

Information Letter

Wits School of Education

University of the Witwatersrand

Project on Evaluating the SOHS Prosthodontic Curriculum

STUDENT LETTER

Dear (Mr, Mrs, Miss, Ms)_____

Hello. I am Pusetso Moipolai and I work in the Department of Prosthodontics, School of Oral Health Sciences (SOHS), University of the Witwatersrand and currently enrolled with the Wits School of Education studying for a Masters of Education degree in Curriculum Studies.

As part of my study programme, I have to undertake a research project. As you are aware, the Dental School changed its curriculum in 2001. Since implementation, one or two projects have been conducted investigating how certain aspects of the curriculum have been perceived by former graduates of the school. There has not been a formal evaluation of the curriculum (using qualitative research methodology) to document in its own terms, how both students and staff (Faculty) have experienced this innovation.

My research project will therefore focus on evaluating how the curriculum in the field of prosthodontics is performing – whether it is doing what it meant to do. I intend to observe small group teaching and learning activities and interview some students involved in these groups.

I would thus be grateful for your assistance with the project and extend an invitation to you being part of the group that will be observed. May I therefore invite you to assist me by participating in the study.

The study may also include an audio recording of you involved in the learning and teaching activities during the teaching block, specifically the PBL small group sessions, integrated learning sessions and prosthodontic tutorials. Furthermore, your identity will be protected by the use of fictitious names and allocation of a research number to each student randomly by replacement. All data will be stored under lock and key and available only to me and my supervisor. The findings will be used for academic purposes only.

Participation in the study is voluntary. If you do not wish to participate, or withdraw at any time during the study, your wishes will be complied with, and nothing will be held against you. Your comments during the observational periods will not be used to your disadvantage and will not be part of any assessment of your programme.

Permission is granted:

To be observed

To be interviewed

To be audio recorded

I agree to these conditions with the understanding that confidentiality of my identity will be protected, as stipulated above.

Name: _____

Signature: _____

AGE (optional) _____

Research Number: _____

Date: _____