6th National Conference
“Information to Transformation”
27-29 June 2013
Gateway Hotel, Umhlanga

Hosted by SAAHE KZN Region, College of Health Sciences, University of KwaZulu Natal

REGIONAL ORGANISING COMMITTEE
Dr Veena Singaram
Prof Ted Sommerville
Ms Lakshini McNamee
Prof Petra Brysiewicz
Dr Frasia Oosthuizen
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</table>
Greetings! Sawubona! Hallo! Namaste!

Together with the SAAHE KZN Organising Committee, I extend a heartfelt and special welcome to each and every one of you to our fascinating multi-cultural province that is fringed by the warm Indian Ocean and soaring peaks.

The theme for this conference “Information to Transformation” was inspired by the Lancet’s global independent commission report. Here the call for Health professionals for a new century was made and the need to transform education to strengthen health systems in an interdependent world was highlighted. As we take up this challenge we hope that the SAAHE 6th National conference creates a platform that charts a way forward for us and stimulates the rethinking for reforms of professional education. We are delighted with your kind responses to participate. This has resulted in a wonderful variety of health professionals, educators, practitioners, students and leaders coming together to participate, share and collaborate in health professions education research to produce the highest quality Health Professionals for the 21st century.

A special welcome to all my fellow ‘SAFRIans.’ We congratulate and join the Sub- Saharan African FAIMER Regional Institute (SAFRI) in their 5th year celebration. SAAHE acknowledges their contribution to the national conference and applauds the building of medical education and research capacity in Africa. We wish them well in all their endeavours.

We wish success to the Centre for Rural Health-UKZN with their launch of FoRCE –Forum of Rural Clinical Education - at SAAHE, and to The Academy of Sciences of South Africa (ASSAF). ASSAF will commence the commissioned consensus study on the education and training of health professionals and other health care workers in South Africa in order to consolidate current efforts and enhance new efforts to address the severe quantitative and qualitative shortfall in the health workforce at the panel discussion of the conference.

It is an honor to host outstanding national and international speakers of note. We look forward to their plenaries, workshops, panel discussions and presentations. We trust that the warm hospitality of the Zulu Kingdom embraces all our national and international delegates especially from India, Brazil, America, Europe, Pakistan and Africa.

We hope all our delegates, kind sponsors and exhibitors will enjoy and find value in the formal and social programmes of the conference and our interactions. Here’s to an exciting SAAHE 2013 as we all join the wave of ‘transformation’ in Durban – the warmest place to be.

We are honoured by your valued presence

Thank you

Dr Veena Singaram
THANK YOU TO THE FOLLOWING SPONSORS AND EXHIBITORS

SPONSORS
Medical Education Partnership Initiative (MEPI) - UKZN
Centre for Rural Health –UKZN
Ebsco
Elsevier
Foundation for Advancement of International Medical Education - FAIMER
Sub-Saharan African FAIMER Regional Institute - SAFRI

EXHIBITORS
Van Schaik
Ovid
Survival Tech
Med Training
# CONFERENCE PROGRAMME

**Wednesday, 26 June 2013**  
16:30-17:30  
Registration at Gateway Hotel

**Thursday 27 June 2013**

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<td>7:30-8:30</td>
<td>Registration</td>
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<td>8:30-9:30</td>
<td><strong>Opening Ceremony – Venue: Umdoni</strong> (Chair – Dr Veena Singaram)</td>
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<td>Introduction to SAAHE 2013: Dr Veena Singaram</td>
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<td>Welcome Note - SAAHE President: Dr Lionel Thompson- 10mins</td>
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<td>Opening Address: Prof R Hilt (Dean of the School Clinical Medicine)</td>
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<td>SAFRI : Prof Vanessa Burch and Prof Juanita Bezuidenhout</td>
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<td>10:10-11:00</td>
<td>Plenary – Prof S Essack and Students (UKZN): Transformative Education - The Students’ Perspective</td>
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<td>11:00-11:30</td>
<td>Refreshments : Foyer – Gateway Hotel</td>
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| 11:30-13:00| 1A Oral presentations  
Umdoni 1  
**Community engagement/Service learning**  
1A1 Bart Willems  
Rural electives: Providing transformative learning opportunities and influencing choice of career- The Stellenbosch University experience  
1A2 Laura Campbell  
A qualitative exploratory study: using medical students’ experiences to review the role of a rural clinical attachment in KwaZulu-Natal  
1A3 N Prose  
Experiential learning Outside the Comfort Zone: Taking Medical Students to downtown Durban  
1A4 Stefanus Snyman  
Person-centred community-based interprofessional care: a strategic approach  
1B Oral presentations  
Umdoni 2  
**Teaching, Learning, Assessment**  
1B1 Benjamin de Waal  
Paramedic Student Perceptions, Beliefs and Attitudes towards Work-Place Learning  
1B2 Frank Peters  
Clinical associates: the success road of small group discussions  
1B3 Konje Eveline  
Identified basic medical procedures for 3rd Year medical students to master during internal medicine junior rotation in CUHAS, Tanzania  
1B4 Norma Kok  
Comparing academic performance: Rural versus “traditional” medical  
1C Oral presentations  
Umdoni 3  
**Curriculum**  
1C1 Angelika Reinbrech-Schutte  
Innovatively adapting a program to answer the challenges posed by the government as well as your own institution.  
1C2 J. du Plessis  
Facilitating work-integrated Learning using the case method  
1C3 Penelope Flack  
Interprofessional education in the faculty of health sciences, university of KwaZulu-Natal  
1C4 Trish McInerney  
Promoting interdisciplinary learning in a multidisciplinary faculty  
1D Oral presentations  
Cycad  
**Social accountability**  
1D1 Lionel Green-Thompson  
Social accountability: hearing community voices  
1D2 Desireé Michaels  
Peer Review for Social Accountability of Health Sciences Education: A model from South Africa.  
1D3 M de Villiers  
Successful interventions to improve human resources for health: The Stellenbosch University Rural Medical Education Partnership Initiative  
1D4 Steve Reid |
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<td><strong>Foyer</strong></td>
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<tr>
<td><strong>2A1</strong></td>
<td><strong>Jannie Hugo</strong></td>
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<tr>
<td>Community Engagement on Ward Based Outreach Teams: New context, new learning</td>
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<td><strong>2A2</strong></td>
<td><strong>Julie H</strong></td>
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<td>Towards the Development of a Definition of Service-Learning: converging conflicting mind maps</td>
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<td><strong>Jannie Hugo</strong></td>
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<td>Better consultation skills through Quality Improvement</td>
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<td><strong>2A4</strong></td>
<td><strong>Abigail Dreyer</strong></td>
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<td>Self-perceived confidence levels of Community Health Workers to carry out their Roles within the Primary Health Care Outreach Teams</td>
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<td><strong>Hannes Coetser</strong></td>
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<td>Rethinking the wheel: A clinical presentation-oriented internal medicine curriculum for South Africa</td>
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<td><strong>2B2</strong></td>
<td><strong>Gill Enslin</strong></td>
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<td>Does the BPharm curriculum of TUT/UL(Medunsa campus) prepare graduates to be competent community pharmacists?</td>
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<td><strong>2B3</strong></td>
<td><strong>Glynnis Vergotine</strong></td>
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<td>Oral hygiene lecturers’ perceptions on knowledge and curriculum issues at three training institutions in South Africa</td>
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<td><strong>2C1</strong></td>
<td><strong>Chrisna Botha-Abraham</strong></td>
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<td>Engaging students through interactive e-guides in a flipped classroom approach</td>
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<td><strong>2C2</strong></td>
<td><strong>Lianne Keiller</strong></td>
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<td>“You expect me to do what?” Student experiences of strategies for enhancing engagement.</td>
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<td><strong>2C3</strong></td>
<td><strong>Mrs. Belinda van der Merwe</strong></td>
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<td>The perspective of radiography students regarding practical demonstrations</td>
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<td>Faculty Recruitment and Retention in the Medical Education Partnership Initiative (MEPI) schools.</td>
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<td>Promoting Scholarship in medical education: using photovoice demonstrations to elicit views of rural doctors and students</td>
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<td><strong>Veronika M.Muziga</strong></td>
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<td>Towards an opportunity for service-learning to reform health professions education</td>
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<td><strong>2D4</strong></td>
<td><strong>Rachel Dr Reem Elsie Kiguli-Malwadde</strong></td>
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<td>Introduction of personal and professional development (PPD) module in the undergraduate medical curriculum</td>
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<td>Cross-cultural medical education: using narratives to reflect on experience</td>
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<td><strong>1D6</strong></td>
<td><strong>Jacqueline Van Wyk</strong></td>
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<td>Social Accountability: Using a first year project to advance the mission of a medical school</td>
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**1A5**
Susan van Schalkwyk
From mixed expectations to change in professional practice: Graduate perspectives of a rural clinical school experience.

**1A6**
PD McNeill
Establishment of a rural clinical school in KZN: using photovoice to elicit views of rural doctors and students.
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<th>2C4 Liz Wolvaardt</th>
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<td>“Liking” public health: exploring social media for teaching public health.</td>
<td>PIQUEing an interest in curriculum development</td>
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| SAFRI: Does it work? | Evidence Base for Theory-driven and Outcome-based Evaluations of Complex Medical Education Programmes: The MEPI-UKZN Example | Use of isiZulu videos as a teaching aid in clinical communication teaching in the College of Health Sciences |

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<td>Workshop 1 Cycad</td>
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<td>Workshop 1 Umdoni 2 Vanessa Burch &amp; Jose Frantz (SAFRI) Designing a research project that you can publish about</td>
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<td>Workshop 3 Umdoni 1 Prof Marietjie van Rooyen, Juanita Bezuidenhout, Lakshini McNamee, Alwyn Louw and Hannes Coetser (SAFRI) How to design a (prize-winning) poster</td>
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<td>Workshop 4 Umdoni 3 Prof Thomas Hilts Find it Fast: Answering Clinical Questions at the Point of Care</td>
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<td>SAAHE Council meeting (17:00-18:00) Cycad 1</td>
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Friday 28 June 2013

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<td>Plenary : Prof Stewart Mennin (FAIMER/SAFRI) : Technical information, Adaptive Transformation and the future of the Health Professions</td>
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<td>9:15-9:55</td>
<td>Plenary : Prof Rita Sood (AIIMS, India) Faculty development for transformative education</td>
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<td>10:00-</td>
<td>Presentation: Clinical key- The world’s first Clinical Insight Engine-Mr Gregory Judelson (Elsevier)</td>
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Refreshments: Foyer – Gateway Hotel
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<th>Authors/Contributors</th>
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<td>3A7</td>
<td>Tessa Marcus: Integrating Social Science into Medical Education – a COPC Textbook</td>
<td>Tessa Marcus</td>
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<td>3A8</td>
<td>Zerihun Wolde Gebremichael: Current Challenges in Clinical teaching: A Situational Analysis for evidence Based change</td>
<td>Zerihun Wolde Gebremichael</td>
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<td>3B6</td>
<td>Dr Chivaugn Gordon: Medical Students and Social Accountability</td>
<td>Dr Chivaugn Gordon</td>
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<td>3B7</td>
<td>Mpho Mogodi: A Curriculum for the Community</td>
<td>Mpho Mogodi</td>
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<td>3C6</td>
<td>René Botha: Developing critical thinking skills through Radiography Service-Learning</td>
<td>René Botha</td>
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<td>Maya Roche: Distraction factors that affect the academic performance of students at the Melaka Manipal Medical College, Manipal, India</td>
<td>Maya Roche</td>
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<td>3D6</td>
<td>Alwyn Louw: A progress evaluation of Extended Degree Programme (EDP) students at Stellenbosch University with the aim to determine the reasons for differences in performance in the consecutive years following on the EDP-programme.</td>
<td>Alwyn Louw</td>
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<td>4A1</td>
<td>Estelle Smuts: Does a structured dermatology surgical workshop make a difference in student learning?</td>
<td>Estelle Smuts</td>
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<td>Dr. Bincy M George: Merit based re-distribution of students in anatomy dissection classes:</td>
<td>Dr. Bincy M George</td>
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<td>4B2</td>
<td>Riaan Jansen: BUILDING TOGETHER: Inter-faculty collaboration to create innovative</td>
<td>Riaan Jansen</td>
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<td>4C6</td>
<td>Albert Maseti: Organizational Liberty visions in championing transformational mentality</td>
<td>Albert Maseti</td>
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<td>4C7</td>
<td>Stefanus Snyman: International Classification of Functioning, Disability and</td>
<td>Stefanus Snyman</td>
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<td>4D1</td>
<td>Detlef Prozesky: The quality of training of eye health care professionals in four African countries</td>
<td>Detlef Prozesky</td>
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<td>Frasia Oosthuizen: Peer</td>
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<td>4F1</td>
<td>F Suleman: Demystifying the Myths around Online Teaching and Learning</td>
<td>F Suleman</td>
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<td>4F2</td>
<td>Fezeka Sikele: Developing students’ isiXhosa and</td>
<td>Fezeka Sikele</td>
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**Schedule:**

- **12:30-13:00** SAAHE AGM, Venue: Cycad
- **13:00-14:00** LUNCH – Gateway Restaurant
- **14:00-15:00** 4A Posters in Foyer, 4B Posters in Foyer, General health sciences in Sayedabanoo Khan
- **15:00-16:00** 4C Oral presentations in Umdoni 2, 4D Oral presentations in Umdoni 3, 4E Oral presentations in Umdoni 1, 4F Oral presentations in Umdoni 1
Method revisited

4A3 P. Girija Ratna Kumari
Comparison of Effects of Paragraph Reading and Mind Mapping on Short Term Memory

4A4 Kukkamalla Anand
Evolving a training program for PBL tutors at Melaka Manipal Medical College (MMMC) for enhancing their facilitation skills: Students and Faculty Perceptions

4A5 Shobha K.L
Standard setting in Objective Structured Clinical Examination (OSCE) in an Undergraduate medical school: Will it improve the outcome?

4B3 Marietjie van Rooyen
HIV exposure incidents: An audit of reported incidents during 2012 to inform the development of a standardized protocol

4B4 Mothibe ME
The Knowledge and perceptions of Pharmacists about the commonly sold herbal mixtures that are used as African Traditional Medicines in community pharmacies in Tshwane Townships, Gauteng

4B5 Dr. Surekha R Kamath
Prevalence of myopia among the Students: a cross sectional study in a South Indian Medical College

4B6 Nagalakshmi N
Awareness about the side effects of tattoo among medical undergraduate students of Melaka Manipal Medical College (Manipal Campus), India

4B7 Health (ICF): A framework for transformative interprofessional education

4C3 McNamee LS
Journey from transformative education to transformational leadership

4C4 Bea Kotze
Enhancement of post graduate skills through an educational programme

4D3 Di Manning
Prizes and surprises: Evaluation of the SAFRI fellowship programme

4D4 Clemence Marimo
Transforming the examination process of the Examination Council of Health Sciences of the University of Zambia School of Medicine

4E2 Margaret van Eeden
Success vs Failure: An evaluation of student success in the Emergency Medical Care programme against the course selection criteria at Central University of Technology, Free State.

4E3 Aziza Bawoodien
Student support: developing a consultation framework

4E4 K. Naidoo
Students' experiences and perceptions of a community-based medical education programme at the University of KwaZulu Natal

4F3 Chantel Jughoo
Perceptions of the Role of Academic Development in Achieving Academic Success, in the College of Health Sciences at the University of KwaZulu-Natal

4F4 Madelé du Plessis
Trends in Xhosa language teaching & learning at Faculties of Medicine and Health Sciences: Findings and new initiatives

15:00-15:30 Refreshments: Foyer – Gateway Hotel

15:30-17:00 Workshop 5 Workshop 6 Workshop 7 Workshop 8
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<th>Time</th>
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<tr>
<td>17:00-18:15</td>
<td>SAFRI AGM – Cycad</td>
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<td>19:00–</td>
<td>Conference Gala dinner</td>
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<td>Venue: Umdoni 1-3</td>
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<td>Saturday 29 June 2013</td>
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<tr>
<td>8-8:30</td>
<td>Registration</td>
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<td>8:30-9:15</td>
<td>Chair – Prof P Brysiewicz -Venue: Umdoni</td>
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<td>Introduction - Enoch Kwizera memorial lecture: Prof Vanessa Burch (SAFRI)</td>
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<td>Plenary Enoch Kwizera memorial lecture : Prof John Norcini (FAIMER) - Progress in the assessment of clinical competence</td>
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<td>9:30-10:30</td>
<td>5A Posters Foyer</td>
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<td>Student selection, support, retention</td>
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<td>5B Posters Foyer</td>
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<td>John Tumbo</td>
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<td>Medicine</td>
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<td>Training as a specialty: The University of Limpopo (UL) experience.</td>
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<td>5A2</td>
<td>Paula Diab</td>
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<td>Curriculum issues affecting rural origin health science students across three South African Medical Schools</td>
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<td>5A3</td>
<td>PN Diab</td>
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<td>Review of final year medical students' rural attachment at district hospitals in</td>
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<td>5B1</td>
<td>Heleen la Grange</td>
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<td>Assessing The efficacy of posters as educational intervention for pediatric sample collection in forensic pathology practice at the Tygerberg Medico-Legal Mortuary</td>
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<td>5B2</td>
<td>Dr Christina Tan</td>
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<td>Final Year MB,ChB Assessment Mapping: What Value Does This Add?</td>
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<td>Rodrick</td>
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<td>5C1</td>
<td>Janine Hugo</td>
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<td>Quality improvement projects as a way to achieve transformative learning.</td>
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<td>Jose Frantz</td>
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<td>Designing a faculty development workshop on integrating research into teaching and learning</td>
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<td>Anthea Rhoda</td>
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<td>Evaluation of a research capacity intervention for academic staff within the Appreciative Inquiry</td>
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<td>Magbagbeola, David Dairo</td>
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<td>TIME TO GET ONLINE: IBADAN</td>
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<td>Postgraduate Students root for distance learning</td>
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<td>5D2</td>
<td>Sindi Mthembu</td>
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<td>Postgraduate students’ perception of online learning in a Selected Nursing Education Institution in KwaZulu-Natal</td>
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<td>Petra Brysiewicz</td>
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<td>The neglected grass root adaption of mobile phones as learning tools</td>
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<td>Deliwe Mtyongwe; Karabelo</td>
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<td>Out of the box teaching: teaching for different learning styles</td>
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<td>5E2</td>
<td>Laetitia Furst</td>
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<td>The effect of teaching methods used as experienced and perceived by student nurses at a nursing college in the western cape province</td>
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<td>5E3</td>
<td>Natalie Nel</td>
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<td>Nursing students’ experiences using</td>
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<td>5F1</td>
<td>Madelé du Plessis</td>
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<td>Introducing a novel assessment instrument designed to address students’ Xhosa language skills in the clinical consultation</td>
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<td>5F2</td>
<td>Linda Mhlabeni</td>
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<td>Putting the click into clickers: A novel formative assessment approach developed for isiXhosa clinical communication</td>
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<td>Hesta Friedrich-Nel</td>
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<td>Supervisor-student engagement: Do we ask the right questions?</td>
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<td>A patient’s experience of critical illness - Informing those who cure/care</td>
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<td>KZN 5A4</td>
<td>Career and practice intentions of Health Science students across three South African Medical Schools.</td>
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<td>5A5</td>
<td>Why Medicine? A survey of medical students at the University of Botswana</td>
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<td>5A6</td>
<td>Challenges faced by rural origin health science students across three South African Medical Schools: a focus on support</td>
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<td>5B4</td>
<td>A dashboard for monitoring hospital practice for third and fourth year medical students at Wits University</td>
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<td>5B5</td>
<td>Writing and its significance to Problem-Based Learning research: An innovative way of contributing to medical education research</td>
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<td>5B6</td>
<td>A South-South elective: Helping establish a role for Family Medicine in Rwanda</td>
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### Schedule

10:30 - 11:00 | Refreshments: Foyer – Gateway Hotel

11:00 - 12:30 | **Workshop 9**

- **Cycad**
  - **Prof John Norcini (FAIMER)**
  - Workplace assessment of

<p>| <strong>Workshop 10</strong> | <strong>Prof Thomas Hifts</strong> | <strong>Reviewing DynaMed as Scholarly Activity</strong> |
| <strong>Workshop 11</strong> | <strong>Prof Neil Prose</strong> | <strong>“Difficult Conversations: An Innovative Approach to Teaching Doctor-Patient”</strong> |
| <strong>Workshop 12</strong> | <strong>Heike Geduld &amp; Lianne Keiller and Julia Blitz (SAFRI)</strong> | <strong>Online activities that engage:</strong> |</p>
<table>
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<tr>
<td>12:00-13:00</td>
<td>Closing Plenary (Presentation: SAAHE 2014) (Prize Giving)</td>
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<td>13:00-14:00</td>
<td>Lunch – Gateway Restaurant</td>
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GENERAL INFORMATION

CONFERENCE VENUE

The SAAHE 2013 Conference will be taking place at the Gateway Hotel from Thursday, 27th June-Saturday 29th June 2013. All the proceedings take place at the conference centre. Exhibitors are accommodated at the conference foyer. Refreshments will be served in the foyer and lunches in the Gateway Restaurant.

UKZN conference personnel, technical and student assistants are available at all times to assist with any inquiries. A helpdesk is available at registrations in the conference foyer.

The official language of the conference is English.

REGISTRATION

Conference Registration will be taking place at the Gateway Hotel, the official conference venue. Please note the dates and times:

Wednesday, 26th June 2013
TIME: 15:30 – 17:30

Thursday, 27th June 2013
TIME: 7:30-8:30

Friday, 28th June 2013
TIME: 8:00-8:30

NAME TAGS

Please wear your name tag at all times for access to the conference venue, meals and social functions.

SOCIALS

All delegates at the conference are invited to the Welcome Cocktail and Formal Gala Dinner. Tickets are included in the conference fees for delegates who registered for the full conference. Accompanying person can attend on payment of the social fee. Each social has a separate fee for accompanying person only. Please enquire at the registration desk for accompanying person fee.

27th June 2013- Welcome Cocktail at the Gateway Hotel, Conference Centre Foyer at 18:30. [Dress Smart casual]
28th June 2013- Conference Gala Dinner will take place at the Conference Centre, Gateway Hotel – at 19:00. Dress code for the dinner is formal or traditional.

Kindly note that there will be a CASH BAR for all socials.
PRESENTERS
All presenters of short communications are requested to submit their presentations and download their presentations in their presentation venue at least 2 hours before the scheduled time on the programme or from 07:00-08:00 during the registration times. If any presenter is unable to do this, we request that these presentations be loaded in the respective venues during the breaks (tea or lunch) prior to their presentation. An audio visual technician will be present to assist with the downloading of all presentations.

POSTERS
All Poster sessions will be held every day at the conference venue foyer.

PARKING AREA
Delegates arriving with their own vehicles, the closest parking to the Gateway Hotel is at Gateway Theatre of Shopping – Parkade A level P2. Kindly take note that delegates are responsible for their parking costs.

INTERNET SERVICES
Wireless-Internet services will be available in the conference venue. The login name and password to use can be obtained on a daily basis from the registration desk.

ATTRACTIONS & TOURS
Kindly refer to the Umhlanga & Surrounds visitor’s guide in your conference bag for information on attractions and tours in Umhlanga and the surrounding area

CURRENCY
Please note that only the South African Rand will be accepted as for any form of cash payments. You can exchange any foreign currency at OR Tambo airport or at King Shaka International airport. Should you wish to visit any bank during your stay in Durban, please note that the general banking hours in South Africa is 9:00am to 15:30 Mondays to Fridays, and 8:30am to 11:00am on Saturday mornings

SAFETY PROCEDURES
Please be aware that when traveling around the city, you need to travel in groups and be aware of our surroundings at all time. If you are not sure about areas, rather consult the information desk than venturing out on your own. Should you decide to walk around, please do not display any valuable items such as cameras, expensive mobile phones, etc.

EMERGENCY NUMBERS
- Durban Metro Police 10111
- Netcare911 082911
- Ambulance Services 10177
CONTACT DETAILS OF SHUTTLE SERVICES AND CABS

- Airport Bus Shuttle: +27 (0) 82 340 9990, +27 (0) 82 300 1624, +27 (0) 31 465 5573
- Mozzie Cabs: + 27 860 669943
- Zippy Cabs: + 27 (0) 31 202 7067 or +27 (0) 31 202 7068

CONTACT DETAILS
Should you require any other information or any assistance please do not hesitate to contact the conference secretariat on the numbers below

Linda Sapo- 074 606 3915
Prenisha Rajdev- 083 661 3849
Plenary Speaker: Prof Stewart Paul Mennin

Professor Mennin’s formal education is in Zoology (B.S., M.S. from California State University, Los Angeles and in Anatomy (PhD from the Department of Anatomy and Brain Research Institute, University of California, Los Angeles). He was a National Institute of Child Health and Human Development Post-Doctoral Fellow in Reproductive Medicine and Obstetrics and Gynecology and a Rockefeller Fellow in Endocrinology at the University of California, San Francisco. At the University of New Mexico School of Medicine (UNMSOM, 1977-2004) he was Professor in the Department of Anatomy and then Professor in the Department of Cell Biology and Physiology.

Early in his career the focus of his research inquiry from reproductive neuroendocrinology to medical education and continued to teach anatomy at the Medical School. He was a Director of New Mexico’s innovative Community-Oriented, Problem-Based Primary Care Curriculum parallel track (PCC) from 1979-1993. He directed the Longitudinal Evaluation Project and the Office of Program Evaluation, Education and Research at the School of Medicine (1987-1998) and was Assistant Dean for Educational Development and Research and Director of the Office of Teacher and Educational Development. He was a founding member of the American Association of Clinical Anatomy and created the Interest Group in Gross Anatomy Teaching and Education for the Educational Affairs Committee of the American Association of Anatomy.

Professor Mennin, developed and taught the Medical Education Scholars program (1999-2004), a leadership succession program to prepare the next generation of academic leaders in health professions education at the UNMSOM. He is an International Faculty Member of the Foundation for the Advancement of International Medical Education and Research (FAIMER). Together with the late Miriam Friedman Ben David, and in collaboration with Ron Harden and Pat Lilley from AMEE, he wrote and developed the Essential Skills in Medical Education (ESME) Course for AMEE beginning in 2005, and more recently for the annual congress of the Brazilian Association for Medical Education (ABEM). In 2012, he created an online leadership course for AMEE – ESME: Leadership for Sustainability in Health Professions Education in a Time of Uncertainty. He is a faculty advisor for the Young Medical Educators Group for AMEE and a member of the AMEE Research in Medical Education Committee. In Brazil, he co-authored the Curso de Ativação de Processos de Mudança na Formação Superior de Profissionais de Saúde program for the Ministry of Health in Brazil (2004-2006). In 2010, in collaboration with the Secretary of Health, the Federal District of Brasilia, Brazil, the University of Maastricht School of Health Professions Education (SHE) and the Escola Superior de Ciencias da Saude, Professor Mennin opened the Maastricht Masters in Health Professions Education Course in Brazil. Professor Mennin currently serves on the Editorial Boards of Medical Education and Medical Teacher and is a member of the Advisory Boards of the International Association of Medical Science Educators and the Journal of Family and Community Medicine in Saudi Arabia. He is active as a speaker, author, mentors and consultant in Health Professions Education.

His current interests are in the application of complexity science concepts to the health professions including education, leadership, management, change and sustainability of programs.
Plenary Speaker: Prof Rita Sood

Professor Rita Sood is a professor of Internal Medicine at the All India Institute of Medical Sciences, New Delhi. She has been actively involved with national bodies in her country and with WHO on issues pertaining to medical education. She was a fellow of FAIMER (Foundation for Advancement of Medical Education and Research) Institute, Philadelphia and is a faculty member for all the three regional FAIMER institutes in India. She is the President elect (2012-15) of the South-East Asian Regional Association for Medical Education (SEARAME).

Plenary Speaker: Dr John J. Norcini

Dr. Norcini became FAIMER’s first President and Chief Executive Officer in May 2002. Before joining FAIMER, Dr. Norcini spent 25 years with the American Board of Internal Medicine serving in various capacities, including Director of Psychometrics, Executive Vice President for Evaluation and Research, and finally, Executive Vice President of the Institute for Clinical Evaluation. He earned his B.A. degree from LaSalle University and his Ph.D. degree from Bryn Mawr College.

Dr. Norcini’s principal academic interest is the assessment of physician performance. Current major research interests include methods for setting standards, assessing practice performance, and testing professional competence. His research also focuses on physician migration and workforce issues, as well as the impact of international medical graduates on the U.S. health care system. Dr. Norcini serves on the editorial boards of five peer-reviewed journals in measurement and medical education, has lectured and taught in dozens of countries, and has published extensively.

Plenary Speaker: Professor Sabiha Essack
B. Pharm., M. Pharm, PhD
Dean: School of Health Sciences, University of KwaZulu-Natal

Professor Sabiha Essack is, Dean of the School of Health Sciences and Professor in the discipline of Pharmaceutical Sciences at the University of KwaZulu-Natal. She began her professional career with the B. Pharm degree and practiced as a hospital pharmacist before returning to the University of Durban-Westville to pursue the M. Pharm and PhD degrees.
She is a C-rated researcher by the National Research Foundation (NRF), co-founder and chair South African Committee of Health Sciences Deans, co-chair of the South African Chapter of the Alliance for the Prudent Use of Antibiotics (APUA) and country representative on the Global Respiratory Infections Partnership (GRIP). She serves on the Programme Accreditation Panel and the Standards Development Reference Group of the Council for Higher Education and was recently nominated as a peer-reviewed member of the Southern Africa FAIMER Regional Institute (SAFRI).

Professor Essack’s current education related research focuses on access, retention and success in higher education and the education and training of human resources for health.

27th June 2013 (Day 1)

Plenary Speaker: S Essack, N Thathiah M Davies, D Naicker & N Joossab

essacks@ukzn.ac.za

Title: Transformative Education: The Students’ Perspective

Global outcomes of a University education encompass deep learning and practical skills for economic, societal, civic & personal success in the 21st century, specifically the development of intellectual abilities and competencies, global and inter-cultural learning, technological sophistication, collaborative problem-solving, ethical and social responsibilities, transferable skills, real-world applications and personal growth and self-efficacy. Health professional competencies include patient centred care, working in inter-disciplinary teams, evidence-based practice, continuous quality improvement, use of new informatics, integration of public health, research skills and policy, law, management and leadership. A mix of these are captured in several health-related competency frameworks. Students will reflect on their education and training in the context of these outcome and competencies

1A Oral Presentations

Bart Willems

bartwillemsza@gmail.com

Title: Rural electives: Providing transformative learning opportunities and influencing choice of career- The Stellenbosch University experience.

Context: Rural background and longitudinal rural clerkships for medical students including training at rural medical schools are established predictors for rural practice. Considering that less than a third of all South African medical students originate from rural areas and are educated in urban universities, additional strategies are necessitated to encourage rural career choices. This study explores the benefits of a one month rural elective in influencing further rural practice and is funded by the Stellenbosch University Rural Medical Education Partnership Initiative.
Methods: This qualitative study evaluated rural elective students’ learning experiences and possible influences on future career choice. Online anonymised surveys and feedback from focus group discussions were analysed to identify recurring themes.

Summary of Results: Students described the rural elective as an enriching experience and a positive opportunity facilitating exposure to the context in which they will ultimately work. Adapting to environments with limited resources and populations with varying cultural backgrounds were embraced and valued by students. In addition, learning opportunities for community engagement and patient-centred care were seen to inspire students to return to rural areas.

Conclusion: Rural electives provide transformative learning experiences that could influence urban educated medical students’ choice of working in rural areas. Further investigation of this model is recommended.

Take home message: Innovative medical education models offering shorter periods of rural exposure may serve to enhance rural recruitment in South Africa.

Laura Campbell
laura@hss.co.za

Title: A qualitative exploratory study: using medical students’ experiences to review the role of a rural clinical attachment in KwaZulu-Natal

Background: There are challenges when considering that the main role of a rural clinical attachment for medical students is to encourage students to return after graduation to practice in rural areas; such a view may lead to relative neglect of other potential valuable roles of rural exposure. This paper draws on the “Force Field Model of Teacher Identity” to: describe medical students’ experiences; to illustrate the complexity of factors interacting during rural exposure; to caution that experiences cannot be predicted; and to highlight the positive role of a rural clinical attachment.

Methods: The study setting was a district hospital in rural KwaZulu-Natal and participants were four final year medical students who had completed a compulsory attachment during their Family Medicine rotation. Data was collected using photo-elicitation and analysed using the Force Field Model.

Results: Participants felt that the experience was overall positive. The effect of biography and contextual forces were not as strong as could be expected. Institutional forces were important and programmatic forces tended to have a negative effect on experiences. Participants particularly enjoyed being acknowledged and gained empathy around the difficult tasks of doctors.

Conclusions: The potential positive role of a clinical attachment may go beyond attracting students to practice in rural areas. Experiences could be beneficial irrespective of where the students select for future practice. There is a need for review of rural attachment curriculum and pedagogy. Caution should be used if screening medical students for suitability to work in rural area prior to rural exposure.
Title: Experiential learning Outside the Comfort Zone: Taking Medical Students to downtown Durban

Authors: N Prose*, PN Diab, M Matthews, Prof N Prose*: Duke University, USA (presenter), Dr PN Diab: Dept Rural Health, UKZN, Dr M Matthews: College of Health Sciences, UKZN

Introduction: The ability to communicate across cultures requires a combination of knowledge, skills, and attitude. Our current medical school curriculum includes innovative methods of teaching communicative knowledge and skills. The challenge is how to teach students how to interact with empathy in the multi-cultural society that awaits them. Various methods of teaching empathy have been utilised worldwide but this particular presentation reflects on an experiential learning activity that yielded positive results.

Process: A diverse group of pre-clinical students volunteered to take part in an experiential learning outing in the Warwick Triangle area of Durban. A tour operator specialising in cross-cultural tours for business groups offered to facilitate the experience for no charge. Students consented to the tour and permission was granted from the medical school dean for the opportunity. At the muthi market, students were divided into smaller groups and each group was asked to obtain a specific herbal medication and learn of its uses. The students also participated in a tour of the Juma Masjid mosque. Several days later, the students met together again to debrief the experience.

Results: Upon reflecting, students revealed that they were able to appreciate and gain a wealth of cultural knowledge and that they had begun to develop an attitude of curiosity about cultures other than their own. They were also able to learn from challenges which were encountered within a safe environment. The overall impact on the students appeared to be very powerful. A number of students expressed appreciation at being in a multicultural group, having a shared experience, and engaging in an open and respectful discussion about similarities and differences.

Conclusion: We believe that our students need to be involved in experiential learning that encourages them to examine their attitudes, and to develop curiosity about and respect for patients coming from cultures other than their own. We describe an innovative, experiential approach to learning, and suggest ways in which learning experiences of this type can be integrated into the MBChB program.

Stefanus Snyman

Title: Person-centred community-based interprofessional care: a strategic opportunity for service-learning to reform health professions education.

Authors: Stefanus Snyman, Charlyn Goliath, Hananja Boshoff, Neeltje Smit & Portia Khafi
**Background:** A Lancet commission recently stated that person-centred and community-based care is key in reaching health equity. Their recommendations to address health inequity have far-reaching implications for health professions education. It is the position of this paper that most of these recommendations could be addressed by an interprofessional service-learning approach.

**Aim:** The aim of this study was to determine, before and after a interprofessional service-learning experience, how perceptions of students changed regarding (1) the roles of other health professions (2) and their approach to patients, clients and the community.

**Research Design:** The research followed a phenomenological school of thought in an interpretative paradigm with a qualitative-inductive approach. In-depth focus group interviews were conducted with 64 students before each rotation, directly afterwards and a year later. Interviews were conducted with 10 clients and 6 community-based carers, before the students got involved and a year later.

**Findings and discussion:** Initially students expressed scepticism about teamwork with mostly negative perceptions about other health professions. They primarily practised a biomedical model of care with little understanding of the psycho-social-spiritual factors influencing health. Clients and community-based carers felt disempowered, inferior and demotivated.

Directly after each rotation and a year later, students reported appreciation for the different professions and a positive attitude towards interprofessional bio-psycho-social-spiritual person-centred care. However students experienced difficulty ensuring continuity of care due to the short duration of rotations. Clients and community-based carers felt better equipped to take responsibility in promoting health, self-care and parenting.

**Conclusion / Take home message:** Service-learning can play a valuable role in facilitating healthy interprofessional teamwork in person-centred and community-based care. The challenge for the service-learning fraternity is to promote this pedagogy among health professions educationalists as a solution to equip students to contribute towards equity in health in the 21st century.

Susan van Schalkwyk  
scvs@sun.ac.za

**Title:** From mixed expectations to change in professional practice: Graduate perspectives of a rural clinical school experience.

**Authors:** Van Schalkwyk, S; Bezuidenhout, J; Conradie, H; Kok, N; Van Heerden, B; De Villiers, M.

**Background / Context:** In 2011, the first cohort of eight medical students spent their entire final year at the Ukwanda Rural Clinical School (RCS). As part of a five-year, longitudinal evaluative research project to determine the impact of its implementation, a baseline study was conducted during the initial year which highlighted the potential of the RCS intervention to offer transformative learning experiences for the students.

**Aim / Purpose:** The aim in the second year of the study was to track the 2011 cohort into their internship to discern the extent to which their RCS year still influenced their thinking and practice.
**Methods:** Focus group discussions had been held before this group entered the RCS. Interviews were then conducted with them during 2011. In 2012, another set of in-depth interviews took place with the eight interns during the latter part of their first year of internship. In addition, a supervising clinician of each intern was interviewed telephonically. The transcripts were subjected to thematic content analysis. Drawing on these four data sets, we used Kirkpatrick’s model for evaluating educational outcomes to develop a matrix of the participants’ views, highlighting any shifts that occurred over time.

**Results and discussion:** It was evident from the analysis that the students’ initial uncertainties around the RCS were allayed during the year’s exposure (Level 2a) and that they felt confident that their clinical skills had grown (Level 2b). As interns they described how this confidence manifested in both their behaviour (Level 3) and their professional practice (Level 4a). This was often confirmed by the intern supervisor.

**Conclusion / Take home message:** Research claims made regarding the potential of an extended rural clinical experience to effect transformative learning are further confirmed by this study. Several questions, however, remain unanswered, including the extent to which patient care (Level 4b) is ultimately enhanced – the focus of the next phase of the larger study.

PD McNeill
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**Title:** Establishment of a rural clinical school in KZN: using photovoice to elicit views of rural doctors and students

**Authors:** Dr PD McNeill*: Centre for Rural Health, UKZN (presenter), Dr PN Diab: Dept Rural Health, UKZN
Dr L Campbell: College of Medicine, UKZN

**Background:** The development of rural clinical schools is becoming a global as well as a South African phenomenon. Providing a positive experience for staff and students as well as ensuring that the facility still offers a service to the community and fulfils teaching goals are all important concerns. It is hoped that such schools will promote recruitment and retention of rural staff and better sustain rural health services.

**Method:** Purposive sampling of doctors and students working at a rural district hospital in KZN took place. This hospital has been identified as a potential site for a fully equipped rural clinical school within the foreseeable future. Photovoice technique was utilised to elicit views of these participants as to what a rural clinical school would entail with the aim of planning such a school in the future. Participants were asked to take photographs of what it “life in a rural district hospital” means to them and their interpretation of these photographs explored in in-depth individual interviews which were audio-recorded and transcribed for analysis. Ethical permission for the study was granted by UKZN Humanities and Social Sciences Research Ethics Committee (HSS/0076/012).

**Results:** Various photographs taken by participants will be discussed that speak to the themes of respect for patients, empathy for rural doctors and an understanding of the community they serve.
Clinical and logistical challenges of rural hospitals are highlighted as well as the successes possible with restricted resources.

**Conclusion:** This presentation provides valuable insight in a novel manner as to the challenges and successes faced by rural district hospitals. It serves as a vital aid to inform strategic planning for developing a rural clinical school as well as feedback to teaching institutions on curriculum development.

**18 Oral presentations**

Benjamin de Waal
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**Title:** Paramedic Student Perceptions, Beliefs and Attitudes towards Work-Place Learning

**Authors:** Benjamin de Waal (Ndip. EMC (CPUT), BTech. EMC (CPUT))

**Background / Context:** Workplace learning forms an integral part of emergency medical sciences educational programmes. As part of their learning programmes, paramedic students are required to participate in workplace learning, where they interact with patients in a real world setting. The goal of workplace learning is to integrate theoretical principles into practice and develop intuitive knowledge for practice. However, the impact of these programmes is not well understood or documented, neither are the beliefs, attitudes and perceptions of the students themselves.

**Aim / Purpose:** This study aimed to provide insight into how students view workplace learning, identify possible barriers to learning and questions for future research.

**Methods:** A cross-sectional descriptive survey was performed, utilizing a self-administered questionnaire. A convenience sample of students currently registered at the Cape Peninsula University of Technology for the Nasional Diploma in Emergency Medical Care paramedic programme were asked to participate and complete the questionnaire.

**Results and discussion:** A 36% (54/150) questionnaire return rate was achieved. Most participants indicated that they valued workplace learning, and that they enjoyed the experience. In total 98% of participants indicated that they believed experiential learning was directly related to more successful practice, post qualification. When asked about their clinical mentors, most participants indicated that they valued the input of mentors and considered them appropriately equipped to mentor them. Despite this, 38% of participants indicated that it was not uncommon for mentors to treat them harshly. These participants were also more likely to express negative attitudes towards the value of experiential learning.

**Conclusion / Take home message:** From the findings of this study it can be concluded that participants tend to view their workplace learning favourably; however negative mentor-mentee relationships may strain or even affect these views, creating barriers to learning. The central recommendation from this research is, therefore, to evaluate mentoring capacity in the field and provide suitable interventions to
improve mentoring systems, communication between mentors and educational institutions and promote capacity building for mentoring in the workplace learning.

Dr Frank Peters
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Title: Clinical Associates: The Success Road Of Small Group Discussions

Why the idea was necessary

Clinical Associates (ClinA’s) are trained at 3 Universities in South Africa. They graduate with a Bachelors degree in Clinical Medical Practice (BCMP).

The training of these ClinA’s is based on distance and service delivery training on site in a hospital. After 3 years they are placed as ClinA’s in a District Hospital and always work under the supervision of a registered medical officer

Aims: How to develop a ClinA in the Curriculum, Assessment and Rotations of these ClinA’s working at a Clinical Learning Centre (CLC) with distance learning from the middle of the first year until the end of the third year.

What was done?

When the ClinA’s started in January 2011 a comprehensive study guide was handed to them at the 2 week Contact session with the University. A Clinical Learning Centre with distance learning and service delivery worked out a program for small group discussions and Clinical rotations in the wards.

These small group discussions are based on Problem Based Discussions. The curriculum of these ClinA’s was totally covered with twice weekly small group discussions

Evaluation of results and impact: The Curriculum is divided in 3yr Clinical study and covers all the medical systems. Assessments are done with Observed consultations (Mini CEX) and Patient studies, as an assignment, according there Clinical Rotations. The clinical Rotations entitle that the CA’s work certain hours in the Hospital where the CLC is based. We are currently in our 3rd year with this program and already had 2 graduated groups completing the degree. Thus this is a reflective study on what was done in the past years.

Take home message: Small group discussions with Problem Based Distance Learning and Service delivery can cover the curriculum, assessment and Clinical Rotations to be a competent CA

Konje Eveline
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Title: Basic procedures required of 3rd Year medical students during internal medicine junior rotation at CUHAS, Tanzania
Authors: Konje Evelin, Catholic University of Health and Allied Sciences (CUHAS), Mwanza, Tanzania and Jacqueline Van Wyk 2, Nelson R. Mandela School of Medicine University of KwaZulu-Natal South Africa

Background: Tanzania has no standardized exit examination to certify the competency required of students at time of graduation. The lack of official documentation, use of different medical curricula, shortage of discipline experts and insufficient clinical exposures result in significant variation in the competencies of medical students.

Aim of the study: This study aimed to identify the basic medical procedures that undergraduate medical students should acquire by the end of their junior rotation. It explored the existing level of exposure that students experienced and identified the gap on the 3rd year curriculum.

Methods: A cross-sectional descriptive study was designed to capture basic procedures using a self-administered structured questionnaire from 21 experts in the department of medicine. Document analysis was done to explore on the gap in the curriculum. The logbooks of 75 students who completed junior rotation in December 2012 were used to determine the level of exposure on the procedures.

Results and discussion: The response rate was 71%. Participants identified basic procedures that students should perform independently and under the supervision. Independent competence was needed for foley catheter insertion, venipuncture and IV drip insertion, and lumbar puncture while performing thoracentesis and paracentesis, and inserting nasogastric tube should be done under supervision.

The logbooks revealed that majority of the students assisted with lumbar punctures (54.67%) and performed venipuncture (61.33%). Of concern, a significant number of students (24%) did not practice or perform any procedure.

The existing 3rd year curriculum does not specify clearly the basic procedures for students to be competent in.

Failure to perform basic skills in the junior and senior rotations leads to lack of competence at the end of training.

Take home message: The logbook as an assessment tool is questionable in the absence of quality assurance mechanism. There is a need for reviewing the curriculum.

Norma Kok

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Title: Comparing academic performance: Rural versus “traditional” medical training

Authors: Kok, N; Bezuidenhout, J; Conradie, H; De Villiers, M; Fish, T; Van Heerden, B; Van Schalkwyk, S.

Background / Context: As the number of health sciences students participating in prolonged rural-based training programmes increases, the key concerns for these students and faculty are the maintenance of academic standards and whether such training might negatively influence their
academic results. At Stellenbosch University’s Ukwanda Rural Clinical School (RCS) medical students spend their final year being trained in either a regional or district hospital. They participate in the same final summative assessment as their peers at the academic training hospital although each of the end-of-rotation assessments includes patient portfolio presentations which are not part of the assessment at the academic training hospital.

**Aim / Purpose:** The aim of this research was to compare the academic results of two successive cohorts of students trained at the RCS with those trained at the academic hospital.

**Methods:** The six year MB,ChB programme covers three phases, including a pre-clinical phase. Results from the middle phase (final mark) and the late phase (end of rotation marks and exam results) were obtained from programme academic file, anonymised and analysed using STATISTICA. Anova and Variance Estimation tests were performed to explore and compare the results.

**Results and discussion:** Although the 2012 cohort entered the RCS with higher average marks than the Tygerberg students for most of the disciplines their academic performance on the rural platform generally showed an increase relative to the Tygerberg students. Specifically in Obstetrics and Gynaecology marks were significantly higher than the Tygerberg students (70% vs. 65%, p=0.002). There are possibly a number of reasons for this increase in academic performance which includes the portfolio assessment.

**Conclusion / Take home message:** Based on the data from the two cohorts it would appear that completing the final year at the RCS did not affect the students’ results negatively, but rather suggest that the rural training might have benefitted performance in some disciplines.

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**Title:** Intervention to facilitate integration of traditional Health Practices in South African primary health care: a 3 year comparative pre- and post-test study

**Author:** Mammen, M
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**Background:** It is common knowledge that most Africans grow up with treatments with traditional medicine (TM) and experiences of interactions with traditional healers (TH). Consequently, TM and TH are part of the African culture. Aim: The purpose of the study was to gauge the effect of interventions in order to increase medical students’ awareness, knowledge and attitudes towards practices on Traditional Medicine (TM).

**Method:** This was a longitudinal study conducted at Walter Sisulu University among first year medical students. Pre-tests were administered in February each year in 2010, 2011 and 2012. These were
followed up with post-tests in June in the respective years after exposure to four interventions: (1) gathering information from their family on medicinal plants that are used to treat different illnesses; (2) collecting one medicinal plant and information about its use from their locality; (3) presentations and discussions with traditional healers about the role of traditional health care in the community; and (4) visiting a traditional healer’s practice. Data were gathered through structured and standardized questionnaires in order to obtain socio-demographic factors, beliefs and attitudes. Paired chi-squared test was used to measure changes in beliefs, attitudes and practices of students between pre-test and post-test.

Results: In 2010, out of the 98 students surveyed, 39%, 59% and 82%, were males, females and blacks, respectively; in 2011, out of the 108 students surveyed, 49%, 51% and 88%, were males, females and blacks, respectively; and in 2012, out of the 118 students surveyed, 42%, 58% and 89%, were males, females and blacks, respectively. Although in 2010, only 45% had beliefs in TM, in both 2011 and 2012, 57% had beliefs in TM. However, in 2010 and 2012, 51% and 53% had positive attitudes towards TM, respectively, in 2011 only 42% had positive attitudes.

Discussion: After interventions, and despite the lack of change in belief in TM, there was a significant increase of positive attitude in 2010, 2011 and 2012, i.e. +78% change; p<0.0001, +108% change p<0.0001, +50% change p<0.001, respectively. Conclusion: Short educational interventions can positively influence students’ attitude and practices towards TM.

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Title: Perceptions Of Graduate Entry Medical Programme (Gemp) students of assessment in the Gemp I and II curriculum

Authors: Mc Inerney Patricia, Manning Dianne, Keene Penny, Magida Ayanda

Background: In 2003 the Faculty of Health Sciences at the University of the Witwatersrand introduced a new medical program for years III to VI of the MBBCh degree programme, the Graduate Entry Medical Programme (GEMP). GEMP was designed as an integrated, problem-based programme with subject matter arranged in a series of 11 largely organ-system blocks.

Purpose: The purpose of the study was to evaluate the views of GEMP students on the assessment methods used in the GEMP I and II curriculum.

Method: An exploratory descriptive study was conducted among GEMP III students. A self-completion questionnaire was administered to the students. Descriptive statistics were used to analyze the quantitative responses and content analysis was used to analyze the open-ended responses.

Results: A total of n=136 students completed the questionnaires, 67% (n=91) were the MBBCH I and II and 26% (n=35) were graduates entrants, who entered the GEMP I programme in 2011 and 6 % (n=8)
were unknown. Student’s responses showed that they perceived the methods of assessments used in GEMP I and II as valuable and are content centered. They have also articulated that the practical component of GEMP I and II provided them with a solid foundation in clinical skills. They have articulated that practical skills are fairly executed and evaluated the established objectives of the various blocks. The students opinions concerning the methods of assessment used are presented in four themes that emerged from the content analysis. These were: ‘examiner subjectivity’, ‘value of hospital visits days’, ‘standardized methods of assessment’ and ‘topics assessed’. One of the main concerns highlighted by the students is the lack of constructive feedback from lectures.

**Conclusions:** GEMP III students have generally articulated a combination of positive and negative perceptions about the methods of assessments used in the GEMP I and II curriculum.

Take home message: GEMP III students favour practical forms of assessment more than the assessment of theoretical knowledge.

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**1C Oral presentations**

Dr Angelika Reinbrech-Schutte

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**Title:** Innovatively adapting a program to answer the challenges posed by the government as well as your own institution.

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Also: Prof Jannie Hugo, Dept. of Family Medicine

**Background / Context:** In 2011, the Minister of Health promulgated the re-engineering of Primary Health Care (PHC). This innovation involves moving the focus of intervention from institutions (clinics and hospitals) to the community. UP Health Sciences, with collaborators, is setting up health posts in a model. Nine such sites are being established.

L-CAS is a medical-education-through-experiential-service-learning initiative that was implemented in the UP School of Medicine. The program faces logistical challenges, like limited space and resources at the clinics that are threatening to impact negatively on it.

**Aim / Purpose:** The adaptation of L-CAS by supporting the development of learning sites at the COPC health posts, in answer to the posed challenge by the minister, and other logistical difficulties in facing the challenges of limited funds and resources.
Methods: A participatory action research project was initiated to evaluate, review and adopt the L-CAS program. This project includes questionnaires, focus groups and a workshop.

Results and discussion: After the initial round of evaluations, a number of proposed changes were identified. These include the development of inter-professional learning, creating a more diverse learning platform, exploring partnerships with students from other faculties working in the same communities, and continuing the research. Some of the main challenges faced are limited funding and resources, as well as negative attitudes of key role players. None of the mentors could be re-employed. Innovative adaptations and restructuring of the Department of Family Medicine were made to address these challenges.

Conclusion / Take home message: Constant re-evaluation and adaptation of a program are necessary. This could be a very positive experience, provided that change management strategies are in place with the necessary support from key role players.

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Title: Facilitating work-integrated learning using the case method

Authors: J. du Plessis

Background / Context: In 2007, a new Higher Education Qualifications Framework was promulgated by the Department of Education in South Africa. Emphasis was for the first time placed on the required Work-Integrated Learning component within the curriculum of envisaged new qualifications by the governing body. In the current wake of re-curriculation of the Radiography profession from a National Diploma to a Professional Bachelor degree with the promulgated inclusion of Work-Integrated Learning, it became essential to investigate the facilitation of Work-Integrated learning through different teaching tools.

Aim / Purpose: The aim of this study was to investigate third year radiography students’ conceptualization and analysis of the content of case studies to facilitate the integration of knowledge as part of Work-Integrated Learning.

Methods: The third year radiography students in 2012 and 2013 were presented with case studies with different complexity levels with an accompanying set of questions. Quantitative data was accumulated by marking the answers to the questions and by categorizing the answers broadly into four groups, namely 1) only limited information was used to formulate the answers, 2) only some information was used to formulate the answers, 3) most of the information was used to formulate the answers and 4) all the information was used to formulate the answers.
Results and discussion: The results indicate that most participants have a limited ability to engage with and critically analyze the content of the case studies. It furthermore indicates a lack of ability in most participants to integrate knowledge from all the different modules/subjects which they were assumed to have accumulated in their first and second year.

Conclusion / Take home message: Facilitators should acknowledge the use of case studies to teach the senior students in the Work-Integrated Learning component of their course to stimulate the ability of critical thinking and problem solving by integrating all acquired knowledge and skills.

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Title: Interprofessional Education in the Faculty of Health Sciences, University Of KwaZulu-Natal

Background: This paper describes a model of interprofessional education (IPE) used in the School of Health Sciences at the University of KwaZulu-Natal. In this model IPE begins with a foundation module in 1st year and is then picked up in an academic service learning or clinical module in fourth year, the final year.

A theory module, placed early in curriculum for health science students, was developed from a recognition of the necessity to educate health science students about the link between health, community and poverty, especially in developing countries. Secondly it was developed from a recognition of the need for dialogue between professionals or multiprofessional interaction. Students complete this 13 week, 72 lecture module by presenting a health promotion workshop to secondary school learners, with the aim of increasing awareness about relevant health issues as well as exposing learners to various health professions as options for tertiary study or career choice.

Currently there is little further IPE until the final (fourth) year of study. At this point academic staff and students from three disciplines once again come together in a clinical or service learning module. The aims of this module include the following: to develop skills for the facilitation of sustainable services in a community context, emphasizing training of care-givers, community health workers and other significant individuals; to develop skills for working within a transdisciplinary model of service delivery.

Purpose: This paper presents an analysis of student texts, including reports, journals and exam responses to reveal what they learn from these modules. The focus of the paper is on what students learn from each other; about the other professionals, about service delivery, about the reality and challenge of meeting the patients’ primary needs in a context of poverty. This paper is a reflection on the curriculum content, the pedagogy and the outcomes.

Results and discussion: A number of interesting themes emerge, in four key areas: changing attitudes one another’s professions; enhancing collaborative behaviour; change in attitude, knowledge and skills; gains in delivery of patient care.
Take home message: It is imperative that in training health professionals for the South African context, there is a process of learning from each other, about each other, in other words a shift towards IPE.

Trish McInernery  
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Title: Promoting interdisciplinary learning in a multidisciplinary faculty

Authors: McInerney, P A; Green-Thompson, L P; Moch, S; Johnstone, D; Fadahun, O; Goven Shiba, P.

Background: The University of the Witwatersrand offers undergraduate degrees in six health science professions. Teaching and learning are usually discipline-based with each discipline planning and implementing the curriculum individually. Teachers may teach in other disciplines, but students generally do not learn together.

Methods: The medical students begin clinical practica in their third year of study. At the beginning of the third year, students are allocated to wards to work with nurses. During this placement students are required to participate in all the nursing activities, such as bathing and feeding patients, bed making, and administration of medications. The value of this experience has been documented in students’ portfolios of learning. The second interdisciplinary experience which the medical students have been exposed to is having pharmacy students accompany them in the wards during their practica. There are usually 3-4 medical students and 1-2 pharmacy students who as a group are allocated to a particular ward. They are required to take patient histories and examine patients.

Results: Students have described the value of both types of learning experiences, in particular noting the value of learning about the roles of other disciplines, the development of respect for what the other does and the value for the patient when there is interdisciplinary care.

Discussion: The value of both these learning opportunities can be aligned with Kolb’s experiential learning cycle.

Conclusions: Interdisciplinary learning opportunities are valuable for both the student and the teacher as relations between the disciplines are fostered.

Take home message: Interdisciplinary learning opportunities need to be identified and encouraged to promote multidisciplinary care.

Veronica Mitchell  
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Title: Introducing sexual and gender minorities teaching
Authors: Veronica Mitchell, Athol Kent, Alexandra Muller and Chivaugn Gordon

Background: A curriculum mapping exercise at the University of Cape Town (UCT) in 2012 revealed limited tuition in the field of Lesbian, Gay, Bisexual and Transgender (LGBT) persons’ health needs. Following discussion by the Faculty MBChB Education Committee, the Department of Obstetrics and Gynaecology indicated a special interest to include the teaching of gender and sexual orientation issues in its curriculum.

Aim: To introduce sexual and gender minorities (SGM) teaching into the medical undergraduate clinical curriculum in a scholarly manner.

Method: The Department of Obstetrics and Gynaecology made space available in the Year 5 clinical timetable for student-led workshops. The workshop design is presented to students at their introductory Gynaecology session. Small groups of approximately 10 students select topics from a range of LGBT issues. They prepare and present to the larger group 6 weeks later. Dialogue is facilitated by departmental educators and an expert in LGBT health.

Surveys conducted at the start of the group sessions are followed by interactive participatory presentations which include videos of interviews, video clips, PowerPoint presentations, debates and personal insights. Workshop evaluations provide student feedback. Students also submit reflective commentaries at the end of the block as a compulsory task with anonymity assured.

Qualitative analysis of the surveys and workshop evaluation responses will be presented.

Results: The classroom survey and students’ comments have reinforced widespread concern that this important aspect of patient care has previously been missing from undergraduate curricula. The workshops were enthusiastically prepared for and presented with encouraging evaluation comments received.

Conclusion: Health care for sexual and gender minorities is a neglected aspect of instruction in the MBChB clinical curriculum and its successful introduction at UCT has been well received.

Take home message: All Health Science faculties should consider teaching curricular content specific to the needs of sexual and gender minorities.

Dr Shymala Hande
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Title: Introduction of personal and professional development module in the undergraduate medical curriculum
Authors: Barathi S Subramaniam, Shyamala Hande, Ramnarayan K

Background/context: The MBBS curriculum of the Melaka Manipal Medical College (MMMC) is a five year academic program with the first two and half years in India and the next part of the program in Malaysia. MMMC has adopted a six-strand curriculum introduced in the September 2006. The personal and professional development (PPD) module runs vertically throughout the first part of the program.

Aim: To introduce and sustain a PPD module in the UG medical curriculum

Method: Firstly, one hour per week of PPD was incorporated in the time-table for the first year MBBS students. Students were introduced to topics such as medical humanities, leadership skills, communication skills, ethics, professional behavior and patient narratives. In the second year, students are required to pursue a group project of their choice, under a faculty mentor. A faculty coordinator was selected to identify and deliver relevant topics. All faculty were requested to select topics of their choice which they could conduct in an engaging manner. An assessment was made by two batches of students.

Result & discussion: Majority (80%) of students agreed that the module was well prepared. Students assessed the modules as useful because they saw improvement in their affective skills. Students rated the topics taken as “highly relevant” to the medical course. Faculty found the topics new and interdisciplinary, handling such topics, and creating interest and engaging the students were a challenge. But there was a sense of sharing responsibility and workload by the faculty.

Conclusion: Positive response of the students towards the PPD module was encouraging. However, in order to sustain the module it needs to be reviewed and renewed frequently.

1D Oral presentations

Lionel Green-Thompson
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Title: Social accountability: hearing community voices

Author: Lionel Green-Thompson

Background: Social accountability of educational institutions has been defined as responding to defined communities’ needs in the area of research, service and education. The Lancet Commission has recommended the transformation of educational programmes in the health professions to produce graduates who are change agents responsive and accountable to the communities that educate them and in which they are called to serve. There is little information from rural communities in South Africa about their expectations of medical practitioners. Medical students at Wits University have contact with rural communities in three provinces.
Method: Focus groups were held in several communities in which Wits medical students have clinical clerkships. These groups were selected together with the coordinators of the community sites, and included young people, traditional healers and older members of the community. The numbers in each group varied from six to twelve participants. Participants were not in need of medical attention at the time of the interviews. Some of the focus group discussions were conducted in the vernacular of that region with the aid of an interpreter.

Findings: Members of communities responded positively to the invitation to participate in the focus groups. Three main themes have emerged from the focus group discussions:

- doctor–patient relationships
  Participants generally reported negative experiences of their encounters with doctors in the public sector with many perceiving the treatment received from the same doctor to be better when they are encountered in private practice.
- respect and love,
  For many participants, social accountability of doctors is the expectation that doctors treat them with “respect and love”
- identification of health priorities
  Participants describe both social determinants as well as medical conditions as being a part of their communities’ health priorities.

Conclusions: While communities may not be familiar with the phrase social accountability, they are able to define their health priorities. In the context of these priorities there is an expectation that doctors’ behaviour is governed by their respect for patients. There is a need for increasing the active involvement of communities in developing the definitions of social accountability.

Take Home Message:
Communities may offer unique insights to how we develop social accountability thinking.

Dr Desireé Michaels
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Title: Peer Review for Social Accountability of Health Sciences Education: A model from South Africa

Authors: Desireé Michaels, Steve Reid and Claudia Naidu on behalf of Review Team.


Introduction: The Collaboration for Health Equity in Education and Research (CHEER) is unique in the composition of its members who represent all the Faculties of Health Sciences in South Africa. Over the past ten years CHEER has conducted eighteen peer reviews involving all the institutions. In August 2012
CHEER embarked on its pilot peer review on Social Accountability in Health Sciences in South Africa. This paper shares lessons and insights from the pilot process.

Methods: A descriptive study design, using qualitative methods which focussed primarily on semi-structured interviews and focus group discussions, supplemented with supporting documentation, was employed.

Results and Discussion: Several key components of the review process that should be noted for future reviews on Social Accountability were identified, namely: a) the composition of the review team; b) the review process c) data collection and analysis and d) the reporting process.

Peer review is a useful way of building consensus and a common set of values that become more explicit through the process. We found that six criteria, namely, values, reference population, partnerships, student profile, graduate outcomes and impact, provide the basis for establishing standards for reflecting social accountability in Health Sciences faculties. The peer review is a process of institutional self-review supported by ‘a panel of critical friends’ and is useful when considered as part of the process of preparation for the formal accreditation review at Health Sciences educational institutions.

Conclusion: The CHEER collaboration has entrenched the culture of peer review amongst all the FHS in the country and thus laid the foundation for designing standards to reflect social accountability which is specific to South Africa. However, it is universally applicable due to the diverse nature of the context of the various FHS in South Africa. The process followed and experience gained in South Africa may therefore be useful in other countries.

Keywords: Peer review, Social Accountability, Health Sciences Education, Health Equity.

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Title: Successful interventions to improve human resources for health: The Stellenbosch University Rural Medical Education Partnership Initiative

Authors: M de Villiers; J Nachega; K. Moodley; L Dudley; S van Schalkwyk

Background: Stellenbosch University was among thirteen African Universities awarded the Medical Education Partnership Initiative grant aimed at improving human resources for health in Africa. SURMEPI specifically aims to improve the quality and quantity of health care workers; retention in areas of need and regionally relevant research.
Methods: The project focuses on the development and evaluation of innovative medical education models that aim to support rural and underserved communities. The project uses two foci namely medical curriculum renewal and health systems strengthening and development to render the delivery of transformative, systems based education.

Results: Year three of the grant has shown significant outputs in training approximately 550 health care workers and faculty in Public Health, PALSA PLUS, Evidence Based Health Care, Infection Prevention and Control and HIV/TB management. In addition SURMEPI has provided 21 undergraduate students with funding for rural electives in the African region. Eight PhD and 18 Masters students conducting research in rural areas have also been supported through mentorship and funding. A wide variety of research capacity building courses has been offered to undergraduate and postgraduate students including faculty. Interdepartmental collaborations have led to a more context-specific, systems-based approach to medical education integrally linked to the graduate attributes of SU. Electronic learning has been a cross-cutting theme in SURMEPI resulting in a shift and recognition of the benefits of eLearning for medical students at central and rural sites. SURMEPI has embarked on several African collaborations to develop family medicine and research capacity building in the region.

Conclusion: In the short time span of approximately three years, SURMEPI has achieved significant outputs that will ultimately contribute to the goal of transforming medical education and improving human resources for health in rural Africa.

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Title: The Relationship of Health Science Faculties to their Health Service Partners: implications for clinical teaching in South Africa

Authors: Steve Reid, Des Michaels, Claudia Naidu on behalf of CHEER

Background / Context: Health science faculties in South Africa largely rely on the public health services for student access to patients for clinical learning in hospitals, clinics and other facilities on the service platform. The relationship between faculties and their respective provincial health service partners has been a source of concern, but has not been studied in South Africa.

Aim / Purpose: To describe the relationship between health science faculties in South Africa and their respective service partners with respect to clinical teaching.

Methods: A series of peer reviews following a standard protocol were carried out at 9 health science faculties in South Africa, including 8 schools of medicine, during the period October 2009 to February 2013. Review teams of 4 spent 3 days at each faculty interviewing university staff, health service staff, and students, and examining relevant documents. A comprehensive report on each review was produced and presented to the faculty concerned. An overview of the peer reviews is presented here.
Results and discussion: The nature of the relationships varied widely, ranging from transactional arrangements based on formal legal agreements at institutional level to informal arrangements at local level. Generally relationships were found to be positive and mutually beneficial at local facilities, where students are well integrated into the delivery of services. Sources of tension include too many students in facilities, lack of resources for clinical learning, and inadequate supervision. The variety of relationships are described and classified.

Conclusion / Take home message: Effective clinical teaching is highly dependent on a stable and conducive environment for access to patients by students and staff. This needs to be supported by institutional relationships that understand the challenges faced by each partner, as well as adequate resources for clinical learning.

T.Naidu
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Title: Cross-cultural medical education: using narratives to reflect on experience

Authors: Dr PN Diab: Dept Rural Health, UKZN, Ms T Naidu*: Dept of Behavioural Medicine, UKZN (presenter) naidut10@ukzn.ac.za, Dr B Gaede: Dept Rural Health, UKZN, Prof N Prose: Duke University, USA

Introduction: Educating students within a multi-cultural society has become a challenge as teachers, students and the community they serve all tend to represent various social groups. Skills alone are not adequate for competency in understanding cross-cultural consultations. A combination of knowledge, skills and attitude is the most widely accepted current approach to teaching culturally competent communication to medical students. The utilisation of collaborative reflection is a useful tool in developing these attributes.

Process: An interest group of medical teachers met to address the specific needs of teaching a relevant cross-cultural curriculum. Participants in the group offered narratives from their professional life and collaboratively reflected on these encounters in order to understand how to improve the current curriculum to better address the needs of the students and patients they serve.

Results: Through narratives, participants were able to reflect on how their experience had allowed them to develop cultural awareness. All stories represented how attitudes of respect, curiosity and unconditional positive regard were held above all else. It was through collaborative reflection with peers that these stories were further enhanced and different learning opportunities discovered. These real stories with real patients also were able to personalise the learning opportunity for the listener.

Conclusion: The use of collaborative reflection on the narratives of clinical encounters could facilitate insights about cultural aspects of medical practice. Elements such as curiosity, respect and
unconditional positive regard are illustrated in a unique way that allows students to appreciate the real-life aspects of cross-cultural clinical encounters.

Jacqueline Van Wyk
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**Title:** Social Accountability: Using a first year project to advance the mission of a medical school

**Author:** Jacqueline van Wyk & Stephen Knight

**Background:** Medical students generally struggle to understand the public health perspective of their studies in clinical medicine and can become disillusioned, disengaged and disappointed in their undergraduate public health curriculum if the relevance of the discipline does not become clear to them. A novel community service activity was introduced for first year medical students from University of KwaZulu-Natal in 2012 which expect them to work in self-selected groups of 3-4 students in disadvantaged communities of their choice. They are required to spend at least 16 hours engaged in a community service in the community that are in close proximity to their term-time residence. In an effort to evaluate the first year curriculum’s responsiveness to community needs, we draw on an amended framework by Woollard and Boelen (2012) to discuss the success and challenges of the Making a difference project.

**Aim:** Data for this observational descriptive sectional study was collected in 2012 from the first year student groups. We will report on students’ reasons for having selected a specific community, their aspirations on how they had hoped to make a difference in the community and how they learnt became transformed due to their engagement on the project.

**Findings:** Preliminary findings suggest that the project allowed students, who tend to alienate themselves when entering tertiary education, to engage with disadvantaged communities near their term time residence in Durban. They contextualized the theoretical knowledge learned on health systems in their module. Students became aware and applied ethical principles in their interactions with diverse and vulnerable groups. Some reported that it was a “humbling and a huge learning experience” and finding “happiness in life’s simplest gifts such as friendship and acts of kindness.”

**Conclusion/Take home message:** It is possible to devise a curricular intervention that develops generic attributes and research skills in students, assist them to understand the relevance of Public health and that embraces principles of socially accountability.

**2A Posters**

Jannie Hugo
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**Title:** Community Engagement on Ward Based Outreach Teams: New context, new learning
Authors: Jannie Hugo, Tessa Marcus

Background: The Longitudinal Community Attachment for Students (L-CAS) at University of Pretoria for medical students in running since 2008. Since 2010 the Department of Family Medicine in collaboration with the Tshwane District developed Ward Based Outreach Teams as part of the Minister of Health’s Re-engineering of PHC initiative and part of the NHI Pilot project in Tshwane District. The initial successful Ward Based Outreach Teams created a new context for community engagement.

Aim /Intent: To shift the engagement of students from a facility-based engagement to family- and home-based engagement within a COPC (Community Oriented Primary Care) framework in communities

Work done / Method: Since 2012 students were allocated to clusters each linked to a Ward-Based Outreach Team. The fourth year medical students did most of their 16 days LCAS rotation in these sites, accompanying community health workers to homes, assisting with patient assessment and shared knowledge with CHW’s. In 2013 M Med Registrars in Family Medicine were allocated to each of the Ward Based Outreach Team as part Family Medicine post-graduate training. Their role is to support and develop the Ward Based Outreach Teams, do research and mentor medical students.

Results: Students’ experience is significantly different in the Ward Based Outreach Teams as compared to District Clinics. The extent of poverty, the prevalence of epidemic conditions and social conditions eg. drug dependence is much clearer in the communities. The structure and functioning of the Ward Based Outreach Teams provide a structure for intervention and hope for successful intervention. Early experiences of post graduate and undergraduate students will be presented.

Message: Ward Based Outreach Teams and Re-engineering of Primary Health Care provides a crucial context for community engagement, is excellent for learning while student engagement enhance their functioning

Julie H
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Title: Towards the Development of a Definition of Service-Learning: converging conflicting mind maps

Authors: Julie H

Background / Context: Research on the conceptualisation of community engagement and service-learning indicate that concepts like service-learning, community engagement, community service and the scholarship of engagement are used interchangeably. Academics at the research institution were experiencing difficulties in implementing service-learning because of their diverse and conflicting conceptualizations of service-learning.
Aim / Purpose: The aim of this phase of my doctoral study was to develop a relevant construct of service-learning for the School of Nursing.

Methods: This study used the Nominal Group Technique as a means of gaining consensus from a diverse group of academic staff about the main concepts that should be included in the definition of SL for a school of nursing.

The following steps were used:
1. Individual generation of ideas
2. Recording of all participants’ ideas (in a round-robin format)
3. Group discussion of all generated ideas (to organise the list and remove duplications)
4. Preliminary vote to select the most important ideas
5. Group discussion of the vote outcomes (including additions and further merging of overlaps)
6. Final voting on the priority of items

Results and discussion: The following concepts were ranked as the six most important by 13 key informants: equal tri-partnership; reflective practitioners, teaching and learning; community needs; community development; shared values and community engagement.

Conclusion / Take home message: The strong consultation and democratic methods used within the nominal group process allowed the academics to take ownership of the development of a definition of service-learning for the School.

Jannie Hugo
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Title: Better consultation skills through Quality Improvement

Author: Jannie Hugo, Patrick Kenny

Background: Block 16: Health and Health Care. This is a 4 week rotation with 11 days in clinics. Students do a quality improvement project as part of service-learning. They do patient care in district clinics and one of the key objectives of the block is to do patient-centred consultations.

Aim /Intent: To learn about quality improvement and peer review through improving their own consultation skills.

Work done / Method: Students work in groups, which form the Qi team with patients. They use a Consultation Peer Assessment Tool developed by the department based on the Leicester Assessment package adapted to fit in the Juggling Model of consultation. This tool consists of a detailed checklist of main areas of Facilitation, Problem Solving and Collaboration and 3 open ended questions: “What went especially well; What does he/she still need to improve on?” and “How can I help him/her to
achieve these improvements?“. They also get feedback from patients through the Patient Enablement Instrument.

Within the QI cycle, students use the Tool as standard to assess present practice through observed consultations. Then they reflect on the present practice, make plans and change practice. In the last week they re-assess the consultations and then write a QI report.

**Results:** Students report on significant improvement of consultation skills with specific reference to important elements of a patient-centred consultation, for example use of silence, hand washing, 3-stage assessment and plan, and collaboration with patients. Patient feedback varied but had significant impact where it was specific. Results of a qualitative assessment of QI reports will be presented.

**Message:** QI of own consultations using a structured, detailed tool, and involving peers and patients, help students to receive constructive feedback and improve their consultation skills.

Abigail Dreyer  
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**Title:** Self-perceived confidence levels of Community Health Workers to carry out their Roles within the Primary Health Care Outreach Teams

**Authors:** Abigail Dreyer, Professor José Frantz, Professor Ian Couper

**Context:** Community Health Workers (CHWs) will be employed by Government, and will be part of the ward-based PHC outreach team. Their role is seen in strengthening health promotion and prevention. The training of Community Health Workers to fulfil their roles has been tasked to NGOs. The curricula contain the theoretical base but the practical application of the skills/abilities needed to fulfil their roles has not been included.

**Purpose:** This study investigated the confidence levels of CHWs related to their roles and responsibilities within the ward based outreach teams situated a sub-district in the North West Province.

**Methods:** Levels of confidence were measured by means of a Likert scale which was distributed by means of an online survey. This was used to identify the areas for capacity building needed and develop the training intervention. After completion of training the same survey was completed again and pre- / post- comparisons were made. Data were captured using Survey Monkey, with analysis of frequencies and cross-tabulations on quantitative variables.

**Results:** The gender of participants was 98% female. Participants had been working in their communities, doing home based care, for more than 2 years prior to them being recruited for the outreach teams. There was a significant increase in the confidence levels regarding skills and ability post intervention. 68% of participants’ confidence levels in terms of working in ward-based teams
increased post intervention. The participants not feeling confident to collect information shifted from 88% to 12% post intervention.

**Take Home Message:** The mastery of skills needed to fulfil the tasks has a direct impact on the confidence of CHWs. Their input in identifying the skills gap added to the value placed on the training.

Adele de Villiers
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**Title:** The impact of a Service Learning module on junior Health Sciences students

**Authors:** A de Villiers, AJN Louw, MHP van Heusden

**Background & motivation:** In the past, first year Medical and Physiotherapy students participating in the Extended Degree Programme (EDP) spent eight weeks shadowing interns in a tertiary hospital during a clinical module. In 2011 student numbers had doubled from the previous year making it impossible to accommodate the entire group in the clinical setting. Consequently, the group was divided in two, allowing the one group to participate in a Service learning project while the other group spent four weeks in the clinical setting as before. The two groups switched after four weeks.

**Methods:** A qualitative approach was used to determine students’ perceptions of the Service Learning project. Data was obtained from structured reflective reports about student experiences of the one week period during which they taught First aid to high school learners. Open ended, written response questionnaires completed by students at the end of the four week Service Learning project generated further useful data regarding the logistics and administration of the project as a whole.

**Results:** Similar to findings reported in international studies, analysis of qualitative data indicated an increase in student motivation in terms of their studies and vocation; an enhanced sense of civic responsibility and social justice; improved group interaction and personal communicational skills as well as increases in compassion and decreases in racism.

**Discussion:** Besides gaining First Aid knowledge and skills, students spent time with a community they might not necessarily have encountered under normal circumstances. They became increasingly aware of the population they would be serving once they graduated as well as their role as professionals within this community.

**Conclusion:** A Service Learning teaching strategy may contribute in producing service-driven and culturally competent physicians as well as those who will serve as community leaders, for reasons such as the following “... there are lessons one needs to experience rather than to be taught” [EDP I student].
Title: Rethinking the Wheel: A Clinical Presentation-Oriented Internal Medicine Curriculum for South Africa

Authors: J.A. Coetser

Context: An increased emphasis on primary health care in South Africa, a political mandate to align medical education with socio-epidemiologic need, and the introduction of community based education (CBE) at the University of the Free State (UFS) has necessitated review of the undergraduate curriculum in Internal Medicine. A clinical presentation-oriented model is being developed.

Aim: To compile a consensus list of common clinical presentations and their respective differential diagnoses for medical patients in South Africa.

Methods: From March 2012 to January 2013, eleven expert workgroups, each consisting of at least the unit head and one consultant of the UFS Department of Internal Medicine subspecialties, were asked to compile a consensus list of the most common primary clinical presentations for patients presenting to their subspecialty, as well as the most common and important differential diagnoses for these presentations. The general medicine workgroup reviewed these lists for completeness and applicability to the South African primary health care setting.

Results: A total of 111 common clinical presentations were identified. The most frequently listed were tiredness/fatigue (50%), shortness of breath (50%), fever (50%), weight loss (50%) and chest pain (40%). For all presentations a total of 670 differential diagnoses were generated (clinical presentations/differential diagnoses): cardiology (10/48), endocrinology (28/137), gastroenterology (14/78), geriatrics (8/30), haematology (14/38), infectious diseases (19/109), nephrology (11/34), neurology (13/63), pulmonology (16/71) and rheumatology (12/62).

Conclusion: This study represents the first step towards developing an undergraduate clinical presentation-oriented curriculum that is tailor-made for South Africa’s health milieu.

Gill Enslin
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Title: Does the BPharm curriculum of TUT/UL(Medunsa campus) prepare graduates to be competent community pharmacists?

Background: The joint TUT/UL(Medunsa) BPharm programme has been offered since 1999, using problem-based teaching and learning methodology, with the aim of producing graduates with the required skills, knowledge and attitudes to serve the pharmaceutical care needs of the South African society. The contribution of the learning programme to the achievement of the required competency outcomes related to community pharmacy practice was investigated in this survey.

Aim: The overall aim was to identify the role of the BPharm learning programme in ensuring competency of pharmacists and interns in the community pharmacy sector. A survey was conducted to identify gaps in the curriculum and/or learning programme. Possible measures to address these gaps are suggested.

Methods: The curriculum and learning programme of the TUT/UL(Medunsa) programme were assessed against the 2004 competence standards of the South African Pharmacy Council. A cross-sectional survey of TUT/UL(Medunsa) B Pharmacy graduates was conducted. A convenience sample of nineteen pharmacists or interns working in the Pretoria area were interviewed using a semi-structured questionnaire. Ethical approval for the study was obtained from TUT.

Results and Discussion: The BPharm modules curriculum was found to address the requirements for competence in the community pharmacy sector. In the section of the questionnaire dealing with knowledge skills and attitudes, most participants identified the community pharmacy module as the module that prepared them best for community pharmacy practice. Ten other modules were identified as helpful. As community pharmacy is one of four sectors for which students are prepared this result is expected. Interestingly only five participants identified the work integrated learning module in community pharmacy as helpful. The most important skills acquired at university, according to participants, were communication (74%), management skills (32%) and interpersonal skills (26%). Of the competency standards selected as most relevant to community pharmacy, monitoring drug therapy and implementing a pharmaceutical care plan were reported as being moderately difficult or difficult to practice.

Conclusion: The study found that the curriculum adequately addressed all areas of knowledge, skills and attitudes to allow graduates, in their opinion, to practice competently as community pharmacists as specified in the competence standards of the South African Pharmacy Council. Some recommendations were made with respect to preparing graduates to be mentors and to introduce mechanisms to focus on how to keep up to date with new laws and regulations, pharmacy management skills, pharmacovigilance and new drugs.
Glynnis Vergotine  
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Title: Oral hygiene lecturers’ perceptions on knowledge and curriculum issues at three training institutions in South Africa

Authors: Vergotine, G. and Shalem, Y.

Background: There has been growing discussion in Oral Hygiene literature regarding knowledge and the professionalisation of the field, this influences the field of practice. Examining lecturers’ perceptions of knowledge, curriculum issues and ways of socializing students into the field will be help to investigate this. The results provided here are from a project in progress.

Aim: To examine South African Oral Hygiene lecturers’ perceptions of knowledge and their curricula. Objectives were to collate demographic information of the lecturers as well as to gain their perceptions on their curricula.

Methods: Fourteen questionnaires were delivered to full time lecturers where the degree in Oral Hygiene is offered. Ethical approval was granted by the Wits Education Ethics Committee.

Results: 71% (N-10) lecturer’s responded and demographics showed: 70% 45years and over, 50% completed educational qualification; four completed a Masters degree and one a PhD. 90% had more than fourteen years of teaching experience. Regarding what prepared them best for teaching Oral Hygiene students, 50% indicated that they drew from their qualification in Oral Hygiene, other degrees and education courses, while two indicated that they used their practice experience. 100% teach clinical subjects with three teaching specialised areas. Research activities varied according to qualifications and areas of interest. Main resources selected for informing their teaching was textbooks and journals, while the Internet and seminars was less used. 70% felt that Oral Hygiene has a distinctive specialisation, which was prevention and health promotive. They indicated that Oral Hygiene knowledge is drawn from mostly Dentistry, with less Anatomy, Pathology and Microbiology. Disciplines like Psychology, Sociology, Education and Nursing was not seen as contributing that much to the knowledge base. All respondents were involved with curriculum development, planning and implementation.

Conclusion: The results showed that Oral Hygiene lecturers had the capabilities to be reflective about the knowledge needed for their curricula.

Hilda A Mujuru  
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Title: A Needs Assessment of Medical Student Education in the Department of Pediatrics and Child Health at the UZCHS: Towards a new curriculum.

Authors: Hilda A Mujuru, José Frantz
**Background:** The existing medical education curriculum in the UZCHS was developed in 1985, reviewed and updated in 1992, then revised in 2006 to include HIV/AIDS. The degree to which this revised curriculum is being implemented and its adequacy in addressing current health problems is unclear.

**Aim:** To explore faculty perceptions of gaps in the Paediatric aspect of the current medical curriculum

**Methods:** A qualitative study was conducted using an interviewer-administered questionnaire. All responses were recorded and transcribed manually. Three independent assessors conducted the thematic analysis.

**Results and discussion:** Of the 14 faculty, 10 (71%) were interviewed. There was an average of 6 years experience (2-34) and 2 lecturers (20%) had ever accessed the UZCHS curriculum. Themes that emerged included lack of alignment between taught content and student assessment to curriculum objectives, barriers to effective teaching, poorly structured clinical teaching, lack of understanding of different clinical teaching methods and inadequate time for year 5 students. There was consensus on appropriate assessment methods for both the written and clinical examinations but with no system of ensuring that the assessment was based on taught content.

Most faculty are junior and inexperienced and would benefit from guidance from an updated curriculum. Though students have a logbook, most faculty teach on whatever cases are on the wards and this needs restructuring. An updated curriculum would guide student assessment in line with taught content. Clinical teaching methods should be stated in the curriculum and faculty development workshops conducted to capacitate faculty. OSCE was the best clinical assessment method with MCQ and essays as the best method to assess student’s knowledge.

**Conclusion/take home message:** An updated curriculum is fundamental for guiding faculty on teaching and assessment of undergraduate students in Paediatrics at the UZCHS.

Regis Rugira Marie Modeste
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**Title:** HIV and AIDS related essential competencies for nurses in South Africa: nurse educators and nurses in clinical practice’s identification

**Authors:** Ms RR Marie Modeste and Prof O Adejumo

**Background / Context:** South Africa has an enormous task of providing care and management to those who are affected and infected with HIV. Similarly to what is done around the globe, South Africa has adopted the global move that when providing health services to patients living with HIV and AIDS, there should be provision of integrated services addressing various patient needs through a continuum of care.
As nurses form the bulk of health care professionals in South Africa, care and management of patients living with HIV and AIDS relies heavily on nurses. There have been reports that during the pre-service training, nurses in developing countries are not adequately prepared for practice required for HIV and AIDS care and management. This highlights the need to adequately train nurses so that upon graduation, they are able to provide such care in line with national priorities and strategies.

**Aim / Purpose:** This paper will present identification of nurse educators and nurses in clinical practice about the essential HIV and AIDS related competencies for nursing care and management of HIV and AIDS in South Africa.

**Methods:** The study was conducted within a qualitative approach with an exploratory design. Nominal group technique was used to conduct group discussions with nurse educators (lecturers) in 6 provinces. In addition, individual interviews were conducted with 6 nurses in the clinical practice.

**Results and discussion:** From the analysis, 10 competency categories such as Counseling, ethics and policies related to HIV and AIDS have been identified, with specific aspects of knowledge, skills and attitude providing further insight into what is expected for each competency category

**Conclusion / Take home message:** The findings of this study allows systematic integration of these competencies into the nursing undergraduate curriculum in South Africa, with confidence that educators and practitioners are on the same page.

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2C Oral presentations

Chrisna Botha

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**Title:** Engaging students through interactive e-guides and multi-media in a flipped classroom approach

**Authors:** Dr. Chrisna Botha & Dr. Gerda Reitsma - North-West University, Potchefstroom Campus

**Background/Context:** Technology has resulted in changing the classroom as the central point of learning to just one of the interfaces where learning takes place. The use of technology and specifically multi-media has extended the teaching-learning experience to outside the classroom. This motivated the lecturer of a second year nutrition module to re-think her approach to teaching and learning by moving into a blended learning approach.

**Aim/Purpose:** In this paper we report on the experiences of both the students and the lecturer in changing from a mainly traditional face-to-face class to a flipped classroom supported by technology in the form of an electronic interactive study guide.
**Methods:** A mixed-method approach within an action research paradigm was followed. Quantitative methods included a student survey on perceptions and expectation on the use of e-guides at the beginning of the semester, followed by a survey on their experiences at the end of the semester. Qualitative methods included lecturer and student reflection as well as focus group discussions with students.

**Results and discussion:** Preliminary results indicate that the students were initially skeptical about the use of technology outside the classroom, but once they got used to the e-guide, they engaged more with the course content both inside and out of the classroom. Problems experienced by the students were mainly of technical nature. The lecturer indicated that she underestimated the planning, time and effort needed to change a traditional hard-copy study guide into an interactive e-guide. However, it would seem as if the incorporation of technology in a flipped classroom added significant value to the teaching learning experience. The reasons why students experienced this blended learning environment as positive or negative still need to be investigated through focus group interviews at the end of the semester.

**Conclusion/Take home message:** Will be available at the conclusion of the study.

Lianne Keiller
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**Title:** “You expect me to do what?” Student experiences of strategies for enhancing engagement.

**Authors:** Lianne Keiller, Gakeemah Inglis-Jassiem

**Background / Context:** The relationship and interrelationship between the self-directed learning and group phases of Problem-based Learning (PBL) are important for learning. 3rd year Physiotherapy students have very little time to process and fully engage with PBL case content in their PBL curriculum at Stellenbosch University (SU). This could have implications for the way in which students understand and are expected to apply the knowledge in clinical settings.

**Aim / Purpose:** The aim of this study was to determine students’ experiences of the use of technology (videos & blogging) to enhance engagement with content in their PBL module.

**Methods:** A mixed methodological approach was used. Participants (n=40) completed a needs analysis survey regarding levels of engagement as well as pre and post-test self-assessment questionnaires. A video camera was available for recording practical techniques during cases and the blog forum for inter-class discussions. Two focus group discussions were conducted and transcribed by independent research assistants.

**Results and discussion:** Focus group discussions highlighted the students’ lack of self-directed learning tendencies and their dependence on lecturers for enhancing engagement. The themes that emerged from the discussions were Lecturer responsibility, Student responsibility, Engagement, Technology issues and Time. Surveys showed that the students perceived themselves to be actively engaged in PBL
discussions during cases, but found that there was not enough time given for each case within the module. However, there was minimal use of the technology introduced by this study.

**Conclusion / Take home message:** Students recognise the value of videos for clinical practice, but do not want to take the responsibility for initiating this learning opportunity. A recommendation of this study is for a video database of clinical skills to be developed in a partnership between lecturers and student

Mrs Belinda van der Merwe  
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**Title:** The perspective of radiography students regarding practical demonstrations recorded on video

**Background / Context:** Radiography students at the CUT spend up to 40 hours either in the classroom or in the clinical setting. Students spend time in the clinical setting with the qualified radiographers and radiologists performing various radiologic procedures. It is not possible to demonstrate every procedure individually to each student and some procedures are never even observed by students. Quality mentoring in the workplace is further not guaranteed. Large classes and the unavoidable absence of students or lecturers, added to the challenge of exposing the students to the vast number of procedures covered in the curriculum. Video recording of the demonstrations of the different procedures seemed the obvious solution to build a library of demonstrations of basic concepts consistent with the classroom.

**Aim / Purpose:** Determine if students benefit from video demonstrations and if the classroom demonstration is redundant.

**Method:** Lecturers and the audiovisual department recorded video demonstrations of basic routine procedures with standardized patients. Questionnaires were distributed to different student year groups after being exposed to the videos and to the current demonstrations to determine the perception in terms of usefulness to their learning.

**Results and discussion:** The presentation comments on the advantages and disadvantages of the live demonstration compared to the video demonstration. Videos appeal to different persons as it becomes very difficult for the students to interact with each other. One student however sums it up: “I think it is beneficial for after class demonstrations as you see clearly in the video it sinks in, it falls into place.”

**Conclusion / Take home message:** Video tutorials need to be accompanied by well-defined instructional objectives and outcomes to be a powerful educational tool to engage the student in learning process.
Title: “Liking” public health: exploring social media for teaching public health

Authors: Liz Wolvaardt (SHSPH, UP); Lehlohonolo Majake (SHSPH, UP); Pieter du Toit (Faculty of Education, UP)

Context: Educators in public health report the limited curricular time, disinterest on the behalf of medical students and the scarcity of public health educators as major barriers to the inclusion of public health in the medical curriculum. Social media holds the potential to overcome the time restrictions in busy clinical curricula as well as the opportunity to engage outside the lecture halls. But such a strategy is dependent on student participation in social media.

Purpose: To determine the use of social media amongst medical students at the University of Pretoria. To explore any associations between medical students’ use of social media and their knowledge of public health.

Methods: A descriptive cross-sectional study. Questionnaires with one open-ended question and 45 close-ended questions were distributed by research teams of medical students and academic staff in 2012. Students completed the survey onsite as a 10-item test your knowledge quiz was included.

Results and discussion: 589 medical students participated. 93% of respondents reported using Facebook with almost half (48.2%) accessing it several times a day. Another 31.6% reported daily Facebook use. Google+ was the second most popular (67.1%) amongst respondents. No association was found between gender and the use of Facebook, Twitter or LinkedIn. There was a significant association (p=0.002) between male students and never using Google+. Students in third year and higher were more likely to use Facebook several times a day (Pearson $\chi^2 = 54.29$ (p<0.000). A significant association was found between the public health knowledge score and those using Facebook (daily and several times a day) scoring higher in the test (p<0.000).

Take-home message: Social media – Facebook in particular – is widely used and is therefore a feasible strategy for public health educators. The higher knowledge scores by regular users also suggest Facebook could be a powerful educational strategy.

2D Oral presentations

Dr Reem Rachel Abraham
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Title: Adherence to adult learning principles and professional development among medical school faculty
Purpose: Professional development should not only aim in formal and informal means of helping medical educators learn new skills, but also focus on developing insights into pedagogy and their own practice. Understanding adult learning principles is essential to instill professional development. Melaka Manipal Medical College (MMMC), Manipal University, India offers five years Bachelor of Medicine and Bachelor of Surgery (MBBS) program. The faculty at MMMC are involved in teaching medical, dental and allied health science students.In the present study, the authors attempted to determine whether faculty members at MMMC perceive adult learning principles as a pathway for professional development. We were also interested in knowing whether any correlation existed between faculty perceptions of adult learning principles and professional development at three levels namely; individual, interpersonal and organizational levels.

Methods: A questionnaire comprising of items focusing on five adult learning principles (Active Participation, Relevant Learning Safe and non-threatening Environment, Constructive Feedback, Previous Experiences) was designed. A second questionnaire focusing on professional development at three levels (individual level, interpersonal level, organizational level) was also designed. Faculty members (n =42) were asked to reflect on the practices outlined in both these questionnaires on a 5 point scale.

Results: Comparison of mean values of five adult learning principles revealed a high mean value for relevant learning followed by constructive feedback, previous experiences, safe environment and active participation. Correlation analysis revealed a strong correlation between active participation and three levels of professional development and also between constructive feedback and three levels of professional development.

Conclusions: In the present study, overall, a strong correlation was observed between adult learning principles and the three levels of professional development. The present study intends to provide a framework of professional development which is centered on a few practices based on adult learning principles.

Elsie Kiguli-Malwadde
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Title: Faculty Recruitment and Retention in the Medical Education Partnership Initiative (MEPI) schools.

Authors: Elsie Kiguli-Malwadde MBChB, MMed, MscHPE, Francis Omaswa MBChB, FRCS

Background / Context:
The US Government awarded grants to 13 African institutions. The aim is to increase numbers and quality of Health Care Workers, retain them where they are most needed and improve locally relevant research capacity. Mullan et al noted that there is a big shortage of faculty in the sub-Saharan African medical schools. This negatively impacts on the training of health professions in the region.

**Aim / Purpose:** To establish the number of faculty at the MEPI schools, faculty: student ratios and what the schools are doing to ensure they retain their faculty. Yearly surveys were sent out to the schools and data analysed.

**Results and discussion:** There was an average of 204 full time medical school faculty among the 13 institutions. These ranged from 35 to 795 with an average of 257. The average ratio of full time faculty to medical students was 1:5.03 and ranged from 1:1.53 to 1:15.98. These numbers indicated that schools varied greatly in the number of full time medical school faculty and the student faculty ratio. There were many vacancies at most schools.

All 13 schools have a focus on faculty development using different strategies, including short and long courses like Masters and PhDs, mentoring and faculty exchange, plus Research and Medical Education support to provide faculty with development programs, stimulate medical research and ensure the quality of curricula. The challenges the schools have reported include shortage of faculty, internal and external brain drain, environmental factors like poor facilities, remuneration and incentives and increase in the number of medical schools.

**Conclusion / Take home message:** Many of the MEPI schools have faculty shortages but are trying to tackle the problem using different useful strategies.

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**Title:** Promoting Scholarship in SAFRI: Does it work?

**Authors:** Juanita Bezuidenhout, Jose Frantz, Jacky van Wyk, Di Manning, Francois Cilliers, Vanessa Burch

**Background:** Ernest Boyer describes four types of scholarship: Discovery; Application; Integration and Teaching. Scholarship can be defined as ‘advancing or transforming knowledge in a discipline through the application of the scholar’s intellect in an informed, disciplined and creative manner.’ It is demonstrated by peer-reviewed, publically disseminated output including publications; syllabi; assessment tools; teaching cases; web-based instructional materials and curriculum change. The sub-Saharan FAIMER Regional institute (SAFRI) programme, established in 2008, accepts applicants from the region and, implementing capacity development principles (leadership, project management, research methodology and educational methods) centered around an education innovation project assist fellows to achieve at least an entry (minimum scholarly) level output of an abstract and a poster presentation at SAAHE. This study compared the education related scholarship output of applicants prior to and since entering the fellowship.
Methodology: A survey was administered to all SAFRI fellows and faculty for the period 2008-2011 (three intakes), focusing on scholarly outputs in health professions education only.

Results: Preliminary data analysis is presented in the form of a table, as the total for the cohort prior to and since entering the fellowship.

<table>
<thead>
<tr>
<th></th>
<th>Prior</th>
<th>Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-reviewed publications</td>
<td>58</td>
<td>87</td>
</tr>
<tr>
<td>Conference presentations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Local</td>
<td>38</td>
<td>29</td>
</tr>
<tr>
<td>2. National</td>
<td>41</td>
<td>52</td>
</tr>
<tr>
<td>3. International</td>
<td>23</td>
<td>47</td>
</tr>
<tr>
<td>Grants obtained</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>Workshops presented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Institutional</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>2. National</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>3. International</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Reviewer/editorial boards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Reviewer: National/regional journals</td>
<td>19</td>
<td>32</td>
</tr>
<tr>
<td>2. Reviewer: International journals</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>3. Editorial board: National/regional journals</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>4. Editorial board: International journals</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Education-related responsibilities in your faculty</td>
<td>264</td>
<td>385</td>
</tr>
<tr>
<td>Awards</td>
<td>9 (2 international)</td>
<td>13 (4 international)</td>
</tr>
</tbody>
</table>

Conclusion: Although a causal relationship between the increases in scholarly output since entering the fellowship will be difficult to prove, it is clear that there has been an increase, not only in the number, but also the scope of scholarly outputs.

Blitz Julia
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Title: PIQUE’ing an interest in curriculum development

Authors: Blitz J, Conradie H, Kok N, van Heerden B, van Schalkwyk S

Background / Context: Most medical schools in South Africa have as their overall aim for undergraduate medical education, the preparation of graduates for internship. If we are to reach this aim, one of the ways to evaluate this would be to explore whether our graduates indeed feel able to do the things that we think they should, or could, be doing in their internship.

Aim / Purpose: The aim of this research was to elicit the opinions of first year interns who graduated from Stellenbosch University on the extent to which they felt that their undergraduate education had prepared them for internship.

Methods: The Preparedness for Internship Questionnaire (PIQUE) was designed based on Hill’s preparation for hospital practice questionnaire, with additional questions covering graduate attributes.
and the profile of the Stellenbosch doctor. Face validity was confirmed by a panel of faculty experts. The questionnaire asked the participant to respond to a series of statements preceded by “My undergraduate medical training prepared me to ...” with “fully”, “well”, “fairly well”, “little” or “not at all” prepared. It ended with open-ended questions which allowed elaboration on other issues. In July 2012 an invitation to participate in the online survey was sent to all the 2011 Stellenbosch MB, ChB graduates.

Results and discussion: There was a 36% return rate. In general graduates felt that they had been well prepared for most mainstream clinical activities. However, there were also a number of areas in which respondents felt they could have been better prepared - largely in the areas of pharmacology, medico-legal work, minor surgery and the non-clinical tasks which an intern encounters.

Conclusion / Take home message: Using this questionnaire has highlighted areas needing attention within our curriculum. As many of these appear to be in non-clinical areas, it challenges us to look at how faculty can be developed to address these unmet educational needs of our undergraduate students.

2E Oral presentations

Claudia Naidu
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Title: “A system that is constantly trying to shape you in a different way”
Student’s perspectives on being a good doctor.

Author: Claudia Naidu, Steve Reid, Vanessa Burch

Background: There is an ever-increasing awareness of the need for medical schools to train socially accountable health professionals. However, not much is known about students’ perceptions of what a socially accountable doctor is or does.

Aim: This pilot study aimed to explore student’s perceptions of what a good doctor is as well as their understanding of a doctor’s accountability to society.

Methods: A purposive sample of medical students was invited to participate in this research via email. Those who indicated interest and were available to attend were included in a focus group discussion. This data was supplemented by qualitative comments from a pilot questionnaire administered to all 4th year medical students.

Results and discussion: Ten students participated in focus group discussions and qualitative comments from another 20 students who had completed questionnaires were included in the analysis. Most students appreciated the psychosocial, patient-centered focus of medicine, and acknowledged their responsibility in improving access and quality of health care, particularly to those in need. However,
many believed that engaging in ‘socially-accountable’ activities are by choice rather than obligation, and felt that responsibilities needed to be prioritized, shared, and was dependent on the context and medical specialty. A few students were resistant to the idea that the medical profession was anything more than a career and felt that they are being unfairly expected to be self-sacrificing.

**Conclusion / Take home message:** The climate of the educational/training environment in which students learn is an important factor affecting the values and behaviours adopted. While the difficulties in teaching and evaluating social accountability are understood, it is imperative to develop tools and to generate knowledge of how students perceive and understand their roles and responsibilities, assess their behaviour and attitudes and how this changes through the course of their training and practice.

Elize Archer  
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**Title:** Medical students’ attitudes towards patient-centeredness

**Authors:** E Archer, BB Van Heerden, J Bezuidenhout

**Background:** The doctor-patient relationship is fundamental to medical care, and several studies have shown that medical students’ attitudes in terms of this relationship deteriorate during their time in medical school. The Patient Practitioner Orientation Scale (PPOS), an instrument that measures students’ patient-centered beliefs, was used in this study.

**Aim of the study:** The objectives of the study were to examine changes in the attitudes of medical students regarding patient-centeredness as they progress through medical school as well as the validation of the PPOS as a measuring tool in our context.

**Methods:** Subsequent to validating the PPOS for the South-African context in October 2011, medical students from year 1 to year 6 (n=1127) completed the PPOS questionnaire in 2012. This was done as a cross sectional survey.

**Results and discussion:** The internal reliability of the questionnaire that seemed to be adequate with the pilot group (Cronbach’s alpha of 0.627 for Caring and 0.67 for Sharing) was very low in the final study (Cronbach’s alpha of 0.41 for Caring and 0.57 for Sharing ); therefore, interpretations from the questionnaire should be made with caution. However the mean score of the PPOS was much lower for this cohort of medical students compared to some other studies that were done in the rest of the world. Suggestions for such low scores could be that the scale should rather be used in qualified doctors as opposed to medical students. Other issues that need to be considered are the diversity of our student population, the definition of patient-centred care in our context as well as the interpretation of the PPOS questions.
Conclusion: Even when making use of existing well published questionnaires the reliability scores still need to be considered. There seems to be a need for a reliable tool to measure patient-centeredness in undergraduate medical students.

Neil Moran
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Title: Essential Steps in the Management of Obstetrics Emergencies (ESMOE)

Authors: Neil Moran, Jagedesa Moodley, Munira Khan, Nisha Nadesan-Reddy, Moise Muzigaba

Background/ context: In South Africa the current Saving Mothers report highlights the contribution of preventable causes to maternal deaths. In an effort to reduce such deaths, the Essential Steps in the Management of Obstetric Emergencies (ESMOE) was developed by a team of specialists.

Aim: Train all midwives and doctors in all state facilities in KZN in ESMOE.

Methods: The programme consists of twelve modules of 90 minutes duration covering a range of topics including obstructed labour and maternal and neonatal resuscitation. The current model is a centrally run workshop over three days. Each individual module is facilitated by an expert who oversees small groups of trainees. A short lecture, skills demonstration, video, skills practice on a mannequin and role play (fire drills) all constitute a module. A ‘train the trainer’ approach has been adopted with master trainers then tasked with training others at their health care facilities. Relevant training material to do this is provided at the workshop.

Results and discussion: Eight ‘train the trainer’ workshops have been conducted to date with 190 doctors and nurses trained. Every hospital in KZN, several CHC/ MOUS and every district clinical specialist team (DCST) now has master trainers. Fire drills have been commenced by the DCST at local sites but have yet to be evaluated. Further evaluation of training by the master trainers at facility level is required.
A partnership with the Department of Health has been forged to facilitate expansion of training.

Conclusion: The ESMOE programme is ultimately aimed at reducing preventable maternal deaths; the impact of the training however is difficult to assess and still requires evaluation.

M.Muzigaba
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Title: Towards an Evidence Base for Theory-driven and Outcome-based Evaluations of Complex Medical Education Programmes: The MEPI-UKN Example

Authors: 1 M. Muzigaba, 1 N. Nadesan-Reddy, 1, 2 S. Pillay, 1, 2 U.G. Laloo
Although it is not yet a widely recognised practice in many tertiary institutions, the field of programme monitoring and evaluation in medical education has been in existence for many years. Historically, various approaches to evaluating medical education programmes have varied in focus and effectiveness. Such methods are arguably not comprehensive, mostly fragmented and evaluate only a component rather than the entire programme, and are often episodic rather than continuous. Current trends in methodological approaches to training evaluations are more and more shifting the focus towards theory driven programme evaluation (TDPE). Much of this interest has been driven by concerns that traditional methods of evaluations which are not informed by programme theories of change do not always come to terms with the complexities of the programmes, in terms of how the programme is designed to work and the outcomes to expect. We make the case for the usefulness of TDPE approach in evaluating complex medical education programme using the UKZN Medical Education Partnership Initiative (MEPI) as an example. We argue that locating theory driven evaluative thinking at the core of programme planning and implementation has value in allowing more rigorous and useful evaluations to be conducted on complex and innovative medical education programmes. We describe a Monitoring and Evaluation (M&E) initiative that arose at the UKZN School of Medicine after the introduction of the MEPI programme, in part, as a response to the MEPI grant performance requirements. We show how a comprehensive, multi-component, programme-wide and theory-driven evaluation and improvement system has been built into the MEPI programme. Here, the emphasis is placed largely on the envisaged cascade of the programme outcomes as a whole. We also describe initial examples outcome evaluation projects currently being conducted on selected MEPI components. Lastly, we highlight some of the challenges encountered during the development of the TDPE approach for MEPI, and attempt to share some lessons learnt during this process.

2F Oral presentations

Ben van Heerden
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Title: The transformation of Health Professions Education in South Africa

Authors: Van Heerden, B; Burch, V; de Villiers, M; Reid, S; van Schalkwyk, S

Background / Context: The global impact of work published by the Lancet Commission (2010), the Royal College of Physicians and Surgeons of Canada (CanMEDS), Boelen and Woollard, THENet and others on the future education of health professionals cannot be ignored. In South Africa several organisations have embraced international recommendations and are actively working towards transforming health sciences education and training programmes.
**Aim / Purpose:** To describe some of the current national initiatives aimed at transforming health professions education in South Africa with a view to informing further work in this regard.

**Methods:**
In 2011 the Undergraduate Education and Training (UET) subcommittee of the Medical and Dental Professions Board (MDB) embarked on a strategic planning process to ensure that global and national recommendations regarding transformative learning, interdependence in education, graduate attributes and social accountability, are used to guide the revision of health sciences education and accreditation processes in South Africa. To date a number of national workshops including representatives from higher training institutions and the Collaboration for Health Equity through Education and Research (CHEER), have been held to plan the way forward. Other important national transformative initiatives include the Medical Education Partnership Initiative (MEPI), work done by the Academy of Science for South Africa (ASSAf), CHEER and others.

**Results:**
A number of processes are underway and some have produced strategic planning documents, peer review processes, research proposals and projects. Institutional conversations are increasingly characterised by a discourse of change. Specific desired outcomes are: institutions that are socially accountable; faculty who are role models of responsible practice; students who demonstrate social responsibility; graduates who are appropriately skilled for the South African context; and graduates with attitudes of commitment to service.

**Conclusion / Take-home message**
Several national initiatives, focused on transforming health professions education in South Africa, are in place. Careful co-ordination of these processes, as well as government involvement, are prerequisites for success.

Carmen Oltman
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**Title: Mentoring as social practice**

**Context:** Mentoring has been defined and described in many ways because there is no ‘one size fits all’ model. Every mentoring programme has to be designed to meet the needs of the mentees. Mentors and mentees form a relationship and together address the issues the mentee deems as ‘real’.

In the Faculty of Pharmacy at Rhodes University we identified the role of mentoring as a strategy for success. Mentees benefitted directly from the mentoring process and mentors transformed as they constructed mentoring.

**Aim:** To determine how mentors constructed mentoring as social practice.
Methods: In trying to determine how mentors constructed mentoring I had to do more than just describe mentoring because social mechanisms are not readily observable; they require theory and abstraction. Thus I used critical realism as my meta-theory, and discourse analysis as the methodology. I interviewed mentors, and analysed field notes of meetings, mentors’ journals, and evaluation data — using the NVivo® software programme.

Results and discussion: This research suggests that mentoring is about understanding, empathising, guiding, helping, and providing a shared space that is safe. Discourse analysis suggests that mentors require specific knowledge, that mentoring is about social relations and social identities, and that it is important not to abuse the power relations that are at play.

Conclusion: The strategies that mentors employed changed as the mentors mentored. Mentors help make hidden rules and conventions overt during the mentoring process.

Bosman JS
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Title: The epistemological value of physics in medical rescue education and practice: toward a transformative emergency medical rescue curriculum

Authors*: Navindhra Naidoo, (B Tech EMC, HDE, MPH), Lloyd Christopher (B Tech EMC, HDE, MEMC), Mark Marais (PhD), Justice Bosman (B Tech EMC, HDHET)
* [Cape Peninsula University of Technology, Faculty of Health and Wellness Sciences, Department of Emergency Medical Sciences: Corresponding Author: naidoon@cput.ac.za]

Background/Context: Physics is fundamental to most natural sciences. The rationale behind the medical-rescue content of the Bachelor of Emergency Medical Care qualification is poorly defined. Medical-rescue education in South Africa would benefit from contribution to its horizontal and vertical discourse and inform the academic level description and NQF alignment.

Aim/Purpose: The aim is to document the principles of physics implicit in the medical-rescue curriculum, its implementation and in its practice. Conceptual/theoretical physics is critically appraised for alignment or misalignment in the medical-rescue curriculum. Finally, recommendations of specific theories/principles of physics that may have implications and applications for medical-rescue education and practice will be made.

Methods: Multiple qualitative approaches are employed. Document analysis is used to appraise linkages between physics and rescue inherent in the curricula. The Delphi technique is employed to reach expert consensus on the typology of rescue scenarios. Using process tracing, the practical components of medical-rescue will be deconstructed for underpinnings of physics principles. A criterion-referenced gap analysis will enable understanding of what principles and theories of physics are missing, desirable and fundamental to the goal of medical-rescue paedagogy and practice.
Results and discussion: There are no texts on medical-rescue that address principles of physics and their application. This study informs evidence-informed rescue training and efficient rescue practice. Theories and ‘models of competence’ and ‘acting in context’ have relevance for knowledge integration of conceptual physics and medical-rescue. This study problematises current medical-rescue curricula, critically analyses the conceptual physics upon which medical-rescue practice is predicated and provides a transformative approach to curriculum review.

Conclusion /Take home message: Critical reflection and inquiry into medical rescue practice is central to its professional growth. Impediments to learning include knowledge deficiencies and fragmentation, irreconcilable ontologies and paedagogic malpractice. Curricula transformation is preceded and proceeded by interrogating explanatory deficiencies and foundational prerequisite knowledge.

M. Matthews
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Title: Use of isiZulu videos as a teaching aid in clinical communication teaching in the College of Health Sciences

Authors: Dr Paula Diab: Dept Rural Health, College of Health Sciences, UKZN,*Dr Margaret Matthews: Clinical Skills Lecturer, College of Health Sciences, UKZN (presenter)
Ms Roshni Gokool: Discipline of African Languages, College of Humanities, UKZN

Background: The use of the Calgary-Cambridge guide in teaching communication skills to medical students is widely used. It has been debated whether such a guide is relevant and useful in multicultural societies. The University of KwaZulu-Natal finds itself in such a multi-cultural society with the challenge of equipping students to communicate with patients from different language and cultural backgrounds.

Aim: To equip students with good isiZulu language and communication skills in order to improve student-patient communication and a patient-centred approach, and ultimately enhance retention of doctors in the public service.

Methodology: Content topics and scenarios from each theme in the preclinical years were chosen. Transcripts were developed incorporating such aspects as language accuracy, clinical excellence and cultural sensitivity. Simulated patients trained in communication skills as well as doctors experienced in teaching communication skills and the Zulu language and culture acted in the videos. Editing and production of the videos was done using Windows Movie Maker.

Results: The four theme-based videos that were developed provide basic and some extended vocabulary around the scenarios. The biomedical content included supports learning within the themes
and highlights culturally sensitive topics. In addition to content, process skills in communication, especially those relevant to second language Zulu speakers, are emphasised.

**Conclusion:** The development of such videos is a unique and versatile tool that can be utilised in a variety of ways to achieve many different learning outcomes. The use of the videos fills a gap in communication which is vital to bridge language and cultural divides. The videos can be further developed to include a wider range of topics, with extended vocabulary and content. The potential exists for developing content for specialist disciplines and other health professions.

**Workshop 1**
S Essack, M de Villiers, R Diab, G Enslin, L Green-Thompson, R Hift, J Hugo, P Mngadi and B van Heerden

ASSAF Panel Discussion - Reconceptualising Education and Training of an Appropriate Health Workforce for the Improved Health of the Nation

South Africa continues to experience a significant burden of diseases which is largely carried by a public health system marked by inadequate resources – both human and material. There is currently no unifying framework for the collaborative development, innovation and sustainability of the education and training of health care professionals to support the improvement of the health of all people in the country. The National Development Plan 2030 moots the restructuring the health system such that it is underpinned by the principles of primary health care (PHC). PHC values include universal access, equity, participation and integration and PHC components include access to and utilization of first contact care, a patient-focused as opposed to disease focused approach, prevention, comprehensive and timely services, home-based care and the use of appropriate technology. This restructuring has created the opportunity for a seminal paradigm shift in health care delivery and consequently health education and training in South Africa from hospice-centric, institution-based care to community based care, from a profession-focused health system/industry to person- and community-centered primary healthcare and from a curative focus to a promotive and preventive focus within the continuum of comprehensive care, requiring true “transformative learning”. The Academy of Sciences of South Africa has commissioned a consensus study on the education and training of health professionals and other health care workers in South Africa in order to consolidate current efforts and enhance new efforts to address the severe quantitative and qualitative shortfall in the health workforce, specifically (1) reflect on the mix of personnel and the skills required to address the continuum of care from health promotion and prevention to therapeutic and curative care to rehabilitation and palliative care, (2) adopt a statement of the broad competencies which health professionals should acquire through their education and training, with reference to the core competency framework for health professions, (3) develop an appropriate health science education model for the continuum of education from further education and training through undergraduate and postgraduate education through to the maintenance of professional competence encompassing the development of educators, students and appropriate curricula, (4) confirm the benefits of the inter-
professional team in the delivery of good health, and, (5) propose an adaptable and flexible approach to the accreditation and regulatory framework for health professionals education and training

**Workshop 2**

**Vanessa Burch and Jose Frantz** - Designing a research project that you can publish about

Getting a paper published is a process that starts with the design of the project that will yield the data. Poorly designed projects can take up a great deal of time and energy and not yield anything publishable. In this workshop, you will work with experienced educational researchers to refine your ideas for an educational project into a project that will potentially be publishable.

**Workshop 3**

**Prof Marietjie van Rooyen, Juanita Bezuidenhout, Lakshini McNamee, Alwyn Louw and Hannes Coetser** - How to design a (prize-winning) poster

Designing a poster that gets noticed among a sea of other posters at a big conference is a challenge. Your poster must be eye-catching but must also allow conference-goers to quickly understand what you did and what you found. In this workshop, you will work with award-winning poster designers to understand the principles behind effective poster design.

**Workshop 4**

**Prof Thomas Hilts** - Find it Fast: Answering Clinical Questions at the Point of Care

Find it Fast: Answering Clinical Questions at the Point of Care – an interactive workshop using multiple clinical references in which the audience learns (1) many clinical questions can be answered quickly and (2) discovers that references may have different answers for the same questions – this is done with audience having internet access for active participation

**Friday, 28th June 2013 (Day 2)**

**Plenary: Prof Stewart Mennin** - Technical Information, Adaptive Transformation and the future of the Health Professions

How we understand and explain transformation as a process in health professions education influences what we choose to do about it. Transformation is an adaptive response to particular conditions. A framework for examining and understanding these conditions conducive to learning as transformation will be examined. Examples to illuminate this processes will be drawn from practical day to day teaching
Plenary: Prof Rita Sood: Faculty Development for Transformative Education

The skills that are required of a medical and health professions educator are diverse ranging from teaching techniques to leadership skills to metaskills in program evaluation. As most medical faculty receive little or no training before assuming their role as faculty, they often undergo ad hoc training, selecting from the choice of existing programs. It is important to define the critical skills that are required of medical educators to fulfill their various roles. The core values that underlie the responsibilities as educators are learner centeredness, learner engagement, self-reflection and adaptability.

Some of the key elements of transformative education include reflective thinking, self-directed learning, team work and collaboration and learning across disciplines and professions. The challenge for the 21st Century is to develop self-directed learners and prepare for transformative education, to meet the needs of the health care and health care systems.

Faculty development programs today need to focus on preparing faculty to teach their students to be self-directed learners and reflective thinkers. They need to enable faculty to use the concepts rather than simply acquire knowledge. This is possible only when people change the way they think and act i.e. transform. To achieve this, diverse training strategies and formats are required. There is a need for development of medical and health professions teachers at all levels- both junior as well as senior.

Faculty development program could be targeted to meet the needs of individuals, departments and organizations. For faculty development programs to make an impact, they need to be closely linked to organizational development.

3A Posters

Walter Liebrich
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Title: Establishing an online short-course in Clinical Immunology

Authors: Liebrich Walter, Esser Monika

Background / Context: A one month practical rotation for Pathology Registrars in the Immunology Unit NHLS Tygerberg (Division of Medical Microbiology) was initiated upon their request. In order to address a perceived knowledge gap in applied immunology as reported by the students, we developed an assisted on-line self-study course.

Aim / Purpose: Assess students’ perceptions on the use of the on-line course and design and plan improvements based on student feedback and observations.
Methods: Structured interviews were applied by an independent third party observer before and after completion of the self-study course. Student progress was tracked on the learning management system (LMS).

Results and discussion: In the pre-interviews the students confirmed the impression of shortcomings of immunology teaching in undergraduate training and indicated willingness for self-directed learning online. In the post-interviews it emerged that, although students perceived the course as helpful, they did not indicate that their applied clinical immunology knowledge had improved significantly, with comments on the need for more clinical applicability. It was noticed on tracking that almost half the students did not make use of the course, interpreted as lack of motivation. Some students reported difficulty in accessing the LMS from within their clinical setting.

Based on these findings, the course was redesigned. Clinical cases and pointers to clinical applications were included. Copyrighted content was removed to allow all materials to be freely downloadable and usable offline as well. The course was also given a more formal standing by converting into a certified short-course, to provide more incentive to partake and complete. The immunology certificate can in future be included in the clinical portfolio.

Conclusion / Take home message: When designing an immunology online course, the material content for clinical registrars requires significant clinical applicability for motivation to partake in and finish the course. Our new short-course in Clinical Immunology is aimed to address these for the future.

Dr Valerie Tagwira
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Title: An assessment of University of Zimbabwe First Year Medical Students’ Experience with Information Communication Technology (ICT)

Authors: Valerie Tagwira, University of Zimbabwe & Jose Frantz, University of Western Cape, South Africa

Background: It is universally acknowledged that the education of undergraduate medical students will be enhanced through the use of computer assisted learning. Before designing a programme that serves local students’ requirements best, there is a need to establish their access to, and experience with ICT.

Aim: The study aim was to determine the level of ICT experience that first year University of Zimbabwe medical students have, and the ICT resources that they currently have access to. It also explored their views on integration of ICT into medical education.

Methods: A cross-sectional descriptive study was performed using a self-administered questionnaire which gathered quantitative and qualitative data. The survey population included all first year medical students (n=286), two months into their degree programme.
**Results and Discussion:** 120 students completed and submitted the questionnaire (42% response rate). Almost 12% (n=14) owned a desktop computer, 91.7% (n=110) owned a laptop and 77.5% (n=93) owned an internet-enabled cellphone. All students owned at least one of the devices. Computer skills and experience with application software and the internet varied from no skills to advanced skills, with at least 54% (n=45) reporting basic skills, 42% (n=35) reporting intermediate skills, and 18% (n=15) reporting advanced skills. Generally, students felt that there should be greater incorporation of ICT and web-based tasks into their learning. Some students wanted to learn more about the internet and indicated that internet and social networking sites could be used to improve their communication with lecturers.

**Conclusion:** Most of the first year medical students at the University of Zimbabwe have a foundation of ICT access and skills on which effective use of information and communication technology in medical education can be constructed.

**Take-home Message:** Understanding the skills that medical students have regarding ICT use can possibly influence how educators incorporate ICT into medical education.

Walter Liebrich
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**Title:** Implementation of a podcasting website for undergraduate medical students

Authors: Walter Liebrich, Leandra Khoury, Shiv Rajah, Darryl Pinetown, Steve Walsh

**Background / Context:** We started podcasting lectures for the MBChB 2 course in 2012 (see presentation by Steve Walsh). This has since been extended to all MBChB courses. These podcasts were initially uploaded onto various modules of our learning management system for students to view and download.

**Aim / Purpose:** We explored options to allow medical students and staff access to all podcasts of all modules of the MBChB curriculum at all times. To this aim we implemented an access-controlled podcasting website in 2013.

**Methods:** A podcasting site was developed using the DotNetNuke Web Content Management Platform as well as Gallery Server Pro.

**Results and discussion:** The podcasting site allows staff and students password-controlled access to all undergraduate lectures recorded so far. These include at this stage the lecture blocks Circulatory System, Clinical Pharmacology, Digestive System, Endocrine System, Haematological System, Health Management, Intro to Clinical Medicine 2, Musculoskeletal System, Neuroscience, Reproductive System, Respiratory System, and Urogenital System. Every podcast page contains a Treeview menu, but users can also click on the desired album to see its contents. The entire gallery can be searched for keywords contained in the lecture title. Entire lecture blocks or single podcasts can be downloaded.
The website also gives background information, instructions, and a contact page with a feedback form. Facebook and twitter links are provided.

**Conclusion, Take home message:** The podcasting effort at the Faculty of Medicine and Health Sciences at Stellenbosch University has so far been perceived by the students as a resounding success. We are eagerly awaiting feedback from users on our new podcasting website.

Juanita Bezuidenhout
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**Title: SAFRI and Capacity building in Health Professions Education**

**Authors:** Juanita Bezuidenhout, Jose Frantz, Vanessa Burch

**Background:** Capacity building in health professions education has been identified as a need in Africa. The sub-Saharan FAIMER Regional institute (SAFRI) programme, established in 2008, accepts applicants from sub-Saharan Africa and incorporates all of the capacity development principles. This programme focuses on leadership development; education methods; research methods and implementing an education innovation project. This allows the fellows to apply what they learn in the context of an innovation project in their home institution. Scholarly outputs linked to this project include an abstract, poster presentation and article.

**Methodology:** This study aims to demonstrate the reach and capacity building impact of the programme in Africa and the type of education innovation project completed. A document analysis for the period 2008 to 2012 was conducted using the SAFRI poster presentation abstract booklet. Data were analysed by two reviewers and reported descriptively.

**Results:** The SAFRI programme has reached 13 countries in Africa with a total of 75 participants. Participants were from a range of disciplines including medicine (40), nursing (11), physiotherapy (7) and dentistry (4). The project emphasis was primarily on undergraduate programmes with the study population usually undergraduate students (25 projects) and /or faculty (26 projects). Forty-two projects included a situational analysis or needs assessment, 21 focused on programme impact and evaluation, and 9 on curriculum development. Seventeen of the 75 projects concentrated on capacity building needs or interventions and faculty evaluation. A third of the projects had a community-based focus.

**Conclusion:** In only 4 years, SAFRI capacity development initiative in Africa has already established a broad geographical footprint with multi-professional representation and a range of education projects.
Title: An evaluation of students’ perceptions of learning in Clinical Learning Centres based at District Hospitals

Authors: Memon S, Louw J.M, Bac M, Hugo J.F.M, Rauf W.N

Background: The Department of Family Medicine of the University of Pretoria started a new 3-year course for mid-level medical health workers in 2009. Most of their training takes place at 17 mostly rural district hospitals in the Mpumalanga and Gauteng provinces.

Methods: In 2010 and 2011 a survey was done using the Med-Ed IQ questionnaire to measure BCMP II and III students’ satisfaction with the learning opportunities, their involvement in learning and to assess the functionality of a rural clinical learning centres in district hospitals.

Results: The results show that most students were satisfied with the learning environment and their preceptors as well as learning opportunities in all clinical learning centres. Although, final year students (group 2) were least satisfied with their involvement and they seem to be keen to assume greater responsibility in the care of patients’ with psycho-social and complicated problems.

Conclusion: On the basis of this feedback from the students, important information was obtained and specific interventions were done which improved the learning environment of the Clinical Learning Centres. The students wanted more learner involvement and participation in patient care with a shared responsibility.

Take home message: Student feedback is very important to assess functionality of teaching platform and improve the learning environment. Students should be maximally involved in learning and patient care.

Amosun SL
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Title: Mapping transformation indicators in Allied Health Sciences education at the University of Cape Town, South Africa – ten years later (2001 to 2011)

Authors: Amosun SL, Department of Health and Rehabilitation Sciences, Faculty of Health Sciences, University of Cape Town, South Africa
Hartman N, Education Development Unit, Faculty of Health Sciences, University of Cape Town, South Africa
Background: A five-year (2002-2006) operational plan was developed for the transformation of allied health sciences education in the Department of Health and Rehabilitation Sciences as part of the transformation process in the Faculty of Health Sciences, University of Cape Town.

Aim: To carry out a preliminary review of the change processes that have taken place in education, research, and capacity development after the implementation of the operational plan.

Methods: Two documents - the annual Faculty of Health Sciences Handbook and the Research Reports from 2002 to 2010 were perused, and the contents analysed descriptively.

Results: Within the first four years after the implementation of the operational plan, the preliminary outcomes in undergraduate education revealed a widening of access to students, the modularisation of curricula, support for academically under-prepared students, expansion of the teaching platforms in service learning, and the development of new multi-disciplinary modules. New postgraduate programs were also developed. The output in postgraduate education and research publication was low, but the proportion of academic staff with doctoral qualification increased from 16.7% in 2002 to 46.6% in 2010.

Conclusion: Since all the key objectives of the operation plan are yet to be achieved, the evaluation of the outcomes of the transformation process in the Department should be on-going.

Tessa Marcus
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Integrating Social Science into Medical Education – a COPC Textbook

Author: Tessa Marcus

The drive to promote health equity in health science education through CHEER (Collaboration for Health Equity Through Education and Research) and the National Department of Health’s reengineering of primary care initiative have crossed paths serendipitously in the creation of new curriculum (NC (V) Primary Health). In response to this opportunity a Community Oriented Primary Care textbook has been written that consciously and systematically integrates social science into medicine. Textbooks are at the heart of science education. They are an acknowledged vital component of the educational process even in the contemporary world because they provide a tangible and accessible basic resource and referent which students use both to acquire and to reinforce their theoretical and scientific knowledge. Textbooks fundamentally shape the way students are educated about the foundations of disciplines or sub-disciplines and how knowledge is phrased and developed in them. Textbooks also standardize education through their use over successive student intakes in and across different institutions.
As new fields of knowledge develop or existing fields take new directions existing textbooks are unable to satisfy educational needs. This has multiple implications, more negative than positive at least in respect of medical undergraduate education, since the range of variation of what is and isn't taught and learnt, and the absence of a common reference makes the knowledge base less predictable. This problem is clearly evidenced by the general struggle to meaningfully integrate the theoretical and scientific underpinnings of sociology and psychology into medical education, notwithstanding a widespread rhetorical acceptance of the bio-psycho-social paradigm of health care or the growing support for community based, experiential learning.

In this paper I will focus on the equity principle and how central social science is to it’s effective application in health care.

Zerihun Wolde Gebremichael
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Title: Current challenges in Clinical teaching: A situational analysis for evidence based change

Authors: Zerihun Gebremichael (MD, MSc), Rachel Weiss MBChB, MPhil (Ed)

Context: In the past few years the Medical student intake at Hawassa University has quadrupled while human and material resources have not increased proportionately. A newly established Health Professions Education Unit (HPEU) has been tasked with addressing the educational challenges this situation creates.

Purpose: The purpose of the study is to identify gaps and challenges that the new HPEU must address to improve the quality of medical education.

Methods: A survey using a five point likert scale (1 being lowest rating and 5 highest) collected students’ opinions about current clinical teaching, learning and assessment practices. Four focus group discussions also gave instructors in each department opportunities to provide qualitative feedback on the same issues.

Result: A total of 137 questionnaires were returned; 34 surgery, 32 internal medicine, 37 pediatrics and 34 gynecology. The mean values for the summated scales are less than 3 for almost all thematic areas. The lowest means for all four departments surveyed were for coordination between departments and assessment methods. Students’ ratings were also unsatisfactory for instructional skills, course relevance and organization, specific instructional situations, hospital teaching activities and professional ethics and attitudes.

The major findings from faculty focus group discussions in four departments are:

- Training needs at subspecialty level and medical education for staff
- Inadequate practical exposure for students
- Lack of innovative and objective assessment methods
- Inadequate infrastructure to handle large number of students
- Problems linked to student interest, attendance and discipline
- Loose interdepartmental coordination
- Lack of appropriate orientation and advising for students
- Need for curriculum revision

**Conclusion:** The participatory, dual approach of this study enabled both students and faculty to provide valuable inputs that will inform and guide the future work of the HPEU in addressing the identified issues, and set the stage for implementing collaborative solutions.

**38 Posters**

Ellenore Meyer  
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**Title:** Technology as a tool to develop a community health model

**Authors:** E Meyer, S Stolz, J van den Heever

**Background:** The presentation describes a case study of a community health model that was developed and piloted at an academic service learning clinic in partnership with the South African Department of Health. Within the health context of developing countries there is a need for an e-Health model that is contextually appropriate and supportive of national and international health information management.

**Aim:** To strategise, innovate and implement a collaborative care model strengthened by available technological resources that would improve the health and social status of a struggling community.

**Purpose:** To develop a collaborative care model by using technology as a tool that could practically demonstrate the multi-disciplinary team’s participation in service learning. This framework would inform sharing of patient health and social information, synergising of resources and future community development plans.

**Methods:** The question posed was explored by means of a multi-disciplinary literature review and a restricted narrative enquiry of the experiences of the health care team. The 5 C’s e-Health framework for developing countries was applied together with the Human Resources for Health 2030 strategy.

**Results and discussion:** The World Health Organization identified five key elements of effective Primary Health Care. In practice this implies reducing social disparities and services orientated around people’s needs, including the integration of health into all sectors and the pursuit of collaborative care with increased stakeholder participation. The Daspoort case study indicates that an e-health framework could develop and strengthen a collaborative team approach to integrate health care amongst community role-players and increase community involvement to improve the health of society.
**Take home message:** Technology as a tool could unlock community development by strengthening collaboration via the delivery of information to enable better individual, stakeholder and community decision-making in health and social issues

Prof Wendy McMillan  
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**Title:** Getting answers that you can trust – issues in questionnaire design

**Background / Context:** Surveys are commonly used in higher education to gather facts, opinions and attitudes. While survey research has a long history, literature suggests that survey methods are not always well understood, nor are they properly executed – especially in educational research. Errors in study design, sampling techniques, and instrument design can undermine confidence in the survey results. This poster offers theoretical insights into valid and reliable survey research in health sciences education.

**Aim / Purpose:** This poster introduces the basic elements of survey research relevant to education and identifies common problems in survey research. A study of senior students’ experiences of alienation and engagement in a Faculty of Dentistry in South Africa is used to contextualise the insights.

**Methods:** The literature was reviewed for texts related to survey research methods. Particular attention was paid to accessing relevant literature from health sciences education.

**Results and discussion:** The literature highlights the importance of:
- clearly defining the research problem/question, the purpose of the study and the associated research questions prior to questionnaire design
- clearly identifying the aspects to be surveyed, and identifying the associated variables
- compiling relevant questions associated with the variables
- writing “good” questions which are clear and specific
- auditing the survey for completeness related to the information desired
- selecting scales appropriate to the type of question posed
- appropriate and defensible sample selection
- piloting the questionnaire to pre-test the survey questions.

The poster uses the alienation and engagement student survey to illustrate these key aspects of study design.

**Conclusion / Take home message:** Rigour in survey planning, construction and implementation is essential to ensure valid and reliable results. The credibility of educational research depends on the alignment of all aspects of the survey. Only then can the significance of findings be claimed, and the applicability of findings to classrooms and clinical contexts be justified.
Title: A review of University of the Witwatersrand medical students’ community-based health promotion service learning projects in South Africa

Authors: Mothoagae G., Irlam J., Prozesky D., Hlungwani T.

Background: Third and fourth year Graduate Entry Medical Programme (GEMP) students at the University of the Witwatersrand undertake community-based service learning projects (SL). Working with trained facilitators, students are required to identify a priority health problem in the community, and then plan and implement an appropriate project to address the problem. At the end, group presentations are conducted for assessment.

Purpose: The purpose of this study was to review past SL projects that have been implemented by GEMP 1 and 2 students, in order to inform the future planning and conduct of the SL programme in the faculty.

Methods: A document review of all available Power Point presentations for projects implemented from 2006 – 2011 was undertaken employing content analysis.

Results: Of approximately 286 projects completed, 183 documents were available for review. Of the implemented projects 38.8% were clinic-based and 28.4% done in the Inner City region of the City of Johannesburg municipality. The projects covered a wide-range of health issues employing mainly basic health promotion strategies such as health education and distribution of educational posters and pamphlets. Four themes on students’ perceptions of the educational worth of the projects were identified: Theory comes alive; Improved knowledge and understanding of communities and their needs; Appreciating the expanded role of a doctor; and Personal growth. Challenges reported by the students included administrative shortfalls, poor communication and facilitation, lack of students’ participation in project selection and prioritization as well as limited time allocated to working on the projects.

Conclusion: These findings indicate that students benefit from participating in the projects, however, future planning and coordination of these projects needs to address the identified loopholes based on students’ concerns. It is recommended that more attention be paid to strengthening the administrative and supervision aspects, making efforts to involve students properly in project selection, improving communication between the University and the community facilitators as well as reviewing placement duration.
Title: An Evaluation of an Hiv/Aids Peer Education Programme at a Higher Education Institution in the Western Cape

Background / Context: Education seems to be one of the most powerful weapons to fight the HIV/AIDS pandemic in South Africa; hence it is expected of Higher Education Institutions (HEIs) to respond to this problem in a meaningful manner. Higher Education HIV and AIDS Programme (HEAIDS) took the initiative to bring all role players in HEIs together to devise plans for how to deal with the pandemic. Despite the fact that 22 out of the 23 higher education institutions surveyed by HEAIDS in 2008 were engaged in peer education training programmes, none of them monitored or evaluated these programmes.

Aim / Purpose: The aim of this research is to evaluate and establish the influence of a peer education programme amongst students at a selected HEI in the Western Cape.

Methods: An evaluation research design was employed, using a mixed methods approach to collect data. Quantitative data was collected by means of a questionnaire. Qualitative data was collected by means of personal interviews with staff and focus group interviews with student groups. A Logic Model was developed which assisted with the evaluation design.

Results and discussion: The quantitative data revealed that more work needs to be done with regards to behaviour change amongst peer educators. It was clear from the data, that knowledge does not lead to behaviour change. An example of this is as follows: Despite the fact that students received the same information with regard to safer sex practices, 80% use condoms, but 20% still do not use condoms. 6% still have multiple partners. However, in this study, the qualitative data showed that peer educators need to develop more skills to empower themselves to facilitate workshops and to enhance their communication skills. A strong emphasis should also be placed on reflection within the programmes.

Conclusion / Take home message: If the lifespan of the peer education training programmes on HEIs is lengthened and more students are engaged in these programmes, it would have the potential to develop staff and students as well as communities into advocacy-orientated communities that would eventually challenge the HIV/AIDS pandemic through united mobilised action. It is important that all peer education training programmes and interventions on all HEI campuses become part of a coherent, well planned and strategic process to include HIV/AIDS and STI education meaningfully across the curriculum.
Title: Knowledge of Community-Oriented Primary Care among Heads of Department at Makerere University College of Health Sciences

Authors: Besigye Kabahena Innocent, SAFRI 2012 (Makerere University); Alan Barnard (University of Cape Town)

Background: In 2003, Makerere University College of Health Sciences (MakCHS) introduced community-based education to achieve social accountability as one of its core values. A situation analysis of teaching and learning of medicine and nursing students done in 2010 showed that primary care competence was not adequately addressed by the current learning and teaching strategies. Community-Oriented Primary Care (COPC) training has been documented as a viable educational strategy to improve graduates’ competence in primary care.

Aim: The aim of the study was to establish COPC knowledge among Heads of Department (HoDs) at MakCHS and their willingness to train medical students in COPC as an additional strategy to community-based education to improve competence in primary care.

Methods: This was an exploratory qualitative study using a purposive sample of ten HoDs at MakCHS. The interviews were transcribed verbatim, transcripts reviewed and a manual qualitative analysis performed revealing the emerging themes and sub-themes. Data saturation was reached after ten interviews.

Results: All HoDs knew the concepts of COPC like students knowing their practice communities and being able to involve communities in their health affairs. All respondents mentioned that community priority health problems should be identified and that students should be able to identify the underserved and disadvantaged populations in communities. All respondents mentioned that students acquire these skills during their community placements. Only one respondent had ever heard the term COPC but all were willing to train students in COPC.

Conclusions: HoDs at MakCHS have knowledge of COPC and are willing to train students in COPC. There is mismatch between the COPC knowledge and understanding of COPC training for medical students as there is a belief that placing students in the community is equal to community-oriented medical education.

Message: Staff need COPC training to transform community-based education at MakCHS to community-oriented medical education to improve students’ primary care competence.
**Background:** Social accountability is a prerequisite for all Faculties of Health Sciences. There is considerable literature acknowledging this and encouraging institutions to increase their practical efforts to implement change that will produce socially responsive graduates.

Lack of exposure to ‘coal face’ or primary health-care situations may be restricting students’ growth in developing greater social awareness, and one way to accomplish a change to greater social responsiveness could be through exposure of undergraduates to student-run volunteer clinics. These clinics reflect the shift in students’ training from hospital-based to community-based as well as epitomising students’ taking responsibility for their own learning.

**Aim:** The University of Cape Town is exploring students’ attitudes to student-volunteer run, after-hours clinics, which take place in under-serviced and disadvantaged areas.

**Method:** A survey is being undertaken to gauge the motivations of students who volunteer to attend the Students Health and Welfare Community Organisations (SHAWCO) clinics. These clinics take place in several informal settlements around Cape Town. Focus groups will further explore purposely selected students’ attitudes to this constructivist, and potentially transformative learning experience.

**Results:** The results of the survey of students’ attitudes and perceptions of their personal growth and clinical acumen gained from these clinical experiences will be presented in quantitative and qualitative format. The pilot study already conducted indicates a considerable growth in altruistic pride in attendance at the clinics.

**Conclusion:** Undergraduates who volunteer to serve in clinics set up by their fellow students find the experience formative, and that time spent in this endeavour fulfils a significant role in promoting social accountability in their education.

**Take home message:** Student-run clinics have the potential to promote social accountability in the medical curriculum.
Background: When the University of Botswana (UB) opened the country’s first School of Medicine (SOM) in 2009, the decision was made that medical students should be introduced to the community right from their medical training’s onset.

Aim: This study will guide UB SOM’s Public Health Medicine (PHM) unit to come up with a curriculum for first and second year medical students’ community placement module.

Methods: Qualitative research was conducted following ethical clearance. Purposively selected key informant interviews were conducted amongst education experts, health services experts and leaders at the UB Faculty of Health Sciences. A semi-structured interview guide was used to elicit the respondents’ understanding and suggestions regarding a rural placement curriculum design. Recorded data was transcribed and coded.

Results: The following themes were identified as required elements of a community placement curriculum:

Curriculum design that includes spiraling outcomes, clearly aligned outcomes, active learning, integrated multiple forms of assessment, and contextualized learning.
Course elements entailing community needs assessment, intervention and systems thinking.
Guiding values that support social accountability, holistic health definition, problem based learning and systems thinking.
Logistics to be considered for a rural placement program including transport, accommodation, nationwide student placement and duration of the placement.

In general, there is agreement that the community placement program should be guided by the philosophy of social accountability. There is continuing support for UB SOM medical students to have community placements from the onset of their medical training.

Take home message: In order for health professionals to make a difference in their communities, they need to work in communities they will serve and find long lasting solutions to the community’s needs. Conducting key informant interviews on the issue of community placement can provide valuable input for the development of a socially accountable community placement curriculum, and lay the groundwork for ensuring cooperation in its implementation.

3C Oral presentations
Charlotte Engelbrecht
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Title: What’s in the knitting?

Author: Charlotte Engelbrecht
Higher education in the health professions has an important role to play in affecting the community’s health and wellness. Education is not only a tool for personal development and self-actualization. By participating in community-based education programmes, the health educators and their students are providing services to the community that might not have been available in the communities due to lack of resources, assiting a process of transformation in the community towards healing and wellness. Kaethe Weingarten declared that all of us are subjected to common shock as a result of witnessing violent and violating acts in every day life. To raise awareness and healing from common shock, Weingarten recommended acknowledgement and planned action. This she called compassionate witnessing.

Students in the B. Nursing programme at the University of KwaZulu-Natal were doing mental health promotion in a nearby community known for its violent and criminal acts in the past. A knitting project is used to develop informal social support and compassionate witnessing and the experiences of students and community members participating in it was explored.

A content analysis of two focus groups was done where the community and student participants will be invited to share their experiences and opinions of the project. The results was compared with literature in this field and will be discussed with the audience.

By knitting teddy bears in a group, women get the opportunity to stand up against the abuse and violence they are witnessing directly or indirectly. The group provides opportunities for conversations about these acts. As relationships are kindled, an informal compassionate witnessing community is developed. Nursing students learn how to listen and facilitate this conversation and compassionate witnessing.

By knitting teddy bears in a trauma care project, community members get an opportunity to “do hope” as a transforming compassionate witnessing act.

LET US KNIT!

Heather Talberg
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Title: An Interprofessional Education Project – A model for learning in context

Authors: Heather Talberg: BSc(Physio) M.Phil(H.E.S); Pam Gretschel: BSc,(OT) M.ECI; Freda Walters: B.Speech and Language Therapy

Background / Context: With Rehabilitation being seen as an integral component of service delivery plans within the South African Healthcare context, promoting the presence and role of rehabilitation professionals in both district and primary health care settings has become a necessity. With one of the key mandates of district level service being the of development of a multi-professional approach to client care, Higher Education institutions have looked at ways to better prepare their students for this
infrastructure. This involves exposing them as undergraduates to this type of work environment and approach.

One such initiative is the inter-professional student learning site, at Vredenburg within the Saldanha Bay sub-district of the Western Cape. Here, Health and Rehabilitation students from the University of Cape Town’s Health Sciences Faculty, representing the disciplines of Audiology, Occupational Therapy, Physiotherapy and Speech and Language Therapy are placed together to engage in practice learning. Vredenburg is a semi-rural area in which a shortage of health professionals, limited access to specialist services and a broad client population makes it an authentic context in which inter-professional practice can be facilitated. While such practice is strongly encouraged as an effective way in which the complex health needs of individuals and communities can be addressed, the structural and attitudinal barriers to inter-professional practice are well documented.

**Methods:** This paper describes a pilot course in which inter-professional practice has been extended beyond paper case discussion to practice contexts where students have worked collaboratively with vulnerable children in the context of their home and community.

**Results and discussion:** Provisional findings describing the students’ learning about their own and other health professionals contributions to care within an interdisciplinary context will be presented, as well as their suggestions of how inter-professional practice can be facilitated in practice learning contexts.

Ntombizodwa Linda
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**Title:** Views of the Student Nurses Regarding Implementation of Case Based Teaching and Learning Methodology at a Higher Education Institution: A Reflection on Student Perspectives

**Authors:** Linda, NS., Daniels, FM., Fakude, LP., & Modeste, RR.

Key words: Case-based education, reflections, teaching and learning and case study

**Background:**
The undergraduate nursing students’ enrolments increased from 150 in 2003 to 300 in 2005 in the first year BNURS programme at University of the Western Cape (UWC) based on a mandate from the Minister of education regarding nursing education in the region. This resulted in three universities collaborating to offer the nursing programme. UWC had to respond to the changes and challenges which were amongst others to review the teaching and learning approaches used at the time, to ensure more creative approaches which were not only current and relevant, but which in view of large student numbers would ensure that students learning was adequate and that high quality graduates would be produced. Case-based education methodology was selected as an overarching innovative teaching and learning approach at the School of Nursing at UWC.
**Problem statement:** After more than six years CBE adoption and implementation at SON; its inherent value to teaching and learning had not been researched. A need was identified to establish what the experiences of the recipients of CBE are and whether or not it meets the purpose for which it was adopted.

**Aim:** was to establish what the student’s experiences are with regard to the use of the CBE methodology for teaching and learning in large student classes. To establish whether or not CBE method is of benefit to recipients

Qualitative research approach and case study design were used. Inclusion criteria were year 1 and 2 students registered in the BNURS programme at SON at UWC. Potential participants were purposefully selected. Sample consisted of students in year 1 and 2 of BNURS programme. Nursing module evaluations and portfolios were data collection sources. Data were analysed using Tesch’s (1992) thematic analysis method.

**Findings** indicate that students have mixed experiences about CBE. Positive experiences include benefits like growth in interpersonal skills, problem solving skills, respect for each other and teamwork. Participants’ negative experiences were challenges with learning process and content, which were overcome with time, and inappropriate distribution of time between theory and practical learning opportunities.

Dr Anita Rautenbach
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**Title:** Evaluation of the Palliative Training and Palliative Care Provider visits at the University of Pretoria

**Authors:** Dr. Anita Rautenbach, Dr. Marietjie van Rooyen, Dr. Ellenore Meyer, Dr. Angelika Reinbrech-Schütte

**Background / Context:** In 2011, four Palliative Training and Hospice Visits (PTHV) were introduced to the fourth year medical curriculum. The program was adapted in 2012 to address challenges identified.

**Aims:**
- Developing an understanding of hospice in terms of facilities, patients and services.
- Provide opportunity to experience multidisciplinary, holistic management in various settings.
- Development of a consultation approach to the patient with a terminal disease.
- Development of an understanding of pain and symptom management
- Development of life skills
- Create awareness of related ethical and professional challenges

**Aim / Purpose:**
1. To evaluate the impact of PTHV on students in terms of personal, academic and professional growth
2. To evaluate the opportunities to experience the holistic, multidisciplinary management of patients and to map the differences in sites
3. To evaluate the impact of the changed program

**Methods:** This is a descriptive, qualitative study with a questionnaire to students, hospices and Palliative Care Providers. Feedback questionnaires are scrutinised for themes by researchers individually and then compared until consensus is reached. This will continue until saturation is achieved.

**Results and discussion:** Preliminary results show that the new introductory session made a huge difference in terms of the students’ perceptions of their own readiness for the visit. Although the programs and activities at the various sites differ, the potential for learning is universal and transferable. It seems that the challenge which death and dying pose to the students is a good catalysing agent for personal and professional reflection and growth.

**Conclusion / Take home message:** Palliative care exposure is an excellent platform to experience multidisciplinary management of a patient, as well as being exposed to the challenges of dealing with a family. Good support and preparation is necessary. This is a learning and growth experience for students.

Dr John Wright

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**Title:** Assessing a directed PBL course – pitfalls and solutions.

**Background:** The University of Botswana School of Medicine MBBS course uses a form of directed PBL in its two pre-clinical years. Some outline lectures, plus practical and workshop classes, support student learning in PBL. A challenge of this system is to ensure that students regard the support class framework as a way of guiding their PBL, and not as the backbone of the course.

**Aim:** The concern was that learning around PBL cases and not just learning in formal classes should be assessed in examinations, but standard MCQ and EMQ type questions can usually be identified as deriving from a particular support class. The aim was to re-focus the exams on PBL cases.

**Method:** We have devised a short-answer format in which a clinical scenario derived directly from a PBL case which the students have studied leads to a series of questions. The subject matter of these questions is intentionally diverse and can range from anatomy, through physiology, pathology and pharmacology to clinical skills and public health arising from the same root scenario. Examples will be presented.

Student feedback was collected after every exam and included questions about the way the test balanced PBL and lecture material. An analysis will be presented and correlated with the introduction of the case-based questions, which now comprise up to about 50% of the marks of each examination.
Take Home Message: To avoid a directed PBL course being viewed by students as lecture-based it is important that PBL is tested in an obvious way. One way of doing this is to use scenario-based questions which require multi-subject-based answers. It will further reinforce the importance of PBL if these derive obviously from PBL cases.

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Title: Developing critical thinking skills through Radiography Service-Learning

Authors: RW Botha[1], Dr. J Bezuidenhout[2], Prof Dr MM Nel[3]

Background: Literature indicates that Service-learning assists in the development of critical thinking skills amongst students engaged in community-based educational experiences. Where critical thinking is defined as a reasoning process that involves reflecting on ideas, actions and decisions. The development of students’ critical thinking skills is the only education that makes good citizens, as individuals educated in it are not easily coerced, but rather seek out and weigh evidence. It is also suggested that Service-learning helps students develop not only as “traditional experts” but “expert learners” as well.

Aim: The aim of this study in progress is to establish specifically whether Service-learning cultivates critical thinking in Radiography students.

Methods: Radiography students were divided into five groups, each with their own identified community. Since Radiography is a resource based discipline, learners decided to concentrate on the dissemination of information related to mammography, ultrasound and bone densitometry. Each group prepared and executed dramatised presentations. Radiography students (n=22) had to complete the Watson-Glaser critical thinking tool before and after the intervention. The results were averaged and compared to evaluate the development of critical thinking skills or not.

Results: The Watson-Glaser critical tool average for the pre-intervention was 75.98% and that of the post-intervention was 80.72%. For the deduction section of the tool it was 68.6% and 72.8% respectively. For the interpretation section it was 79.46% and 96.6% respectively.

Take home/ Conclusion: Overall, the difference in the preliminary results suggests that Service-learning does promote the development of critical thinking skills. Additionally, there is a definitive increase in interpretation and deduction skills amongst Radiography students.

Penelope Flack
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Title: Clinical training in the discipline of Speech Language Pathology at UKZN: establishing a balance between service and learning
**Background:** The discipline of Speech Language Pathology (SLP), in line with the UKZN vision, mission and goals, has a strong focus on community engagement that is entrenched in the curriculum. In planning clinical modules, the discipline prioritizes service or engagement in under-resourced contexts and/or under-served communities. Fourie (2008) suggests that different forms of community engagement activities include volunteerism, internships, experiential education, service-learning, community outreach and research. This paper explores what is understood in the discipline of SLP as academic service learning (ASL), one of the “cluster” of activities of community engagement.

**Purpose:** ASL brings together community service with teaching and learning, in official credit bearing modules. However it has been recognized that service learning activities may not always result in learning goals being met, where service provision becomes the primary goal (Furco, 1996). In this paper 10 clinical modules offered in the discipline of SLP are interrogated, with a view to evaluating whether the focus on service compromises learning and vice versa.

**Methods:** Data are gathered through a modified version of Shumer’s assessment of service learning tool, focus group interviews with staff and students and analysis of curriculum documents such as module guides.

**Results and discussion:** Results suggest that whilst it is important to establishing a balance between service and learning in the professional programmes, the scales may tip in a particular direction as a result of context, of students’ level of competence and independence as well as community needs.

**Conclusion / Take home message:**

Whilst it is important to establishing a balance between service and learning in the professional programmes, the scales may tip in a particular direction as a result of context, of students’ level of competence and independence as well as community needs. Perhaps a balance is not always necessary.

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**3D Oral presentation**

Christopher Stein
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**Title:** The Prevalence of Burnout Amongst Emergency Medical Care Students at the University of Johannesburg

**Authors:** Thulani Sibanda, Christopher Stein

**Background / Context:** Burnout has been identified as a cause of poor academic performance and an increase in attrition rate in medical students. The Bachelor’s Degree in Emergency Medical Care (EMC) is a four year qualification focusing on pre-hospital emergency care. In addition to academic work, students must complete a significant clinical learning component from year one and are exposed to often very challenging emergency cases during this time. Several studies have identified high levels of
burnout amongst qualified paramedics, we thus hypothesised that the combination of a stressful clinical environment and the stresses of academic life may pose a significant risk of burnout to EMC students, which may in turn adversely affect their academic performance.

**Aim / Purpose:** The aim of this study was to determine the prevalence of burnout, and whether a significant difference existed in burnout scores across the four academic year of study, amongst students at the University of Johannesburg’s Department of Emergency Medical Care.

**Methods:** The Copenhagen Burnout Inventory (CBI) was used to assess levels of burnout in the personal, work-related and patient care-related categories. Students (n = 93) were asked to complete a questionnaire based upon the CBI, but also containing a number of distractor questions. Burnout scores were calculated according to the CBI scoring method and these data were analysed descriptively. Mean differences in CBI scores over the four academic years of study were assessed using one-way analysis of variance.

**Results and discussion:** In the first year group, 35% of students had CBI scores ≥ 50 (the threshold for falling into the “total burnout” category). Between 9% and 19% of students in the remaining academic years were found to fall into the total burnout category with fourth year containing the greatest proportion and third year containing the smallest proportion. Personal burnout was found to be the greatest contributor to the student’s CBI scores in first, second and fourth year, while work-related burnout was the greatest contributor in third year. Patient care-related burnout was consistently observed to be the smallest contributor to CBI scores across all academic years. No significant difference was found in CBI scores over the four academic years of study.

**Conclusion / Take home message:** Although direct comparison with similar programmes is not possible due to a lack of published data, the prevalence of total burnout appears to be fairly high, particularly in the first year group. This result was unexpected, as we hypothesised that the prevalence of burnout would increase with years of academic progression in keeping with the greater academic complexity and responsibility faced by students. Results regarding the contribution of different categories of burnout to CBI scores were also contrary to our hypotheses. In particular, burnout arising from patient care (i.e. clinical learning) had the smallest contribution to total burnout, while personal burnout contributed the most. While we did not study the effect of burnout on academic performance, a negative effect is highly likely. A burnout monitoring or surveillance programme should be initiated in order to diagnose this problem early and bring about efficient referral to the appropriate support services.

Colin Pfaff

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**Title:** Recruiting rural origin students to health sciences – a one year follow up of top achievers at rural high schools in South Africa.
Authors: C Pfaff, LF du Toit, ID Couper, NO Sondzaba,

Background: South Africa has struggled to attract health care professionals to work in rural areas and evidence from many countries suggests that students from rural areas tend to return to rural areas for medical practise. As a result there has been a call to increase the number of students from rural origin at medical schools. This study aimed to evaluate the challenges students from rural areas face in accessing tertiary education.

Methodology: From March to June 2009, a facilitator from Wits conducted a life skills and careers course, as part of a project to identify suitable students for the Health Sciences bursary programme, in rural high schools in North West province. 39 schools were invited to send the top Grade 12 achievers in maths and science to a 5 day programme. These students were then contacted by telephone after 12 months and a quantitative survey questionnaire was administered.

Results: Of 158 students, 54 could be contacted one year later by telephone. 46 respondents (87%) could not follow through with their original plans for the year following the completion of their grade 12 although 13 (24%) were studying at tertiary institutions with plans other than they had anticipated, mainly at colleges. Only 7 (13%) students were able to achieve their original plans of studying at university. 9 (17%) of these top students failed grade 12 and 27 (50%) respondents were at home and not doing anything. Reasons for not achieving initial plans were academic (44%), financial (30%) and logistic (26%). 13 out of 16 students who applied for financial aid received it. Information sent by the tertiary institution, career days and friends already at tertiary institution were the most commonly used sources of information to access financial aid. Career days, friends already at tertiary level and life orientation classes were the most common sources of help used in choosing which courses to study.

Conclusion: A minority of top achieving rural high school students are able to access tertiary institutions in South Africa but many of those that are successful do access financial aid. As open days are an important source of information, universities would be advised to give more resources to these events.

Helene-Mari van der Westhuizen
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Title: An interventional study: assessing knowledge, attitudes and practices regarding Mycobacterium tuberculosis infection risk among health science students.

Authors: Helene-Mari van der Westhuizen, Koot Kotze, Heena Narotam, Bart Willems, Angela Dramowski

Context: South African health care workers are at increased risk of contracting tuberculosis (TB), and drug-resistant TB. Health science students working in TB-endemic settings require knowledge of TB control measures to reduce their risk of occupationally-acquired disease.

Aims: To determine knowledge, attitudes and practices of health science students regarding Mycobacterium tuberculosis and to assess the impact of a structured intervention imparting knowledge and awareness of occupational TB risk and control measures.
Methods: A cross-sectional study of 327 Stellenbosch University and health sciences students using a pre- and post-intervention questionnaire. The intervention included personal accounts by medical professionals affected by drug sensitive and resistant TB and information on how to reduce occupational risk.

Results and discussion: Students overestimated their risk of developing TB, but underestimated the mortality associated with the drug resistant strains. Pre-intervention knowledge of using personal protective equipment (PPE) was poor but was successfully improved by 20% post-intervention (0.575 vs 0.775 out of 1 [p = 0.0000]). Reported practices at Tygerberg Hospital (TBH), Western Cape showed sixty-two percent (n = 182) interacted once a week or more with patients who had defaulted on TB treatment. Only eight percent reported that N95 masks were available daily, where needed (n = 177). Natural ventilation and mechanical ventilation were reportedly not used/functional in clinical areas (60%, n = 179 and 55%, n = 164, respectively). Additional MDR TB control measures, such as airborne precaution signs and a “closed door” policy for TB isolation rooms, were reported to be inadequately utilized.

Conclusion: Health science students lacked knowledge of TB control measures and protective equipment while working in an environment with reportedly poor implementation of infection prevention measures. A structured educational intervention can effectively increase awareness and knowledge pertaining to occupational TB infection risk and control measures.

Surekha R Kamath
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Title: Impact of formative assessment on low achievers

Authors: Surekha R Kamath, Sharmila Torke and Ciraj A.M.
Department of Physiology and Department of Microbiology, Melaka Manipal Medical College, Manipal, India

Background: It is a well-known fact that the assessment is an integral part of the curriculum. Students seldom have adequate information on the core areas of the curriculum which needs detailed study and the nice-to-know areas of the curriculum. So we must ensure that, students know the performance expected of them, and the standards against which they will be evaluated. To meet the above needs, frequent feedback for enhancing student learning-process should be included among low-achievers.

Aim: Thus, this study was carried out to enhance the performance of weaker students in the first year medical students in physiology subject.

Method: Based on the performance of the students at the end of first semester weaker students were identified and trained by remedial classes.
**Result & Discussion:**
A total of 127 students were in the study group, 28 students were identified as weaker group. Of these students 17(60.7%) were able to clear the physiology subject. Inspite of remedial activities remaining 11(40%) students were unsuccessful. The incorporation of formative assessment would help the students to reflect on their learning process and help them take adequate remedial measures with the help of faculty.

**Conclusion:** By providing a timely feedback on the student learning process and effectively guiding students through the essential elements of learning, performance of students will be enhanced. Thus it is important to help low achievers in completing their medical course for serving the community.

Maya Roche
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**Title:** Distraction factors that affect the academic performance of students at the Melaka Manipal Medical College, Manipal, India

**Introduction:** Academic excellence is what every institution desires from its students. At Melaka Manipal Medical College, Manipal India, majority of the MBBS students hail from Malaysia with a smattering of students from other countries. In addition to living away from home for the first time, they are exposed to a new culture in India and possibly distracting surroundings.

**Aim of the study:** To study the general perception of students regarding the distraction factors that prevail in the student community and what survival strategies they have developed.

**Materials and methods:** A questionnaire consisting of 9 items pertaining to the factors that distract students from academics was distributed to two batches of students, seniors, n= 134 and juniors, n=92 of the MBBS programme. The results were analysed and expressed as a percentage.

**Results:** Both the batches of students opined that the internet and online games were a major distraction factor (41% to 69%), followed by visual entertainment like movies (18% to 64%). Effect of drugs and smoking on academic activities was minimum (2%). However, students have minimised the time spent on the distracting activities when their grades suffered.

**Conclusion:** The academic programme at MMMC is packed with different activities. Avenues for entertainment are limited in the campus. It is but natural that students take refuge in playing online games and watching movies on their computers. It is a relief however, to know that students have stayed away from drugs and smoking. Nevertheless, some advice regarding time and resource management through the mentorship programme is in order to further better the academic performance of the students.
Title: A progress evaluation of Extended Degree Programme (EDP) students at Stellenbosch University
with the aim to determine the reasons for differences in performance in the years following on the EDP
programme.

Authors: AJN Louw; A: Bawoodien; L. Crous; G. Young

Background / Context: Students which are selected for the EDP programme generally do well during
Phase 1 of the programme, but the phases following on Phase I are experienced as challenging with a
number of these students experience academic problems. Faculty can react to this challenge by
determining what could be done in the EDP programme to prepare these students adequately for the
full academic programme following on Phase I.

Aim / Purpose: The unsuccessful progress of some EDP student in the consecutive years following the
EDP programme necessitates a systematic investigation to be done to determine the factors
contributing to the lack of progress of some of the students, as well as the factors contributing to the
successful completion of the programme by their peers. Focussed and systematic intervention could be
launched if such factors could be identified.

Methods: A retrospective quantitative and qualitative study was done. The results and selection data
of all EDP students since 2007 up to the most recent results (Nov 2012) were analysed. Individual in-
depth interviews were held with eighteen students - both successful and unsuccessful - in modules of
Phase II. Interviews were also conducted with relevant Advisors of these students. Interviews were
recorded and transcribed by an independent person. Data were thematically analysed. Data that
were collected from examination results were used to invite students to participate in the interviews.

Results and discussion: Five major areas were determined as to be the major problematic areas. The
Academic and Social themes sound self-evident, but the specific factors in these themes provide
faculty with food for thought to react upon. Other important themes were these of the Psyche,
Residence, and Finances.

Conclusion / Take home message: Scientific research is essential to facilitate the process of
determining crucial factors influencing student success in an EDP-program.

3E Oral presentations

Barathi S. Subramaniam
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Title: Assessment for Learning: Facing the Change, Changing the Face
**Background:** Assessment and learning are intimately intertwined and often indistinguishable from one another. The new reforms introduced by FAIMER has brought assessment as a lever for educational reforms to the fore front and as an integral part of learning, not as a thing to be done in the last. Assessment has to be differentiated and understood in all its intricacy. It is becoming increasingly apparent to redefine assessment and its different approaches.

**Aim:** The study was done to identify the effect of combining assessment for learning with assessment as learning.

**Method:** Sixty students of first year MBBS who consented for the study were enrolled. The students were bifurcated into two groups – Control and the Study Group. An environment was created in which students of study group were exposed to learning objectives, learning outcomes, and were trained in peer assessment and self-assessment using success criteria to reinforce the assessors learning as well as to give constructive criticism, while the control group was not provided any such exposure. In both the groups’ assessment for learning was carried out as per the university guidelines.

**Results:** The results show that the performance of study group is better when Assessment as Learning is combined with Assessment for learning. In addition, many nurturing effects of assessment as learning were also observed by the teachers who witnessed the over brimming joy of the learners’ as they were not the passive receivers but active participants. Learners’ motivation and self-esteem apparently sloped high.

**Conclusion:** Assessment for learning combined with Assessment as Learning significantly improves the assessment of learning. When adopted for the entire course, this will transform the perspective of formative assessment.

**Take home message:** The tiny steps travelled together can transform learners and learning.

Heike Geduld
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**Title:** The AFEM REX: an innovative workplace-based assessment method for emergency care training in Africa.

**Authors:** Geduld H, Reynolds T, Burch V

**Background / Context:** The African Federation for Emergency Medicine (AFEM) is a regional professional and academic organization representing emergency care providers and trainers from over 20 countries. AFEM’s scientific agenda includes the development of emergency training programs for a range of providers and settings. AFEM has developed a modular emergency care training program for physicians and non-physicians who provide emergency care.
**Aim / Purpose:** To describe the development and piloting of an innovative workplace-based assessment method for the AFEM emergency care curriculum.

**Methods:** We conducted a review of existing workplace-based assessment tools used in the setting of medical training as well as a review of the more specific literature on emergency medicine shift-based feedback. Based on our findings, we developed a draft clinical evaluation tool and adapted it to the distinct constraints of the African emergency department work environment via a systematic consensus process. We subsequently conducted a feasibility pilot of the tool in 2 African emergency department with post-graduate physician training programs, and revised the tool to these results.

**Results and discussion:** We present here the AFEM REX (Rapid Evaluation Exercise), an assessment method designed to be used in 5 minutes and focus on a single competency domain for each use. We present the results of our initial pilot study and the final version of the tool.

**Conclusion / Take home message:** The AFEM REX is a useful workplace based evaluation method suited to African Emergency care training.

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**Title:** What do postgraduate examiners know about, and think of, standard setting in the College of Physicians of South Africa?

**Authors:** Schoeman S, Burch VC, Nel MM

**Background / Context:** Since its inception in 1954, the Colleges of Medicine of South Africa (CMSA) has used a fixed pass mark (cut-score) of 50% for all fellowship examinations in its 29 constituent colleges. From 2011, the College of Physicians (CoP) introduced standard setting (Cohen method) for components of their fellowship examinations. Despite an earlier workshop, it seemed that CoP examiners had limited knowledge of, and diverse opinions about, standard setting.

**Aim / Purpose:** To conduct a situational analysis of the current CoP examiners - to verify knowledge gaps and explore views, attitudes and perceptions towards standard setting. This research would guide the design of a focused workshop for CoP examiners about standard setting.

**Methods:** An anonymous online survey was sent to current (2010-2013) CoP examiners (n=51). Their knowledge of, and opinions about, standard setting were investigated.

**Results and discussion:** Seventy five percent of examiners completed the survey. Some examiners did not know that standard setting had been introduced: 21% for Part I MCQ exam and 45% for Part II Objective Test. Altogether 21% were knowledgeable about, and 55% were familiar with, but not knowledgeable about, standard setting. A number of examiners (29%) had “no problem” with using a
fixed 50% pass mark, 32% were concerned about it and 39% rejected the practice. Most (63%) endorsed the changes made and 74% supported further implementation of standard setting in other CoP examinations.

**Conclusion / Take home message:** Although many CoP examiners endorsed standard setting, and some rejected the ongoing use of a fixed 50% pass mark, they had very limited knowledge about standard setting. CoP examiners, although broadly positive and supportive, need more information about, and a better understanding of, standard setting.

Dr Christina Tan  
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**Title:** Assessors in Assessment

**Background / Context:** The assessment of clinical competence is one of the most important tasks facing medical teachers and is usually done at the end of their students’ clinical course to certify a level of achievement. It is also of importance because it is central to public accountability, as medical schools have a responsibility to ensure and demonstrate that a certain level of competency has been achieved in their graduating doctors. Much has been described about the tools for assessment, and who requires assessment, but focus should also be applied to the assessors, and how they are trained to assess.

Observations made during actual Objective Structured Clinical Examinations (OSCEs) in the final-year exit examinations in the Faculty of Medicine, University of Malaya in Kuala Lumpur, Malaysia, noted assessors engaging in inappropriate behaviours, such as prompting, indicating to the candidate how they had performed in the station, and also teaching/correcting the candidate. There were also apparent differences in the way assessors used the mark sheets their departments had developed.

**Aim / Purpose:** To evaluate training workshops which have focussed on addressing issues of consistency in marking and assessor behaviour.

**Methods:** Training workshops for OSCE assessors were initiated, focussing on assessor consistency in marking the checklists and assessor behaviour. Assessors who had undergone training were followed up in subsequent OSCE examinations to observe if there was any improvement. Observers completed checklists on assessor behaviour during the OSCEs, and their comments were analysed qualitatively.

**Results and discussion:** Trained assessors were on the whole consistent in their behaviour, with minimal or no prompting as compared to untrained assessors.
Conclusion / Take Home Message: Training does help assessors become more consistent in their behaviour in OSCEs. Improving the reliability in OSCE assessors may contribute to more accurate assessment of the clinical competence of medical graduates.

Hoffie Conradie
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Title: A patient portfolio as a learning and assessment method for medical students

Authors: Stidworthy J, Conradie H H

Background: Stellenbosch University, Faculty of Medicine and Health Sciences established a Rural Clinical School (RCS) in 2011 in Worcester, Western Cape. Final year medical students spend their final year in the RCS. A new form of assessment, a patient portfolio, was introduced in the RCS. Student are required to prepare a set number of patients they have actively managed for each discipline in their patient portfolio. At the end of the discipline specific rotation the students are assessed on two of the patients in their portfolio by the relevant specialist and a family physician in a structured interview.

Aim: The aim of the research was to evaluate the experience of the patient portfolio as a learning and assessment method.

Methods: A qualitative study was done with focus group and individual semi-interviews with the students and clinical educators in the first semester and at the end of the year the patient portfolio was introduced.

Results and discussion: The experience of the students as well as the clinical educators will be discussed with special reference to the portfolio as a learning tool to enhance independent leaning, patient-based learning and evidence based learning. The portfolio was used both as a formative and summative assessment tool with special emphasis on the development of clinical reasoning.

3F Oral presentations

TC Postma
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Title: Second year dental students’ perceptions about a joint medical curriculum

Authors: L Bronkhorst, TC Postma

Background / Context: A recent study from Australia showed that dental students participating in a joint medical curriculum were being marginalised, which may contribute to unfavourable educational outcomes.
**Aim / Purpose:** Given the phenomenon of marginalisation in a joint medical curriculum elsewhere in the world, this study investigates whether there are perceptions amongst second year dental students at the University of Pretoria, South Africa that they are being marginalised in the joint medical curriculum they are participating in.

**Methods:** Quantitative and qualitative analyses were performed based on anonymous information obtained from 2011 and 2012 second year dental students’ individual written reflection with regards to their first two years of studies. The reflection was open to any comment the student wished to share and specific topics such as marginalisation were not mentioned as part of the instruction.

**Results and discussion:** A total of 98 students consented to the use of their comments in the study. Although there was a fair amount of positive comments about the joint curriculum, 54% of the second year dental students were of the opinion that the joint curriculum included too much irrelevant information, which contributed little to their skills as future dentists. Furthermore, 43% noted that dental students felt excluded during lectures and were disregarded by lecturers, and 42% felt that medical students were treated superiorly by lecturers.

**Conclusion / Take home message:** Universities utilising a joint medical curricula to train dental and medical students should be cognisant of the potential marginalisation of dental students. Two possible solutions may be to establish a dedicated program to train dentists, which has the potential to improve the perceived relevance of the training, or to manage the joint curriculum to ensure that marginalisation is eliminated.

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**Title:** Preparedness of Graduates in Occupational Therapy for Clinical Practice: Perceptions of Students and Supervisors in a Kwazulu-Natal Case Study

**Author:** Deshni Naidoo, Jacqueline van Wyk and Robin Joubert

**Background:** Investigating the effect of curricular interventions and fieldwork placement on the competence and confidence of occupational therapists to practice is an emerging field in South African occupational therapy research. It has become essential in educational research, as new graduates are often required to work autonomously during their community service.

**Aim:** This study explored the perceptions of the final year University of KwaZulu-Natal occupational therapy students and their clinical supervisors’ regarding their undergraduate education and preparedness for independent clinical practice

**Methods:** Seventeen final year students and their clinical supervisors (n= 24 ) participated in focus groups and semi-structured interviews. Document analysis was conducted to compare the practice for training and assessment at the local institution with the stipulated guidelines from guideline of the World
federation for Medical Education and the national accrediting body i.e. the Health Professions Council of South Africa.

**Findings:** Most final year students and their supervisors indicated that students were only partially prepared and lacked confidence for clinical practice. Their confidence was better in areas of occupation therapy training that they enjoyed and experienced in a positive light during fieldwork placements. Curriculum review was identified as a priority.

**Conclusion:** Both the clinical supervisors and the students felt that students would cope as new graduates after training in basic clinical practice. However, aspects of the curriculum could be improved to ensure that newly trained clinicians are more confident about their practice and better equipped to deliver an occupational therapy service specifically for the needs of the diverse African healthcare populations and settings.

Dr Desireé Michaels
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**Title:** The home visit: Still a feasible teaching tool for medical students? A pilot study for curriculum revision

**Authors:** Dr Desireé Michaels and Professor Steve Reid

**Background:** For experienced family physicians the home visit can often re-connect them with the reasons why they practice medicine, while for students it is the ideal environment to counteract the effects of the ‘hidden curriculum’ in medical education. We conducted a pilot study to determine the logistic and pedagogic implications of home and clinic visits by medical students at the University of Cape Town.

**Aim:** The purpose of the pilot study was to identify potential obstacles, pedagogic strengths and logistical implications of home visits and patient accompaniment to clinic visits for its proposed inclusion in the curriculum.

**Methods:** 2nd and 4th year medical students were invited to participate in the patient follow-up pilot study which was conducted between May and August 2012. Quantitative and qualitative data analyses were conducted.

**Results and Discussion:** Thirteen (18%) 2nd year and 4% (N=5) of 4th year students completed the study. Student-initiated patient recruitment proved challenging to the majority (57%, N=8). All found the activity worthwhile. 86% (N=12) responded that the learning objectives could not have been attained without the home visit. The clinic visit accompaniment was not feasible mainly due to the amount of time required. 93% (N = 13) felt that a home visit experience should be included in the medical
curriculum. Recommendations were made regarding patient recruitment and selection criteria, duration of follow-up, mentorship, support and assessment.

**Conclusion:** The educational value of the home visit was confirmed, however, the clinical link must be made explicit and appropriate resources allocated to enhance the pedagogic value and feasibility of the activity.

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**Title:** Predictors of success for first year students in health sciences: how useful are secondary school factors?

**Author:** U.Naidoo, P.Flack and S. Essack

**Background:** Universities in South Africa, generally, achieve low success rates which translate to low throughput rates, especially in the first year of study. Student dropout in the School of Health Sciences (SHS) at UKZN has a two-fold consequence. It results in the loss of students and the loss of prospective health care professionals who are required to address the shortage of skilled health care workers in the country. Thus the need to determine factors that relate to success and throughput in the first year of study. This paper presents an aspect of a research project which explored factors that could be potential predictors of success in first year students. The focus of this paper is on secondary schooling factors (area and type of schooling, matriculation point scores (APS) and matriculation subjects) in relation to first year academic success in selected School of Health Science students over the period 2009-2011.

**Methods:** A retrospective design with a quantitative approach was used to collect data from a total of 713 student records, from the 2009, 2010 and 2011 intake. Quantitative data were analyzed using descriptive and inferential statistics while the Spearman rank correlation test and the Mann-Whitney test were used to determine differences among variables related to academic success. A p-value of ≤0.05 was considered statistically significant. Data was analysed and presented as annual composite results as well as stratified by disciplines as appropriate.

**Results and discussion:** Overall the area of secondary schooling was not statistically significant as a variable that correlated with academic success. In contrast, the type of secondary schooling, matriculation points, matriculation subjects investigated were statistically significant variables that correlated with academic success in the School of Health Sciences. At discipline-level, Physiotherapy showed to have the most consistent correlations among variables, with a moderate correlation with matriculation subjects as well as the APS.

**Conclusion:** The results of this study yielded evidence-based admissions criteria for students into the SHS at UKZN.
Title: Evaluation of a Dental Therapy Curriculum using Mixed Methodology

Background: Dental therapists were introduced to the health care system to improve access to basic dental services for disadvantaged communities. However, studies have demonstrated that these professionals practice mainly in the private sector, serving a small minority of the population. This has perpetuated the lack of access for disadvantaged communities.

Purpose: The purpose of this study was to evaluate the dental therapy curriculum offered at a South African university, to determine whether it produced appropriately-trained graduates to meet the oral health needs of the population.

Methods: This study was conducted in four phases: context, input, product and process, which are analogous with Stufflebeam’s CIPP evaluation model. A combination of qualitative and quantitative research methods was used; with the Hicks curriculum design model serving as the theoretical framework; and pragmatism serving as its philosophical partner. Participants were selected by purposive and convenience sampling; and included key external stakeholders, students and academics. Qualitative data was generated by interviews, focus group discussions and unobtrusive measures; and analyzed by thematic analysis. Quantitative surveys encompassed student module and competency evaluations. This information was analyzed by descriptive analysis, which included frequency tables, graphs and percentages.

Results: The results showed that the dental therapy curriculum followed the traditional subject-centred format; with a lack of integration between the basic, preclinical and clinical sciences. Training was based on a hospi-centric, urban-based, curative training model, with little focus on primary health care.

Conclusion: In order to develop professionals to meet the health care needs of a country, curricula should be evaluated iteratively, where the cycle of analysis, design and development, evaluation and revision are conducted as an ongoing exercise; using an appropriate evaluation model. Findings of this study gave rise to an extension of the Hicks model; which focuses on curriculum evaluation of health science programs in developing countries.
Background / Context: The Educational environment (EE) of a medical school plays a critical role in the learning of its students. It’s the context or environment within which the students need to learn and master medicine. Factors that influence it include *inter alia*: the learner, other learners, teachers and the physical environment (campus and hospitals). An accreditation report in 2010 by the HPCSA highlighted some concerns about our clinical training platform and anecdotal challenges regarding the EE in the clinical departments were also surfacing from staff and senior medical students. This created the need to formally research the EE of the clinical phase of the School of Medicine (SoM) at the UFS, as perceived by the senior medical students (final 2 years - 4th and 5th year).

Aim / Purpose: To measure the senior students’ perceptions of the EE in the large clinical departments in the SoM. The effect of year group, gender, language, age and race were also investigated.

Methods: The internationally recognized and validated DREEM questionnaire was used and contextualized for each of the 5 departments included – Internal Medicine, Gen Surgery, Obs&Gynae, Paediatrics and Psychiatry. Only departments where 4th and 5th year students rotated in both years were included.

Results and discussion: Overall response rate was 88%. Non-parametric tests and indicators were used to analyse the data since majority of data was not normally distributed. Overall median DREEM for the departments combined was 137/200. Paediatrics was consistently top rated and Obs&Gynae consistently received the lowest ratings in all domains and subscale analyses. Gender had no influence and the other demographic elements had minor influences on the DREEM scores.

Conclusion / Take home message: The overall EE, as measured in the 5 large clinical departments, was more positive than negative which is good news for the SoM. Although the subscale analysis revealed largely very positive results, some particular concerns were noted in one department.

4A Posters

Estelle Smuts
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Title: Does a structured dermatology surgical workshop make a difference in student learning?

Authors: Ms E Smuts, Ms A De Villiers & Dr W Visser - Stellenbosch University

Key words: Confidence, Competence, Objective Structured Clinical Examination (OSCE), learning opportunities,

We declare that we have no financial or personal relationship(s) which may have inappropriately influenced us in writing this paper.
Background
The formalized exposure of 4th year MBChB students to Dermatology consists of a two week clinical rotation in wards and outpatient clinics. In January 2011 a small surgical skills workshop was introduced in the first week of the rotation.

Objectives
To determine whether attending a small surgical skills workshop:
- Enhanced student confidence in performing the procedures.
- Enhanced student competence in performing these procedures taught.
- Increased student willingness to appropriate practice opportunities in the clinical setting

Methodology
Method
Students’ surgical skills competency was assessed using an Objective Structured Clinical Examination (OSCE). Two skills were assessed, namely punch and excisional biopsy. Qualitative and quantitative data was obtained by means of questionnaires.

Sampling
The first study group (N = 24) completed the Dermatology rotation in September 2010, before the introduction of the workshop. OSCE assessment took place in April 2011.
A second study group (N = 22) attended the workshop in September 2011. Assessed took place in March 2012.

Limitation
Time and student availability constraints caused a delay between attendance of the Dermatology rotation (first and second study group) and workshop (second study group) and assessment of the students’ skill. Knowledge and skill decay were expected.

Results
The students who attended the workshop demonstrated higher competence in the OSCE than the non-workshop students. Their confidence levels increased compared to the non-workshop group, and they were more willing to perform the procedures in the clinical setting.

Take home message
The introduction of the Small Surgical Skills workshop enhanced student learning of the particular skills. The researchers would like to suggest that the student’s request to perform more procedures under direct supervision in the clinic be strongly considered.
Title: Merit based re-distribution of students in anatomy dissection classes: Method re-visited

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Background: We at Melaka Manipal medical college (Manipal Campus), have adopted merit based re-arrangement of students in the second term of their anatomy dissection classes in the first year of medical school. This method showed improvement in the individual scores in the subsequent examinations of the second term.

Purpose: The above distribution caused uneasiness, especially to the students who scored least marks in the first term. Some among them complained of being depressed after the re-distribution. The purpose of our intervention was to reduce the stress and anxiety, but achieve the same or better improvement in the exam scores.

Methods: The students were redistributed depending on the aggregate of marks of the two exams in the first term. But the groups were not assigned their meritorious ranks. Hence, the students were not told to which meritorious group they belonged to whereas the teachers were aware of the same. This helped the teachers to teach accordingly to the groups.

Results: The students who scored less were not depressed as their scores were unrevealed to them and to their peers. Around 66% students felt this method of redistribution is satisfactory.

Conclusion: Student redistribution with unrevealed ranking almost erased the uneasiness that was there earlier. Most of them were happy and felt that the course was delivered to them at their intellectual level.

P. Girija Ratna Kumari
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Title: Comparison of Effects of Paragraph Reading and Mind Mapping on Short Term Memory

Authors: P.Girija Ratna Kumari, May Cho Naing, Lee Ai Yan, Gan Chin Ling, Justin Raj Antony, Vinnesh Raj

Background: The Mind Map is an expression of Radiant Thinking. Mind maps can be used as self-learning methods that facilitate understanding of difficult concepts.
Context; Aim: An attempt was made to compare the effectiveness of mind mapping and paragraph reading on visual short term memory (VSTM) and to find out the most effective way of studying.

Purpose; Methods: The study was done among the students of MMMC so as to enable their study performance and to aid in the effectiveness of teaching of the faculty. Students of MBBS phase 1 stage 1 (154 students) and phase 1 stage 2 (132 students) belonging to batches 28, 29 and 30 with the total of 286 students of Melaka Manipal Medical College were included in this study. The effectiveness of both the presentations on VSTM was evaluated by a set of questionnaire.

Results and discussion: the results from both the groups of students were compiled and compared. The results were analyzed statistically by chi-squared test. The number of correct answers of students exposed to paragraph format had a median of scoring of 5-10 questions correct, while the students who answered the questionnaire after exposure to mind map presentation had a higher median distribution of correct answers as 8-13. Students would be able to recall more information from the mind maps rather than reading from the paragraph. Majority of the students in our study preferred mind maps in aid of their learning process.

Conclusion / Take home message: Mind map has a greater impact on Visual Short Term Memory compared to that of paragraph method tool of learning in our study.

Kukkamalla Anand
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Title: “Evolving a training program for PBL tutors at Melaka Manipal Medical College (MMMC) for enhancing their facilitation skills: Students and Faculty Perceptions”

Author: Anand Kukkamalla, Shobha K.L, Ciraj A.M., Jessica Sushma D’Souza
Department of Microbiology, Melaka Manipal Medical College (Manipal Campus)

Background: Problem-Based Learning (PBL) has been an integral part of our curriculum. PBL fosters students’ independent learning while tutors act as facilitators. Faculty members joining newly are naive to the PBL process, are not trained in facilitating PBL process and yet are expected to facilitate PBL sessions. Therefore a structured PBL orientation and facilitation skills module was designed.

Aim: To create awareness on PBL process and to design a training module for PBL tutors to enhance their facilitation skills and to assess its effectiveness.

Materials and Methods: MBBS students (Year 1&2) and faculty were included. After PBL orientation, pre and post-test questionnaire (Likert’s scale with 20 items) was administered. PBL tutors later facilitated PBL session. Pre-intervention questionnaire (Likert’s scale with 20 items) on facilitation skills was
administered. A one day activity-based training program on PBL facilitation skills was conducted for faculty. The same PBL tutors facilitated the next PBL sessions. Post-intervention questionnaire (Likert’s scale with 20 items) was administered.

**Results:** There was statistical significant difference in the median score for all the 4 domains i.e. What is PBL?, PBL dynamics, Individual roles, General attributes amongst students and domains 1 & 2 amongst faculty for PBL orientation. For facilitation skills, Year 2 students showed a significant difference in all the 5 domains i.e. Being student centered (facilitation skills), Managing group dynamics, Creating motivating environment, Using questions effectively, Providing constructive feedback and evaluation. Domain 1 was found to be statistically significant for Year 1 students. Qualitative analysis of data on training program on facilitation skills also yielded significant results.

**Conclusion/Take Home Message:** PBL orientation and the training program that was designed were found to be effective. 2nd year students perceived that the facilitation skills of the tutors were enhanced when compared to Batch 1st year students. However, constant review, repeated orientation, implementation of the program and assessment of skills is imperative.

Shobha K.L

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**Title:** Standard setting in Objective Structured Clinical Examination (OSCE) in an Undergraduate medical School: Will it improve the outcome?

**Authors:** Shobha.K.L, Anand K.M,Ullas Kamath, Melaka Manipal Medical College (Manipal Campus) Manipal university ,Manipal,India

**Introduction:** Standard is a conceptual boundary on the true-score scale between acceptable and non-acceptable performance. The outcome of assessment is determined by the standard - setting method

**Aim:** Since we did not have a valid and reliable OSCE stations and assessment system, stations were to be set, standard setting method to be implemented and outcome was assessed.

**Objectives:** 1.Develop reliable and valid OSCE assessment stations in clinical skills related to microbiology
2. To analyse the scores obtained in OSCE using modified Angoff’s method and holistic method
3. To collect the feedback from the students and faculty regarding OSCE

**Methodology:** Four OSCE stations were developed, prepared check list after peer validation. Oriented Microbiology faculty and students regarding conduct and assessment of OSCE. Modified Angoff’s method and holistic method was used for standard setting.Feedback on faculty perception and
students’ perception regarding OSCE was collected. Data was analysed using Prism software and SPSS 16.

Results: Cronbach’s alpha was .901 for the reliability and validity of OSCE stations. P value was not significant for inter-rater reliability (Student T test). 24.5% students had failed in the modified Angoff’s method when compared to holistic method, which had only 14.25% failures. Regarding faculty perception 90.90% faculty felt that OSCE was comprehensive, valid and reliable. 77% students felt objectives of the skills were clearly defined. 89% students felt OSCE was stressful.

Conclusion: Modified Angoff’s method of standard setting was found to be more reliable and had good inter-rater reliability than did the holistic method. Periodic feedback helps for better conduct of OSCE.

4B Posters

Sayedabanoo Khan
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Title: Compilation of a WITS-CHSE Database - work in progress

Authors: Sayedabanoo Khan, Detlef Prozesky.

Background: There is currently a large database of Multiple Choice Questions (MCQ’s) in the WITS-CHSE resource base. Unfortunately clinical examiners are reluctant to use the database in its current format because of the system of classification of questions.

Aim: The project aimed to address the problem by reclassifying the questions using a clinically-orientated model.

Methods: A new classification model was compiled and adapted for the first phase of this project. MCQ’s for the MBCh Ill and IV years of study were classified accordingly, spanning a duration of four years. In the original classification items were classified according to System, Discipline, Process, Transition, Taxonomy and Type, whereas the WITS-CHSE classification system uses the following categories: Discipline (29 categories), Clinical Process (12 categories), Pathological Process (19 categories), Transition, Taxonomy, Type and Statistics.

Discussion: All MCQ’s were classified within the parameters of the original system as well as the WITS-CHSE system. It was found that there is no alignment between the original and WITS-CHSE databases. It is envisaged that the WITS-CHSE system will provide a user-friendly means for potential examiners to identify questions for examination papers. Since this is still work in progress, a more sophisticated method could be devised in the future using a computer-based software package.
**Conclusion:** The WITS-CHSE database needs to be expanded to include MCQ’s for the clinical years and its use needs to be monitored.

**Take home message:** A database of MCQ’s adapted for the local context is necessary if it is to be useful effectively.

Riaan Jansen  
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**Title:** Building Together: Inter-faculty collaboration to create innovative learning opportunities and platforms for all involved students

**Presenters:**

**Mr Riaan Jansen:** Department of Construction Economics  
Faculty of Engineering Built Environment and Information Technology

**Prof Jannie Hugo, Dr Marietjie van Rooyen, Dr Angelika Reinbrech-Schütte**  
Department of Family Medicine  
Faculty of Health Sciences

**Background:** The Department of Construction Economics (CE) in collaboration with the Department of Health Sciences (HS) provided the opportunity for their students to apply their theoretical knowledge by means of real life community projects. The objective of the programme is to provide 80 health care centres which will enable students to spend their community work on career orientated projects. This is done within the sites where re-engineering of PHC is done and Ward Based Outreach Teams (WBOT’s) are established in collaboration with the Department of Health.

**Purpose:** The programme integrates with the learning outcomes of CE and HS subjects, whilst also fulfilling in the community’s needs and exposing CE and HS students to the latest innovative system; CE students are exposed to the planning, the manufacturing and the erection of the building system, while HS students will be the first to experience the benefits thereof.

**Methods:** An action research project was initiated, where CE and HS students were selected to participate. The action research include exposing students to concepts of planning; negotiation; networking; manufacturing; construction in line with subject learning outcomes.

**Results and discussion:** The year 2011 was spent in planning the best innovative system. Continuous assessment in these subjects showed marked improvements in the students’ conceptualization, marks and overall involvement.

**Conclusion:** Enriching the educational experience through the application of this service learning model and exposing students to other students, the community and industry.
Title: HIV Exposure Incidents: An Audit of Reported Incidents during 2012 to Inform the Development of A Standardised Protocol

Authors: Marietjie van Rooyen, Theresa Rossow, Karin Richter

Background / Context: Medical students of the University of Pretoria are exposed to patients presenting with HIV- and AIDS-related illnesses as well as Hepatitis B and C on a daily basis. Although there is a protocol for dealing with such incidents it seems that there is room for improvement. The Department of Family Medicine was tasked to set up a protocol and take charge of the care of students presenting with an exposure incident.

Aim / Purpose: Evaluation of the management of exposure injuries

Methods: An audit was done on reported exposure incidents in 2012. The results from the audit were triangulated with an anonymous questionnaire administered to all medical students, and compared to data from previous years.

Results and discussion:
- 125 exposure injuries reported.
- 66.4% related to percutaneous injuries.
- Most incidents happened in the casualty department and labour ward during or after venesection.
- Most of the mucocutaneous exposures were related to either suturing or putting up a drip.
- In most cases (91/125) the patient’s hepatitis status was unknown.
- 29% (36/125) of incidents had a confirmed HIV-positive source.
- A wide variety of PEP regimens were used.
- Less than 1% of students followed up after the initial visit.

Data from the questionnaire still need to be analysed.

Conclusion / Take home message: The exposure protocol needs to be revised and amended regularly. Innovative ways are discussed to deal with irresponsible practices in work based situations, low follow-up rates, PEP regimens prescribed by doctors who are less than favourable and the unknown HBV and HCV status of patients.

Mothibe ME

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Title: The Knowledge and perceptions of Pharmacists about the commonly sold herbal mixtures that are used as African Traditional Medicines in community pharmacies in Tshwane Townships, Gauteng

Authors: Mothibe ME., Mpe D., Malesa T., Dipula S., Hlongwane B., Nabyoma J.
Background: Traditional medicines (TMs) continue to play a significant role in the treatment and management of diseases in the developing world. Commercialisation and marketing has popularised the herbal mixtures such that they are available ready for use from pharmacies, muti markets and other outlets. The many herbal mixtures sold over the counter in pharmacies have not been tested for efficacy and safety. As such, although they are readily available and used, their effectiveness remain unproven and their safety and toxicity profiles remain unknown.

Aim: The aim of the study was to determine the knowledge and perceptions of pharmacists about the commonly sold herbal medicines used as African TMs (ATMs) in Tshwane township pharmacies.

Method: The study population for this study was the qualified and registered pharmacists working in community pharmacies in Tshwane townships. Both qualitative and quantitative data were collected by means of self-administered questionnaires.

Results and discussion: Most of the participants were aware of the use of ATMs and the recognition of ATMs by the National Department of Health. The majority believed that ATMs were used due to their affordability and that the users trusted the medicines as they were considered to be natural products. They perceived it was appropriate for them to dispense ATMs, yet only 50% of them took safety aspects into consideration during dispensing.

Although 83% of the participants had no formal teaching or training about TMs, the majority knew that the medicines are derived from plants. They knew the indications, routes of administration and storage conditions of most of the ten commonly sold medicines, but not their safety aspects or interactions.

Conclusion: The pharmacists perceived that although the safety aspects of the medicines are unknown, some ATMs are effective and trusted; hence it is appropriate that pharmacists dispense them. There are some knowledge gaps that exist due to unavailability of information about the medicines and their uses.

Recommendations: To include aspects of ATMs in the pharmacy curriculum; as well as to regulate and standardise the TMs and their information.

Dr. Surekha R Kamath
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Title: Prevalence of myopia among the Students: a cross sectional study in a South Indian Medical College

Authors: Surekha R Kamath and Jessica SD1
Background: Myopia is not only inherited but also caused by excessive reading and other close work. Generally, myopia first begins in school-age children, since the eye continues to grow during childhood it progresses until about age of 20.

Aim: The objective of present study was to find out the various genetic and environmental factors contributing to the occurrence of myopia among students.

Method: The prevalence of myopia among the first year medical students (115) of MMMC Manipal India was assessed using a questionnaire. These Malaysian Medical students belonged to different ethnicity like Chinese, Malay and Indians.

Results: Our survey showed that the females had higher prevalence of myopia when compared to males of the same age group. A higher percentage of Chinese medical students were found to have myopia when compared to other Malaysian races.

Discussion: The survey of myopia indicated the prevalence of myopia among several of our medical students. It also showed the different hereditary and environmental factors which could have led to the development of myopia in these students. Since our students work close to computers and several near work activities there is every chance of non-myopic student developing myopia.

Conclusion: Although there was an association with the level of education, gender, ethnicity and origin with the prevalence of myopia, its occurrence may be reduced by suitable awareness programs and proper knowledge on development of myopia by environmental factors to a great extent.

Nagalakshmi N
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Title: Awareness about the side effects of tattoo among medical undergraduate students of Melaka Manipal Medical College (Manipal Campus), India

Authors: Nagalakshmi, N, Aaron Alfred Alexander, Don Miller, Tiam Wen Yi, Dina Kumaran

Background: While tattoos have been around for centuries, in recent years they have become increasingly popular, especially among teenagers. However, as the popularity grows, so do the concerns over the safety and risks of tattoos little attention has been directed however to the potential latent health effects of tattoo. Some of the risks that come with getting a tattoo are infection at the site of the tattoo, allergic reaction to the tattoo dye, the spread of disease such as HIV and Hepatitis C, granulomas and keloid formation.
Aim: To investigate the awareness about the side effects of tattoo among medical undergraduate students of Melaka Manipal Medical College (Manipal Campus), India

Material and Methods: 200 students from Melaka Manipal Medical College (Manipal Campus) participated in this study. Awareness about side effect of tattoos was analyzed using pre-set questionnaires.

Results: 200 students who have responded to questionnaires, we found 11% has a tattoo, 38% is considering of getting a tattoo while 70% of the students do not have a tattoo. Only 17% of the students were having awareness about needle sterilization. 70.5% of students were aware about the hazardous of tattoos and diseases transmitted through needle stick tattoos. From the data obtained, we can come to a firm conclusion that the hypothesis is accepted as a clear 62% of respondents are not having adequate awareness about the side effects of tattoo.

Conclusion: Different cultures and places of origin have its own perception regarding tattoo. It’s important to create awareness about side effects of tattoos among teenagers to prevent transmission of infectious disease like Human Immune Deficiency Virus, Hepatitis B and C virus.

4C Oral presentations

Albert Masetla
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Title: Organizational liberty visions in championing Transformational mentality

Background: Physician leadership is emerging as a vital component in transforming the nation’s health care industry. Because few physicians have been introduced to the large body of literature on leadership and organizations, herein a concise review is provided, as it relates to competitive health care organizations and the leaders who serve them. Although the South African health care industry has transitioned to a dynamic market economy governed by a wide range of internal and external forces, health care organizations continue to be dominated by leaders who practice an outdated transactional style of leadership and by organizational hierarchies that are inherently stagnant. This optimization of intellectual capital is further enhanced by transforming organizations into adaptable learning organizations where traditional institutional hierarchies are flattened and efforts to evoke change are typically team driven and mission oriented.

Context: During the past decade, the health care service industry transitioned from a risk-free third-party reimbursement system to a market economy for many internal and external reasons. These reasons include the ever-increasing costs of health care, increasing payer power, increasing financial risk for the patient and provider, the advent of managed care and the market influences of the National Health Insurance by Health Ministry.
Non-health care service industries have repeatedly demonstrated that for businesses to compete successfully in a market economy, effective leadership is essential. Furthermore, certain leadership styles and competencies have been identified as most effective; most of these skills belong to the styles termed transformational, situational, or servant. One would like to believe that a synergy of these complementary and often synonymous leadership styles is emerging as the advocated mode of leadership for the competitive 21st-century organization. These styles engender the transformation of organizations into thriving, cohesive, mission-oriented learning entities that are prepared to respond to changing internal and external demands.

**Purpose:** The study seeks to find ways in which leaders of some health care organizations in South Africa would be comfortable in refraining from an outdated transactional style of leadership, refrain from organizational hierarchies that are inherently stagnant and adopt more effective styles that are transformational and relevant to the needs of the 21st century.

**Conclusion:** The past should be the beginning of the beginning. Transformed, servant organizations focus on the tension among employees and customers, the organization's mission, and social responsibility. To move towards BathoPele Principles, organizations need liberating visions, a commodity still rare in many public sectors around our country.

Stefanus Snyman, Marina Clarke, Klaus von Pressentin
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**Title:** International Classification of Functioning, Disability and Health (ICF): A framework for transformative interprofessional education

**Authors:** Stefanus Snyman, Marina Clarke, Klaus von Pressentin

**Background:** To promote health equity a focus is needed on providing patient-centred and community-based care. This is a challenge for health professions educationalists as they advocate for instructional and institutional reform, which includes interprofessional education (IPE). As a solution the WHO recommends using the ICF framework.

Since 2010 Stellenbosch University’s IPE strategy has promoted the ICF. Clinical training of undergraduate health professions students includes rural placements where students use the ICF framework in managing and presenting patients, and are assessed by interprofessional teams of local healthcare professionals.

**Aim:** The aim of this study was to establish how applying the ICF framework as IPE strategy contributed to (1) instructional reform, (2) institutional reform, (3) interprofessional practice and (4) the functioning of health systems.

**Methods:** Associative group analysis – an unstructured method of qualitative research used to reconstruct people’s subjective images from the spontaneous distributions of their free associations – were used to conduct this study.
Questionnaires were administered to 70 participants: 37 fourth year students, 18 facilitators of learning and 15 patients. Free word associations were used to reconstruct the internal world and subjective meanings expressed by more direct methods.

**Results and discussion:** Students indicated that they adopted a patient-centred approach which improved patient outcomes and satisfaction. This was confirmed by health professionals, who felt they were indirectly challenged to practice patient-centred, interprofessional care as a result of them assessing students applying the ICF. They reported improved interprofessional collaboration, interprofessional practice and job satisfaction as they started applying the ICF in clinical practice. Patients appreciated the improved quality of care.

**Conclusion / Take home message:** The assessment of student presentations using the ICF framework drives interprofessional practice among healthcare students and professionals, facilitates the bio-psycho-social-spiritual approach to patient-centred care and results in improved patient outcomes and strengthened health systems.

McNamee LS
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**Title:** Journey from transformative education to transformational leadership

**Author:** McNamee LS

**Background / Context:** Transformative education is characterised by a change of ‘habits of the mind and heart’. Medical education has been recognised, like other educations and apprenticeships into professions, as a self-altering course of identity construction (and reconstruction). Transformational leadership implies that the change within has influenced others and brought about change without. All medical practitioners are arguably leaders in society due to the status and position afforded them by virtue of their qualification. Yet the field has generally lagged behind in the adoption of contemporary transformational leadership models which are more likely to effect meaningful change in healthcare systems.

**Aim / Purpose:** The study aimed at better understanding the development of a professional identity as medical students become doctors. Various factors that influence aspirations, motivations and trajectories of newly qualified doctors (NQDs) are being explored in an on-going study.

**Methods:** Six graduates of a PBL curriculum participated in a narrative study of medical internship experiences. Qualitative data in the form of written reflections 3yrs post-graduation were analysed using socio-linguistic methods. The same participants were followed up with one-on-one, in-depth interviews 6yrs post-graduation. Interpretative evaluation enabled insight into their journeys as professionals whilst reflecting back on internship experiences from a more mature perspective.
Results and discussion: A synopsis of how graduates reached their current professional positions 6yrs post-graduation showed that in addition to knowledge, skills and values, participants’ experiences relating to ‘life and fate’ have an unexpectedly profound bearing on career choices. Relationships to others and to institutions, both pre- and post-graduation, were found to be a central theme in the trajectories of NQDs. In addition, national policies governing post-internship placement of practitioners in community service was a further compounding factor highlighted by participants’ narratives.

Conclusion / Take home message: Beyond transformative undergraduate medical education lies a liminal space fraught with complexity, unpredictability and uncertainty. NQDs should be equipped to deal with contextual and cultural aspects of medical practice in order to develop as transformational leaders.

Bea Kotze
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Title: Enhancement of post graduate skills through an educational programme

Author: Bea Kotze

Background / Context: All health care professionals must be registered with the Health Professions Council of South Africa (HPCSA). The council requires health care professionals to register as a professional with the required education and training, to conduct themselves in an ethical manner, to continuously develop professional skills (CPD) and to comply to healthcare standards as set out by the Health Professions Act No.56.

Aim / Purpose: The study, as one of its possible outcomes, evaluated the effectiveness of utilising an educational programme (offered as a CPD event) to enhance a specific professional skill (neonatal chest image quality) of post graduates (radiographers).

Methods: An essential skill required from all radiographers in clinical practice was evaluated in three institutions. The skill was evaluated by means of an international standardised checklist. Areas in need of enhancement, found in the skill, was identified and addressed through an educational programme, offered as a CPD event. The programme consisted out of various contact sessions, practical sessions and poster presentations. The effectiveness of the programme was established by re-evaluation of the specific skill of the radiographers found in three institutions, both private and governmental.

Results and discussion: The quantitative and qualitative results indicate that most participants (radiographers) found the educational programme both informative and enlightening. However quantitative results from the re-evaluation of the skill in clinical practice showed a low percentage of enhancement. This indicates that even though CPD events strive to improve skills and develop professionals; it is not guaranteed to be successful.
Conclusion / Take home message: CPD skill development plans through educational programmes should be thoroughly revisited and re-evaluated to establish if it truly can enhance a professional’s skill.

V.S Singaram
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Title: “Looking at the glass half full” Collaborative learning as a transformative force for social inclusion

Authors: VS Singaram(UKZN), TE Sommerville (UKZN), Cees PM van der Vleuten(UM) and Diana HJM Dolmans(UM)

Background: Among the challenges faced in South African education is the need to transform its face, its function and its folk, drawing the three aspects away from the divisive apartheid past towards a more inclusive, affirming and enabling future. The thrust of transformation underscores the tension between eliminating the inequities of our past and remaining conscious of our people’s underlying diversity. Collaborative learning is ideally suited to helping students mediate and explore the tensions of transformation as well as the discomfort of diversity.

Methods: In this study, data from focus group interviews conducted among a stratified sample of second year medical students and teachers of problem based learning (PBL) were analysed using Mezirow’s first phase of the process of transformation. This phase poses ‘a disorienting dilemma’ – a situation in which new information clashes with past beliefs, leading to self-examination, critical assessment of assumptions and to a new perspective.

Results: Four major transformational dilemmas are identified. We show what aspects of diversity are operating in our student population and suggest what may be done to maintain a constructive balance between the polarities.

Conclusions: We argue that collaborative learning is an effective way of presenting these aspects to a diverse, heterogeneous student population for their reflection towards personal transformation.

Take-home message: As highlighted by Mezirow (2003b), transformative learning involves critical reflection on assumptions that may occur in group interactions. Our findings support the role of collaborative learning as a transformative force in higher education.

4D Oral presentations

Detlef Prozesky
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Title: Situation analysis of the training of eye health care professionals in four African countries
**Authors:** Gerhard du Plessis, Detlef Prozesky

**Background:** The Vision2020 global initiative aims to eliminate avoidable blindness in the world by 2020. One of its three core strategies is human resource development for eye care.

Aim: The research aimed to assess the educational quality of training programmes for eye care professionals in Eritrea, Ethiopia, Kenya and Rwanda.

**Methods:** All but two of the recognized training programmes were identified and sampled. Following negotiations with national bodies and training institutions, on-site visits to each programme were carried out over a period of three months. Data collection instruments were developed for interviews with managers, teachers, students and graduates, and structured observation of the training environment and documentation.

**Results and discussion:** Altogether 16 programmes were evaluated: four for ophthalmologists, four for optometrists and eight for mid-level workers. Considerable strides have been made in establishing training programmes, often with severe resource limitations. Most curricula revealed deficiencies due to not having been derived through a rigorous process of task analysis based on a prepared list of capabilities. The quality of teaching and assisting student learning varied: one-way lectures were commonly used, lesson plans were absent, and support material for knowledge and skills learning was significantly lacking. Skills teaching mostly followed a relatively unsystematic apprenticeship model. Assessment of learning was problematical in terms of validity, reliability and technical quality, for cognitive and skills assessment. Explicit educational quality assurance systems were not found. In addition to these educational findings it became clear that training is significantly affected by wider systems issues such as cadre recognition, accreditation, and human and physical resources for training and in the workplace.

**Conclusion:** There is a clear need for educational expertise in the programmes. Based on the findings of the evaluation an educational package is being developed.

Take home message: Training programmes for health professionals may lack basic educational expertise.

Frasia Oosthuizen

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**Title:** Peer assessment of quality in teaching and learning

**Authors:** F Oosthuizen, J Bodenstein & SY Essack

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**Background / Context:** Quality teaching is a central tenet to the retention and success of students in higher education, but teaching quality measures and indicators have not enjoyed debate and discourse within the higher education sector as much as research has. Quality measures such as pass rates, student and peer evaluations of teaching, moderator and external examiner reports, reports from
student support personnel, feedback from experiential learning supervisors and institutional research on teaching and learning may be used to inform quality improvements in teaching and learning.

**Aim / Purpose:** The aim of this investigation was to evaluate the use of peer evaluations of teaching to inform quality improvements in teaching and learning.

**Methods:** Peer evaluations were conducted using a team approach with the team consisting of an internal academic, an academic external to the University and a healthcare professional in clinical practice. Peers were provided with comprehensive information on the module, including but not limited to content, assessments, notes, practical/experiential learning manuals/log books, past test and examination papers and performance trends prior to conducting evaluations. Each peer individually completed a peer evaluation questionnaire after all peers observed teaching practice as a team and submitted a team report.

**Results and discussion:** Academic participants unanimously agreed that qualitative data from peers was best able to highlight strengths and weaknesses as well as assess standard of content at national professional/peer level and qualitative data provided the most useful data to inform changes in teaching practice. The qualitative data engendered and enhanced reflective practice and was found of greatest use for teaching portfolios.

**Conclusion / Take home message:** Peer evaluation is a suitable tool/indicator/measure for quality teaching as it provides holistic feedback and engenders reflective practice, positively impacting on the quality of teaching.

Di Manning
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**Title:** Prizes and surprises: Evaluation of the SAFRI fellowship programme

**Authors:** Di Manning, Juanita Bezuidenhout, Jose Frantz, Vanessa Burch, Jacky van Wyk, Julia Blitz, Stacey Friedman

**Background:** The Sub-Sahara African FAIMER Regional Institute (SAFRI) delivers a faculty development fellowship which is aimed at capacity building for educators of health professionals. A traditional approach aligned with Kirkpatrick’s four level model has previously provided a useful framework for evaluating the fellowship. This model interrogates reaction/ experience, learning, behaviour change and results/ impact. However, a recent article by Haji et al (2013) encourages us to rethink evaluation of education programmes by considering whether it worked, how, why and what else happened.

**Aim:** The aim of the study was to consider how a different approach can be used to rethink evaluation of the SAFRI fellowship.
Methods: A number of different evaluation tools are used, including daily surveys to collect data on reaction and learning, a retro pre-post survey on perceptions of learning, assessment and evaluation of online distance learning, an online portfolio of professional development for documenting activities, leadership roles, and scholarly achievements. Fellows present education intervention projects and share personal and career successes.

Results: The information gathered provides valuable feedback at all four Kirkpatrick levels strongly indicating that the fellowship “works”. How and why it works emerges from the individual stories shared by fellows at the on-site sessions and on the dedicated listserv. Their accounts emphasise the important role played by the mentorship and support they receive as part of the community of learners which they have joined. Context-related surprises have included the spread of the programme to include fellows from beyond Southern Africa, necessitating a name change of the institute, and the rapid appointment of a number of fellows to senior leadership positions.

Take home message: Evolving concepts of evaluation encourage a richer understanding of programme outcomes.

Clemence Marimo
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Title: Transforming the examination process of the Examination Council of Health Sciences of the University of Zambia School of Medicine

Authors: Clemence Marimo, Fastone M. Goma

Background / Context: The Examination Council of Health Sciences [ECOHS] oversees the examination process of affiliated health sciences programmes at colleges in Zambia. Examination malpractices have been a chronic problem despite the presence of control mechanisms and penalties including prosecution in court. The types and levels of examination malpractices were especially alarming in the December examinations of 2011. An instituted ad-hoc committee found that examination malpractices were rampant with intricate mechanisms of evading identification at the student, trainer levels and possibly the ECOHS centre itself. Notably, weaknesses were identified in the trainers’ preparation of the examination papers, security in the examination hall and trainers marking schedules.

Aim / Purpose: To address the examination malpractices of affiliated health sciences programmes at colleges in Zambia.

Methods: Prepare examination questions from the prescribed and recommended readings guided by the curricula of each affiliated programme to create a bank of questions in ECOHS. One person activates and prepares the examination paper using a specially designed software programme with features that include unique access codes, random selection of examination questions and weighting in terms of difficulty from mild, moderate to difficult. The printing and auto-packaging of the
examination paper will be on camera with an inbuilt mechanism of tracking any spoiled papers that have to be signed for and destroyed on camera. The Chief Invigilator with newly trained personnel secures the examination venue and entrants as well as collecting all answer sheets including spoiled ones and notes for submission to ECoHS. Correction of answer sheets, compilation and submission of marks will be under supervision at a single venue.

**Results and discussion:** SouthernSoft Technologies are developing the software programme and ECoHS holds the bank of questions.

**Conclusion / Take home message:** Security of the examination process has to be equal or better to types of examination malpractices in order to improve or maintain the integrity of the qualification.

**4E Oral presentations**

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**Title: An Assessment of the Impact of Academic Development Officers’ Interventions in Challenging Modules in the College of Health Sciences at the University of KwaZulu-Natal**

**Authors:** B Mkhonto, L Qulu, C Subiah, Z Ndlazi, P Mudaly and N Mchunu

**Background:** The College of Health Sciences comprises of four schools (School of Clinical Medicine, Health Sciences, Laboratory Medicine and Medical Sciences and School of Nursing and Public Health). Two core modules, anatomy and physiology, are common to all disciplines within the College. Over the years, these modules have proven to be challenging to many students. The poor performance in these modules has impacted negatively on student throughput within the College. In an effort to combat this challenge, the College implemented various forms of interventions including the appointment of academic development officers (ADOs). Students who have failed modules, were made aware of the academic development interventions available to them in order to improve their performance. However, students access the ADO services on a voluntary basis.

**Method:** The performance of students who accessed the ADO program was monitored throughout the semester. A retrospective data review was conducted with regards to mid and year end examination performance of repeat students.

**Results:** Our findings have shown that students who accessed ADO intervention improved their academic performance in physiology and anatomy, in comparison to those who did not make use of the service.

**Take home message:** This finding underscores the importance of providing academic support to students through ADOs.
Title: Success vs. Failure: An evaluation of student success in the Emergency Medical Care programme against the course selection criteria at Central University of Technology, Free State

Authors: Mrs. M van Eeden (Margaret van Eeden), Mr. R.G. Campbell (Rod Campbell)

Background / Context: Selection of candidates for admission to the National Diploma: Emergency Medical Care programme (N.Dip: EMC) at the Central University of Technology (CUT) remains a challenging process. Admission criteria provide clear guidelines for school-leaving applicants, but grey areas exist with the selection of mature learners (≥ 24 years of age) and those between leaving school and the mature category. The use of the Matric Score (M-score) with prerequisite subjects is standard practice. The General Scholastic Aptitude Test (GSAT), considered a valid tool measuring academic potential, is also used. Besides academic criteria for admission to the programme, physical fitness and environmental tolerance criteria need to be met.

Aim / Purpose: The purpose of this study is to explore a correlation between student success and academic admission criteria.

Methods: A retrospective analysis of selection results for admitted candidates to the N.Dip: EMC at CUT from 2004-2010 will be conducted together with an analysis of corresponding graduates from 2006-2012. Correlation between selection test results and graduate success of students will be identified.

Results and discussion: The hypothesis is that there is a relationship between traditional selection criteria and successful achievement of the qualification. The cohort of students in the mature category who have demonstrated success without having met all the prerequisite admission criteria may point to other characteristics that can be used to predict success in the programme.

Conclusion / Take home message: The anticipated outcome of this study is to identify criteria that are predictors of success that can be used when selecting older students for the Emergency Medical Care programme at CUT.

Aziza Bawoodien
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Title: Student support: developing a consultation framework

Author: Aziza Bawoodien

Introduction:
There is mounting pressure on medical schools in South Africa to increase the intake of health science students and ensure optimal throughput of its recruits. Primary and high school education has undergone many changes over the last decade in the country causing uncertainty about the
preparedness of recruits for tertiary education. Additionally constraints in facilities to deal with the numbers and the shrinking base of health science educators calls for greater support of the student who may not be adapting. Formal or informal accessible student support structures exist at most institutions. At a 2012 SAAHE workshop it became apparent that a diversity of professionals were involved in student support viz. lecturers, family physicians, physicians, psychologists, social workers, educationists.

Aim:
To develop a standardized framework to interviewing students identified for support.

Methodology:
Reflect retrospectively on students presenting for student support. Identify literature to substantiate the reasons for utilisation of support. Develop consultation guidelines which can be generalized for use by student supporters.

Results and discussion:
Students entering health science institutions in South Africa are predominantly in the late adolescent stage of emotional development and top performers from an economically stratified range of schools. When they start underperforming they go through a spiral of psychological changes including feelings of embarrassment, social withdrawal and alienation to overindulgence and seeking of power positions in non-academic activities. It is also an age group where there is an increasing incidence of psychiatric morbidity and where they are not forthcoming with the reasons for underperformance. Many student supporters work in isolation sometimes perceived as a threat to students and faculty.

Take home message:
A standard approach to deal with the complexities that come in the guise of academic underperformance is necessary to implement remediation and exclude pathology.

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Title: Students’ experiences and perceptions of a community based medical education programme at the University of KwaZulu Natal

Authors: 1,2K. Naidoo, 2M. Muzigaba, 1,2P. McNeill, 1M. Naidoo, 1K. Naidoo, 1R. Govender, 1C. Rangiah, 1M. Kendon,2,3S. Pillay, 2,3U.G. Lalloo

1 Department of Family Medicine, College of Health Sciences, University of KwaZulu Natal, Durban, South Africa
2 Medical Education Partnership Initiative, Nelson Mandela School of Medicine, University of KwaZulu Natal, Durban, South Africa
3 Enhancing Care Initiative, School of Clinical Medicine, University of KwaZulu Natal, Durban, South Africa

Background :In 2013 the University of Kwa-Zulu Natal introduced a community-based education programme for 4th year medical students in Family Medicine. The programme involves provision of
accommodation, transport, tutors and IT facilities by the UKZN Medical Education Partnership Initiative (MEPI) to enable groups of 30-40 students to conduct clinical rotations in urban and rural primary health care centres. We report findings of a formative evaluation in which we investigated the students’ experiences and perceived effectiveness of such a programme in achieving predetermined learning objectives.

**Method:** All students who completed the rotation in the first 2 quarters of the 2013 programme were invited to complete a survey questionnaire to evaluate their perceptions and experiences of the programme. The main outcome measures were self-assessments of knowledge and skills pre- and post-introduction of community based education programme as well as an evaluation of the teaching methods.

**Results:** Between January and May 2013, there were 89 students who underwent the rotation (half the class) and completed the evaluation. The overall satisfaction of the students with community-based placements was high (83%). More students felt that, small group tutorials (88.9%) and bedside teaching (86.7%) were effective teaching methods compared to lectures (70%) and an online platform – MOODLE (73%). Based on the Mean Difference (MD) of pre- and post- perception scores computed on a scale of 1 to 5, the most significant gain that students perceived was in their understanding of chronic illnesses (MD: -1.27). The learning objective of understanding patient context was also well met (MD: -1.05). However students’ perceived gain in patient communication only reflected a MD of -0.88. More than 80% of respondents indicated that the relationship with their supervisor and facility staff was positive and enhanced the learning experience.

**Conclusion:** Training health professionals in the community is resource-intensive and requires innovative pedagogy in order to achieve the desired objectives. However, in this Family Medicine programme at UKZN, attaining specific learning objectives such as understanding patients’ context and chronic diseases has been demonstrated to be effective with community-based education. Further evaluation of the community placements and pedagogies required is needed to inform educators of how to best implement community-based education.

4F Oral Presentations

F.Suleman
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Title: Demystifying the Myths around Online Teaching and Learning

Author(s): F Suleman, Discipline of Pharmaceutical Sciences, School of Health Sciences, University of KwaZulu-Natal
Keywords: online, teaching, learning, myths
Online learning is growing worldwide. However, many institutions are unsure as to what is meant by e-learning. Distance learning and e-learning are often used interchangeably. Students can be residential, distance or commute to the institution. Also, there is uncertainty as to how much of the course goes online. Are only portions online? Is it totally online? Are online tools used to enrich learning or is it a repository of notes?

Much of the debate about online higher education focuses on comparing online to face-to-face courses. With the emergence of a number of online learning courses in higher education institutions, many struggle with the myths associated with online learning. Questions concerning the delivery of successful online courses became tangled with questions of meeting the online learner’s needs. Since online learning is a relatively new phenomenon, many issues deserve our serious consideration: is online teaching as simple as duplicating face to face courses in an online learning setting? Is online learning for everyone? Can all content be delivered online? Is online learning an academic forum in which learners are engaged in a thoughtful and meaningful knowledge construction process? Many myths exist as to online course delivery and online learning. This presentation will discuss the online Masters programmes at UKZN and the author's online experience with teaching and learning, using illustrations from online modules that have been taught previously and from those that are currently being taught.

Fezeka Sikele
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Title: Developing students’ isiXhosa and Afrikaans communication skills for the clinical consultation: A Stellenbosch University Faculty of Medicine & Health Sciences initiative

Authors: Ms Fezeka Sikele, Dr Philip Lewis and Prof Marietjie de Villiers

Background / Context: In a multilingual country comprising of eleven official languages nationally and at least three in each of the nine provinces, communication (language and cultural) barriers experienced between health care professionals and non-language concordant patients are well documented and perceived as a major challenge to quality health care in South Africa. Since 2011, Stellenbosch University Faculty of Medicine and Health Sciences (SUFMHS) embarked on a distinctive roll-out initiative to integrate the teaching and learning of isiXhosa and Afrikaans communication skills into the clinical consultation. This initiative is being rolled out in all 5 undergraduate programmes at SUFMHS.

Aim / Purpose: This presentation provides an overview of past trends that have led to the implementation of current as well as future anticipated innovations designed to optimise SUFMHS medical and allied trained health professions students’ isiXhosa and Afrikaans communication skills for the clinical consultation.

Methods: Various innovations, ranging from the implementation of communicative-based teaching and learning classroom practices and assessment procedures accompanied by the introduction of two novel technologically-based platforms will be reflected upon and discussed as ways to 1) support and
reinforce students’ isiXhosa and Afrikaans communication skills; and to 2) ultimately optimise students’ isiXhosa and Afrikaans communicative competency for the clinical consultation.

**Results and discussion:** The importance of sharing on-going teaching and learning innovations among peers interested in implementing similar related initiatives is expressed and encouraged. To demonstrate the contribution provided by such integral innovations, a video will be presented and briefly discussed to illustrate students’ acquired isiXhosa communicative competency whilst engaging with an isiXhosa speaking simulated patient during a clinical consultation.

**Conclusion / Take home message:** South Africa is faced with huge communication barrier challenges in the health care sector. Faculties of Medicine and Health Sciences are encouraged to be more involved with innovative initiatives that will become integral to the complete training of a health professional in a multilingual society.

Chantel Jughoo
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**Title:** A Study on Students’ Perceptions of the Role of Academic Development in Achieving Academic Success, in the College of Health Sciences at the University of KwaZulu-Natal

**Authors:** Chantel Jughoo, Andiswa Mbatha and Yolind Noel

**Aim:** The purpose of this study is to gain a clearer understanding of what the student’s feel the role of the Academic Development Programme is in the Education process and whether they feel that Academic Development plays a significant role in achieving academic success.

**Background:** According to Chrissie Boughey (2010; 4) Academic Development (AD) was initiated in Higher Education in South Africa as a means of supporting the previously disadvantaged students who were entering into Universities. The Academic Development Officer (ADO) in the College of Health Sciences at the University of KwaZulu-Natal however seeks to provide a service of academic monitoring and support to all students with a specific focus on those who are underachieving. The function of the Academic Development Programme (ADP) within the College is to monitor the performance of the students as well as the pass rates of modules that are offered; in order to identify and address potential risk factors that may contribute to failure rates. The ADO is also responsible for providing academic counseling and support to all students, especially those who have been identified as underperforming. The ADP seeks to equip students with the necessary skills required to manage their studies effectively and perform optimally; by engaging with the students individually in order to target their specific areas of weakness. It would be of value to find out what role the students believe AD plays in achieving academic success in order to understand the students’ view of the necessity and relevance of the AD service that is provided in the School of Health Sciences.
Method: A population of students from the Disciplines in the College of Health Sciences in which the Academic Development Programme is offered will be used. A semi-structured questionnaire will be administered by a randomly selected sample of 160 students, 20 students from each Discipline.

This abstract is a work on progress...........

Madelé du Plessis
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Title: Trends in Xhosa language teaching & learning at Faculties of Medicine and Health Sciences:
Findings and new initiatives

Authors: Ms Madelé du Plessis and Prof MR De Villiers

Background / Context: Communication problems between healthcare workers and patients are perceived as a major barrier to quality healthcare. There are generally very few effective language programmes that equip student-professionals with communicative skills in the context of their profession. Therefore, the education system produces health care professionals who are communicatively incompetent in the languages of their patients. In 2011, Stellenbosch University Faculty of Medicine and Health Sciences (SUFMHS) embarked on a new initiative. This initiative includes the implementation of communicative-based Xhosa courses in all undergraduate programmes with the focus on learning how to communicate in a clinical context.

Aims / Purpose: This is a comparative study conducted on Speech-Language and Hearing Therapy I and II students to determine their perceptions about their Xhosa proficiency in the respective Xhosa courses they have received.

Methods: Two groups of students are participating in this particular study, i.e. Speech-Language and Hearing Therapy I and II students. Each group comprises of approximately 30 students. The students participating in this study are not first language speakers of Xhosa and furthermore neither have they received the same Xhosa course. The study made use of a survey, consisting of open and closed questions, as well as open-ended questions, which determined the perceptions and attitudes of students towards the teaching and learning trends of the respective Xhosa courses they attended. A second component comprises of students having to express their feelings by the use of drawings on the Xhosa course they have received.

Results and discussion: The data will be captured through the concerned questionnaire and then be analysed by comparing the responses obtained. The information of the two respective groups will be compared. The results will be finalised in May 2013.

Conclusion / Take home message:
Faculties of Medicine and Health Sciences are encouraged to expose students to communicative-based classroom settings that nurture meaningful and interactive clinical communication skills in order for them to become an integral part of the community.

**Workshop 5**

**Prof Stewart Mennin** - Practical strategies for leadership for sustainable transformation

This participatory workshop will focus on utility of adaptive leadership for planning, teaching and sustaining programs/curricula. We will explore ways to recognize and use adaptive leadership to promote optimal team work and learning. The relationship between sustainable transformation and instability in the workplace will be discussed and illustrated with practical examples.

**Workshop 6**

**Prof Rita Sood** - Transformative faculty development

Lancet’s global commission report calls for a new era of health professions’ education that advances transformative learning and harnesses the power of interdependence in education to achieve equity in health. Transformative learning as recommended by the Commission is about developing leadership attributes and its purpose is to produce enlightened change agents. The role of institutions and teachers therefore need to change from traditional task of transmitting information to the more challenging role of training students to become self-directed learners. Faculty development plays an increasingly important role in transforming health professions education. There are diverse faculty development programs being offered to health professions educators in different settings. The ultimate aim of any faculty development is to enable people to use the concepts rather than simply acquire knowledge. This application of knowledge will happen only when people change the way they think and act - i.e. transform. They should learn to look at things from new perspective and therefore the design of faculty development should help to facilitate this process. This interactive workshop will take the participants through the steps and strategies in designing a need based faculty development program directed to help faculty affect educational change in their teaching practice and organizational development.

**Workshop 7**

**Jacky van Wyk, Francois Cilliers, Liz Wolvaardt & Susan van Schalkwyk** - How to turn your education innovation project into something publishable

Many educational innovation projects are not originally conceived as research but because of what they have learned or accomplished, still have great potential for publication e.g., as a case study. In this workshop, you will work with experienced researchers to explore how to turn such a project into something publishable.

**Workshop 8**

**FoRCE launch**

**Title: Forum For Rural Clinical Education – Inaugural meeting**
Presenter/facilitator: Bernhard Gaede

Background
The Forum for Rural Clinical Education (FoRCE) would like to hold its inaugural meeting at the SAAHE conference. There is an increasing interest in rural teaching platforms in a number of disciplines in health professional education in South Africa and indeed internationally. The Forum for Rural Clinical Education is an emerging community of practice to support a range of educators, supervisors and clinicians with an interest in rural clinical education. It is multi-disciplinary and aims to build a network to support and develop the capacity of clinical teaching in rural settings in South Africa. The idea for the forum was mooted at a workshop at Wits hosted by Professor Ian Couper that focused on building rural academics and identified the need to broaden the support for the many rural initiatives in health professional education throughout South Africa.

Process
The meeting will be formally opened by Prof Sabiha Essack, the chairperson of the South African Committee of Health Science Deans. As part of the launch we will engage in an exercise of identification and prioritization of themes that are central to rural clinical education that will form the focus areas for this emerging community of practice. There will also be a brief discussion around the development of a framework for developing a rural teaching platform nationally.

All interested parties are welcome to attend the meeting.

29 June 2013 (Day 3)

Plenary speaker: Prof John Norcini [Enoch Kwizera memorial lecture] Progress in the assessment of clinical competence

Assessment creates, drives, and assures learning. The past few decades have seen several growing movements in assessment including 1) the expanded reliance on simulation, 2) a desire to incorporate the voices of patients, 3) an increasing emphasis on the quality of clinical training, and 4) the need for life-long learning and ongoing quality assurance-improvement. This talk will briefly describe these four trends, provide examples of assessment methods that are responsive to them, identify some of their advantages, and indicate where further work is needed.

5A Posters

Dr John Tumbo
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Title: Family Medicine Training as a specialty: The University of Limpopo (UL) experience.
In this presentation the new Family Medicine specialization training will be discussed with the lessons from this new course.
Authors: Dr Indiran Govender, Dr John Tumbo

Background / Context: The district health system was adapted as the vehicle for health care delivery in South Africa in 1994. Family medicine and primary health care was identified as a key pillar of the district health system. Thus the 8 academic departments of family medicine aligned their undergraduate & postgraduate training to this national priority. Until 2007, family medicine masters programmes were part-time vocational courses at all universities. In 2008, UL developed a new curriculum based on the outcomes set by the Family Medicine Education Consortium (FaMEC) and a fulltime residency program. Provincial departments of health developed training platforms for the universities. Within this platform district training complexes were developed. There were joint appointment of trainers between provincial departments of health and universities.

[What was done?]

Discussion: The context of training was identified as the district health services. Training complexes were accredited by the HPCSA in 3 provinces (Gauteng, Limpopo, North West).
UL prepared for this new course by training 17 family physicians from University of Limpopo to become facilitators in the new programme which was conducted with extensive learning from the Belgian family medicine training programme. The HPCSA accredited 60 Family Medicine registrar training positions for the University of Limpopo
The curriculum is structured into 36 Modules (17 in year 1, 10 in year 2, and 11 in year 3), with 3 training sessions at the university and 3 at provincial training site per year for 2 days. Constant supervision by Family Physician at training site and weekly seminars of all registrars at the site
Challenges of running the training include limited number of funded registrar posts by the provincial health authorities (employer), shortage of supervisors to meet the needs, change management in implementing the intensive on site supervision, limited interest and understanding of family medicine specialization among generalists

Lessons learnt
- Need for proper planning and marketing of family medicine specialty
- Crucial stakeholder buy-in particularly from the Department of Health that employs registrars and the specialists
- National consensus of medical schools on standardization of training and outcomes
- Need to customize curriculum to address local country needs and improve on retention of specialists

Conclusion / Take home message: The University of Limpopo has made significant strides in implementation of training of family medicine as a speciality in the district health context. Collaboration between academic institutions and provincial health authorities is crucial in the success of training of family physicians.
Title: Curriculum issues affecting rural origin health science students across three South African Medical Schools

Authors: Dr PN Diab*: Dept Rural Health, UKZN (presenter), Dr PS Flack: Discipline Speech Language Pathology, UKZN, Dr H Mabuza: Dept of Family Medicine, UL

Background: Recruitment and retention of staff to rural health facilities is a global challenge. Past research suggests that students from rural backgrounds are more likely to go into rural practice. However these students face a number of challenges. Overcoming those challenges is key to ensuring their retention and success through the academic programme and to increase the likelihood of their subsequent decision to practice in rural communities.

Aim: This paper examines to what extent the curriculum influences such decisions and interrogates students’ opinions as to their exposure to rural health and the challenges that rural students face during their undergraduate education that may affect their final decision to practice in a rural area.

Methods: A study conducted at three South African medical schools was conducted using a self-administered questionnaire. First and final year students from all health science disciplines were sampled. Data was entered into Epidata and analysed using SPSS (version 19). Chi-square tests were utilised to determine statistical significance of the quantitative data whilst qualitative data was analysed thematically.

Results & Discussion: The majority of students (59.9%) knew of modules exposing them to rural health and believed that this was sufficient. Students felt that such modules should be introduced early and sustained throughout the curriculum and that such exposure was important in terms of preparing them for future practice. The biggest challenges for rural students were the language of teaching, technological and financial issues. Academic course content, personal challenges or adaptation to urban life were no more challenging for rural than urban students.

Conclusion: Students reflected past research that rural health should be introduced early and sustained throughout the curriculum. Language support and technological skills training may be required to assist rural students. Seeking ways to alleviate or reduce these stresses may well influence future recruitment of rural students to rural practice.
Title: Review of final year medical students’ rural attachment at district hospitals in KZN

Authors: Dr PN Diab, Dept Rural Health, UKZN (presenter), Dr PD McNeill, Centre for Rural Health, UKZN, Dr A Ross, Dept Family Medicine, UKZN

Background: Many medical schools utilise community-based training facilities to expose students to undifferentiated patients presenting to primary health care facilities within the community. The program at UKZN has been in existence for some time but no formal evaluation of the program has yet taken place. In preparation for a new 6-week attachment commencing in 2015, this review aimed to investigate the program from the viewpoint of the site supervisors and students.

Methods: An exploratory research design was used. Purposive sampling of supervisors involved with the training at the time of the review was undertaken and in-depth interviews conducted using a semi-structured interview guide. Data was collected from students by means of a self-administered questionnaire at the end of the block. Interviews were transcribed and a thematic analysis of the data is presented in this review. Quantitative data was analysed using SPSS (version 19). Ethical approval was granted by the UKZN Humanities and Social Science Ethics committee (HSS/1347/010).

Results: Communication issues, including, frequent liaison between academic institutions and hospitals, preparation of supervisors and frequent visits from university staff were highlighted to be of importance. Assisting with the structuring of a program and providing daily rosters and clear lines of delegation of students was also essential. Preparation of students was also seen to be an essential factor in the overall success of the program. Support structures including accommodation, technical support and recreational opportunities were also seen to be important factors to address.

Conclusions: Regular review of such programs is vital in order to ensure its sustainability and gain the best possible outcome for students, supervisors and the institutions to which they belong. The activities performed by the students should be underpinned by a theoretical perspective and focus not just on skills acquisition but on the broader experience of life and work in a rural district hospital.

Claudia Naidu
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Title: Career and practice intentions of Health Science students across three South African Medical Schools

Author: Claudia Naidu, James Irlam, Paula Diab

Background: The distribution and accessibility of healthcare professionals as well as the quality of healthcare service is significantly affected by the career choices of health science graduates.
Aim: This study aimed to provide insight into the future career plans of health science students across three South African medical schools, and to identify some of the factors which most strongly affect these preferences.

Methods: A self-administered survey was conducted of first and final year health science students at the University of Cape Town, University of Kwa-Zulu Natal and University of Limpopo. All data was entered into Epidata and exported for analysis using SPSS.

Results and Discussion: The overall response rate was 52% (n=1676). Just under half of all respondents (49%, n=771) intend to work after completing their undergraduate studies; 43% (n=333) of whom would like to work in a rural area. The most popular choices of institutions were district hospitals, private hospitals and tertiary hospitals. Forty-one per cent (n=654) of respondents intend to further their studies, and for medical students (n=396), the most popular specialities included surgery, paediatrics, cardiology, neurology, obstetrics and gynaecology, and internal medicine. Just under half of all respondents intend to work in another country (47%; n=748), primarily motivated by career development, financial reasons and wanting to learn about a new culture.

Conclusion: The findings demonstrate that students are influenced by a multitude of factors in making their career choices and emphasize the need to design specific strategies to overcome the maldistribution of health professionals across sectors, geographical areas and specialities.

N. Ludo Badlangana
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Title: Why Medicine? A survey of medical students at the University of Botswana

Author: N. Ludo Badlangana, Ph.D.

Background: Botswana is a large country with a population of ≈2 million. However, the number of doctors is very low.

There is no direct entry into the School of Medicine (SOM) and students have to apply for admission. If we can identify early why students choose medicine we hope that they will not only stay in medicine, but will practise anywhere in the country for the benefit of its citizens.

Aim: To determine the reasons medical students at the University of Botswana School of Medicine chose medicine as a career.

Methods: An online survey using Survey Monkey™ was developed using comments and suggestions from focus group discussions conducted separately with lecturers and students.
The survey included questions on influences and reasons to study medicine, alternative career choices (if any), strengths of studying in Botswana, expectations for student achievement at the School of Medicine and expectations on graduation.

The 2nd, 3rd & 4th year medical students were invited by email to participate in the online survey.

**Results and Discussion:** 40 students responded (response rate = 50%). 74% (n=28) indicated their greatest influence for studying medicine was personal experience rather than parents and relatives (2.6% each). 28.1% (n=9) indicated their choice of medicine was to have a stable job after graduation. When asked what they would have studied if not medicine, 41.7% (n=15) responded that they would have studied another health sciences field (e.g. Dentistry, Nursing, Pharmacy, Physiotherapy). On the choice to study medicine in Botswana, 80.6% (n=29) responded that the relevant conditions they might see when they start practising medicine was a strong factor, as they would be familiar with certain conditions that they would have encountered in the course of their studies.

**Conclusion / Take home message:** Students are interested in medicine. Their experiences play an important role in choosing medicine as a career.

Penelope Flack
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**Title:** Challenges faced by rural origin health science students across three South African Medical Schools: a focus on support

**Authors:** P Flack and V Singaram

**Background:** There is vast body of literature that suggests those students most at risk for drop out, or non-persistence, are students from disadvantaged backgrounds (Braunstein, Lesser, & Pescatrice, 2008), students whose language for learning is not their mother-tongue and students who enter the tertiary education sector ill-prepared academically due to the existing disparities in the primary and secondary levels of education. Many of these students who enter the tertiary education sector ill-prepared are from rural backgrounds. A student who feels alienated, alone and unsupported is at high risk for “non-persistence” or drop out (Quartermar, 2008). Thus in order to improve retention it is essential to ensure students feel supported, included and socially integrated at university. The focus of this paper is on the support required and accessed by students from rural backgrounds in particular.

**Methods:** This study was conducted at three South African universities. Health science students in their first and final years of study completed self-administered questionnaires. Students identified themselves as either of rural or urban origin in the questionnaires. Data was analysed according to those two categories. Data was entered into Epidata and analysed using SPSS (version 19). Chi-square tests were utilised to determine statistical significance of the quantitative data whilst qualitative data was analysed thematically.
Results: Rural students report requiring support to overcome the following challenges: the language of teaching and learning, computer literacy and other technological issues, and financial constraints. Support is accessed from family and friends, and religious communities, in a similar way to urban students. However peer mentors were considered less supportive unless they too shared a rural background. Rural students also reported teachers as supportive more frequently than urban students.

Conclusion: Universities should consider ensuring student support is relevant. Results indicate that students from rural backgrounds access academic support, financial and social support from various sectors but rely most on peers who know and understand their context, family and the broader community “back home.” It is important for universities to consider the type and nature of support students need in order to address gaps in support programmes.

5B Posters

Heleen La Grange

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Title: Assessing the Efficacy of Posters as Educational Intervention for Pediatric Sample Collection In Forensic Pathology Practice At The Tygerberg Medico-Legal Mortuary

Authors: Heleen la Grange¹, Janette Verster², Alwyn Louw³, Vonita Thompson⁴, Juanita Bezuidenhout⁵,⁶, Johan Dempers²,⁴, Corena de Beer¹

¹Division of Medical Virology, ²Division of Forensic Pathology, ³Centre for Health Professions Education, Faculty of Medicine and Health Sciences, Stellenbosch University, ⁴Western Cape Forensic Pathology Service, ⁵Division of Anatomical Pathology, Faculty of Medicine and Health Sciences, Stellenbosch University and ⁶National Health Laboratory Service, Tygerberg Hospital, Cape Town, South Africa

Background/ Context: Published literature in South Africa focusing on investigations into sudden unexpected death in infants (SUDI) is limited. Such studies are further restricted by the lack of a universally recognised SUDI investigation protocol for South Africa. Challenges to facilitate training of Forensic Pathology Officers (FPOs) in SUDI specimen collection to assist SUDI investigations include personnel shortage and work rotations. Although FPOs receive basic training in collection of autopsy specimens, the need was identified for further training in the collection of special swabs for the purposes of an on-going study of virological infections. As an adjuvant to training, specimen collection procedures were indicated algorithmically on a mini-poster and introduced in the Medico-legal Mortuary.

Aim / Purpose: The aim of this study was to determine the efficacy of instructional mini-posters in guiding FPOs with SUDI autopsy specimen collection procedures.
Methods: This was a qualitative, retrospective, pre-then post-assessment study conducted at the Tygerberg Medico-legal Mortuary in Cape Town, South Africa. FPOs were evaluated with a questionnaire and focus group session to determine the efficacy of the mini-posters placed at this centre.

Results and discussion: Preliminary observations indicated that posters, in isolation, were ineffective in guiding SUDI autopsy procedures. Continuous verbal guidance was frequently required during the course of the sample collection procedure. Therefore it became apparent that different approaches are needed to increase awareness and adherence to the poster content in order to effectively guide SUDI specimen collection procedures.

Conclusion / Take home message: Effective strategies are required to improve awareness of instructional posters to streamline standard SUDI autopsy specimen collection procedures. This urges the need for larger follow up studies to aid in the development of a more structured and feasible forensic pathology service training program in the Western Cape.

Christina Tan
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Title: Final Year MB, ChB Assessment Mapping: What Value Does This Add?

Authors: Tan CPL, van Schalkwyk SC, Çilliers FJ

Background / Context: In high stakes examinations, tests of clinical competence, which allow decisions to be made about medical qualifications and fitness to practise, need to provide reliable and valid measurements of student performance. There is an extensive body of literature devoted to the challenges of clinical assessment. There are also widely accepted criteria for sound assessment. At Stellenbosch University, there is also an assessment policy to provide a framework and to bring the assessment practices of the University in line with current, research-based views and standards regarding assessment.

An investigation was undertaken to determine what current assessment methods are being used at exit level in the Bachelor of Medicine and Bachelor of Surgery (MB,ChB) programme at Stellenbosch University and how these assessment methods are described in official module documents.

Aim / Purpose: To map what assessment methods are used and how they are used in the exit level MB,ChB programme at Stellenbosch University, as described to students in relevant documentation.

Methods: Document analysis of study guides for exit level modules was done for information relating to methods of assessment and their use. Assessment methods, divided into written and non-written formats, were mapped on an Excel spreadsheet against modules to provide an overall view of assessment for all final year modules.
Results and Discussion: Assessment practice varied across modules based on 1) the approaches and number of assessments, 2) weighting of individual components, and 3) the use of assessment tools.

Conclusion / Take Home Message: Mapping the assessments can provide a useful reference overview for module and programme coordinators.

The next step in this research would be to determine if there is sound assessment taking place and would provide some indication of the degree of alignment with the Stellenbosch University Assessment Policy as well as with international criteria.

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Title: Evaluating the Knowledge of Clinical Teachers Required to Implement Osce As An Alternative Clinical Assessment Method At Catholic University Of Health And Allied Sciences (Cuhas) In Mwanza, Tanzania

Authors: Rodrick Kabangila1, Catholic University of Health and Allied Sciences, Mwanza, Tanzania
And Jacqueline Van Wyk2, Nelson R. Mandela School of Medicine University of KwaZulu-Natal South Africa

Background: Long and short case clinical examinations have been traditionally and widely accepted as means of clinical skills assessment in various institutions. However using both methods at CUHAS with more than 700 students and only 45 clinical teachers, these methods are usually time intensive to both students and teachers alike. The Objective Structured Clinical Examination (OSCE) which is more objective is not used as method of assessment at CUHAS.

Aim: To assess the knowledge of OSCE among clinical teachers required to implement this as an alternative clinical skills assessment method at CUHAS.

Methods: We conducted a cross sectional study among clinical teachers from 4 clinical departments (Surgery, Gynaecology, Pediatrics and Internal Medicine). Data was collected using a pre-tested structured questionnaire. Simple analysis of the data was done.

Results and discussion: A total of 34 questionnaires were distributed and there was a return rate of 82%. The majority of respondents (68%) were junior faculty (assistant lecturers and tutorial assistants). Median age of the respondents was 35 years (Range: 28-55years). Although 96% of respondents had heard about OSCE before and 71% heard about it in the medical school, the proportion of respondents who were able to write in full what the term ‘OSCE’ stood for was only 58%. 63% of the respondents were not able to define basic concepts of assessment, including validity and reliability, and 60% were not able to state the types of skills that OSCCE can assess.
Take home message: Clinical teachers require training to use OSCE effectively as an assessment method.

Dragan Mandić
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Title: A dashboard for monitoring hospital practice for third and fourth year medical students at Wits University

Authors: Dragan Mandić, Detlef Prozesky

Background: Following anecdotal reports of problems in programme delivery a comprehensive evaluation of clinical teaching in Years 3 and 4 was carried out (Cassim, 2009). Despite the implementation of improvements many problems still persisted.

Aim: The ‘Hospital Day dashboard’ initiative aimed to monitor and improve third and fourth year medical students’ clinical teaching during hospital and community site visits. The strategy was developed by having transparent weekly feedback from students about each clinical site.

Methods: Weekly student surveys were carried out over a period of five months. Data collection questionnaires were developed allowing quantitative and qualitative evaluation. The results were analysed and widely distributed weekly in dashboard format. Problems identified were individually followed up and rectified.

Results and discussion: The weekly performance reports to all stakeholders resulted in progressive and significant improvement in the educational quality of the events, as well as greater satisfaction amongst the students. The report format made it possible to identify specific weaknesses and remedy them without delay. Some of these weaknesses were found to be administrative, such as poor communication resulting in students and tutors not meeting as planned, specific transport problems, and monitoring of student attendance. Others were educational: unsystematic skills teaching and one-way lecturing, and students not using their initiative and expecting to be spoon-fed.

Conclusion: There is a clear need for transparent and meticulous weekly follow-up in such programmes. As a result of the ‘dashboard’ system student satisfaction, student attendance and the quality of clinical teaching are being advanced.

Take home message: Clinical training of third and fourth year medical students benefits by thorough, continuous and transparent weekly surveys.
Title: Writing and its significance to Problem-Based Learning research: An innovative way of contributing to medical education research

Authors: Katie Bryant, MA; Maikutlo Keobaetse, PhD; Masego Keobaetse, PhD; Dr. Mogodi Mpho; Dr. Oathokwa Nkomazana

Background/Context: Medical education research illustrates that medical schools experience benefits and challenges in both implementing and using problem-based learning (PBL) curricula. In terms of the challenges, studies tend to highlight one of two themes: those related to teaching and learning or those related to institutional implementation. In developing countries contexts, particularly the contexts of various African countries, as new medical schools open and implement PBL or hybrid curricula, research is also beginning to emerge on this issue; yet, most of these studies focus on implementation as opposed to teaching and learning-related challenges. Interestingly though, the University of Botswana’s recently opened school of medicine (UBSOM) has identified and started to investigate a teaching and learning challenge potentially connected to its use of a PBL curriculum. This challenge is the difficulties first year medical students have writing for PBL purposes.

Aim/Purpose: To present preliminary findings from this study at UBSOM to demonstrate how studying the activity of writing, specifically the writing challenges of first-year medical students can uncover particular teaching and learning challenges that emerge from using a PBL curriculum.

Methods: Situated in the qualitative research paradigm, and using a constructivist grounded theory methodology, these findings come from interviews with UBSOM’s first-year PBL teaching staff and purposively sampled first-year medical students. The interviews focused on both groups’ perceptions of first-year medical students’ challenges writing for PBL purposes.

Results and discussion: The discussion will focus on overarching themes emerging from interviews with teaching staff and students about the challenges medical students experience writing for PBL purposes. These themes will be connected to larger teaching and learning challenges emerging from the literature about using PBL curriculums in medical schools.

Conclusion/Take home message: Investigating the writing related challenges of medical students can highlight important teaching and learning challenges that come from implementing and using PBL curriculums in medical schools.

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Title: A South–South elective: Helping establish a role for Family Medicine in Rwanda

Authors: Maaike Flinkenflögel, Gboyega A. Ogunbanjo

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**Background:** Postgraduate education in Family Medicine in Rwanda started in 2008. Family medicine does not yet have a place in the Rwandan health care system and residents are therefore unsure about their future professional role. Therefore, when offered the opportunity, five out of six Rwandan final year residents selected a 4-week elective in South-Africa, to experience family medicine.

**Aim:** To explore how an elective in South-Africa adds value to the Rwandan postgraduate family medicine training.

**Methods:** An existing bilateral cooperation facilitated the establishment of a 4-week elective at Limpopo University, South-Africa. A qualitative descriptive study was conducted, doing semi-structured individual interviews with all five residents who completed the elective. Interviews were transcribed and inductive thematic analysis was undertaken.

**Results and discussion:** Residents’ objectives for the electives were to increase knowledge of, and gain practical experience in several areas. These areas were divided into patient care, South-African health care system, family medicine in the South-African setting and postgraduate family medicine education in South-Africa. The last objective was to identify useful aspects to implement in the new Rwandan family medicine context. Most knowledge-related objectives were met, the elective was considered to have added good value. However, objectives in practical skills were not met. Residents also reflected that due to contextual difference, not everything observed could be applied in the Rwandan setting. In addition to residents’ objectives, interviews revealed that the elective increased their confidence as family physicians and enhanced their attitude towards family medicine as a profession in Rwanda.

**Conclusion/ Take home message:** A South–South elective in an African country with an established role for family medicine can add value to a Rwandan family medicine curriculum. Experiencing the role of family medicine in the South-Africa health care system enhanced Rwandan residents’ sense of professional identity. Adapting the format of the elective to the Rwandan context will further enhance this learning opportunity.

5C Oral presentations

Janine Hugo

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**Title:** Quality improvement projects as a way to achieve transformative learning.

**Authors:** Dr. Martin Bac, arts (Rotterdam), M.Fam.Med, MD (Medunsa).

Medical and BCMP students at the University of Pretoria are required to do a Quality Improvement Project (QIP) during their final year of study.

Every year 200 medical students do their community obstetrics and family medicine rotation in district hospitals and clinics in Gauteng and Mpumalanga. Each group of students is required to do a QIP in
the Clinical learning Centre (CLC) where they are. Clinical Associate students spend a full year at a CLC usually in a district hospital and are also required to write an assignment on the functioning and performance of an aspect of the health services. In this way about 250 students are involved in the assessment of the health services and become actively involved in the analysis of the weak and strong points of health care delivery. After a study of the relevant literature an intervention plan is made that has to be presented to the local health team that is responsible for this service and has to implement the recommended improvements. Medical and Clinical Associate students can be involved in transformative learning by doing Quality Improvement Projects and become important team members of an on-going Quality Improvement spiral in district hospitals. In this way learning is no longer informative or formative but transformative and in line with the recommendations of the Lancet Commission report.

Jose Frantz
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Title: Designing a faculty development workshop on integrating research into teaching and learning

Authors: Frantz JM, Rhoda A, DeJongh J

Background / Context: A paucity of information regarding the impact of faculty development initiatives to improve the integration of research into teaching and learning exists. Many academics do not possess the knowledge and skills to integrate research into teaching and learning, and faculty development in this area is therefore required. Workshops can be used to develop academics’ understanding of the strengths and limitations of incorporating research into teaching and learning, as well as to give them an opportunity to apply knowledge gained in their practice of teaching modules.

Aim / Purpose: The purpose of this paper is to describe the procedures that were used to plan and implement a faculty workshop related to integrating research into teaching and learning.

Methods: The “backwards instructional design” was used to plan the workshop. This design aims to address three main questions namely: what does an accomplished learner know? how does a learner demonstrate their knowledge? and what activities will provide an opportunity for practice and “uncovering” knowledge? The description of the faculty development programme will be focussed on the guiding principles for the backward instructional design and the content.

Results and discussion: “Backward design” uses a question format rather than measurable objectives to identify desired results of the workshop. By answering key questions, participants deepen their learning about the content and experience an enduring understanding. In addition the facilitators formulated the questions with the desired outcome in mind. During stage 2 in the design process facilitators defined activities that will demonstrate that the participants acquired the knowledge, understanding, and skill to answer the questions. Finally stage 3 incorporated planning the learning experience that will equip participants to develop and demonstrate the desired understanding.
**Conclusion / Take home message:** Backward design assists facilitators incorporate research findings in designing learning programs that have clear goals and objectives and include activities that are aligned to these goals.

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**Title:** Evaluation of a research capacity intervention for academic staff within the Appreciative Inquiry Framework

**Authors:** Anthea Rhoda (PhD), Jo-celene De Jongh (PhD), Julia Blitz, José Frantz (PhD)

**Background:** The development of research capacity of health professionals could result in improved provision of health care. Evaluating interventions aimed at developing research capacity are vital to determine their value and need. As a framework used for organisational change, the Appreciative Inquiry framework is suitable for the evaluation of research capacity development interventions.

**Aim:** To explore academic staff experiences of a research capacity development intervention in the Faculty of Community and Health Sciences at the University of the Western Cape using the Appreciative Inquiry framework.

**Methods:** This study used a qualitative contextual exploratory design. All the academics that had completed a research capacity development programme in the preceding year were approached to take part in the study. Five academics volunteered to participate in a focus group discussion which explored their experiences of the research capacity intervention. An interview guide was used to collect the data. Content analysis using the Appreciative Inquiry framework was used to analyse the data. Ethical clearance was obtained from the University of the Western Cape’s ethics committee.

**Results and discussion:** The themes that emerged from the focus group discussions are presented according to the appreciative inquiry phases. Within the discovery and description phase were active contextualisation of teaching and learning concepts, emotion based intrinsic factors related to the intervention and interaction with facilitators. Within the dream phase the participants visualised the need for continued mentorship and support. Within the designing and destiny phase were recommendations relating to the content and format of the intervention.

**Conclusion / Take home message:** Analysis of the focus group discussion using the Appreciative Inquiry Framework highlighted that while the capacity development intervention had been a very positive experience, there was still room to develop post-intervention support initiatives to help faculty cope with the disablers encountered in their everyday work environment.
Title: Participating then using: what gets the academic racehorse to the faculty development water trough and what makes it drink?

Authors: Cilliers Francois J, Herman Nicoline

Context: Much advice about faculty development (FD) practice is based on intuition, experience and isolated empirical evidence rather than being grounded in a conceptual framework (CF). To be useful, a CF for FD would need to address human behavior in a complex social context. Health behavior theory (HBT) does this. Eaton et al (2003) proposed a CF relating inter alia personal factors, interpersonal factors and organizational factors as influences on behavior.

Aim: To explore the utility of a CF drawn from HBT to understand the participation of academics in FD initiatives and their subsequent application of what they learn.

Methods: Structured interviews were conducted with 14 purposively sampled academics. Interview data and concepts from a HBT informed the design of a questionnaire. 495 academics who had participated in an FD retreat over a 12-year period were surveyed using closed-ended and open items.

Results: 246 academics (49.7%) responded. Participation was influenced more strongly by personal and organizational factors than by interpersonal factors. Personal factors included intrinsic motivation and perceived utility of activities. Organisational factors included workload (administrative and teaching) and pressure to do and reward for research. Utilisation was also influenced more by personal and organizational, than interpersonal, factors. Utilisation was enabled by intrinsic motivation, perceived utility and feasibility of ideas and a departmental climate supportive of teaching. Utilisation was hindered by workload (administrative, undergraduate teaching, research and postgraduate teaching) but not by a lack of either confidence or a sense of self-efficacy.

Take home message: While the HBT CF proved useful, qualitative data we collected added dimensions to our results that transcended those of the CF used. Our data align better with a recently published refinement of a model of the transfer of training. Applying CFs should contribute to the design of conceptually stronger FD programs.

5D Oral presentations

Magbagbeola David Dairo

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Title: Time to get Online: Ibadan Postgraduate Students Root For Distance Learning
Author: Dr MD. Dairo, Department of Epidemiology and Medical Statistics, College of Medicine, University of Ibadan, Nigeria

Background: The Master of Public Health (MPH) degree is a mandatory requirement for appointment of public health officers in both private and public health sector in Nigeria, unfortunately admission has been limited due to infrastructural constraints. Delivery of the MPH curriculum as distance learning offers a solution.

Purpose /Aim: This study examined the feasibility and acceptability of a distance learning MPH programme to applicants as a necessary condition to determine its introduction in the institution.

Methods: A self administered questionnaire was used to collect data on demographic variables, nature of employment, desirability of a distance learning module and motivation to enroll for a distance learning MPH programme.

Results: Many applicants (40%) are engaged in paid employment and 67.8% worked 6-8 hours daily. Applicants indicate access (96.5%) to personal computers, mainly laptops (92.9%). Internet access ranges from all day (45.4%) to only 2-3 hours daily (8.5%). Most applicants access the internet at home (35.5%), both home and office (22%) and mobile telephone devices (24.8%). Most considered themselves skilful (95.1%) in its use. About 49.6% of the applicants have previous experience accessing online instruction and are willing (84.4%) and enthusiastic (75.9%) to receive online modules of instruction. About half (53.9%) consider such modules effective and of the same quality (50.4%) as traditional learning. Reasons for preferring online instruction include inconveniences of large classes (50.4%), ease of learning (16.3%) and having other commitments (14.9%). Blended audiovisuals with written modules (53.9%) is the preferred online mode of course delivery.

Conclusion and take home message: The findings from this study indicate that infrastructural capacity and attitudinal disposition to uptake online mode of instruction is high among applicants into the MPH degree programme. Institutional policy change and curriculum development are therefore required to exploit the opportunity.

Sindi Mthembu
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Title: Postgraduate students’ perception of online learning in a Selected Nursing Education Institution in KwaZulu-Natal

Authors: Valerie Mdunge, MN, UKZN, Lecturer KwaZulu-Natal College of Nursing, Ntombifikile Mtshali, PhD, UKZN, Professor School of Nursing & Public Health, Sindisiwe Mthembu, PhD, UKZN, Lecturer KwaZulu-Natal College of Nursing

Background: Online learning is becoming an indispensable complementary teaching and learning tool and has been an integral aspect of education in many tertiary institutions around the world. In nurse
education and training, online learning, web-based learning or e-learning is a fundamental necessity, especially in the light of the growing shift into information and communication technology (ICT)

**Purpose/Context:** To explore the online learning experiences of postgraduate nursing education students at a selected nursing education institution in KwaZulu-Natal.

**Methods:** A qualitative exploratory design was used. Data was collected through semi-structured interviews from sixteen postgraduate nursing education students and thematic data analysis was used. Ethics to conduct the study was secured from the University Ethics committee.

**Results/Discussion:** Themes that emerged focused on four areas, engaging with information technology, online learning process, facilitator’s role and expertise, knowledge construction process, empowerment personally and academically, challenges and recommendations. The role and expertise of the online facilitator emerged as critical in guiding, supporting the learning process and ensuring that all participants engage in the learning process to facilitate deep learning. Intensive engagement with learning material before the online session, engaging with and critiquing work posted by peers online, the process of generating new knowledge or context driven knowledge, easy access, convenience and flexibility in terms of time emerged as benefits associated with online learning. Asynchronicity and flexibility regarding time to engage with online content, availability of facilitator to engage with students online, financial cost and technical expertise emerged as challenges.

**Conclusion:** Although a large majority of participants had never taken an online class prior to this course, the overall perception of online learning was positive. The positive aspect outweighed the negative ones.

**Take home message:** Online learning is a worthwhile experience that facilitates personal and academic development.

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**Title:** The neglected grass root adoption of mobile phones as learning tools in resource-limited settings.
A study from advanced midwifery education in KwaZulu-Natal, South Africa

**Authors:** Petra Brysiewicz*, Christoph Pimmer*, Urs Größbierl*, Fiona Walters*, Sebastian Linxen* & Jennifer Chipps*

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Background/rationale: Many mhealth and mlearning interventions fail, because they adopt a technocentric view and ignore the local context. To address this, the present study investigated the ‘organic’ adoption and educational usage of mobile phones by health workers in rural health settings.

Methods: A qualitative study was conducted interviewing nursing/advanced midwifery students, facilitators and nursing managers from rural, resource-constrained regions in the province of KwaZulu-Natal, South Africa. Content analysis used the concepts of Community of Inquiry theory as ‘a priori-constructs’.

Results: The research revealed a number of unexpected learning and teaching practices - based on the grass-root adoption of mobile phone functions and in particular social apps. These practices involved cognitive, teaching and social presence as well as reflective practice and enabled rich educational experiences - according to the Community of Inquiry Theory.”

Theoretical discussion: ‘Traditional’ communities of inquiry are based on pre-determined online environments. By contrast, learners used bundles of phone-based functions/apps to embed mobile and blended communities and other resources that were fragmented across social, temporal, topical, geographical, digital and ‘real’ spaces in the inquiry process in very dynamic ways.

Conclusion: In view of future mHealth and mobile learning efforts, mobile phones appear to be particularly suitable to facilitate competence development in the following ways: (a) problem solving and situated co-construction of local knowledge (b) socio-cultural participation - to alleviate professional isolation; (c) connecting learning in workplaces with formal education systems; and (d) addressing unpredictable opportunities and challenges that are typical for the changing and provisional (health) contexts observed. Instead of ignoring the revealed practices, health and education institutions are well advised to support learners in media literacy - enabling them to more effectively and critically use existing (mobile) technologies.

Steve Walsh
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Title: Enhanced Video Podcasting and its Potential for Transformative Learning

Authors: S Walsh, M de Villiers

Background: To assist our students with learning, we created enhanced podcasts of all the second year MBChB lectures during 2012. Our study used enhanced non-segmented podcasts with a conceptual focus for receptive viewing.

Methods: The lecturer’s PowerPoint slideshow together with the audio of their lecture was converted into an enhanced podcast (video) of the lecture and placed on the Blackboard Learning Management System for the class to view and download.

Data was collected by means of a questionnaire and a focus group to evaluate the intervention. Examination results from 2012 were compared to those of previous classes.
Results and Discussion: Ninety-five percent of students rated the podcasts as beneficial or extremely beneficial. Our students came up with a novel use of podcasts: playing the podcast at 1.5 times its normal speed; podcasts benefited with language issues; they could evaluate the quality of the lecture; and object to test questions they felt were unfair because the content was not covered in class. One of the major hurdles we had to overcome was how podcasting impacts on copyright and aspects of this are discussed. Feedback from our lecturers and the student’s focus group indicated that podcasts did not result in significant non-attendance of classes.

Conclusions: The medical curriculum is acknowledged to suffer from information overload. Our students mostly found podcasts beneficial for clarifying concepts they did not grasp in class. The feedback provided useful pointers for improving the process and has resulted in all podcasts being made available online to all students and faculty. We see the podcasts as one of the foundational enablers in implementing transformative learning, as podcasts can facilitate the flipped classroom approach.

SE Oral presentations

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Title: Out of the box teaching: teaching for different learning styles

Introduction: Historically teaching has been left to the interpretation of the respective teacher, creating as many views and methods as there are teachers. Traditionally the way the teacher learns becomes the way they view learning which impacts on the way they teach. In essence ‘we teach students to receive information, the way we believe information is received.’ What determines how information received, is thus influenced by the learning style of the individual. Learning styles in this context are referred as classed in the VAK Learning Styles Self Assessment Questionnaire viz. visual, auditory and kinesthetic. These learning styles promote successful lifelong learning as the focus is on how you learn rather than what you learn. There are those students whose learning needs are not met by traditional teaching methods; and this has created the birth of innovative teaching methods.

Aim: To introduce learning styles in higher education and review the relationship between the application of learning styles in order to address the shortfalls of traditional teaching by introducing innovative teaching methods.

Methodology: The study covered two programmes; Clinical technology and Dental assisting in the Faculty of Health and Environmental Sciences. A total of 76 first year students participated and completed a VAK Learning Styles Self-Assessment questionnaire which addressed their learning styles.
Results: The data revealed 28 visual; 15 auditory; 30 kinaesthetic and one with an equal score in all categories and one who scored equal in auditory and kinaesthetic.

Conclusion: The majority of the students are kinaesthetic and visual so the teaching elements in both programs need to consider the needs of these students.

Take home message
It’s important to know learning styles to be able to address student needs and innovative teaching must be introduced for shortfalls discovered.

Laetitia Furst
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Title: The Effect of Teaching Methods Used As Experienced and Perceived By Student Nurses at a Nursing College in the Western Cape Province

Authors: Mrs. Laetitia Furst & Dr. E. Stellenberg

Background: The 21st century teaching environment is unique in its diversity, and challenges academic staff to create a teaching environment that is conducive to all current learners. Various teaching methods are available and affordable, but technology remains an essential investment for the future of higher education institutions.

Aim: The aim of the study was to evaluate the perceptions of student nurses regarding the effectiveness of the teaching methods which they experienced at a nursing college in the Western Cape Province.

Methods: An explorative descriptive research design with a quantitative approach. The target population of 1238 nursing students following the R425 programme. Stratified random sampling selected the sample of participants 267. A self-administered questionnaire with predominantly closed questions was personally administered by researcher.

Findings: Results include a significant difference in generation X participants and the green/whiteboard teaching methods (Spearman p-value = 0.02) and their preference of the traditional lecture as a teaching method (Spearman p-value = <0.01). The perceived effectiveness of the teaching methods on student performance varied between very helpful and not helpful. Only (n = 49/19%) of participants experienced the traditional lecture as being very helpful on their general academic performance, in comparison to the effect of group work (n = 69/26%) and self-activity (n = 102/39%). Open-ended questions showed that participants regarded the teaching strategies as boring and ancient and that much of the unhappiness expressed stems from the difference in the needs of millennials and the lack of change and obstinacy existing amongst academics.
**Recommendations:** Recommendations include an increase in the use of technology, a blended approach to teaching, the re-training of academic staff, measures in counteracting a boring classroom environment.

**Conclusion:** In conclusion should recommendations be implemented a complete transformation of the college under study will result. It may force the education institution to move out of complacency, to a more vigorous and dynamic education environment that enables them to emerge as an Higher Education Institution (HEI) of good standing.

Natalie Nel  
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**Title:** Nursing Students' Experiences Using Simulation as a Clinical Teaching Method in South Africa

**Authors:** N Nel; Dr. E Stellenberg

**Background:** Given the pivotal role that simulation plays in teaching students clinical skills, it is important to understand the experience students have utilizing simulation laboratories.

**Aim:** Exploring the experience of primary health care students utilizing simulation laboratories.

**Method:** Descriptive qualitative research design was applied. Purposive sampling of 10 individual interviews and a focus group of seven participants were drawn from the primary health care students who successfully completed the programme the preceding year. Data were collected by two trained fieldworkers and transcribed by the researcher. Ethics approval was obtained from the University of Stellenbosch and informed consent from the participants.

**Findings** showed that the students are in favour of simulation as a foundation phase in their programme but preferred to be introduced to an actual human being. “...it already began laying the foundation to work with the patients and stuff. It gives reassurance that you at least know something.” Students felt more confident and competent after practicing on human beings. Member checking was done to determine the validity of data analyses.

**Recommendation:** The use of mannequins for the foundation phase should be maintained. However, the introduction of human beings for students to practise on after practising on a mannequin should become part of the learning opportunities.

**Conclusion:** Simulation as a clinical teaching method ensured a good foundation phase but students felt more competent and confident after practicing on human beings.
Title: Multidisciplinary Learning: Joint Patient Encounters with Undergraduate Medical and Pharmacy Students

Authors: Deanne Johnston, Shirra Moch, Oluwafolajimi Fadahun, Lionel Green-Thompson, Patricia McInerney, Preyesh Goven Shiba

Background: Multidisciplinary approaches in the education of pharmacy and medical students have had reported benefits. Medical students are perceived to have stronger diagnostic skills while pharmacy students are seen to have superior medication knowledge. The Wits Faculty of Health Sciences offers degrees in both pharmacy and medicine on the same campus and is therefore in an ideal situation to implement and assess inter-disciplinary learning encounters between these two groups of students.

Aim: The aim of this study was to firstly, implement combined clinical learning opportunities where medical and pharmacy students would jointly see patients and secondly, to establish the students’ perceptions of these joint learning opportunities.

Methods: A total of forty-five registered students comprising of fifteen final year pharmacy students and thirty third year medical students were invited to participate in the joint patient encounter. Fifteen groups were formed from the pool of participants; each group consisted of two medical students paired with one pharmacy student. The students remained in these groups for the 8 week period of the study at Charlotte Maxeke Johannesburg Academic Hospital. During the study, they jointly assessed patient records and participated in the patient consultation guided by a supervising doctor. Students who participated in the encounter were invited to attend a discipline-specific focus group discussion where they shared their perceptions and experiences. The two discipline-specific focus groups were asked the same primary and probing questions by interviewers.

Results and discussion:
Three themes were identified: the meeting of professions, the value of the shared experience and the patient as source of learning.

Conclusion: There are potential benefits for both healthcare professionals and patients when adopting multidisciplinary approaches in teaching and learning.
Title: Introducing a novel assessment instrument designed to address students’ Xhosa language skills in the clinical consultation

Authors: Ms Madelé du Plessis, Dr Christina Tan, Dr Philip Lewis and Prof MR De Villiers

Background / Context: In 2011, Stellenbosch University Faculty of Medicine and Health Sciences (SUFMHS) embarked on a new initiative in teaching students language in communication with patients so as to improve health care service delivery. This includes the implementation of Xhosa and Afrikaans courses in the undergraduate programmes, starting with the Bachelor of Speech-Language and Hearing Therapy and Bachelor of Science in Dietetics degrees. As the focus for students is on learning how to communicate competently in a clinical context, there is also a need to develop effective and appropriate assessment instruments.

Aim / Purpose: The aim is to refine an existing assessment instrument in order to make it more appropriate for the purpose of assessing language of communication skills in a clinical context, and implement its use at SUFMHS.

Methods: An assessment instrument, with emphasis on assessing a student’s ability to incorporate relevant clinical skills in a communicatively competent manner, was refined and developed jointly by linguists and clinicians. This is used to assess Human Nutrition students in role plays with simulated patients. Simulated patients are also required to assess students on aspects they consider important for improving quality of patient care. Students, lecturers and simulated patients are then surveyed on their perceptions of the newly-refined assessment instrument to gauge its acceptability.

Results and discussion: This is an ongoing study. The process of refining, developing and implementing the assessment instrument is described. The assessment by the simulated patients, as well as the responses from the survey will be summarised and documented.

Conclusion / Take home message: This study is striving towards further development of this novel assessment instrument designed to address students’ Xhosa language skills in the clinical consultation. Interprofessional participation and collaboration has been critical in the refinement and development of this assessment instrument.
Authors: Ms Linda Mhlabeni, Dr Philip Lewis and Prof Marietjie de Villiers

Background/Context: The necessity to improve the increasing communication challenges experienced among health professionals and patients is a focal point in the South African multilingual society. This predicament is currently being addressed by many universities in the country. Stellenbosch University Faculty of Medicine and Health Sciences (SUFMHS) has embarked on numerous innovative initiatives to develop and improve students’ clinical communication proficiencies with non-language concordant patients. This presentation reflects on the development and application of student response systems (SRS) as a formative assessment tool in isiXhosa teaching and learning interventions.

Aim/Purpose: This presentation aims to demonstrate the design, development and application of this technologically-based tool to assist with clinical consultation assessment procedures in learning isiXhosa and to prepare students for simulated OSCE’s. The implementation is informed by a study designed to investigate students’ user-satisfaction and application of the SRS platform for isiXhosa.

Methods: Experiences with the development and application of SRSs used in isiXhosa formative assessment procedures together with its strengths and challenges are reported by the presenter. This project is also informed by a pilot study focusing on students’ and lecturers’ user-satisfaction views on this alternative assessment approach.

Results and discussion: 50 Occupational Therapy first year students have been identified to participate in this pilot study. The findings of the study will be available by October 2013 and will open avenues to further analyses to improve the application of future SRS related developments as well as envisaged endeavours to support and reinforce students’ isiXhosa communication skills.

Conclusion/Take home message: South Africa is faced with huge language barriers in the healthcare sector. We trust that by developing this novel formative assessment approach for isiXhosa teaching and learning we will be able to contribute towards enhancing the learning of an African language for health professionals in order to improve quality patient care in our health services.

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Title: Supervisor-student engagement: Do we ask the right questions?

Author: H Friedrich-Nel & J Mac Kinnon

Background: The roles and responsibilities of the research supervisor are not universally agreed upon, and so this is an area that creates active debate in the literature. The function of the research supervisor is to assist the student in completing a script, dissertation or a thesis and by doing so attain the outcomes of research. The supervisor also has to provide ‘information to transformation’ to support
the student in becoming an independent professional researcher and scholar as well as develop critical thinking and problem solving abilities.

**Purpose:** The question was if the right questions are asked during research supervision so that outcomes such as critical thinking and problem solving are attained.

**Methods:** A qualitative study exploring the perceptions of supervisors was conducted at a University of Technology as a case study. Postgraduate research supervisors in the Faculty of Health and Environmental Sciences responded to an e-mail request to provide details of their approaches in postgraduate supervision. Content analysis was used to analyse the data. Concepts were created and grouped according to subthemes.

**Results and discussion:** Three themes emerged from the data collected from the supervisors who responded, namely the mechanics of the supervision, the environment in which the supervision was performed, and the attitude of the supervisor. Additionally supervisors indicated a preference for discourse rather than just feedback, a preference for face-to-face meetings and that feedback needs to be regular.

**Conclusion:** Supervisors were silent about challenging the students to facilitate critical thinking during the feedback sessions.

**Take home message:** The postgraduate supervision process should aim to transform the student into an independent scholar, attain the research outcomes and encourage critical thinking and problem solving. For this reason the right questions need to be asked.

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**Title:** A patient’s experience of critical illness - Informing those who cure/care

**Authors:** Cornelia Drenth (Ph.D Social Work)

**Background / Context:** Critical illness, admission to an intensive care unit and prolonged hospitalisation all impact on the psychosocial functioning of an individual.

**Aim / Purpose:** There is a dearth of qualitative studies on the patient’s psychosocial reactions to critical care. In this presentation I explore my own experience as a critical ill patient (being hospitalised for 127 days) and the recovery from this illness.

**Methods:** I conducted an autoethnographic study to add knowledge to the scarcity of research from the patient’s point of view. In autoethnography the researcher draws on his/her own lived experience and makes a connection between the self and others within the same context.
Results and discussion: The following themes were identified from the data: uncertainty and the need to be kept informed, pain and suffering, meaning making and post-loss growth, and a whirlpool of emotions. My experience as a social worker in health care for more than 30 years certainly brought with an understanding of some issues impacting on the patient who experiences a critical illness. Being dependent on the doctors’ calls, care of nursing staff and dependency on my husband after discharge influenced my self-image. I feared being alone and was trapped in my own small world of uncertainty. The themes emerging from the data may not be new, but certainly emphasize the importance of this knowledge for the interdisciplinary team engaging in the world of the critically ill patient.

Conclusion / Take home message: Psychosocial care for patients in intensive care has lagged behind for physical problems. The importance of monitoring ICU patient’s psychosocial outcome and not just their physical outcome is highlighted by several authors and confirmed by my experience. My experience of critical illness leads to recommendations for care of the patient in ICU.

Workshop 9
Prof John Norcini - Workplace Based Assessment

The goal of this session is to familiarize the participants with some of the workplace-based assessments methods currently being used. It will highlight the importance of formative assessment in learning, review some of the research on the methods, present a model for faculty development, and describe some of the current research on feedback to trainees. Active participation will be encouraged throughout and small group activities will focus on developing a faculty consensus on assessment standards and using the methods to provide effective feedback to trainees.

Workshop 10
Prof Thomas Hilt - Reviewing for DynaMed as Scholarly Activity

An Introduction to DynaMed, DynaMed peer review and how DynaMed peer review participation meets scholarly activity requirements in the United States and in South Africa. A significant portion of a peer review will be conducted live with the audience to show how it is done. Publication outlets available through DynaMed Community will also be discussed.

Workshop 11
Prof Neil Prose - “Difficult Conversations: An Innovative Approach to Teaching Doctor-Patient Communication”

Background: Multiple studies illustrate the critical importance of empathic communication in the delivery of health care. In South Africa, where communication across cultures is a frequent occurrence, these skills become especially important.
Context; Aim: Communications skills are traditionally taught in the first few years of medical school. We have observed that students who are further along in their medical school training, and registrars, can benefit enormously from workshops that focus on the management of particular “difficult conversations.” We believe that these learners have sufficient life experience in the health care arena to appreciate the importance of communication, and are able to recognize the situations which are especially difficult for them.

Methods and Results: In a typical workshop, we ask participants to name and describe the patient encounters that they have found most difficult. After a brief didactic session that focuses on specific empathic communication skills, the learners are given the opportunity to “re-do” the very encounters that they originally described, while working with a simulated patient. After each role play, feedback is provided. Our post-workshop surveys indicate learners respond to this exercise in a positive manner, and, when queried a month later, the majority have been able to make at least one significant change in the way they interact with patients and their families.

Conclusion and Take Home Message: Those who enroll in this workshop will have a chance to participate in a simulated “difficult conversations” seminar, which will have a particular focus on cross-cultural communication in the South African context. Participants will also be specifically trained in how to create similar learning experiences in their own educational settings.

Workshop 12
Heike Geduld & Lianne Keiller and Julia Blitz: Online activities that engage: Faculty development online

One of the challenges with faculty development is engaging participants who often cannot take a “chunk” of time out of their busy day to attend a workshop. Online faculty development activities offer an alternative approach to engage busy faculty with important ideas in your institution. In this workshop, you will learn how to design fun and engaging online faculty development activities using very simple technologies.