TEACHING TO CURE - TEACHING TO CARE

Balancing the dynamics in health science education

30 June – 2 July 2011

Fourth National Conference of the South African Association of Health Educationalists
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WELCOME MESSAGE
Dear Friends in Health Sciences Education

WELCOME!

WELKOM!

BIENVENUE!

AMOGELESEGA!

The Northern Region of SAAHE and the oaks of Potchefstroom welcome you to the Fourth National Conference of the South African Association of Health Educationalists (SAAHE) hosted by the Faculty of Health Sciences of the North-West University’s Potchefstroom campus. This is the first time that this conference is hosted by a University without a medical campus and we envision that this will result in increased awareness of the role of supplementary health disciplines in health sciences education. This vision is captured in the conference theme: “TEACHING TO CURE – TEACHING TO CARE: Balancing the dynamics in health sciences education”. The purpose of this conference is to bring as many health educators, practice supervisors, practitioners and students together to discuss inter-professional health sciences education, with particular focus on social accountability, multi- and interdisciplinary views on health, wellness promotion and fortology. The fundamental argument underlying this year’s conference refers specifically to the first paragraph of the Alma-Ata Declaration which “….reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector”.

We are honored to have a number of invited speakers who are experts in various fields of health sciences education. They will address relevant topics and initiate further discourse on relevant issues in health sciences education. As stated in the Jakarta Declaration, the priorities of health promotion in the 21st century should include:

- Raising awareness of the changing determinants of health
- Supporting the development of collaboration and networks for health development
- Mobilizing resources for health promotion
- Accumulating knowledge on best practice
- Enabling shared learning
- Promoting solidarity in action
- Fostering transparency and public accountability in health promotion
We trust that you are able to take these challenges in your stride. We are honored that you have joined us for this conference from all over the globe. We welcome delegates from Brazil, France, Australia, the United Kingdom, The United States of America, Sudan, Argentina, Zambia, Botswana and Uganda. South Africans – you have come from the South – Cape Town, Stellenbosch, East London, Grahamstown - North, East and West. We welcome the delegates from the institutions who participated in the organizing of this conference and last, but not least the delegates from the hosting North-West University’s Potchefstroom campus. You have sent abstracts of work which promise to turn our conference theme into the real work of health promotion. The outstanding scientific programme is a reflection of your input. Following the trend set by the previous conference, there will be a dedicated student session where students will share their experiences and reflections on community engagement and service learning.

We hope that you will experience this conference as a positive learning and networking opportunity.

THANK YOU

BAIE DANKIE

MERCI

RE A LEOGA

Dr Alida Herbst
Convener: Organising Committee
Alida.Herbst@nwu.ac.za
## REGIONAL ORGANISING COMMITTEE

### North-West University
- Alida Herbst
- Belinda Scrooby
- Grieta Hanekom
- Leandi Olivier
- Sandra van Dyk
- Tumi Khumalo
- Sumei Goussard

### University of Witwatersrand
- Lionel Green-Thompson
- Dianne Manning
- Trish McInerney
- Glenda Myers

### University of Johannesburg
- Chris Stein

### University of Pretoria
- Glynis Pickworth
- Liz Wolvaardt

### University of Limpopo
- Gerda Botha
- Lindi Mabope
- Anna-Marie Wium

### Tshwane University of Technology
- Gill Enslin

### Local NWU Assistance Committee
- Marius De Beer
- Pierre Volschenk
- Inge-Mari Loots
GENERAL INFORMATION

Conference Venue:

Proceedings mainly take place on both levels of building G20. The ground floor of the adjacent building of the School of Pharmacy, G16, will also host workshops and presentations. Please refer to the maps and scientific programme.

The Computer room (NW 118) will be used for workshop 1 on day 1 and 2. Student volunteers will be available to give directions towards the Natural Sciences building.

The official language of the Conference is English.

Registration and Information Desk

There will be staff available at the registration desk at the following times and venues.

Wednesday 29 June 2011: Pre-conference workshops and conference registration
08h00 – 16h00
Building G20 – Foyer

Thursday 30 June 2011: Conference proceedings Day 1
08h00 – 15h00
Building G20 – Foyer

Friday 1 July 2011: Conference proceedings Day 2
08h00 – 15h00
Building G20 – Foyer

Saturday 24 July 2010: Conference proceedings Day 3
08h00 – 12h00
Building G20 – Foyer

Student volunteers:

Please look out for our student volunteers in BLACK T-SHIRTS. They will assist delegates to navigate the campus and presenters to upload their presentations. Do not hesitate to ask them for assistance.

Presentations:

Presenters of short communications are requested to submit their presentations to an assistant in the speakers’ room at least 2 hours before the scheduled time on the programme. If any presenter is unable to do this, we request that these presentations be loaded in the respective venues during the tea or lunch intervals preceding your presentation. Please ask any of the student volunteers to help you with the setup of your presentation. The speaker’s room is located on the first floor of building G16 (Please follow the signage).

Parking:

Arrangements have been made for delegates to park in the parking area in front of Building G20. The shuttle bus will also stop in this parking area to transport delegates between accommodation and the conference venue and to and from social events.
Shuttle Services:

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<th>30 June</th>
<th>1 July</th>
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<td>Town Lodge</td>
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<td>Willows Hotel</td>
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Internet services:

Internet services will be available in the Computer room (NW118). The login name and password to use: test100. A daily password for internet services will be announced at the plenary session. Student volunteers will be available to assist if you have further enquiries.

Tours:

The Simulation Pharmacy will be open during tea and lunch times for Conference delegates who are interested in more information. A demonstration of ‘Susie’, the first simulation dummy in South Africa, will be done during lunchtimes. The Simulation Pharmacy is situated on the ground floor of building G16.

Social:

The vouchers for drinks at the social functions are included in pouch of each name tag. Please bring these vouchers along for 2 complimentary drinks at the Welcome cocktail as well as 1 complimentary drinks at the Nooitgedacht Stargazing Function. A cash bar will be available for your convenience.

Emergency medical care:

Medical facilities are available on campus. Please alert a member of the organising committee or a student volunteer if medical assistance is needed.

Contact numbers in case of emergency:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Alida Herbst</td>
<td>083 708 4242</td>
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<tr>
<td>Sumei Goussard</td>
<td>084 580 6192</td>
</tr>
<tr>
<td>Leandi Olivier</td>
<td>082 565 1887</td>
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SPONSORS LIST

Ovid

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Special financial assistance

University of Witwatersrand
University of Pretoria
University of Limpopo (Medunsa Campus)
North-West University (Potchefstroom Campus)
University of Johannesburg
PROFILES OF GUEST SPEAKERS

Dr Charles Boelen

MD, MPH, MSc
International consultant in health systems and personnel

Charles Boelen is a medical doctor (Belgium, 1966), specialized in public health (University of Montreal, Canada), epidemiology (McGill University, Montreal), health system management (Harvard and Stanford Universities, USA) and education of health professionals (University of Paris XIII, France).

During his thirty years with the World Health Organization (1972 to 2001), he developed worldwide human resources development projects in coordination with Ministries of Health and Higher Education, professional associations and academic institutions. At WHO Headquarters in Geneva (1988-2001), he served as coordinator of the program of human resources for health and initiated several important policy documents. Since 2002, he is an international consultant in health systems and personnel.

He is best known for his work on:

Social accountability of academic institutions:
He authored the WHO monograph “Defining and measuring the social accountability of medical schools” and promoted strategies for educational reforms.

Primary health care professionals:
He is the inventor of the “Five-star-doctor” model and the WHO global strategy for reorientating medical education and medical practice for Health for All.

Health care reform:
He is the author of the WHO strategy “Towards Unity for Health”, aiming at making the best use of health resources, including human resources, with emphasis on integration of individual and public health activities and on partnership among key stakeholders: policy-makers, health service managers, health professions, academic institutions and civil society.
Dr. John (Jack) R. Boulet:

Ph.D.
Vice President, Research and Data Resources, for the Foundation for Advancement of International Medical Education and Research (FAIMER®)
Assistant Vice President, Research and Evaluation, for the Educational Commission for Foreign Medical Graduates (ECFMG®)

Dr. Boulet is Associate Vice President, Research and Data Resources, for the Foundation for Advancement of International Medical Education and Research (FAIMER®). He is also the Assistant Vice President, Research and Evaluation, for the Educational Commission for Foreign Medical Graduates (ECFMG®). For the past 16 years, Dr. Boulet has worked on the development of performance-based credentialing assessments in medicine. He has published extensively in the field of medical education, focusing specifically on measurement issues pertaining to performance-based assessments, including objective structured clinical examinations (OSCEs) and various mannequin-based evaluation methodologies. Dr. Boulet currently serves on the editorial boards for Advances in Health Sciences Education, Education for Health, and Simulation in Healthcare. He is the deputy editor for Medical Education.

Dr. David CM Taylor:

Deputy Director of Medical Studies Liverpool
University of Liverpool School of Medicine

David is Deputy Director of Medical Studies in Liverpool, and has been involved in the supporting change in medical curricula for around 20 years. This has lead to a fascinating career and trips to all continents apart from Antarctica! David's research interests are in pastoral care, professionalism and adult learning theory, particularly the role of problem-based learning. Despite his conviction that there are always better ways of doing things, he believes that solutions only work if they stem from, and are in tune with, the community they will affect.
Deborah Murdoch-Eaton is a Professor of Medical Education within the School of Medicine, Leeds, UK. As a practicing paediatrician, Deborah's achievements in the field of teaching and learning 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 and she is particularly interested in how medical students acquire generic learning skills - the so-called "transferable skills". Her publications reflect the innovations in challenging students to learn in differing environments.

She has a strong interest in Internationalism. As chair of the Faculty of Medicine & Health International Committee, and through membership of the university Faculty International Representatives she is leading on how to ensure the University ensures all its graduates are truly "global citizens" and that internationalism is integrated within all curricula; The University of Leeds is committed to fulfilling its purpose "to advance and disseminate knowledge, and develop outstanding graduates and scholars to make a major impact on global society". Through active participation in these committees, Deborah never forgets her Zimbabwean roots, and strives to ensure that low / middle income countries, especially in sub-Saharan Africa remain high on the university's agenda!

She was awarded a National Teaching Fellowship in 2004 by the UK Higher Education Academy. She is using her NTF monies to fund travel to a number of African Countries including South Africa; this is for both consultancy and advice on curricular developments as well as leading an international project looking at the generic learning skills of students entering medical school.

In the postgraduate education arena, she has worked as a PLAB assessor and chief invigilator for the GMC, and is Educational Director on 2 postgraduate programmes (a distance learning course for paediatric neurologists and the Paediatric Educators Programme for the Royal College of Paediatrics and Child Health, UK) She is co-editor of Learning and Teaching section of Archives of Disease and Childhood, Education and Practice journal. Other educational work includes projects on areas of curriculum development, feedback, undergraduate research skills development, student support and developing enterprise skills in Doctors of the future - effective international health care needs innovative health care practitioners able to implement change in challenging work environments!
Prof. Robin Watts:

PhD(Colorado) MHSc (McMaster) BA (WAIT) Dip NEd (CoN, Aust)

Current position/appointments:

Foundation Professor of Nursing at Curtin University of Technology
Director of WA Centre for Evidenced Informed Health Care Practice (a Collaborating Centre of the Joanna Briggs Institute, Adelaide) for past 14 years - one of two longest serving Centre Directors in JBI

Research related appointments/activities:

Served nine years on the Australian Health Ethics Committee of the Australian National Health and Medical Research Council (NHMRC) plus served on 2 other NHMRC committees as the AHEC representative Member of the Committee of Management for the Joanna Briggs Institute Currently on Advisory Boards and a reviewer for several national and international journals Extensive higher degree by research supervision and examination experience Research grant assessor for the NHMRC for 11 years. Systematic review author in area of women's and children's health

Prof. Athol Kent:

PLENARY LECTURE BY SAAHE DISTINGUISHED EDUCATOR
Undergraduate teaching in the Department of O&G at the University of Cape Town

Prof Athol Kent graduated MBChB at the University of Cape Town and then specialised in Obstetrics & Gynaecology after working at Edendale Hospital in KwaZulu-Natal and Oxford in the United Kingdom.

His interest in Medical Education lead him to head-up the education portfolio in the Department of Obstetrics & Gynaecology at UCT where he obtained a MPhil (Med Ed) and initiated new teaching methods that included the first OSCE in South Africa. He has been active in the organisation of many educational events like the Ottawa in Africa International conference, SAAME then its rebirth as SAAHE and is much involved with international aspects of the Association of Medical Education of Europe.

Until recently he was editor of the South African Journal of Obstetrics & Gynaecology and is at present in charge of undergraduate teaching in the Department of O&G at the University of Cape Town. He created and writes the Journal Article Summary Service which is a post-graduate Continuing Professional Development resource for Obstetricians & Gynaecologists subscribed to in 41 countries throughout the world and contributes a monthly column to the British Journal of O&G.
Prof. Cilas Wilders:

Director of the Institute for Biokinetics (NWU)
Appointed by Minister of Health (SA) to represent Biokinetics on the board of HPCSA for period of 5 years
President of the Biokinetic Association of South Africa

Cilas Jacobus Wilders is a professor at the North West University (Potchefstroom campus) and the director of the Institute for Biokinetics. He was appointed, by the minister of Health, to represent Biokinetics on the board of Physiotherapy, Podiatry and Biokinetics of the Health Professions Council of South Africa (HPCSA), for a period of 5 years. Cilas is currently the president of the Biokinetic Association of South Africa. In his capacity as educator, scientist and practitioner he forms part of the Standard Generating Body of the HPCSA, for the development of the new curricula for Biokinetic training. In this regard he acts as convener for evaluation teams of the board of Physiotherapy, Podiatry and Biokinetics to standardised Biokinetic training in South Africa. Prof Wilders is also part of the International Institute for Health Promotion (IIHP) and involved in the development of an International syllabus for health education.

Cilas is actively involved in health education and training from a proactive point of view (preventive paradigm). He focuses his work on the integration of different paradigms towards self responsibility. In his academic career, Cilas was and still is involved in 50 (Master’s and Doctoral) post-graduate studies, published 33 scientific articles in peer reviewed National and International scientific journals, and form part of 19 National and 25 International presentations at various scientific conferences. These mentioned contributions flow from his active interest in research and teaching of the integration of different health constructs and paradigms in optimization of health, within the total wellbeing of the individual. He is also actively involved as chair and presenter in the Continuing Professional Development of Biokinetic practitioners practicing within the health arena.
SCIENTIFIC PROGRAMME
Day 1 (Thursday, 30 June 2011)

07h00 – 08h30  REGISTRATION
   Venue: Foyer

08h30 – 11h00  WELCOMING AND OPENING CEREMONY
   Chair: Alida Herbst
   Venue: The Dome

   WELCOME ADDRESS FROM SAAHE PRESIDENT
   Dr Lionel Green-Thompson, University of Witwatersrand

   OPENING ADDRESS:
   Prof Mariëtte Lowes, Vice-Rector: Teaching-learning, North-West University (NWU)

   INTRODUCTION TO SAAHE 2011
   Prof MJ Viljoen, Dean Faculty of Health Sciences, NWU

   SAAHE DISTINGUISHED EDUCATOR LECTURE
   Introduction: Dr Francois Cilliers, University of Stellenbosch
   “The future of Health Science Education”
   Prof Athol Kent

   PLENARY SESSION
   “Evidence Based Practice: How can we facilitate student learning “
   Prof Robin Watts, Foundation Professor of Nursing at Curtin University of Technology

11h00 – 11h30  Tea and Coffee

11h30 – 12h30  PAPER PRESENTATIONS

SESSION 1: SOCIAL ACCOUNTABILITY
   Chair: Gill Enslin
   Venue: Tshwane Room

   11h30  Social Accountability in research: Paying it forward
           C van Wyk

   11h45  More ways than means of social accountability in medical education
           JE Wolvaardt

   12h00  Turning theory into practitioner agency using the Human Rights Key
           V Mitchell

SESSION 2: ETHICS AND PROFESSIONALISM: TEACHING AND ASSESSMENT
   Chair: Patricia McInerney
   Venue: Wits Room

   11h30  Health education and gender equality gains: reflecting on our own community
           E Meyer

   11h45  Conceptualising the optimal mammogram experience and the role of education in the
           inception thereof in South Africa
           A Louw

   12h00  Spiritual values and clinical practice
           Dr A Muianga, Prof R Delport
12h15  Morality in health science education: a historical perspective
D Prozesky

SESSION 3: POST GRADUATE TRAINING AND CONTINUOUS PROFESSIONAL DEVELOPMENT
Chair: Marietjie Van Rooyen
Venue: Potchefstroom Room
11h30  Holistic well-being: Guiding postgraduate students during research supervision
H Grobler
11h45  Short courses vs. postgraduate degrees: Preferences of South African Occupational Therapists
H Pitout
12h00  Trajectories of growth towards scholarly teaching: an explanatory framework
F Cilliers
12h15  Possible limiting factors for upgrade of dental therapists to dental surgeons in Zambia
C Marimo

SESSION 4: TEACHING AND LEARNING
Chair: Chris Stein
Venue: Johannesburg Room
11h30  “Morning POEMs (Patient Oriented Evidence that Matters)” – Teaching Point-of-Care, Patient Centred Evidence-Based Medicine (EBM)
Dr EC Armstrong
11h45  The use of reflective journaling in the training of play therapy students
IF Jacobs
12h00  MBCHB3 Selective assignment as applied education and research tool
S Fourie
12h15  “Do emergency medical care student’s perceptions of their educational environment predict academic performance?”
C Stein, B Van Nugteren

SESSION 5 : QUALITY ASSURANCE (2), ASSESSMENT (1) AND TEACHING AND LEARNING (1)
Chair: Glenda Myers
Venue: The Dome
11h30  The role of quality assurance in empowering lecturing staff to improve teaching and learning
A Vermeulen, M Moeng
11h45  Practical Quality Assurance Program Development for MPH students
Prof SJH Hendricks
12h00  Does an early OSCE predict future clinical performance?
L Green-Thompson, T Maswanganyi
12h15  School education subject background for teaching and learning of biomechanics at tertiary level
Prof D Malan

12H30 – 13H30 POSTER PRESENTATIONS

SESSION 1: SOCIAL ACCOUNTABILITY
Chair: Liz Wolvaardt
Venue: Pretoria Room
Facilitating social accountability among Psychology students: The Phelophepa healthcare train
IP Khumalo, A Bonhuys

The Experience Of Rural Origin Students Of The WIRHE Scholarship Programme At Wits: Enabling And Disabling Factors
L du Toit, I Couper, N Sondzaba, M Mngapu

Accredited short course training in socio economic development for student volunteers of the NWU’s Student Rag Community Service
ML Weyers, AG Herbst

SERVICE LEARNING

Suitability of District Hospital for Community-Based Service Learning
J Ndimande

Ward stock management project: A service learning opportunity for pharmacy students and nurses
JC Meyer, LA Mabope, T Ekosse, B Majaya, S Ngobeni, R Tshitake

POST-GRADUATE TRAINING AND CONTINUOUS PROFESSIONAL DEVELOPMENT

Integrating Primary Health Care principles in clinical teaching
M Alperstein

Comparison between MMed [Anaesthesia] programmes in SADC
F Madzimbamuto:

SESSION 2: E-LEARNING AND USE OF TECHNOLOGY IN TEACHING AND ASSESSMENT
Chair: Detlef Prozesky
Venue: North West Room

The use of social networks to provide opportunities for peer learning and reflection.
E Meyer

Information Literacy Skills Integration into the GEMP Curriculum at the University of the Witwatersrand Faculty of Health Sciences
G Myers

Undergraduate student approaches to computer-assisted instruction (CAI) at Wits
D Prozesky, K Govender

An investigation into the implementation of e-learning in a Faculty at a rural university
KA Nel, C Tebele, D Chimbwandwa:

STUDENT SELECTION, SUPPORT, RETENTION, PERCEPTION AND INITIATIVE

Improving clinical teaching of undergraduate student nurses.
SN Mbalinda

Service learning and volunteerism: the NWU’S Student Rag Community Service story
J Stideworthy, AG Herbst, E Japhta, D Kondos, L Kleynhans, L Steyn, C Visser, M Erasmus

Student perceptions of the effect of a module in systems thinking on their approach to problem solving
P Keene

SESSION 3: QUALITY ASSURANCE
Chair: Lindi Mabope
Venue: Limpopo Room

Using clinical follow-up visits to inform teaching and learning practices in a Clinical Skills Centre
E Smuts
Establishing guidelines for clinical supervision of student nurses
S Achora

Perceptions of fourth year medical students at Wits about their hospital based clinical training
A Cassim, D Prozesky

ASSESSMENT

The Role of Feedback in Assessment.
GR Voogt, S Tromp

The development, implementation and evaluation of a short course in Objective Structured Clinical Examination (OSCE) skills
A de Villiers

Continuous clinical assessment in dentistry within a resource constrained environment
C Mwesigwa

Changing assessment methods - increase student engagement
M Hugo

SESSION 4: TEACHING AND LEARNING
Chair: Ben van Heerden
Venue: Wits Room

Trust students as architects of their own learning
M Hugo

The Integrated Tutorial for Effective Palliative Medicine Teaching
A Barnard

Improving skills competency of junior medical students
IM Mutwali

Improving Teaching Skills
J Garcia

Teaching spirometry with the PowerLab® LabTutor® System: The physiology experience
S Du Plessis, H Strijdom, E Archer, M van Heusden, B van Heerden

Simulated patient feedback and unsuspected training needs
D Pretorius, M Hugo, L Shweickerdt-Alker, I Treadwell, E Setuki, M Mashoeng, T Mogale, K Mafala, P Mashaba

Linking learning success to educational experiences: a case study from Wits
B Smuts, D Prozesky

SESSION 5: CURRICULUM AND PROGRAMME DEVELOPMENT
Chair: Grieta Hanekom
Venue: Window of opportunities

Bernstein’s ‘pedagogic device’: a tool for re-aligning curricula
C Oltmann

Critical thinking in 3rd year radiography students.
T Pieterse

MBChB Curriculum Review: Mental Health and Communication, University of Limpopo, Medunsa Campus
W Basson, C van Bosch, G Botha
An exhilarating gallop into a super complex unknown future: Authentic learning in the BCMP Curriculum

J Hugo, J Slabbert, P Du Toit, T Marcus, M Louw, Z Tshabalala, J Sandars, P Mahuma

"What do Bachelor of Health Sciences graduates do?" Career and study choices of BHSc graduates 2006 – 2010

A Wright

Review of an undergraduate medical curriculum at the University of the Witwatersrand

S Chipamaunga, P Keene

Improving integration in an undergraduate medical curriculum at the University of Witwatersrand

S Chipamaunga, P Keene, T Maswanganyi

SESSION 6: CURRICULUM AND PROGRAMME DEVELOPMENT

Chair: Glynis Pickworth
Venue: Starlight Window

Rural clinical clerkships require an innovative curriculum development approach.

H Conradie

Mentor attributes influencing positive learning experiences at clinics.

A Reinbrech-Schutte

Expectations Among Existing Healthcare Workers On The Role Of The Clinical Associate

A Dreyer, L Du Toit, I Couper, A Gibbs, P Mqapu

Finding direction in a complex learning environment

M Louw, J Hugo, P Du Toit, J Sandars, M Bac, T Marcus, J Slabbert, Z Tshabalala

Trials and lessons learnt in establishing a new format for MMED (Family Medicine) - University of Limpopo, Medunsa Campus

I Govender

MULTI- AND INTER-DISCIPLINARY TEACHING AND LEARNING

The impact of a Short course in clinical supervision

E Archer

Understanding the world of health: a compulsory module for all second year students in the Faculty of Health Sciences at the North-West University (Potchefstroom campus)

A Kruger, M Greeff, AG Herbst

Multi Disciplinary Learning in Mpumalanga in Maternal and Child Health and Community Oriented Primary Health Care (COPC)

J Hugo, T Marcus, A Bergh, P Mookamedi, M Bac, P Van Niekerk, P Pattinson, P Mkwanazi

13h30 – 14h30 LUNCH
Venue: Drakenstein restaurant

14h30 – 16h30 WORKSHOPS

SESSION 1: Concept maps and cognition

Chair: Juanita Bezuidenhout
Dr Stephen Walsh
Venue: Computer Room

SESSION 2: Evidence Based Practice - integrating the concept into curricula

Chair: Patricia McInerney
Prof. Robin Watts
Venue: North-West Room
SESSION 3: Setting standards for simulation-based exercises  
Chair: Chris Stein  
Dr. Jack Boulet  
Venue: The Dome

SESSION 4: Effective feedback: why, how & how not to do it?  
Chair: Alida Herbst  
Prof Deborah Murdoch-Eaton  
Venue: Pretoria Room

SESSION 5: Communities of practice: What are they and why should we care?  
Chair: Belinda Scrooby  
Prof. Dianne Manning  
Venue: Wits Room

SESSION 6: Student centred learning guide  
Chair: Tumi Khumalo  
Mrs. Alida Naude and dr. Anne-Marie Wium  
Venue: Limpopo Room

17h30 WELCOME COCTAIL FUNCTION  
Venue: Sports Village

19h00 SAAHE COUNCIL MEETING  
Venue: Boardroom Sports Village

Day 2 (Friday, 1 July 2011)

07h30 – 08h30 CAFé CONVERSATION  
Chair: Grieta Hanekom  
Venue: Wits Room

“Balance between dependent and independent health: are we on the right track in education? “  
Prof Cilas Wilders, Director of the Institute of Biokinetics, NWU Potchefstroom Campus

07h30 – 08h30 REGISTRATION  
Venue: Foyer

08h30 – 10h30 PLENARY SESSION  
Chair: Lionel Green-Thompson  
Venue: The Dome

“Social Accountability: The mark of excellence in health professional education. “  
Prof Charles Boelen, International consultant in health systems and personnel

“Developing enterprising health care professionals. How should we meet the challenge?”  
Prof Debbie Murdoch-Eaton, Leeds Institute of Medical Education

10h30 - 11h00 Tea and Coffee

11h00 - 12h00 PAPER PRESENTAIONS

SESSION 6: STUDENT SELECTION, SUPPORT, RETENTION, PERCEPTION AND INITIATIVE  
Chair: Belinda Scrooby  
Venue: Tshwane Room
11h00  Tutoring scientific subject matter in students’ mother tongue  
M De Villiers

11h15  Awareness of competencies of emotional intelligence in post-graduate students  
aimed at motivation and retention  
M Van der Merwe

11h30  Student assessment feedback session: Our challenges and experience  
A Adebesin

SESSION 7: SERVICE LEARNING (2) & CURRICULUM AND PROGRAMME DEVELOPMENT (2)  
Chair:  Liz Wolvaardt  
Venue: Johannesburg Room

11h00  The challenges of universities in becoming engaged institutions  
L Wilson

11h15  Cracking the nut of service-learning in nursing  
H Julie

11h30  Introducing Case-based Learning in Decentralised Nursing Programme  
S Mthembu

SESSION 8: E-LEARNING AND USE OF TECHNOLOGY IN TEACHING AND ASSESSMENT (3) &  
MULTI- AND INTER-DISCIPLINARY TEACHING AND LEARNING (1)  
Chair: Gill Enslin  
Venue: The Dome

11h00  Inter-professional education & collaboration towards improving employability skills:  
an experience from two faculties at North-West University, Mafikeng Campus, South  
Africa  
U Useh

11h15  Using online social networks to facilitate clinical and ethical reasoning  
M Rowe

11h30  Blackboard Training Initiative: Faculty of Health Sciences, University of Limpopo,  
Medunsa Campus  
A Botha, I Maboye

11h45  E-learning: Student’s perspective  
G Sinombe

SESSION 9: CURRICULUM AND PROGRAMME DEVELOPMENT  
Chair: Athol Kent  
Venue: Wits Room

11h00  Effects of curriculum change on medical graduates’ internship performance  
B Smuts, D Prozesky

11h15  Is curriculum review a bit like open heart surgery?  
G Botha

11h30  Final Year Medical Student’ Experiences of the GEMP at Wits  
L Green-Thompson, T Maswanganyi, P McInerney

11h45  Exploring the influence of a module in teaching and learning on family physician  
trainees  
M De Villiers, F Cilliers, N Herman, F Coetzee, K Von Presentin, M Van Heusden
12h00 – 13h00 PAPER PRESENTATIONS

SESSION 10: SERVICE LEARNING
Chair: Gerda Botha
Venue: The Dome

12h00 The Conservation of Resources model applied to service learning and research in Health Science education
M van der Merwe

12h15 Research module for pharmacy students: Developing an information leaflet for patients attending an antiretroviral treatment (ART) clinic for the first time
JC Meyer, V Chauke, TA Mashele, T Motubatse, H Sithole

12h30 Laying the foundation for service learning: A case example – The Center for Child Youth and Family Studies
S Hoosain

12h45 A community service learning approach to de-stigmatise students’ perceptions about psychiatric patients
Dr S Snyman

SESSION 11: STUDENT SELECTION, SUPPORT, RETENTION, PERCEPTION AND INITIATIVE
Chair: Tumi Khumalo
Venue: Tshwane Room

12h00 Are we successful when all the students leave?
S Kornick, G Wolvaardt, K Thiers

12h15 Optimum utilisation of a holistic selection programme for students applying for a Masters programme
H Grobler

12h30 Factors Influencing Academic Failure of Failure the BPharm Students: University of Limpopo, Medunsa Campus
LA Mabope

12h45 Diagnostic assessment of MB ChB II students with academic problems
JE Howse

SESSION 12: ASSESSMENT
Chair: Sumei Goussard
Venue: Wits Room

12h00 Students’ approaches to learning disciplines in an integrated curriculum
D Manning, T Maswanganyi, D Prozesky

12h15 Ready for the catwalk? By what criteria should a new model be judged?
F Cilliers

12h30 Reviewing Assessment to Promote Medical Student Engagement in Basic Sciences to Cure And Care Better
C Brand

12h45 Update on students’ response to an observed clinical exam
L Green-Thompson

SESSION 13: TEACHING AND LEARNING
Chair: Chris Stein
Venue: Johannesburg Room

28
12h00   Co-operative learning during CPR skills training  
      Prof R Delport

12h15   Nurse-Initiation and Maintenance of patients on Antiretroviral Therapy in South Africa:  
      An Exploration of Key Barriers and Enablers of clinical competence.  
      D Cameron

12h30   Inter-disciplinary learning and teaching can enhance student understanding of  
      pollution and health course  
      JO Olowoyo, BE Pelle

12h45   Towards a model of experiential learning as contributor to effective teaching and  
      learning in a postgraduate Masters programme  
      CHM Bloem

13h00 – 14h00  LUNCH  
      Venue: Drakenstein restaurant

14h00 – 16h00  WORKSHOPS

SESSION 1: Standard setting in healthcare education – a crucial consideration  
      Chair: Gerda Botha  
      Dr. Scarpa Schoeman  
      Venue: Computer Room

SESSION 2: Using the movie 'Wit' as reflective practice in health education  
      Chair: Grieta Hanekom  
      Dr. Alida Herbst  
      Venue: Limpopo Room

SESSION 3: What is social accountability and how can it be measured?  
      Chair: Glynis Pickworth  
      Dr. Charles Boelen  
      Venue: Pretoria Room

SESSION 4: Making use of Adult Learning Theories  
      Chair: Glenda Myers  
      Dr. David Taylor  
      Venue: North West Room

SESSION 5: Towards the development of an integrated problem-based learning programme for  
      Basic Pharmacist’s Assistants (NQF 3)  
      Chair: Sandra van Dyk  
      Dr. Nombulelo Phewa  
      Venue: Wits Room

SESSION 6: Clinical teaching: balancing the domains  
      Chair: Detlef Prozesky  
      Prof. Ina Treadwell  
      Venue: The Dome

16h15   Depart for Social function at Nooitgedacht, Vredefort Dome Area

17h30 – 21h00  CONFERENCE SOCIAL: STARGAZING IN VREDEFORT DOME

Day 3 (Saturday, 2 July 2011)

08H30 – 10H30  PLENARY SESSION  
      Chair: Dianne Manning  
      Venue: The Dome
“Simulation-Based Assessment: Challenges and Opportunities”
Prof Jack Boulet, Vice President: Research and Data Resources FAIMER

“Making use of Adult Learning Theories”
Dr David Taylor, Department Director of Medical Studies, Liverpool University, School of Medicine

10h30 – 11h00  Tea and Coffee

11h00 – 12h30  STUDENT SESSIONS
Chair: Danel Benade
Coordinator: Ms Lindi Mabope
Venue: The Dome

“Perceptions and Experiences on Community Engagement as part of Learning”

12h30 – 13h30  CLOSING SESSION
Chair: Alida Herbst
Venue: The Dome

Introduction to SAAHE 2012: University of the Free State,
Prof Andre Venter

CLOSING CEREMONY AND PRIZE GIVING

13H30  PACKED LUNCH
PRE-CONFERENCE WORKSHOPS
The aim of the workshop is to provide participants with knowledge and skills in the area of evidence based practice that will be applicable in their specific area of education while becoming aware of the potentially differing foci and applications of other health disciplines. It will be assumed that the participants already have some knowledge in curriculum development, teaching/learning strategies, assessment and evaluation. The workshop will be interactive, drawing on and sharing the knowledge and skills participants bring to the group. It is anticipated that a small amount of pre-reading will provided so participants come with some background on evidence based practice in education. The concept of evidence based practice will be explored and agreement sought on an inclusive definition that can be applied at a multidisciplinary level. The currently available evidence on effective and meaningful education about this topic will be discussed, then considered and applied where appropriate during the workshop. The knowledge and skills required to ensure clinical practice is informed by evidence will be identified, and various learning strategies to address these needs explored. To complete the cycle, means of assessing student learning in this area and evaluating the effectiveness of learning strategies will be examined. Approaches to integrating this material into a curriculum framework will also be discussed.

**Current position/appointments:**
Adjunct Professor, School of Nursing and Midwifery, Curtin University, Perth, Western Australia
Director of WA Centre for Evidenced Informed Health Care Practice (a Collaborating Centre of the Joanna Briggs Institute, Adelaide) for past 14 years.

**Previous positions**
Foundation Professor of Nursing at Curtin University 1995-2010
Executive Director, University Planning 1999-2007
Head of School, Nursing, 1985-1986; 1989-1995

**National/International activities**
Served nine years on the Australian Health Ethics Committee of the Australian National Health and Medical Research Council (NHMRC) plus served on 2 other NHMRC committees as the AHEC representative
Research grant assessor for the NHMRC for 11 years.
Member of several state and national committees of enquiry into nursing and midwifery education
Currently on Advisory Boards and/a reviewer for several national and international journals
Overseas work: Teaching – Honduras, Thailand, Taiwan and project work in Rwanda.

**Grants, publications and presentations – numerous**
Areas in research interest: Evidence based practice in women’s and children’s health; rural and remote and community nursing

**And for fun…!** Enjoying the fruits of retirement.
Pre-conference workshop 2: Curricular Alignment – what does this mean?

Prof Deborah Murdoch-Eaton, Professor of Medical Education, Leeds Institute of Medical Education, School of Medicine, University of Leeds, UK

Target Audience:
Course organisers, any level from novice to experienced wishing to cast a fresh pair of eyes on what they have designed or are teaching and why!

The best laid plans can go astray! However good our intentions when setting out a course or programme, there are often unintended learning consequences. These may be related to a number of factors, not least of which includes mal-alignment between intended learning outcomes and methods of teaching and assessment. This interactive workshop will outline key principles involved in curricular alignment, and ask participants to reflect on a part of the course they are responsible for.

Learning outcomes:
By the end of the session, course participants will have
- Revised the key areas that will impact on how, what and why students learn
- Identified important factors for learning on a course that they teach
- Reviewed and considered their own course and implications for change
- Undertaken peer review and discussion on a colleagues course

If participants are not currently responsible for a course, they can equally participate by devising a course they would like to develop or improve one they are currently teaching on!

Deborah Murdoch-Eaton is a Professor of Medical Education and Director of Learning and Teaching for the School of Medicine, Leeds UK with responsibility for all taught components – from undergraduate through to taught postgraduate programmes!

As a practicing paediatrician, Deborah’s achievements in the field of teaching and learning 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 and she is particularly interested in how medical students acquire generic learning skills – the so-called “transferable skills”. Her publications reflect the innovations in challenging students to learn in differing environments.

She has a strong interest in Internationalism. As chair of the Faculty of Medicine & Health International Committee, and through membership of the university Faculty International Representatives she is leading on how to ensure the University ensures all its graduates are truly “global citizens” and that internationalism is integrated within all curricula. The University of Leeds is committed to fulfilling its purpose “to advance and disseminate knowledge, and develop outstanding graduates and scholars to make a major impact on global society”. Through active participation in these committees, Deborah never forgets her Zimbabwean roots, and strives to ensure that low/middle income countries, especially in sub-Saharan Africa remain high on the university’s agenda!

She was awarded a National Teaching Fellowship in 2004 by the UK Higher Education Academy. She is using her NTF monies to fund travel to a number of African Countries including South Africa; this is for both consultancy and advice on curricular developments as well as leading an international project looking at the generic learning skills of students entering medical school.

In the postgraduate education arena, she has worked as a PLAB assessor and chief invigilator for the GMC, and Educational Director for 2 postgraduate programmes (a distance learning course for paediatric neurologists and the Paediatric Educators Programme for the Royal College of Paediatrics and Child Health, UK) She is co-editor of Learning and Teaching section of Archives of Disease and Childhood, Education and Practice journal. Other educational work includes projects on areas of curriculum development, feedback, undergraduate research skills development, student support and developing enterprise skills in Doctors of the future - effective international health care needs innovative health care practitioners able to implement change in challenging work environments!
INTRA-CONFERENCE WORKSHOPS
Concept Mapping for Learning: Concept maps are graphical representations of a knowledge domain. They consist of concepts contained within nodes. The nodes are connected by linking phrases to form propositions. Concept maps have strong psychological and theoretical foundations, based on Ausubel's Assimilation Theory and Novak's Theory of Learning. Concept mapping is primarily used is to facilitate meaningful learning. The program used in this workshop (CmapTools) is easy enough for primary school children to use and powerful enough for NASA to capture the knowledge of their retiring rocket scientists. CmapTools is a free concept mapping tool that installs on your desktop PC. It connects to the internet as well as concept maps hosted on thousands of computers across the globe. Concept Mapping for Presentations: Preparing a presentation has four distinct stages: Preparation of the topic; Structuring of the content; Design of the presentation; and the Delivery. Concept mapping can be used in all of these phases. Constructing a concept map for presentations can often be far quicker than creating a PowerPoint slide show. Concept Mapping for Assessment: Another very powerful use of concept maps is as an evaluation tool, thus encouraging students to use meaningful-mode learning patterns. Concept Maps are also effective in identifying both valid and invalid ideas held by students. They can be as effective as more time-consuming clinical interviews for identifying the relevant knowledge a learner possesses before or after instruction. Concept Mapping for Personal Learning Environments: Besides facilitating meaningful learning, CmapTools can form the backbone of a Personal Learning Environment. It can function as a desktop or web-based application or both. It has security features that allow you to specify who can view and change your concept map. It can link to any electronic resource on your PC or on the internet. It can launch videos or PowerPoint slide shows and display pictures. Most of all, it is easy to use and update.
Intra-conference workshop 2: Evidence Based Practice - integrating the concept into curricula

North West Room

Prof Robin Watts, Curtin University, Perth

The aim of the workshop is to provide participants with knowledge and skills in the area of evidence based practice that will be applicable in their specific area of education while becoming aware of the potentially differing foci and applications of other health disciplines. It will be assumed that the participants already have some knowledge in curriculum development, teaching/learning strategies, assessment and evaluation. The workshop will be interactive, drawing on and sharing the knowledge and skills participants bring to the group. It is anticipated that a small amount of pre-reading will provided so participants come with some background on evidence based practice in education.

The concept of evidence based practice will be explored and agreement sought on an inclusive definition that can be applied at a multidisciplinary level. The currently available evidence on effective and meaningful education about this topic will be discussed, then considered and applied where appropriate during the workshop. The knowledge and skills required to ensure clinical practice is informed by evidence will be identified, and various learning strategies to address these needs explored. To complete the cycle, means of assessing student learning in this area and evaluating the effectiveness of learning strategies will be examined. Approaches to integrating this material into a curriculum framework will also be discussed.

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Areas in research interest: Evidence based practice in women’s and children’s health; rural and remote and community nursing

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Intra-conference workshop 3: Setting standards for simulation-based exercises

The Dome

Dr John (Jack) R. Boulet, FAIMER

Background:

For most traditional assessments, including multiple-choice examinations and other selected-response formats, standard setting techniques are well-developed and widely used. With the recent adoption of high-stakes performance-based assessments in medicine and other healthcare professions, including those used for credentialing, there has been a need to modify existing standard setting methodologies, including developing new techniques that can reliably delimit the point, or points, that separate adequate from inadequate performance. For simulation-based assessments to be effectively used for summative decisions (e.g., graduation from medical school, licensure, maintenance of certification), setting defensible performance standards is paramount.

Much empirical standard setting research has been conducted for assessments that utilize standardized patients (SPs - lay people who are trained to model the medical complaints and mannerisms of real patients) and mannequins. The techniques developed as part of these research endeavours are broadly applicable to most performance-based assessments.

In general, standard setting techniques can be classified and norm- and criterion-referenced. For norm-referenced methods, a point on the score scale is chosen so as to fail (or pass) a certain percentage of the candidates. For summative assessments, where one wants to know what a candidate can and cannot do, norm-referenced techniques are not appropriate. For criterion-referenced techniques, either a test- or examinee-centered approach can be used. For test centered approaches, the standard setting panelists make judgments based on the scoring tools. For example, if a checklist is used for scoring, the panelists would decide how many items need to be credited for a candidate to be judged to be competent (or minimally proficient, etc.). Unfortunately, these types of judgments can be difficult and, because of various opinions regarding the importance of certain actions, there is often only marginal agreement among panelists. Alternatively, an examinee-centered approach can be employed. Here, performance samples (e.g., videotapes) are shown to the panelists (without the scores) and they are asked to make summary judgments (e.g., adequate, inadequate) for each. Then, the panelists’ judgments are regressed onto the actual scores to delimit the score point that maximally discriminates between adequate and inadequate performance. This technique has been shown to yield valid and defensible standards for both SP- and mannequin-based assessments.

Learning Objectives

After attending this workshop, the learner will be able to:

1. Choose an appropriate standard setting methodology for his/her particular needs,
2. Design a basic standard setting study,
3. Understand and evaluate the process of setting standards for performance-based assessments.
Session Plan
The workshop will consist of the following parts:

1. **Introduction to standard setting techniques.** The participants will be provided with a brief synopsis of the main issues, including the need for standard setting, the methods and processes that are currently used, and the techniques that can be employed to evaluate the adequacy of the standards (40 minutes).

2. **Standard setting activities.** As part of this workshop, the participants will act as a large standard-setting panel. Following a review of the purpose of the assessment (e.g., competence level being addressed), scoring models, and the specific goals of each individual simulation exercise, the panelists will be asked to review a sample of videotaped performances and make judgments concerning competence (60 minutes).

3. **Deriving the standard/ discussion.** The summary judgments from the panelists (audience) will be analyzed to yield performance standards. The participants will be shown how regression-based statistical techniques can be used to derive an appropriate cut-point. As would happen for a typical standard setting exercise, the participants will be asked to provide feedback on the process, including the appropriateness of the performance standard(s) (50 minutes).

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Dr. Boulet is Associate Vice President, Research and Data Resources, for the Foundation for Advancement of International Medical Education and Research (FAIMER®). He is also the Assistant Vice President, Research and Evaluation, for the Educational Commission for Foreign Medical Graduates (ECFMG®). For the past 16 years, Dr. Boulet has worked on the development of performance-based credentialing assessments in medicine. He has published extensively in the field of medical education, focusing specifically on measurement issues pertaining to performance-based assessments, including objective structured clinical examinations (OSCEs) and various mannequin-based evaluation methodologies. Dr. Boulet currently serves on the editorial boards for Advances in Health Sciences Education, Education for Health, and Simulation in Healthcare. He is the deputy editor for Medical Education.
Intra-conference workshop 4: Effective feedback: why, how & how not to do it?

Pretoria Room

Prof Deborah Murdoch-Eaton, Professor of Medical Education, Leeds Institute of Medical Education, School of Medicine, University of Leeds, UK

Target Audience:
All levels of teachers from inexperienced through to old hands!

Content:
Surveys of most students will reveal a common theme of student dissatisfaction with feedback. There is often a discrepancy between student and staff perceptions of when and how feedback has been given. The workshop will explore reasons for giving feedback and effective methods to improve students’ understanding feedback

Learning outcomes:
By the end of the session, course participants will be able to:

• Describe the key features of good and effective feedback
• Explore students’ views and perceptions of received feedback
• Considered methods to enhance understanding, recognition and usage of feedback
• Shared good practice and successes

Deborah Murdoch-Eaton is a Professor of Medical Education and Director of Learning and Teaching for the School of Medicine, Leeds UK with responsibility for all taught components – from undergraduate through to taught postgraduate programmes!

As a practicing paediatrician, Deborah’s achievements in the field of teaching and learning 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 and she is particularly interested in how medical students acquire generic learning skills – the so-called “transferable skills” . Her publications reflect the innovations in challenging students to learn in differing environments.

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Intra-conference workshop 5: Communities of Practice: What are they and why should we care?

Wits Room

Prof Dianne Manning, Centre for Health Science Education, University of the Witwatersrand

The concept of a "Community of Practice" is being used increasingly in both academic and workplace environments to describe a group which is engaged in learning through shared experience and joint creation of knowledge. Using the work of Etienne Wenger and drawing largely from his work "Communities of Practice: Learning, Meaning and Identity" (Cambridge University Press, 1998), the workshop will afford participants an opportunity to engage with the key concepts such as participation, identity and engagement. The workshop will offer an opportunity for individual and group reflection on the impact of the learning environment and the relationships between teachers and learners as essential components in the promotion of appropriate knowledge, skills and attitudes. The intended outcome of the workshop is that participants will have acquired new tools and vocabulary with which to analyse and develop insights into the teaching and learning process in their own discipline.
The process of curriculum design during HPCSA accreditation for the Department Speech-Language Pathology and Audiology developed new insights into the purpose and design of effective study guides. A study guide is a summary of a topic that is being studied. It lists down important points, key ideas, topic outlines, charts and diagrams, and other information that help the student understand a subject more thoroughly. Though supervisors spend many hours designing study guides, it is realized, to their great frustration, that many students never even open the study guides. After observing and experiencing the frustrations associated with study guide usage, the Department of Speech-Language Pathology and Audiology embarked on an experiment to determine why students do not use study guides and how to design study guides that will be useful to students. The purpose of this paper is to discuss the factors that results in a study guide gathering dust and to discuss practical ways of constructing it to be a powerful tool in the hand of a student, as well as to provide a template that can be used for study guide design.
<table>
<thead>
<tr>
<th>Alida Naude:</th>
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<tbody>
<tr>
<td><strong>Private Practice</strong></td>
<td>Dr. B Wolfowitz (ENT)</td>
</tr>
<tr>
<td><strong>Job Description</strong></td>
<td>Clinical Audiologist. Diagnostic Audiology incl Audiometry, OAE, ENG, EcoG, ABR, Tone Decay, Tympanometry. Medico-legal testing and reports.</td>
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<tr>
<td><strong>Period Employed</strong></td>
<td>November 2000 – February 2006</td>
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<tr>
<td><strong>Private Practice</strong></td>
<td>Oxford Hearing Aids</td>
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<tr>
<td><strong>Job Description</strong></td>
<td>Clinical &amp; Rehabilitative Audiology. Assessment of patient for intervention, provision of personal amplification, management of the acoustical environment via assistive listening devices, provision of rehabilitation support and counselling, evaluation of intervention effectiveness.</td>
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<tr>
<td><strong>Period Employed</strong></td>
<td>January 2001 – December 2005</td>
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<tr>
<td><strong>Private Practice</strong></td>
<td>Olivier &amp; Le Grange Speech Therapy</td>
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<tr>
<td><strong>Job Description</strong></td>
<td>Clinical management of patients with voice disorders.</td>
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<td><strong>Period Employed</strong></td>
<td>December 2000 – December 2001</td>
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<tr>
<td><strong>Private Practice</strong></td>
<td>A Naude &amp; A Clarke</td>
</tr>
<tr>
<td><strong>Job Description</strong></td>
<td>Clinical &amp; Rehabilitative Audiology. Assessment of patient for intervention, provision of personal amplification, management of the acoustical environment via assistive listening devices, provision of rehabilitation support and counselling, evaluation of intervention effectiveness. Diagnostic audiology including ENG &amp; EcoG assessments.</td>
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<tr>
<td><strong>Period Employed</strong></td>
<td>June 2006 - December 2008</td>
</tr>
<tr>
<td><strong>Institution</strong></td>
<td>University of Pretoria, Faculty of Humanities, Department of Communication Pathology</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td>External Examiner for Oral &amp; Written Examinations ODL 786, ODL 787, ODL 281, ODL210, ODL 310, ODL 220, ODL 222, ODL 325, ODL 423, ODL 482, Master’s Dissertation</td>
</tr>
<tr>
<td><strong>Period</strong></td>
<td>November 2007 / June 2008 / November 2008 / June 2009</td>
</tr>
<tr>
<td><strong>Institution</strong></td>
<td>University of Limpopo – Medunsa Campus</td>
</tr>
<tr>
<td><strong>Job Description</strong></td>
<td>Part time Senior lecturer: Audiology coordinator. Member of Departmental Management Team. Member of Curriculum Design Task Team. Member of Learning Guide Task Team. Member of Research School Committee</td>
</tr>
<tr>
<td><strong>Responsibilities</strong></td>
<td>Theoretical and practical outcome based teaching session. Compiling of exam papers. Supervision of pregraduate research. Main area of teaching: Paediatric audiology, hearing aid, electrophysiology &amp; ethics. Assisting with new curriculum changes, development and study guides.</td>
</tr>
<tr>
<td><strong>Period Employed</strong></td>
<td>February 08 - current</td>
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<tr>
<td><strong>Institution</strong></td>
<td>SASLHA</td>
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<tr>
<td><strong>Job Description</strong></td>
<td>Contributing editor</td>
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<tr>
<td><strong>Responsibilities</strong></td>
<td>Selecting articles and compiling questions for CPD purposes.</td>
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<tr>
<td><strong>Period Employed</strong></td>
<td>2008-2010</td>
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<tr>
<td><strong>Institution</strong></td>
<td>SAAA</td>
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<tr>
<td><strong>Job Description</strong></td>
<td>Fundraiser</td>
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<tr>
<td><strong>Responsibilities</strong></td>
<td>Obtaining sponsorship for SAAA for event and to promote Audiology.</td>
</tr>
<tr>
<td><strong>Period Employed</strong></td>
<td>2009 - 2011</td>
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Intra-conference workshop 1: Standard setting in healthcare education – a crucial consideration

Dr Scarpa Schoeman, Department of Internal Medicine, Faculty of Health Sciences, University of the Free State

Workshop Title:
Standard setting for written papers and OSCEs in medical education assessment

Outcomes:
By the end of this workshop, participants should:

- Understand the background and concept of standard setting in healthcare education assessment
- Comprehend its importance in 21st century healthcare education assessment
- Understand the principles to set the pass mark for a written paper (Cohen) and an OSCE (Borderline Regression) respectively, by way of the two methods mentioned and presented.
- Be able to calculate the pass mark for a written paper in MS Excel, using the Cohen method.

Target group:
- Anybody with an interest in the assessment of medical (or other health professions) students

Dr Scarpa Schoeman graduated as a medical doctor with a MBChB degree from Stellenbosch University in 2000. In response to his keen interest in medical education, he specialised in this niche area from 2003 and graduated with a Masters degree in Medical Education (M.Med) from the Centre for Medical Education at Dundee University, Scotland, United Kingdom. He is a Fellow of the Higher Education Academy in the United Kingdom and an honorary lecturer at the Centre for Medical and Healthcare Education at St. George's University of London (SGUL) medical school. Dr Schoeman is currently holding the post of Senior Lecturer/Specialist in Medical Education at the Department of Internal Medicine, Faculty of Health Sciences, University of the Free State, RSA.

Dr Schoeman have published various peer reviewed articles and presented at international conferences on the topic of medical education. His research interests include assessment and standard setting, mentorship and role modelling, clinical skills learning and development of diagnostic reasoning in students. His clinical interests include emergency and sports medicine, leading him to work in Accident and Emergency units, both in London and Bloemfontein, as well as fulfilling the role of match doctor at various sport events.
The New York magazine described the original play as “A dazzling and humane new play that you will remember till your dying day”. The play by Margaret Edson won the 1999 Pulitzer Prize, followed by the movie in 2001, starring Emma Thompson. The movie is described as “An emotional, compassionate portrait of a single-minded woman who finds enlightenment through her struggle with cancer. Wit turns a traumatic, even taboo subject into a riveting, often humorous, highly accessible film event”.

So what does this have to do with health sciences education???

This movie had been the central focus during a number of reflective workshops in various health care settings, including the MediClinic Heart Hospital, the Potchefstroom Hospital and the Emergency Services College in Orkney. The movie is also included as portfolio assignment in a fourth year social work module on health.

During these workshops or modules, some action research was done on the reflective feedback of learners. The feedback was summarized and it became clear that this movie holds the potential to:

- Explore difficult themes related to death, dying and end-of-life-care ethics
- Enhance communication between patients and health care professionals
- Enrich customer care in health settings
- Offer an intimate, but balanced, view on the experiences of a patient
- Emphasize the value of humor as coping strategy in health and illness
Educational institutions are increasingly under the pressure to demonstrate their capacity to respond to the nation's priority health problems as expressed by people's expectations / needs and health system's requirements for performance. Principles of social accountability foster educational institutions to revisit norms and practices to better serve values of quality, equity, relevance and effectiveness in health service provision. The CPU model is a strategy to apply those principles namely in identifying health needs and challenges (C for Conceptualization), in delivering education, research and service programs to meet them (P for Production) and in verifying that intended outcomes and impact are materialized (U for Usability). The relevance and applicability of the CPU model will be discussed.
Intra-conference workshop 5: Making use of Adult Learning Theories
North West Room
Dr David Taylor, Deputy Director of Medical Studies Liverpool University of Liverpool School of Medicine

Given that there is a large theoretical basis for what we do as healthcare educators, it is probably wise to get to know more about the theories that affect our daily work, and see what other theories have to offer. In this workshop we will take a number of key educational activities, provided by the participants, and examine them through the lens of what could be the most interesting or appropriate adult learning theory.

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David is Deputy Director of Medical Studies in Liverpool, and has been involved in the supporting change in medical curricula for around 20 years. This has lead to a fascinating career and trips to all continents apart from Antartica! David’s research interests are in pastoral care, professionalism and adult learning theory, particularly the role of problem-based learning. Despite his conviction that there are always better ways of doing things, he believes that solutions only work if they stem from, and are in tune with, the community they will affect.
Intra-conference workshop 5: Towards the development of integrated problem-based learning programmes for basic pharmacist's assistants (NQF 3)

Wits Room

Dr Nombulela Phewa, Academic Development Specialist, University of South Africa

Background / Context:

The qualification, National Certificate: Basic Pharmacist’s Assistance (NQF 3) calls for an integrated contextualized curriculum. It is unit standard-based and depending on sectors may be based on approximately 26 Unit Standards. Previously, service providers developed programmes that had modules equalling the number of unit standards, thus resulting in fragmented learning, where the fundamentals had nothing to do with the core and elective standards. The outcome of this fragmentation led to a frustration to the learners as they believed that they had already completed English and Mathematics at NQF 3, whilst at school. They therefore did not exert themselves when it came to the fundamentals, and this attitude in turn resulted in them failing the course and either dropping out or repeating for a number of times. The call by the SAPC for an integrated contextualized curriculum means that those who offer this qualification have to rethink the development of their programmes.

Aim / Purpose:

The purpose of the workshop is to share with colleagues how the learning programmes can be made meaningful to the learners by contextualizing them through integration and linking to real life situations and problems within a chosen sector.

Method / What was done:

Prescribed unit standards were examined and all those that were thematically aligned were clustered to form a single module of learning. Theme-based content was developed and case studies around the theme formulated into activities which needed to be conducted by making use of the content provided.

Results and discussion:

An integrated, problem-based programme bearing 143 credits, consisting of 26 unit standards which were thematically clustered into 4 modules resulted.

Conclusion / Take home message:

Problem-based programmes make sense to learners as they address real life situations. This approach to programme development also changes learners’ attitudes for the better, as issues of ethics, and accuracy in compounding and stock management, inter alia, relate to real people and their lives.
Intra-conference workshop 6: Clinical teaching: balancing the domains

The Dome

Prof I Treadwell, H Havenga, L Schweickerdt-Alker & M Theron, Skills Centre, University of Limpopo (Medunsa Campus)

Background / Context:
This workshop will introduce participants to comprehensive clinical skills teaching in simulation that comprises the integration of cognitive, psychomotor and affective skills.

Aim / Purpose:
To highlight the engagement of students in the skills learning process.

To demonstrate the use of standardised patients in integrating communication skills with clinical skills, aimed at patient-centred practice.

Method / What was done:
Role play of teaching scenarios, with and without standardised patients (SPs), will be utilized to highlight poor and good examples of clinical teaching. Participants will then have the opportunity to identify the 5 star qualities of each of the three components of comprehensive clinical teaching in simulation.

Conclusion / Take home message:
The workshop will close with participants reviewing the “take home messages” that they intend implementing at their institutions.

Ina Treadwell, Director of the Skills Centre, University of Limpopo (Medunsa Campus) has a DCur degree and 11 year of experience in running a skills centre. She has been involved in standardising clinical procedures and capturing them in interactive electronic format, designing OSCEs and assessment tools, training and utilising SPs as well as in the development of a professional Code of Conduct for medical students at UP.

Henk Havenga, skills facilitator at the Skills Centre, Medunsa is an Operational Emergency Care Practitioner and qualified EMT-P, Combat Casualty Care Instructor and Pre-Hospital Trauma life support instructor. He has more than 10 years experience in skills teaching assisted in the development of the Emergency Care Technicians curriculum and learner guides for the National Department of Health, and co-presented disaster management skills to numerous private hospitals.

Louise Schweickerdt-Alker obtained a BA Drama degree and has been an SP since 2002. She is currently an SP facilitator at Medunsa where and is responsible for training and mentoring a pool of SPs. She is involved in discussion and feedback forums relating to what it means to be an SP, why it is important for them to be trained properly in their roles and what the students gain from working with SPs.

Marietjie Theron, senior nursing skills facilitator at the Skills Centre, Medunsa, obtained an MSocSc degree and has 25 years of experience in skills facilitation and training of nursing students. She assisted in the developing of new curriculum, study material, learning guides, assessment instruments and training programs of nurses at different Nursing Schools and training facilities.
ABSTRACTS: PAPER PRESENTATIONS
Background / Context:
In 2003, the European University Association stated that universities must act responsibly, monitor the quality of their activities and be accountable to society. Research in the social sciences can’t be done without some form of social accountability. A doctoral study will serve as a case study illustrating the importance and need for social accountability in post-graduate research in social work – even after a study was completed.

Aim / Purpose:
The aim of the study was to develop insight into occupational stress and the handling thereof in social workers involved in intervention of sexually abused children.

Method / What was done:
Twenty-two social workers, working in five organizations that are specifically focused on intervention with sexually abused children in the Cape Metropolitan Area, were selected and interviewed.

Results and discussion:
A detailed reflection of occupational stress was obtained and themes were identified in this regard. A specific focus was the role of organizations in the development of occupational stress. The responsibility of social accountability was only realized after the study was done. This research was necessary to obtain a specific degree, but just as important, is the responsibility to inform and guide relevant organizations and social workers in this regard.

Conclusion / Take home message:
In the past the academic world was often cut off from the population in which it was situated, but times have changed. Social accountability in research is part of the research process, but is merely the beginning of giving back to those who have participated in the research.
Social accountability (SA) in medical education has appeared in the literature since the early 1990’s and has reached prominence with the Global Consensus for Social Accountability of Medical Schools in 2010. This Consensus is an important milestone for those interested in meeting our contract with the societies that we serve as it provides a clear framework for action within the ten areas described.

The Consensus recommends the inclusion of SA in the accreditation of medical schools (Area 8). If included within a general accreditation approach, SA runs the risk of being reduced to a few indicators as, although a powerful force for compliance, accreditation typically takes a positivist, quantitative approach that results in scores and statistical means as a convenient way to evaluate institutions.

Linked to accreditation is the suggestion of involving stakeholders in evaluation teams; and broader community surveys as part of the redefinition of the role of society (Area 10). However, healthcare is not a normal market as the consumer does not have the expert knowledge to make informed choices. Those who participate in evaluation teams or community surveys are similarly hampered. In this “muted market” other proxy indicators are needed.

Purpose:

To explore whether the extent to which medical educators hold themselves socially accountable can be used as a proxy indicator.

Method/Results:

A practical example is given as a basis to explore other ways of evaluation rather than statistical means.

Conclusion:

SA is a living form of accountable practice beyond a tick-box on an accreditation sheet.
Background / Context:

Health professionals are in powerful positions to advance social justice – educators and students in Health Science Faculties need therefore to engage with human rights education in their curricula and in practice.

The Human Rights Key emerged as a teaching tool to assist students in understanding health and human rights, to become advocates for change in Obstetrics and Gynaecology.

Aim / Purpose:

To facilitate students’ learning for and about human rights in the reality of their practice.

Method / What was done:

Drawing on previous learning earlier in the curriculum, the Key is assembled in a sequential manner to explain women’s health through a human rights lens. Global, regional and local influences and the impact of the media are described and related to the developing health professional. The importance of education coupled with an awareness of rights then leads students to understand the relevance of human rights norms and standards that ought to guide practice.

Using a series of templates in a sequential process, the Key is presented to students accompanied by probing questions. Over four years the method has shifted from paper-based templates to animated Flash on PowerPoint.

Results and discussion:

Qualitative analysis of this heuristic visual tool indicates its effectiveness. Students find the Key a valuable aid to develop their own meanings, connecting human rights to health.

Conclusion / Take home message:

Complex concepts are clarified leading to students learning the interconnectivity between human rights, their personal realities, legal mechanisms and clinical practice.
Background:
A study was conducted to better understand the perceptions of female medical students on the realization of gender equality during their training.

Aim:
To determine the number of female students that feel equality in terms of gender has not been gained in health education.
To evaluate female students’ own perceptions regarding their equality to men.

Method:
Research design was quantitative. Data was collected by means of a self-administered questionnaire.

Results:
Questionnaires were completed by 48 of the 72 fourth year female students (66.7% response rate):
- 31.9% believed they are not taken seriously as professionals because of their gender
- 23.4% believed male peers don’t take them seriously because of their gender
- 6.2% believed their learning facilitators sometimes don’t take them seriously in the medical profession because of their gender
- 16.7% had been discriminated against whilst in training at the university
- 51.1% felt they were viewed differently as professionals because they are females
- 93.3% believed men and women are equals as health professionals

Conclusion:
Statistics on female students' experiences on being viewed as professionals and equal to their male peers by their educators indicate that the medical profession in general has successfully overcome the perception of it being a ‘male only’ profession. The high percentage of women, who still experience that they are not labeled with the same tag as their male professional peers, is proof of the subtler tones of gender discrimination still evident in our society.
Background:

Mammography is not optimally supported as screening and diagnostic tool for breast cancer, often due to negative perceptions among patients which originate from a range of factors. This presentation, arising from a Master Technologiae dissertation, focuses on the preferences of female patients regarding mammographer personality traits, the effect thereof on the way patients perceive mammograms and the role that education can play in improving existing perceptions.

Purpose:

The rationale for the study was to investigate possible factors that might make mammography more acceptable to more women in South Africa. The purpose of the comprehensive study was to establish the preferences and perceptions of patients regarding student participation, mammographer gender and mammographer personality traits.

Method:

A non-probability, convenience sampling method was employed and questionnaires were distributed in radiography training centres affiliated to the University of Johannesburg, Gauteng. One question required respondents to rate 24 listed personality traits in terms of importance in mammographers. Descriptive statistics and factor analysis facilitated interpretation of the data.

Results and discussion:

Four factors emerged from the personality trait scale. Patients seem to perceive mammographers in terms of the trust they instil, the care they emanate, how safe they make patients feel and how well they communicate.

Conclusion:

An optimal mammogram experience entails the factors mentioned above, the professional knowledge and skills of mammographers and the degree to which these knowledge and skills equip mammographers to function to their full potential within the breast health care team.
Background / Context:

When faced with adversity, the human being finds meaning within the spiritual domain through concepts that transcend the concrete and which may or may not include any formal religious participation. Recognizing the spiritual values, social preconceptions, and cultural and religious beliefs of patients may either generate ethical conflict or may contribute to better patient management.

Aim / Purpose:

The purpose of this presentation is to highlight the importance of knowledge of and respect for a patient's spiritual values in the practice of a medical professional.

Method / What was done:

A literature search was undertaken on the topic of spirituality followed by a discussion on the impact of spirituality on the treatment of patients in different medical disciplines. In addition, the author aims to report on the reflection of his own experience in this regard.

Results and discussion:

Abundant information on how the religious beliefs and spirituality impact on individuals’ lives was found. The domain in which patient spirituality is most commonly recognized is in psychiatry and better treatment compliance appears to be associated with knowledge of and use of patients’ spirituality.

Conclusion / Take home message:

Spirituality is directly and intrinsically linked with ethics and professionalism. These concepts may thus be taught in the same context. The integration of knowledge of spirituality, and its application on medical practice, should be included in medical curricula. Through such inclusion the quality of professional-patient interaction in health sciences may be enhanced and treatment compliance can be improved.
Background / Context:

Modern medical education has been strongly influenced by Flexner’s groundbreaking work. His emphasis on the scientific basis of medicine has however led to relative neglect of humanist issues, which are now deservedly enjoying new attention.

Aim / Purpose:

To identify important historical educational figures, clarify their approaches to morality in education and apply these to contemporary practice.

Method / What was done:

Six educationalists and educational institutions from the past 2500 years were studied using available literature, to identify their approaches to inculcating a moral attitude to life and work in students: Plato, the ancient Buddhist university of Taxila, St Thomas Aquinas, the polymath Jan Amos Komenský, John Dewey, and finally Paulo Freire.

Results and discussion:

Key contributions of each to ‘education for morality’ were identified: Plato’s clear vision of the moral individual, the Buddhist underpinning of all education with an ethical system, Aquinas’s insistence on equipping students with reasoning tools, Komenský’s integrated intellectual, emotional and spiritual development, Dewey’s learning morality in a community, Freire’s message that morality resides in method. The implications of these insights for today’s health worker education are discussed.

Conclusion / Take home message:

Today’s educators can profitably learn from the great educationalists of the past and not rely only on the developments and currents in modern health science education.
Background / Context:

As research supervisor the author has experienced postgraduate students to have the need for more than just academic support. It is not uncommon for students to decide to postpone or terminate their studies due to a lack of emotional support. Supervisors are not always trained to deal with students who need more than the usual academic guidance. Using a specific method in supervision may assist the supervisor in supporting students.

Aim / Purpose:

The aim of this paper is to propose a specific method within supervision that may enable the supervisor to meet both academic and emotional needs of students.

Method / What was done:

A combination of a projection technique and a personality profile is used to guide the student towards a better understanding of themselves and what their needs are in order to complete the course successfully. This method is applied during the first meeting with the student and repeated as needed. Record is kept in the form of process notes and graphs that can be referred back to in order to view growth or possible weak areas.

Results and discussion:

This supervision approach allows students to become aware of the factors that may have an influence on their academic functioning and progress. They become empowered in realizing that they can do something about it and this may have a direct influence on whether students continue with their studies or terminate it.

Conclusion / Take home message:

Postgraduate students need more than just academic guidance during supervision. Emotional support by means of a specific method during supervision can prevent students from terminating studies.
Context:
In South Africa only one in ten occupational therapists complete a post graduate degree. Occupational therapists lack of interest in pursuing post graduate degrees impact negatively on the development of the profession.

Aim / Purpose:
The aim of the study was to find out why occupational therapists do not pursue post graduate degrees.

Method:
A mixed methods study was conducted where all occupational therapists registered with HPCSA were invited to participate in the quantitative part of the study. In the qualitative phase a focus groups and individual interviews were conducted.

Results and discussion:
Qualified occupational therapists seem to prefer short courses rather than post graduate degrees. Reasons for this trend could be that occupational therapists prefer courses that impart new knowledge to a prolonged process of research and knowledge creation. Secondly, post graduate degrees receives limited recognition from employers who often favour post graduate short courses e.g. Neuro Developmental Techniques (NDT) and Sensory-Integration (SI) courses to a post graduate degree. Thirdly, not all academics in university departments may have post graduate degrees.

Conclusion / Take home message:
Occupational therapists prefer methods other than post graduate degrees for continuous professional development. This unfortunately has a negative impact on the growth and recognition of the profession. University departments and academics need to foster a research culture during undergraduate training to transform the profession.
Background:
As educational development (ED) practitioners, we believe that understanding how academics adopt a more scholarly approach towards teaching is fundamental to our work.

Purpose:
Our aim was to extend our insight into the journeys that academics follow towards adopting a more scholarly approach to their teaching and enhance our understanding of the ED opportunities we offer.

Method:
We undertook a critical structured review of our ED activities, the trajectories of growth that academics follow and the extent to which the ED activities we offer facilitate such growth. This evolved in four phases. Our analysis required constant professional reflection on our data which was supported by earlier research from our centre, ongoing monitoring and evaluation of our ED activities and our experience in ED over many years.

Results and discussion:
Individual academics’ journeys were enabled or hindered by a range of factors including the nature of growth opportunities, the environment in which academics found themselves and the potential for recognition and reward. We constructed an explanatory framework onto which we were able to map our interventions and, to validate the framework, the journeys of individual academics. Both the journey and the destination differed among academics. The same ED opportunities took different academics from and to different places.

Take home message:
There are many influences beyond our sphere of influence that result in different uptake of growth opportunities and different journeys. The range of opportunities offered must take cognizance of the diverse needs and contexts of academics.
Background / Context:
The upgrade offers the dental therapist new professional and academic horizons for growth whilst offering wider and more comprehensive dental services.

Aim / Purpose:
To identify characteristics of dental therapists who aspire to be dentists.

Method / What was done:
Questionnaires with open-ended and closed questions were distributed to 120 dental therapists while semi structured interviews were conducted with key stakeholders in the Ministries of Health and Higher Education.

Results and discussion:
• 44% response rate and all respondents were keen to become dentists.
• Almost equal gender distribution and 55% of respondents in the 25-34 age groups.
• 62% of the respondents were married and 75% had 0-3 dependants.
• 41% qualified more than ten years ago and 45% had acquired post qualification additional courses in and outside the health sector.
• 52% wanted improved job opportunities and skills.
• 61% preferred a state grant and/or scholarship as a funding mechanism.

Soft tissue pathoses were the least referred cases compared to fractures, impactions and jaw tumours.

Lack of funds was given by key stakeholders as the main limiting factor in establishing a dental school. The dental therapist becoming a dentist with state support can widen their scope of career progression, service delivery and research.

Conclusion / Take home message:
The interest of dental therapists to become dentists is independent of personal demographics but dependant on state support.
Background / Context:
Physician and patient needs for high quality information at the point-of-care often go unmet. It was to this end that I developed “Morning POEMs” (MP) as a curricular intervention in an American post-graduate family medicine training programme.

Aim / Purpose:
The goal was to graduate physicians who, having mastered a restricted set of numeracy, critical appraisal and searching skills, could at the point-of-care using computers and the Internet, efficiently track down and use high quality sources of pre-appraised evidence.

Method / What was done:
MP occurred on four mornings each week for 45 minutes. The presenter gave a brief presentation of a recently seen patient. They then framed a clear clinical question and performed a real time Internet search for the matching best-available evidence. The ensuing facilitated group discussion sought common ground between the clinical impression, best external evidence and the patient’s unique values and expectations.

Results and discussion:
Prior to the advent of MP, resident use of EBM resources was scant. Eighteen months later, a blinded observational study showed that residents across all three years of training frequently sought out additional resources to answer their point-of-care clinical questions. When surveyed, graduates of the program ranked MP as the curricular component that had the greatest impact on their current practice, 72% indicating that they often searched for evidence during patient visits.

Conclusion / Take home message:
It is hoped that a version of MP can be successfully implemented in the Wits University Family Medicine post-graduate training programme, with the aim of creating a critical mass of faculty and trainees who are effective ‘evidence-based users’.
Background / Context:

Students enrolling for post-graduate training in play therapy often have difficulty to internalise theory, which results in them finding it hard to implement theory in practice. Existential dialogue, which forms a module of the course, cannot remain mere theory, but needs to be applied in practice. It is expected of students in training to become aware of their own issues and to deal with these successfully. This will enable them to empower the child to deal with his/her problems.

Aim / Purpose:

This paper focuses on how reflective journaling can be utilised in play therapy training in order for students to:

- Deepen their quality of learning in the form of critical reflection
- Enable students to become aware of their own learning and personal/professional processes
- Increase active involvement in learning and the opportunity to internalise theory
- Enhance the opportunity towards healing.

Method / What was done:

Students were asked to keep a reflective journal with regards to their own existential dialogue with people they encountered in their daily lives for a period of one month. Part of the assignment was that they had to reflect on the theoretical concepts and principles of existential dialogue as discussed during class.

Results and discussion:

During the class presentations and feedback time, students kept on referring to the learning experience of the assignment and how they became aware of their own existential dialogue towards others.

Conclusion / Take home message:

Some students refer to this activity as a life changing experience.
Background:

Rational prescribing from the Standard Treatment Guidelines (STGs) and Essential Drugs List (EDL) is one of the goals of the SA National Drug Policy (NDP). MBChB3 students at Medunsa Campus of the University of Limpopo, who enrolled for a selective course on Pharmacy Management, did an assignment on adherence to the STGs & EDL.

Aim and objectives:

The aim is to report on an undergraduate assignment, which served both as education tool and research project. Study objectives were to establish the number of medicines prescribed according to the STGs & EDL and Dr George Mukhari Hospital (DGMH) Formulary; the extent of generic prescribing; and whether ICD10 codes were recorded.

Method:

Sixteen groups of MBChB3 students collected data from outpatient files at DGMH in 2009 and 2010. Each student group collected 67 prescriptions dispensed on a different, randomly-selected day. The drugs prescribed, diagnoses and ICD10 codes (where present) were recorded. Drugs not in the EDLs were identified and verified against the DGMH Formulary.

Results:

No ICD10 codes were present on the 1067 patient prescriptions with 4200 items; 4006(95.4%) of the prescribed items appeared in the EDLs; 4145(99%) appeared in the EDLs and/or DGMH Formulary. Only 47% were prescribed by generic names. Although similar outcomes were found in a 2006 South African study, the findings did not comply with NDP goals.

Conclusion:

MBChB3 students gained research experience; improved their knowledge of medicines; and encountered principles of rational prescribing. The DGMH Pharmacy and Therapeutics Committee gained information which could be used in drug utilisation and management planning.
Name & Surname: Christopher Stein & Benjamin van Nugteren

Title: “Do emergency medical care student’s perceptions of their educational environment predict academic performance?”

Theme: Teaching and Learning

Background / Context:

Some authors have suggested that student academic performance is dependent on the way that students go about their learning activities as well as the conduciveness of their learning environment. If there is a relationship between these variables, this could be important in optimising academic performance and identifying the at-risk student.

Aim / Purpose:

The aim of the study was to assess University of Johannesburg (UJ) Emergency Medical Care (EMC) student’s perceptions of their learning environment using the Dundee Ready Education Environment Measure (DREEM), and to determine whether total DREEM scores were a predictor of academic performance.

Method / What was done:

Consenting students anonymously completed the DREEM questionnaire plus an additional questionnaire documenting their academic performance during 2010. DREEM scores were analysed descriptively and assessed for differences between academic years of study. Logistic regression analysis was used to determine whether total DREEM score was a predictor of academic performance.

Results and discussion:

Forty-seven questionnaires contained complete data. DREEM scores across all years of study indicated that students were generally more positive than negative about their learning environment. A downward trend in total DREEM scores from first to fourth year was observed. A poor fit of the regression model and data precluded analysis of the predictive value of total DREEM scores with respect to academic performance.

Conclusion / Take home message:

Although this study did not allow us to assess the link between academic performance and learning environment, it still proved of value in describing our student’s perceptions of this environment. The downward trend in DREEM scores from first to fourth year requires further investigation.
Background / Context:
The Council on Higher Education requires quality assurance of the academic programmes of all higher education institutions in South Africa. At the North-West University, this process begins with internal/self-evaluation of programmes and is followed by external programme evaluations. The Higher Education Quality Committee’s ten criteria were used to determine the rating of academic programmes. The quality assurance process assists in exposing teaching and learning challenges that can enhance competency development in lecturers.

Aim / Purpose:
This presentation illustrates the role of quality assurance as a vehicle in the process of empowering lecturing staff at the North-West University.

Method / What was done:
The recommendations of 34 external programme evaluations were analysed. Data from 2007 until 2010 was used, and the data illustrates transformation at North-West University as well as how lecturers are actively assisted and supported in teaching and learning to improve teaching in higher education programmes.

Results and discussion:
In the analysis, the following four areas have emerged for each programme: programme design; teaching & learning; assessment; and throughput rate. These areas will be discussed in detail in the presentation.

Conclusion / Take home message:
This route establishes the partnership between responsible academic leadership and the application of quality assurance to establish and equip lecturers for the new era in higher education.
Background / Context:

The cross cutting nature of Quality Assurance is increasingly identified as a very significant factor for MPH post graduate students who are public health practitioners. It includes security, cleanliness, infection control, waiting times, queue management, availability of medicines and attitudes.

The decision making on Quality Assurance issues by these health science students requires a thorough understanding of how to develop such programs to promote innovation and satisfaction.

Aim / Purpose:

To develop a program in QA for practical application by post graduate students in health settings; to identify the complimentary QA roles and assist them in development of practical QA programs linked to the day to day operational requirements

Method / What was done:

The critical role and buy-in of the students' institutional managers provided a basis for development of a 6 day course that required the students’ supervisors to attend day 1 of the program. The students attended day 2 to day 5 of the program. They developed QA programs and presented on day 6 which took place 4 weeks later.

Results and discussion:

The QA development programs assisted the students to focus on priority QA factors linked to their health settings' tasks, which were implementable and could be monitored and evaluated and adjusted where necessary. Students found that developed QA programs must be focused, manageable and implementable in any level of health institutions where undergraduate students are supervised by themselves.

Conclusion / Take home message:

The successful development of QA programs requires direct involvement and participation so that theory and practice are integrated QA program development.
Background / Context:
The Graduate Entry Medical Programme at Wits provides early clinical exposure for students through one health practice day a week in the two early years of the programme. Students’ clinical learning is assessed through a series of OSCEs which assess components of a clinical examination process. There is anecdotal reporting in our faculty that students arrive in the clinical years as clinical novices.

Aim / Purpose:
This report sets out to determine whether the performance in the early OSCEs correlates with performance in the same system clinical examination.

Method / What was done:
The results from the MBBCh3 OSCE were compared to the results of the internal medicine clinical assessment using the cardiovascular and the history stations.

Results and discussion:
There is a correlation of 0.12 between both the history and cardiovascular stations in MBBCh3 and MBBCh5. However, the correlation between the total mark for the OSCE and the final mark for internal medicine is 0.4.

Conclusion / Take home message:
The OSCE exam is a reliable tool for measuring particular components of an exam, but care needs to be taken to ensure that the skill is adequately transferred to the real clinical situation.
Background / Context:

The South African school education system has undergone several impacting changes over the last two decades. Research has indicated that there is a widening gap between the levels of teaching and learning at school and tertiary level. Another contributing problem within the Human Movement Science (HMS) curriculum on tertiary level is that it is assumed that students had some exposure to related basic knowledge of science and/or human biology at school level.

Aim / Purpose:

The aims were twofold namely a) to determine the basic Biomechanics knowledge of 2\textsuperscript{nd} year student in Human Movement Science/Coaching Science and b) the knowledge retention of the basic Biomechanics principles after a semester of exposure to this module.

Method / What was done:

The 2\textsuperscript{nd} year students (n=137) of the HMS undergraduate program were twice subjected (beginning and end of semester) to a 10 questions comprehension test related to basic Biomechanics principles.

Results and discussion:

The results indicate that there was a practical significant difference to the initial body of Biomechanics knowledge related to Science as a school subject. There was also a distinctive difference in the development of the basic Biomechanics knowledge during the semester based on the related school subject background as well as the course they enrolled for on University level (e.g. BA, BSC or diploma)

Conclusion / Take home message:

Teaching and learning of certain subjects at school level has a direct impact on the development of the body of knowledge in Biomechanics as part of the HMS curriculum. The development and application of such knowledge at tertiary level should be adapted accordingly.
Background / Context:

South Africa has eleven official languages creating challenges for teaching institutions. At Stellenbosch University both English and Afrikaans are used as academic languages. Chemistry for Health Sciences for entry level students was only offered in English in 2010 due to lecturer language proficiency. A student tutor group intervention was instituted for Afrikaans, isiXhosa and Sotho speaking students.

Aim / Purpose:

The primary purpose of the groups was to create a safe space for students to learn about chemistry in their mother tongue.

Method / What was done:

A mixed method research approach was used to generate data in an effort to determine the effectiveness of the intervention. Focus groups and individual interviews with students and tutors were used for qualitative data collection. Data from a questionnaire and the summative results of the module were also collected and analysed for triangulation purposes.

Results and discussion:

Approximately 50% of the non-English speakers attended the mother tongue tutor groups with a resulting 92% pass rate for this group. Although the objectives of the small group were aimed at translating content of the course into students’ mother tongue, it also offered other benefits. These included developments of essential generic skills e.g. group work, effective communication and peer learning.

Conclusion / Take home message:

Providing space where students can communicate in their mother tongue about scientific subject matter, contributed towards learning of that subject, as well as enhancing the development of critical generic skills that students need to function optimally at university.
Background / Context:
Post-graduate students typically have to balance full-time careers with studies and family life. At the Centre for Child, Youth and Family Studies the majority of students are in the age group 24 – 35 years. Their study time is often impacted by life cycle related events such as getting married and becoming parents. Motivation and retention of students in a demanding post-graduate programme should be a matter of constant reflection and research.

Aim / Purpose
It is envisaged that students will be more aware of their own processes and possible obstacles and strengths in their inner worlds if competencies of emotional intelligence (EI) form part of the discourse guiding their academic progress. The aim of this paper is to outline the possibilities of awareness of EI to enhance student motivation and retention.

Method / What was done:
In the initial phase of study guidance intrapersonal competencies of emotional intelligence (i.e., self-regulation, flexibility and reality testing) are discussed with students and they reflect whether their EI functioning is healthy and positive, mild to moderately negative or significantly negative and rigid.

Results and discussion:
Students set personal development goals based on their Emotional Intelligence competency profile. From discussions with students and their reflections it seems as if they find value in awareness and mindfulness of emotional intelligence.

Conclusion / Take home message:
This practice should be expanded into a research project to examine emotional intelligence as one of many possible variables enabling motivation and retention of post-graduate students.
Background / Context:

Assessment is about measuring student learning and minimizing misapprehension in order to help students learn more effectively. The assessment procedures give an insight into any educational system; the feedback session is an important and an integral part of the procedure. Feedback sessions provide guidance and enhance student learning. However, when students abuse this important academic procedure, then a golden opportunity is missed in the course of their training.

Aim / Purpose:

To share with academics findings from our feedback sessions and possible risks to question banks.

Method / What was done:

These findings are from our 2010 post-course survey, aimed at making improvements for the 2011 academic year. One-on-one interview sessions were held with 25% of a class of 66 students. The students consisted of Dental and Speech, Language Pathology and Audiology (SPLA) Students. Their opinions were obtained on specific questions on the two courses.

Results and discussion:

Students reproduce test questions after formative assessments. Answer scripts are smuggled out for photocopying during feedback sessions and when this is not possible, specific allocated pages are photographed by different students using cell phones. Listening devices are used to recreate the questions and the invigilation at formative assessment is relaxed.

Conclusion / Take home message:

Departmental question banks may not be as secure as envisaged; repeated use of questions without rewording should be avoided. The invigilation at formative assessment needs to be at the same level as that of the examinations.
Background / Context:

During the past number of years the pressure on universities worldwide, including universities in South Africa, has been to bridge the gap between higher education and society and to become active partners with communities and engaged institutions. The integration of research and service learning opens opportunities for contributing to the much discussed transformation of higher education in South Africa. The challenges for universities are to develop the scholarship of engagement by connecting the rich resources of campuses “to the most pressing social, civic, and ethical problems, to the children, to schools, to teachers, to our cities” through the scholarship of engagement (Boyer 1996: 19-20).

Aim / Purpose:

The aim of this paper will be to describe the essentials of a scholarship of engagement for universities to enable them to connect their resources with the community and become engaged institutions.

Method / What was done:

The information for this paper was obtained by a literature review and forms part of a PhD study within community engagement and curriculum studies.

Results and discussion:

The discussion will include the challenges that universities have in working towards becoming an engaged institution. There will also be a focus on the perceptions and opinions with regards to engaged universities and the scholarship of engagement within HEI’s. The discussion will include the progression of research within universities in becoming an engaged institution.

Conclusion:

Through service learning and the scholarship of engagement universities can work towards becoming engaged institutions.
Background and Context:

The challenge to higher education institutions to reinsert the public good into higher education has contributed to the development of the service-learning movement globally. Although there are national policy guidelines for community engagement and service-learning as a particular type of community engagement in South Africa, the implementation of service-learning has occurred sporadically.

Purpose:

Whilst the school of nursing at the University of the Western Cape (UWC) is cognizant of this national policy imperative as stipulated in the guidelines of the Higher Education Quality Committee (HEQC), operationalisation within the undergraduate nursing programme has not been addressed. Thus the purpose of this presentation was to determine the perceptions of teaching staff regarding the challenges for institutionalising service-learning in the programme.

What was done:

Participants included academics (n= 18) and clinical supervisors (n= 18) employed at the school of nursing. Participants completed a self-administered, structured questionnaire, adapted from Furco’s self-assessment rubric.

Results:

The preliminary findings revealed that none of the respondents were aware of the HEQC’s assessment criteria. Challenges identified included the absence of a campus-wide definition of service-learning; the inconsistent use of service-learning to describe a variety of experiential and service activities; minimal support for and involvement in service-learning for stakeholders.

Conclusion:

It can be concluded that although service learning forms part of the vision and mission of the school of nursing, UWC there is a definite need for future engagement of key stakeholders around this topic.
Background / Context:

The approach to teaching and learning in rural decentralised settings has predominantly been didactic. To introduce a more student-centred approach, a case-based learning programme focussing on primary health care (PHC) was undertaken.

Aim / Purpose:

This project aimed to facilitate the introduction and implementation of a case-based teaching and learning approach in a decentralised PHC programme at the school of nursing.

Method / What was done:

An exploratory descriptive needs assessment survey was administered to 65 PHC programme facilitators. The survey canvassed their perceptions on case-based learning and their ability to construct cases and facilitate case-based teaching in the classroom. It also explored their resource constraints.

Results and discussion:

The participants were positive towards a case-based learning approach however, acknowledged limitations in their skills to design cases and facilitate teaching sessions. They also identified a lack of resources which would hinder the successful implementation of the programme. Two capacity development programmes were conducted to facilitate the construction of cases and enhance facilitators’ skills to facilitate case-based classrooms culminating with drafts of case study booklets and facilitators’ manual. A mobile suitcase library was introduced with all the necessary resources for the PHC programme.

Conclusion / Take home message:

It was recommended was that the school of nursing undertakes to provide the relevant resources for effective teaching in remote areas and to extend the use of case-based learning to other decentralized programmes. Continuous support was recommended until PHC programme facilitators gain confidence in teaching using a case study approach.
Context:

Communication, collaboration and reflective discussion have been highlighted as important components in the development of practice knowledge, which is often tacit and hidden to the student therapist. The development of clinical and ethical reasoning is particularly challenging, although reflective discussion is known to have a positive impact on this process. However, little is known about the potential of social networks to facilitate the development of clinical and ethical reasoning during clinical practice.

Aim:

This study aimed to determine if participation in an online social network enhances reflection through online discussion in order to develop practice knowledge.

What was done:

Undergraduate physiotherapy students were required to participate in discussions within an online social network with the aim of promoting reflection around clinical and ethical scenarios that they encountered during their clinical placements. The text of these discussions was qualitatively analysed with another reviewer in order to produce categories and themes.

Results and discussion:

Insight was gained into the use of social networks to facilitate reflection during clinical placement. Strengths of the approach included enhanced communication between students and staff, the externalisation of practice knowledge by both students and staff, and increased levels of reflective discussion around patient scenarios. Weaknesses included poor facilitation from staff members. These insights have implications for how clinical education can be undertaken and healthcare educators are encouraged to explore emerging alternatives to traditional approaches.

Take home message:

Online social networks can augment learning by promoting reflection on patient scenarios encountered during clinical placement.
Background / Context:

The need for Blackboard Training was identified in 2010 to:

- support lecturers with good teaching practices;
- ensure lecturers and students stay current with E-Learning technology;
- accommodate different adult- and learner learning styles;
- ensure students have access to learning content and ensure on-line collaboration with lecturers and fellow students.

Aim / Purpose:

The aim is to improve graduate throughput by utilizing Blackboard.

Method / What was done:

The initiative was introduced in August 2010. Best practices of other Educational Institutions were evaluated and compared with campus practice. A Programme review was done in December 2010. The revised Training Programme was introduced in January 2011.

Results and discussion:

From its inception stage, results and statistics have been kept. The statistics indicate a positive increase in training, registration and overall activity.

Conclusion / Take home message:

Blackboard as a Learning Management System has several advantages in improving graduate throughput rates. They are, amongst others:

- Rural and previous disadvantaged students are exposed to current E-Learning technology.
- Access to learning content and collaboration are no longer limited to the form classroom setting.
- Adult- and student learning styles are well catered for through the use of Blackboard Tools.
- Blackboard training aids to ‘good teaching practices’ by regular review of entire curriculum content.
E-learning is a technological tool or learning at the computer that facilitates learning and teaching anytime and anywhere. Studies have shown that e-learning is being embraced by organizations and students (Bonk, 2002; Lapointe & Reisetter, 2008). E-learning is used in the University of Botswana through the department of Continuous Academic Development (CAD). The perception about the use of e-learning; its value and commitment to use among nursing students is unknown.

**Aim / Purpose:**

To determine the perception of 3rd year and graduate nursing students about the use of e-learning.

**Method / what was done:**

Qualitative survey. Forty (40) 3rd year generic and two (2) Masters Students responded to the question; what are your perceptions about the use of webct? Content analysis was used to analyse the data.

**Results and discussion:**

Students enjoyed use of e-learning. Mostly used tool was discussion forum. Barriers to its use are; inaccessibility to computers, some lack computer skills, slow or internet system down and inaccessibility outside university campus is a challenge to most of the students, making it difficult to learn anywhere and anytime.

**Conclusion / Take home message:**

Students use e-learning tools; however there is need to improve computer accessibility, upgrade internet software, and orientate students to e-learning technology.
Background / Context:

Interprofessional learning is a process over time that requires several learning opportunities to establish the skills required to work together interprofessionally in practice (Wilhelmsson et al 2009). For health workers to collaborate effectively and improve health outcomes, two or more from different professional backgrounds must first be provided with the opportunities to learn about, from and with each other’ (WHO, 2010).

Aim / Purpose:

The purpose of this paper is to describe the Interprofessional Education (IPE) & Collaboration activities within two faculties at North West University, Mafikeng Campus. Attempts were also made to investigate how IPE enhances employability skills.

Method / What was done:

Content analysis of the module contents of academic and clinical education/ service learning programmes across Social Work, Sociology, Nursing and Psychology were done for interprofessional contents.

Results and discussion:

Students in the faculties were found to learn in isolation in the same communities with no opportunities to work together. A lot of duplication of courses was found between disciplines. The employability skills of information technology, communication, problem solving, team work that were found in the curricula were not evaluated/ assessed and therefore cannot provide evidence that learning of this skills occurred.

Conclusion / Take home message:

There is need to harmonize a few modules to avoid duplication through interdepartmental collaboration for effective harnessing of both human, teaching and learning effective facilitation of learning across the disciplines within the school and to begin to prepare them for the real world.
Background / Context:
The Wits University changed its medical curriculum in 2003 from a traditional programme to a hybrid integrated, problem-based, Graduate Entry Medical Programme (GEMP).

Aim / Purpose:
To compare the internship performance of Wits graduates from the outgoing and new curricula, using instruments based on a previously validated model of a competent South African intern.

Method / What was done:
A stratified random sample of interns was drawn from the last graduates of the traditional curriculum and a matched sample of interns from the first GEMP graduates. For each sampled intern a supervisor, colleague and patient were selected by convenience sampling. Data were collected using questionnaires and semi-structured interviews. Quantitative data were analysed with ordinal statistical techniques, qualitative data with thematic analysis.

Results and discussion:
Significant differences were reported by interns in six of the nine categories. GEMP graduates rated themselves less prepared in only one category (basic medical sciences) and better prepared in five – these were strongly related to reasons for curriculum change. Supervisors reported significant differences in two categories, both in favour of GEMP graduates. Colleagues reported no significant differences.

Conclusion / Take home message:
The results appear to justify the major medical curriculum change undertaken at Wits. Innovations should therefore to be strengthened and areas of reported deficit investigated.
Background:

The curriculum review process for the MBChB curriculum at the University of Limpopo (Medunsa Campus) started off very much like open heart surgery. First there was the delivery of the bad news...

Aim / Purpose:

As with open heart surgery where the chest is opened and surgery performed on the heart muscle, valves, arteries or other heart structures the review process could focus on many aspects as necessitated by various motivations e.g.

1. To demonstrate accountability
2. To find solutions to some challenges etc.

Method / What was done:

During heart surgery the machinery has to continue to provide oxygen-rich blood to the brain and vital organs. While this is true for open heart surgery the curriculum could not be stopped or even be slowed down. Therefore we opted for a discourse-analysis-action-research-quality-improvement type review where the curriculum was reviewed, confirmed, aligned and/or changed at the same time. Faculty development and support as well as student support and challenge were also stepped up. At the core working was the curriculum development committee and various work groups.

Results and discussion:

Minor changes in implementation were instituted immediately (e.g. improved learning & teaching strategies) and bigger changes in design (e.g. new basic sciences integrated module) were implemented at the start of the subsequent academic year.

Conclusion / Take home message:

And as with open heart surgery, you can survive curriculum review and have an improved quality of life afterwards!
Background / Context:
The Graduate Entry Medical Programme (GEMP) at Wits graduated its fifth cohort of students in December 2010. This programme has two entry levels – school leavers who complete the first two years of what can be described as the “traditional” medical programme and graduates - those who have already completed a degree. The first two years of the GEMP bring these two cohorts of students into, what for most of them, is a new experience in terms of learning, namely a problem-based learning curriculum. Essential to the development of new curricula is the evaluation of the programme. It is particularly important to obtain the opinions of the students who are significant stakeholders in the programme. In this respect the opinions of the graduating students who have experienced all years of study is of value (Watmough et al 2006; Prince et al 2005).

Aim / Purpose:
To determine the experiences of medical students on completion of their studies in the GEMP.

Method / What was done:
A quantitative descriptive study was undertaken using a structured questionnaire with open and closed ended questions.

Results and discussion:
A 74% response rate was obtained. Of these 66% were school entrant students and 34% graduates. Thirteen percent stated that they felt well prepared for the clinical years of study, 72% adequately prepared and 15% felt that they were not prepared. Eight-two percent said that they would make changes to the programme.

Conclusion / Take home message:
The high response rate and the considered and valuable suggestions made by students for changes to the programme suggest that students valued the opportunity for this input into the programme.
Background / Context:

Postgraduate studies in medical specialities prepare students to practise at an advanced level and to play leadership roles in their fields, but often not to teach. Medical registrars nonetheless often teach undergraduates. There is a two-fold motivation to equipping registrars as teachers namely enhancing the quality of undergraduate teaching by those registrars and better preparing them for their future role as teachers in their field.

Aim / Purpose:

To start investigating the influence of a module on teaching and learning on family physician trainees. Graduates’ perceptions of their role as medical specialist, attitudes towards teaching, and confidence with and participation in teaching activities were explored.

Method / What was done:

In this first stage of this ethically cleared evaluation, in-depth interviews were conducted with thirteen graduates of the programme selected using purposive sampling. Interviews were digitally audio-recorded, transcribed and thematic analysis of the data undertaken.

Results and discussion:

Four strong themes emerged from the data. Respondents indicated that the module expanded their perception of their role as family physician from only clinician to also include teaching. They reported a marked, positive change of attitude towards teaching. Respondents felt that the module empowered them to teach. They evidenced retention and use of knowledge and skills acquired during the module.

Conclusion / Take home message:

These preliminary results suggest that a module on teaching and learning during registrar training not only prepares trainees for teaching. It also facilitates attitude change towards teaching and their role as medical specialist and consequently influences their engagement in teaching.
Background / Context:

Students in health sciences are in the curing and caring business. Research, service-learning and community interaction should enable students to connect with local communities and to unlock inherent expertise and local wisdom in such communities. Conservation of Resources (COR) theory offers a link between theory and practice. It comfortably incorporates theories on assets, strengths, and the various forms of capital, while providing a framework for understanding the processes involved in resource loss and gain.

Aim / Purpose

Students can apply COR to direct inputs in communities through service learning and/or research. Health science professionals contribute to all four resource categories in persons, families and communities, namely tangible object and energy resources and non-tangible condition and personal resources. If students are mindful of their contributions on resource level, they will be able to position their work in a specific theoretical framework. COR is suited to transdisciplinary interventions and provides a common language in multi-professional groups.

Method / What was done:

This paper will outline how COR was used as framework for discussions on research and community interaction with post-graduate students enrolled at the Centre for Child, Youth and Family studies.

Results and discussion:

COR concepts are incorporated in research proposals and reports. It forms part of the academic discourse during research-based discussions.

Conclusion / Take home message:

COR offers a conceptual framework wherein different theoretical approaches and practical techniques can be incorporated. It aids the process of integrating theory and practice in service-learning and research.
Background:

A research methodology module forms part of the curriculum for pharmacy students at the University of Limpopo, Medunsa Campus. Four final year pharmacy students designed an information leaflet for patients attending Tshepang ART Clinic, Dr George Mukhari Hospital for the first time, in attempt to meet patients’ information-related expectations.

Objectives:

To determine patients’ expectations at their first visit to Tshepang ART Clinic; design and administer an information leaflet; assess whether patients’ expectations were met at their first visit, after receiving an information leaflet.

Method:

An intervention study with a test (n=27) and control group (n=20) was conducted. Structured entry and exit questionnaires were administered to adult patients not on ART and visiting the clinic for the first time. Only test group patients received an information leaflet after the entry interview.

Results and discussion:

On exit, 75% control group and 48% test group patients stated that their expectations were not met ($P=0.777$). The main reason given was ‘not receiving ARVs’. Significantly more test group compared to control group patients knew on exit when they will receive ARVs (88% vs. 45%; $P=0.0188$). The proportion test group patients who knew when they will receive ARVs increased significantly from entry to exit after receiving the information leaflet (28% vs. 88%; $P=0.0003$). The majority (84%) of test group patients found the information leaflet helpful.

Conclusion:

Pharmacy students learnt the principles of research methodology. An information leaflet can be an effective tool to provide patients with basic information about ART during their first visit to an ART clinic.
Background / Context:

The Education White Paper (1997) was aimed at helping to transforming higher education, in order to support transformative processes in South Africa. This would entail becoming more relevant to the needs of South African society. Higher education institutes in Africa also need to address the history of colonialism while meeting the challenges of African people.

Method / What was done:

The need for play therapy to become more relevant to local communities was identified. A strategic plan for service learning was developed and is being implemented to change the play therapy practicum from an internship to service learning.

Results and discussion:

Staff attended an accredited post-graduate program on service learning. A service learning module was developed to introduce students to the concept of service learning. The hearts and minds of staff and students need to shift if service learning is to be implemented. Some of the challenges facing the implementation: the centre was going through a period of transition and they had students based all over the country. The strategic plan also included staff training as there was an acceptance that teaching, learning and research outputs needed to be closely related. The plan also included networking with different community organizations to promote partnerships and community engagement

Conclusion / Take home message:

Service learning is a tool for real transformation and community engagement and it can be implemented in ways that will suite the needs of any team.
Background / Context:

This presentation reports on a study investigating the contribution of a community service-learning (CSL) approach to destigmatise medical students’ perceptions about psychiatric patients.

Teaching Psychiatry is frequently met by stigmatising perceptions and fears of psychiatric patients, making it hard to involve students in the subject. This is worrying if considered that the WHO estimates that 500 million people suffer from some kind of mental disorder.

In 2010 the Department of Psychiatry (Stellenbosch University) introduced CSL activities as part of the fourth and fifth year MBChB curriculum.

Aim / Purpose:

The aim of this study was to determine if CSL activities have a sustained effect to destigmatise perceptions of students about psychiatric patients.

Method / What was done:

The study followed an interpretive paradigm with a qualitative inductive approach. Focus group interviews were conducted with students, immediately after the completion of their Psychiatry course with CSL activities, and a year later, to determine if non-stigmatising changes in perceptions, if any, were sustained. Interviews were also conducted to determine if students, who previously followed the traditional Psychiatry course, have in accordance with international trends, stigmatising perceptions about psychiatric patients.

Results and discussion:

Sustained non-stigmatising perceptions about psychiatric patients were found in students who participated in CSL activities, compared to stigmatising perceptions in those who previously completed the traditional course in Psychiatry.

Conclusion / Take home message:

Medical faculties worldwide can take note that a CSL approach contributes to ensure sustained, non-stigmatising perceptions among medical students about psychiatric patients.
Background / Context:

Compulsory community service (CS) was introduced in 1998 with the objectives of improving service provision and developing skills. It was also hoped that it would reduce emigration and increase retention in the public sector especially in rural hospitals.

Aim / Purpose:

To examine if the objectives set for CS in 1998 were realised.

Method / What was done:

An analysis of four CS doctor surveys between 1999 and 2009 was done. Trends over the last ten years were compared and described

Results and discussion:

Over the past 10 years intention to practice has changed as follows:

- Emigrate, fallen from 34% in 1999, to 6.1% in 2009. However, the percentage not reporting for CS has increased from 6% in 1999 to 17% in 2009; most likely because they have emigrated.
- Private practice, increased from 13% in 1999 to 22% in 2009;
- Public sector, increased from 42% in 1999 to 69.7% in 2009 but 75% of those indicated an intention to specialise.
- Rural practice remained constant at 26.3%.

Major factors that negatively impact on:

- a public sector career is the quality of clinical supervision
- retention in country is the quality of hospital management (78% of those intending to emigrate rated management as poor)

Conclusion / Take home message: Medical schools are well placed to help meet the CS objectives by redefining academic success beyond student completion (i.e. production) to include retention. Increased undergraduate educational exposure to rural practice will also contribute to rural retention. CS should only be allowed at facilities with good management and clinical supervision
Background / Context:

Selecting suitable candidates for a post-graduate degree course can be challenging. Often these selection procedures neglect to consider the candidates holistically, only focusing on aspects that the specific programme values. Obtaining a holistic picture may lead to better insight of who the candidate is and whether the candidate is suitable.

Aim / Purpose:

The aim of this paper is to show that a holistic approach towards candidate selection for a therapeutic program can be relevant and effective. Such an approach can be successfully used to determine whether or not candidates will be able to cope with the expectations of the course.

Method / What was done:

Two psychometric tools are combined with no specific preconceived personality profile. However, a minimum score is required for the cognitive profile. The remaining measurement tools include an initial paper screening, a personal panel interview, as well as a written formulation to prove writing skills. This whole process is quantified and candidates are selected according to the allowed intake of that specific year.

Results and discussion:

The combination of the measurement tools during the selection process proves to be effective in determining whether a candidate would be able to complete the course or not. It further assists the panel in determining problem areas beforehand that might surface and should be addressed.

Conclusion / Take home message:

An effective selection process may provide valuable information and support to a panel in order to determine whether candidates may be suitable and to empower candidates so that they will be able to cope with the course and not be rejected on subjective grounds.
Background / Context:

Tertiary institutions are faced with various challenges such as: the standard of their academic programmes, the access and throughput of students. There is an assumption that students admitted at the university have academic excellence. Pharmacy is one of the scarce skills in South Africa, thus the Department of Pharmacy is concerned about the number of students who fail the first exam and have to re-write and/or have to repeat a year, despite the innovative approaches of the programme.

Aim / Purpose:

The purpose of this study in progress is to identify the factors that influence academic failure of the BPharm students, with an aim towards finding preventative solutions during the programme.

Method / What was done:

Academic records of all 2010 registered BPharm students were reviewed. Sample composed of a total of 70 BPharm 1 - 4 students who had a re-examination during the first semester were requested to independently complete an adapted questionnaire.

Results and discussion:

- The following factors were identified to be influencing the BPharm student’s academic failure
  - Time management, Study skills, Exam techniques, Inability to distinguish information
  - Managing university workload
- Students do not seek help early from either;
  - Mentor, Lectures OR
  - University - CAE
- Parents/Family crisis

Conclusion / Take home message:

The results gave a better understanding and for decision-making (with the aim towards prevention of academic failure) of the complex factors that influence students performance. Academics and students have a joint responsibility for students’ success. The services from the Center for academic excellence are crucial.

**KEYWORDS:** Factors influencing failure, academic failure, interventions, re-examination
Background / Context:

MB ChB II students that are under-achieving academically might have underlying problems (learning, financial, social, English, personal, psychological, time-management). Can early detection of academically under-achieving students and early remedial actions, improve quality teaching and learning?

Aim / Purpose:

Identification and correlation of student strengths and weaknesses to improve academic success, teaching and learning.

Method / What was done:

Summative assessment of academic records, survey questionnaires and face-to-face survey of a sample of MB ChB II students. Survey questionnaires used included: Index of learning styles, Humanmetrics Jungian Typology, and Multiple Intelligences questionnaires. Other variable included in the survey included gender, age, hours of study over week-ends, time management, and the use of a diary.

Results and discussion:

Provisional results suggest that there is a relationship between poor academic achievement in MB ChB II students and English illiteracy.

Conclusion / Take home message:

Early identification of potential student problems and early remedial interventions can potentially assist the mature adult student in their academic future and prevent financial loss.
Background:
We have previously reported that assessment in an integrated curriculum provides opportunities for learning strategically. We have correlated discipline mean scores with student perceptions of relevance and difficulty of component disciplines.

Aim:
This third phase of the study was aimed at determining the extent to which individual students were able to achieve an overall pass mark of 60% in the integrated assessment while scoring below 50% in certain key content areas.

What was done:
The study sample constituted 67 students who had scored between 60 and 70% overall in the theory MCQ and written examinations. The percentage of students who had scored below 50% was calculated for each discipline. The number of disciplines for individual students for which the 50% subminimum was not achieved was recorded. Results were correlated with the questionnaire responses related to seven suggested explanations for the performance data.

Results and discussion:
The percentage of students in the study sample scoring below 50% in each of the major basic and human science disciplines ranged from 7% (Physiology) to 62% (Personal & Professional Development). More than half of the students with an overall score above 60% had achieved below the 50% subminimum in more than one key discipline. However, it appears that poor performance in certain disciplines may relate to difficult content as well as to deliberate avoidance.

Conclusion:
The results provide an opportunity to resolve the ongoing Faculty debates on the need for discipline-based subminimum and to consider solutions to the logistical issues associated with developing criteria for applying subminimum to the integrated assessment process.
Background:
We recently developed a model explaining the pre-assessment learning effects of summative assessment in theoretical modules, using grounded theory. The question now is how to validate this model, given that it has too many variables to attempt this using traditional means such as structural equation modeling.

Purpose:
The purpose of this project was to determine criteria for model validity and to apply these criteria to findings from a context different to that from which the model was derived.

Method:
An existing dataset was re-analyzed using an existing codebook developed in an earlier phase of the study, focused on theoretical modules. The dataset was from interviews exploring how assessment in theoretical and clinical modules influenced medical students’ learning. An extensive literature search proved necessary to identify criteria by which to judge the validity of a novel model. The findings from the analysis were scrutinized using these criteria.

Results and discussion:
Tested in a different educational context to that from which it was derived, the model was operational. In this preliminary analysis, the model was found to answer to criteria relating to empirical adequacy, specifically explanatory power; generalizability; integration and utility. A strategy for further validating this complex model using Popper’s falsifiability maxim will be discussed.

Conclusion:
Any new model must survive stringent scrutiny to gain acceptance. We believe that a strategy to falsify, rather than confirm, our findings offers the most valuable support for the model’s validity to help it stand its ground as it ventures out onto the “catwalk”.

Name & Surname: Francois Cilliers
Title: Ready for the catwalk? By what criteria should a new model be judged?
Theme: Assessment
Background / Context:
The graduate statements of a medical curriculum commonly describe the preparedness of entry-level doctors who are ready to practise as scientifically inquisitive and knowledgeable doctors.

Aim / Purpose:
This paper presents the findings of curriculum mapping process to review collaboratively the teaching and integration of the basic physical, chemical, biological sciences, measurement and evidence-based health care in undergraduate medical education.

Method / What was done:
A Curriculum Framework using the 2010 NQF-level descriptors and categories was constructed to plot learning outcomes collaboratively around competencies to guide and promote individual and collective medical student engagement and assessment.

Results and discussion:
Competencies are complex by design. Assessment of student engagement can’t be confined to a single domain, theme, task, course or context but is overarching, requiring multiple sites, assessors, tools and feedback mechanism.

Conclusion / Take home message:
Medical students should be assessed on not only what they know of a particular basic discipline but also on their ability to engage with that knowledge critically and innovatively in a wider context to become doctors who can innovate to better cure and care.
Background / Context:
The Graduate Entry Medical Programme at Wits provides early clinical exposure for students through one health practice day a week in the two early years of the programme. At the end of 2008, an observed clinical assessment modeled on the mini-CEX was introduced to allow students to consolidate their clinical learning. Since this assessment was first evaluated, there have been substantive changes to the structure of these days in an attempt to enhance the students’ experience. The assessment has become a permanent feature of the students’ assessment and this was studied again at the end of 2010.

Aim / Purpose:
To evaluate the students’ experience of the observed clinical assessment at the end of two years of clinical exposure and how they prepared for this assessment

Method / What was done:
A cross sectional descriptive study was done using a questionnaire. The questionnaire was administered to students within two weeks of their completion of the assessment.

Results and discussion:
A response rate of 42% was obtained. Two teaching hospitals were used for the assessment and respondents were assigned to them almost equally (A: 45.5%; B: 54.5 %). The majority of the respondents were assessed in internal medicine (49.4%), surgery (22.8%) and obstetrics (16.5%). Methods used for preparation were more time spent in the wards (44%), read clinical notes (96.2%), read a clinical text book (53.2%) and 6% did not do any additional preparation. Students reported using YouTube videos and the student run clinic as additional sources for preparation.

Conclusion / Take home message:
The observed clinical assessment continues to drive students to increased time spent in clinical environments. There is a new source of clinical learning in YouTube.
Background / Context:

Ideally skills learning should be fun in an attempt to facilitate mastery of skills under non-stressful conditions. Third year medical students are trained to perform advanced cardiac life support skills using an actual manual defibrillator, which may provoke anxiety in students.

Aim / Purpose:

The aim of the study was to assess which factors contributed to learning, what level of proficiency could be attained and what the expected level of anxiety would be during actual CPR.

Method / What was done:

Learning was based on case-based, group activities with a strong emphasis on teamwork. The lecturer’s instruction and the training session were evaluated on a 5-point scale. The Chi-square test was used to identify factors associated with enjoyment of the training and with embedded learning principles.

Results and discussion:

Of the 140 respondents (response rate 60%), 94% said they had enjoyed the practical – both the instructor and peers contributing to the enjoyment – 89% said they were proficient, with supervision, and 55% without supervision. Although anxiety ‘when thinking about treating a cardiac arrest’ was scored as >3 by 82 (58%) of respondents, 31 of these respondents felt they would be able to perform the procedure without supervision. The team approach in CPR appeared to contribute to co-operative learning as being proficient without supervision and acknowledging that fellow students helped them perform the procedure correctly were closely associated ($X^2=40.15; p<0.001$).

Conclusion / Take home message:

The team approach in CPR facilitates peer-supported learning.
Background / Context:

Despite the remarkable achievement of the scale-up of antiretroviral therapy (ART) in South Africa over the past 7 years (about 900 000), the number of patients requiring treatment within the next year (1,2 million) far exceeds the capacity of the South African health care system if ART continues to be initiated by doctors only.

Task-shifting from doctors to nurses for initiating and maintaining ART is a logical strategy to meet the rapidly growing number of patients needing to start ART. There is some evidence that nurse-initiation and maintenance of antiretroviral therapy (NIMART) improves access, is cost effective, is not inferior to doctor managed ART and achieves similar outcomes.

Aim / Purpose:

To identify the key factors that enable or inhibit nurses who have attended a NIMART training course from initiating ART in HIV infected patients in primary care clinics.

Method / What was done:

A telephonic interview 3 months after NIMART training using a structured questionnaire.

Results and discussion:

Clinical mentoring and prior experience are likely to be two of those key factors.

Conclusion / Take home message:

The new role of the nurse, as an independent clinician able to assess and initiate treatment, is having a profound impact on the ability of the health service to rapidly scale-up access to antiretroviral treatment and on the dynamic within the multi-professional primary health care team. Effective clinical mentorship is playing a major role in assisting nurses to become competent clinicians and in developing an appropriate health service.
Background / Context:

Team teaching techniques provide room for development, interaction and enhancement of professional growth. The University of Limpopo, Medunsa Campus recently introduced an integrated course on Pollution and the Environment for the first year medical students.

Aim / Purpose:

The aim is to evaluate the impact of integrating different disciplines from different departments in teaching pollution course with a view to establishing its impact on learner’s retention ability.

Method / What will be done:

Six departments namely: Biology, Chemistry, Medical Physics, Psychology, Environmental Health and Microbiology will be involved. The course will comprise of 18 study chapters with 4 practical and 2 case discussion sessions for two weeks. Students will be requested to assess the impact of the course by completing a questionnaire at the end of the course. Each department will assess the factual information in their own tests and exams and use the result to determine the effectiveness of the method.

Results and discussion:

The integrated course is expected to boost and sustain enthusiasm in both staff and students, with an increased attendance rates and improvement in standardized test scores.

Conclusion / Take home message:

The course is expected to increase insight and understanding in students as they are working with different lecturers from different disciplines.
Background:

The Centre for Child Youth and Family Studies engaged in trans-disciplinary post graduate research up to a point where 300 post graduate master students completed a structured programme in play therapy successfully. This degree follows a programme of trans-disciplinary training on a structured basis. The 180 credit non-professional degree with a 1st year focus on theoretical underpinnings in work with children and a 2nd year for services learning and research, maintains a through-put rate of 95 % in the prescribed study time. 89% of students return to communities, engaging in active community involvement, reflecting social accountability and contributing to society’s expansive need for professionals in the helping professions. The need for engagement from various disciplines (trans-disciplinary) in order to address issues in the South African community is much needed.

Purpose:

On hindsight, what contributed to the programme’s creative adjustment to reach individuals and communities in South Africa supporting the University’s overarching goal of academic excellence and relevance and the role that it can play towards social responsibility?

Method:

The training follows a relational-developmental approach, focussing on personal engagement and the principle of experiential learning and trans-disciplinary services learning

Results and discussion:

The programme is developed for a diversity of students, coming from different disciplines and backgrounds engaging in true social service learning

Conclusion:

This training contributes to the enhancement of knowledge, critical thinking and research with a fine balance between the dynamics of professional competence and personal growth in trans disciplinary fashion. It is time to focus on the unit of analysis in training and not on the discipline and emphasis on perseverance of professional boundaries.
ABSTRACTS: POSTER PRESENTATIONS
Post-graduate teaching of clinical and counselling Psychology students strives to achieve a balance between the development of professional competence and the ability to apply the learnt competencies in serving society. The Phelophepa healthcare train is an optimal opportunity to achieve this balance in teaching, learning and assessment. In addition to professional psychological help being a new notion among African communities, the field still remains mysterious, unaffordable, and mostly inaccessible by individuals and families in rural communities. Together with other healthcare disciplines, psychological services are offered to rural communities by Phelophepa, a Transnet initiative. The train is a vehicle to facilitate a sense of social accountability among students.

Aim / Purpose:

The aim of this paper is to demonstrate the utility of the Phelophepa healthcare train as a learning context in facilitating a sense of social accountability among post-graduate Psychology students.

Method / What was done:

The process entailed stages of exposure and observation of a public primary healthcare clinic, classroom teaching, interactive discussions and role play, practical work on the train, written expression of expectations, self-reflective process notes, and practical case- and helping process conceptualization. Formal assessment was done and a post-experience discussion was held with the students.

Results and discussion:

Positive indications of the ability to apply competencies to improve the psychosocial well-being and mental health of rural community members were demonstrated to various degrees by the students.

Conclusion / Take home message:

In facilitating the synergy between the students’ knowledge, skills and theoretically influenced expectations of their envisaged work and their experience-based innovation, autonomy and positive attitude change, Phelophepa proves to be a learning context to facilitate a sense of social accountability among postgraduate Psychology students.
Background / Context:

The Wits Initiative for Rural Health Education (WIRHE) was established in 2003 to support financially disadvantaged students from rural areas of South Africa to study health sciences.

Students face many challenges, including: gaining admission, academic progress and social integration. To improve the support given to students, it is important to clarify the challenges and how students perceive their experience.

Aim / Purpose:

The aim is to understand the factors that enable and disable rural origin students to succeed in their health science studies at WITS. This provides information that can inform the structuring of the programme.

Method / What was done:

Qualitative in-depth interviews were conducted among key people in the programme, and a number of students at different stages in their degrees. Students also participated in focus group discussions. The information from qualitative parts of the study will be used to develop a quantitative questionnaire.

Results and discussion:

The study highlights a need to cultivate a holistic understanding of the academic, social and economic factors that impact the performance of students. These factors, and the relationships between them, can to a certain extent predict the ability of a student to succeed.

Conclusion / Take home message:

The ability of a student to manage the challenges posed by the academic and social environment at Wits can be mediated by developing support programmes that do not only focus on academics, but also on experiences of social exclusion and adaptation to the new circumstances.
Background / Context:

The Student Rag Community Service (SRCS) of the North-West University's Potchefstroom campus is a student driven, registered non-profit organization which plans and manages more than 75 student community engagement projects. The complex nature of these projects, coupled with the fact that the student volunteers are drawn from all the faculties, has led to the development of a specialized training course for them over a number of years.

Aim / Purpose:

The aim of the course is to provide SRCS volunteers with essential knowledge of the nature of socio-economic development and skills in the planning, implementation and evaluation of their projects.

Method / What was done:

It was specially developed by staff from the Social Work division and formally accredited by the NWU's Institutional Committee for Academic Standards as an 8 credit, certificate short course at the end of 2010. It places a strong emphasis on experiential learning, is spread over a number of contact sessions, requires at least 40 community engagement hours from participants and is subjected to both a formative and summative assessment process.

Results and discussion:

The assessments have shown that it has succeeded in its primary purpose and also contributed to the ultimate quality of the community engagement projects.

Conclusion / Take home message:

That student volunteers require specialised training in order to assure the quality of their community engagement services and to contribute effectively to the social responsibility efforts of tertiary institutions such as the North-West University.
Service Learning

Name & Surname: John Ndimande

Title: Suitability of District Hospital for Community-Based Service Learning

Theme: Service learning and assessment

Context:
Jubilee Hospital in Gauteng province, South Africa, forms part of the District Educational complex linked to the University of Limpopo earmarked for training of health professions. District education complexes were developed in 2008 to address curriculum changes towards community based learning. They have to comply with academic and statutory guidelines set by the University and the Health Professions Council of South Africa.

Purpose:
To assess needs and suitability of this complex for training.

Method:
A needs analysis was conducted in 2010 using qualitative techniques. A focus group discussion of hospital management was conducted. Individual interviews were conducted with 5 Heads of medical departments of the University of Limpopo, Dean and the hospital Chief Executive Officer. Thematic analysis of the data was done. Medunsa Research Ethics Committee approved the study and informed consent obtained from all participants.

Results and discussion:
The following themes were identified:

- Need and willingness from the hospital and the University to develop training at this complex.
- Compliance of the facility with HPCSA guidelines was necessary.
- The facility is old and ill-equipped hence the need for revitalization and re-classification.
- Structured supervision of trainees was necessary
- Staff shortage was a major obstruction for service delivery and training.
- There was lack of communication between the District Health and the University.
- Interventions addressing challenges led to start of undergraduate and postgraduate training in January 2011.

Conclusion:
There is need for Jubilee hospital to be developed for community based learning. Addressing the challenges (communication, structure, supervision, and staff) would improve suitability of the facility for training.
Background:

A monitoring system for ward stock management was introduced at Dr George Mukhari Hospital (DGMH) in 2009. Students from the Department of Pharmacy, University of Limpopo, Medunsa Campus use a ward stock checklist when they visit the wards on a monthly basis to assist with the monitoring of ward stock management, as part of the BPharm training.

Aim:

To determine the perceptions of nurses and BPharm IV students on the role of pharmacy students assisting with ward stock management at DGMH.

Method:

Data on the perceptions of the nurses (n=34) and students (n=28) were collected prospectively using two self-administered structured questionnaires. Responses of nurses and students were compared.

Results and discussion:

The majority of nurses rated the efficiency or quality of the work conducted by students in the wards as either good (35.3%), very good (32.4%) or excellent (26.5%). Sixty-seven percent (67%) of nurses and 52% of students agreed that the students made a difference in the wards, which included mainly reducing excess and expired stock, maintenance of minimum and maximum stock levels and organisation of stock. More nurses than students felt that they have learnt something from the ward stock management project. The relationship between nurses and students was good and the majority felt that the project should continue.

Conclusion:

Monitoring of ward stock management as a service learning activity has advantages for nurses and pharmacy students. More learning opportunities for students could be created through closer supervision and involvement of nurses.
Primary Health Care (PHC) was adopted as a lead theme for curriculum transformation by the Health Sciences Faculty of the University of Cape Town. However, integration of PHC in clinical teaching remains limited at the secondary and tertiary levels of care.

**Purpose:**
The introduction of PHC principles into established Clinician Education Course is a strategy to encourage and enable clinical educators to integrate the PHC principles in all clinical settings. The study measured the impact of this intervention on participants who have completed the course.

**What was done:**
A qualitative study was conducted with eight participants who completed the PHC module. Data was gathered by pre- and post-module questionnaires, observation of clinicians' teaching, and in-depth, semi-structured interviews. Data were analysed using discourse analysis and a model for evaluating educational outcomes.

**Results and discussion:**
While seven of the eight participants where already applying some of the PHC principles, all participants' post module knowledge shifted to a more coherent understanding of PHC. One participant who was not presently integrating PHC, found it difficult to incorporate the PHC principles. All participants reported gaining insight into inequity of care and violation of human rights within the health care system and practical ways of integrating PHC in clinical teaching. Areas of action for individual and organisational change were identified by individuals.

**Conclusion / Take home message:**
A short course on PHC principles can have an impact at various levels when concepts and practices are already familiar. It is less effective when concepts and practices are new.
Background / Context:

The MMed (Anaesthesia) in Botswana is a new and Competency Based [CB] Programme. Only five of the sixteen SADC countries offer MMed [Anaesthesia] programmes. Of the thirteen programmes, eight are in South Africa. There is Regional desire to develop mechanisms for sharing of training resources.

Aim / Purpose:

This study describes the similarities and differences between the programmes in the region in an effort to identify areas for discussion about synergies.

Method / What was done:

Reviews were completed on curricula from the Anaesthesia programmes in Botswana, Malawi, South Africa, Tanzania and Zimbabwe. Other documents were obtained from the websites of the institutions for additional information. Online, face to face and telephone conversations were conducted to supplement information missing from the documents.

Results and discussion:

Differences:

- Tanzania is in SADC, but its programmes have more in common with other East African MMeds as Nairobi (Kenya) and Makerere and Mbarara [Uganda], than with institutions in other SADC countries.
- Three countries have a traditional curriculum while two use Competency Based [CB] training.
- Curriculum review is not performed regularly in all institutions resulting in lack of change in some countries.
- Wide range of resource differences [staff numbers, trainee numbers, specialties] between institutions and countries.
- Period of attachment abroad [or away from home institution] variable.

Similarities

- Eligibility [MBBS + 2yrs],
- Duration [4 yrs]

Conclusion / Take home message:

SADC MMed [Anaesthesia] programmes cannot meet national or regional training and human resource needs individually. Regional cooperation is essential.
Background:
Creating a blog as part of the ethics course offered at the University of Limpopo, Medunsa.

- An educational innovation
- A work in progress

Aim:
The aim of the blog was to provide an up-to-date learning environment that could stimulate reflection and peer learning in and out of class to contribute to the development of life-long learning.

Method:
A literature review was undertaken on the use of social networks and learning opportunities in higher education. After studying existing research an ethics blog was constructed, using a free online blogging platform. Learners from the 2nd year medical group were asked to visit the blog after specific in-class discussions were facilitated and debate topics online. The comments were then accessed during a follow-up contact session and used as a catalyst to stimulate in-depth discussions and reflection for learners.

Results:
The learning experiences were received with very positive initial assessment and learner feedback. Further research needs to be done to contribute to the know-how on harnessing the findings of Cameron & Anderson (2006): “Blogs have many pedagogical and technological aspects that make them suitable tools for lifelong learning.”

Conclusion:
Personal experience confirms what the literature re-iterates: that blogging has the educational potential to encourage analytical thinking, empower the learner by having his/her unique voice heard and stimulate reflection and collaboration to develop lifelong learners.
Background:

Information literacy (IL) is recognized as a critical skill for the 21st Century. Despite large amounts of digital information, there is concern within higher education that students lack competencies to assess and analyse sources in terms of relevance to their courses. IL skills are of critical importance in teaching medical students to engage with evidence-based practice (EBP) within a PBL curriculum.

Aim:

To examine the existing level of IL skills integration in the Graduate Entry Medical Programme (GEMP) 1 and 2 curriculum; and to compare educators’ perceptions of integration of IL skills with actual levels of IL skills integration.

Method:

A rubric was used to assess existing levels of IL skills integration. Attitudes of medical educators towards EBP were obtained by questionnaire to ascertain if they were sufficiently developed to recognize the opportunities that exist for the teaching of critical thinking and IL skills.

Results and discussion:

Integration of IL skills into the curriculum was limited, and not as high as perceived by educators. Five barriers against the integration of IL skills, and six opportunities for embedding IL, were identified. Awareness of EBP was found to be high, and collaborative teaching of IL skills with librarians was accepted by a large majority.

Conclusion:

Information practices that underpin academic and professional life should be embedded into the learning experience of the subject, and not taught extraneously in isolated silos. Active student-centred learning needs to be embedded to meet the GEMP curriculum goal of developing IL competencies.
Background / Context:

In common with universities worldwide, use of information technology (IT) in education at the Wits Faculty of Health Sciences is rapidly increasing. A Faculty IT Policy has recently been developed and approved. However, there is evidence that a section of the highly diverse student body is ‘IT averse’.

Aim / Purpose:

The study seeks to elucidate:

1. The e-competencies of students
2. The electronic media students are using for learning
3. The attitudes of students towards electronic learning resources
4. Differences in student-computer interactions between courses.

Method / What was done:

A descriptive, cross-sectional study was carried out, with quantitative and qualitative elements. A questionnaire was administered to a stratified sample of students from six years of study in six undergraduate courses. Data were analysed with STATA software as well as qualitatively.

Results and discussion:

Comparison of attitudes, e-competencies and use of different media by different groups of undergraduate students showed a wide variation. Particular groups have been identified which appear to lack competencies (even though they have passed a test on admission to the university) and therefore need remediation and encouragement.

Conclusion / Take home message:

It is important not to assume levels of e-competency in South African students when introducing e-learning as an important element in programmes.
Background / Context:

Electronic learning, which is shortened to e-learning, is used to refer to computer based learning and is essentially the e-commerce of knowledge. Contemporary tertiary institutions are organisations that operate in manner similar to most business organisations which means they need to keep abreast of technological changes in the workplace. Essentially, this means that e-learning should be an important teaching tool.

Aim / Purpose:

The research focused on the implementation and evaluation of an e-learning programme that was introduced at a rural tertiary institution and the impact it had on lecturing staff and students.

Method / What was done:

A quasi-experimental research design utilising a repeated survey measure was used. Data from the survey questions was analysed using descriptive statistics (percentage, frequency tables and histograms) to give a holistic picture of the data. An independent t-test, which compared sample means according to gender, was also used on appropriate survey data.

Results and discussion:

The pre and post-test interventions for students revealed that more than half of the respondents had never used the e-learning facility. It also revealed that the majority of lecturing staff did not use the e-learning facility although.

Conclusion / Take home message:

The greatest barrier to the successful delivery of the intervention was lack of training in e-learning initiatives and lack of communication about the implementation of the programme plus a general lack of resources. A proper process that used verbal and written communication about the implementation of the e-learning intervention should have been used.
Background / Context:

Clinical service often takes priority in nursing as students are placed in clinical rotation at Makerere University. According to students feedback it showed low satisfaction of clinical teaching. Based on students feedback it was identified that clinical supervision varied in 3rd and 4th clinical years in the programme. There was need to align the broad block objectives with the specific skills taught in each clinical placement.

Aim / Purpose:

To assess the benefits of the structured training approach and compare student's clinical performance and satisfaction with the previous year.

Method / what was done:

A quantitative comparative study was conducted in 2010. A structured clinical teaching approach was developed clearly stating the objectives and dates of each clinical teaching and skills training session. The approach was piloted among one group of twenty students. Descriptive data analysis was done.

Results and discussion:

Students agreed that their training in clinical training improved. Level of satisfaction of the taught skills improved from 55.4% to 100%. The instructor’s contribution to the rotation and effectiveness was excellent.

The clinical performance of students compared to the previous group of students improved with the mean score improving from 63.8% to 77.7% in 2009 and 2010 respectively.

Conclusion / Take home message:

The study showed that structured clinical teaching improved effective clinical teaching skills, student satisfaction and student's performance, clinical competence.
Background / Context:

The Student Rag Community Service (SRCS) of the North-West University’s Potchefstroom campus is a student driven, registered, non-profit organization which plans and manages more than 75 student community engagement projects. A large number of students are involved in these projects as volunteers and for the past two years students across faculty became more involved in the SRCS in terms of service learning.

Aim / Purpose:

Integrating service learning in SRCS projects is multi purposed as it enhances the quality of projects, offers scope for formal evaluation and students can fulfil their obligations in terms of professional community hours within this student driven non-profit organization.

Method / What was done:

[Work in progress]

During the past two years, seven social work students became involved in the SCRS as consultants, offering a continuous evaluation and feedback opportunity to project leaders. The SRCS offers bursaries to these students and they can also use the time spent on SRCS project evaluation as a service learning opportunity. At least 4 postgraduate studies on SRCS projects are in process which offers a formal evaluation opportunity for SRCS projects.

Results and discussion:

Including volunteerism and service learning in the SRCS projects offers unique challenges and opportunities for both the organization and students’ service learning obligations. This poster will illustrate the positive symbiosis between volunteerism and service learning in the SRCS by capturing the narratives of some of the students involved.

Conclusion / Take home message:

The SRCS offers unique opportunities to combine service learning and volunteerism within the context of community engagement.
Background / Context:

Promotion of problem solving ability is a major theme in medical education. Health Systems Dynamics (HSD) was introduced as a module of a course including language, learning skills, logic and problem-solving in the pre-clinical phase of the MBBCh curriculum at Wits. HSD teaches systems thinking and uses computer-based modelling of a wide range of problems encountered in medical training and practice, from pharmacology to social interaction.

Aim / Purpose:

To report on the results of a questionnaire intended to assess the impact of HSD on students’ perceptions of their ability to think, approach problems and draw conclusions from facts in context of current and future curricula.

Method / What was done:

On completion of the first year, an anonymous questionnaire was administered, comprising 7 yes/no questions (analysed graphically, “yes” being favourable) and opportunity for comment (analysed by themes.)

Results and discussion:

Overall the “yes” response was 79%, ranging from 67 to 99% for individual questions. The comment indicated some concern with course delivery issues. Some negative comment related to course difficulty and self-reported poor performance. Positive comment related to an “interesting” course and new ways of thinking.

Conclusion / Take home message:

The majority of respondents feel HSD had a positive impact on their ability to think and problem-solve.
SESSION 3: QUALITY ASSURANCE (LIMPOPO ROOM)

Name & Surname: Estelle Smuts

Title: Using clinical follow up visits to inform teaching and learning practices in a Clinical Skills Centre

Theme: Quality assurance

Background / Context:
The rational for this research project was based on the need of the clinical educators to evaluate if what they teach students in the Clinical Skills Centre (CSC) is relevant to what students are exposed to in clinical practice. Simulation-based teaching has an important role to play in undergraduate medical education but should be an adjunct to an essential clinical experience (Morton et al, 2006).

Aim / Purpose:
The primary goal of this study was to use clinical follow-up visits as a means to inform teaching practices in the CSC and to ensure that the teaching content is aligned with current clinical practices of 3rd year MB,ChB students.

Method / What was done:
The following data was gathered and analyzed:

1. A log of all the clinical visits done for the duration of the study.
2. Logbooks were collected and scanned for completeness and comments by students.

Results and discussion:
The CSC educators and students identified a general lack of awareness, too few learning opportunities and poor communication as reasons for the lack of experiential learning in the clinical areas.

Sixty eight (68) of the 163 students did not record any clinical activities.

This lead to a revision of the teaching strategies as well as the logbook to accommodate and address challenges that may prohibit students from reaching the clinical goals set out in the logbook.

Conclusion / Take home message:
The introduction of clinical visits together with the logbook system proved to be feasible and gave educators valuable insights as to what procedures they can realistically expect student to perform in the clinical setting.
Context:

The clinical supervision of student nurses at Mbarara University of Science and Technology has been questionable. An absence of a formally accepted nursing curriculum and shortages of academic staff resulted in students being placed with senior nursing staff for clinical training sessions (preceptor). These preceptors however lacked formal teaching and supervisory skills and generally prioritised service commitments and patient care over their preceptor role.

Purpose:

This study was undertaken to establish set of guidelines to standardize preceptor training.

What was done:

To identify clinical competences required of nurses at the end of the training program, a documentary analysis was undertaken of the guidelines of the Ugandan Nursing and Midwives Council and the Ugandan Council of Higher Education.

Interviews with clinical supervisors helped to assess their clinical supervision needs while focus group discussions with students helped to identify the students’ perceptions of the quality and shortcomings of their clinical supervision experience in each of the six final year blocks.

Results and discussion:

From the documents, it was possible to devise a set of guidelines (objectives) for the clinical training of nursing students. The preceptors indicated a need for the nursing department to offer formal training programme to orientate and train preceptors for their roles on the undergraduate nursing programme.

No documented clinical competences exist for the bachelor of nursing program in Uganda hence the need for formulation and implementation of guidelines by the Uganda nurses and midwives council

Conclusion:

Service delivery takes over training of student nurses in the clinical settings if supervisors are not adequately prepared and continuously mentored.
Background / Context:

The early clinical exposure characteristic of modern undergraduate medical curricula presents organisational challenges since it is of necessity part-time and fragmented. At Wits third and fourth year medical students spend one ‘clinical’ day per week with three activities: shadowing, formal bedside teaching and systematic skills training.

Aim / Purpose:

To investigate whether the three ‘hospital day’ activities in the fourth year programme comply with standards set for them, and to assess the effect of improvements instituted following a 2006 evaluation.

Method / What was done:

A cross-sectional descriptive study was carried out. During an eleven week period data were collected from a random stratified sample of fourth year students using a previously developed self-reporting questionnaire. Descriptive and inferential analysis of quantitative data was carried out supplemented by thematic analysis of qualitative data.

Results and discussion:

In ‘shadowing’ sessions students were exposed to appropriately varied patients and procedures but mostly as spectators. The formal bedside teaching sessions had improved in some respects since 2006 but not in others, tutor availability being particularly problematic. Skills training sessions were generally highly rated but did not fulfill all objectives. In all three activities problem areas were clearly identified.

Conclusion / Take home message:

Early clinical exposure activities have particular problems and need constant careful monitoring.
Background / Context:

Does giving continuous feedback during continuous evaluation have any benefits?

Aim / Purpose:

To give students continuous feedback on their performance throughout the academic year in the course POME502 of the MBChB degree programme.

Method / What was done:

We implemented a tabulated data sheet which indicates to each student the weighting of each component of this course and his/her complete and current continuous evaluation performance.

Results and discussion:

Advantages:

Evaluation results were presented as continuous feedback to students in a very orderly, logical and easy to understand way.

Outstanding results, missing marks and calculation errors could be picked up immediately.

Students could immediately and continuously monitor their own performance and progress in this course without having to repeatedly enquire about their marks from the different departments involved in this course.

Teaching staff could identify struggling students early on so as to implement timely remedial action(s).

Disadvantages:

It required very dedicated and accurate administrative personnel.

The large number of students in this course (about 180) necessitated a huge administrative task in compiling tests and exams, typing, printing, getting scripts marked, checking of allocated marks, sorting and filing of exam scripts, etc.

Students soon realized that they could totally fail certain parts of these evaluations and still pass the POME502 course. The question of sub minima in the different components will have to be addressed.

Conclusion / Take home message:

Continuous and timely feedback supplements the objective of continuous evaluation.
Background:

Objective Structured Clinical Examination (OSCE) examiner training is widely employed to address some of the reliability and validity issues that accompany the use of this assessment tool.

Purpose:

An OSCE skills course was developed and implemented at the Stellenbosch Faculty of Health Sciences and the influence thereof on participants (clinicians) was evaluated.

Method:

Participants attended the OSCE skills course which included theoretical sessions concerning topics such as standard-setting, examiner influence and assessment instruments, as well as two staged OSCEs, one at the beginning and the other at the end of the course. During the latter, each participant examined a student role-player performing a technical skill while being video recorded. Participants’ behaviour and assessment results from the two OSCEs were evaluated, as well as the feedback from participants regarding the course and group interviews with student role players.

Results and discussion:

There was a significant improvement in inter-rater reliability as well as a slight decrease in inappropriate examiner behaviour, such as teaching and prompting during assessment of students. Furthermore, overall feedback from participants and perceptions of student role-players was positive.

In this study, examiner conduct and inter-rater reliability was positively influenced by the following interventions: examiner briefing; involvement of examiners in constructing assessment instruments as well as viewing (on DVD) and reflection, by examiners, of their assessment behaviour.

Conclusion:

This study proposes that the development and implementation of an OSCE skills course is a worthwhile endeavour in improving validity and reliability of the OSCE as an assessment tool.
Background:
While dental undergraduate training in resource constrained institutions such as Makerere University (Uganda) is multidimensional and multidisciplinary, assessment is primarily focused on theory. In many cases clinical assessment only occurs as a summative examination in the fifth and final year. Currently, each student has a single randomly picked clinical case for summative assessment.

Purpose:
A single clinical exam, with non-standardized patients, cannot adequately assess the different clinical skills students should have as future practitioners. Thus the need exists to develop continuous clinical assessment methods with well-defined competencies to provide motivation, guidance and direction for future learning.

What was done:
A baseline survey, by interview, was conducted among dental faculty regarding knowledge of assessment and definition of clinical competencies for their courses. 83% (10/12) reported minimal knowledge of the principles of assessment while one had documented clinical competencies for her course. Therefore, a two-day training workshop was organized focusing on fundamentals of assessment and emphasizing importance of continuous assessment and defining competencies.

Results and discussion:
After the workshop, the Full-denture Prosthetics course was adopted to pioneer change. Clinical competencies were defined and after considering several tools and resources available, a modified log book was produced with an appendix to guide students and a feedback section for every clinical session.

Conclusion:
Creating awareness of different assessment methods was instrumental in initiating change, which created an opportunity for introducing continuous clinical assessment in dentistry. The tool was tailor-made to suit the prevailing circumstances, and commitment to change should contribute to improving and expanding this process.
Background / Context:

MBCHB III students learn Palliative Care in five contact sessions, consisting of didactic teaching, group discussions and patient contact. Assessment methods were case studies and closed book tests.

Students did exceptionally well, but the concern; insufficient engagement with learning material in order to gain skills and change attitudes. They study to gain marks for exemption and it seemed they regurgitate what they learnt, with little insight.

Aim:

The aim is to see; if assessment methods change, will students engage with learning material better and will it affect output in attitude and marks?

Method:

Assessment methods changed to quizzes, group discussions, case reports and open book tests.

Students give feedback on experiences and the lecturer do reflective observations and compare student marks, with that of the previous year.

Results and discussion:

Students report positively on quizzes, group discussions and case reports. Responses on the open book tests vary. Positive – being authentic, can apply knowledge and favourable. Negative - Not understanding, limited time, bad experience/ unfair.

Marks changed to a normal distribution curve.

Quizzes and group work stimulate early engagement with theory.

Case reports challenge students to think on the job, apply skills and a good attitude.

Open book tests based on real-life patients is a way of doing authentic assessment, but students need to learn how to prepare and write open book tests.

Conclusion:

A variety of assessment methods, improve engagement in learning material and makes output more realistic.
Background / Context:

MBCHB II students learn about the patient centred approach, which automatically challenge the lecturer to be student centred.

Method:

A model and well thought through metaphor - the octopus, were used to explain the approach. But students struggled to grasp the metaphor/concept. The lecturer facilitated the exploration of the concept, until a new metaphor emerged. New knowledge / meaning surfaced which enriched the overall learning experience.

Results:

This resulted in the understanding that; lecturers do not always enter a classroom with answers and ideal methods of teaching.

Conclusion:

The lecturer learnt from the experience…

Lecturers cannot control learning, how it should take place. Flexibility is better than rigidity.

Being authentic in teaching varies from classroom to classroom, as students’ "life worlds" change.

Lecturers are supportive guides to students, not gatekeepers deciding how much and what, should be learnt, when.

Students are actively involved in their own learning; learning is not “done to them”.

Learners are constructivists; appreciate their ability to think, reason and being creative in their own learning process. Allow them to solve problems, take responsibility, initiative and construct new meaning (Slabbert J et.al: The brave new world of education.2009).

Take home message:

When following a student centred approach, reflect on what is happening, create space for students, and be open to the creation of new knowledge, new understanding. Embrace any learning which take place and build from that foundation.
Background / Context:

Palliative Medicine is a new learning area at the University of Cape Town. It requires competence in the approach to all domains; physical, psychological, social and spiritual. Students develop a palliative care management plan, and reflect on the process of learning and clinical contact. There are stringent timetable limitations on this critical discipline. A novel integrated teaching method (Integrated Tutorial) has been developed and requires evaluation.

Aim / Purpose:

The evaluation of this teaching method for effectiveness and participant engagement

Method / What was done:

A mixed method study examined the effectiveness of learning in the Integrated Tutorial with quantitative analysis of the formative assignments after coding in the four domains and grading each one with a five point rubric. The reflective commentaries were assessed qualitatively.

Results and discussion:

Effectiveness of the Integrated Tutorial was demonstrated in the quantitative results in which 57.14% of the students scored “good” in the physical and social domains, 35.71% in the psychological and 10.71% in the spiritual. The comparison reached statistical significance at the sample size: n = 28.

The qualitative analysis revealed themes of; Improved Knowledge, Positive Attitude Change, Personal Emotional Effects, Beyond the Biomedical and Reflective Learning.

Conclusion / Take home message:

This evaluation will be used to improve the teaching at our university. The Integrated Tutorial template may be used for palliative medicine teaching in diverse situations and in other disciplines where there is a need for efficient and effective integrated learning.
Background / Context:

The system-based curriculum (10 semesters) adopted by Alzaiem Alazhari University (AAU) Sudan, entails integration of basic sciences, clinical knowledge and skills training during preclerkship period (semesters 3-7).

Aim / Purpose:

The aim of this presentation is to illustrate how the utilization of the clinical skills laboratory (CSL) may improve the clinical skills of pre-clerkship students and be assessed by OSCE.

Method / What was done:

All the required tools and materials were prepared, and the skills required established. Groups of 10-15 students attended four two hour sessions in the CSL. The skills consisted from different procedural stations. Skills were taught and practiced on manikins, simulated patients and peer examinations. At the end of the course the competency of the junior students and a control group of senior students was evaluated by an OSCE.

Results and discussion:

Junior students scored higher in two procedural stations and in the overall score. Senior students obtained higher marks in physical examination and images interpretation stations. Higher scores of junior students in the procedural stations are because they used hands-on skills and senior students learned through observation.

Conclusion / Take home message:

Junior students trained in the CSL, can attain comparable skills competency to senior students, when assessed after training. The can outperform senior students in procedural skills. This confirms that CSL training can improve skills acquisition.
Background / Context:

The School of Medicine of the National University of Comahue, Patagonia, Argentina, is a young institution. The original faculty received training in education but there has been no formal programs providing training for newly appointed instructors. A survey (2005) to identify training needs indicated that 98% of instructors were willing to take courses in teaching.

Aim / Purpose:

To improve instructors’ performance and students’ clinical competencies through a Blended Training Course in Teaching (BTCT)

Method / What was done:

The BTCT was carried out in 2008-2009 and a second offering took place in 2010. Comparisons have been made between 2007 and 2008-2009-2010 instructors’ overall performance and students’ clinical competencies. Data obtained from surveys and statistical information about the internship and the BTCT completion were analyzed.

Results and discussion:

72% of instructors enrolled (2008-2009) completed the BTCT. 25% of drop-outs occurred due to a deficient information system and 3% due to other causes. For the second offering in 2010 a better information system was implemented with only 9% of drop-outs. 74% of instructors were rated as unsatisfactory in 2007 but after completing the course (2008-2009-2010) 96% of them received satisfactory ratings. In 2007 only 75% of students were rated “good” or “very good” nevertheless, in 2009-2010 92% of students were rated this way. 97% of 2009-2010 graduates were accepted into residences over 91% in 2007.

Conclusion / Take home message:

Instructors’ and students’ performances have satisfactorily improved through the BTCT whose number of drop-outs diminished in 2010 due to a better information system.
Background / Context:

Physiology is a core discipline in the MBChB curriculum. Traditionally it has been regarded as a pre-clinical subject. However, in the true sense of integration between pre-clinical and clinical sciences it is important to provide students with both theoretical knowledge, as well as practical exposure to bridge this gap. Four state-of-the-art LabTutor® Systems were procured. This apparatus allows students to perform practical sessions with minimal input from tutors, while simultaneously integrating the theory with practice.

Aim / Purpose:

The aim was to determine whether the students and lecturers experienced the LabTutors® as a valuable tool to teach spirometry practical sessions.

Method / What was done:

During this prospective quantitative and qualitative study MBChBII students were randomly assigned to either the traditional or LabTutor® based spirometry practical. A pre- and post-test was written to assess knowledge and insight into the practicum. Afterwards the groups were crossed over and exposed to the alternative method. On completion of the practical session, students completed a questionnaire to assess and compare their perception of the two practical systems employed, while semi-structured focus group interviews were conducted with the lecturers.

Results and discussion:

The data shows that the LabTutor® improved student knowledge of the respiratory physiology, while both students and lecturers experienced it as a user friendly and valuable teaching aid to integrate theory and practical.

Conclusion / Take home message:

By using LabTutors, both the students and lecturers experienced the spirometry practical sessions as being very valuable and a good learning environment.
Background / Context:

Medunsa campus has been using simulated patients in training and exams of health care professionals. These individuals, who act as patients, are periodically trained and standardized for specific exams to secure quality outcomes. A co-ordinator with drama background was appointed in February 2011 to improve the quality of their training. This created the opportunity to reflect on their experiences.

Aim / Purpose:

To elicit their experiences as simulated /standardized patients and determine future training needs.

Method / What was done:

An action research method with a rapid appraisal technique was used. Six simulated patients with a total of 27 years experience formed a group with two facilitators. An unstructured question was posed: “Please share your experiences as a simulated patient with us”. The results were analysed by identifying main and sub themes.

Results and discussion:

The prominent themes were:

Positive themes: Content (knowledge) as well as process (self development) themes, with unsuspected implications for the community and/or community health.

Negative themes: Student, personal and assessor related themes which will lead to assessor critical self evaluation.

Conclusion / Take home message:

Simulated patients not only play a direct role in the training of health professionals, and critical self evaluation of all the role players; it also adds to personal growth and community health and therefore need specialised training.
Background / Context:

Wits changed its undergraduate medical curriculum in 2003 from a traditional programme to a hybrid Graduate Entry Medical Programme (GEMP). Educational methods and programme objectives changed to deliver new styles of learning and improved outcomes.

Aim / Purpose:

To relate the outcomes of the old and new programmes (in terms of intern performance) to the content and methods of curricula experienced so to identify specific successes and shortcomings.

Method / What was done:

Matched stratified random samples were taken of interns from the last traditional curriculum graduates and the first GEMP graduates. Interns were asked to rate their competence on 57 items with questionnaires, followed by interviews to explain responses at the extremes (positive/ negative) of individuals’ self-ratings. Data were recorded by hand, checked and analysed qualitatively.

Results and discussion:

Both groups of interns were able to link both specific content and the way in which it was presented to them to mastery (or lack of it). Many rich insights emerged: for example, integrated learning resulting in poor focus on important material, PBL promoting self-directed learning, emphasis on bio-psychosocial approaches promoting better doctor-patient relationships and epidemiological understanding.

Conclusion / Take home message:

Changes in content and curriculum organisation may result in linked specific and identifiable planned and unplanned learning outcomes.
Context:
The South African Pharmacy Council (SAPC) registered a new BPharm qualification with the South African Qualifications Authority (SAQA) in March 2009. All Pharmacy schools/faculties in South Africa have to re-align their curricula and implement no later than 2013.

Purpose:
Bernstein’s ‘pedagogic device’ theory provides a framework to describe the structuring of knowledge, the power relations at play, and the control over what constitutes knowledge.

What was done:
Document analysis was followed by discussions within and across divisions. After verification, NVivo8 was used to code and categorize data. An iterative process was followed: as themes and categories emerged they were used for further discussions. Ethical approval was granted by the Faculty of Pharmacy’s Ethics Committee.

Results and discussion:
The research revealed:

- Strengths and weaknesses within our curriculum – in terms of content, teaching and learning, assessment and evaluation processes.
- Our curriculum is mostly a collection code which is strongly classified (C+) and framed (F+) with some integrated code which is weakly classified (C-) and framed (F -).

There is tension within and across disciplines with respect to the extent of control of the curriculum by the disciplines, by certain agents, and by certain practices. This has led to debate about the need to shift towards a more integrated curriculum.

Take home message:
Bernstein’s ‘pedagogic device’ highlighted the relationships and power relations at play between the different agents and components of the curriculum. This needs to be taken into account when re-aligning the curriculum.
Background / Context:
The ability to think critically is a vital skill for health care professionals in an era of rapidly advancing technology. Critical thinking skills improve problem solving ability, quality of clinical service and efficiency in delivering a clinical service.

Aim / Purpose:
The aim of this descriptive exploratory study was to determine the ability of 3rd year radiography students at UJ to think critically.

Method / What was done:
An evaluation of the critical thinking skills of third year students was done by reviewing student’s responses to vignettes (in the form of clinical scenarios) covering content across the 3rd year radiography syllabus. The responses were reviewed using deductive reasoning by identifying actions considered integral to critical thinking in the student’s responses to questions. Responses were graded on a Likert scale.

Results and discussion:
More than 80% of students demonstrated minimal ability to think critically for each of the five areas of critical thinking identified in this study. Teaching strategies need to be implemented to encourage critical thinking skills in radiography students.

Conclusion / Take home message:
This study may enable the researcher to provide evidence to encourage critical thinking skills in student radiographers, which could be implemented into the curriculum in the Department of Radiography at the University of Johannesburg. This, in turn, may impact on the profession of radiography by encouraging problem solving in clinical practice.
Background / Context:

Medical programmes worldwide increasingly emphasise the importance of behavioural sciences and communication in the curriculum. The challenge is to design a curriculum that meets the unique needs of the South African society.

Aim / Purpose:

The aim of this project was to review the undergraduate MBChB curriculum for mental health and communication and to come up with a horizontal and vertical integrated programme that is valid, evidence based and practical.

Method / what was done?

An appointed committee reviewed the current Mental Health curriculum. The process involved the investigation of Governmental policies and guidelines on mental health as well as the needs of society. Broad exit level outcomes for the Mental Health Curriculum based on findings of the aforementioned were formulated. Current exit level outcomes and assessment criteria per discipline were presented followed by the identification of shortfalls and overlaps in current programs.

Results and discussion:

Seventeen broad exit level outcomes for a Mental Health and Communications curriculum were identified under seven clusters. Overlaps and shortfalls in the current curriculum were determined. Shortfalls included aspects such as traditional medicine, multicultural aspects of mental illness, complementary therapies, and geriatric mental health. Vertical and horizontal integration needs further development.

Conclusion / Take home message:

The curriculum review revealed that the current mental health and communications programme was covered extensively. When measured against the exit level outcomes as determined by the committee a few shortfalls and several overlaps were identified.
Background / Context:
The BCMP (Clinical Associate) programme at UP has been running since 2009. The curriculum is transformed through action research to facilitate authentic learning – promoting professionalism within students and staff. The practice and theory of authentic learning, self directed learning, whole brain learning and cooperative learning is integrated.

Purpose:
To enact quality authentic learning through action research

Method:
The unit of analysis is the practice of the BCMP programme, which includes student learning, facilitating of learning, and professional learning of academic staff involved. Learning events and experiences of facilitators and students are reflected on individually and in groups. Workshops on professional development and planning interventions are done. Real life situations are engaged with to understand practice in terms of authentic learning, to decide on actions and construct meaning.

Results and discussion:
The research team, students, facilitators and managers are challenged with super-complex situations experienced in patient care, learning and assessment. Essential issues in education practice surface: (1) real life challenges, (2) personal effort, (3) quest for improved quality and (4) importance of process. These issues are equally true for students, facilitators, managers and researchers and the process impacts on all of their actions. The professional development of facilitators of learning is critical.

Conclusion / Take home message
Enacting authentic learning is an exciting, often scary experience but its worth lies in the promise of high quality learning for both students and facilitators that integrates theory and practice.
Background / Context:

In 2005 the Wits Faculty of Health Sciences introduced a new degree, the Bachelor of Health Sciences (BHSc). The intention of the 3 year degree is to prepare students for entry into a spectrum of work in the health care sector. The degree has two tracks: a Biomedical Sciences track and a Human Sciences track. Of the 112 graduates thus far, 84% of them have been in the Biomedical Sciences track.

Aim / Purpose:

The aim is to describe the study and work choices of the 2005 – 2010 cohorts of BHSc graduates.

Method / What was done:

A database has been maintained with annual updates from the graduates.

Results and discussion:

Of the 112 graduates, 3 could not be traced. 49 are currently studying medicine (from internship to MBBCh 3). Of these 49 students, 30 gained direct admission into the medical degree; 12 gained admission after doing an Honours degree. 39% are doing other degrees. Of all the graduates, 44 have completed or are doing Honours degree. Thus 80% of the graduates are still studying. Of the 18 Human Science track students, 11 are still studying and 6 are working.

Conclusion / Take home message:

The degree is seen as a base for further study. There is a strong trend for graduates to enter medicine, with the degree being perceived as a gateway to medicine. The Human Sciences track is clearly not yet properly established. A distinct employment pattern for graduates – other than medicine - is not yet discernable.
Background / Context:

One of the cornerstones of the current medical programme reform in the world is ‘integration’. There are reports that this assists students assimilate and apply what they have learned better thus achieving professional competence. The first two years of the medical programme at Wits University are still discipline-based and lack integration necessitating an urgent need for a core curriculum which promotes horizontal and vertical integration of content.

Aim / Purpose:

To elucidate the curriculum review process followed: steps, achievements and obstacles

Method / What was done:

- Review of meeting minutes
- Discussions with key members of the review team.

Results and discussion:

2007 - First curriculum review meeting

Initial review lacked representation of the wider population sparking concerns and conflicts. Subject review teams later formed and 48 members were nominated by heads of departments. Three curriculum review groups were constituted with representation of each discipline in Year 1 and Year 2.

Two orientation meetings were followed by a series of meetings constituting representatives of all the relevant disciplines. A focus on core content led to a 12% reduction in the first year basic sciences courses - reducing overload.

An integrating course was introduced

Conclusion / Take home message:

Curriculum review is a process requiring wide consultation and involvement. Numerous challenges in obtaining consensus
Background / Context:

The undergraduate medical curriculum at Wits University was revised in order to improve integration. An output of this revision was an integrating course called Medical Thought and Practice which was introduced in MBBCh I in 2010 and MBBCh II in 2011. The new course has two modules: Health System Dynamics and Integrating Skills. With the course having been implemented for a year now, we present the evaluations/feedback by students.

Aim / Purpose:

To explain the objectives, components and processes of the new integrating course and the initial feedback by the students.

Method / What was done:

- Review of course curriculum and documents
- Discussions with course coordinators and lecturers
- Administration of a questionnaire to obtain student feedback and comparison of feedback between mid-and end- of year

Results and discussion:

- Integrating course introduced in years 1 and 2 of the medical programme
- Comprehensive course with various components that facilitate learning spiralling from year one to year two
- Increase in appreciation of the course from 52% at mid-year to 71% at end of year

Conclusion / Take home message:

Integration is a process that takes time to appreciate.

Introduction of a new course meets resistance initially until its relevance is fully understood and this takes time.
SESSION 6: CURRICULUM AND PROGRAMME DEVELOPMENT (STARLIGHT WINDOW)

Name & Surname: Hoffie Conradie

Topic: Rural clinical clerkships require an innovative curriculum development approach.

Theme: Curriculum and program development

Context:
The Faculty of Health Sciences, Stellenbosch University embarked on a project to expose medical students to rural health through a Rural Clinical School (RCS) for one year. Medical student interns spend the last year of their training at a regional hospital and surrounding district hospitals. At the regional hospital students follow the traditional rotation through specialist departments. Students allocated to district hospitals follow a longitudinal integrated model where they do all their rotations in an integrated model over one year under the supervision of a family physician.

Purpose:
The aim of the research project was to adapt the present curriculum for student interns at the RCS in both the regional hospital and the district hospitals.

What was done:
This was participatory action research. The participants represented a specialist from the academic hospital and the regional hospital for each discipline and family physicians from the district hospitals. At 3 workshops the participants identified 20 cardinal presenting features of disease in each discipline. Common conditions students should be able to manage were then identified. Participants were subdivided into 6 sub teams consisting of an academic specialist, the specialist from the regional hospital and a family physician. A portfolio of patients as a new assessment method was introduced. The process was facilitated by an educational specialist with experience in curriculum development.

Take home message:
Involving rural family physicians and rural specialists with academic specialists is crucial in adapting the curriculum and assessment for medical students in a RCS.
Context:
In the Longitudinal Clinic Attachment Programme for Students (L-CAS), they visit clinics accompanied by mentors as part of experiential learning.

Aim:
To determine students’ overall experience of mentors, focusing on the different groups of mentors (university appointed doctors; university appointed nurses; clinic managers; clinic staff) and factors contributing to a positive learning experience.

What was done:
A survey, developed from focus group interviews and a pilot study with nominal group discussions was administered to most first year medical students.

Results and discussion:
University appointed doctor and nurse mentors were rated as excellent by 68% and 59% of mentees respectively. Thirty-seven percent of clinic managers and 40% of staff received an excellent rating. Average or poor ratings were given for 25% (university doctors), 34% (university nurses) and 11% for both clinic managers and staff.

Positive experience of the mentor was significantly associated with the degree of rapport established; the ability to motivate and listen to students, and mentor assistance with language difficulties. Eighty eight percent of students rating mentors as excellent thought there was a clear plan at the beginning of every visit.

Regarding attributes of academic support, mentors’ ability to demonstrate clinical practice was most significantly associated with experience, followed by constructive feedback and availability to help.

Conclusion:
Positive learning experiences are strongly associated with personal and relational attributes of mentors, as well as the academic support given to students.

From the results of this study a mentor support programme will be developed.
Background / Context:

In 2001, the Pick Report on Human Resources for Health recommended that training of a physician assistant category should begin in South Africa. The Wits Faculty of Health Sciences commenced offering the new degree, Bachelor of Clinical Medical Practice (BCMP), in January 2009, a three year programme leading to a qualification as a Clinical Associate. The work of the Clinical Associate will complement that of the Primary Health Care (PHC) nurse.

Aim / Purpose:

To understand expectations among existing health workers of the Clinical Associate. This provides baseline information on the role of the Clinical Associate initially, and how this evolves over time.

Method / What was done:

Qualitative exploration of perceptions among existing health workers of the newly qualified Clinical Associate. Semi-structured interviews were conducted, face-to-face when possible, among existing health care workers in Gauteng and North West. The information is being used to design of the quantitative components.

Results and discussion:

It is important to be conscious of expectations from other professionals of this new cadre. These expectations may affect the perceived effectiveness of this new qualification in addressing the shortage of health workers in rural areas.

Conclusion / Take home message:

There is a need to manage expectations from other health workers on the role of the Clinical Associate. There is uncertainty about what can be passed on to the Clinical Associate, and fears about interference in the roles of existing personnel.
Context:
The Bachelors of Clinical Medical Practice (BCMP) programme at the University of Pretoria started in 2009. Several challenges became clear in 2010:

- Basic sciences modules were not well positioned within the rest of the programme.
- We are preparing students for a role that currently does not exist
- Students may be learning from inappropriate role models and practices
- Students agitated for didactic lectures

Purpose:
To ensure an effective BCMP programme that focuses on authentic learning

What was done:
We arranged workshops, critically reflecting on what we are doing and engaging in a process of developing our scholarship of teaching.

National and international specialists in higher education involved in whole brain learning, self-regulated learning, authentic learning and deep learning guided exploration of cognitive theories, collaborative learning and its practical implementation.

Results and discussion:
We clarified the role and identity of the Clinical Associate and ways to communicate it.

We defined an educational approach based on:

- Learning is the responsibility of the student, facilitating that learning is the responsibility of the programme.
- Real life challenges (patients) in district hospitals are essential for relevance and authentic learning.
- Patient based, small group learning with individual effort, responsibility and accountability.

We decided to embark on an action research process to transform the curriculum through action, review and adaptation.

Take home message:
If you are concerned about your programme a serious review with external help will assist you, but may take you on a whole new path.
Context:

The department of Family Medicine phased out the old programme of MMED in 2010. The registrar training programme towards this specialist degree is a full time post.

The Health Professions Council of South Africa (HPCSA) allocated two registrars to every specialist Family Physician (FP) for training. This changed in 2010 to four registrars per one FP. University of Limpopo trains registrars in Family Medicine at Tshwane North East, Tshwane North West, Limpopo province and Bojanala district in the North West Province. The programme continued to be refined with greater detail added to the course as the experience grew. The selected credits per year were changed from themes to modules to specific courses, where the objectives and outcomes of each course are clearly stated in the student’s brochure.

Purpose:

This paper presents the challenges faced when a new post graduate training course is introduced.

Method:

In 2009, 5 enrolled for the course, however only two registrars passed and have remained in the trained course. In the second year (2010) there were 12 registrars. At present there are 11 registrars from this cohort. In the third year, there are 7 new registrars doing this course. Registration, advertising and appointing new registrars is not as smooth as in the other two provinces i.e. Gauteng and North West. There are no new registrars from Limpopo for 2011.

Discussion:

In the initial year there was uncertainty among both the specialist trainers and the trainees. This new full time programme required more time, staff and training equipment than the previous part time programme. As the experience of the department improved the course is now beginning to flow smoothly with continues strategic planning and ongoing.

Conclusion:

The training offered by Medusa is of excellent quality and is comparable to the programmes offered by the other departments.
Background / Context:

The impact of a Short Course in Undergraduate Clinical Supervision was evaluated in this study. This course was developed by the Centre for Health Sciences Education at the University of Stellenbosch in 2007/2008. The target group is inter-professional supervisors involved in undergraduate student education. The supervisors are experts in their own fields but have little experience of adult education.

Aim / Purpose:

The aim of this study was to show that training supervisors in supervision skills can have a positive impact on student learning as well as that educating the supervisor can enhance their professional growth.

Method / What was done:

Supervisors taking part in two of the courses presented during 2010 were recruited to participate in the study. Data was obtained before and after attendance of the course making use of the following: a self-assessment questionnaire done by the supervisors, videos of simulated student facilitation sessions, reflections of the students and semi-structured individual interviews with the supervisors.

Results and discussion:

Statistical analysis of the data is currently being done, however, the preliminary findings suggest that supervisors are aware of their need to develop their teaching skills. Students’ reflections identified various categories that they make use of in order to judge the impact of supervisors. The use of effective teaching techniques seems to have a major impact on the learning outcomes of their clinical experience.

Conclusion / Take home message:

The preliminary results suggest that this short course has an effect on the learning experiences of the undergraduate students in the clinical setting as well as the professional growth of the supervisor.
Background / Context:
From 2010, a compulsory module *Understanding the world of health* was integrated into all curriculums across the Faculty of Health Sciences of the North-West University’s Potchefstroom campus. This trans-disciplinary module is presented on second year level and includes the following study units:

- Basic philosophy and the world view of health care professionals
- Defining health, disease, illness and wellness
- Different models and paradigms on health and illness
- Trans-disciplinarily
- Ethics in health sciences

Aim / Purpose:
The aim of this module is to enhance trans-disciplinarily in teaching and learning in the Faculty of Health Sciences at the North-West University’s Potchefstroom campus.

Method / What was done:
The module was planned, compiled, implemented and evaluated/reviewed by lecturers across faculty. Associated tasks included student administration; identifying applicable study material; compiling the study guide/learning material; planning of contact sessions; e-learning support and developing applicable assessments.

Results and discussion:
[Work in progress]. The presentation will focus on:

- The rationale for such a module
- The outcomes of the module
- The content
- Teaching methods and strategies
- Assessment
- Student feedback
- Lessons learned

Conclusion / Take home message:
In spite of a number of challenges, a compulsory trans-disciplinary module for students across the Faculty of Health Sciences offers numerous opportunities towards the development of health care professionals.
Name & Surname: Jannie Hugo, Tessa Marcus, Anne-Marie Bergh, Pinkie Mookamedi, Martin Bac, Petra van Niekerk, Bob Pattinson, Patricia Mkwanazi

Title: Multi Disciplinary Learning in Mpumalanga in Maternal and Child Health and Community Oriented Primary Health Care (COPC)

Theme: Multi- and inter-disciplinary teaching and learning

Background / Context:

The University of Pretoria Departments of Family Medicine, Nursing Science and MRC Maternal and Infant Health Care Strategies Unit is training students in Mpumalanga in rural training sites and is doing a maternal and child health improvement program since 2008 (MACH 1). The program is engaging with communities and health teams in improving maternal and child health.

Aim / Purpose:

To integrate learning of health care students in maternal and child health (MCH) improvement through Community Oriented Primary Care (COPC) and Quality Improvement (QI)

Method / What was done:

Students allocated to district clinics and hospitals are given tasks to do COPC and QI as part of their training. This involves MB ChB (medical), BCMP (clinical associate), B Cur E et A (PHC nursing) and M Med Family Medicine (registrar) students. In 80 district clinics and 11 hospitals students are initiating COPC and QI activities related to MCH with local managers, health workers and communities. These projects are integrated into their curricula and are evaluated in tasks as well as in the clinics, communities and hospitals.

Results and discussion:

The learning tasks as well as experiences will be shared

Conclusion / Take home message:

COPC and QI in rural districts provides an ideal platform for multi and inter-disciplinary disciplinary learning
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