Investigating barriers to change is also helpful, but you have not talked about resistance to change before to show where this is coming from.

RQ – time burden is a different issue to costs, or frequency or nature or barriers. The RQ should be your over-arching question, encompassing all aspects of the study.

No need to repeat aims and objectives. I think you are aiming to increase awareness of issues so that system can be improved. Your measurable objectives are identifying frequency and nature of problems and barriers.

### **Method**

Reboots etc make sense. Observational study sensible. Read literature for methodological issues. In terms of getting time burden, costs, frequency and nature of problems you need to give idea of time period you will be measuring and observing. Too small at present. One ward, one round, one doctor not sufficient. Your interview questions seem too vague to help. How many asking and how selecting? Probably makes sense to ask them to list what goes wrong with printers, etc, how often they perceive it, attempts if any to get fixed, examples of cases where it has impacted on care, what stops them asking for help, etc etc. Look at how other studies been done.

You have got a bit caught up on quantitative/qualitative wordage. Clearer if you give measure each time (eg total time in minutes). Analysis understandably vague. May not need to do extensive analysis– this kind of data is straightforward categories rather than exploring indepth concepts. . .

### **References**

More reading to be done, but presentation fine. Put place of publishing for books.