SAAHE CONFERENCE 2016

PROGRAMME

The South African Association of Health Educationalists Conference

“Transformative Health Education in Motion”

22-24 June 2016
Boardwalk Convention Centre
Port Elizabeth

www.saaheconf.co.za
WELCOME MESSAGE FROM THE CONFERENCE CONVENOR, PROF ILSE TRUTER

Dear Delegates

It is a privilege to welcome you to the Friendly City, Port Elizabeth. We are proud to host, for the first time, the annual conference of the South African Association of Health Educationalists (SAAHE) in the Eastern Cape. This conference is a collaborative effort between the four universities in the Eastern Cape (Nelson Mandela Metropolitan University, Walter Sisulu University, Rhodes University and Fort Hare University). SAAHE has been conceptualised 13 years ago, and this year marks the 9th national conference of SAAHE.

The focus of SAAHE is on improving the quality of teaching and learning in health sciences education so as to enhance the delivery of high quality, affordable and sustainable health care to South Africans in both the public and private sector. At NMMU our logo states “…for tomorrow”. May this conference enable us to leave footprints that will lead to a clear path towards better health education as we move forward… for tomorrow!

I hope you will enjoy our hospitality and that you will find this year’s conference stimulating and informative as we take hands to transform health education in our country.

Prof Ilse Truter
Conference convenor

“Education is the most powerful weapon which you can use to change the world.”

Nelson Mandela

CONFERENCE CORE-COMMITTEE

Prof Ilse Truter Nelson Mandela Metropolitan University (Conference Convenor)
Dr MaryKutty Mammen Walter Sisulu University
Dr Carmen Oltmann Rhodes University
Prof Eunice Seekoe Fort Hare University
Dr Liana Steenkamp Nelson Mandela Metropolitan University
Dr Maggie Williams Nelson Mandela Metropolitan University

CONFERENCE MANAGEMENT

Eastern Sun Events
Tel: +27 (0) 41 374 5654
Email: regdesk@easternsun.co.za
Tanya Schmidt: +27 (0) 82 651 1271
Lizl Fyffe (Programme queries): +27 (0) 76 497 6934
Wanda van der Mescht (Registration): +27 (0) 76 517 7210
Kim Upton (Exhibition): +27 (0) 72 854 4466

REGISTRATION & INFORMATION DESK

Located in the foyer area of the conference centre.
The desk will be open at the following times:
22 June: 07h00-18h00
23 June: 07h00-17h00
24 June: 07h30-13h00

WIFI is complimentary, click on guest@sun in the wifi-browser, a password is not needed

SPEAKER INFORMATION

Invited Keynote, Symposium & Abstract Presenters: Speakers are encouraged to hand in presentations directly in the presentation venues on arrival at conference on day 1 from 07h00. All presentations must be loaded at least 2 hours before a speakers’ allocated sessions begins to avoid any delays or disruptions to the programme.

Workshop presenters:
Presenters for workshops only, do not have to pre-load presentations. Presenters may proceed to the allocated venue and start the presentation using the laptop provided by the Audio Visual Company.

SOCIAL EVENTS

Welcome Cocktail Function:
The event will take place on Wednesday 22 June 2016 from 17h00 in Venue C1 (Poster & Exhibition Venue).

A limited bar tab will be made available for wine, beer and soft drinks on arrival, there after a cash bar will be made available.

Dress Code: Work attire / Smart-casual

Gala Dinner
The dinner will take place on Thursday 23 June 2016 at 19h00 at Ginger Restaurant. The restaurant is in the Beach Hotel on the beachfront, immediately next to the Boardwalk Convention Centre. The restaurant is within comfortable and safe walking distance to conference hotels.

Wine, appletizer and bottled water will be placed at each table on arrival, after which a cash bar will be made available for guests.

Dress Code: Semi-formal

EXHIBITORS

The Exhibition will take place in venue C1 from 22-24 June.
Delegates are strongly encouraged to network with the Exhibitors.

The exhibitors include:
Learning Curve / Primal Pictures
University of Fort Hare
Wolters Kluwer

POSTERS

SAAHE will select a best poster and runner-up, announced on Day 2 at the Gala Dinner.

Posters in Group A to be presented in a plenary session on Friday 24 June from 08h45-09h45, as per the programme.

A formal poster walk will take place on Thursday 23 June in Venue C1, during lunch (12h15-14h00).

CPD
The conference will be accredited with 17 points. Delegates are required to sign in on arrival in the morning and again after lunch time. The registers will be placed at the CPD desk next to the registration desk.

“MEET-THE-EXPERT” SESSIONS

There are two “Meet-the-Expert” sessions, one on Wednesday and one on Thursday:
Wednesday: Keynote speakers 1 to 4
Thursday: Keynote speakers 5 to 8

The keynote speakers will be available during this time for an informal, interactive group discussion. The idea is that delegates who want to interact in a more informal manner with the keynote speakers, can sit down with the keynote speaker over a cup of coffee/tea and discuss topics related to their presentation with the “expert”, hence the name “Meet-the-Expert”. Ideally, about 7 to 10 people should interact with each keynote speaker, but the actual number of delegates who want to attend such a session is unpredictable.
has had a long and diverse career in private practice, academics, WHO publication on Community-based education. The South African Handbook of Family Medicine and a chapter in a (IOM) Health Professional Education Innovation Collaborative of the in South Africa. Prof de Villiers is a member of the Institute of Medicine quality improvement, working in partnership with other universities and HIV/AIDS, clinical training of students, operational research and decentralised trainings sites in service delivery in primary health care. HE has worked in teaching and learning more generally. Her most significant research in the past few years has involved a ‘meta analysis’ of teaching and learning at all South African universities commissioned by the Council on Higher Education and which used data produced by the first round of institutional audits in the country. She will draw on this research in her presentation at the conference.

PROF MARIETJIE DE VILLIERS

Prof de Villiers is Professor in Family Medicine and Primary Care at the Faculty of Medicine and Health Sciences (FMHS) at Stellenbosch University, South Africa. Prof de Villiers holds a Master’s degree in Family Medicine, Fellowship of the College of Family Physicians of South Africa and a PhD on the maintenance of competence of rural doctors. Prof de Villiers has extensive experience in medical and health professions education and served as Deputy Dean: Education at the FMHS for a period of ten years. As chairperson of the Continuing Professional Development (CPD) Committee of the Health Professional Council of South Africa (HPCSA) she was responsible for the reconfiguration and implementation of the South African national CPD system for the HPCSA. Prof de Villiers is Principal Investigator of the Stellenbosch University Rural Medical Education Partnership (SURMEPI) programme and has developed collaborations with many African universities in capacity development in family medicine, medical education, and scientific writing. The SURMEPI project developed, implemented and evaluated innovative models for medical training in rural and underserved areas, from which 37 scientific papers have been published. In 2015 Prof de Villiers was awarded a CDC grant for university-based technical assistance in South Africa.

SUCCEED (Stellenbosch University collaborative capacity enhancement through engagement with districts) aims to impact health outcomes through capacitating health care workers at decentralised trainings sites in service delivery in primary health care and HIV/AIDS, clinical training of students, operational research and quality improvement, working in partnership with other universities in South Africa. Prof de Villiers is a member of the Institute of Medicine (IOM) Health Professional Education Innovation Collaborative of the Global Forum on Innovation in Health Professional Education. She has published extensively including a chapter on patient-centered care in the South African Handbook of Family Medicine and a chapter in a WHO publication on Community-based education.

PROF VICTOR EXNER

Vic Exner is currently the executive dean of the faculty of Health Sciences at NMMU (Nelson Mandela Metropolitan University) in Port Elizabeth (5-year contract until 2016). He is a registered dental practitioner and holds the following professional and management qualifications. BChD(Pret), MSc Dent Sc(Stell), PhD(Medunsa), DHA(Dent)(Pret), ED(P)USB. He has had a long and diverse career in private practice, academics, hospital and corporate management. He started his full-time academic career at UWC in 1982, moved on to Medunsa for 12 years until 1997, by which time he was chief stomatologist/professor/HOD and deputy dean. Moved on the chair of Restorative Dentistry at WITS academic director and board member of ICG(Pty) Ltd, a subsidiary of Educor from 1991-2000. He was appointed the first executive dean of Health Sciences at TWR which then merged with RAU and VISTA to become the University of Johannesburg 2001-Jan2006 (was created the first professor emeritus of UJ). Took early retirement to relocate to Cape Town and returned to part-time private practice and independent health management consulting then a full-time position as senior stomatologist at UWC from 2008 until end of 2011. Served as HPCSA counsellor from 2003-2007. Board member of the C Mxenge academic Hospital (JHB) and academic director of ICG(Pty) Ltd 1999-2000. Past-President of the dental materials group of the IADR and numerous dental professional committees etc. An accomplished researcher and public speaker who has presented numerous national and international papers and publications. He is married to Dr Rosemary Exner an educational psychologist. They have three sons aged 40, 37 and 34 and two grandchildren. He enjoys house renovating, gourmet cooking, living at the sea and is still an active jogger and mountain biker.

PROF DEBORAH MURDOCH-EATON

Dean of Medical Education, at The Medical School, University of Sheffield. Deborah has maintained clinical practice as a paediatrician throughout her academic career in order to “maintain her credibility” as a medical educator, and to reflect close contact with the purposes and challenges of working in an ever-changing health service. Her interests focus around developing students’ individuality and potential. This aligns additionally with her passion for effective feedback, and how we can better understand why the message sometimes seem to be unable to get through and alter practice!
She has a strong interest in the Social Accountability of medical schools, and in the challenges posed by the globalization of health care. Her recent publications reflect conceptualization of how to develop socially accountable graduates, with competence in generic learning skills enabling them to become effective, adaptable practitioners fit for an uncertain and changing future health environment. She has worked in substantive Clinical Medical Education posts for 25 years, and was awarded a National Teaching Fellowship in 2004 by the UK Higher Education Academy. She has worked as a PLAB assessor and chief invigilator for the GMC, and Educational Director for postgraduate programmes. She is editor of Learning and Teaching section of Archives of Disease and Childhood, Education and Practice journal. She was elected to the executive committee of Association for Medical Education in Europe in 2011, Academy of Medical Educators on 2013, ASME executive and is currently a GMC educational associate involved in quality assurance of UK medical schools. Throughout her career she has retained her close links with Africa and attended virtually every SAAHE meeting since 2006.

**PROF LARRY OBI**

Prof Obi is the Deputy Vice Chancellor: Academic Affairs, University of Fort Hare. His responsibilities include Teaching and Learning, Research, Community Engagement, Library and Internationalization. His qualifications are BSc (Hons), MSc, PhD (Medical Microbiology) obtained at the University of Lagos, Nigeria. He is a rated researcher of the NRF and a member of Academy of Science of South Africa.

**PROF DERRICK SWARTZ**

Derrick Swartz has served as the Vice-Chancellor of the Nelson Mandela Metropolitan University since 2008. Originally from Port Elizabeth, Prof Swartz began his working life as a high school teacher, community researcher, and project coordinator in the city’s northern areas. A strident anti-Apartheid activist, he helped build a network of youth community organisations in the region that led to the formation of the United Democratic Front (UDF).

**PROF DARELLE VAN GREUNEN**

Darelle is a Professor in the School of ICT and the Director of the Center for Community Technologies at the Nelson Mandela University in Port Elizabeth, South Africa. The social activist and award winning researcher, has a multidisciplinary background, combining computer science, information systems, African languages, education, media studies and psychology. She holds a number of degrees with her PhD being in Computer Science. Her research focuses on using technology as an enabler in society but with a strong focus on how humans interact with technology. Her research is combined with real-life interventions in different communities of Africa. She is best known for her passion to transform low income communities through the use of technology as an enabler and catalyst to respond to social issues.

During the early 1990s he worked and studied in the United Kingdom, where he made significant contributions to thinking around democratic governance and the management of a post-apartheid civil service in South Africa. Prof Swartz has a BA degree from the University of the Western Cape, and MA and DPhil degrees in sociology from Essex University. He is the former Vice-Chancellor and Principal at Fort Hare University, where he is credited for leading a profound turnaround strategy. He founded the Institute of Government in 1995 and served as Professor and Chair of Inter-Governmental Relations. A sociologist by training, Prof Swartz has played a leading role in transformation and change management in South African higher education in recent years and has actively contributed to change in South African society on a wide front. He was a member of a presidential review commission appointed by then President Nelson Mandela and has served on several boards and public trusts and as a board member of the Association of Commonwealth Universities. His areas of special interests are the role of universities in the economy, the philosophy of science, and the developmental role of higher education.
SAAHE FLOORPLAN - BOARDWALK CONVENTION CENTRE

- Retail Mall
- Beach Hotel
- CPD Desk
- Registration
- Plenary Venue and Parallel Venue 1
- Parallel Venue 2
- Exhibitor & Poster Venue
- Teas & Lunches served in this venue
- Boardwalk Hotel Reception Lobby
- Lounge
- Terrace
- Restrooms
- Stinkwood Parallel Venue 3
- Redwood Parallel Venue 4
- Ironwood Parallel Venue 5
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<tr>
<th>TIME</th>
<th>SESSION</th>
<th>VENUE</th>
<th>CHAIRPERSON</th>
<th>TOPIC</th>
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<td><strong>TUESDAY, 21 JUNE 2016</strong></td>
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<tr>
<td>17h00 - 20h00</td>
<td>SAAHE Executive Meeting (Executive Boardroom, Boardwalk Hotel)</td>
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<td><strong>WEDNESDAY, 22 JUNE 2016</strong></td>
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<td>07h00-08h00</td>
<td>Registration</td>
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<tr>
<td><strong>SESSION 1</strong></td>
<td>VENUE: Plenary</td>
<td>CHAIRPERSON: Prof Gert van Zyl</td>
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<tr>
<td>08h00 - 08h15</td>
<td>Welcome &amp; Opening (Prof Ilse Truter)</td>
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<tr>
<td>08h15 - 08h30</td>
<td>SAAHE (Prof Gert van Zyl)</td>
<td>Tribute to Prof Wendy McMillan (Prof Athol Kent)</td>
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<tr>
<td>08h30 - 09h05</td>
<td>Keynote 1: Prof Derrick Swartz</td>
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<td>09h05 - 09h40</td>
<td>Keynote 2: Prof Deborah Murdoch-Eaton</td>
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<td>09h40 - 10h15</td>
<td>Keynote 3: Prof Marietjie de Villiers</td>
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<td>10h15 - 10h45</td>
<td>Comfort break and refreshments</td>
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<td><strong>SESSION 2</strong></td>
<td>VENUE: Parallel 1</td>
<td>CHAIRPERSON: Prof Hesta Friedrich-Nel</td>
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<td>10h45 - 11h00</td>
<td>Is food insecurity a threat to learning outcomes of HIV-infected university students? Dr Liana Steenkamp, Dr Margaret Williams, Prof Ilse Truter, Prof Antoinette Goosen, Mr Danie Venter, Mr Johan Cronje</td>
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<td>11h00 - 11h15</td>
<td>What does the ‘good lecturer’ in 21st century health sciences education look like? Pr Lynette van der Merwe, Prof Gert van Zyl, Prof MM Nel</td>
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<td>11h15 - 11h30</td>
<td>In-service training in Gender Based Violence for health care providers in Botswana Mrs Alet Bosman presented by Ms Pumla Sodo</td>
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<td>11h30 - 11h45</td>
<td>Soil-transmitted helminth and children’s cardio-respiratory fitness in disadvantaged schools - the DASH study, Port Elizabeth, South Africa Dr Cheryl Walter and Mr Ivan Müller, Ms Pelling Yap, Mr Harald Seelig, Mr Markus Gerber, Mr Peter Steinmann, Ms Uwe Pühse, Prof Rosa du Randt, Mr Jürg Utzinger</td>
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<td>11h45 - 12h00</td>
<td>Developing academic and professional literacies of students in the Faculty of Community and Health Sciences at UWC Dr Arona Dixon</td>
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<td>12h00 - 12h30</td>
<td>Keynote 4: Prof Darelle van Greunen</td>
<td>Mobile Technology re-invent Healthcare Education on the African Continent</td>
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<td>12h30 - 13h30</td>
<td>Lunch</td>
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<td>12h30 - 13h10</td>
<td>SAFRI meeting (Stinkwood Room)</td>
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<td>13h30 - 13h45</td>
<td>Facilitating clinical reasoning from undifferentiated patient encounters</td>
<td>Parallel 1</td>
<td>Prof Rhena Delport</td>
<td>Symposium 1: Africa Interprofessional Education and Collaborative Practice Network (AFIN): New kid on the block</td>
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<td>Symposium 2: Partnering For Health: Transforming Health Sciences Education to Support Equity in Health</td>
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<td>13h45 - 14h00</td>
<td>The perspectives of South African academics regarding tele-audiology and its inclusion into student training</td>
<td>Parallel 2</td>
<td>Dr Veena Singaram</td>
<td>Symposium 3: Developing a Public Scorecard on Faculties of Health Sciences’ Strategies, Outcomes and Good Practices in producing sufficient and advocacy-competent health care professionals for rural and underserved populations</td>
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<td>14h00 - 14h15</td>
<td>I don’t want to bother my supervisor. Health Science postgraduate training in a time of transformation, transition and tension.</td>
<td>Stinkwood</td>
<td>Dr Karien Mostert-Wentzel</td>
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<td>14h15 - 14h30</td>
<td>Perceptions of clinical teachers at the University of the Western Cape</td>
<td>Ironwood</td>
<td>Dr Liana Steenkamp</td>
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<td>14h30 - 14h45</td>
<td>Using Realistic Evaluation to evaluate a mentoring programme</td>
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<td>14h45 - 15h00</td>
<td>Meet-the-Expert - Opportunity for all conference delegates to have an information discussion with Keynote Speakers</td>
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<td>15h00 - 15h15</td>
<td>Comfort break and refreshments</td>
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<td>15h15 - 15h30</td>
<td>Experiences of medical practitioners regarding the accessing of information at the point-of-care via mobile technology for clinical decision making at public hospitals</td>
<td>Parallel 1</td>
<td>Prof Rhena Delport</td>
<td>Symposium 1 continued</td>
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<td>Symposium 2 continued</td>
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<td>Symposium 3 continued</td>
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<td>15h30 - 15h45</td>
<td>Postgraduate academic research training innovation: Are the stories true?</td>
<td>Parallel 2</td>
<td>Dr Veena Singaram</td>
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<tr>
<td>15h45 - 16h00</td>
<td>Comfort Break (no refreshments)</td>
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<td>16h00 - 17h00</td>
<td>SAAHE AGM</td>
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<td>17h15 - 18h00</td>
<td>Welcome Cocktail (Exhibition Venue - Boardwalk Convention Centre)</td>
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| 08h00 - 08h40   | **VENUE: Plenary**  
**CHAIRPERSON:** Prof Lionel Green-Thompson |
| **Keynote 5:**  | **Prof Hester Klopper**  
Transformation of Health Professionals Education |
| 08h40 - 09h00   | **Keynote 6:** **Prof Victor Exner**  
Transforming Health Sciences Education to Support Equity in Health |
| **2017 SAAHE Conference announcement** | |
| **VENUE: Parallel 1**  
**CHAIRPERSON:** Prof Hester Julie |
| 09h00 - 09h15   | Students’ Grasp of Interprofessional Collaboration: Development of an Assessment Rubric  
Dr Mathys Labuschagne, Prof Yvonne Botma |
| 09h15 - 09h30   | 5-years down the line: The practice locations of first RCS cohort of Stellenbosch University  
Ms Norma Kok |
| 09h30 - 09h45   | Assessment rubric to evaluate Interprofessional student collaboration  
Dr Mathys Labuschagne, Prof Yvonne Botma |
| 09h45 - 10h00   | Do academic indicators including NBT-scores predict success in the first year of an MBChB programme?  
Mr Alwyn Hugo presented by Dr Lynette van der Merwe, Prof GJ Van Zyl, Prof A St Clair Gibson, Mrs L Du Toit & Mrs S Du Plessis |
| 10h00 - 10h30   | Comfort break and refreshments |
| 10h30 - 10h45   | Symposium 4: Participatory and Interactive methods for engaging students in learning:  
Are they transformative if they don't take account of student diversity?  
Prof Mayra Gari, Dr Nadia Hartman and Dr Jackeline van Wyck |
| 10h45 - 11h00   | Symposium 5: Evidencing impact of social accountability activities within undergraduate training  
Prof Deborah Murdoch-Eaton, Prof Vanessa Burch and Prof Steve Reid |

**VENUE: Parallel 2**  
**CHAIRPERSON:** Prof Chi Clair Gibson, Mrs L Du Toit & Mrs S Du Plessis |

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<th>CHAIRPERSON: Prof Chi Clair Gibson, Mrs L Du Toit &amp; Mrs S Du Plessis</th>
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| 09h45 - 10h00     | Open online courses in health professions education: A scoping review  
Dr Michael Rowe, Dr Christian Osadnik, Prof Stephen Maloney |
| 10h00 - 10h30     | Comfort break and refreshments |

**VENUE: Stinkwood**  
**CHAIRPERSON:** Dr Alwyn Louw |

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| 09h00 - 09h45    | Perceptions and experiences of allopathic health practitioners on collaboration with traditional health practitioners in post-apartheid South Africa  
Dr Simon Nemutandani, Prof Stephen Hendricks, Ms Fhumulani Mulaudzi |
| 09h45 - 10h00    | Did exposing an interprofessional class of first years to an underserved community contributed to the students’ contextualisation of the determinants of health?  
Dr Stefanus Snyman, Ms Maryke Geldenhuys |
| 10h00 - 10h30    | Symposium 4: Participatory and Interactive methods for engaging students in learning:  
Are they transformative if they don't take account of student diversity?  
Prof Mayra Gari, Dr Nadia Hartman and Dr Jackeline van Wyck |
| 10h30 - 10h45    | Symposium 5: Evidencing impact of social accountability activities within undergraduate training  
Prof Deborah Murdoch-Eaton, Prof Vanessa Burch and Prof Steve Reid |

**VENUE: Redwood**  
**CHAIRPERSON:** Dr Carmen Oltmann |

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**VENUE: Ironwood**  
**CHAIRPERSON:** Prof Cheryl Walter |

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Are they transformative if they don't take account of student diversity?  
Prof Mayra Gari, Dr Nadia Hartman and Dr Jackeline van Wyck |
| 09h15 - 09h30   | Symposium 5: Evidencing impact of social accountability activities within undergraduate training  
Prof Deborah Murdoch-Eaton, Prof Vanessa Burch and Prof Steve Reid |

**VENUE: Redwood**  
**CHAIRPERSON:** Dr Carmen Oltmann |

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<tr>
<th>VENUE: Redwood</th>
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| 09h00 - 09h15  | Symposium 4: Participatory and Interactive methods for engaging students in learning:  
Are they transformative if they don't take account of student diversity?  
Prof Mayra Gari, Dr Nadia Hartman and Dr Jackeline van Wyck |
| 09h15 - 09h30  | Symposium 5: Evidencing impact of social accountability activities within undergraduate training  
Prof Deborah Murdoch-Eaton, Prof Vanessa Burch and Prof Steve Reid |
# SAAHE ACADEMIC PROGRAMME

## THURSDAY 23 JUNE 2016

<table>
<thead>
<tr>
<th>SESSION 7</th>
<th>VENUE: Parallel 1</th>
<th>CHAIRPERSON: Prof Hester Julie</th>
<th>VENUE: Parallel 2</th>
<th>CHAIRPERSON: Prof Ilse Truter</th>
<th>VENUE: Stinkwood</th>
<th>CHAIRPERSON: Ms Thea Grobler</th>
<th>VENUE: Redwood</th>
<th>CHAIRPERSON: Dr Carmen Oltmann</th>
<th>VENUE: Ironwood</th>
<th>CHAIRPERSON: Prof Cheryl Walter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10h30 - 10h45</td>
<td>Guidelines for inpatient therapy programmes for adolescents in the Eastern Cape, South Africa</td>
<td>Ms Lourett Smith, Dr David Morton, Prof Nita Strumpher</td>
<td>From Conceptualisation to Practice: An Interprofessional World Café Experience at a South African University</td>
<td>Mr Gerard Filies</td>
<td>Digital Literacy of Physiotherapy Students: a Barrier for International E-Learning?</td>
<td>Dr Michael Rowe, Prof Dr Dirk Vissers, Prof Shofiqul Islam, Prof Jan Taeymans</td>
<td>Symposium 4 continued</td>
<td>Symposium 5 continued</td>
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<tr>
<td>10h45 - 11h00</td>
<td>Resilience, attachment and disclosure as factors impacting upon the psychosocial sequelae of unwanted early sexual experiences</td>
<td>Dr Tanya Defferary, Prof Greg Howcroft, Prof Louise Stroud</td>
<td>Developing and piloting a measure of exodontia competence</td>
<td>Dr Karl-Heinz Merbold, Dr Thomas Postma</td>
<td>Video submission of clinical skills as an assessment tool: Does the end justify the means?</td>
<td>Mrs Lianne Keiller, Ms Elize Archer</td>
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<tr>
<td>11h00 - 11h15</td>
<td>Enhancing 1st year success in anatomy and physiology for physiotherapy and occupational therapy students</td>
<td>Ms Lunelle Pienaar, Dr Amaal Abrahams</td>
<td>WebQuest as a mode for first year student orientation to online resources</td>
<td>Ms Paula Barnard, Ms Janine van der Linde, Prof Alan Rothenberg, Prof Patricia McInerney</td>
<td>Improving education in the health sciences: A conceptual framework and model of factors affecting ICT usage</td>
<td>Dr Ann George, Prof Martie Sanders</td>
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<tr>
<td>11h15 - 11h30</td>
<td>Participants' experience and perceptions in applying their learning about paediatric HIV and TB</td>
<td>Mrs Justine Geiger, Prof Marietjie de Villiers</td>
<td>Experiential learning on board The Phelophepa Health Care train: Nursing Students' reflections</td>
<td>Dr Margaret Williams, Prof Esmeralda Ricks</td>
<td>Whose responsibility is it to cultivate students' agentic capability for learning in the clinical environment?</td>
<td>Prof Julia Blitz, Prof Marietjie de Villiers, Prof Susan van Schalkwyk</td>
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<th>VENUE: Plenary</th>
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<tr>
<td>11h30 - 12h15</td>
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<td>12h15 - 14h00</td>
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<td>(Poster Walks - Posters A, B, C, D)</td>
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<thead>
<tr>
<th>SESSION 8</th>
<th>VENUE: Parallel 1</th>
<th>CHAIRPERSON: Dr Jacqueline Van Wyk</th>
<th>VENUE: Parallel 2</th>
<th>Workshop 1: Evidence based practices for healthcare professionals</th>
<th>Prof Portia Jordan, Prof Esmerelda Ricks and Dr Wilma Ten Ham-Baloyi</th>
</tr>
</thead>
<tbody>
<tr>
<td>14h00 - 14h15</td>
<td>Fees Must Fall - what do medical students think?</td>
<td>Dr Chivaugn Gordon</td>
<td>Workshop 2: Teaching with Technology</td>
<td>Dr Irene Lubbe</td>
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</tr>
<tr>
<td>14h15 - 14h30</td>
<td>Advocacy - the missing competency</td>
<td>Dr Bernhard Gaede, Ms Prinitha Pillay</td>
<td>Workshop 3: From recall to reasoning: writing great multiple choice questions</td>
<td>Mr Xavier Millar and Prof Lionel Green-Thompson</td>
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<tr>
<td>14h30 - 14h45</td>
<td>Consultants' perceptions of the quality of feedback given to registrars</td>
<td>Dr Chauntele Bagwandeen, Dr Veena Singaram</td>
<td>Workshop 4: The Cohen Method of Standard Setting - Why And How</td>
<td>Prof Scarpa Schoeman, Dr Penny Keene</td>
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<tr>
<td>TIME</td>
<td>SESSION 8</td>
<td>VENUE: Parallel 1</td>
<td>VENUE: Parallel 2</td>
<td>VENUE: Stinkwood</td>
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<tr>
<td>14h45 - 15h00</td>
<td>Feedback as a means to improve clinical competencies: Registrars’ perceptions of the quality of feedback provided by consultants in an academic hospital setting</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
<td>Workshop 3 Continued</td>
<td>Workshop 4 Continued</td>
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<tr>
<td>15h00 - 15h15</td>
<td>Community perceptions on the social accountability of health professionals in Bamen- da, Cameroon</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
<td>Workshop 3 Continued</td>
<td>Workshop 4 Continued</td>
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<tr>
<td>15h15 - 15h30</td>
<td>Meet-the-Expert - Opportunity for all conference delegates to have an information discussion with Keynote Speakers</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
<td>Workshop 3 Continued</td>
<td>Workshop 4 Continued</td>
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<tr>
<td>15h30 - 16h00</td>
<td>Comfort break and refreshments</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
<td>Workshop 3 Continued</td>
<td>Workshop 4 Continued</td>
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<tr>
<th>TIME</th>
<th>SESSION 9</th>
<th>VENUE: Parallel 1</th>
<th>VENUE: Parallel 2</th>
<th>VENUE: Stinkwood</th>
<th>VENUE: Redwood</th>
<th>VENUE: Ironwood</th>
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<tr>
<td>16h00 - 16h15</td>
<td>Educational outcomes of homestay programmes for students: a scoping study</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
<td>Workshop 3 Continued</td>
<td>Workshop 4 Continued</td>
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<tr>
<td>16h15 - 16h30</td>
<td>Supporting a student with visual impairment in the ICU</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
<td>Workshop 3 Continued</td>
<td>Workshop 4 Continued</td>
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<tr>
<td>16h30 - 16h45</td>
<td>Faculty experiences and perceptions on clarifying outcomes for learning</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
<td>Workshop 3 Continued</td>
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<tr>
<td>16h45 - 17h00</td>
<td>Time for a Change: What ALS Paramedics Think About Clinical Simulation as an Assessment Instrument</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
<td>Workshop 3 Continued</td>
<td>Workshop 4 Continued</td>
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<tr>
<td>19h00</td>
<td>Gala Dinner (Ginger Restaurant at the Beach Hotel, Marine Drive)</td>
<td>Workshop 1 continued</td>
<td>Workshop 2 Continued</td>
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<td>07h30-08h00</td>
<td>Registration</td>
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<tr>
<td>08h00-08h45</td>
<td>Keynote 8: Prof Chrissie Boughey</td>
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<td>Best Poster Presentations</td>
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<td></td>
<td>Accounting for failure in South African higher education</td>
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<td>(10 min each)</td>
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<tr>
<td>08h45-09h00</td>
<td>VENUE: Parallel 1 CHAIRPERSON: Dr Michael Rowe</td>
<td>Current and Future Trends in Gerodontology Education at Seefako Makgatho Health Sciences University</td>
<td>Small interventions lead to significant differences in performance of Extended Degree Programme students</td>
<td>Best Poster Presentations</td>
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<td>Dr Nonhlanhla Nzima, Dr Angela Reinbrech-Schütte</td>
<td>Dr Alwyn Louw</td>
<td>(10 min each)</td>
<td>(Posters A1: Evaluation of Problem Based Learning by Clinical Phase Students at Faculty of Medicine of the University of Botswana)</td>
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<tr>
<td>09h00-09h45</td>
<td>VENUE: Parallel 2 CHAIRPERSON: Prof Francois Clilliers</td>
<td>The Experiences of Expressive Apathic Patients in the Acute Care Setting Following Brain Injury: A Qualitative Study</td>
<td>Repairing Communities: An Extended Curriculum Programme (ECP) is a Practical Step in Dealing with Educational Disadvantage in Rural South Africa</td>
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<td>Dr Heena Narotam, Ms Helen Sammons</td>
<td>Dr Rosie McNeil, Mr Mpumelelo Nyathi</td>
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<td>09h15-09h30</td>
<td>VENUE: Stinkwood CHAIRPERSON: Dr Liana Steenkamp</td>
<td>Work-integrated learning in radiography training: areas of good practice and areas for improvement</td>
<td>Using decision space mapping to analyze human resource for health reform interventions in peri-urban communities</td>
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<td>Dr Jeanetta du Plessis</td>
<td>Mr Hope Taderera and Prof Stephen Hendricks, Dr Yogan Pillay</td>
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<tr>
<td>09h30-09h45</td>
<td>VENUE: Redwood CHAIRPERSON: Dr Margaret Williams</td>
<td>Caring for female patients with bipolar disorder: Guidelines for psychiatric nurses based at a tertiary level psychiatric facility</td>
<td>The effect of introducing peer-facilitated Problem-Based-Learning as an additional tool in the traditional Anatomy courses for second-year medical students at the University of Khartoum</td>
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<td>Dr David Morton and Ms Annkei du Plessis, Prof Nita Strumpfer</td>
<td>Dr Hiba Ahmed, Dr Liz Wolvaardt Vaccination coverage in underprivileged grade-R school children in Nelson Mandela Bay Health District</td>
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<tr>
<td>09h45-10h00</td>
<td>VENUE: Ironwood CHAIRPERSON: Dr Jacqueline van Wyk</td>
<td>Workshop 6: Open online courses in health professions education</td>
<td>Workshop 7: Ethical educational research: What are the issues actually? Prof Francois Clilliers and Dr Theresa Burgess</td>
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<td>Dr Michael Rowe</td>
<td>Workshop 8: Moving from a really good idea to creating an education research project Ms Abigail Dreyer, Ms Niri Naidoo, Dr Lakshini McNamme, Dr Angelika Reinbrech-Schütte, Dr Corne Postma and Ms Lianne Keiller</td>
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<tr>
<td>10h00-1400</td>
<td>VENUE: NMMU FHS</td>
<td>Workshop 9: Using Laerdal Theme Editor to programme manual mode scenarios for Laerdal SimPad-based simulators Mr Rod Campbell</td>
<td>Workshop 10: Contributing to Transforming Public Health through the National Health Insurance: A Health Policy Seminar Prof Champaklal C Jinabhai and Prof Stephen Hendricks, Prof Eunice Seekoe</td>
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<td>Workshop 11: Before a new Medical School: Towards an Inter-Professional Curriculum Transformation at the NMMU FHS (non-Boardwalk venue)</td>
<td>Dr Richard Cooke and Dr Pumela Tabata</td>
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At 12h00 boxed lunches will be dropped off at the workshop venues as it will be a working lunch.
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<th>Name</th>
<th>Surname</th>
<th>Title</th>
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<tr>
<td>Stephane</td>
<td>Tshitenge</td>
<td>Evaluation of Problem Based Learning by Clinical Phase Students at Faculty of Medicine of the University of Botswana.</td>
<td>A1</td>
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<tr>
<td>Hiba</td>
<td>Ahmed</td>
<td>The effect of introducing peer-facilitated Problem-Based-Learning as an additional tool in the traditional Anatomy courses for second-year medical students at the University of Khartoum</td>
<td>A2</td>
</tr>
<tr>
<td>Ilse</td>
<td>Truter</td>
<td>Vaccination coverage in underprivileged grade-R school children in Nelson Mandela Bay Health District</td>
<td>A3</td>
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<tr>
<td>Belinda</td>
<td>Scrooby</td>
<td>From cranium to coccyx: can interprofessional education (IPE) work for anatomy?</td>
<td>A4</td>
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<tr>
<td>Riaan</td>
<td>Van Wyk</td>
<td>Simulation as educational strategy to deliver interprofessional education</td>
<td>A5</td>
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<tr>
<td>Marvin</td>
<td>Jansen</td>
<td>A qualitative study on 6th year medical students’ perceptions and self-reported competence for clinical practice after receiving Resuscitation-Based Simulation training.</td>
<td>A6</td>
</tr>
<tr>
<td>Hennie</td>
<td>Lombaard</td>
<td>Introducing blended learning on the use of a partogram into the 3rd year medical students’ Obstetrics block: a randomized quasi-experimental study.</td>
<td>A7</td>
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<tr>
<td>Ganiat</td>
<td>Omoniyi-Esan</td>
<td>Perceptions of Medical Students about their Learning Environment during Pathology Posting at Obafemi Awolowo University Ile-Ife, Nigeria.</td>
<td>A8</td>
</tr>
<tr>
<td>Nazlie</td>
<td>Beckett</td>
<td>Family Medicine rural rotations, and intention to practice in a rural setting after graduation.</td>
<td>B1</td>
</tr>
<tr>
<td>Fredrick</td>
<td>Wambu</td>
<td>Exploring perceptions and experiences of stakeholders about clinical components of a nursing diploma programme in Nairobi.</td>
<td>B2</td>
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<tr>
<td>Chivaugn</td>
<td>Gordon</td>
<td>‘We think a doctor should be able to...’ Key stakeholder opinions on core competencies needed by doctors to address Intimate-Partner Violence</td>
<td>B3</td>
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<tr>
<td>Susanna</td>
<td>Magrietha</td>
<td>Learning experiences of dietetic students with technology enhanced teaching and learning</td>
<td>B4</td>
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<tr>
<td>Melba</td>
<td>Villar Valdes</td>
<td>Evaluation of logical skills in students entering medical career at University of Villa Clara, Cuba</td>
<td>B5</td>
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<tr>
<td>Rhenia</td>
<td>Delport</td>
<td>IT costs related to simulated skills learning - work in progress</td>
<td>B6</td>
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<tr>
<td>Savarra</td>
<td>Mantzor</td>
<td>Creating ‘Change Agents’: The Role of Quality Improvement as a means to Enhance Transformative Learning</td>
<td>B7</td>
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<tr>
<td>Sfiso</td>
<td>Mabizela</td>
<td>Peer helpers construction of their roles at an Open Distance Learning institution: A discourse analysis</td>
<td>C1</td>
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<tr>
<td>Bonnie Olivia</td>
<td>Hughes</td>
<td>Willingness of rural hospital teams to participate in a homestay pilot programme for medical students in South Africa</td>
<td>C2</td>
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<tr>
<td>Mphu</td>
<td>Mojapelo</td>
<td>Equal Access to Health Services for all</td>
<td>C3</td>
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<tr>
<td>Naledi Betsi</td>
<td>Mannathoko</td>
<td>An investigation of the self-perceived causes of distress of medical students at the University of Botswana Faculty of Medicine</td>
<td>C4</td>
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<tr>
<td>Louise</td>
<td>Schweickerdt</td>
<td>Performing the role - an art in the practice of Medicine</td>
<td>C5</td>
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<tr>
<td>Brent Claud</td>
<td>Knoesen</td>
<td>Recording of nonverbal communication during focus group discussions in health research</td>
<td>C6</td>
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<tr>
<td>Gerda</td>
<td>Reitsma</td>
<td>Education research in a health science faculty - an ethical dilemma</td>
<td>C7</td>
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<tr>
<td>Khumo</td>
<td>Shopo</td>
<td>Nursing the system or nursing the patient: Nurse’s perspectives in a private hospital, South Africa</td>
<td>C8</td>
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<tr>
<td>James Ofono</td>
<td>Oguttu</td>
<td>Clinical Associate: fit for purpose health professional. The WSU experience</td>
<td>D1</td>
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<tr>
<td>Mpumelelo</td>
<td>Nyathi</td>
<td>Teaching physics problem-solving competency in foundation Biophysics and Numeracy</td>
<td>D2</td>
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<tr>
<td>Yolinda</td>
<td>Uys</td>
<td>Mixed methods methodology for an educational intervention</td>
<td>D3</td>
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<tr>
<td>Gerda</td>
<td>Botha</td>
<td>Alignment of a curriculum: Lecturers’ perspectives on the usability and value of web-based curriculum mapping.</td>
<td>D4</td>
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<tr>
<td>Margaret</td>
<td>Williams</td>
<td>Improving childhood malnutrition, morbidity and mortality through transformative health education messages in the Eastern Cape: Preliminary results</td>
<td>D5</td>
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<tr>
<td>Hesta</td>
<td>Friedrich-Nel</td>
<td>Mirror-mirror on the wall, is IPE the fairest of them all?</td>
<td>D6</td>
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<tr>
<td>Margaret</td>
<td>Williams</td>
<td>Information needs of Community Healthcare Workers managing Co-infected Tuberculosis and Diabetes Mellitus patients at the point of care: A Pilot Study</td>
<td>E1</td>
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<tr>
<td>Elzana</td>
<td>Kempen</td>
<td>Impact of a community service learning project on third year Optometry students’ learning outcomes</td>
<td>E2</td>
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<tr>
<td>Lauren</td>
<td>Coetzee</td>
<td>Expectations and experiences of a community service learning project of third year Optometry students</td>
<td>E3</td>
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<tr>
<td>Paula</td>
<td>Melariri</td>
<td>Mosquito borne diseases and the environment- The role of humans</td>
<td>E4</td>
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<tr>
<td>Linda</td>
<td>Mhlabeni</td>
<td>Perceptions of undergraduate Health Science students regarding a multilingual e-learning platform in their clinical training</td>
<td>E5</td>
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<tr>
<td>Louise</td>
<td>Schweickerdt</td>
<td>SP Development: From Novice Performer to Skilled Patient Portrayal</td>
<td>E6</td>
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<tr>
<td>Mukund</td>
<td>Khatry-Chhetry</td>
<td>The transformation of knowledge through self-study.</td>
<td>E7</td>
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<tr>
<td>Mantoa</td>
<td>Mokhachane</td>
<td>Funding for Health Sciences Students: What are the fundamental issues- students' perspectives</td>
<td>E8</td>
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<tr>
<td>Albert Lesetsa</td>
<td>Masetla</td>
<td>Is South Africa’s Health Education Transformed?</td>
<td>E9</td>
</tr>
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</table>
ABSTRACTS (ORAL & POSTER)

POSTERS WERE EDITED TO CORRECT SPELLING ERRORS ONLY. THE ABSTRACTS BELOW ARE PUBLISHED AS RECEIVED BY THE ABSTRACT SUBMITTERS.

Abstracts can be viewed online at www.saaheconf.co.za, as well as in this programme. Abstracts are listed alphabetically per Presenting Author Surname.

PAPERS

Authors: Chauntelle Bagwadzeen, Veena Singaram
Abstract Title: Consultants’ perceptions of the quality of feedback given to registrars
Abstract:
Background: Training novices to achieve the optimum state of professionalism requires a variety of teaching methodologies, including the provision of feedback. Feedback is defined as a process where the desired standard of proficiency in a task has already been established and communicated to the student, before gaps in performing the task or in the level of knowledge are identified. Many evaluations have consistently revealed students’ dissatisfaction with the amount and the type of feedback they receive in their clinical and postgraduate training, as they perceive it to be inadequate, inappropriate or completely nonexistent. Objectives: To investigate the perceptions of the quality of feedback received by a diverse, heterogeneous population of registrars in postgraduate training at an academic hospital.
Methods: A study was conducted using a questionnaire to determine the perceptions of all registrars in the six major clinical training programmes regarding the quality, quantity and effectiveness of feedback received during clinical training. Descriptive statistics were used to interpret the responses of the registrars, with means and median values being calculated. Results: Perceptions of the quality of feedback received differed across disciplines. Overall the registrars rated the feedback they received poorly. The majority of the registrars (51.3%) reported that both formal and informal feedback was only sometimes, even rarely, received in all encounters with the consultants. 51.3% felt that the feedback received was unacceptable, and did not perceive it to be based on concrete observations of performance. The proficiency of consultants in giving feedback was scored as unacceptable by 64.8% of registrars. Conclusion: Feedback is regarded by registrars in training as an essential component of their postgraduate medical education and is an important component of achieving clinical competence. However, more formalised processes need to be implemented. There was majority agreement that consultants required training in providing feedback effectively.

Authors: Paula Barnard, Janine van der Linde, Alan Rothberg, Patricia McInerney
Abstract Title: WebQuest as a mode for first year student orientation to online resources
Abstract:
First-year students enter university with varying computer skill levels. Sitting in a class being shown what online resources the university offers and how to access them can be frustrating - you many have to wait for less skilled classmates or feel the strain of being slower than the pack. This varied work pace often disrupts the success of the orientation session. Two cohorts of first-year occupational therapy and physiotherapy students (n.year1=126; n.year2=113) participated in a WebQuest to orientate to the online resources with only a brief introduction. A WebQuest was designed and delivered via the virtual learning environment. The online resources included the virtual learning environment, plagiarism and submitting to plagiarism scanning software, student email and support, and the library. The WebQuest was delivered in a computer laboratory session and facilitated by 3 members of the e-Learning project. Students were given the opportunity to complete the WebQuest in their own time if desired. Students were surveyed on the experience at the end of the WebQuest. The results of n.year1=102 and n.year2=46 surveys were descriptively analysed. A surprisingly high percentage of the respondents have home access to the internet and work on computers. While one system technology challenges were present during both WebQuest cohorts, it was viewed as a good method of learning how to navigate the university online resources. N.year2 reported some repetition of their central university orientation course; this should be considered for the next adaptation. The WebQuest undergoes minor modifications each year based on feedback but was seen as a successful and fun way to learn. It will be implemented again for future first-year orientation to online resources.

Authors: Johan Bezuidenhout, Marietjie Nel
Abstract Title: Postgraduate academic research training innovation: Are the stories true?
Abstract:
Introduction: The Division Health Sciences Education identified a need for academic research training, of postgraduate students in 2013. Postgraduates in Health Sciences find it difficult to balance their professional activities and complete their studies in the required time frames, as set by university policies. The purpose of the study was to assess the quality and effectiveness of academic research training sessions. Academic research materials and accompanying lectures were developed to assist students in planning, writing and completion of the various chapters for their respective studies. Academic research training sessions were grouped according to research phases namely introduction, literature review and research methodology; data collection and analysis; and conclusion and concluding chapters. Students were supported by supervisors were possible, technical and graphical design experts, referencing assistants, academic readers and secretarial assistance (typing and formatting) in facilitating their progress.
Methods: Ethical approval for the study was given by the Ethics Committee of the Faculty of Health Sciences. A questionnaire was completed by 34 research experts and focussed mainly on qualitative data that measured the experiences and reflection of students. Questionnaires were completed at the end of each of the three day training sessions. Responses to open-ended questions were divided into themes, categories and subcategories by using priori-coding. The most important reflection(s) from students were captured, summarised, translated and edited. Repetitive phrases and statements were omitted. Results: Sixty one questionnaires were completed. Students found the assistance, availability of supervisors, time to focus, academic research training lectures and the skills they developed as the most important aspects to success, yet most also make prominent mention of complications such as feedback, as they had the same goal in mind and were under the same conditions. Discussion: On the first theme “Feedback on academic activities” students felt that the assistance of the supervisors was invaluable. On the feedback on support services (Scientific readers, language editing and administrative support) students said that this affected their progress directly and assisted them to focus and progress. On theme three “Feedback on the venue,” students experienced the off-campus venues as conducive as it gave them additional time in the evenings to progress. On the last theme the categories emerged that was “progress, goals and support from supervisor.” Students described that they made more progress than expected, their short-term goals were met and they were satisfied with the availability and support from supervisors. On recommendations and follow up sessions for the future students commended that such training sessions must be compulsory and there should be differentiation in the presentation of sessions. All of them indicated that the lectures and resource materials supplied were outstanding. Conclusions: Academic research training is a valuable and essential component to progress in postgraduate studies. The academic research training was of a high standard and effective. Faculties of Health Sciences should investigate and introduce such training to assist their students.

Authors: Julia Blitz, Marietjie de Villiers, Susan van Schalkwyk
Abstract Title: Whose responsibility is it to cultivate students’ agentic capacity for learning in the clinical environment?
Abstract:
Background: Medical students often complete their undergraduate degree with a student internship. Ideally, this time should be used (with the safety of support and supervision inherent to being a student) to learn the tasks and responsibilities that will be required of them when they
Author: René Walter Botha
Abstract Title: Pedagogical Regression through Service-Learning: developing the holistic medical graduate by redefining reciprocity
Abstract: Background: Pedagogical regression refers to taking teaching and learning back to its origins of word-of-mouth through Service-Learning (SL). SL uses active learning with strong emphasis on dialogue and deliberation as primary modes of teaching and learning. Reciprocity is illustrated by all parties involved in SL functioning as both teacher and learner. Dialogue and deliberation in SL additionally promotes personal growth and social responsiveness. Through SL students perform activities beyond the scope of the curriculum and develop an attitude of civic engagement. Objectives: The objective of the study was to analyse how reciprocity manifested during Radiography students’ SL experience. Methods: Radiography students groups interacted with grade 12 learners. Each group prepared and executed dramatised presentations related to the consulted community needs. Students (n=130) completed a reflection rubric and partook in reflection discussion sessions. Qualitative data was collected by means of focus group interviews. The study focused on assessment criteria and case types for using integrated clinical simulation as a summative assessment instrument. Results: Participants agreed that integrated clinical simulation was an appropriate assessment instrument but that certain conditions were required to achieve the principles of assessment. The accurate replication of the conditions and context of emergency care practice was perceived as central for eliciting authentic responses. The contexts, condition and range of life-threatening conditions across medical disciplines challenged the use of a single, once-off assessment event as a valid reflection of competence. Conclusion: The design of integrated clinical simulation events for summative assessment should include relevant clinical, environmental and professional elements of ALS paramedic practice to elicit authentic responses. More than one assessment that address the range and complexity of medical and trauma emergencies should be done to assess true competence of ALS paramedic students. Please note that this topic is accepted as a poster presentation at ICEM scheduled for 19 April 2016.

Authors: Yvonne Botma Botmay
Abstract Title: Interprofessional student collaboration on a rural clinical platform.
Abstract: The purpose is to describe the interprofessional training and collaboration of students in the Faculty of Health Sciences, University of the Free State. All the 300 four-year students from seven different professions participated in a four-week interprofessional education programme before embarking on collaborative rural internship. During this period, collaborative working was conducted for 40 hours per week in the interprofessional education programme were conducted. The outcomes were to:
• Clarify collaborative practice, professional roles and establish shared values;
• Demonstrate shared decision-making, shared power and collaborative leadership through effective communication and collaboration amongst all healthcare professions and settings;
• And compile a plan to establish a collaborative practice according to the underlying principles in a multidisciplinary healthcare setting.
Modes of delivery were student-centred classroom activities and high fidelity simulation by means of standardised diabetic patient.
On completion of the IPE programme interprofessional student groups rotate for a week of collaborative experiential learning on the rural clinical platform in the Southern Free State. Students practice interprofessional collaboration by screening learners in high schools, combining the data from the different screenings, referring appropriately, and engaging the learners for an afternoon while addressing one of their identified needs. Diabetic patients were screened, visited at home and the information was recorded according to the International Classification of Functionality. An activity that addresses an identified need of the group of diabetics are implemented. The week on the rural clinical platform concludes with a digital story that highlights reflections and collaboration of interprofessional student groups.
The assessment of this interprofessional module is derived from the plan they developed during the last IPE session and the mark obtained for the digital story.

Authors: Rod Campbell, Johan Beuzudenhou,Matsiy Labuschagne
Abstract Title: Time for a change: What ALS paramedics think about clinical simulation as an assessment instrument
Abstract: Background: The Professional Board for Emergency Care (HPCSA) has mandated emergency care programmes in South Africa to use simulation as an assessment instrument. ALS paramedics stated that teaching is secondary to clinicians’ focus on patient care and that therefore teaching was opportunistic. Students appreciated the need to move out of their “comfort zone” but seemed to persist in the idea that they are recipients of teaching rather than becoming directors of their own learning. Discussion: Faculty development initiatives can strengthen clinicians’ culture of teaching. Students however, may need help in developing skills to negotiate their participation in the clinical environment. In this, they need to understand their own epistemology and to develop their agentic capability to optimise their learning. Where should responsibility for this lie?

Authors: Ian Cooper, Lucie Walters, David Campbell
Abstract Title: Facilitating clinical reasoning from undifferentiated patient encounters
Abstract: Background: Supporting medical students to develop their clinical reasoning is an integral part of clinical teaching. Exposure to undifferentiated patient presentations in primary care is increasingly common in medical education programs. This presentation reports on the outcomes of an international conference which brought together clinician teachers and medical educators who work in rural primary care. Process: This workshop sought to capture the lived experiences of teaching and learning clinical reasoning amongst doctors working in primary care settings in rural areas. To explore these issues, a group of experienced medical educators, clinical academics and students from across the world were brought together in a workshop in October 2014 in Bairnsdale, Victoria. Delegates were asked to prepare a 35-word vignette related to their experience of teaching clinical reasoning, and these case studies formed the basis of the subsequent discussion and identification of key issues during the workshop. Workshop outcomes: The workshop identified four key themes, viz. the patient’s story, the learner’s reasoning, the context of learning, and the role of the supervisor. Conclusion: Students build their clinical reasoning skills by learning from patients, by learning from their clinical teachers and by having an understanding of the context of the clinical encounter.

Authors: Tanya Defferary, Greg Howcroft, Louise Stroud
Abstract Title: Resilience, attachment and disclosure as factors impacting upon the psychosocial sequelae of unwanted early sexual experiences
Abstract: Since the 1980’s, as a result of changes within the social and legal structures in South Africa, child sexual abuse (CSA) became an extensive researched topic within the country. However, even with some of the most efficacious laws relating to this phenomenon in existence, rates of CSA in South Africa are some of the highest in the world, highlighting the importance of, and need for, continued research within this field. Acknowledging that CSA will continue to be perpetrated highlighted the need to determine other ways in which survivors could be supported. This study therefore identified mediating factors which were found to impact upon the psychosocial sequelae a survivor might experience. These mediating factors were resilience, attachment, and disclosure, which were found to bring about post-traumatic growth. The term unwanted early sexual experiences (UESE), a more neutral and less value-laden term, was used to describe CSA in the current study. The study used a convergent mixed-methods research design, conducted over five phases. A qualitative case package is administered to 304 participants who
made up the quantitative sample (phase 1). From this 9 participants volunt-
ereed to take part in the semi-structured interviews (phase 2). Finally, the in-
formation from the first two phases was integrated (phase 3) with the outcome
of a future intervention being identified. This intervention is titled, Post-Trau-
terformed from the first two phases was integrated (phase 3) with the outcome
teered to take part in the semi-structured interviews (phase 2). The paper in-
made up the quantitative sample (phase 1). From this 9 participants volun-
teed and development of critical thinking skills that is crucial to ensure graduate
employability. However, good collaboration between the different role players is
essential to enhance students’ ability to integrated disciplinary knowledge
with application thereof in clinical practice.

Author: Gerard Filies

Abstract: From Conceptualisation to Practice: An Interprofessional World Café
Experience at a South African University

Abstract: Recently, The Lancet Commission reported that globally health professions
education has not prepared graduates to address the health challenges of the
twenty first century, largely because of fragmented, outdated and static cur-
ricula. The commission recommended a series of institutional and instructional
reforms within the health professions education that would ultimately produce
health graduates that are change agents; and a health education system that
underscores local and global collaborative networks and engages with all
stakeholders and communities. There are promising shifts towards transform-
ing health professions education in South Africa, which include the develop-
ment of interprofessional education undergraduate curricula at some higher
education institutions; Interprofessional education and practice was conceived as
an effective way of improving quality of care by bringing together the health and so-
cial professions to learn from each other. Health professions education
usually involves building and maintaining a positive understanding of
negative stereotypes and understanding and valuing the role of the different
professions. There are different models of interprofessional education, each
encompassing a range of interactive learning methods. This paper aims to ad-
vance the agenda of transforming health professions education by showcasing
the development and lessons learnt of an interprofessional World Café model
of interprofessional education offered in the Faculty of Community and Health
Sciences (FCHS) at the University of the Western Cape (UWC) in order to assist
other higher education institutions in their own process of creating inter-pro-
cessional curricula. The participants included students from Physiotherapy, Oral
Health, Social Work, Medicine, Pharmacy and Nursing. At the end of the world
café sessions, students worked through the process by completing a survey
using the associative group analysis methodology. The responses were analysed into
themes and will be presented accordingly. Lessons learnt included the need for
a common framework for interprofessional education and practice; ‘buy in’ and
a mindset change of academics; institutional structures and logistics to sup-
port interprofessional education and practice.

Authors: Bernhard Gaede, Prinitha Pillay

Abstract Title: Advocacy - the missing competency

Abstract: Background: Health advocacy has been identified as a core competence
for the health professionals in South Africa as part of the Health Profes-
sional Council of South Africa’s competency framework. From the litera-
ture it was evident that there were few examples of how advocacy is be-
ing taught in health professional education. Method: As part of a larger
study reviewing competencies in the curriculum, a qualitative exploration of
advocacy in health professional education was undertaken at the Univer-
sity of KwaZulu-Natal. Focus groups of between 3 and 12 people were
held with educators of all the main health professions at the University.

Results: Advocacy was poorly articulated as a key competence within any of
the curricula of the health professions. Broadly advocacy was conceptualized as
advocating for patients, advocates, and the profession. Some examples of how advocacy was included in the teaching
related particularly to ethics with some theoretical grounding. Little literature
was provided, despite a strong history of advocacy and activism in both the
country and the university. It was striking how little privilege and inequity
were discussed and there was a lack of tools and strategies to help stu-
dents to advocate and advance the profession; than there was on engaging with the lived
realities of the marginalized groups or even how these would be identified.
Rather, many of the health professionals themselves felt they did not have a
voice and so struggled to teach advocacy. There were exceptions however
where innovative initiatives explored how advocacy could be integrated in
practice and projects. However, there was an over reliance on lip service to
be paid to advocacy, rather than being seen as a core competency critical to the
optimal functioning of the health care professional

The research showed the need to foreground advocacy and develop material
and capacity to teach advocacy.

Authors: Justine Geiger, Marietjie Rene de Villiers

Abstract Title: Participants’ experience and perceptions in applying their learning
about paediatric HIV and TB

Abstract: Background: In response to health care provider trained billing as a prior-
ity in South Africa’s rollout plans to combat the high Human Immunode-
fectious Virus (HIV) and Tuberculosis (TB) burden. South to South devel-
oped a 5-day Paediatric and Adolescent HIV/ TB management course
for primary care level doctors and professional nurses. Following course eval-
uations highlighting the need for more teaching time and support of ap-
lication into practice, the course was redesigned into a 3-month blended
learning university short course. We were aware that interventions shown

Author: Arona Dixon

Abstract Title: Developing academic and professional literacies of students in the
Faculty of Community and Health Sciences at UWC

Abstract: Background: This paper reports on a research project on development
of academic literacies of students in the professional programmes of
the Faculty of Community and Health Sciences at UWC. The study is in-
formed by an Academic literacies approach to learning in higher educa-
tion, where learning is built on a complex relationship between the ac-
quision and development of subject-based knowledge and writing.

Purpose: The project aims to explore the development of academic literacies of
students in health professional programmes. This paper addresses the project
goals of:

1) exploring lecturers’ perceptions of academic and professional literacies
required of students
2) exploring lecturers’ perceptions of how best these literacies could be
developed

Methods: Semi-structured interviews were conducted with key informants fromive out of eight professional programmes. These were the departments of
Dietetics, Nursing, Occupational Therapy, Physiotherapy and Social Work.

Data was analysed using qualitative thematic analysis. The project received
ethical clearance from the UWC Senate Research Committee. Findings: Lect-
eresceived students to be lacking in academic literacies required by the
university. In most cases departments expected these literacies to be devel-
oped in a specific English for Academic purposes course. However most of the
research informants thought that this was insufficient and the development of
literacies needed to be reinforced in the curricula of the professional pro-
grammes. Furthermore, professionals in different health professions needed to
acquire particular literacies to be developed within the programmes. Lecturers
described which literacies they thought were needed in their professions as
well as teaching activities which explicitly aimed to develop students’ literacies
within the context of their modules. Conclusion: Development of academic
literacies needs to be integrated into the professional curricula. Lecturers need
to be more explicit about literacies expected and provide scaffolding to devel-
oping these literacies.

Author: Tessa Dowling

Abstract Title: Lost in translation: Looking to African languages for insights into
cultural perspectives of risk and disease

Abstract: In this presentation I hope to show that the language a person speaks not only
influences, but also directly relates to, his/her experience of illness. I will refer
to theories of language and culture and how these help us appreciate the fact
that a person’s language may prejudice (or benefit) his or her understanding of
what constitutes health and illness management. I will use general examples to
demonstrate the ways in which African languages work, both metaphorically
and linguistically, and how one can gain insights into culture and thought by
looking at the actual structure and vocabulary of a language.

Author: Jeanetta Du Plessis

Abstract Title: Work-integrated learning in radiography training: areas of good
practice and areas for improvement

Abstract: The paper reports selected results of an enquiry conducted on the current sta-
tus of work-integrated learning in radiography training in South Africa. Work-in-
tegrated learning forms an essential part of many learning programmes to equip students with the required knowledge and a complete skills set to be
successful in the world of work. However, if work-integrated learning is not im-
plemented properly concerning all aspects (teaching/learning, assessment ad
monitoring), the chance that quality learning will take place and that students
will construct meaning from their learning, is little. A quantitative survey was
carried out with selected university lecturers, workplace learning coordinators
and final year radiography students at universities in South Africa using three
comprehensive questionnaires. Results revealed areas of good practice and ar-
eas where improvement in the delivery of work-integrated learning is needed.
Work-integrated learning is an ideal pedagogy to stimulate self-directed learn-
ing and development of critical thinking skills that is crucial to ensure graduate

to be effective in one setting may not translate well into other settings. Objectives: We wanted to know what the participants’ experience of the new course format was, the enablers or challenges to their learning as well as their opinions on applying what they had learned into practice. Method: A qualitative, phenomenological research method was used. Eight course participants consented to semi-structured individual, recorded, in-depth interviews. These were held during the second contact week in June 2015. Data were analysed using an inductive approach. Codes, categories and themes were identified. Results: The five themes included learner’s context, technology as a teaching medium, professional growth, community of learning and learning beyond the clinical content. Learner contexts were diverse, computer technology access and skill varied widely. Cell phone use was most popular and successful in building on content knowledge as well as a community of learning. Professional and personal growth was enhanced. Conclusion: Despite challenges regarding access to information technology and technical support, the course design did answer to educational needs of the group. Significant learning beyond content took place, including acquiring technology and teaching skills, challenging practice attitudes, personal and professional growth, and overcoming fears. Overall the blended learning model could be translated into our context and future courses will be modelled on what we learned.

Authors: Ann George, Martie Sanders
Abstract Title: Improving education in the health sciences: A conceptual framework and model of factors affecting ICT usage

Abstract: Introduction: Recent decades have seen the pervasive influx of expensive technologies into education. The potential benefits of the introduction of ICT have been limited either by underuse or ineffective uptake. The barriers to effective uptake of ICT have been studied but the results tend to be fragmented making it difficult for practitioners to have a holistic picture of how they could be applied to improve practice. This study presents a holistic literature-based conceptual framework towards a theoretical model of factors affecting ICT usage by practitioners. Based on the theory of planned behaviour, the model emphasises attitudes and beliefs as important determinants of educator’s intentions to use ICT, and their actual uptake, but adds the knowledge and skills which underpin practitioners’ attitudes and beliefs, suggesting these as focal areas in programmes to improve ICT uptake. Conclusion: ICT can be used to support transformation in healthcare education, but medical educators need training in dealing with new technologies and new pedagogical approaches to promote effective integration.

Author: Chivaugn Gordon
Abstract Title: Fees Must Fall: what do medical students think?

Abstract: Background: South Africa faces upheaval in higher education as a result of the Rhodes Must Fall and Fees Must Fall campaigns. This has had a marked effect on student examinations at the end of 2015, as many exams had to be altered or discarded. There was unique implications at the Faculty of Health Sciences student examinations at the end of 2015, as many exams had to be altered or discarded. This had unique implications at the Faculty of Health Sciences.

Findings: The clustering in the concept map reduces the factors into categories and sub-categories and shows the hierarchical relationships between the factors, focusing on institutional and educator-related aspects. The theoretical model developed can be used to explain why educators use ICT in particular ways, providing a basis for improving ICT usage by practitioners. Based on the theory of planned behaviour, the model emphasises attitudes and beliefs as important determinants of educators’ intentions to use ICT, and their actual uptake, but adds the knowledge and skills which underpin practitioners’ attitudes and beliefs, suggesting these as focal areas in programmes to improve ICT uptake. Conclusion: ICT can be used to support transformation in healthcare education, but medical educators need training in dealing with new technologies and new pedagogical approaches to promote effective integration.

Author: Samantha Govender, Maurice Mars
Abstract Title: The perspectives of South African academics regarding tele-audiology and its inclusion into student training

Abstract: Telehealth is becoming a reality as a method of healthcare service delivery. Sustainability of the service is based on adequate undergraduate student training. This can only be achieved if academics are involved in knowledge acquisition and knowledge production so that knowledge transfer can occur. This is dependent on understanding of the subject matter, intrinsic motivation and teacher competency. The study aimed to determine the perspectives of South African academics regarding tele-audiology by describing their experiences (teaching, learning and research) with tele-audiology, their utility of internet based methods for teaching and learning as well as to determine the attitudes about tele-audiology. Results revealed that although all participants where familiar with the term tele-audiology, a concerning 73% indicated that they have not worked with, operated a device, or delivered services via tele-audiology methods. Seventy-three percent did not engage in any teaching of tele-health content either as a module or course/ workshop. All 15 participants indicated that they feel it is necessary to include this information into the curriculum. Seventy- three percent did not engage in any research related activities within the area of tele-audiology. Most of the participants (87%) indicated that they felt positive that tele-audiology could benefit the profession. Sixty percent agreed that tele-audiology would improve postgraduate throughput numbers creating profound tensions on time a supervisor can spend with their postgraduates. In addition, transformation demands to address previous injustices and massification has created a perfect storm of intractable problems. The study recommends that transformation needs to be created through workshops and training so that academics may develop their competence, thereby allowing students to receive knowledge on new developments and service delivery models within the field. A review of the audiologist curriculum is being proposed.

Author: Elly Grossman
Abstract Title: I don’t want to bother my supervisor: Health Science postgraduate training in a time of transformation, transition and tension

Abstract: Demands for health service delivery, the historical vacuum of clinically-based research and supervisory skills and the recent HPCSA registar requirement for a research component to attain the specialist register has resulted in a wave of MMeds clamouring for supervision in this transition period. Coupled to this, University directed New Public Management strategies have increased academic workload while reducing permanent academic staff numbers creating profound tensions on time a supervisor can spend with their postgraduates. In addition, transformation demands to address previous injustices and massification has created a perfect storm of intractable problems. The study recommends that transformation needs to be created through workshops and training so that academics may develop their competence, thereby allowing students to receive knowledge on new developments and service delivery models within the field. A review of the audiologist curriculum is being proposed.
context, this study seeks to consider the role homestay outcomes may play in achieving the goals of community-based medical education. A scoping review was performed using the online databases ScienceDirect and the Duke University Library Database, which searches Academic Search Complete, JSTOR, LexisNexis Academic, Web of Science, Proquest, PubMed and WorldCat. Using the inclusion term "homestays" and excluding the term "tourism", 181 results were returned. After close assessment using inclusion criteria, this was narrowed to 14 relevant full articles which were then included in the review. The literature reveals that educational homestays influence language learning, cultural immersion and the development of professional skills especially for global health science careers. This contributes positively to promoting a rural workforce. This study supports evidence that attending a rural clinical school contributes positively to promoting a rural workforce. Their reasons for going to the RCS were to work in rural areas and they stated that rural medicine is the individual attention to each student via a network of administrators, faculty advisors, learning strategists, tutors, facilitators, and peer mentors. The program has been comprehensively evaluated, especially since 2010, in order to ascertain student needs and resource allocation. The outcome of this assessment indicates that the AEP likely plays a significant role in the success of these students. The program's activities are highly rated and during this same period overall AEP participant satisfaction has averaged around the 95% mark. In the last four years over 2,300 medical students have been enrolled in the AEP at St. George's University. The positive outcomes are not tied to the specific intervention components per se but rather to the characteristics, principles and culture that foster student belonging and create a culture of student support.

Authors: Glen Jacobs, Sara Rabie

Abstract: Normalizing the use of support in Medical School improves outcomes

Abstract: The Academic Enhancement Program (AEP) is an advising and student support program administered by the Department of Educational Services (DES) at Nelson Mandela Metropolitan University. The AEP is a mandatory initiative, designed to enhance the success of medical students admitted to the program, particularly in the first year of the basic science curriculum where retention is typically most critical. The initiative targets students with weaker admission profiles or from diverse or nontraditional academic backgrounds. Mandating the use of support programs is controversial: given that students needing support are often least likely to seek it, mandating it for large number of students who have characteristics associated with success risk, has contributed to a strong learning community that values collaboration and where help seeking is normalized. The AEP has evolved over the past four years, in order to accommodate a rapidly increasing number of enrolled students. The hallmark of the AEP is the individual attention to each student via a network of administrators, faculty advisors, learning strategists, tutors, facilitators, and peer mentors. The program has been comprehensively evaluated, especially since 2010, in order to ascertain student needs and resource allocation. The outcome of this assessment indicates that the AEP likely plays a significant role in the success of these students. The program's activities are highly rated and during this same period overall AEP participant satisfaction has averaged around the 95% mark. In the last four years over 2,300 medical students have been enrolled in the AEP at St. George's University. The positive outcomes are not tied to the specific intervention components per se but rather to the characteristics, principles and culture that foster student belonging and create a culture of student support.

Authors: Sihaam Jardien-Baboo, Kegan Topper, Dalena van Rooyen

Abstract: Access for Success: The Extended Nursing Programme at NMMU

Abstract: As the debate for extended curriculum has shifted from ‘alternative access to higher education’ to ‘access for success’, so higher education institutions are feeling the increasing pressure to admit more students, while still ensuring high quality graduates. This is especially true for the Department of Nursing Science at Nelson Mandela Metropolitan University (NMMU) when considering the critical shortage of professional nurses in the health system. Aim: To determine the success rate of the Extended Nursing Programme at NMMU. Objectives: Firstly, to provide an overview of the rationale and design of the Extended Nursing Programme at NMMU. Secondly, to determine the success rate of the Extended Nursing Programme as compared to the Mainstream Nursing Programme at NMMU. Methods: An explorative and descriptive study was conducted by analyzing quantitative data from five cohorts (2007 – 2011) of first-year students enrolled for the Extended Nursing Programme and Mainstream Nursing Programme. Results: Although mainstream nursing students were more likely to complete the degree in the allocated four year study period, extended nursing students’ completion of the degree in the two years after the allocated study period of 5 years increased considerably when compared to mainstream nursing students. Therefore, although extended nursing students take slightly longer to complete the degree, the total number of extended and mainstream nursing graduates completing within two years after the allocated study period is similar. Conclusion: The extended nursing programme is as effective at producing graduates within two years after the degree time period as the mainstream nursing programme. Thus, students previously unsuccessful in accessing graduate education are provided access and increased learning opportunity that enhance their chances of academic success and graduation.

Authors: Lianne Keiller, Elize Archer

Abstract: Video submission of clinical skills as an assessment tool: Does the end justify the means?

Abstract: With a new global agenda following the adoption of the SDGs, as well as acceptance of the 2030 Human Resources for Health during the WHA (May 2016), it is evident that we are faced with the challenge to transform the education of health professionals. During this keynote attention will be given to:

- Health workforce for the future
- Balance between care and cure
- Interprofessional education
- Community based and health systems education
- and how these elements impacts on the future of health professional’s education

Authors: Norma Kok

Abstract: 5-years down the line: The practice locations of first RCS cohort of Stellenbosch University

Abstract: 5-years down the line: The practice locations of first RCS cohort of Stellenbosch University. Background: Globally emphasis is being placed on improving the recruitment and retention of medical graduates in rural areas. A few published studies have shown that early exposure to rural areas can increase rural recruitment. In 2011, Stellenbosch University became the first university in South Africa to send final year students for an entire year to a rural clinical school (RCS). Five years later, the first RCS cohort, now medical officers are free to choose their practice locations and future career plans. Objectives: To determine whether the RCS have encouraged medical graduates to work in rural areas. Methods: As part of a 5-year longitudinal study the first RCS cohort (n=8) was followed up and interviews were conducted across the four years of the study (2011 – 2014) and an online survey to determine their career developments was conducted at the end of the fifth year (2015). Demographic details such as rural origin and reasons for going to the RCS were amongst the data that were collected during interviews. The survey data was subjected to basic statistical analyses. Results: The results of the study show that five doctors of the cohort are currently working in rural areas and three of them come from a rural background. Their reasons for going to the RCS were to work in rural areas and they stated they would like to continue practicing in rural areas. They believe that rural doctors need have an added attribute which can be developed during medical training. According to them medical training provides a platform for exposure to rural communities and hence can help to develop a community-based approach in students and through this, a willingness to work in rural areas. Conclusion: This study supports evidence that attending a rural clinical school contributes positively to promoting a rural workforce.
Abstract: Background: The MBChB curriculum at FMHSUU requires students to spend time in clinical learning environments (CLEs). Various questionnaires have been developed to evaluate CLEs. We selected a concise questionnaire, developed at another institution and which was previously employed successfully to improve student perceptions of their CLE. Objective: To determine the perceptions and practices of clinical teachers at the University of the Western Cape regarding their role in the clinical environment. Methods: A cross-sectional research design that included full and part-time clinical teachers was followed. Data collection was done by means of a questionnaire (open ended and closed questions) using the online Survey Monkey®. Chi square test statistics was used to test for associations (p < 0.05) between the profile of clinical teachers and their practices and perceptions. Results: Thirty-one clinical teachers responded, of which 21 were full time and 10 part-time. Both full-time and part-time clinical teachers were in agreement about the qualities and competencies of a good clinical teacher. Respectively, the identified qualities of a good clinical teacher were understanding students, patience, subject knowledge, passion/commitment, communication, clinical skills & expertise, good teacher, role model. All the respondents selected “availability throughout a clinical session, punctuality at a clinical session and identifying gaps in procedure or clinical aspects” as the top three qualities of a good clinical teacher. Full-time clinical teachers viewed observing students working throughout the session as less important than part-time clinical teachers. Conclusion: Clinical teachers’ perceptions of their role are in line with best practice as indicated in the literature. In this study, there is similarity in the perceptions and practices of full-time and part-time clinical teachers with regard to clinical teaching. However, part-time clinical teachers may have a more “hands on” approach to clinical teaching.

Authors: Koot (JCB) Kotze, Elize Archer
Abstract Title: Determining students’ experiences of their clinical learning environment in a South African academic hospital: Validating an adapted questionnaire

Abstract: Background: The MBChB curriculum at FMHSUU requires students to spend time in clinical learning environments (CLEs). Various questionnaires have been developed to evaluate CLEs. We selected a concise questionnaire, developed at another institution and which was previously employed successfully to improve student perceptions of their CLE. Objective: To determine the principles of interprofessional care among all healthcare professionals, towards patient centred care. Methods: A quantitative methodological design was applied. The aim of the study is to describe the interrater reliability of the rubric. Fourth year students (n=168), revealed only one component accounting for the variance in responses, which satisfied interpretability criteria. This was confirmed after varimax rotation and Kaiser extraction. This component demonstrated high reliability, with a Cronbach's alpha coefficient of 0.943. Conclusion: After clinical expert adaptation, questionnaire items were rated “relevant” by students. The suggestion by the original developers that this questionnaire assessed several underlying components was not supported by principal component analysis. The adapted questionnaire instead assessed a single component, that we named the Clinical Learning Climate (CLC). The adapted questionnaire is a valid and reliable assessment for the evaluation of clinical teaching and the reliability compares favourably to similar questionnaires. Therefore the questionnaire can still be used (as used by its developers) to improve students' perceptions of CLEs.

Authors: Alwyn Louw
Abstract Title: Small interventions lead to significant differences in performance of Extended Degree Programme students

Abstract: Background: Students which are selected for the Extended Degree Programme (EDP) at the Faculty of Medicine and Health Sciences Stellenbosch University generally do well during Phase 1 of the programme, but the consecutive phases following on Phase 1 are experienced as challenging with a number of these students experiencing academic problems. Faculty can react to this challenge by determining what could be done in the EDP programme to prepare these students adequately for the full academic programme. Aim: The unsuccessful progress of some EDP students in the consecutive years following the EDP programme necessitated a systematic investigation to determine the factors contributing to the lack of progress of these students. This research aimed at identifying attitudinal factors which could be identified. Methods: A retrospective quantitative and qualitative study including data of all EDP students since 2007 was done. Individual in-depth interviews were held with both successful and unsuccessful students as well as with relevant advisors of these students. Specific interventions were implemented to provide possible improvement to results. Results: Major problematic areas determined were those of Academic, Social, Psyche and Residence. These themes sound self-evident, but the specific factors in these themes provide faculty with food for thought to react upon. Specific faculty interventions e.g. implementation of appropriate support modules and motivational sessions, seemed to have the necessary positive outcomes. Conclusion: Scientific research is essential to facilitate the process of determining crucial factors influencing student success in an EDP-program. The knowledge provided by the research directs faculty to intervene specifically in different areas to optimise success at EDP students.

Authors: Mathys Labuschagne, Yvonne Botma
Abstract Title: Assessment rubric to evaluate Interprofessional student collaboration

Abstract: The study aims to determine the interrater reliability of an assessment rubric developed to evaluate interprofessional training and collaboration among all healthcare professionals, towards patient centred care. Various rubrics and other assessment tools have been developed to evaluate interprofessional training and collaboration. The South African Extended Curriculum Programme (MBBCH-ECP) is hereby presented. Objectives: This study is an attempt to ascertain if both learner and process objectives of
the foundation ECP programme were accomplished between 2010 and 2015. Results from our study, ECP improved the academic performance of students and is a useful tool in promoting preliminary tertiary education, particularly of students that had no access to quality educational resources at the ordinary (high school) level. Discussion & Conclusion: To achieve sustainable national development, the education system in Botswana must be revisited. Final mark sheets were obtained with permission from the University evaluating the foundation ECP in achieving learner and process objectives, use of ECP the foundation ECP programme were accomplished between 2010 and 2015. More than 90% of the students indicated that they need support to perform at. Written reflections (n=47) indicated that the system was fair, efficient and user-friendly. It gave them good feedback about what level they were at. Conclusion: This novel continuous assessment system appears to be useful to perform at. More than 90% of the students indicated that they need support to perform at. Written reflections (n=47) indicated that the system was fair, efficient and user-friendly. It gave them good feedback about what level they were at. Results: Extraction counts improved from (X=21.04, SD=9.51) in March to (X=85.50%, SD=5.41%) in November. Quarterly feedback was given to students. Students completed a structured written reflection in the middle of the academic year (after second semester) regarding their perceptions, beliefs and responses to feedback received. The qualitative data was coded and thematically organized. Results: Extraction counts improved from (X=21.04, SD=9.51) in March to (X=108.59, SD=35.1) in November. IRs improved from (X=78.96%, SD=132.32%) in March to (X=85.50%, SD=5.41%) in November. Quarterly incremental improvements were statistically significant (paired t-test: P < 0.01). Written reflections (n=47) indicated that the system was fair, efficient and user-friendly. It gave them good feedback about what level they were at. More than 90% of the students indicated that they need support to perform at. Written reflections (n=47) indicated that the system was fair, efficient and user-friendly. It gave them good feedback about what level they were at. More than 90% of the students indicated that they need support to perform at. Written reflections (n=47) indicated that the system was fair, efficient and user-friendly. It gave them good feedback about what level they were at. More than 90% of the students indicated that they need support to perform at. Written reflections (n=47) indicated that the system was fair, efficient and user-friendly. It gave them good feedback about what level they were at. Authors: Karl-Heinz Merbold, Thomas Corné Postma

Abstract: Developing and piloting a measure of exodontia competence

Abstract: Background: The current shortage of healthcare professions in Botswana offers health practitioners the opportunity to take on teaching roles without the benefit of formal training in teaching, learning and evaluation. The negative implication of this situation was observed as an urgent need for faculty development in curriculum design and planning. Concurrently there were concerns expressed by the public that the current graduates of nursing programmes were not adequately prepared to meet the societal demands for adequate health care delivery. This resulted in an intervention being planned to upskill faculty in a crucial element in teaching and learning, namely, the formulation of learning outcomes which links curriculum, teaching and assessment. Aim: To explore and describe the experiences and perceptions of faculty following an intervention focusing on clarifying learning outcomes. Methods: This study was retrospective post-then pre test qualitative design using a self-administered questionnaire which comprised of both semi-structured and open ended questions to collect data. Faculty members who attended the workshop were conveniently recruited into the study. Questionnaires were distributed by the researcher and thematic analysis of data was conducted. The emerging themes were confirmed by a reviewer. Ethical clearance was obtained for the study. RESULTS: Of the 15 participants almost 50% were degree holders who did not have an educational background in their basic training. Participants had varied qualifications such as in the humanities, social sciences, nursing and natural science. The themes that emerged focused on the link between learning outcomes and teaching and assessment; the paradigm shift of teaching approaches amongst participants and how learning outcomes clarifies the content for students. Conclusions and take home message: Awareness on formulation of learning outcomes changed faculty’s perception of the approach of facilitating teaching and learning and how could facilitate student learning.

Authors: Heena Narotam, Helen Sammons

Abstract: The Experiences of Expressive Aphasic Patients in the Acute Care Setting Following Brain Injury: A Qualitative Study

Abstract: Introduction: Aphasia, or losing the ability to be receptive to the environment and respond verbally or in written words to stimuli can have a major impact on the mental and physical well-being of a person. Studies have shown a high incidence of aphasia following ischaemic stroke and traumatic brain injury. No study could be found in the literature which documents the experiences of expressive aphasic patients during the acute care hospital setting. Method: A qualitative study was done on seven adult persons who had suffered new onset expressive aphasia following brain injury, had presented to Worcester Hospital for acute care. At the time of the study these persons were able to communicate in an understandable manner in order to convey their past experiences. Interviews were transcribed and transcripts were analyzed by two independent researchers, for findings to be triangulated. Results: Participants were generally satisfied with the services of the health professionals. All participants described their families as being supportive, however even though most participants had attempted to initiate alternative forms of communication, none of their families reciprocated this. Physiological forms of communication, e.g. señuelo, were disregarded by the health system. First emotions upon realisation that they were expressive aphasic consisted of shock and sadness, with subsequent emotions of frustration and anger. Insight into the moral reasoning which participants used to evaluate their self-worth when determining their status of well-being and future plans, was gained. Conclusion: Persons with new onset expressive aphasia during the acute care setting at Worcester hospital experience negative emotions and as well inadequate response by staff and visitors to their desire to use alternative forms of communication. Formal training in this regard is recommended for undergraduate as well as qualified health care professionals. Visitors to patients with expressive aphasia should be given basic instruction on the use of alternative communication.

Authors: Mbulaheni Nemutandani, Stephen Hendricks, Fhumulani Mulauzdi

Abstract: Perceptions and experiences of allopathic health practitioners on collaboration with traditional health practitioners in post-apartheid South Africa

Abstract: The indigenous health system was perceived to be a threat to the health profession of allopathic physicians. People with bipolar type 1 disorder are usually admitted to a psychiatric hospital as an involuntary patient and are thus cared for in a closed unit. Focusing specifically on people who are involved in bipolar illness seen in women is valuable because bipolar is experienced differently by women and men. Women with bipolar disorder experience the illness differently to men and hence their treatment differs. A qualitative approach was used to collect data from allopathic health practitioners employed by Limpopo’s Department of Health. In-depth focus group discussions and meetings were conducted between January and August 2014. Perceptions and experiences of working with traditional health practitioners were explored. Ethical clear-
ance was obtained from the University of Pretoria and approval from the De-
partment’s Research Committee. Results: Dominant views were that the two
health systems were not compatible with respect to the science involved and
the source of knowledge. Overall, quality of health care will be compromised
if traditional health practitioners are allowed to work in public health facilities.
Conclusion: Allopathic health practitioners appear not ready to work with tra-
ditional health practitioners, citing challenges of quality of health care, dif-
ferences on concept of sciences and source of knowledge; and lack of policy on
collaboration. Lack of exposure to traditional medicine seem to impede op-
portunities to accept and work with traditional healers. Exposure and training
at undergraduate level regarding the traditional health system is recommend-
ed. Policy guidelines on collaborations are urgently required.

Authors: ESOH Godfrey Nji, Heike Geduld
Abstract: Title: Community perceptions on the social accountability of health pro-
fessionals in Bamenda, Cameroon

Abstract:
Introduction: Socially accountable health professionals (HP) are able to
predict the needs of society and respond appropriately, conduct services,
teaching and research consistent with identified needs; be appropriately-
tained and function as required by society; as well impacting on the
improvement of the health service locally and nationally. In the context of
Cameroon where the practice of the health professions is not yet regulated,
embedding social accountability in health professions education has the
potential to create a platform for safe and community responsive practice.
Methods: The CPU Model of Boelen and Woollard (conceptualisation, pro-
duction, usability) was used to assess the perception of adult members of
the local community with regard to the social accountability of the HPs
serving them. Focus Group Discussions in three villages elicited feed-
back on the questions “who are HPs?”, “are HPs trained?”, and “what
do HPs do?” Results: “Health professionals” were defined as people who
have formal specialised training in any health discipline and are distin-
guished by the way in which they were involved in patient care. Participants
expressed lack of confidence in the quality of HP training based on strict govern-
lment but did not feel directly involved. There was general dissatisfaction
about the quality of care. Suggested factors include poor accessibility, inade-
cquate staff and equipment, inability to pay, and lack of motivation of staff.
Discussion: Community members do not feel involved in the training of HPs.
There is no evidence that HPs are considered well trained but yet do not provide quali-
ty care. This is attributed mostly to system factors but also poorly motivated staff.
Recommendations: Focusing on the social accountability of health professions
education may be a means of improving quality of care and the relationships
between communities and health professionals.

Author: Deborah Murdoch-Eaton
Abstract: Title: Transformative Learning – is an “Educational Alliance” the model
to aspire to?

Self-perception of one’s ability is affected by many parameters; not only the
type and quality of feedback, but also by self-beliefs, perceptions and a lack of
awareness of knowledge or learning deficits. The ‘educational alliance’ concep-
tual model centres on a collaborative framework underpinning a more
educational relationship required for the development of self-regulated learn-
ing skills and for feedback to have impact. This hinges crucially on providing
opportunities to empower learners’ capabilities through curriculum design.
Most importantly it has potential to establish more realistic expectations with-
in terms of what a course can or should deliver. What would an “educational alliance” approach mean for our educators, learners and the environment with-
in which they are learning and will be practising?

Authors: Nonhlanhla Nzima, Angelika Reinbrech-Schütte
Abstract: Title: Current and Future Trends in Gerodontology Education at Sefako
Magatho Health Sciences University

Abstract:
Background: A global trend in population ageing is associated with changing
health and oral health needs. The World Health Organisation has identified a
need to address the poor oral health and poor quality of life of the elderly,
especially in the developing countries. Aim: The main aim of this study was to
review the current status of education, training and research. Gerodontology curricu-
lum at Sefako Magatho Health Sciences University (SMU) and to assess the
potential for curriculum change. Methods: A three round Delphi study was
used to solicit information regarding the current gerodontology curriculum and
teaching practices. Consensus opinion on topics that should form a core under-
graduate gerodontology curriculum was sought from the curriculum develop-
ment and academic development committee members and these topics were then rated on a five-point Likert scale regarding importance.
Results: Twelve themes were identified as important and five of these
twelve got the highest rating of being indispensable in such a curricu-
lum. Aspects of some of the themes were not ready not to work with tra-
tional health practitioners, citing challenges of quality of health care, differ-
ences on concept of sciences and source of knowledge; and lack of policy on
collaboration. Lack of exposure to traditional medicine seem to impede op-
portunities to accept and work with traditional healers. Exposure and training
at undergraduate level regarding the traditional health system is recommend-
ed. Policy guidelines on collaborations are urgently required.

Authors: Carmen Oltmann
Abstract: Title: Using Realistic Evaluation to evaluate a mentoring programme

Abstract:
Introduction: Donors, policy makers, practitioners and other stakeholders want
to know if social programmes work. Social programmes are limited activities that
occur in a wider setting i.e. in open systems that are constantly changing. Realistic
Evaluation was the methodology chosen to evaluate our mentoring programme within
the Faculty of Pharmacy. Methodology: Realistic Evaluation is concerned
with understanding programme theory by analysing context – mechanism-
outcome configurations (CMOCs). Data analysed to determine the CMOCs
included participant evaluations, interviews and the facilitator’s field notes.
Results and Discussion: CMOCs can either be used to generate and test hypo-
theses or can be a product of the evaluation. In this research they were not
the product of the evaluation. The CMOCs identified related to the following ques-
tions: (1) what were the critical aspects of implementation over the years that
influenced how the mentoring programme works, and for whom; and (2) did our
mentoring programme change from being assimilatory to being transfor-
mative?

Authors: Geoffrey Petro, Andrew Makkink
Abstract: Title: Experiences and Opinions of Emergency Care Educators Related to
Simulation Manikin Fidelity

Abstract:
Background: Simulation based learning (SBL) is a fast-growing segment of
health care education. There are a number of advantages to using SBL. One
factor that affects the realism, or fidelity of simulation is the manikin. Mani-
kin fidelity is classified as low, medium or high. Ongoing debate continues
regarding the clear classification of this fidelity. Fidelity level is usually relat-
ed to the number of features and functions that the manikin has available.
This number is usually directly proportional to cost. Simulation manikins are
often configured in a standard format. The standard format of many mani-
kins may include non-essential functions which may be at the cost of essen-
tial functions. Manikin fidelity may not necessarily be linked to suitability.
Objectives: To assess the opinions and experiences of emergency care edu-
cators related to the link between simulation manikin fidelity and suitability.
Methods: The design was prospective and quantitative in nature. An
anonymous, online, purpose-designed questionnaire was used to gath-
er data. The sample comprised emergency care educators registered
within South Africa. The questionnaire focussed on the availability, utili-
Zation and importance of simulation manikin features and functionality.
Results: Data were used to evaluate and rank simulation manikin features and
functionality in three categories namely availability, utilization and im-
portance. Airway management, ECG rhythm library and electrical therapy ca-
pability were the highest ranked features across the categories. Respondents
indicated that they used most of the available functions on their specific man-
kins. Results classified as most important were generally used most of the
time. Conclusion: The features identified as being most available, often used
and important are available in standard medium fidelity manikins. It is
important for educators to carefully evaluate their manikin requirements. The
perception that high fidelity manikins are imperative to realistic representation of
the patient may be presumptuous. More research is required to better understand
fidelity and suitability.

Authors: Lunelle Pienaar, Amaal Abrahams
Abstract: Title: Enhancing 1st year success in anatomy and physiology for physio-
therapy and occupational therapy students

Abstract:
Students in physiotherapy and occupational therapy are taught anatomy and
physiology in 1st year as an important underpinning of their future professions.
Within anatomy and physiology students are expected to consume a vast
amount of knowledge in a relative short space of time. Importantly at 1st year
level assume that students have the prerequisite foundational knowledge
developed in school to build upon. Given the variation in the South African
schooling system we challenge this assumption as a number of students strug-
gle to grasp important concepts within anatomy and physiology and eventu-
ally fail the course. Therefore we are attempting to identify students who are at
risk of failing the course and/or enter an extended degree programme. Meth-
od: Determine if there is link between performances in tertiary level Anatomy
/ Physiology and Grade 12 high school mathematics/Life science. Results: A
Fisher-exact was used to test for association between a performance of < 60% in
Mathematics & Life science vs a low performance in Anatomy / Physiology. In
2012 and 2014, n=113 respectively an association between mathematics and
anatomy/ physiology marks with p<0.001, and life sciences with p=0.005 were found. The 2013 cohort (n=123) was the only year where life sciences had an association with anatomy and physiology with p<0.007. Discussion and conclusion: In all classes analysed we obtained evidence of a strong association between low performances in grade 12 mathematics and a low performance in both Anatomy and Physiology. Taken together, we propose that mathematics provides the required analytical, abstract thinking and problem solving skills needed for the understanding of anatomy and physiology. Take home message: The association between mathematics versus anatomy and physiology was strong and needed for the understanding of anatomy and physiology.

Take home message: In all classes analysed we obtained evidence of a strong association between mathematics versus anatomy and physiology marks with p≤0.001, and life sciences with p≥0.005 were found. The association between mathematics and life sciences was also strong. The questionnaire into different languages should also be considered. The translation vice delivery preferably after exposure to care at an institution. The translation of the questionnaire is a semi-structured interview was used to collect the necessary research data. Tesch's steps were used to analyse the data. The principles for ensuring trustworthiness and ethical consideration were adhered to throughout the study. Two main themes and six sub-themes emerged relating to the experiences of medical practitioners regarding the accessing of information at the point-of-care via mobile technology for clinical decision making at public hospitals. To achieve the purpose of the study, a qualitative, exploratory, descriptive and contextual research design was used to conduct this study. The research population comprised medical practitioners who were using MCDs for accessing information at the point of care for clinical decision making. Purposive sampling was used to select the research sample. Semi-structured interviews were used to collect the data. The principles for ensuring trustworthiness and ethical consideration were adhered to throughout the study. Two main themes and six sub-themes emerged relating to the experiences of medical practitioners regarding the accessing of information at the point-of-care via mobile technology for clinical decision making at public hospitals. The main findings of the research highlighted the benefits and challenges that were experienced by the medical practitioners when using the MCDs for accessing information at the point-of-care for clinical decision making. The study concludes with recommendations made with regards to the areas of practice, education and research.

Authors: Peggy Dasi, Esmeralda Ricks, Sindwe James

Abstract: Experiences of midwives caring for mothers who lost their babies at birth

Abstract: Everyday midwives working in labour wards encounter pregnant mothers in their midwifery practice, while they win victories and enjoy the pleasure of delivering a live baby, sometimes the journey of delivering a live baby may be tragic if the baby dies at birth. The midwives are therefore faced with rendering care and support to mothers who have lost their babies at birth. The objective of this study was to explore and describe the experiences of midwives caring for mothers who have lost their babies at birth. To achieve the objectives of the study, a qualitative explorative, descriptive and contextual design was used to conduct this research study to gain an understanding of the midwives' experiences caring for mothers who have lost their babies at birth. A purposive criterion sampling method was used. Ten semi-structured face-to-face interviews were conducted to collect data. Ethical considerations were observed throughout the research study. Measures of trustworthiness were ensured by using credibility, transferability, dependability and conformability. Data analysis was done using Tesch's method to make sense out of text and data. Four themes were identified, namely, Midwives shared their diverse experiences relating to caring for mothers who have lost their babies at birth; Midwives expressed how their personal values and beliefs influenced the ways they dealt with babies dying at birth; Midwives described the organizational values and beliefs related to death and dying and how this influenced their current experiences and Lastly Midwives provided suggestions regarding how they can be assisted in caring for mothers who have lost their babies at birth. The study concludes with recommendations made with regards to the areas of nursing practice, education and research.

Authors: Thomas Corné Postma, Johannes Heymans, Sandré Botma, Marlene Radley, Arunah Bushiri, Tekelo Matiala, Marielle Vos

Abstract Title: A new questionnaire to measure compliance to the Patients' Rights Charter

Abstract: Background: The Patients' Rights Charter (PRC) was developed to ensure access to quality health care based on sound ethical principles in South Africa. There are currently no established instruments to measure compliance to the PRC. Objectives: The aim of the study was to develop and pilot a questionnaire that measures compliance to the PRC. Methods: A questionnaire was custom designed based on the South African PRC. The questionnaire was administered to patients (convenience sample) at the University of Pretoria Oral Health Centre (UPOHC). The questionnaire consisted of 17 demographic questions (Section A), and 24 PRC questions, to measure compliance to the PRC at the UPOHC (Section B), government clinics (Section C) and private dental practice (Section D). Principal component analysis and Cronbach Alpha analysis were used to test the construct validity and reliability of the questionnaire. Results: A total of 289 subjects completed Section B, while 248 and 195 subjects completed Sections D and C, respectively. The internal consistency (Cronbach Alpha statistic) was > 0.90 for all three sections of the questionnaire. The individual items also displayed good psychometric construct (principal component extraction coefficients > 0.40) in all three sections of the questionnaire. Patients appeared to have fairly positive perceptions about compliance to the PRC at the UPOHC. Perceived government clinics were slightly less positive compared to the results for the UPOHC. Private practice received relatively high ratings except for affordability that was rated especially low. Conclusion: The new PRC questionnaire appears to have acceptable internal consistency and adequate psychometric construct. Further testing of the instrument is warranted in different settings, for example, at point of service delivery preferably after exposure to care at an institution. The translation of the questionnaire into different languages should also be considered.

Authors: Michael Rowe, Dirk Wissers, Shofiqul Islam, Jan Taeymans

Abstract Title: Digital Literacy of Physiotherapy Students: a Barrier for International E-Learning

Abstract: Background: We are currently developing an international blended learning module in professional ethics, which will be implemented at a variety of institutions across South Africa. The aim of this study was to assess the digital literacy in an international sample of physiotherapy students in those programs by using an online survey. Methods: We used a modified version of the ECAR student study, which was piloted for content validity and test-retest reliability. The questionnaire was administered to a sample of 245 predominantly first-year PT students in Antwerp, Belgium (n=120), Bern, Switzerland (n=52), Dhaka, Bangladesh (n=38) and the Western Cape, South Africa (n=36). Results: Students' experiences with digital technology were generally low and differed significantly across institutions. There was also a significant difference between universities in owning a laptop and tablet, and ac-
cess to Wi-Fi on campus. Overall, PT students primarily use a smartphone and a laptop to connect to the internet. A laptop was considered most important for their academic success by 80.8% of the respondents, followed by a smartphone (41.4%). Most students reported that they preferred learning in environments that included some online components. Discussion and theoretical access to online resources was seen as important when it comes to physiotherapy students’ learning. Educators often make assumptions about students’ use of technology, buying into the concept of “digital natives” and an associated proficiency with online tools. However, this study has shown that students in different contexts have different levels of digital literacies which influence their ability to engage effectively in online or blended learning environments. However, there was a strong indication that students would prefer an increase in the use of digital tools in their learning, with suggestions for specific changes in practice being made.

Authors: Michael Rowe, Christian Osadnik, Stephen Maloney

Abstract Title: Online courses in health professions education: A scoping review

Abstract:

Background: Despite increasing calls to integrate technology into health professions education, evidence to guide its effective implementation is lacking. The uncertain nature of current discourse around OOCs means informed choices regarding the pedagogical value of this approach are difficult to make. The aim of this scoping review was to identify the current landscape of OOCs in health professions education, placing emphasis on issues regarding implementation and evaluation. Method: Electronic and online database searches were conducted in EBSCOhost, PubMed, PsycOne, PsycMedicine and Embase to identify publications from years 2008 - 2015. Eligibility criteria were applied independently by two study authors to determine study inclusion. Data were extracted using standardised templates and synthesised according to a framework of: economic value, pedagogical value, feasibility and acceptability, and measures of effectiveness. Results: From 104 citations, 33 articles were included in the review and were analysed using the following themes: feasibility and acceptability, effectiveness, economic value, and pedagogy. Most of the articles reviewed simply accepted OOCs as an inherent good in HPE, with few adopting a critical stance. The study was exploration based with an emphasis on evidence of effectiveness and economic value of OOCs. Few of the articles described course design, and none reported on the use of learning theory to inform the design. Conclusion: There is a wide variety of interpretations among health professions educators on the meanings of “open” in the context of OOCs. The lack of any theoretical frameworks underpinning the OOCs considered in this review highlights significant pedagogical weaknesses limiting their application to the evidence-based clinical education setting. Most authors in this area seem to regard OOCs as having economic and pedagogical value, but few provide evidence to support the claim.

Author: Michael Rowe

Abstract Title: Supporting a student with visual impairment in the ICU

Abstract:

The Department of Physiotherapy at the University of the Western Cape began accepting students with visual impairments (VI) into the undergraduate physiotherapy programme in 1996. To date, eight students with VI have graduated with degrees in physiotherapy, all of whom have gone on to successful employment in the health system. However, until recently we had not placed students with VI into the ICU. The aim of this study was to explore the barriers and facilitators experienced by all stakeholders involved in the process of placing a student with visual impairment into the ICU. This case study used data gathered from the student’s reflective diary kept during the process, as well as in-depth interviews with the student, clinical supervisor, VI and clinical coordinators, and the clinician responsible for overseeing the student in the ICU. Interviews were recorded and transcribed, and then analysed thematically to identify barriers and facilitators that all stakeholders experienced. Early discussions among all stakeholders helped everyone become accustomed to the idea of the placement, which was new for all parties. The planning stage also included a ward visit by the student and clinical coordinator, who also helped the department to arrange support systems based on challenges identified. The study concluded that the use of a tablet device for various tasks in the ICU was essential. Regular feedback sessions with stakeholders during the placement also helped the student to discuss challenges he was experiencing. Because these problems were highlighted early on, it allowed the department to modify approaches to supervision in order to support the student. Students with VI can be successfully placed in the ICU setting where they can enjoy positive learning experiences. However, care needs to be taken to ensure that the student is well supported at all stages.

Authors: Alet Bosman, Pumla Sode, Grace Makgoka

Abstract Title: In-service training in Gender Based Violence for health care providers in Botswana

Abstract:

Background and Objectives: Botswana developed a Health Sector Gender Based Violence (GBV) Framework and Protocols and Service Standards for Prevention and Management of GBV for Health Care Providers to improve the management of GBV. Unfortunately the Botswana Ministry of Health (MPH) experienced many challenges and lacked capacity to roll this out. Method: Foundation for Professional Development (FPD) was approached to assist with the roll out and the dissemination of the protocols and to train the health care providers (HCPs). FPD provided three phase technical assistance to develop and implement an in-service training course. The training programme set out to train a critical mass of HOB HCPs to support the national roll-out of the protocols. The programme was to ensure evidence based programming, adequate documentation, data collection, reporting, monitoring and evaluation of key GBV indicators within the national health systems. Results: FPD developed a curriculum in consultation with the Botswana MOH and key stakeholders. To test the curriculum, a pilot workshop was conducted and attended by 25 HCPs. Two training-the-trainer workshops were conducted and 68 HCPs were trained to be providers of GBV training. 56 HCPs qualified to be trainers. 10 of those trainers were already used in the rollout phase of the programme. Conclusion: The in-service training for health care providers in Botswana has been successful. Services of FPD, the Botswana MOH was able to roll out and disseminate its GBV Framework and Protocols. A follow up evaluation will be conducted to determine the outcome of the intervention. The results of the evaluation will be available in May 2016.

Authors: Alet Bosman, Pumla Sode

Abstract Title: Preparing Primary Health Care facilities for National Health Insurance by using a toolkit

Abstract:

Background: Foundation for Professional Development (FPD) is a registered Private Higher Education (HE) institution. FPD fully engages in all three scholarship areas of HE teaching, research and community engagement. FPD’s community engagement activities has shown that most Primary Health Care (PHC) managers lack sufficient skills to effectively manage PHCs. This was a serious concern as PHC performance is critical in the successful rollout of National Health Insurance. Methods: FPD developed a PHC toolkit, comprising of hard copy documents and checklists, to support the basic management cycle. Where possible, the toolkit has been aligned with the National Department of Health’s Ideal Clinic and Integrated Care of Chronic Diseases projects. Digital copies of tools are available in a digital resource library (DGL) that supports each section of the toolkit. The DGL also contains self-study material on each subject, relevant government policies, documents and academic PHC managers attend a three day training course on how to use the toolkit. Toolkits completed a survey before training commenced to test their knowledge. Another survey is due to commence in April 2016 to evaluate behaviour change. The findings of the follow up survey will be available in May 2016. Results: Before training started, 39% of respondents attended training to learn new ways of management. Another 18% wanted to manage their facilities better. To date, 590 PHC managers have attended the training. Conclusions: It is expected that the results of the follow up survey will prove that training on the PHC toolkit increased the efficiency of users and developed users into true leaders who are still involved in administrative responsibilities. It is expected that the findings of the follow up survey will be available in May 2016.

Authors: Lourett Smith, David Morton, Nita Strumpher

Abstract Title: Guidelines for inpatient therapy programmes for adolescents in the Eastern Cape, South Africa

Abstract:

The study aimed to develop guidelines for mental health professionals responsible for delivering inpatient therapy programmes for adolescents in the Eastern Cape, South Africa. A qualitative, exploratory, descriptive and contextual design was used. Various mental healthcare professionals with varying degrees of psychiatric experience constituted the population for the study. A purposive sampling technique was utilised to select the participants. Data collection involved semi-structured interviews. Tesch’s eight steps of data analysis were used to analyse the data. Trustworthiness was achieved using Lincoln and Guba’s model. Data analysis revealed two themes, namely the unique skills and contributions of mental healthcare professionals to an adolescent programme and the need for adolescent specific experiences to be holistically structured in order to be effective. It can be concluded that there is a need for tailored therapy programmes for adolescents who are admitted to psychiatric hospitals in order to address their mental health needs. Therapy programmes should be structured yet flexible so that the adolescent’s personal freedom is not undermined. A therapy programme for adolescents requires a team approach by various mental healthcare professionals with inter-professional collaboration being a critical component for its success.

Authors: Stefanus Snyman, Maryke Geldenhuyzen

Abstract Title: Did exposing an interprofessional class of first years to an underserved community contribute to the students’ contextualisation of the determinants of health?

Abstract:

Background: The primarily theoretical, class room-based teaching of Public
Health early on in undergraduate curricula at South African universities is of concern. Students often found it boring and failed to see its relevance to their future careers. An innovative approach to this challenge was introduced at a South African university. First year students were divided into interprofessional groups, each adopting an underserved community to visit for a day. In preparation, the groups were gathered on “their” community after attending workshops on social determinants of health (SDH), systems for health, person-centeredness, worldviews and team functioning. The objective of this study was to determine how exposing an interprofessional class of first years to an underserved community, contributed to students’ contextualisation of the determinants of health (DoH). Health-related knowledge and attitude, belief and confidence were used, generating data from 380 students prior to, and following, a visit to an underserved community. Reflective reports of 40 students were also randomly selected, providing richer data. Both data sets were analysed using qualitative methods. Outcomes: Despite the workshops and small groups gathering information on their community, most students failed to contextualise and see the relevance of these topics prior to their community visit. Following the first-hand experience in “their” community, students had a deeper affective-realisation of health inequity and was able to better contextualise the impact of SDH on individuals and communities. They acknowledged that their idealistic perceptions of their future professions fell short of what is required to act as change agents in addressing health inequity, a challenge requiring a higher level of interprofessional collaboration. Implications: Exposing first years interprofessionally to an underserved community helped students to better understand the impact of SDH; gave them a better grasp of what is needed to collaborate interprofessionally in addressing health inequity; and served as motivation to develop as agents of change.

Authors: Lianna Steenkamp, Maggie Williams, Ilse Truter, Antoinette Goosen, Danie Venter, Johan Cronje

Abstract Title: Is food insecurity a threat to learning outcomes of HIV-infected university students?

Abstract:
Purpose: Youth between 15 and 24 years of age in South Africa have a higher risk for HIV transmission than other age groups. Students at higher education institutions (HEIs) are thus particularly vulnerable. A decline in academic performance has been reported among HIV-infected students with a concurrent increase in attrition or drop-out rates. These outcomes were mainly attributed to HIV-related health conditions, antiretroviral therapy (ART) programme. Ethical approval for the study was obtained from the Research Ethics Committee (NMMU) and participants were included in the sample after providing written, informed consent. Participants had to complete a shortened version of the validated WHQOL-HIV BREF as well as a food security questionnaire. They also were requested, as part of the informed consent, to allow the researchers access to their academic records. Descriptive statistics were performed with numerical data presented as means and standard deviations and categorical data as frequencies and percentages. Findings: Food insecurity was common with more than 60% of the sample reporting food insecurity at household level during the previous month. Participants reported a mean overall quality of life score of 1.25 (out of a possible 20) (SD=4.7). Participants passed a mean of 75.37% (SD=28.76) of the modules registered for during 2013. Nearly half (45%) had at least one module in which they were not allowed to write the examination or achieved less than 40% for their aggregate mark. Furthermore, 18% passed less than half of their modules. Although there was a tendency for the participants who passed more modules to have an improved general and overall quality of life, it was not demonstrated consistently. Among those participants who passed more than 50% of their modules compared with those that passed less than 50%, no difference in food security could be demonstrated. Conclusion: In this small sample of HIV-infected students, food insecurity is impacting on HIV-infected students. The purpose of this study was to describe learning outcomes in the context of food insecurity and quality of life among HIV-infected students at a South African university.

Author: Ilse Truter

Abstract Title: Complementary and Alternative Medicine: Knowledge and experience of Pharmacy students

Abstract:
Background: Complementary and Alternative Medicine (CAM) is a compulsory part of the undergraduate Pharmacy curriculum in South Africa. A previous study conducted in 2012 found that the knowledge of pharmacy students regarding CAM appeared to be inadequate. Objectives: The primary aim was to determine the knowledge and experience of pharmacy students in South Africa regarding the different CAM therapies and to identify training needs in CAM. Methods: All pharmacy students at one of the eight pharmacy schools in South Africa were asked to complete a questionnaire regarding CAM. Participation was voluntary. The questionnaire measured students’ opinion about the role of CAM in the pharmacy profession, which CAM therapies they were familiar with and have personally used, and also investigated their interest in possible continuing education courses in CAM. A total of 226 respondents completed the questionnaire, representing more than 50% of students in all four years of study. Data were analysed with MS Excel®. Results: The majority of respondents were female (68.58%). The therapies that respondents were most familiar with were massage therapy (94.69% of respondents), followed by herbalism (91.15%), yoga (91.15%), Traditional African Medicine (86.73) and diet therapy (80.53%). Two-thirds of the respondents who were familiar with massage therapy and herbalism, have also personally used the therapies. The therapies that were the least familiar to respondents were Ayurveda (7.08% of respondents), Reiki (11.95%), Iridology (12.39%), Bach Flower Remedies (12.39%) and Naturopathy (20.35%). Senior students were not more knowledgeable than first- and second-year students with respect to CAM. Students showed a definite interest in continuing education courses in CAM, and 76.3% indicated that they would like to continue to learn about CAM. Conclusion: Pharmacy students generally lacked knowledge regarding CAM. However, they were in support of more formal training in CAM, especially with regard to the therapies that are most commonly used by pharmacy customers.

Author: Alwyn Hugo, Lynette Van der Merwe, GJ van Zyl, A St Clair Gibson, L du Toit, D du Plessis

Abstract Title: Do academic indicators including NBT-scores predict success in the first year of an MChB programme?

Abstract:
Introduction and aim: Selection for medical studies at the University of the Free State (UFS) School of Medicine is done based on academic and non-academic performance. Students who do not successfully complete the first semester of the MChB programme are placed in a Learning Development Programme (LDP). Students re-enter the MChB programme provided they meet the academic requirements of the LDP successfully. Academic indicators may predict success at medical school but other factors also impact student throughput and the aim of this study is to examine the link between academic performance indicators and success in Semester 1 of the MChB programme. Methodology: A descriptive study design was followed. The NBT and NKP scores of first year MChB students from 2011 to 2015 were ranked according to students’ position in the class group. Results: Seventy eight students out of a total of 226 were included in the study. Students who passed less than 40% for their aggregate mark, were excluded. NKP scores for 2011 were 31 - 90.66%. Only 11.5% of students in the LDP had NBT scores < 60%. NKP scores were 46 - 97. Only 15.4% of students in the LDP had NKP scores < 70. Conclusion: Academic performance reflected by NBT and NKP (selection scores) are not predictors of academic success. Further investigation is necessary to identify factors contributing to MChB 1 students’ poor academic performance.
Abstract:
Introduction and purpose: Lecturers in Health Sciences Education must model the ethical, caring and reflexive behaviour required from students (Leibovitz et al., 2010), displaying authenticity (Barnett, 2008). Attention should be paid to the emotional and cognitive aspects of learning affecting both students’ and lecturers’ motivation to achieve educational outcomes. Lecturers, is expected to equip their demanding and complex role in 21st century higher education. This paper reports on the findings regarding core attributes lecturers should display to address the educational needs of current undergraduate students who belong to Generation Y (born 1981 – 2000). Method: As the sequential explanatory phase of this study using mixed methods research design, a focus group interview was used to expand on the findings from questionnaire surveys. Purposive sampling identified ten participants based on their educational expertise in the Faculty of Health Sciences. Content analysis was done by means of the consolidated criteria for reporting qualitative research (Tong et al., 2007). Data from the final transcript (audio recording and contextual field notes) were coded, and major themes identified based on key concepts, thematic categories and codes used in qualitative data analysis of open questions in the questionnaire survey. Ethics approval was obtained (ETOVS 205/09). Results: The qualities of the lecturer are vital aspects to the educational approach for Generation Y students in health sciences. Distinct personality characteristics and expertise emerged as major themes including; communication skills; role-modelling; mentoring; feedback; a positive attitude and reflective professional practice. The lecturer should also display both content knowledge and teaching skill, based on the practical implementation of pedagogical theory. Conclusion: The significance of the lecturer-student relationship was underlined by the participants’ highlighting the lecturer’s personal qualities and teaching expertise. Successful teaching and learning for the unique needs of 21st century health sciences students is enhanced by the lecturer’s core attributes and attitude.

Authors: Helene-Mari van der Westhuizen, Angela Dramowski

Abstract Title: When students become patients: TB disease among medical undergraduates in Cape Town, South Africa

Abstract:
Background: Medical students in TB-endemic settings are at increased risk for latent or active TB disease as well as TB transmission to their community population. Methods: Medical students and recent medical graduates who developed TB disease during their undergraduate studies (2010 – 2015) were eligible to complete a self-administered online questionnaire. The survey was digitally distributed to 3500 students, with 12 students self-reporting TB disease during undergraduate training. Four semi-structured interviews were conducted and analysed using a framework approach. Ethical clearance and institutional permission were obtained from the universities (Ref: S15/02/025; 331/2015). Results: Twelve students (ten female) reported a diagnosis of TB disease as undergraduates. Disease spectrum included pulmonary TB (6), pleural TB (3), TB lymphadenitis (2) and TB spine (1). Two students had drug-resistant (DR-TB) disease. All participants described delays in diagnosis due to diagnostic delay post-consultation; limited initial standard investigations (bronchoscopy, pleural fluid aspiration and tissue biopsy). Substantial healthcare costs were incurred (up to R25500 for drug-sensitive TB, R14000 for DR-TB); few students had comprehensive medical aid cover. Students struggled to obtain TB treatment, incurring large transport costs and missed academic time. Students with DR-TB interrupted their studies and experienced severe side effects (hepatotoxicity, depression and permanent ototoxicity). Most participants cited poor TB infection control (TB-IC) at the training hospitals as a major risk factor. Occupational TB and felt vulnerable upon return. Participants reported their experiences increased their empathy with patients. They faced stigma from peers and healthcare workers and received limited institutional support. Conclusions: Undergraduate medical students in Cape Town are at high risk of occupationally-acquired TB disease. Each medical training institution urgently needs a TB prevention policy and comprehensive institutional support for students who develop TB disease, including free screening, diagnostic services and treatment.

Author: Darelle van Greunen

Abstract Title: Mobile Technology re-invent Healthcare Education on the African Continent

Abstract:
The mobile phone combined with the Internet is changing that in ways that we can only begin to appreciate. In Africa there is a need for thousands of public health officials to have a deeper understanding of priorities, successes, problems and lessons learned in the field of public health. For the purpose of public health data collection and analysis and reporting, we aim to change that by using mobiles as the computers they truly are. This will allow for mobile data collection, wireless data transfer, immediate analysis and reporting. Improving patient care, health systems and the health of populations is the key to better societies and advancing as a human race. I believe that through Innovation, Collaboration and Technology, we can overcome the significant healthcare challenges in Africa. Health workers are the most important agents in the public healthcare system. By empowering them through information access and support, we will ultimately assist to have people live a long and healthy life. On the African continent, we set out to push the limits of mobile technology to deliver a high quality, yet lower-cost, intelligent and affordable solution that can be used by all levels of healthcare professionals. Using mobile technology, we aim to proactively reduce the gap and delay between education, diagnosis and intervention. In this talk, I will highlight some of the existing innovations in use in Africa and focus the attention on what we have done as Africans, for Africa in Africa.

Authors: Susan van Schalkwyk, Julia Blitz, Hoffie Conradie, Therese Fish, Norma Kok, Ben van Heerden

Abstract Title: An evidence-based framework for clinical training on a rural platform: the outcome of a five-year longitudinal mixed methods study

Abstract:
Creating opportunities for medical students’ training in rural settings is now core curriculum in many countries. Establishing such sites in low and middle income countries (LMIC) has not been well-documented. In 2011, a South African medical school became the first in the country to send final year students for an entire year to a rural clinical school (RCS). A longitudinal study sought to investigate the first five years of implementation. We conducted approximately 200 interviews; 17 focus groups (n=113); and 5 surveys (n=341); with students, graduates, clinician educators, community role-players, and patients. Qualitative data were coded and cross-sectional analysis of each cohort’s examination results was conducted. Students described enhanced clinical skills and a deeper awareness of community health needs. Clinician educators highlighted the influence students had on their practice, while patients valued the care received from the students who don’t rush. Graduates reaffirmed their appreciation for their field experience, while supervisors emphasised the need for junior doctors confident in their clinical skills. The analyses of student results confirmed that students who attend the RCS are not disadvantaged academically. These findings form the basis of a framework for implementing long-term rural based initiatives including; providing students’ practical learning experience, enhancing supervision, and attention to the ethical, caring and reflexive behaviour required from students (Leibovitz et al., 2010), displaying authenticity (Barnett, 2008). Attention should be paid to the emotional, cognitive and social aspects of learning affecting both students’ and lecturers’ motivation to achieve educational outcomes. Lecturers, is expected to equip their demanding and complex role in 21st century higher education. This paper reports on the findings regarding core attributes lecturers should display to address the educational needs of current undergraduate students who belong to Generation Y (born 1981 – 2000). Method: As the sequential explanatory phase of this study using mixed methods research design, a focus group interview was used to expand on the findings from questionnaire surveys. Purposive sampling identified ten participants based on their educational expertise in the Faculty of Health Sciences. Content analysis was done by means of the consolidated criteria for reporting qualitative research (Tong et al., 2007). Data from the final transcript (audio recording and contextual field notes) were coded, and major themes identified based on key concepts, thematic categories and codes used in qualitative data analysis of open questions in the questionnaire survey. Ethics approval was obtained (ETOVS 205/09). Results: The qualities of the lecturer are vital aspects to the educational approach for Generation Y students in health sciences. Distinct personality characteristics and expertise emerged as major themes including; communication skills; role-modelling; mentoring; feedback; a positive attitude and reflective professional practice. The lecturer should also display both content knowledge and teaching skill, based on the practical implementation of pedagogical theory. Conclusion: The significance of the lecturer-student relationship was underlined by the participants’ highlighting the lecturer’s personal qualities and teaching expertise. Successful teaching and learning for the unique needs of 21st century health sciences students is enhanced by the lecturer’s core attributes and attitude.

Authors: Cheryl Walter, Ivan Müller, Peiling Yap, Harald Seelig, Markus Gerber, Peter Steinmann, Uwe Pühse, Rosa du Randt, Jürg Utzinger

Abstract Title: Soil-transmitted helminth and children’s cardio-respiratory fitness in disadvantaged schools – the DASH study, Port Elizabeth, South Africa

Abstract:
Purpose: As traditional lifestyle and diet change in the context of socioeconomic hardships, countries often face a double burden of communicable and non-communicable diseases while health systems weaken. A longitudinal study in disadvantaged primary schools in Port Elizabeth, among approximately a thousand children aged 9-12, aimed to assess this burden and its effect on physical fitness. This paper reports specifically on the baseline prevalence of soil-transmitted helminth (STH) and its correlation with the cardio-respiratory physical fitness of children. Methods: Cardio-respiratory fitness was measured with the 20m shuttle run test, the result of which were converted into VO2 max estimates, the maximum volume of oxygen that can be utilized within 1 min during exercise. Subsequent studies were conducted on each participant following a different Kato-Katz method to determine the prevalence of various intestinal parasites. Results/findings: Baseline measurements showed 3 schools with high STH prevalence: (i) Ascaris lumbricoides infections at school A 72% (n=71), at school B 60% (n=112) and at school C 28% (n=48); and (ii) Trichuris trichiura infections at school A 65% (n=121) and at school B 65% (n=64). Mean VO2 max estimates [mlkg-1·min-1] for the whole study population were: 50.8 for boys (n=441) and 47.3 for girls (n=431), whereas, in comparison to parasitological status, boys and girls with a double parasitic infection (n=125) were 50.1 and 47.1, respectively, and non-infected boys and girls (n=248) were 51.7 and 47.3, respectively. Conclusion: There is a low positive correlation between the maximal oxygen uptake (VO2 max) and the number of infections in young boys. Biannual mass deworming against STH, according to international treatment guidelines, is recommended at project schools with a high prevalence of STH. Amongst other benefits this may improve the cardio-respiratory fitness of children.
**Authors:** Margaret Williams, Esmeralda Ricks  
**Abstract Title:** Experiential learning on board The Phelophepa Health Care train: Nursing Students’ reflections

**Abstract:**

**Background:** The Transnet-Phelophepa Healthcare Train was established to reach rural communities in South Africa who have limited access to healthcare services. Services provided include optometry, dentistry, psychology, pharmacy and primary health care (PHC) services. Outreach services are also provided and include visits to rural schools, prisons, early childhood development centres and older person’s facilities in order to promote health. Future professional healthcare providers oversee the functioning of the train as well as providing a platform for experiential training of nursing students in a unique, culturally diverse setting. The student nurses work closely with the permanent staff to diagnose and treat patients and carry out health screening.

**Purpose:** The purpose of this study was to report on the experiential learning experiences of nursing students at Nelson Mandela Metropolitan University who worked on board the Phelophepa train in 2016. Method: A mixed methods study was done using a Logic Model approach. For quantitative data participants provided written feedback on their journey. Document analysis was performed on the scientific reports that were handed in 3 weeks after working on Phelophepa. Students were requested to answer the question: Please reflect on your positive and negative experiences while working on the Phelophepa health train.

**Findings:** Students enjoyed the opportunity to put theory into practice and gain real-life experience while working in a busy clinical environment. They were hands-on, trusted to make decisions and expected to work as part of the team.

**Conclusion:** The train is the epitome of an ideal clinic according to the students.

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**Authors:** Sindisiwe James, Margaret Williams, Thandi Rose-mary Ngwanyo  
**Abstract Title:** Facilitated empowerment of midwives to enhance utilization of antenatal care services by pregnant women in the Mnquma sub-district in the Eastern Cape Province

**Abstract:**

**Background:** Antenatal care is essential care that assists in maintaining a state of good health for the woman and her unborn baby. Globally, the use of antenatal care services remains a challenge and this challenge is closely associated with maternal and neonatal mortalities and morbidities. South Africa has adopted a free service policy for pregnant women, their infants and for children up to the age of six. Despite this policy, the problem of limited utilisation of antenatal care services by pregnant women is still observed and is associated with increased maternal and neonatal mortalities and morbidities.

**Purpose:** To explore and describe the reasons for limited utilisation of antenatal care services in the Mnquma sub-district and to develop guidelines to assist the midwives to encourage the use of antenatal care services.

**Method:** The study was conducted in Mnquma sub-district using a qualitative, exploratory, descriptive and contextual research design. The research population were one-on-one audio-taped semi-structured interviews were conducted and field notes were kept to justify the themes identified. Thirteen interviews were conducted and transcribed verbatim. Collected data was analysed using Tesch’s data analysis method. Trustworthiness was maintained through the standards of truth value, credibility, transferability, dependability and conformability. The ethical considerations of beneficence, justice, autonomy, non-maleficence and veracity were maintained.

**Findings:** The participants raised various concerns with regard to barriers influencing limited utilisation of antenatal care services. The participants had limited knowledge of antenatal care services. Furthermore, participants recommended some solutions to enhance utilisation of antenatal care services. Recommendations were made with regard to clinical practice, nursing education and nursing research. Guidelines were formulated to assist midwives to enhance the utilization of antenatal care service by pregnant women in the Mnquma sub-district in the Eastern Cape.

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**Authors:** Anna-Marie Wium, Gerda Botha, Hanlie Pitout, Ina Treadwell, Yolanda Uys  
**Abstract Title:** Educating Educators: Reflections on a short programme for the Faculty of Health Sciences

**Abstract:**

**Background:** Many health educators appointed at an Institution of Higher Education and nursing programs are challenged with maternal and neonatal mortalities and morbidities. South Africa has adopted a free service policy for pregnant women, their infants and for children up to the age of six. Despite this policy, the problem of limited utilisation of antenatal care services by pregnant women is still observed and is associated with increased maternal and neonatal mortalities and morbidities.

**Objectives:** To determine whether the course satisfied the needs of the stakeholders. Future professional healthcare providers oversee the functioning of the train as well as providing a platform for experiential training of nursing students in a unique, culturally diverse setting. The student nurses work closely with the permanent staff to diagnose and treat patients and carry out health screening.

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**Findings:** Students enjoyed the opportunity to put theory into practice and gain real-life experience while working in a busy clinical environment. They were hands-on, trusted to make decisions and expected to work as part of the team.

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**Authors:** Anna-Marie Wium, Gerda Botha, Hanlie Pitout, Ina Treadwell, Yolanda Uys  
**Abstract Title:** Educating Educators: Reflections on a short programme for the Faculty of Health Sciences

**Abstract:**

**Background:** Many health educators appointed at an Institution of Higher Education are knowledgeable about their disciplinary fields but have limited knowledge about the world of teaching and learning in Higher Education. The Sefako Makgatho Health Sciences University decided to offer a customised course to address the needs of the Faculty of Health Sciences. Programme Evaluation was conducted to evaluate the course and to determine whether the course satisfied the needs of the stakeholders.

**Method:** A mixed methods study was done using a Logic Model approach. For quantitative data participants provided written feedback at the end of each training session and submitted their portfolio of qualitative data. The faculty had an understanding of the role of the clinician and the role of the educator. A set of evidence-based guidelines was formulated.

**Conclusion:** This tailor-made course met the needs of the institution and provided a valuable opportunity for professional development for educators and participants. The course contributed to capacity building that improved the quality of education at the institution and opened new areas for networking. Valuable feedback and suggestions were obtained for developing the guidelines for future programmes.
countability within undergraduate curricular activities requires a way of working that is essential to develop these qualities. The literature now evi-
dences the diversity and range of opportunities that are being included within programmes, many of which come from sub-Saharan Africa and the TUFH collaboration. What is also emerging within the literature is a shift from community-based education where learners spend time within communi-
ties to learn about the real-world health care issues, to community engaged learning, working with communities to address locally determined needs. Evidencing the impact of such activities is an important part of our social accountabil-
ity; not only our learners (current students and graduates) but also those to who we have financial and educational accountability (the University, profession-
al bodies and funders) and ultimately to those who will benefit (the health service and patients). These impacts can be measured not only in terms of gradu-
ate outcomes, but also in terms of community and health services outcomes. This symposium will explore and bring together best practice and ideas from the global health science education network and how these evidence impact on our graduates, and the communities and organisations we serve, either in the fu-
ture or currently during their Social Accountability encounters during training.

Authors: Stefanus Snyman, Kitty Uys, Marius Hedimbi, Firdouza Waggie
Abstract Title: Africa Interprofessional Education and Collaborative Practice Net-
work (AIFn): New kid on the block

Abstract: The Africa Interprofessional Education and Collaborative Practice Network (AIFn) was established at TUFH/SAHEA in 2015 after a process of consulting widely with various stakeholders on the continent and around the globe. AIFn’s vision, in strong alignment with the Regional Education Network in Africa, is to establish an Interpro-
fessional Education and Collaborative Practice (IPECP) (1) in health profes-
sions education and (2) in the effective functioning of systems for health. Over the past year a lot was done by the Network Facilitation Team behind the scenes. Two days prior to the SAHEA conference in Port Elizabeth, members will meet to plans how to take AfIN forward by promoting and advocacy for IPECP as a catalyst for (1) transformative learning, (2) collaborative cur-
riculum development, and of (3) efficient person-centred systems for health. During this symposium the AFN leadership will report back on the activities of the past year, share our proposed plans and engage with participants to refine our suggestions for the road ahead.

Authors: Ruth Stewart, Louise Stroud, Carla McIntosh
Abstract Title: Partnering For Health: Transforming Health Sciences Education to Support Equity in Health

Abstract: Health sciences education must undergo significant changes to be relevant to the institutions served by South Africa’s public and private healthcare systems. This transformation is aligned with a global consensus on re-thinking health sciences education to prioritise: promotion of social accountability; interpro-
fessional learning; transformative role for healthcare professionals, and social relevance. This project, Partnering for Health, forms part of the MMMU Faculty of Health Sciences’ Health Sciences Education to Support Equity in Health. This report provides feedback on Phase 1, the goal of which was to create a blueprint for community engagement and education on a de-
centralised learning hub (DLH). Some of the activities of the project team have included: stakeholder analysis, comprehensive community profile, review of faculty engagement activities, database of community based organisations, and design of a simulation learning hub. The decentralised learning hub is a core feature of transformed learning for faculty students, it is informed by the work of Stellenbosch University SUCCEED project, and aligned with faculty curriculum transformation, based on the pedagogies of interpro-
fessional education (IPE) and community oriented primary care (COPC).

Authors: Samantha Khan-Gillmore, Marjie Versteeg-Mojanaga, Steve Reid
Abstract Title: Developing a Public Scorecard on Faculties of Health Sciences’ Strat-
egies, Outcomes and Good Practices in producing sufficient and advocacy-compe-
tent health care professionals for rural and underserved populations

Abstract: Introduction: Moving forward from the sound pioneering work by the Collab-
oration of Health Equity through Education and Research (CHEER), the Rural

Health Advocacy Project (RHAP) is advocating for transformative health profes-
sionals education that would ensure that disadvantaged rural people have access to quality health care provided by sufficient, and adequately qualified healthcare professionals. CHEER has spear-headed the process through critical peer reviews in eight universities over a period of 6 years. RHAP will now take this a step further by the development and imple-
mentation of a public scorecard which will be released annually, tracking pro-
gress over time by the Faculties of Health Sciences on an agreed set of indicators.

Problem statement: The World Health Organization (WHO) has identified social accountabil-
dation and that this needs to be inculcated into the curriculum design and practice of health sciences education. The World Health Organization de-

defined social accountability as it relates to medical schools as the ‘the ob-
ligation to direct their education, research and service activities towards

addressing the priority health concerns of the community’...they have a mandate to serve’. This definition is not relevant to medical schools only, but applies to all professional degrees and qualifications in health sciences. The current status quo is that the majority of graduates end up work-
ing in the private sector; abroad; or public urban sector; while the great-
est health needs are often in the impoverished rural parts of the country. Transformative health education would include re-working elements of the curricula and selection practices that would contribute to graduates choosing to practice in rural or underserved areas. Some health sciences faculties have started innovative work in this field. Much remains to be done and this symposium provides an opportunity to consider a process and track progress over time. Methodology: At this seminar, the RHAP and CHEER partners will give a summary of work done to date, and will present a draft public scorecard for input. The Public Scorecard will outline proposed priority indicators of transformation at differ-
ent Health Sciences Faculties, such as admission criteria; mentoring and sup-
port programmes to promote rural health science students as a retention strategy; curriculum change to include advocacy competencies and rural exposure and tracking of graduates. In this way, transformation and medical social accountabil-
ity in health science faculties will be measured systematically over a period of time and shared publicly, to ensure that universities produce increasing num-
bers of graduates that serve the country’s rural and under-served health needs.

WORKSHOPS

Author: Rod Campbell
Abstract Title: Using Laerdal Theme Editor to programme manual mode scenarios for Laerdal SimPad-based simulators

Abstract: The Laerdal SimPad system is available to many health educators using Laer-
dal manikins for simulation-based learning in South Africa. The SimPad sys-
tem is obtained through the ability of educators to pre-program scenarios so that minimum time during the event is used to focus on the SimPad and the changes necessary during the event. Pre-programmed scenarios enable better standardisation of events and less manual changes before the start of the sim-
ulation and during the event. The SimPad system can be used for a number of purposes, task trainers and when used in conjunction with a patient monitor, can be incorporated in hybrid simulation with standardised patients. The objective of interactive this workshop is as follows: By the end of the work-
shop, the participant will be able to programme a manual-mode scenario for Laer-
dal SimPad using the Laerdal Theme Editor program. Max 20 participants. Par-
ticipants to bring (fully charged) laptops, preloaded with Theme Editor http://
www.laerdal.com/themeeditor/. Instructions for download will be provided to participants before the conference.

Overview of SimPad function
Overview of Theme Editor
Managing Theme Editor Files
Creating, saving, editing and deleting FAVORITES
Creating, saving, editing and deleting EVENTS
Refreshment Break
Creating, saving, editing and deleting STATES
Programming and testing a mock scenario
What’s next

Authors: Francois Cilliers, Theresa Burgess
Abstract Title: Ethical educational research: What are the issues actually?

Abstract: Objectives: Rapidly changing and expanding health professions education is leading to a growing need for educational research. This is placing demands on researchers and research ethics committees who are both typically trained in health research ethics. Obtaining research ethics approval for research involving standard educational practice is frequently viewed as a ‘stumbling block’ that inhibits research, particularly if the educational practice is thought to pose min-
imal harm to student/staff participants. However, there are numerous potential ethical issues associated with educational research, including undue induce-
ment, limited autonomy, risks to privacy/confidentiality, unintended or third party harms, possible stigmatisation, and potential educational misconception. The objectives of this workshop are to highlight ethical issues associated with educational research and how these issues can be addressed in educational research proposals. Participants should leave this workshop with a framework to help them to identify and address ethical issues in their educational research and writing. Methods: In this high engagement workshop, experien-
tial learning will be supplemented by brief inputs from experts. Participants will draw their own experience with educational research to identify issues to grapple with. Case studies will also be used to highlight and subsequently rein-

force ethical issues in educational research, with guidance about issues from an ethical and an educational researcher, both of whom are also clinicians working in health professions education.

Agenda:
Welcome and introductions (15m)
Dyad interviews & group discussion (30m)
Case discussion (groups) (25m)
Plenary discussion (20m)
Overview of ethical issues (30m)
Refreshment break (15m)
Case discussions (rainbow) (30m)
Plenary discussion (15m)
Case discussions - participant cases (40m)
Plenary discussion (15m)
Feedback and wrap-up

Intended audience
University staff and students who undertake or want to publish educational research and evaluation.
Ethics committee members in faculties of health sciences who are involved in evaluating educational research proposals.
Postgraduate supervisors of educational research projects.

Authors: Richard Cooke, Pumela Tabata
Abstract Title: Before a New Medical School: Towards an Inter-Professional Curriculum Transformation at the NMMU FHS

Abstract:
Background: A curriculum transformation project at NMMU FHS, entitled Transformation of Health Sciences Education in Support of Equity in Health is currently underway. Between mid-July to mid-September 2016, 1st year students will volunteer to participate in a pilot, towards introduction of a common inter-professional module for 1st year FHS students from the beginning of 2018. The literature suggests there are benefits to different students learning with, from and about each other in a more decentralized, community-engaged setting. How might this be achieved in the NMMU FHS context? Aim: To assess the success of a pilot common 1st year module aimed at achieving inter-professional learning outcomes on a decentralized community-engaged training platform at the NMMU FHS, from the perspective of the participating students.
Methodology: Students will volunteer for participation in the pilot. Through completion of a semi-structured questionnaire, and/or participating in focus groups, the students will be asked about their experiences as negative and positive for their participation in the pilot. The study will engage with students both pre and post-participation in the pilot.
Results: 1. Change in the students’ understanding of the role and practice of other health science professionals (ABOUT). 2. Change in the teamwork (observed) a multi-disciplinary student group (WITH). 3. Change in the willingness to learn from each other (FROM) 4. Likes/dislikes during the pilot, as experienced by students regarding: purpose – structure – communication – timetable – pedagogies – deliverables

-usefulness of learning management system

Authors: Abigail Dreyer, Niri Naidoo, Lakshini McNamee, Angelika Reinbrech-Schütte, Corne Postma, Lianne Keiffer
Abstract Title: The Moving from a Really Good Idea to Creating an Education Research

Abstract:
This workshop is aimed at the clinicians, academics or students who want to design an educational project that will be publishable. This is a highly interactive workshop with brief presentations on designing an educational project, interspersed with small group work focusing on identifying key questions for educational projects. Participants will also have tasks so that they will be able to identify opportunities for educational projects in their setting and the critical aspects for designing an educational project. Templates and tools will be used so that participants can follow the steps for designing and implementing an educational project. At the end each participant will leave with a draft outline of an educational research project and the confidence to embark on researching their educational practice. Goals: At the end of the workshop the participants will be able to:

- Identify opportunities for educational projects in their setting
- Identify key aspects for designing an educational project
- Understand the steps for designing and implementing an educational project
- Have a draft outline of an educational project

Description of the methods: This will be an interactive workshop with brief presentations on designing an educational project, interspersed with small group work focusing on identifying key questions for educational projects. Participants will also have key tasks that will ensure that they leave with a draft outline of an educational research project. A brief agenda for the workshop:

The workshop will start with a mini-lecture on the scholarship of education and the role of educational projects. Participants will then engage in an exercise to identify research questions for an educational project. A short discussion on methods to answer the research question and will be followed by small group work on clues to possible challenges or pitfalls or ways to make the project feasible. The workshop will conclude with document that has given the participants the opportunity to have a draft outline of a project.

Authors: Portia Jordan, Esmerelda Ricks, Wilma Ten Ham-Baloyi
Abstract Title: Evidence based practices for healthcare professionals

Abstract:
Evidence-based practice is the use of the best scientific evidence integrated with clinical experience and incorporating patient values and preferences, in the practice of professional patient care. Evidence-based practice is practice that is underpinned by the best available evidence. The emergence of evidence-based practice has been rapid and dynamic over the last two decades and has been adopted into most health fields, including primary care, surgery, dentistry, mental health, physiotherapy and medicine – to name a few. Health-care professionals operate in an era of accountability where quality issues, patient safety, and cost concerns are primary drivers of patient care processes. Using evidence to guide practice streamlines patient care, eliminates practices that are unnecessary, helps to reduce cost, variations in care, and aids in the standardisation of care. Evidence based practices can help healthcare professionals avoid making errors in decision making relative to patient care. The aim of this workshop is to introduce healthcare professionals to the concepts related to evidence-based practice. A staged approach will be used to assist healthcare professionals in the application of evidence-based practice to daily practices and clinical decision-making. On completion of the workshop the participants will be able to: identify and formulate a clinical question in response to a recognised problem; search for the most appropriate evidence; critically appraise the evidence; extract the evidence; synthesise and present the evidence. Participants will be guided through the process of how to apply the evidence-based approach to answering questions related to clinical practice, research issues and education. The difference between a scoping, narrative, integrative and systematic review will be illustrated. The advances in health and social care research has resulted in a huge amount of readily available information. Therefore, participants will be given the opportunity to explore the steps of a structured literature search for the evidence required.

Authors: Eunice Seekoe, Champaklal Jinabhai, Stephen Hendricks
Abstract Title: Contributions to transforming public health through the National Health Insurance: A health policy seminar

Abstract:
Health policy at a global level is widely discussed by dominant topics that focus on the need for health systems to achieve Universal Health Coverage (UHC). Universal health coverage rests on 2 main concepts of providing financial protection brought about by the cost of healthcare as well as making sure that PUBLIC health services are available and accessible to all. The government of South Africa is currently in the process of designing, developing and experimenting with the National Health Insurance (NHI) program to ensure that all citizens have access to appropriate, efficient, and quality health services regardless of their socio-economic status. This will entail major changes in the current service delivery, service delivery structures, administrative and management information systems. In 2011, eleven districts were selected as pilot sites to test different approaches to NHI design and implementation – in theory maybe – in practice the interventions are mostly in reengineering Primary Health Care (PHC) and strengthening of Public Health Centres (PHC) within the current service delivery model. The NHI Policy is supported by the Re-Engineering PHC policy and the National Core Standards (NCS) from the Office of Health Standards (OHSC). The Policy Seminar will consider the NHI framework both in terms of promoting and implementing Comprehensive PHC to provide Quality health care. What will be the contribution of the NHI in transforming South African Health policy? The aim of the seminar is to create an opportunity for health leaders, educators and professionals to engage in discussions regarding the role NHI may play in transforming health policy and its implementation. The target group for the seminar will be health leaders, officials, educators and professionals in South Africa. Experts in health sciences education will engage participants in a policy seminar through different topics regarding the NHI. Recommendations from this seminar will be used to advice health policy makers including contribution to curriculum development and modification for health leadership education.

Author: Irene Lubbe
Abstract Title: Teaching with Technology

Abstract:
Educators passionate about teaching constantly aim to enhance their teaching skills to create a stimulating learning environment for their students. They introduce new techniques into the didactic sphere. With all the Web 2.0 tools available, lecturers have an array of possibilities to choose from. This workshop will introduce the "not so tech-savvy" lecturer to a variety of tools and techniques to enhance their teaching / facilitation and engage their students. Participant will use their own devices (laptops with Internet connection) to explore the mostly OER (open educational resources) available.

28
This workshop will be highly interactive and participants only need basic computer skills to be able to participate.

Authors: Xavier Millar, Lionel Green-Thompson

Abstract Title: From recall to reasoning: writing great multiple choice questions

Abstract: Multiple choice questions are an established method of assessment internationally. There is growing evidence that this type of assessment may contribute to deeper levels of learning. However, there is also evidence that poorly constructed questions may produce unreliable outcomes for students. This workshop uses a framework of training developed by the National Board of Examiners in the US to build the capacity of local examiners in the health sciences to enhance the quality of item writing. The structure of the workshop will be as follows:

- Introduction to general principles of assessment
- Techniques of developing one best answer questions
- Proposed techniques for quality assurance for items
- Writing of items by participants
- Review of items in large group: reflection on technical issues

Requirements:
- Power point projector facilities
- Participants to bring lap top computers
- If possible, participants bring a selection of questions used before

Limit of attendance: Will be limited by the organisers space constraints.

Author: Michael Rowe

Abstract Title: Workshop: Open online courses in health professions education

Abstract: Over the past decade, the concept of a course has been challenged, with educators asking where the value of a course lies. Is it in content they contain, the engagement with others, or the social spaces they create? As we see online social technologies increasingly being used in higher education, the concept of the course is being challenged even further, especially when the content is free and the engagement with others is happening in online social spaces. This disruptive innovation has the potential to significantly change how we think about higher education. Through the broader social connections, opportunities for collaboration, and exposure to many different perspectives, the learning environment is significantly altered and made increasingly complex, which may enhance the potential for learning. Open online courses, including those involving very large numbers of participants (MOOCs) have been identified as a potential mechanism by which access to high quality academic education can be expanded and new teaching pedagogies supported. However, while open courses have a range of benefits when integrated with classroom-based learning, they also carry risks. There is evidence to suggest that simply providing access to content and the online learning environment is not enough to ensure deep learning, and that educators need to be careful of making assumptions about how “openness” influences learning.

Authors: Scarpa Schoeman, Penny Keene

Abstract Title: The cohen method of standard setting - why and how

Abstract: Standard setting is an important contributor to quality assurance in assessment but some methods are not feasible in resource-constrained settings. The relatively new Cohen method is cost-effective as it uses high performing students (usually the 95th percentile) in the assessment to provide a benchmark of what score was possible to achieve in that particular assessment i.e. to provide a marker of difficulty. An absolute cut-score is then derived from this reference score to set the pass standard for the assessment. The method hinges on the stability of the top performing students between cohorts within a stable selection process, curriculum and assessment regime. This workshop is therefore intended for all educators who need a defensible and sustainable method to produce an absolute cut-score for a written test. In this highly interactive workshop, the Cohen method’s conception, methodology and application will be explained. The latest research on this method’s methodology and results. Tea Continuation of practical application Discussion with questions and answers

Authors: Margaret Williams, Nadine Rall, Ayanda Mlatsha, Karin Gerber, Mariana Spagadoros

Abstract Title: Planning and implementation of an objective structured clinical examination (OSCE) - a hands on approach

Abstract: The objective structured clinical examination (OSCEs) is a useful method to assess clinical competence, an important issue in clinical health education and is adaptable enough for use in medical, nursing and allied health professions. OSCEs have evolved over time into a valid and reliable way of assessing student competence, and to promote the mastery of clinical skills and decision-making in a controlled and safe learning environment. The greatest advantage of the OSCE is that it can be set up to integrate theory and practice in the form of small scenarios, simulations and case studies using standardized patients and simulators (mannequins/ task trainers). The planning and implementation of an OSCE requires the healthcare educator to have extensive experience, appropriate content knowledge and effective planning skills. Many faculty and healthcare professionals hesitate to engage in OSCE development and many practical questions remain unanswered. The authors of this workshop have a long experience of organizing OSCE examinations in the various disciplines of nursing and will share their experiences and basic challenges. The target audience is nursing, medical and allied healthcare professionals involved and/or interested in student assessment at pre-graduate and graduate level.

The objectives of this workshop are to:
- Describe and discuss the planning of an OSCE examination
- Describe the advantages and disadvantages of using OSCEs in simulation based stations
- Have a hands-on experience of implementing the practical steps required to construct an OSCE station
- Develop scoring instruments that may be used with simulations in an OSCE setting

The workshop format is intended to be interactive and will include the development of scoring instruments (checklists and rating scales) for use in the assessments. Participants will plan and run a small scale mock OSCE during this interactive session which will provide practical hands-on experience.

Main outcomes: During this course participants will have an opportunity to discuss the research basis that supports this approach to teaching. In addition, participants will learn about a range of services and platforms that are appropriate for running their own courses in this format.

POSTERS

Authors: Hiba Ahmed, Liz Wolveaardt

Abstract Title: The effect of introducing peer-facilitated Problem-Based-Learning as an additional tool in the traditional Anatomy courses for second-year medical students at the University of Khartoum

Abstract: Background: Problem-Based Learning (PBL) is an active learning method that enhances contextual, collaborative, and self-directed learning. This project utilized Peer-facilitated-PBL to supplement the traditional teaching of Anatomy at the Faculty of Medicine, University of Khartoum, to aid students’ acquisition of basic anatomical knowledge and its clinical application. Aim: This study measured the academic effect and students’ perceptions of a peer-facilitated PBL as an additional tool of instruction in traditional Anatomy courses. Methods: A quantitative, one-group, pre and post quasi-experimental study was conducted over a semester period. Second-year students (n=112) were recruited from a cohort of 365 students via stratified random sampling (based on academic grade categories and gender). Participants were randomly allocated into groups of eight students each. The intervention was implemented for seven weeks during the first semester of the second year (semester 3) with two PBL sessions weekly, covering one problem per week. Data collection utilized questionnaires to explore students’ perceptions. End-of-semester’s scores (semester2/semester3) were compared using paired-sample analysis. Results: Analysis of the initial questionnaire (n=103) showed that students demonstrated adequate study time for Anatomy (50% studied > 6 hrs/wk) and consulted a variety of resources (63%). The quality of the group work and academic support were considered deficient. Responses to peer-facilitated PBL (n=82) were positive. Participants experienced better group work, plus easier, more enjoyable learning. No negative aspects of PBL were reported. Scores comparison for participants who attended all sessions (n=46) revealed a significant 3.6 points increase (a 5.8% rise) in the mean score following PBL (p=0.003). Take home message: Peer-facilitated PBL is a positive contributor to the effectiveness of instruction and learning in Anatomy in a low-resource setting.
The evidence suggests that PBL could be used to great effect in other departmental activities. It is recommended to use the method to supplement all traditional Basic Sciences instruction.

Authors: Nazlie Beckett, Rhena Delport

Abstract: Family Medicine rural rotations, and intention to practice in a rural setting after graduation.

Abstract: Background: The Division of Family Medicine started a voluntary 4 week rural rotation in 2011. Challenges were encountered which threatened sustainability of the program. A compulsory 1 week rural rotation was therefore implemented. The rationale for establishing a sustainable rural learning environment was to further rural medicine as a career. Objective: To explore the expectations and experiences of final year UCT medical students regarding the rural rotation, with the aim of optimizing the learning experience, and identifying factors that influences intention to become rural practitioners.

Methods: A qualitative study design was used. Focus group discussions were conducted prior to (n=31) and after (n=28) rural rotations and themes were identified from the transcribed and coded data to explore the student's expectations, experiences and intention to become rural practitioners. Results: The majority (n=21) of the students were females and came from the Western Cape (n=16). Participants' age ranged from 22 to 27 years. Student expectations related to the content of the rural program, clinical exposure and perceived language barriers. Positive experiences related to good mentorship by supervisors. The majority (75%) found the experience useful and rewarding, ascribing this to confidence gained with independent performance of procedures and improved preparedness for internship. Negative experiences included lack of clinical exposure and poor time allocation of activities. Intention to become rural practitioners was expressed by 67% of the students, and was ascribed to effective teamwork (42%), making a difference (21%), safe working environment (11%), autonomous practice (11%), continuity of care (10%), and manageable doctor-patient ratios (5%). Reasons for not returning included family commitments and intention to specialize. Conclusion and take home message: Exposure to rural medicine in the undergraduate curriculum may increase the number of rural practitioners.

Authors: Ina Treadwell, Olaf Ahlers, Gerda Botha

Abstract: Alignment of a curriculum: Lecturers' perspectives on the usability and value of web-based curriculum mapping.

Abstract: Background: A challenge in curriculum development/review is to ensure objectives for knowledge, skills and attitudes are clear and aligned with intended outcomes/competencies, assessment, and lectures/ modules /courses. Web-based curriculum mapping ensures the alignment of these elements in a transparent way which is essential for quality assurance. SMU is the first South African university to embark on the mapping of their curricula online. A platform for electronic curriculum mapping known as Learning Opportunities, Objectives and Outcomes Platform (LOOOP) was acquired and adapted through collaboration with its developers at the Charité Medical University of Berlin, Germany. Three undergraduate programmes (medicine, dentistry and nursing) are currently being mapped within this platform. Groups of lecturers from relevant departments were trained in populating LOOOP with the sections of the curriculum for which they are responsible. Purpose: Since the input of lecturers will impact on the effectiveness and sustainability of LOOOP, it was important to explore their perspectives on the usability and value of LOOOP. Methods: The research design was explorative and descriptive with a quantitative approach embedded in a survey as methodology. The population comprised the lecturers (N=175) who received training and assistance and the convenience sample those who consented to the ethics approved study and responded to a tested self-constructed questionnaire. The content validity of the questionnaire was assured by basing the questions on the literature and having the three researchers validate the appropriateness of the items. The trainer remained the same researcher in order to enhance consistency and reduce bias. Data were collected by the trainer or completion of tranings. Results, discussion and conclusion: The research will be completed in April 2016. Percentages of the respondents' responses to questions and statements on a 4-point Likert scale will be calculated. A discussion of the results and conclusions will be presented at SAAHE 2016.

Author: Hesta Friedrich-Nel

Abstract: Mirror-mirror on the wall, is IPE the fairest of them all?

Abstract: Interverprofessional education (IPE) is an innovative teaching and learning practice to encourage health and social care professionals to collaborate with each other and to learn from each other. One of the aims of IPE is to collaboratively address the quality of care and improve patient outcomes. At the University of the Free State, Faculty of Health Sciences IPE sessions were scheduled with the fourth year students in the faculty from February to March 2016. The purpose of these sessions was to prepare the students for their community based sessions. The facilitators were prepared for the group sessions with the students during an orientation session. This was in addition to the brief orientation session before each group session with the students commenced. Students engaged in structured group activities over four weeks, with one afternoon session per week. To enhance the learning experience, standardised patients were used. Each session concluded with a student and a facilitator debriefing session. During the last session students were informed that they would be surveyed using a questionnaire. This presentation shares my experiences as a facilitator of the sessions and my exposure to the IPE learning environment. In addition I reflect on the preparations sessions, student learning, peer assessment, debriefing sessions as well as the personal lessons that I have learned in an attempt to answer the question: is IPE the fairest of them all?

Author: Chivaugn Gordon

Abstract: We think a doctor should be able to... Key stakeholder opinions on core competencies needed by doctors to address Intimate-Partner Violence

Abstract: Background: South Africa is facing a silent epidemic of intimate partner violence (IPV). When victims report, most enter the system through healthcare providers. However, medical training consistently produces graduates who are unable to detect and manage IPV. Objectives: The objective was to interview key informants from non-government organisations dealing with victims of abuse to determine what knowledge, attitudes and skills doctors should have in order to effectively help victims. Methods: Four semi-structured in-depth interviews were done with key informants at NGOs working with victims of abuse. Results: Knowledge of the ways in which abuse presents; the contents of the Domestic Violence Act of 1999; and the legal options available to victims were seen as important. Apart from a medical assessment, the major role of an initial consultation should be the empowerment of the victim; e.g. through acknowledgement and education. To achieve this, generic skills and attitudes such as empathic communication and neutrality were seen as important. Students should be taught that referral to specifically trained people is essential. Facilities/ doctors should have up-to-date lists of resources and pamphlets/ posters on IPV as a strategy for patient education and empowerment. Doctors should understand the bounds of their responsibilities. Respondents showed remarkable empathy for doctors themselves seen as victims of a dysfunctional health system, and consequently, the need to care for the self in order to care for others should be emphasised in teaching. Conclusion: Empowerment of victims (through knowledge and education) was seen as the main role of a clinician. To effect this, knowledge of the legal system and the development of generic skills and attitudes (e.g. empathy and communication) were seen as essential for graduates. The need for referral to appropriately trained colleagues should be emphasised. Self-care should be acknowledged as a critical aspect of caring for others.
Abstract: Introduction: Demand for technology use has become evident during the past 5-10 years. Engaging with technology driven professions using technological advanced devices from an early age is not surprising that similar demands in post-school education settings are increasing. Literacy testing at universities indicates entry-level students’ reading skills equal to grade 6-7, attributing this to technology and associated gaps in reading development. Poor attention span (< 10 seconds) and propensity for students not to read contributes to loss of teaching-learning opportunities. Traditional teaching methods seem to be failing in engaging generation-Y students in discussions. New approaches for effective teaching-learning should be developed, tested and implemented according to needs of students, course content and learning philosophy. Methods: Methods used in flipped classroom approach (Picciano’s model). To engage and test students’ learning experiences include the following: feedback and reflection; talk and chalk; multi-media; videos versus print; games. Multi-media learning approach can be defined as using a variety of technology/media integrated with face-to-face classroom activities. Results: Most students found completion of MCQs as preparation for class to be helpful. Post-test for participation in class discussions and not only be a spectator; learning experiences were enhanced by participating in group work; class activities and mini-games are a fun way of learning, and that e-guides with embedded games and material aided to properly prepare for class. YouTube or video material didn’t aid substantially in learning/knowledge transfer but when used as part of classroom activities it added value and more learning took place. Inter-active ways of teaching-learning motivated them to prepare work before class. Conclusion: A well-developed teaching philosophy should be developed for the constructivist multi-modal learning model to work. Non-constructivist lecturers may find it cumbersome and difficult to implement. Many researchers strongly advocate for a constructivist approach to foster changes in knowledge, skills, attitudes and behaviour.

Authors: Bonnie Olivia Hughes, Bernhard Gaede, Jenni Owen, Ruth Mokoatle, Mosa Moshabela

Abstract: Willingness of rural hospital teams to participate in a homestay pilot programme for medical students in South Africa

Abstract: Background: Sixth-year medical students at the University of KwaZulu-Natal (UKZN) spend six weeks placed at one of ten rural hospital sites as part of the decentralised training platform. Students are typically accommodated on site at the facility during this phase of their training. The Centre for Rural Health (CRH) at UKZN has developed a programme to accommodate students in local community homes for the purpose of enhancing students’ knowledge and understanding for the communities whom they are likely to serve in the future. In order to select sites for this homestay pilot, buy-in from hospital management was required. Objective: To explore influences on the willingness of rural hospital teams to participate in a homestay pilot programme. Methods: The project team presented sites for this homestay pilot, buy-in from hospital management was required. After a homestay pilot programme was selected to participate, hospital stakeholders with the project proposal then invited reactions and discussions on the perceived viability of the pilot in their community. Each site was classified as either willing or not-willing based on whether the site they expressed desire to participate in pilot implementation and scheduled a follow up meeting. Results: Four out of the five engaged hospital sites were willing to participate in the pilot. Willingness was influenced by resource availability, previous hosting experiences, and community preparedness. Conclusion: Hospital stakeholders expressed willingness to participate if they anticipated that the pilot would succeed and result in positive local community outcomes.

Authors: Marvin Jeffrey Jansen, Rachel Weiss, Heike Geduld

Abstract: A qualitative study on 6th year medical students’ perceptions and self-reported competence for clinical practice after receiving Resuscitation-Based Simulation training

Abstract: Background: Despite practicing resuscitation skills in a simulation environment, medical students often express anxiety about having to participate in patient resuscitation in the clinical environment. This fear can lead to an unwillingness to initiate or participate in resuscitations, and a decreased confidence in their skills. Exploring the perceptions of final year medical students can provide valuable insight for improving the current simulation programme at the University of Cape Town. Aim: The aim of the study is to explore 6th year medical students’ perceptions and self-reported competence for clinical practice after receiving Resuscitation-Based Simulation training. Methods: During this research project three focus group interviews were conducted with sixth year MChB students at the University of Cape Town (UCT) Clinical Simulation Centre. The interviews were audio-recorded, transcribed and analysed using a Grounded Theory approach. Data analysis identified several themes. Final year medical students perceive that resuscitation-based simulation training is valuable in that it provides a safe non-threatening environment in which to learn, the foundational ‘hands-on’ knowledge necessary for resuscitation, and opportunities to receive feedback on their learning. They also expressed that Resuscitation-based simulation training increased their confidence to participate in resuscitations during clinical practice, and improved their technique. However, the final year medical students have a reluctance to lead during resuscitations in the clinical environment, and expressed a need for more exposure to resuscitations both in the simulation training and the clinical setting. Conclusions: Final year medical students’ group discussions was their experience of the resuscitation based simulation training programme at the University of Cape Town provided valuable insight into current strengths and gaps. This feedback is useful for developing the simulation programme to be more aligned both to students’ needs and the clinical reality, in order to prepare them for managing resuscitations in the clinical environment.

Authors: Brent C Knoesen, Ilse Truter, Liana Steenkamp, Veonna Goliath, Zoleka Soji

Abstract: Recording of nonverbal communication during focus group discussions in health research

Abstract: Background: Focus groups are successfully employed to explore the perceptions of people and are important in health research. Traditionally, verbal communication is the component sought after in focus groups, with nonverbal communication often neglected during the analysis of focus groups. Objectives: The aim was to review the literature regarding the recording of nonverbal communication during focus group discussions. Specific objectives were to identify the methods used to record the nonverbal communication during the focus group discussions and how to incorporate this component with the verbal communication data obtained. Methodology: An in-depth literature review based on the recording of nonverbal communication during focus group discussions. Emphasis was placed on the recording as well as the analysis of the nonverbal communication data obtained during these discussions. Results: Although it is acknowledged in literature that nonverbal communication impacts on the themes obtained from focus groups, no methodological guidance is provided for recording and analysing nonverbal communication data obtained during focus group discussions. Conclusion: Focus groups are vital in exploring the perceptions of people in health research. Themes identified from focus groups can be more meaningful if nonverbal communication, in addition to verbal communication, is also considered during analysis.

Authors: Hennie Lombard, Wilma De Witt, Gonzaga Mubuuke

Abstract: Introducing blended learning on the use of a partogram into the 3rd year medical students: Obstetrics block: a randomized quasi-experimental study

Abstract: Background: Intrapartum care is associated with increased perinatal mortality and challenges with partogram use were identified as a major contributor. There is a dearth of literature on the use of blended learning in obstetrics training. Aim: To explore students’ perceptions and experiences of using a blended learning approach on the use of a partogram. Methods: This was a mixed methods study involving 282 third year medical students. Half received didactic and half received blended learning. A questionnaire, focus group and OSCE were used. The Mann Whitney U test was used for categorical data and the student T-test for linear data. Results: The questionnaire response rate was 75% (n= 106) for the didactic learning group and 82% (n=116) for the blended learning group. There was no significant difference in terms of age, gender or race between the groups. The groups had no significant differences in their response to style of teaching, amount of information and use of time. There was a significant difference between the groups regarding ability to reach specific learning needs (p value = 0.00244) and access to teaching material (p value =0.001) favoring blended learning. The students in the blended learning group did significantly better in the OSCE, p value < 0.0001. Students enjoyed blended learning and felt better equipped to understand and conceptualized the work. They also saved time mastering the skill. Conclusion: Students felt there is a need for blended learning in the teaching of the partogram. They feel that it better allowed them to reach their specific learning needs and it was easier to access. The students were able to better fill in the partogram after blended learning.
Author: Sfiso Emmanuel Mabizela
Abstract Title: Peer helpers construction of their roles at an Open Distance Learning institution: A discourse analysis

Abstract:
Introduction: The University of South Africa (Unisa) is an Open Distance Learning (ODL) institution which offers 18 educational programmes through distance learning. Due to its elasticity and institutional character, the Unisa Peer Help Volunteer Programme was developed to expand the range of support for the students, to render career guidance services to schools and the surrounding communities and to create a conducive environment for the peer helpers to develop as potential change agents. Aim of the study: The primary aim of the study was to explore the discourse modalities used by the peer helpers to construct their roles at Unisa. Methods: The qualitative approach was utilised in the study and the social constructionist paradigm was used as an epistemological position to understand the discourses the peer helpers used through language to construct their roles as peer helpers. Social constructionism is foregrounded on the basis that reality is a socially co-constructed entity produced through individual interactions. Sample: A purposive sampling strategy was used to recruit participants and seven peer helpers volunteered to participate in the study. Data Analysis: Data were analysed using a discourse analysis method. Findings: The findings indicated that the peer helpers constructed their roles as people equipped with capacities to share important information, they saw their roles as an eye opener for them and there was a strong sense of congruence between their studies and their roles as peer helpers.

Authors: Naledi Betsi Mannathoko, Marietjie Van Rooyen
Abstract Title: An investigation of the self-perceived causes of distress of medical students at the University of Botswana Faculty of Medicine

Abstract:
Background: Study-associated and personal stressors may adversely affect the wellbeing of medical students at the University of Botswana, Faculty of Medicine (UBFoM). Identifying these stressors would be valuable in establishing effective student support at UBFoM. Aim: To investigate the self-perceived stressors and coping mechanisms of UBFoM medical students. Methods: A validated semi-structured questionnaire was distributed to year 1-5 medical students during the 2015/2016 year’s 1st semester. Quantitative data was summarised with descriptive statistics and analysed with the Chi2-test. Identified trends in the open-ended question responses were used to identify themes on the qualitative data. Results: Study-related challenges adversely affected students’ wellbeing more than clinical work and personal-related stressors (p < 0.05). Most year1-5 students (range 84-94%) were adversely affected by extensive research for PBL, suboptimal exam performance and minimal rest. Combination participation in PBL case discussions was highlighted by (62%) year 1 students. Clinical work-related stressors adversely affected phase 2 students (3rd-5th year) more than phase 1 (1st, 2nd year) students (p < 0.05). Phase 2 students (range 84-95%) highlighted: long work hours, lack of personal safety during late night hours, possible nosocomial infections and patient death. Year 4 and year 5 students (77%, 80%) highlighted insufficient clinical work supervision. Year 4 and year 5 students experienced supervisors’ verbal abuse (55%, 56%). Personal stressors included: illness; bereavement and insufficient finances. Students indicated that their academic performance regressed when their wellbeing was adversely affected. Most felt that existing UBFoM support services were inadequate. Coping strategies included: prayer, bottling-it-in (more females than males, p < 0.03), confiding in relatives, exercise, sleeping, anxiety medication and alcohol consumption. Conclusion: UBFoM students experience various study, clinical work and personal-related stressors. Most participating students felt that student support at UBFoM is insufficient. Provision of adequate student support at UBFoM would be valuable in facilitating students manage their stressors.

Authors: Savarra M. Mantzog, Tonya Arscott-Mills, Loeto Mazhani, Maura Powell, Mmoloki Mlohwanta, Francis Banda, Seelotse Nchingane, Thuso David, Zaak Patel, Ludo Mlohwanta, Abigail Kebaabetswa, Andrew Steenhoff
Abstract Title: Creating ‘Change Agents’: The Role of Quality Improvement as a means to Enhance Transformative Learning

Abstract:
Background: Health professionals for a new century: transforming education and teaching. The module was designed to cater for cognitive, affective and psychomotor domains. The study aimed at evaluating the impact of learner-centred activities in promoting physics problem-solving competency. Competency was measured by the student’s ability to successfully solve biophysics problems applying the relevant physics concepts and mathematical equations. A total of 21 tutorial tests, 3 semester tests, and a final examination were administered. The following average marks were recorded:

- Tutorials 1-7 (numeracy): 68%
- Tutorials 8-12 (force, energy of anatomical structures, temperature, pressure,
fluid motion and their effect on the body tutorials): 72%
• Tutorials 13-16 (electromagnetism and applications to biological system, sound and optics): 81%
• Tutorials 17-21 (radioactivity, X-rays and their applications): 93%
• Test 1 [administered after tutorials 1-7]: 85%
• Test 2 [administered after tutorials 8-13]: 88%
• Test 3 [administered after tutorials 14-21]: 79%
• Final examination: 73%
• Final module mark: 77%

In the final module mark, thirty five students got marks ranging from 70% -79%, three from 60% - 69% and fifteen from 80 – 89%. In the final examination, two students with poor attendance got 53% and 58%. Fifteen students’ marks ranged from 60 – 69%, Twenty six ranged from 70 – 79% and ten ranged from 80 – 89%. Physics problem-solving competency can be promoted through use of learner-centred activities.

Keywords: Learner-centred activities, problem solving skills, competency.

Authors: James Ofono Oguttu, Parimalaranie Yogeswaran
Abstract Title: Clinical Associate: fit for purpose health professional. The WSU experience

Abstract:
Walter Sisulu University (WSU) is a comprehensive university in the Eastern Cape Province. It is committed to excellence in Problem-Based Learning (PBL), Community-Based Education (CBE) and social responsiveness through the integration of community service into its learning programmes that involves innovative teaching and research, with special emphasis on Problem Based Health Care. WSU is the pioneer of the Clinical Associate Programme and the Clinical Associate training programme in South Africa. Since the inception in 2008, the University has produced six cohorts of graduates from this programme. This 3 year degree programme produces graduates with Bachelor of Medicine in Clinical Practice. The shortage of medical doctors in SA, especially in rural areas, necessitated the establishment of this mid-level cadre of health workers. The training equips the graduates with necessary professional knowledge, skills and attitude to work in District Hospitals under supervision of doctors. The candidates for the programme are drawn from the local communities with equal emphasis on academic and personal attributes. The training of Clinical Associates at WSU is built on a problem based education system with community oriented and community based curriculum. The educational strategies of the clinical associate programme is student centred and comprises integrated training with emphasis on early clinical exposure. The students spend 75% of their curriculum time at the decentralised training sites (accredited District Hospitals) across the Eastern Cape. The programme has incorporated innovative approaches: small group decentralised training, vertical and horizontal integration, early exposure to clinical work (as early as the 12th week of the programme), Problem Oriented Medical Records as a major learning tool and spiral curriculum. This innovative strategy has resulted in the production of fit for purpose graduates to assist the needy communities of South Africa.

Authors: Ganiat Omoniyi-Esan, Niri Naidoo, Adesegun Fatusi
Abstract Title: Perceptions of Medical Students about their Learning Environment during Pathology Posting at Obafemi Awolowo University Ille-Ife, Nigeria

Abstract:
Background: The educational environment is important in nurturing students’ learning. Students’ perceptions of their teaching and learning environment often relates to their achievements and success. Assessment of this environment is likely to support student success and promote excellence. Aim: To determine the perceptions of students about their teaching and learning environment during pathology posting. Methods: A prospective cross-sectional study was conducted among fourth-year medical and fifth-year dental students undergoing pathology posting. Of a total 118 students, 94% participated in the study. Data was collected using a self-administered Dundee Ready Education Environment Measurement (DREEM) questionnaire. Results: Medical students constituted 75% of the respondents. Participants’ age range was 19-35 years (mean 23.7±2.28) with 94.7% below 30 years-old. Male students constituted 72.1%. Of the total of 200 the overall DREEM mean score for the 50 items was 115.19±25.6, indicating students perceived their learning environment as “more positive than negative”. The students’ perception of learning environment mean score was 29.24/48. This indicates the majority of students (73.9%) perceived their learning environment as on the “positive” and “highly thought of”. They perceived the teaching as “moving in the direction” (mean score 25.67/44). The academic self-perception was “feeling more on the positive” (mean score 20.89/32). The perception of the teaching and learning atmosphere showed “a more positive attitude” (mean score 25.61/48). However, 41% of students responded that “many issues need changing”. The majority of students’ social self-perception (mean score 13.7/28) response was “not a nice place”. Conclusion: The perceptions of students about their learning environment during pathology posting were positive. Students also had positive perceptions of their learning, teaching, academic self-perception atmosphere.

The students, however, perceived the social environment as needing improvement. This supports further research to gain a deeper understanding that will facilitate a positive change in the learning environment.

Author: Gerda Reitsma
Abstract Title: Education research in a health science faculty - an ethical dilemma

Abstract:
Ethical requirements for research in medical and health science are clear. The Belmont Report (DHEW, 1979), the first formalised guideline for research involving people as participants, focused on biomedical and behavioural research. There is a widely used form of ethical-related research. Increased sensitivity for ethical research and the consequent rigorous institutional processes for ethical approval have impacted widely on education researchers, especially in health education. Various authors have criticised institutional RECs for applying codes and guidelines that were established within the health and medical research on the disciplinary context of education and other social science research. In education research, challenges is different theories, approaches and methods than what is traditionally used in bio-medical or health related research. Although the three ethical principles (respect for persons, beneficence and justice) are relevant to all research, the application of these principles through informed consent, assessment of risk and benefits, and selection of research methods is a different process between researchers in education research.

In this paper, questions are raised as to how the application of ethical principles for medical research impacts on health education research and suggestions are made for practical implementation in research projects.

Authors: Louise Schweickertd, Champak Barua
Abstract Title: Performing the role - an art in the practice of Medicine

Abstract:
Background: By using the metaphorical connection between healthcare and performance arts, healthcare educators can facilitate the method of establishing rapport with patients, gathering information and counseling. Aim: In healthcare training today, focus is placed on the clinical features and the treatment thereof. The person behind the patient is often ignored or forgotten. There is concern within health establishments for the need of a medical curricula that is not only makes use of Bloom’s taxonomy but also incorporates creative pedagogy to attend to the matters of suffering in a humane manner. This holds considerable implications on client satisfaction parameters and has financial implications. Discussion: It is expected of doctors to appear sympathetic and caring. However, it is often impossible to perform this role during service delivery due to clinical priorities, time constraints and shortage of manpower. We are frightened by the idea that doctors might perform the medical equivalent of acting. Patients don’t want to think their sympathetic expressions are just pretense. Doctors and students could benefit if interaction with patients is assisted with certain non-assuming facets of performance arts. Acquiring a measure of acting skills and appearing to replace sympathy with empathy could prevent burnout in the healthcare worker as well as unwarranted invasion of the personal ‘space’ in the vulnerable patient. Take home message: The intuitive way of knowing is neglected in our education in favour of deductive intellect. Yet what we prize – love, faith and insightful knowledge – sometimes reach beyond methodical algorithms and depend on humane characteristics and its great attribute: perseverance in beneficence. Health education that reinforces humane qualities, obliges medical students to cherish their compassion for life and the alleviation of suffering. This, together with basic acting skills, empower them to deal with such feelings both during their training years and subsequent medical practice.

Authors: Belinda Scooby, Firdouza Waggie, Gerda Reitsma
Abstract Title: From cranium to coccyx: can interprofessional education (IPE) work in healthcare training

Abstract:
Background: Interprofessional Education (IPE) is an educational approach that provides students with an opportunity to work as a collaborative team of health practitioners in different contexts. Aim: The purpose of this study was to explore and describe the IPE process followed within anatomy modules in the Faculty of Health Sciences at North-West University (NWU). Methods: A mixed method approach with a multi-phase design was applied. The following data gathering methods were used: focus groups with students (n = 23) and lecturers/facilitators (n = 7), reflective journals from students and facilitators (n = 18) and also an end-of-process questionnaire (n = 14) completed by the students.

33
Results: Although the facilitators experienced the process as valuable and enriching for them from a professional perspective, it was evident that it took a lot more time and effort than was anticipated. The students also experienced their lack of knowledge and experience of anatomy and its application to clinical practice as challenging, especially if they have not been exposed to a specific relevant section of work before. The fact that the case studies were theoretical by nature, provided the students with opportunities to research the necessary information. Apart from timetabling, formal IPE can also be restrained by factors such as space and lack of management support. Conclusions and take home message: IPE facilitators need to be committed, open for collegial learning, advocates for transformation and support new working relationships. Resources that need to be considered for future IPE will be time, finances, logistical support and human resources. Reflection forms a significant part of the learning process within IPE. This study has confirmed that IPE can be implemented from the first year of study as it can create awareness of health professions’ scope of practice and the application of theory to clinical practice.

Authors: Kbumo Shoppo, Petra Bester, Lanthé Kruger
Abstract Title: Nursing the system or nursing the patient: Nurses’ perspectives in a private hospital, South Africa

Abstract: Aims: To enhance information communication and technology (ICT) adoption by means of optimal use of the health information systems (HIS) by nurses in a North West Province-based private hospital. Background: HIS’ is necessary in South Africa, a country crippled by a quadruple disease burden and on the verge of implementing the National Health Insurance system. HIS is a not a department, country development project only. It was implemented over a decade ago in response to the National Department of Health’s need to obtain information for efficient managerial decision-making. However, South Africa still faces poor interoperability in public and private health systems. There is limited research on nurses’ attitudes towards HIS despite the fact that nurses play a vital role in the development and use of important HIS’ users. Methodology: A qualitative design using interpretive, descriptive and contextual strategies. Purposive sampling (n=14) were followed by semi-structured individual interviews conducted by exploring attitudes related to affections, conation, cognition and evaluation. Thematic analysis was done. Results: Although nurses held positive attitudes towards HIS, patient care is compartmentalized. HIS’ infiltrates the caring ethos of nursing, often causing nurses and patients hardships. Conclusion: HIS’ exceeds mere data input, processing and output. HIS’ risks fragmentation in nursing care and nurses are urged to consider that technology is infiltrating this caring profession. Implications for Nursing Management: HIS’ should strengthen health systems and not be a burden to care. Fragmented HIS’ might increase nurses’ view of patients as biological systems rather than an integrated synthesis of patients as holistic beings. Key words: Nurses, attitudes, health information systems, private hospital, technology adoption.

Authors: Ilse Truter, Liana Steenkamp, Maggie Williams, Phumeza Mkontwana, Joyce Nyarko
Abstract Title: Vaccination coverage in underprivileged grade-R school children in Nelson Mandela Bay Health District

Abstract: Background: Nelson Mandela Bay Health District (NMBHD) has been identified as an area with concerning rates of under five year mortality and morbidity. Inadequate vaccination coverage has previously been investigated in other developing countries as a risk factor for chronic undernutrition. The purpose is to describe vaccination coverage in grade-R school children in an underprivileged area of NMBHD, Eastern Cape. Methods: A descriptive, cross-sectional survey with a correlational component was conducted during 2015 at 16 schools in children older than 60 months of age. The schools were selected from three adjacent underprivileged areas of Port Elizabeth. Road to Health booklets which contain each child’s vaccination history were assessed by trained fieldworkers. Participants were eligible only if they were up to date or if they were not up to date. Descriptive statistics were used to present numerical and categorical data. Results: Nearly a quarter (n=61) of all children (n=265) did not have Road to Health cards available. Of the 204 children with cards, the vaccinations of only 42% (n=86) were up to date according to the records. The mean height-for-age Z-score of children with an up to date immunisation schedule was -0.53 SD versus -0.71SD in the group whose vaccinations were not up to date. No differences could be demonstrated between groups in terms of the weight-for-age Z-score or the BMI-for-age Z-score. Conclusion: The vaccination coverage in this sample was lower than the average coverage rates for the Eastern Cape. A trend linking stunting to inadequate vaccination schedules was observed. This may indicate that poor vaccination coverage can impact on growth in pre-school children. The low vaccination coverage in this older group of children need to be further investigated to determine the stage of drop-out. Transformational education messages about the importance of continued vaccinations beyond 18 months of age need to be developed and implemented.

Authors: Stephanie Tshitenge, Chiratidzo Ellen Ndhlovu
Abstract Title: Evaluation of Problem Based Learning by Clinical Phase Students at Faculty of Medicine of the University of Botswana

Abstract: Background: Problem Based Learning (PBL) curricula, like all curricula, require systematic evaluation as there is a risk of implementing a dysfunctional PBL curriculum. Aim: The study intended to evaluate the PBL curriculum delivery from the perspective of the clinical phase (CP) students at University of Botswana-Faculty of Medicine. Methodology: A cross-sectional study was conducted among CP students in Family Medicine, Paediatrics, Internal Medicine and Surgery. During a 4 week period, each respondent completed weekly a questionnaire based survey tool. The two parts questionnaire consisted of 7 items adapted from a ‘standard’ PBL tool to evaluate PBL process and 11 items ‘adopted’ from the Short-Questionnaire-to-Evaluate-the-Effectiveness-of-TU-technique into the tool to check the PBL facilitation with open-ended questions at the end. Results: Of the 81 eligible participants, 89% (n=72) responded. We collected back 141 (49%) forms out of the 288 expected (72 X 4 weeks). PBL first sessions took place all the time only in Family Medicine and in about 75% of the time in Paediatrics but none were conducted in the other disciplines. Overall, they evaluated the PBL process as good (median= 8 /10) and the PBL facilitation as very good (median= 9 /10). Some of the CP students (n=23) recommended that, to improve the PBL process, PBL first sessions should take place in all the clinical departments. Conclusion: Despite students rating PBL process as good and facilitation as very good, PBL first sessions were not consistently undertaken. We recommended evaluation on students’ performance to assess this discrepancy.

Author: Yolinda Uys
Abstract Title: Mixed methods methodology for an educational intervention

Abstract: Keywords: Evidence-based Practice, Nursing curriculum, Mixed Methods. Background: Integration of EBP into the undergraduate nursing curriculum is essential. Evidence based practice methods to utilize the most recent research together with clinical expertise while adhering to patient’s preference (Gonzales-Torrente, Pernicas-Beltran, Bennasari-Ven, Morales-Asenjo & De Pedro-Gomez, 2012;227). Purpose of the study: The triangulation intervention mixed methods design was to evaluate an EBP module for the undergraduate nursing curriculum.

Objectives: 1. Design an Evidence-based practice (EBP) Module for the undergraduate nursing curriculum. 2. Implement the EBP module. 3. Evaluate the EBP Module’s effect on the EBP beliefs of undergraduate nursing students. 4. Evaluate the EBP Module’s effect on the EBP implementation of undergraduate nursing students. 5. Explore experiences of students on the implemented EBP module. 6. Develop guidelines for the incorporation of EBP in the nursing curriculum.

Methodology: This study was a three phase triangulation intervention mixed method design. Phase One: Literature and the Delphi design were used for EBP module design. Ten experts were purposively selected and took part in the qualitative three round Delphi design. Consensus was at 80% and was reached. Phase Two: A quantitative quasi experimental non-equivalent group design was used. Census sampling used fourth year undergraduate nursing students for two consecutive years. The comparison group (2013) and intervention group (2014) had regulation 425 curriculum presented to them. The intervention group had the EBP module presented to them additionally. The EBP Belief’s and implementation scale questionnaires were used as quantitative instruments in the pre and post-test of both groups. Reflective journals of students were used as qualitative instruments. Phase Three: Quantitative and qualitative results were combined and guidelines for EBP incorporation in the undergraduate curriculum were developed and validated. Results: Methodological rigor is discussed and quantitative and qualitative results are triangulated and presented.

Authors: Riaan Van Wyk, Mathys Labuschagne, Gina Joubert
Abstract Title: Simulation as educational strategy to deliver interprofessional education

Abstract: Background: To prepare healthcare students for collaborative practice, various educational methods could be utilised to deliver interprofessional education (IPE). One method is the use of simulation based health education. This study identified the current training tools used in the University of the Free State (UFS) undergraduate program to achieve IPE and the opinions of the module leaders on utilising simulation to address IPE. Methods: The study is a quantitative, cross-sectional descriptive study. Structured interviews were conducted with the module leaders of the undergraduate programmes in the School of Nursing and School of Medicine at the University of the Free State. Results:
Forty-seven module leaders of 66 modules were interviewed. In 43.9% there were some IPE activities of which 58.7% was coincidental. Where there is a need to address IPE, the highest response regarding foreseen disadvantages of using simulation was “no disadvantage” (21.7%). The biggest advantage (41.3%) is better role clarification amongst the different professions. Logistical issues such as challenging aspects identified (19.6%). 77.3% proposed the use of role-play and 63.6% the use of standardised patients. Conclusion: Where the use of simulation is considered for IPE, the module leaders have a positive attitude towards its potential use and their biggest concern is the logistical challenges. To improve role clarification, a scenario must be developed to engage students from all the relevant professions. The proposed type of simulation is standardised patients in a role-play scenario. The outcomes should also be aligned with the principles of IPE.

Author: Melba Villar Valdes
Abstract: Title: Evaluation of logical skills in students entering a medical career at University of Villa Clara, Cuba
Abstract: The development of logical intellectual skills transends the quality of learning in specific content of one or another discipline and impacts on the development of the necessary skills in medical professionals. At the Medical Sciences University in Villa Clara, Cuba, a pedagogical research study was done to modify the effectiveness of teaching and learning of logical intellectual skills to medical students enrolled in the discipline Morphophysiology. As part of this research it was decided to explore students’ general knowledge and logical skills such as defining, describing, characterizing, comparing, explaining and interpreting. As a framework, Rivera N works was used. This framework proposed a set of logical skills for health sciences and is considered the most relevant because of the direct relationship with clinical and epidemiological methodologies. This framework has been accepted as a reference by most Cuban researchers in medical education. The main objective was to evaluate the mentioned skills in freshmen students studying medicine. A questionnaire and corresponding rubric was compiled and applied to a sample of 88 from 417 students who started studying medicine during the 2014-2015 course. The questionnaire was assessed using the criteria proposed experts and the results were analyzed qualitatively using a nominal group discussion. The most notable difficulty was observed as the ability to interpret, coinciding with expectations given its complexity. The number of students struggling to define and characterize was surprising to the researcher. It is concluded that there are difficulties in the development of logical intellectual skills in students who commence their studies in medicine. Implementation of intervention actions to improve this situation for the subject of Morphophysiology is required.

Authors: Frederick Wambu, Julie Hester, Rhoda Anthea
Abstract Title: Exploring perceptions and experiences of stakeholders about clinical components of a nursing diploma programme in Nairobi
Abstract: Background: Nurse training includes a theoretical and clinical education component. Clinical education is vital and impacts on patient outcomes. Clinical education prepares student nurses for their professional role, facilitates in- and inter- and trans discipline approaches to develop uniform health and nutrition messages to contribute to optimizing health education messages through active participation. Methods: Action research is being conducted in the Eastern Cape province to develop uniform health and nutrition messages to contribute to optimising health promotion. The first two messages identified for implementation and testing include WASH (Water, Sanitation and Hygiene) and identification of children at risk to develop malnutrition. Standardised and uniform messages should assist parents, early childhood development practitioners and health care workers to better cope with the effects of hunger, due to poverty, on child development in South Africa.

INFORMATION POSTERS

Authors: Liana Steenkamp, Maggie Williams, Phumeza Mkонтwana, Ilsie Truter, Joyce Nyarko, Jessica Baker
Abstract Title: Improving childhood malnutrition, morbidity and mortality through transformative health education messages in the Eastern Cape: Preliminary results
Abstract: Background: Inadequate nutrition and poor hygiene during childhood can eventually lead to stunting, wasting and an increased risk of developing severe acute malnutrition (SAM) which may all contribute to developmental delays as well. Maternal and child mortality from severe acute malnutrition, diarrhoal disease and pneumonia continue to be a public health concern despite functioning primary health care services addressing maternal and child health in the Eastern Cape province. Although health and nutrition messages are disseminated by various health care workers (including dieticians), staff from non-governmental organisations, students and staff in ward-based outreach teams, messages appear to be fragmented and are thus often confusing to end users which may result in poor compliance. Purpose: The purpose of this impact study is to optimise care and support to caregivers and children by empowering the various sectors/categories of health care workers to participate in this action research. This will include analysis of existing information to determine priority areas for nutrition intervention, determine outcome indicators to monitor progress and develop transformative health education messages through active participation. Methods: Action research is being conducted in the Eastern Cape province to develop uniform health and nutrition messages to contribute to optimizing health promotion. During the first phase various stakeholders were identified which included the NMMU Interprofessional Health Research Group, UNICEF, the Department of Health, Early Inspiration, and caregivers of children. Specific messages were identified and will be tested during 2016 via focus groups comprising of parents from disadvantaged areas. In addition to messages to caregivers via stakeholders, a cohort of children will be monitored in order to establish the impact of interventions on the vulnerable children. Inter- and trans discipline approaches provide this study with an unique perspective to address this issue holistically. Findings: The first two messages identified for implementation and testing include WASH (Water, Sanitation and Hygiene) and identification of children at risk to develop malnutrition. Standardised and uniform messages should assist parents, early childhood development practitioners and health care workers to better cope with the effects of hunger, due to poverty, on child development in South Africa.

Authors: Lauren Coetzee, Elzana Kempen
Abstract Title: Expectations and experiences of a community service learning project of third year Optometry students
Abstract: Background: Community Engagement. Background: The education of health professionals must ensure that programmes are producing graduates who are prepared for community settings as a result of the paradigm shift from fixed institutions, such as hospitals, to varied settings in the community. These shifts are to inculcate a culture of lifelong learning in students and an appreciation of the betho pale principles. Students at the Department of Optometry complete modules, which involve community based education (CBE) as a clear guideline and a defined learning outcome. The students complete a community service learning project in an identified underprivileged community during their third year in the module Public Health and Compulsory Residency (PHCR3704). Problem statement: Optometry students’ expectations and experiences towards CBE have never been formally measured at the University of the Free State. Objectives: To determine the expectations students have of the CBE outcomes. To explore the experiences of the students exposed to CBE projects in rural and urban community settings. Methods: All the students registered for the involved module will be invited to participate in the nominal group session. The sessions will ask: “What are your expectations of the PHCT3704 project in the optometry curriculum?” “What were your expectations of the PHT3704 project in the optometry curriculum?” Results: Approval for the study to commence will be obtained by March 15th 2016. Signatures from the faculty dean and reviews of the ethics committee have been completed. Results will be communicated in due time. Conclusion: This study will elucidate on the expectations and experiences students have relating to the CBE project undertaken in the PHCT3704 module and how this project may inform their roles in the community as professionals.
Abstract: Background: Higher education in South Africa has been called to transform academic programmes, so that they are responsive to social, political, and cultural needs. Community engagement is increasingly expected as an intrinsic part of training in Higher Educational Institutions. According to both scholarly and popular literature, service learning is an attracted pedagogy which engag- es students and lecturers in a community in an educational and meaningful way. This study originated from a need to assess if the students have gained a deeper understanding of the course content, obtained a broader appreciation of the discipline and an enhanced sense of civic responsibility. Objective: To assess the impact of a community service learning project on third year optometry students’ learning outcomes at the University of the Free State, South Africa. Methods: Students were required to write a critical reflection document on their role play experience. The Community Service learning project was part of the project portfolio. These reflections are expected to include their views on the dif- ferent experiences they had in the group project. They are also required to reflect on what skills they believe they have developed or what in- sight they have gained, due to this exposure and how they feel the proj- ect has contributed to their professional development. Content analysis will be done on portfolios from 2013 - 2016 to determine trends and patterns from the data presented in the reflections. Results: Approval for the study to commence will be obtained by March 15, 2016. Signatures from the Faculty Dean and reviews of the Health Sciences Research Eth- ics Committee have been completed. Results will be communicated in due time. Conclusion: This study will demonstrate the impact what service learning have on optometry students’ learning as well as personal and professional develop- ment.

Author: Mukund Bahadur (MB) Khtry-Chhetry (KC)
Abstract Title: The transformation of knowledge through self-study
Abstract: Background: Self- Directed learning: The process of learning in which the learner assumes primary responsibility for planning, implementing and evaluating a learning project. The learner chooses what to learn, how to learn and also decides when to continue and when to end the learning project. There are several important methodological issues related to evaluating students’ understanding (and evaluating any type of learning). Howard Gardner states that students possess different kinds of minds and therefore learn, remember, perform, and understand in different ways; Lecturing should be the mostly used tool to transfer the knowledge in the world. Aim: To study the effective- ness of self-directed learning on the knowledge to a transformational style of leadership. Method: Pre-test-post-test design, a quasi-experimental design (Pre and post- course test questionnaires). Results: In March 2016 a total number of 39 first year undergraduate students from Bachelor of Medical Clinical Practice, WSU were included for the study purpose. The student was given a hard copy com- munication/interview skill to study one day before the classwork. Next day the student was asked to write a pre-test of extended matching questions before the class. After the test a lecture was given using power point presentation and a role play was followed as a practical session.At the end of role play student wrote the post course test of extended matching questions again.Conclusion: The lecture still seems to be the important tool of knowledge transformation.

Author: Albert Maseta
Abstract Title: Is South Africa’s Health Education Transformed?
Abstract: Theme: Transformative Health Education in Motion. Sub-Theme: Transforming Education. Background: Physician leadership is emerging as a vital component in transforming the nation’s health care industry. Because few physicians have been introduced to the large body of literature on lead- ership and organizations, a concise review is provided, as it relates to competitive health care organizations and the leaders who serve them. Al- though the South African health care industry has transitioned to a dynamic market economy, it remains grounded in a wide range of internal and external forces. Health care organizations continue to be dominated by leaders who practice an outdated transactional style of leadership and by organizational hierar- chies that are inherently stagnant. In contrast, outside the health care sec- tor, service industries have repeatedly demonstrated that transformational, situational, and servant leadership styles are most successful in energizing human resources within organizations. This optimization of intellectual cap- ital is further enhanced by transforming organizations into adaptable learn- ing organizations where traditional institutional hierarchies are flattened and efforts to evoke change are typically team driven and mission oriented. Context: During the past decade, the health care service industry transi- tioned from a risk-free third-party reimbursement system to a market econ- omy for many internal and external reasons. These reasons include the ever-increasing costs of health care, increasing payer power, increasing fi- nancial risk for the patient and provider, the advent of managed care and the influence of Health and Human Services (HHS) the United States. In addition, despite these market changes, some health care organizations in South Af- rica continue to be dominated by leaders who practice an outdated trans- actional style of leadership and organizational hierarchies that are inherently stagnant. Non–health care service industries have repeatedly demonstrated that transformational leadership can successfully transform task-oriented leadership. Furthermore, certain leadership styles and compe- tencies have been identified as most effective; most of these skills belong to the styles termed transformational, situational, or servant. One would like to believe that a synergy of these complementary and often synonymous leader- ship styles would be emerging as the advocated mode of leadership for the com- petitive 21st-century organization. These styles engender the transformation of organizations into thriving, cohesive, mission-oriented learning entities that are prepared to respond to changing internal and external demands. Purpose: The study seeks to find ways in which leaders of some health care organizations in South Africa would be comfortable in refraining from an outdated transactional style of leadership, refrain from organization- al hierarchies that are inherently stagnant and adopt more effective styles that are transformational and relevant to the needs of the 21st century. Conclusion: The past should be the beginning of the beginning. Trans- formed, servant organizations focus on the tension among employees and customers, the organization’s mission, and social responsibility. The move towards BathoPele Principles, organizations need liberating vi- sions, a commodity still rare in many public sectors around our country.

Author: Paula Melariri
Abstract Title: Mosquito borne diseases and the environment- The role of humans
Abstract: Mosquitoes are vectors of public health importance. Mosquito borne diseases could be referred to as those diseases caused by bacteria, viruses and parasites which are transmitted by mosquitoes. Mosquitoes have been implicated in the transmission of several diseases such as: malaria, dengue, filariasis, West Nile virus, chikungunya, yellow fever, various forms of encephalitis. Recently mos- quitoes have been incriminated in the transmission of Zika virus. The alarming spread of Zika virus is attributed to the bite of the infamous mosquito species Aedes aegypti which is also responsible for the transmission of Dengue, yellow fever and Chikungunya virus. Similarly, female Anopheles mosquitoes are vectors of malaria which is endemic in sub-Saharan Africa, where more than 90% of morbidity and deaths occur. The advent of urbanization and develop- ment has to a large extent led to human alterations to their environments. Furthermore, human activities inadvertently encourage the breeding, growth and development of mosquito borne diseases which negatively impacts on the health and wellbeing of the populace. The fact that existing diseases transmit- ted by mosquitoes are yet to be eradicated and the reality of new ones emerg- ing, is a huge concern. The resultant negative impact on the health status of the populace and hence the global economy is disheartening. Interestingly these mosquitoes are known to thrive in artificially human-made habitats. In order words humans to a large extent, creates an environment for the proliferation of mosquito borne disease. What is the current situation? What factors are re- sponsible for such transmission? What can we do?

Authors: Linda Mhlaben, Suzanne Ross
Abstract Title: Perceptions of undergraduate Health Science students regarding a multi-modal e-learning platform in their clinical training
Abstract: Literature indicates that there is support for face-to-face teaching combined with e-learning and consolidated in a “blended learning educational expe- rience” (Ruiz, Mintzer & Leipzig: 2006). In 2012 the e-learning platform was initially implemented as a complement to the core teaching and learning approach. It was important to evaluate the perceptions of undergrad- uate medical students intending to become clinicians and practitioners. The findings indicated that the students endorsed the e-learning platform. Subsequently, as a follow-up, a research project was continued in 2015 to establish how the undergraduate medical students who were in- tending to become clinicians and practitioners, perceived and val- ued the e-learning platform as part of the language intervention. This project continued in 2016. The data collected by means of questionnaires in 2015 presented us with preliminary findings of the study. The student focus groups for this research are selected from various departments in the Faculty of Medicine and Health Sciences (FMHS) at Stellenbosch University. They are users of the two larger language groups in the Western Cape namely Afrikaans and isiXhosa. Students focus groups interviews, individual interviews with academic and information technology staff were used to collect data. Additio- nal data concerning perceptions of study participants were included. The significance of this study is to promote and enhance blended learning in a multilingual setting within the clinical and medical training of undergraduate students. Further re- search would aim at developing meaningful programmes to promote multi- linguisticism through blended learning as well as evaluate the impact thereof.
Similarly, the programmes should serve to capture and maintain the interest of digital natives.

**Authors:** Mantoa Mokhachane, Lionel Green-Thompson, Sfiso Mabizela, Byron Ter Morshuizen

**Abstract Title:** Funding for Health Sciences Students: What are the fundamental issues—students’ perspectives

**Abstract:**
Background: A student led protest started in October last year at the University of Witwatersrand demanding that fees must fall in higher learning institutions. This was in response to fees being increased by 10.5% for 2016. Students in a number of universities followed suit and teaching and learning was brought to a halt. A few students in the GEMP programme at the University of the Witwatersrand approached their representative who then escalated the matter to the applicant in the beginning of the year, because they could not get their results as well as register due to outstanding fees. A plan was developed to approach the Department of Higher Education to find out the prevalence of outstanding 2015 fees. There were a fair number of students that were affected. There were a diverse number of extreme circumstances preventing these students from obtaining the outstanding funds. Some of them were on bursaries, some are working while studying and some are also supporting families. Some of them were on Department of Health Bursaries but the amount offered did not cover all the fees. Department of Health apparently gives the same amount for the same course irrespective of which university you are in. Some Universities are more expensive than others and the same amount for all may not necessarily be appropriate. The purpose of this study is to understand the financial constraints that the students face in higher learning institutions, with the intention of making recommendations to the University as well as government stakeholders.

Methods: Ten students in the health sciences, who had difficulty in paying their outstanding fees, will be invited to take part in the study. Semi-structured interviews will be conducted. Verbal Ethics approval has been granted, final meeting will be held on the 1st April 2016 and a written approval will be granted.

**Objectives:**
1. To establish the extent to which the development of the SP training programme at SMU over a span of 5 years.
2. To determine the efficacy of using an MCD to assist in accessing information at the point of care.
3. To explore and describe the content of an SLP to equip CHWs to provide care for TB/DM patients based on their information needs.

**Purpose:** The purpose of this mixed methods study is to determine the knowledge and skills of CHW’s working in the PHC re-engineering programme in NMBHD, related to the prevention of, or treatment, care and support for, patients with the co-infections TB and DM.

**Methods:** A quantitative, comparative, descriptive survey design will be implemented among the CHW’s to determine their information needs regarding TB/DM, and a qualitative design to interview CHW’s and Professional nurses working in the PHC re-engineering programme. Then an SLP will be developed and implemented.

**Title:** Information needs of Community Healthcare Workers managing Co-infected Tuberculosis and Diabetes Mellitus patients at the point of care: A Pilot Study

**Abstract:**
Background: The escalating epidemic of diabetes mellitus (DM) is undoing decades of work in the field of tuberculosis (TB) control. Statistical evidence shows that DM increases TB development three-fold compared to non-diabetics. The need for prevention of the co-infections of TB/DM requires “collaborative activities” including an integrated public health strategy, such as revitalisation of PHC and stronger community-based services. Overall strategies are needed to improve health care access, diagnosis of co-infection of TB/DM, clinical care and prevention. By empowering Community Health Workers (CHW’s), who manage patients at community level as part of the re-engineering of PHC outreach teams, awareness of the possibility of TB/DM co-infection will be created and prevention can be optimised.