

Exam information and questions

Oral exams are on the 19th and 20th of May. Each student will have a 20-minute exam.

The schedule is posted on the course web pages. Please consult studweb to find your candidate nr.

The language in the exam is Scandinavian or English.

You can bring one double-sided A4 page with your written notes to the exam. You cannot bring any other material or tools.

The exam will have two parts:

Part 1 (5 minutes): You will be asked to reflect on obligatory assignment 2 (the DHIS2 dashboard assignment). Reflect on what you learned in this assignment in relation to other parts of the course syllabus.

Part 2 (15 minutes): You will draw a question from the question list (see below), then answer the question and discuss it with us. You will draw additional questions until the 15 minutes are up. Remember that we expect you to reflect and draw on the syllabus for all questions.

You will get a grade from A-F. The grade is based on an assessment of whether you demonstrate that you can:

- Understand the topic: Show that you grasp the core concepts and can explain them in your own words.
- Place it in a broader context: Discuss why the topic matters, what its implications are, and how it connects to wider issues or debates.
- Connect to the course syllabus and the lectures: Draw on at least one text from the syllabus in the discussion.
- Engage critically and independently: Go beyond summarizing the literature, but offer your own reasoned evaluation, identify limitations, or possible competing perspectives.

List of questions

1. Explain why different stakeholders may have different interests in (the same) health data and what consequences this may lead to. Provide examples of such differences in interests from the course literature.
2. Explain what the notion of “data work” points to and give examples. Be prepared to explain how and why data work is important and to discuss which challenges can arise around data work.

3. What does “interoperability” mean? Why is interoperability crucial for data sharing?
4. Organizations that wish to use data more effectively (or: become data-driven), often encounter challenges. What are typical challenges? Give examples from the course literature.
5. What does a sociotechnical perspective on health data mean? Present your view and argue how it is different from a purely technical perspective.
6. Explain what is meant by the statement that the context of production and use shape data. (ref. Jones, 2019). Can you think of some concrete examples of this?
7. What are the central regulatory frames that govern use of health data in Norway? Explain (at a general level) what the three most central legal frameworks regulate and what consequences this regulation has for production, sharing and use of health data.
8. What are the benefits and drawbacks of using standardized terminologies and classification systems?
9. Explain the difference between primary and secondary use of health data. What challenges arise when data produced for one purpose is reused in a different context? Use examples from the course syllabus.
10. What are the different levels of interoperability in EUs interoperability framework? Why does it make sense to make the levelled distinction between them?
11. Explain what is meant by "data promises", coined by Hoeyer. Why are data promises important to understand, and what paradoxes or tensions can arise when health data initiatives are driven by such promises?
12. What do we mean by a data-driven healthcare organization? Discuss key dimensions from the course literature and lectures.
13. There can be tensions between the formal requirements of information systems and the informal, interpretive nature of clinical work. Explain this tension and

discuss its consequences.

14. Mention some of the central, national health registries in Norway and describe what types of data they contain and for what purpose they exist. (The expectation is that you can describe at least 3 of them).
15. Explain the difference between predictive AI and generative AI in health care. What assumptions does each type make about the underlying data, and what challenges can arise when health data does not meet these assumptions?
16. What are some promising use cases for AI in health care? Discuss what data infrastructure and data quality prerequisites must be in place for AI to work well, and what can go wrong if they are not.
17. What is patient-generated health data (PGHD), and how does it differ from data produced within health care organizations? Discuss the opportunities and challenges of integrating such data into clinical decision-making.