11th Annual Conference

Deconstructed, Decentralised, Decolonised Discourses & Debates: Widening Our Horizon

27-30 June 2018

SAAHE KZN
DEAR SAAHE 2018 PARTICIPANTS

SANIBONA, NAMASTE, WARM GREETINGS

IT IS A GREAT HONOUR TO WELCOME YOU ALL TO THE 11TH ANNUAL CONFERENCE OF THE SOUTH AFRICAN ASSOCIATION OF HEALTH EDUCATIONALISTS. WHETHER YOU ARE NEW TO SAAHE OR A ‘REGULAR’, WE WELCOME YOUR CONTRIBUTIONS. A SPECIAL WELCOME TO ALL OUR STUDENTS AND MY FELLOW ‘SAFRIANS.’ WE CONGRATULATE THE SUB-SAHARAN AFRICAN FAIMER REGIONAL INSTITUTE (SAFRI) ON THEIR 10TH ANNIVERSARY CELEBRATIONS.

WE HOPE THAT THE THEME OF OUR CONFERENCE WILL STIMULATE DECONSTRUCTED, DECENTRALISED, DECOLONISED DISCOURSES & DEBATES AMONGST OURSELVES THAT WILL ULTIMATELY WIDEN OUR HORIZONS.

WE WERE DELIGHTED WITH THE OVERWHELMING RESPONSE TO THE CALL FOR PAPERS. THE PROGRAMME, WHICH HAS SEVERAL NATIONAL AND INTERNATIONAL HIGHLIGHTS IN A VARIETY OF DIFFERENT FORMATS, IS ALSO REFLECTIVE OF THE NOVICE, DEVELOPING AND EXPERT HEALTH EDUCATIONALISTS IN SAAHE, WHOSE RESEARCH EXTENDS WITHIN AND OUTSIDE THE LECTURE ROOMS, AND IS BEGINNING TO EMBRACE MOST ROLE PLAYERS.

A SPECIAL THANK YOU TO THE SAAHE KZN CONFERENCE COMMITTEE, WHO WORKED DETERMINEDLY TO ENSURE THE SUCCESS OF SAAHE 2018. WE ALSO EXPRESS OUR SINCERE THANKS TO OUR STUDENT ASSISTANTS, THE CHAIRS, JUDGES, REVIEWERS, SPONSORS, EXHIBITORS AND SERVICE PROVIDERS WHOSE CONTRIBUTIONS HAVE MADE THE CONFERENCE POSSIBLE.

AS OUR SAAHE FAMILY GROWS IN STRENGTH, WE WISH YOU ALL AN EXCITING LEARNING EXPERIENCE AS YOU SHARE, COLLABORATE, EXCHANGE AND NETWORK.

WE HOPE YOU TAKE AWAY LOTS OF HAPPY MEMORIES, NOT ONLY OF SAAHE 2018 BUT OF THE SPECIAL MOMENTS DINING AMONGST OUR OCEAN’S TREASURES AND ENJOYING THE BEAUTIFUL SUNSHINE, SURF AND SHOPPING.

WELCOME TO DURBAN – ‘THE WARMEST PLACE TO BE’!

VEENA SINGARAM
SAAHE KZN CHAIR/CONVENOR

CONFERENCE COMMITTEE:
DR VEENA SINGARAM,
PROF TED SOMMERVILLE,
DR SHENUKA SINGH,
DR CHAUNTELLE BAGWANDEEN,
DR SUVIRA RAMLALL,
MS MAUD DONDA,
DR GEETA MAISTRY

REVIEWERS:
1. DR ELIZE ARCHER – STELLENBOSCH UNIVERSITY
2. PROF MARYKUTTY MAMMEN (NMMU)
3. PROF GERDA REITSMA – NORTH WEST UNIVERSITY
4. PROF YOLANDE HEYMANS – NORTH WEST UNIVERSITY
5. PROF CORNE POSTMA – UNIVERSITY OF PRETORIA
6. PROF YVONNE BOTMA – UNIVERSITY OF THE FREE STATE
7. PROF ANN GEORGE – WITS
8. PROF ALIDA HERBST - NORTH WEST UNIVERSITY
9. DR VEENA SINGARAM – UKZN
10. DR TED SOMMERVILLE – UKZN
11. PROF SHENUKA SINGH – UKZN
12. DR SUVIRA RAMLALL – UKZN
13. DR CHAUNTELLE BAGWANDEEN – UKZN
14. DR KIMESH NAIDDOO – UKZN
15. PROF ILSE TRUTER (NMMU)
SPONSORS / EXHIBITORS

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JUTA and Company (Pty) Ltd

University of Kwazulu-Natal

College of Health Sciences
## CONFERENCE PROGRAMME

### Wednesday 27 June 2018

Registration at Gateway Hotel Foyer

<table>
<thead>
<tr>
<th>Time</th>
<th>Venue</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00</td>
<td>Umdoni 1</td>
<td><strong>SUCCEED Preconference Workshop</strong></td>
</tr>
<tr>
<td>14:00</td>
<td>Umdoni 2</td>
<td><strong>SAAHE council meeting</strong></td>
</tr>
<tr>
<td>19:00</td>
<td>SAFRI</td>
<td><strong>– 10th Birthday Celebration (only by invite)</strong></td>
</tr>
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</table>

### Thursday 28 June 2018

Registration at Gateway Hotel Foyer

#### Session 1: Short Communications, Workshops, Posters

<table>
<thead>
<tr>
<th>Time</th>
<th>Umdoni 1</th>
<th>Umdoni 2</th>
<th>Umdoni 3</th>
<th>Cycad</th>
<th>Foyer</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00</td>
<td>S1a Short Communications</td>
<td>S1b Short Communications</td>
<td>S1c Workshop</td>
<td>S1d Workshop</td>
<td>S1e Posters</td>
</tr>
<tr>
<td>08:15</td>
<td>e-learning, technology, blended learning</td>
<td>Graduate competencies</td>
<td>Debriefing</td>
<td>Peer review</td>
<td>Assessment &amp; evaluation</td>
</tr>
<tr>
<td>08:30</td>
<td>L Keiller</td>
<td>SG Temmers</td>
<td>F Cilliers</td>
<td>J Boulet</td>
<td>009 D Sims</td>
</tr>
<tr>
<td>08:45</td>
<td>AM Ingratta</td>
<td>What procedural skills should physicians acquire during training?</td>
<td>J Frantz</td>
<td>V Burch</td>
<td>Lecturers’ conceptions of assessment and factors influencing lecturer assessment practice</td>
</tr>
<tr>
<td>09:00</td>
<td>C Tan</td>
<td>L Green-Thompson</td>
<td>L Mammen</td>
<td>L Wolvaart</td>
<td>051 C Sookoo</td>
</tr>
<tr>
<td>09:15</td>
<td>An investigation into the exit level assessment of clinical competence of medical graduates for the Sub-Saharan African context</td>
<td>Has the CanMEDS framework colonised health professions education?</td>
<td>Becoming a scientific peer reviewer: a useful step in the scholarship ladder</td>
<td>Negative marking: the UKZN experience</td>
<td></td>
</tr>
<tr>
<td>09:30</td>
<td>W Lubbe</td>
<td>WhatsApp – taking teaching outside the classroom</td>
<td>M Koortzen</td>
<td>020 L Smit</td>
<td>133 G Doyle</td>
</tr>
<tr>
<td>09:45</td>
<td>A George</td>
<td>Need to know: a review of medical students’ knowledge of the work of clinical associates.</td>
<td>Competency based medical</td>
<td></td>
<td>Improving the quality of A and R type multiple choice questions through staff development</td>
</tr>
</tbody>
</table>

*Note: Times are in 24-hour format.*
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presentation Title</th>
<th>Speaker(s)</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>9:00 - 9:15</td>
<td>Education at Stellenbosch University: misconceptions and reluctance amongst frontline teachers</td>
<td>perceptions of the development of a blended learning programme for registrar training</td>
<td>J van der Linde</td>
<td>8:30-8:40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>125 J van der Linde: An investigation into the appropriateness of four digital resources for use as an interactive teaching and learning strategy in postgraduate allied healthcare training</td>
<td>JM Louw</td>
<td>8:40-8:50 A Getanda: Experiences of nurse-educators regarding the assessment of undergraduate nursing students at Moi University, Kenya</td>
</tr>
<tr>
<td>9:30 - 9:45</td>
<td>119 K Govender: Evaluating the perceptions of video-based tutorial training in Anaesthesia</td>
<td>039 I Meyer: Exploring the educational interventions to acquire the various dimensions of patient-centredness in undergraduate medical curricula: A scoping review</td>
<td>124 KP Mashige: Development of a multidisciplinary e-Health diabetic retinopathy management strategy for the province of KwaZulu-Natal</td>
<td>043 J van der Linde: An investigation into the appropriateness of four digital resources for use as an interactive teaching and learning strategy in postgraduate allied healthcare training</td>
</tr>
<tr>
<td>9:45 - 10:00</td>
<td>124 KP Mashige: Development of a multidisciplinary e-Health diabetic retinopathy management strategy for the province of KwaZulu-Natal</td>
<td>069 T Munangatire: Learning processes that best support the development of competence in nursing students in Namibia</td>
<td>119 K Govender: Evaluating the perceptions of video-based tutorial training in Anaesthesia</td>
<td>125 JM Louw: Learning person centeredness through a quality improvement cycle: Randomised controlled trial</td>
</tr>
<tr>
<td>10:00 - 10:15</td>
<td>Refreshments: Gateway Hotel Foyer</td>
<td>Refreshments: Gateway Hotel Foyer</td>
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<tr>
<td>Time</td>
<td>Events</td>
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<tr>
<td>10:15-12:30</td>
<td><strong>OFFICIAL OPENING - Umdoni</strong> - Chair: Dr VS Singaram</td>
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<tr>
<td></td>
<td><strong>Official Welcome</strong></td>
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<td></td>
<td>Prof N Dlova, Dean, School of Clinical Medicine, UKZN</td>
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<td></td>
<td>Prof F Cilliers, SAAHE President</td>
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<tr>
<td></td>
<td><strong>Introduction to SAAHE 2018 Programme</strong></td>
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<tr>
<td></td>
<td>Dr VS Singaram, SAAHE KZN Chair, School of Clinical Medicine, UKZN</td>
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<td></td>
<td><strong>Musical and Poetry Interlude</strong></td>
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<td></td>
<td>The Voice Art Club – MBCHB STUDENTS, UKZN</td>
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</tbody>
</table>
|              | **Keynote 1: Deconstructing decolonisation/decoloniality in health professions education**  
|              | Prof Elelwani Ramugondo, UCT, South Africa                            |
|              | **Keynote 2: Deconstructing professional competence – what, who, how and why are we assessing?**  
<p>|              | Prof Cees van der Vleuten, Maastricht University, The Netherlands      |
| 12:30-13:15  | <strong>Lunch – Gateway Hotel Restaurant</strong>                                   |
|              | <strong>SAFRI AGM – Cycad</strong>                                                  |
| 13:15-15:15  | <strong>Session 2: Short Communications, PechaKucha, Workshops, Posters</strong>    |
|              | <strong>Umdoni 1 S2a</strong>                                                       |
|              | Short Communications                                                    |
|              | Decolonised discourse                                                  |
|              | 106 I Couper                                                           |
|              | The influence on distributed clinical training sites of undergraduate student placements |
|              | 13:15-13:25                                                            |
|              | 084 JS Brits                                                           |
|              | Crossing boundaries: widening my horizon                              |
|              | 13:25-13:35                                                            |
|              | <strong>Umdoni 2 S2b</strong>                                                       |
|              | PechaKucha                                                             |
|              | 126 SAAHE SIG                                                          |
|              | Dr E Archer                                                            |
|              | B Espen                                                                |
|              | M Labuscagne                                                           |
|              | Debriefing; using Advocacy with Inquiry                                |
|              | 018 TC Postma                                                           |
|              | R Maart                                                                |
|              | A Ingratta                                                             |
|              | D Hess                                                                  |
|              | Clinical teaching (Part 1) – constructive feedback for patient centred competence |
| 13:30-13:45  | <strong>Umdoni 3 S2c</strong>                                                       |
|              | Workshop                                                               |
|              | 005 B Masava                                                           |
|              | The broken triangle: An evaluation of alignment in a nursing curriculum in Lesotho |
|              | 13:30-13:45                                                            |
|              | <strong>Cycad S2d Workshop</strong>                                                |
|              | 002 P Shanduka                                                         |
|              | Student midwives’use of the partogram at a district hospital in Lesotho |
| 13:45-14:00  | <strong>Foyer S2e Posters</strong>                                                 |
|              | <strong>Curriculum</strong>                                                         |
|              | 093 DJ Mothabeng                                                       |
|              | Towards an understanding                                               |
|              | 13:45-14:00                                                            |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>14:00-14:15</td>
<td>006 <strong>K Naidoo</strong>&lt;br&gt;The role of alienation and engagement in medical communities of practice</td>
</tr>
<tr>
<td>13:45-13:55</td>
<td>083 <strong>M Janse van Rensburg</strong>&lt;br&gt;Applying the Capability model to Community Health Worker education</td>
</tr>
<tr>
<td>14:15-14:30</td>
<td>046 <strong>C Hartmann</strong>&lt;br&gt;Anatomy: an unexplored opportunity to discuss multiple narratives in the South African context?</td>
</tr>
<tr>
<td>13:55-14:05</td>
<td>017 <strong>L Badlangana</strong>&lt;br&gt;Collaboration between new medical schools in Southern Africa: opportunities and challenges for CONSAMS</td>
</tr>
<tr>
<td>14:30-14:45</td>
<td>059 <strong>EM de Vries</strong>&lt;br&gt;Inclusion of transgender health in medical curricula - this is why!</td>
</tr>
<tr>
<td>14:05-14:15</td>
<td>159 <strong>S Cobbing</strong>&lt;br&gt;Reflections on a first year of decentralised clinical training</td>
</tr>
<tr>
<td>14:45-15:00</td>
<td>061 <strong>K Smit</strong>&lt;br&gt;DOQ – a novel ‘decolonised’ approach to the development of a questionnaire</td>
</tr>
<tr>
<td>Time</td>
<td>Session 3: Short Communications, PechaKucha, Workshops, Posters</td>
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<tr>
<td>14:15-14:25</td>
<td>089 A Rhoda Health Sciences students’ experiences of an augmented tutoring programme</td>
</tr>
<tr>
<td>14:25-14:35</td>
<td>134 AC Turner Medical students’ interest in research: the carrot and the stick</td>
</tr>
<tr>
<td>14:35-14:45</td>
<td>140 R PUNCHOO An evaluation of a pilot laboratory-based research module in undergraduate medicine</td>
</tr>
<tr>
<td>15:15 - 15:30</td>
<td>Refreshments : Gateway Hotel Foyer</td>
</tr>
<tr>
<td>15:45-16:00</td>
<td>044 AA Khine Flipped classroom deconstructed and adapted for a cultural need</td>
</tr>
<tr>
<td>16:00-16:15</td>
<td>082 C Nel Promoting Justice in Education: Examining Assessment practices</td>
</tr>
</tbody>
</table>

### Session 3a: Short Communications

- **Deconstructed discourse**

### Session 3b: PechaKucha

- **Innovation in teaching & learning**
  - 117 M Naidoo The pearls and pitfalls of setting high quality multiple choice questions
  - 037 P Ramson Alternative teaching and learning practices for ocular anatomy

### Session 3c: Workshops

- **Workshop**
  - 019 S Ramklass M Matthews Widening our horizons: a participatory curriculum mapping project in a medical school

### Session 3d: Workshops

- **Workshop**
  - 010 N Hartman Decentralized learning sites facilitate decolonized education

### Session 3e: Posters

- **Decentralised discourse**
  - 023 CN Nyoni Sustaining a newly implemented nursing curriculum: the experiences of villagers in rural Lesotho
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 16:15-16:30 | **MC Ramafikeng**  
Teaching in practice education: the influence of relationships and perception on pedagogy |

| 16:30-16:45 | **A Swanepoel**  
Deconstruct student academic success in an Occupational Therapy programme |

| 16:45-17:00 | **H Friedrich-Nel**  
Towards a radiography curriculum framework: Deconstructing and reconstructing knowledge, competencies and attributes |

| 17:00-17:15 | **L Hudson**  
Deconstructing knowledge transfer from the Physics 1 classroom to the clinical setting |

| 17:15-17:30 | **N Mienzana**  
Perceptions of undergraduate students regarding interprofessionalion |

| 15:50-16:00 | **T Rabie**  
The Starfish project |

| 16:00-16:10 | **Y Irwin**  
Pharmacy students' opinions and experiences working on board the Transnet-Phelophepa health care trains |

| 16:10-16:20 | **P Govender**  
The I-DecT project: integrated decentralised training for health professions at UKZN |

| 16:20-16:30 | **NCT Chemane**  
Development of a model for clinical education: a proposal for physiotherapy undergraduate students at UKZN |

| 16:30-16:40 | **I Moodley**  
Decentralised training as perceived by Dental Therapy students |

| 16:40-16:50 | **A du Preez**  
Decentralized interprofessional education for undergraduate nursing students |

<p>| 17:30-18:30 | <strong>SAAHE AGM – Cycad</strong> |</p>
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<tr>
<th>19:00</th>
<th>Welcome Cocktail - Umdoni 1 – Chair: Prof F Cilliers, SAAHE President</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Keynote 3: ASSAf Consensus Study report: reconceptualising health professions education for the improved health of the nation</strong></td>
</tr>
<tr>
<td></td>
<td>Prof S Essack, ASSAf Representative</td>
</tr>
</tbody>
</table>
### Friday 29 June 2018

**Registration at Gateway Hotel**

#### Umdoni 1 – Chair: Prof TE Sommerville

**Keynote 4: Crossing boundaries: discourses and debates to widen our horizons**

*Dr Glenda H. Eoyang, Human Systems Dynamics Institute, Minnesota*

**Decentralised Training Symposium: Chair: Dr B Gaede**

*Dr T Khanyile, Dr E Pons, Ms M Bezuidenhout, Ahmed Raja /Lindokuhle Ntshangase, Dr J Musonda, Prof M de Villiers and Dr A Kent*

#### 10:00-10:15

**Refreshments: Gateway Hotel Foyer**

#### 10:15-12:15

**Session 4: Short Communications, Workshops, Posters**

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<thead>
<tr>
<th>Umdoni 1 S4a</th>
<th>Umdoni 2 S4b</th>
<th>Umdoni 3 S4c</th>
<th>Cycad S4d Workshop</th>
<th>Foyer S4e Posters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Communications</td>
<td>Short Communications</td>
<td>Workshop</td>
<td>Graduate Competencies</td>
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<tr>
<td>Decentralised discourse</td>
<td>Postgraduate education</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:15-10:30</td>
<td>Decentralised discourse</td>
<td>M De Villiers, A framework for effective decentralised training in the health professions</td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>Decentralised discourse</td>
<td>J.V. Muller, Distributed training platform coordinators: voices from the other side of the mountain</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Decentralised discourse</td>
<td>K. Naidoo, Medical students’ perceptions of interprofessional education following a work-based programme on the decentralised learning platform at UKZN.</td>
</tr>
<tr>
<td>11:00-11:15</td>
<td>Decentralised discourse</td>
<td>Z Tshabalala, Perceptions of facilitators in a decentralized BCMP Programme</td>
</tr>
<tr>
<td>10:15-10:25</td>
<td>Postgraduate education</td>
<td>Z Tshabalala, Perceptions of facilitators in a decentralized BCMP Programme</td>
</tr>
<tr>
<td>10:25-10:35</td>
<td>Postgraduate education</td>
<td>I Govender, Knowledge, attitude, behaviour and beliefs of Sefako Makgatha Health Sciences University undergraduate students regarding HIV and AIDS</td>
</tr>
<tr>
<td>10:35-10:45</td>
<td>Postgraduate education</td>
<td>SR Smit, Exploring the learning opportunities of an innovative teaching method in a...</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Postgraduate education</td>
<td>S Mohamed, The learning styles and study behaviours of registrars in a South African anaesthetic postgraduate programme</td>
</tr>
<tr>
<td>11:00-11:25</td>
<td>Postgraduate education</td>
<td>S Mohamed, The learning styles and study behaviours of registrars in a South African anaesthetic postgraduate programme</td>
</tr>
</tbody>
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### Keynote 4: Crossing boundaries: discourses and debates to widen our horizons

**Dr Glenda H. Eoyang, Human Systems Dynamics Institute, Minnesota**

### Decentralised Training Symposium: Chair: Dr B Gaede

*Dr T Khanyile, Dr E Pons, Ms M Bezuidenhout, Ahmed Raja /Lindokuhle Ntshangase, Dr J Musonda, Prof M de Villiers and Dr A Kent*
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 11:15-11:30| **M Kaskar**  
Students' perceptions of the decolonisation of the curriculum: a cross-sectional study |
| 11:30-11:45| **J Cloete**  
Postgraduate paediatric student engagement in a clinical skills program |
| 11:45-12:00| **T. Lorenzo**  
A decentralised approach to building postgraduate research and professional capacity in Disability Studies: Bringing in the voices of rural community disability workers |
| 12:00-12:15| **M Naidoo**  
An evaluation of the emergency care training workshops in the province of KwaZulu-Natal, South Africa. |
| 12:15-13:00| **S Cuthbert**  
Postgraduate education in anaesthesiology in Johannesburg, South Africa: qualitative reflections from registrars |
| Lunch – Gateway Hotel Restaurant | constructivist classroom environment  
10:45-10:55  
156  
**F Oosthuizen**  
Situational analysis: the need for inter-professional curricula to teach core competencies in health sciences.  
10:55-11:05  
091  
**A Rhoda**  
“The Amazing Race” as a strategy to widen our horizon as we facilitate inter-professional teamwork amongst South African health science students  
11:05-11:15  
163  
**M Jansen**  
Interprofessional education: implementing a simulation activity for healthcare professionals in a hospital.  
11:15-11:25  
144  
**NV Roman**  
‘To write or not to write’: flourishing health professionals through writing retreats  
11:25-11:35  
108  
**A Ross**  
Staffing levels at district hospitals in KwaZulu Natal: Is UKZN training for the needs of the province? |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session 5: Short Communications, Workshops, Posters</th>
</tr>
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<tbody>
<tr>
<td>13:00-13:15</td>
<td><strong>Umdoni 1 S5a</strong> Short Communications Curriculum</td>
</tr>
<tr>
<td>13:00-13:15</td>
<td>S Reid</td>
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<td>'Medicine' for the social determinants of health: the role of critical health humanities and the arts in health sciences education</td>
</tr>
<tr>
<td>13:15-13:30</td>
<td><strong>Umdoni 2 S5b</strong> Short Communications Faculty development</td>
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<tr>
<td>13:15-13:30</td>
<td>B Gerber</td>
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<td>Medical humanities content in undergraduate medical</td>
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<td>13:30-13:45</td>
<td><strong>Umdoni 3 S5c</strong> Workshop</td>
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<tr>
<td>13:30-13:45</td>
<td>E van Pletzen</td>
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<td>Using cohort performance data to explore inclusive design of a medical curriculum for a diverse student body</td>
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<tr>
<td>13:45-14:00</td>
<td><strong>Cycad S5d</strong> Workshop</td>
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<td>13:45-14:00</td>
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<td>Peer-assisted learning as an academic advising tool for ECP Health students</td>
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<td>Role-play is used to create empathetic Healthcare Practitioners</td>
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<td>'Medicine' for the social determinants of health: the role of critical health humanities and the arts in health sciences education</td>
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<td>The perceptions of the basic and pre-clinical Science lecturers at the Sefako Makgatho Health Sciences University on their need for Health professions educator development</td>
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<td>Exploring personal aspirations of newly qualified doctors in a narrative study</td>
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| 14:30-14:45  | **053 GC Botha**  
Status of undergraduate medical programme curriculum mapping at South African Medical Schools  
**110 F Peters**  
A reflection on my career as medical educator 10 years post SAAHE |
| 048          | **L Bocchino**  
Non-medical use of prescription stimulants by medical students in a South African university  
**BY Uys**  
Blackboard facilitation: reflection used to explore students’ evidence-based experiences in the clinical field  
**B Donda**  
Narratives of challenges of assimilation faced by returning students |
| 14:45-15:00  | **Refreshments: Gateway Hotel Foyer** |
| 15:00-16:30  | **Umdoni 1 S6a**  
Short Communications  
Curriculum  
**Umdoni 2 S6b**  
Short Communications  
Student perceptions & attributes  
**Umdoni 3 S6c**  
Workshop  
**Cycad S6d**  
Workshop |
| 15:15-15:30  | **109 M Bester**  
Differentiating forms of professional knowledge in higher education curricula  
**063 BY Uys**  
The effect of an evidence-based practice module on the EBP beliefs and EBP implementation of undergraduate nursing students  
**107 C Tan**  
**E Archer**  
**L Wolvaardt**  
The novice’s guide to contemplating PhDs  
**147 A Ingratta**  
The development of clinical reasoning training for medical registrars at the University of the Witwatersrand  
**004 S Reid**  
Compulsory Community Service as a "testing ground" for the Undergraduate Education of Health Professionals in South Africa |
| 15:30-15:45  | **102 D Naidoo**  
Factors for consideration when aligning Occupational Therapy education with primary health care Practice in a KwaZulu-Natal setting  
**147 A Ingratta**  
The development of clinical reasoning training for medical registrars at the University of the Witwatersrand  
**111 G Wolvaardt**  
Development  
**147 A Ingratta**  
The development of clinical reasoning training for medical registrars at the University of the Witwatersrand  
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| 15:45-16:00  | **111 G Wolvaardt**  
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**052 V Vilakazi**  
Preceptors perception: experiential |
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<td>Cascade training can work – what we learned from training EMS personnel</td>
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<td>16:15-</td>
<td>The impact of various teaching innovations on a summative OSCE of 3rd</td>
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<td>year medical students: a retrospective document analysis.</td>
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<td>16:15-</td>
<td>The value of using patient actors in communication skills training</td>
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<td>Introduction to peer assisted learning in two undergraduate radiography</td>
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<td>18h00</td>
<td>Buses leave Gateway to Ushaka Marine World</td>
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<td>19h00</td>
<td>Gala dinner – Aquarium, uShaka Marine World</td>
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<td>Session 7: Short Communications, Workshop</td>
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<td>**Towards selection for success: How</td>
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<td><strong>Short Communications</strong></td>
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<td><strong>Student selection &amp; assessment</strong></td>
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<td>135</td>
<td><strong>JC Lubbe</strong></td>
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<td>Click here to learn: Audience Response Systems at the University of Pretoria</td>
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<td><strong>Positionality</strong></td>
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<td><strong>J van Wyk</strong></td>
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<td>SmartTeaching – Pharmacology</td>
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<td>151</td>
<td><strong>P Barnard-Ashton</strong></td>
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<td>Active learning using 21st century learning design</td>
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<td><strong>Workshop</strong></td>
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<td><strong>Performance-based assessment</strong></td>
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<td><strong>K Baatjes</strong></td>
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<td>Through the surgeon’s eyes: wearable point-of-view technology to teach surgical technique.</td>
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<td><strong>I-K Sebele</strong></td>
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<td>“Clinical role play videos as a supporting tool for conventional teaching and learning strategies in the Radiography programme</td>
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<td>Social realism as a lens to understand legitimate assessment practices in health sciences</td>
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<td>Exploring our positionalities; influencing our directions</td>
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<td><strong>L Green-Thomson</strong></td>
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<td>Assessing the validity evidence for the BioMedical Admissions Test (BMAT): A perspective on predictive validity over several years</td>
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<td>Teaching public health: the development of a toolbox</td>
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<td>The LEAP for Quality programme in Lesotho</td>
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<td>Sustaining a newly implemented competence-based midwifery programme in Lesotho: Emerging issues</td>
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<td>Expanding Educational Practice Horizons through Zanempilo – a Mobile Health Education Platform</td>
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<td><strong>H Conradie</strong></td>
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<td>Towards reaching the UNAIDS 90-90-90 goals in student-patient encounters</td>
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<td><strong>MGM Hattingh</strong></td>
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<td>11:15</td>
<td>Perspectives on the ethical aspects of peer physical examination (PPE)</td>
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<td>11:15 -</td>
<td><strong>Refreshments</strong>: Gateway Hotel Foyer</td>
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<td>11:30</td>
<td><strong>Umdoni 1 – Chair</strong>: Prof S Singh</td>
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<td>13:30</td>
<td><strong>Keynote 5</strong>: SAAHE EDUCATOR OF THE YEAR</td>
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<td>13:30</td>
<td><strong>Prof F Suleman</strong></td>
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<td>Pharmaceutical Sciences, School of Health Sciences, UKZN</td>
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<td><strong>Keynote 6</strong>: Quality and other assurances with accreditation and recognition</td>
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<td><strong>Prof WW Pinsky Chair of the Foundation for Advancement of International Medical Education (FAIMER)</strong></td>
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<td><strong>CLOSING – PRIZE-GIVING – SAAHE CONFERENCE 2019 ANNOUNCEMENT-VOTE OF THANKS</strong></td>
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*Programme subject to change*
INFORMATION ON SHWESHWE STORY

The Conference Bag

Our “PROUDLY SOUTH AFRICAN” conference bags, are made from traditional Shweshwe fabric, as well recycled products using South African waste. PVC billboards and banners, polypropylene grain bags, paper and plastic waste are being recycled into a wide range of products.

The inside of each bag been lined with assorted recycled advertising billboards each bag will be different depending on the advertising board used.

Shweshwe is a printed dyed cotton fabric widely used for traditional South African clothing. Originally dyed indigo, the fabric is manufactured in a variety of colours and printing designs characterised by intricate geometric patterns. Due to its timeless popularity, shweshwe has been described as the denim, or tartan, of South Africa. The presence of indigo cloth in South Africa has a long and complex history. Its roots probably extend as far back as early Arab and Phonecian trade along the eastern seaboard before 2400BC. The arrival of the indigo cloth emerged after the 1652 establishment of a seaport at the Cape of Good Hope. Slaves, soldiers, Khoi-San and Voortrekker women were clothed in indigo, and there is also evidence of floral printed indigo. Much of the early indigo cloth at the Cape was from India and Holland. Natural indigo dye was obtained from the Indigofera Tinctoria plant. The local name shweshwe is derived from the fabric’s association with Lesotho’s King Moshoeshoe also spelled “Moshweshwe”. Moshoeshoe was gifted with the fabric by French missionaries in the 1840s and subsequently popularised it.

The manufacturing company, African Touches, is passionate about supporting community crafters and local small businesses who are creating employment and up-skilling disadvantaged people.

INFORMATION ON GLASSES HOLDERS

The source of our beaded lanyards/ spectacle cords:

The Hillcrest AIDS Centre Trust, a holistic HIV/AIDS project, was started in 1991 to uplift the lives of those infected or affected by HIV/AIDS through practical and sustainable care. As new challenges and opportunities have presented themselves, the Centre has adapted its approach to addressing both the disease and the effects of it on the community. One of the projects is Woza Moya, which assists those in desperate need to acquire a craft skill and earn a sustainable income through the sale of their craft. This puts income back into vulnerable communities at the heart of the pandemic.

They have trained over 350 crafters, most of whom are first-time income earners and have 5-10 dependants, in skills such as beading, wirework, pottery, sewing, quilting, fabric painting, recycling, and ceramics. They provide ongoing business mentorship and support to develop products based on the chosen craft and the level of their individual competency, assist the crafter with price determination through cost price analysis, and create market linkage such as sales and marketing, packaging, logistics and market research.

wozamoya@hillaids.org.za
GENERAL INFORMATION

CONFERENCE VENUE

The SAAHE 2018 Conference will be taking place at the Gateway Hotel from Wednesday, 27th June- Saturday 30th 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. SAAHE KZN conference personnel, Gateway Conference technical team and UKZN student assistants are available at all times to assist with any inquiries. A helpdesk is available at registration 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, 27th June 2018
TIME: 11h00 – 19h00

Thursday, 28th June 2018
TIME: 7:00 – 16:00

Friday, 29th June 2018
TIME: 7:00-16:00

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 all delegates. 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.

28th June 2018- Welcome Cocktail at the Gateway Hotel, Conference Centre Foyer at 18:30. (Dress Smart casual)

29th June 2018- Conference Gala Dinner will take place at the Aquarium, Ushaka Marine World– at 19:00. Dress code for the dinner is formal or traditional. Transport is provided. Buses will leave from the Gateway Hotel Reception at 18h15 and return at 22h00.

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

Poster sessions will be held every day at the conference venue foyer. SAAHE will select a best poster and runner-up, which will be announced at the closing function on day 3.

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 visit the Market Masters exhibition table or Gateway Reception for more information.

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.

EMERGENCY NUMBERS

- Durban Metro Police 10111
- Netcare911 082911
- Ambulance Services 10177
PLENARY SPEAKERS

Deconstructing Professional Competence—What, Who, How and why are we assessing?”
Prof Cees van der Vleuten, Maastricht University, The Netherlands

To better prepare learners for the needs of health care, education is rapidly moving towards outcomes and competencies, including an emphasis on self-directed learning as a basis for life-long learning. To be successful in making this transition, assessment strategies need to change. These changes include the assessment of behavioural skills, the focus on feedback, the use of narrative assessment information, more longitudinal assessment and monitoring, and supporting learners in their self-directed learning. Curriculum wide assessment strategies such as programmatic assessment will gain popularity. With such a holistic approach to assessment new radically different pathways are possible.

“Crossing Boundaries: Discourses and Debates to Widen Our Horizons”
Dr Glenda H. Eoyang, Human Systems Dynamics Institute, Minnesota

It is easy to see that collaboration is the pathway to effective deconstruction, decentralization, and decolonization. Creating collaborative discourse and debate across difference is not so easy. Racial and cultural divides disrupt teaching, learning, and care in rural and urban settings. Tensions between academic and clinical settings disrupt student experience and development. Worn out traditions and difficult relationships disrupt personal and professional performance.

Until we are able to work through our differences, we will remain stuck with intractable problems in all facets of life and work. Our students, patients, professional relationships, institutions, and society will continue to suffer. Human systems dynamics offers an alternative. In this session, Glenda Eoyang, founder of the field and international consultant, shares five principles for building collaborative relationships to widen horizons for you and your colleagues in health professions education. You will:

► Discover new ways to see, understand, and influence wicked problems.
► Develop concepts and skills to widen your horizons.
► Apply what you learn to take action on a challenge you face today.
► Build a foundation for collaborative action in the future.
“Deconstructing Decolonisation/Decoloniality in Health Professions Education”
Prof Elelwani Ramugondo, UCT, South Africa

The term ‘decolonisation’ has seen significant prominence in South Africa, and a resurgence globally since the RhodesMustFall and FeesMustFall moments. It is a term that carries significant hope for some, yet many myths have been created to scare off others. Such myths need to be debunked or exposed as attempts to protect the ‘status quo’. Within health sciences, it is important to deconstruct both decolonisation and the ‘status quo’. In this paper, I will share some reflections about the meaning of decolonisation, while debunking some myths about it. Borrowing from Lewis Gordon’s idea about disciplinary decadence, the paper will expose how at times we ‘cash in’ on the burden of disease and make choices that sustain lies about health and disease. A key lesson to be shared in the paper pertains to the opportunity offered by the decolonisation/decoloniality discourse that emerged during the #RhodesMustFall moment at the University of Cape Town, deepening our conversations towards meaningful academic transformation. These conversations troubled the idea of ‘the discipline’, and exposed some of the unintentional and often limiting conceptions of ‘the student’. In order to concretize this key lesson, an example from a curriculum change workshop, conceptualized by Dr Kasturi Behari-Leak, will be shared. There can be no escape from the interlocutory work of the academy, with all its problematics that have us even before we start to speak within disciplines, and continue to haunt us even as we pretend not to speak.

“Quality and Other Assurances with Accreditation and Recognition”
Prof WW Pinsky. President and Chief Executive Officer of ECFMG and Chair of the Foundation for Advancement of International Medical Education (FAIMER)

A formal system of accreditation is essential to ensuring the quality of medical education, the resulting physicians, and the care these physicians will provide. For such a system to be meaningful, it must be based on universally accepted criteria while at the same time embracing the local knowledge and expertise that will ensure relevance to local health care needs. In 2010, the Educational Commission for Foreign Medical Graduates (ECFMG®) announced a future requirement for medical school accreditation for international physicians who seek ECFMG Certification to enter the U.S. health care system. In the years that followed, ECFMG’s Foundation for Advancement of International Medical Education and Research (FAIMER®) supported development of a system that would satisfy this requirement. Today, the resulting Recognition Programme of the World Federation for Medical Education (WFME) offers centralized recognition of accrediting agencies that allows decentralized accreditation of medical schools. This plenary will review WFME’s Recognition Program and its benefits, the roles of ECFMG and FAIMER in stimulating international accreditation efforts, and plans for implementing ECFMG’s medical school accreditation requirement, which takes effect in 2023.
“Decentralised Training Discourses Health Professions Training in South Africa”

South Africa needs to adapt its Health Sciences education because:

- Graduates need to be better equipped to serve the communities in which they will work
- There needs to be a more equitable distribution of where workers are employed
- Many more students need to be accepted for training
- Training needs to be more widely distributed to take advantage of previously unconsidered venues

Decentralised Training is a system whereby these issues are being addressed but the ethos of this education strategy is not yet accepted nationally.

The symposium of 1½ hours will include 5 speakers giving short talks on their experiences of being part of the Decentralised Training programmes already in place. They will give their views on how successful or otherwise they have found the system and what they would like to see changed, improved or retained. There will be adequate time allocated for the audience to participate in the dialogue and it is the intention of the conference that exchanges will be welcome and robust.
ABSTRACTS

SAAHE 2018-001

WORKING TO LEAVE: CAREER INTENTIONS OF SOUTH AFRICAN (SA) MEDICAL INTERNS

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Conference theme:
Research in Health professions education

Background:
Despite changes to undergraduate selection criteria, curricula and the introduction of community service, inequities in
the distribution of medical practitioners in SA persists. Most SA junior doctors continue to favour urban, specialist and
private practice over rural, primary health care based public sector practice. SA priority health needs for primary health
care including paediatrics within the public sector are thus compromised.

Summary of work:
A sequential explanatory mixed methodology was used in this study, sampling 419 interns in KwaZulu-Natal’s largest
hospital complexes in 2015. Data from a validated learning environment (LE) measurement tool was combined with
qualitative data from 5 focus group discussions to explore factors within the LE that influenced intern career intentions.

Summary of results:
Perceptions of the LE negatively influenced intentions to practice in SA public hospitals, within primary health care and
with children. Structural factors, poor relationships between interns and their supervisors, and individual demographic
factors associated with intern socio-economic and educational backgrounds, influenced these perceptions. Access
and participation of interns within the LE were found to be compromised.

Discussion and Conclusions
The poorly functioning LE of public hospitals exacerbate dysfunctional communities of practice within internship. These
discordant communities of practice failed to recognise the role of interns within hierarchical specialist driven units.
Individual factors related to a sense of belonging exacerbate these discordant relationships. It is these factors which
negatively affect the development of identities and self-efficacy that should promote careers in the SA’s public health
system. By identifying and understanding the relationships of these factors, changes in practice, policy and curricula
within SA internship has the potential to improve retention of junior doctors within the public health system.

Take-home Messages
Clinical learning environments in SA fail to develop junior doctors’ career intentions towards SA’s priority health needs.
STUDENT MIDWIVES’ USE OF THE PARTOGRAM AT A DISTRICT HOSPITAL IN LESOTHO

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Conference theme:
Curriculum

Keywords:
partogram competency; theory practice-gap, student midwives.

Introduction:
The partogram is a World Health Organisation (WHO) recommended labour monitoring chart to reduce maternal morbidity and mortality due to intra-partum complications. Partogram use is one of the competencies applied in the clinical area in the Midwifery Competency Based Curriculum that the government introduced in 2014. Students’ evaluation of clinical learning revealed the challenge of theory-practice discrepancies regarding use of the partogram in clinical settings.

Purpose:
The purpose of the study was to explore student midwives’ use of the partogram in the clinical practice setting.

Methods:
The study is explorative, descriptive and contextual qualitative design. Data was collected from purposively sampled key stakeholders in October and November 2017. These included individual interviews with one tutor and a clinical instructor, two focus group discussions with students, and one focus group discussion with Paray Mission Hospital midwives. Thematic analysis was done after open coding of the transcribed audiotapes.

Results:

Conclusions
Students are limited from using the partogram fully in the hospital due to unfavourable conditions. Faculty therefore needs to improve clinical learning systems collaboratively with service and support midwives who in turn support and role model the students.
Conference theme:
Curriculum/Decolonised discourses and debates

Background
'Social Medicine' refers to the notion that the health of a population is determined more by social, economic and political factors than by the practice of medicine or the activities of the health services generally. A number of studies estimate that social and economic factors account for up to 40% of health outcomes, whereas the contribution of clinical care is somewhere between 10% and 27% relative to other factors such as health behaviours (±30%), and the physical environment (±10%). Other disciplines and theoretical frameworks outside of health sciences may hold the key to being more effective.

Summary of work
As educators of health professionals, how should we respond to the 'social determinants of health' that overwhelm our increasingly limited resources in the health system? How is this related to the 'decolonization of the curriculum'? What are the professional obligations of health practitioners to address the economic, social and political drivers of so much disease and ill-health that is preventable? How do the principles of primary health care translate into clinical practice? Why is "social medicine" no longer referred to, when the need for it would seem to be as strong as ever?

Summary of Results
This presentation draws on experience and trends of interdisciplinary teaching and learning in South Africa with the humanities, social sciences and the arts alongside the physical and biological sciences, including undergraduate and postgraduate programmes in critical health and medical humanities.

Discussion and Conclusions
A conceptual framework will be presented that brings these ways of thinking together.

Take-home messages
Using other frameworks of thinking outside of health sciences will enable health educationalists to include strategies in their teaching to address the social determinants of health.
COMPULSORY COMMUNITY SERVICE AS A “TESTING GROUND” FOR THE UNDERGRADUATE EDUCATION OF HEALTH PROFESSIONALS IN SOUTH AFRICA

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Conference theme:
Graduate competencies/Decentralised discourses and debates

Keywords:
Community service; graduate outcomes; resilience

Background:
All health science graduates in South Africa are required by law to complete 12 months of Community Service (CS) in a recognized public health facility before they can register for independent practice. The anticipation of this experience, which could find a newly graduated health professionals relatively unsupported or unsupervised anywhere around the country, has direct implications for undergraduate health sciences education. What level of clinical independence is realistic for graduates, particularly those who do not have an internship? And what about graduate attributes – the shaping of appropriate attitudes and approaches that will help them to navigate difficult situations in isolated hospitals? How could we help our students to develop resilience while they are still students?

Who should attend:
Clinical educators, course convenors and programme coordinators who are concerned that their graduates are optimally prepared to make a positive contribution to the South African health system.

Structure of the workshop:
5 mins: Introductions
5 mins: Small groups – “Share what you know about the legal framework of community service”
10 mins: Input – “The transitions from student to public servant/CS officer”
15 mins: Small groups – “How does CS currently shape your teaching?”
5 mins: Input – “Community Service and Social Learning theory”
10 mins: Feedback and discussion
15 mins: Small groups – “How could we help students to anticipate the challenges they will face in CS?”
10 mins: Feedback and discussion
(If 120 minutes is allocated: 10 mins small groups + 10 mins feedback + 10 mins input – “How could students develop greater resilience?”)
15 mins: Discussion and Conclusions

Intended Outcomes:
- Increased knowledge about CS
- Application of learning theory in terms of educational outcomes
- New ideas for aligning teaching and curricula with graduate outcomes
- New ideas for increasing resilience in students

Level: intermediate to advanced

Maximum participants: 36

Room requirements: 6 round tables seating 6 each
THE BROKEN TRIANGLE: AN EVALUATION OF ALIGNMENT IN A NURSING CURRICULUM IN LESOTHO

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Conference theme:
Assessment/Curriculum

Keywords:
Alignment; Curriculum; Nursing

Background
The purpose of this study was to evaluate the alignment of a nursing management curriculum through the review of its outcomes, teaching-learning activities (TLAs) and assessments. Final year nursing students’ competence in managing a unit is evaluated through a long case assessment. Literature suggest that constructive assessments ought to be aligned with their respective module outcomes and TLAs.

Summary of Work
The investigators used document analysis; surveys and focus group discussions (FGD) to generate data regarding alignment of teaching, instruction and assessment. Thirty-six students completed a survey, and their responses informed the development of focus group interview guide. Ten module and clinical facilitators also participated in a separate FGD. Curriculum course outcomes and assessment tools were analyzed for alignment utilizing principles adapted from constructive alignment theory by Biggs (1990). Data was analyzed using Microsoft Excel and thematic analysis.

Summary of Results
Most students (90%) valued the assessment as a platform to apply knowledge to practice while 39% of the students highlighted that TLAs were inadequate in preparing them for the real ward challenges. Identified themes included: organisational culture; assessment of learning; lack of human resources; teacher-centred learning; strategic learning; different practice approaches between students and preceptors and ‘hidden’ curriculum in the clinical environment. The assessment tool reflected a high degree of depth and content, thus matching with the curriculum outcomes.

Discussion and Conclusion
The long case clinical assessment method is appropriate to evaluate students’ ability to apply nursing management theory to practice. However, in real practice the skill is practiced differently ‘with short cuts’ and characterised by little application of knowledge presented in the tool. There is need to improve preceptor mentoring programmes to approximate assessment and contextual practice.

Take home message
Clinical learning environment is an important consideration in aligning written, taught and assessed nursing curriculum.
THE ROLE OF ALIENATION AND ENGAGEMENT IN MEDICAL COMMUNITIES OF PRACTICE

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Conference themes
Decolonised discourses and debates

Keywords
Alienation, Communities of Practice, Internship

Background:
Access and participation are key to the success of any Community of Practice (COP). Changes in the demography of medical interns in South Africa (SA) bring potential tensions in the relationships of interns and their supervisors. Understanding the impact of rapid change within these COPs is essential to understanding the dynamic of these learning communities.

Summary of work:
Using a mixed methods study amongst interns at in KwaZulu-Natal in 2015, data from both a survey and focus group discussions are analysed through the lens of the alienation and engagement and a new theoretical understanding is developed of the functioning of medical COPs within a rapidly transforming SA.

Summary of results:
Markers of previous socio-economic disadvantage including race and previous educational background are found to influence access of interns within hierarchical, specialist driven units in hospitals. Learning becomes compromised within poorly functioning COPs with interns being excluded from expansive participation within public health systems.

Discussion and Conclusions
The journey of the intern from the point of legitimate peripheral participation to full participation within COPs remains influenced by factors related both person (individual) and non-person (structural) factors within internship in SA. Power relationships within specialist hierarchies add an additional tension in the learning process of high disease burdened and resource constrained units. A new theoretical model emerges from analysis of the data, that incorporates the role of alienation and engagement in the formation of COPs in internship. Implications of this model translate into calls for changes in intern role definition, participatory practices as well as the need to ‘decolonize’ hierarchical mind-sets that persist within medical COPs.

Take-home Messages
Rapid changes in the demographic composition of medical interns pose challenges to existing hierarchical mind-sets within specialist drives COPs in clinical learning environments in SA.
DISCOVERING THE DISCOURSE IN DECOLONISING THE HEALTH SCIENCE CURRICULUM

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Conference themes
Decolonised discourses and debates

Keywords
Decolonisation, Design Thinking, Health Science Curriculum

Background:
At the SACOMD/SACOHSD/SACDD workshop in November 2017, Medical, Dentistry and Health Sciences Deans of South Africa grappled with what it mean to ‘Decolonise the Health Sciences Curriculum’. Discussions highlighted the importance of engaging in difficult and courageous conversations around decolonisation (Herbst, 2017). Literature emphasises the call to ‘decolonise’ curriculum, knowledge and teaching in higher education; however, there is hardly any consensus to what ‘decolonisation’ actually means and due to a lack of understanding there might not be a clear approach on how to respond to the call for decolonisation (Behani-Leak, Masehela, Marhaya, Tjabane, & Merckel, 2017). Calls for decolonisation can only be answered effectively if stakeholders involved in teaching and learning (university management, academic staff and students) engage in discussions to develop a clear understanding of what decolonisation entails and how to approach the process of decolonisation (Broadbent, 2017). Using Design Thinking pedagogy (IDEO U, 2015), this workshop provides an innovative approach to add to the discourse of the complexity of decolonisation, create change and foster innovation.

Who should attend:
Any SAAHE conference delegate interested in the topic ‘Decolonisation’, Design Thinking and/or committed to improving teaching and learning in medical and health professional education, will benefit.

Structure of the workshop and intended outcomes:
Providing an opportunity to engage in difficult and courageous conversation around decolonisation this 120 minute workshop will start with an introductory activity followed by the grouping of participants. Thereafter participants will be guided through the four stages of Design Thinking with the intended outcome to
• inspire new thinking by sharing and discovering what people really need,
• discussing breakthrough ideas,
• showcasing ideas by designing a rough prototype and,
• crafting a personal narrative to inspire future action (IDEO U, 2015).

Level: Intermediate

Maximum number participants: 32

Room requirements: Group work friendly
DECONSTRUCTING KNOWLEDGE TRANSFER FROM THE PHYSICS 1 CLASSROOM TO THE CLINICAL SETTING

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Conference themes
eLearning/technology/blended learning/Deconstructed discourses and debates

Keywords
Radiation Therapy Education, Threshold Concepts, Physics Education Research

Background
Identifying and matching the most appropriate educational technologies for the teaching of abstract Physics 1 concepts in the classroom can be challenging. A bigger challenge for novice learners/practitioners is the ability to adapt and apply these ‘basic’ concepts in a fast-paced, highly technological working environment. Such challenges can in part be overcome by the early identification of key concepts that students need for the successful transfer of knowledge between the classroom and clinical practice.

Summary of work
This paper presents an exploration of the use of a computer simulated learning environment to complement classroom teaching of Physics 1 concepts. The deconstruction of knowledge related to first year students in a health professions programme, and how they make meaning of Physics 1 concepts and attempt to transfer such knowledge to novice practice in a Radiation Oncology department, will be discussed.

Summary of results
Preliminary results of a multi-phase study indicate that first year students find creative and innovative ways to learn difficult concepts in and outside of the classroom. However, the moment they enter the clinical setting, a silo-learning approach is adopted and the transfer and application of certain Physics 1 concepts becomes troublesome. Features of the computer simulated environment assisted learners to recognise and ‘voice’ difficulties which they had not even recognised until they rotated through the clinical setting.

Discussion and conclusion
In order to successfully respond to the clinical needs of the workplace, it can be shown that computer-simulated learning environments enable learners to grasp, understand, transfer and apply difficult and abstract Physics 1 concepts. This facilitates the earlier achievement of competence in practice.

Take-home messages
By exploring the affordances and matching certain features of computer-simulated environments with the learning needs of first year students in the clinical environment, educators are assisted with the goal to bring the realities of the workplace into the classroom and so breathe new life into the learning of abstract Physics concepts.
**Conference themes**
Assessment

**Keywords**
Assessment, health behaviour theory, phenomenography

**Background:**
Assessment in Health Professional Education has serious consequences; ultimately affecting patient care and public safety. Therefore, it is a goal of educators to use assessment to drive learning in a desirable way, yet currently little is known about lecturers assessment practice. Before lecturer assessment practice may be changed for the better, it first needs to be understood; research suggests that conceptions influence behaviour, however there is a paucity of information regarding lecturers' conceptions of assessment, as well as what other factors influence their assessment behaviour. Thus the aims of this research are to explore lecturers' conceptions of assessment and the factors that influence their assessment practice.

**Summary of work:**
Semi-structured interviews of lecturers in clinical years of the MBChB programme from a South African Higher Education Institution were conducted. Phenomenographic analysis and Abstract grounded analysis were performed to explore lecturers' conceptions of assessment and factors influencing assessment behaviour respectively.

**Summary of results:**
Phenomenographic analysis suggests that lecturers hold a continuum of conceptions of assessment ranging from simplistic or reproductive to sophisticated or transformative. Grounded analysis revealed that lecturer assessment practice is also shaped by a personal and contextual factors such as training, experience, reward, collegial interaction and resource constraints, for example, time, workload, student numbers and staff.

**Discussion and Conclusions:**
These findings suggest that conceptions do influence assessment behaviour; therefore, in seeking to transform assessment practice, conceptions, as well as other personal and contextual factors, need to be considered.

**Take-home Messages:**
There is currently a call to decolonise Higher Education practices, therefore, these findings are a relevant and timely contribution to understanding how to fundamentally transform assessment practice.
DECENTRALIZED LEARNING SITES FACILITATE DECOLONIZED EDUCATION

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Conference themes
Decentralised discourses and debates, Decolonised discourses and debates

Keywords
Professional inclusivity, contextual relevance, authentic medical education.

Background
Faculty of Health Sciences, UCT, has decentralized training to secondary and district levels. One option is a year-long immersion in the rural Eden District; the other city-based with limited time in remoter areas.

Summary of work
This is part of a larger longitudinal project investigating graduate attributes and competences at the same sites. A total of 18 students were interviewed using a semi-structured interview guide. Eden: 14 of 25; Cape Town: 4 of 189. Interviews in Cape Town were hampered by student protests regarding fees and decolonization.

Summary of results
Key themes emerging: Eden-based students experience relational learning; being an active member of a health team given responsibility and respect; absence of hierarchy; a concomitant growth in self-esteem and confidence strengthened with professional and social inclusion; re-discovery of what it means to be a doctor in service to the community; importance of resource constraints within the health system and social determinants of health. In contrast, the value of relational learning and professional inclusivity within the team did not emerge from Cape Town based students; while staffs were supportive and ready to answer questions, students were acutely aware of hierarchy and their place in it.

Discussion and Conclusions
Experiential learning opportunities are greater outside of the tertiary academic health centre. Understanding of health system inequities, resource constraints and implications for the role of the doctor is foregrounded at smaller and remoter hospitals. When traditional medical hierarchical boundaries are relaxed, inclusivity and authentic service learning opportunities facilitate students’ discovery of their identities as doctors in contrast to previous clinical training.

Take-home Messages
Contextual relevance is central to decolonising medical training, and decentralization is a means of achieving this.
The Development of 3-D Prints to Support Teaching and Assessment in Undergraduate Human Physiology in the Visually Impaired

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Conference themes
eLearning/technology/blended learning

Keywords
3-D prints, visually-impaired, Physiology

Background
Visual-aids for teaching and assessment of visually impaired students are limited in Human Physiology (HP) undergraduate studies in South Africa. Visual-aids in HP are especially relevant, as conceptual and process-based content is frequently conveyed in visual imagery. This paper engages with the challenges encountered in the development of 3-D prints for teaching and assessment for a visually impaired student taking HP. The aim of this project was to develop novel 3-D prints for teaching and assessment practice at the University of Pretoria.

Summary of work
A 3-D print system of HP images was designed de novo. The images were derived from prescribed readings; simplified in form and labelled to blueprint teaching and assessment practices. Student, tutor and lecturer interview feedback informed revision of the 3-D print design. Methods in the 3-D print design employed computer software, mechanical reproduction and braille-labelling tagged to a commercial computer audio feedback.

Summary of results
The simplified HP imagery conveyed key concepts aligned to the study guideline and blue-printed both teaching and assessment strategies. The 3-D print production was cost-effective and timeous. The use of braille-labels tagged to a computer based audio-feedback allowed independent user learning. Conceptual problems were remediates by an existent tutor support and the 3-D prints. The 3-D braille-labelled prints can substitute routine 2-D images employed in HP assessment practices. This can be utilised in formative and summative assessment practice of low and high order cognitive thinking in the visually-impaired.

Discussion and Conclusions
Teaching and assessment of visually impaired students is supported by 3-D print technology. These prints will be used to develop a digital repository that will permit electronic sharing of HP images amongst universities for teaching and assessment of the visually impaired.

Take-home Messages
3-D print technology is feasible in teaching and assessment of Physiology in the visually impaired.
NEED TO KNOW: A REVIEW OF MEDICAL STUDENTS’ KNOWLEDGE OF THE WORK OF CLINICAL ASSOCIATES.

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Conference theme:
Curriculum / Graduate competencies

Keywords
Clinical associates, public health

Background
A clinical associate (ClinA) is a mid-level health professional that was introduced to address the strained and unequally distributed human resources in the South African health system. A ClinA may only legally practice under the supervision of a medical doctor. What is not known is whether medical students are aware of their future supervisory role, feel prepared to fulfill this legal obligation and are aware of what is allowable under the CA’s scope of practice. This study examined these questions among final year medical students, at the University of Pretoria.

Summary of work
This descriptive cross-sectional study used a 9-item questionnaire adapted from an American study. Final year medical students (n=287) participated in the study. Participation was voluntary and questionnaires were completed after each District Health and Community Obstetrics rotation (ongoing). Data were analysed with Excel. Ethical permission was granted.

Summary of results
From the current 81 responses: the majority (73%, n=59) had worked with a ClinA before and only 3 (4%) were unsure. Their impression of working together was generally positive (58%, n=47). More than half (58%, n=47) thought that ClinAs’ scope of work was similar to registered nurses and 20 (25%) thought it was closer to a doctor’s. Few were aware that they had to supervise ClinAs (15%, n=12). In this group: 5 (50%) felt adequately trained and comfortable with the responsibility, 2 (20%) were not comfortable and 3 (30%) had received training, but still felt uncomfortable (2 no responses). Participants identified actions they thought allowable within the ClinA’s scope of practice (20 possibilities). The median score of correct answers was 12 (range 4-20). An additional 19 items were presented as possible tasks for ClinAs. The median score of correct answers was 11 (range 0-18).

Discussion and Conclusions
Final year medical students have worked with ClinAs but seem unaware of their future legal obligation of supervision. Adequate clinical supervision is based on the knowledge of the scope of practice which was variable in this study.

Take-home Messages
Formal training on the scope of work of ClinAs is needed to prepare future doctors for their supervisory role.
Conference theme: 
Graduate competencies

Keywords
Public health, competency, tools

Background
Health professionals require competencies to meet the society’s demands. In South Africa a competency framework for teaching public health (PH) in medicine has been developed. This framework is dependent on suitable educational tools. While clinical disciplines have educational tools there is a lack of PH educational tools – and evaluations of their effectiveness – in medicine. This project identified and tested PH educational tools at the University of Pretoria.

Summary of work
An extensive desktop review identified PH educational tools that informed a national web-based repository. A national workshop reviewed these tools. A cross-sectional study used concurrent mixed methods to test some tools. Feedback from students was via online surveys. A focus group discussion of PH academics was conducted. Quantitative data were analysed by Qualtrics and qualitative data was analysed inductively.

Summary of results
The national workshop confirmed the need for a national repository. 328 medical students provided feedback on their experience of the use of selected tools. They reported (on a 5-point scale) that infographics, video clips, and Pecha Kuchas made the epidemiological approach easier to understand (mean=3.88, SD=1.25); them want to learn more (mean=3.17, SD=1.55); and it easy to find PH resources (mean=3.53, SD=1.32).

Eight academic staff participated in the focus group. Participants described a triple constraint of curricula time, student numbers and engaging interest. Participants used adapted strategies of engagement among undergraduates. Drawbacks included technical requirements, sustaining interest and time to implement. Special interest groups and PH electives were possible expanded opportunities to learn about PH.

Discussion and Conclusions
Our challenging health system demands health professionals who are skilled in public-and population-health frameworks and application. PH educators need specific tools that meet students’ needs and a national curated repository is invaluable.

Take-home Messages
Using and collecting PH tools is essential to promote the public health competencies of students.
Conference themes
Student support/selection/development, Student Professional attributes

Keywords
PPE, Professional attributes, Ethical principles

Background
Peer physical examination (PPE) is used globally to facilitate clinical physical examination training. Due to the diverse student population consideration must be given to the application of PPE in ethical aspects such as beneficence, non-maleficence, autonomy and justice or fairness as describe by Beauchamp and Childress.

Method
A qualitative research design was followed with three focus group interviews with students and lecturers from the Faculty of Health Sciences. Transcription of focus groups was done, themes, categories and subcategories identified, compared and discussed with the findings and recommendations of the Abstract literature review in mind.

Results and Discussion
Most participants agreed that the use of PPE is beneficial to students. Participation in PPE provided a safe environment to improve the competence and confidence of students without fear of embarrassment. Non-maleficence is demonstrated by the safe environment where students can practise under supervision until they feel competent. Autonomy is confirmed by the choice students have whether to participate in PPE and the value different students put on the amount of body exposure they allow. Justice or fairness is verified by the fact that informed consent must be obtained from all participants who need adequate time to read through the documents before agreeing to participate. Professional attributes such as respect for others, communication skills and building a trust relationship with patients are enhanced by PPE.

Conclusion
The use of PPE supports the ethical principles of Beauchamp and Childress. Students learn the importance of moral values and ethical behaviour.

Take home message
Participation in PPE teaches students the ethical principles and professional attributes they will apply throughout their careers.
Conference theme:
Professional/staff development/Graduate competencies/Decentralised discourses and debates

Keywords.
Rural health, training health care workers, skills training.

Background.
Lesotho has a population of 2.2 million people and is served by 17 hospitals. The maternal and neonatal mortality in Lesotho have been high in the past decade despite a performance based financing programme by the World Bank.

Summary of the work.
The World Bank contracted the SAMRC unit and the Department of Family Medicine at UP to conduct training for doctors and midwives in the Lesotho hospitals in order to improve the health outcomes. A programme was developed according to World Bank specifications, the Lesotho Action Programme (LEAP) for Quality. The first task at hand was to change the checklist that was used to measure the performance of the Lesotho hospitals that participated in the Performance Based Financing (PBF) programme. Based on that a master training was conducted with a focus on maternal and neonatal health (70%) and the rest was devoted to common causes of death such as prematurity, childhood infections, HIV/TB and trauma. A week long master training was done for 65 health care workers of district hospitals in March 2018. All 8 hospitals in the PBF programme will conduct weekly training and do fire drills. Based on their performance in maternal, neonatal, HIV/TB and emergency skills they will be financially rewarded by the World Bank.

Discussion.
Maternal mortality in Lesotho is around 1000/100,000 and neonatal mortality 39/1000 despite good health care facilities and a regional referral hospital. In a twelve month period intensive training will be done for health care providers with material that is specifically developed for this purpose and will be very useful for all district hospitals.
UNDERGRADUATE MEDICAL STUDENTS' REPORTING ON BARRIERS AND ENABLERS WHEN PERFORMING BLOOD CULTURES IN THE HOSPITAL SETTING.

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Conference themes
Graduate competencies Research in health professions education

Keywords
Transfer of learning, procedural skills, simulation

Background
It’s assumed that undergraduate medical students avoid performing blood cultures for fear of collecting the specimens incorrectly. Following the correct guidelines is crucial because contamination of the specimen can lead to unnecessary antibiotic therapy and hospital expenses. The procedure is taught to 3rd year medical students in the Simulation and Clinical Skills Unit (SCSU) and was developed with the guidance of the microbiology department. Undergraduate medical education aims to equip students to transfer what they have learnt to the healthcare environment, however this seems challenging. Students typically report they are reluctant to perform the procedure and when they do, they often feel as if they are doing it incorrectly.

Summary of work
The goal was to explore the barriers and enablers encountered by undergraduate medical students when performing blood cultures in the hospital setting. Data was collected during August 2017 and students placed in hospital during that time (n=250) were approached to complete the survey. This study was descriptive and data was recorded in Excel and quantified.

Summary of results
Barriers hindering undergraduate medical students from performing blood cultures correctly in the clinical setting include equipment shortage and training provision in the SCSU too far removed from actual practise. Students often follow the example set by some medical personnel in the hospital who perform the procedure substandard. Enablers include the SCSU making peer assessment tools readily available to the students and allowing them to practise and improve their technique and confidence. Clinical facilitation in the hospital would be beneficial.

Discussion and conclusion
Simulation teaching must align to clinical practise and available resources in order to help students effectively transfer their knowledge and skill in the clinical setting. Often, the clinical area isn’t supportive and it is important to address this in the area the student is placed. Recommendations beneficial to student learning include readily available procedure guidelines, appropriate equipment and clinical facilitation in the hospital setting.
Discussions concerning networks between universities as one of the key factors for strengthening healthcare have been intensifying in recent years. We assert that consortia do work as evidenced by our membership in the Consortium of New Southern African Medical Schools (CONSAMS), established in 2011. The founding members are in Namibia, Zambia, Mozambique, Botswana and Lesotho. Our countries are also founding members of SADC, thus augmenting CONSAMS' objectives. At the time of the establishment of these new schools only Zambia and Mozambique had existing medical schools. Other schools in the region have since joined CONSAMS. CONSAMS has played a significant role in medical education in our countries. All founding members, except Lesotho, have graduated cohorts of locally trained medical doctors, thus impacting the healthcare landscape in our nations. However, there are challenges in the formation of regional networks. The schools were established within pre-existing institutions; hence, their operational framework is rigid and has constrained resource exchanges. Furthermore, the buying-in of the leadership of the universities to the ideology of CONSAMS has varied among members. Even within CONSAMS there are varied leadership viewpoints. This affects how activities are conducted. The founding schools are government funded and in some way experience financial limitations. Thus, this constrains meeting our core objectives. Other challenges include unreliable information technology which restrains the progression of planned activities. Cultural differences between members also influences the running of the consortium. These challenges can be addressed through stronger and more committed leadership. This will result in a more cohesive and vibrant network. In-spite of these hurdles, staff and student exchanges have occurred between members. Grant applications and awards have been realized. Additionally, inter-professional collaborations with other health professional schools have been established, thus strengthening networks between members.
Conference themes
Graduate competencies

Keywords
Clinical teaching, patient-centeredness, feedback

Background:
Clinical teaching aims to develop students' clinical skill in authentic contexts. This process requires constructive supervisor-student interaction with appropriate feedback. Involvement of patients require an ethical approach towards patient care and assurance of patient safety. The clinical supervisor therefore has a responsibility to role model patient-centeredness, whilst balancing patient interests against the learning requirements of students. Inappropriate supervisor behavior may unfortunately affect normative beliefs, learning and competence negatively. Patients can easily be viewed as a means to an end or training material, which can be construed as the hidden curriculum.

Who should attend:
Clinical teachers from any of the health professions could benefit from the workshop.

Structure of the workshop:
The workshop systematically covers three inter-related topics namely 1) the provision of appropriate feedback, 2) being autonomy supportive (as opposed to controlling) and 3) role modeling patient-centeredness without compromising patient interests. Following an overview of available literature, participants will be asked to reflect on their own and their teams’ current practices, and to come up with concrete solutions to ensure that students are constructively provided with appropriate feedback to allow them to develop patient-centered competence through constructive engagement.

Intended Outcomes:
Participants will learn that there are four types of feedback with different effects. Participants will also become cognizant of the need to be autonomy supportive rather than being controlling during clinical teaching and learning, whilst carefully looking after patients’ interests. Participants will also become cognizant of their patient-centeredness and how it may influence student competence and behaviours.

Level: Introductory level

Maximum number participants 36 (six groups of six)

Room requirements – kindly state any specific room requirements for conducting the workshop: Six tables surrounded by six chairs each; each equipped with a flip chart. Flip chart for the presenters. Normal projecting requirements.
WIDENING OUR HORIZONS: A PARTICIPATORY CURRICULUM MAPPING PROJECT IN A MEDICAL SCHOOL

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Conference themes
Curriculum

Keywords
Curriculum review, curriculum mapping

Background:
A curriculum map for a medicine programme is shared to support the process of curriculum mapping in other degree programmes. The MBChB programme is run across different schools within the College of Health Sciences at the University of KwaZulu-Natal. This has presented challenges in cohesiveness of curriculum content, delivery and assessment methods. Module revisions have become insular and narrowed to school and discipline-specific levels, often without opportunities for curriculum discourse on a wider integrated platform. To gain an improved understanding of the curriculum, and to make the content and interconnections transparent, we embarked on developing a curriculum map on a dynamic webbased program called LOOOP (Learning Opportunities, Objectives and Outcomes Platform). Developed in 2004 by Charite University in Germany, LOOOP provides an onlineplatform to produce a curriculum map that is easily accessible for students, teachers and curriculum planners across schools. This platform provides many user-friendly features such as the generation of student guides and a search function. In curriculum review, multiple stakeholders can engage more broadly with curriculum content for the purpose of programme review and quality assurance.

Who should attend:
Health profession educators, curriculum developers, curriculum planners

Structure of the workshop:
The workshop will be in two parts:
(1) Sharing the theoretical underpinnings of curriculum mapping and demonstrating the functionality of a completed curriculum map
(2) A hands-on interactive session: participants will start a mapping exercise of curriculum content in a trial module.

Intended outcomes:
At the end of the workshop, participants will have had experience of mapping module content i.e. mapping learning events to specific objectives; aligning learning objectives & instructional methods with assessments & module outcomes.

Level: Introductory

Maximum number of participants: 20

Room requirements: Wi-Fi connectivity, data projector, screen & worktops. (Participants to bring own laptops)
Conference themes
Professional/staff development Graduate competencies

Keywords
Competency Based Medical Education, change management, faculty development

Background
Stellenbosch University Faculty of Medicine and Health Sciences (SU FMHS) adopted a competency based medical educational (CBME) framework, which is yet to be implemented. Stakeholder agreement is the first stage in effective change management. The aim of this study was to explore the view of Department of Paediatrics & Child Health (PCH) faculty on the required competencies of newly qualified health professionals working with children in the current South African context; and to explore their understanding of, and willingness to implement a CBME curriculum.

Summary of Work
Faculty was invited to voluntary take part in semi-structured focus groups. An independent facilitator held four focus groups with 18 clinical teachers, including senior management. An inductive approach was used to analyze the qualitative data.

Summary of Results
Most participants have never heard of the SU CBME framework. CBME was viewed as the development of ‘technicians’, limiting student learning to a set of skills. Individual patient management (health expert) was viewed as the main requirement of newly qualified doctors. Teaching of other competencies within the PCH curriculum was viewed as less relevant, and to be developed after graduation. Perceived challenges to successful implementation of CBME included an already packed curriculum with limited paediatric clinical exposure, short clinical rotations with limited interaction between students and clinical teachers, high student to clinical teacher ratios, perceived difficulty with the teaching and assessment of competencies, and perceived lack of the competencies in teachers themselves.

Discussion & Conclusions
Both senior management and frontline clinician teachers not involved in educational discussions about CBME, were found to harbor misconceptions and reluctance to implement CBME. This implies the need for ongoing change management and faculty development.

Take home message
Engagement of clinician teachers in the development of a competency-based curriculum will be critical to successful implementation at SU-FMHS.
TOWARDS A RADIOGRAPHY CURRICULUM FRAMEWORK: DECONSTRUCTING AND RECONSTRUCTING KNOWLEDGE, COMPETENCIES AND ATTRIBUTES

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Conference themes  
Graduate competencies

Keywords  
Radiography curriculum framework; taxonomies, competencies

Background  
The Central University of Technology, Free State (CUT) offers the four-year NQF level 8 professional Bachelor’s degree in radiography. There is a concern that the students’ theoretical knowledge in the programme does not translate to application of skills in clinical practice. This may be a consequence of the inability of assessment tasks to address the higher levels of cognition in the revised Blooms taxonomy (levels 4 to 6); the Structure of Learning Outcomes (SOLO) taxonomy and the South African Qualifications Authority (SAQA) level descriptors in the programme. This perceived ‘gap’ has the potential to ill equip students with knowledge, competencies and attributes such as critical thinking and problem solving.

Summary of the work  
A curriculum framework for radiography was compiled after studying purposefully selected documents, such as the revised Blooms taxonomy, SOLO taxonomy; the scope of the practice for radiography; SAQA programme outcomes and level descriptors and the CUT graduate attributes. The project was completed as a qualitative, exploratory case study.

Summary of the results  
The framework comprises the SOLO Taxonomy Levels of understanding (pre-structural, unistructural, multi-structural, relational, extended abstract), aligned with the different levels of knowledge (factual, conceptual, procedural and meta-cognitive) and the cognitive and affective domains (recall, comprehend, apply, analyse, create and evaluate).

Discussion and conclusions  
A curriculum framework facilitates alignment the programme outcomes with the competencies. The programme can thus verify that application is emphasised in learning facilitation and assessment.

Take home message  
The curriculum framework is a versatile heuristic tool that may be applied in the same way to other programmes with clinical competency requirements.
PROMOTING INTRINSIC MOTIVATION AND ENGAGEMENT USING GAME-BASED LEARNING IN PHARMACOLOGY

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Alwyn Louw
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Conference themes
Curriculum eLearning/technology/blended learning

Keywords:
Engagement; game-based learning; intrinsic motivation.

Background:
The purpose of the study was to assess the effect of a supplementary, cooperative, case report-style game using audience-response technology on self-reported intrinsic motivation and engagement of first-year oral hygiene students in undergraduate pharmacology.

Summary of work:
A mixed method design was used to assess the full 2017 class (N = 8) with validated questionnaires (Instructional Materials Motivation Scale [IMMS] and Flow Experience and Motivation Questionnaire [FEMQ]) and one-minute written feedback after two didactic and gaming sessions, as well as an exit-level focus group interview (N = 6). Quantitative and qualitative analysis was done using a one-tailed Mann-Whitney U-test and inductive thematic analysis through a lens of the self-determination theory, respectively.

Summary of results:
IMMS (120.3 vs 105.6) and FEMQ (96.63 vs 87) scores were higher (p<0.05) during the game than didactic session, however, did not achieve significant superiority (p>0.05) at the second session. Intrinsic motivation was statistically higher (p<0.05) in both gaming sessions (~13 vs ~11). Themes included autonomy, competence, confidence, environment, extrinsic motivation, intrinsic motivation, relatedness, satisfaction and value. Extrinsic motivation (i.e. competition, prizes, acknowledgement) was mentioned positively. Students noted that the game promoted autonomy, perceived competence and relatedness. The environment was fun, engaging and motivating even when questions were answered incorrectly using the audience-response system. This was paralleled to other modules where failures were demotivating.

Discussion and conclusion:
Cooperatively discussing case reports as a real-world simulation promoted pharmacology’s relevance and value. Learning became an autonomous action to gain perceived competence, increasing intrinsic motivation. Engagement was promoted inside and outside of the classroom, developing intra- and interpersonal skills. Although extrinsic motivation was evident, given the context, the environment and facilitator actions seemed to transform this into intrinsic motivation.

Take-home message:
Incorporating cooperative game-based learning using audience-response technology in pharmacology prove to enhance intrinsic motivation and engagement.
Conference themes
Curriculum

Background:
A competence-based nursing curriculum was implemented for the first time by a school of nursing in Lesotho. Groups of nursing students were attached to specified rural communities where they were expected to collaborate with the community in identifying and devising strategies to tackle health challenges in the same community. This study sought to explore the experiences of villagers from four rural villages in Lesotho, regarding their engagement with nursing students.

Summary of work:
A qualitative descriptive study was undertaken through four focus group discussions with representatives from four villages around Thaba-Tseka in Lesotho. The focus group discussions explored their experience in working with students for the first time in their communities. The data generated was inductively analysed using Creswell’s steps of qualitative data analysis. Ethical clearance was sought from relevant bodies and individual consent for the villagers was sought.

Summary of results:
Three themes emerged namely; the need to expand the systems support, improved perception of healthcare and the sustainability of programme. The villagers highlighted that supporting the system through their own subsistence, communication and constant feedback with the school of nursing. Their perception of the value and importance of healthcare was improved. They revealed the need to make the projects meaningful and relate strongly with their contextual challenges, through multi-sectorial engagement.

Discussion and conclusions:
Human factors as integral in sustaining change. An investigation of such lived experience of the villagers, provides an initial indication of the potential for the sustainability of such a curricular innovation. The experiences of the villagers in this case, indicate to a greater extent their own engagement with the curricular innovation therefore a larger chance sustaining the change.

Take-Home message:
The voices of collaborators such as the villagers are essential in influencing and sustaining curricular change.
Conference themes
Student support/selection/development, eLearning/technology/blended learning

Keywords
WhatsApp, Large classes, learning platform

Background:
Ensuring interaction in large groups prove to be quite challenging for any facilitator. However, small group work ensure collaborative work and participation of all students attending a selected class. Within nursing a class of 80+ students is regarded as a large class due to the practical, interactive and work-integrated nature of the training.

Summary of work:
The Z-generation can be characterised by students who have never lived without some form of technology. Utelising these student’s constant attachment to technological devices by using a WhatsApp group in class and clinical practice (off-campus) enabled me to facilitate small group work with a large number of students (N=80).

Summary of results:
Student participation is focussed and can be tracked in real time. Problems areas can be identified and remedied in real time. Students can interact and learn from peers, while obtaining continuous support from experts in the field.

Discussion and conclusions:
Using small group class work that contributes towards a participation mark, can be a good motivator for students to attend classes and as a result become more engaged with the subject field and even enjoy a subject which is not necessarily their primary interest. However, large groups and cinema style class rooms can be regarded as barriers towards interactive facilitation sessions. Internet access can sometimes be a challenge. Student participation could be guided and tracked via WhatsApp, understanding accessed and problem areas could be explained in writing via WhatsApp, and a short period available for face-to-face facilitation could be optimally utilised, ensuring that all the critical content were covered.

Take-home messages:
Use of relevant technology can improve the learning experience and support the lecturer to assess learning.
SUSTAINING A NEWLY IMPLEMENTED COMPETENCE-BASED MIDWIFERY PROGRAMME IN LESOTHO: EMERGING ISSUES

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Conference themes
Curriculum

Keywords
Sustaining, competence-based, midwifery education

Background
The need to develop midwives that are able to improve maternal and neonatal outcomes underpin decisions to adopt competence-based education models in low and middle income countries. In Lesotho, the adoption of competence-based education influenced midwifery education to adopt constructivist, student centred approaches. Stakeholders in midwifery education reflected challenges during the implementation of a new competence-based midwifery programme, that threatens the sustainability of the programme. This study investigated factors that influence the implementation of the competence-based midwifery programme in Lesotho.

Summary of work
A qualitative descriptive design underpinned the study. Data were generated through four focus group discussion with midwifery students and semi-structured interviews with educators, clinical instructors and administrators from all midwifery training institutions in Lesotho (n=5). An analysis of documents used to support the implementation of the midwifery programme was done. Analysis of the data was through inductive reasoning, using Creswell steps on qualitative data analysis.

Summary of results
Four themes emerged as the summary of the factors influencing the implementation of the midwifery programme. These themes are: accountability within and for the programme, management of the programme, educators’ capability to implement the CBC and the students’ response to the CBC.

Discussion and conclusion:
A lack of support and monitoring of a newly implemented CBC threatens its sustainability. Professional regulatory councils need to set standards that enhance accountability throughout the programme. Faculty need continuous support and monitoring in implementing a new curriculum, failure to which the stage for curricular drift is set.

Take-home Messages:
In sustaining a newly implemented curriculum, there is need for structures that support and monitor the implementation to enhance accountability.


Conference themes
Decentralised discourses and debates

Keywords
Decentralised training, nursing, collaboration

Background:
Collaborative initiatives between the Departments of Health and Higher Education Institutions (in this project North-West University School of Nursing Science) are important to strengthen decentralised training of health professionals. This is very important in especially the North West Province of South Africa, the majority of the population of 3.7 million people are of child bearing age and the high mortality rate of children under five is contributed to HIV/AIDS, followed by childhood illnesses, such as infection and nutritional deficiency (Bradshaw et al, 2000).

Summary of work:
The STARFISH project aims to improve neonatal, infant and child care in the North West province by means of collaborative initiatives. The objectives of this project focus on improvements for the neonate, infant and under five child and their families and healthcare professionals working with these children as well as holding benefits for the participating institutions. Twenty-five (25) professional nurses and 25 healthcare workers participated in the 2018 pilot project cohort. Participants are required to attend 11 contact sessions, which focus on pregnancy, fetal development and normal adaptation to the extra-uterine environment, 4th stage of labour, assessment of the neonate, newborn care during the 4th trimester, puerperium, child illness, emergency child care, infant and child nutrition and normal infant and child development.

Summary of results:
District and Provincial support in the North West Province were obtained. Participants developed life and leadership skills. Capacity building by means of mentorship was done.

Take-home Messages:
Collaborative initiatives to improve neonatal, infant and child care, could assist in decreasing the morbidity and mortality indicators in the province.
TOWARDS SELECTION FOR SUCCESS: HOW SHOULD WE WEIGH SELECTION FACTORS?

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Conference themes
Student support/selection/development

Background:
An objective for medical schools in South Africa is to widen student access into the health sciences professions with the aim of redressing inequalities of the past. What makes this challenging is that there are limited places and only 10% of all permissible applications eventually access medical school.

Summary of work done:
The study population was all previous years’ school leavers who enrolled at the Faculty of Medicine and Health Sciences (Stellenbosch University) between 2012 - 2015. A quantitative correlation-based retrospective study, analysing academic success against components that determine the students’ Selection Factor (SF), was done. Academic success was defined as completing the first three academic years on time. The three different components (with various sub-components) that make up the current SF of school leavers were identified as the research variables. The academic success of all these students were correlated with the different selection variables to ascertain positive and negative associations.

Summary of results:
Specific selection components positively correlate with academic success. Some of the variables in the components that correlated with successful or well performing students were identified.

Discussion:
Faculty is interested in the prediction of student success. Components of the SF are helpful in this regard. Information about the utility of current selection components of the SF can indicate which add value to the process, and provide information for a more appropriate weighting of each.

Conclusion:
As Stellenbosch University is a public higher education institution with an obligation to redress access, but also needing to consider throughput of students, it was necessary to establish which (or which combination) of the currently used SF components offer us the most useful indicators of student success. Take home message: Specific factors used and utilised correctly with the selection of students can provide useful information on the prediction of their academic success.
EXPLORING PERSONAL ASPIRATIONS OF NEWLY QUALIFIED DOCTORS IN A NARRATIVE STUDY

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Conference themes
Professional/staff development

Keywords
Identity construction, personal aspirations, narrative methods

Background
Healthcare systems depend on newly qualified doctors (NQDs) to provide essential services in the public sector, while little is known about their personal or career aspirations. This study aimed for a better understanding of how personal aspirations influenced identity construction and future career trajectories of medical interns in South Africa.

Summary of work
Using interpretive methodology, qualitative, narrative methods were underpinned by social constructionist thought. Theoretical framing included psychology- and sociology-based theories of learning and social practice. A purposive sample of six medical practitioners participated in the study. Written reflections from three years post-qualification were socio-linguistically analysed for narrative positioning. The same participants were interviewed face-to-face at six years post-qualification, enabling insight into professional development trajectories. Thematic content analysis and structural analytic methods were combined to draw inferences.

Summary of results
A heuristic device is offered in the form of ‘aspirational contours’ towards a better understanding of how personal aspirations shape clinical practice. Learning experiences were predominantly informal, serendipitous and negotiated in relation to helpful others in the clinical environment. Personal aspirations of NQDs were not fixed, but fluid and influenced by dialogical interaction with others and within the self. The primary consideration in professional trajectories was finding a good enough ‘fit’ for the kind of practitioner NQDs aspired to become.

Discussion & Conclusions
‘Ways of being’ in clinical workplaces (both individual and collective) offer a repertoire of possibilities for identity constructions during internship. Strengthening positive clinician models and options would therefore be a way of transforming medical culture to be more responsive to NQDs’ learning needs and promote more person-centred care. Further in-depth studies on the power differentials and identity development in various clinical contexts are recommended.

Take home message
Medical internship provides a window of opportunity to influence the personal aspirations of NQDs.
Conference themes
Decentralised discourses and debates

Keywords:
Decentralised Clinical Teaching Platform, curriculum, Mid-Term review

Background
The Decentralised Clinical Teaching Platform for the undergraduate programme was first implemented in 2015 at UKZN. Its purpose is to ensure that UKZN produces healthcare professionals who are fit for purpose, competent and prepared for the changing dynamics of the health care in the developing world within the Primary Health Care Model.

A number of challenges related to the implementation of the DCTP were experienced and reported by the student body. These challenges were later escalated to the Senate for urgent intervention.

Summary of work
A Mid-term review of the DCTP for the undergraduate programme was conducted in July 2017. The objectives were to: look at the concerns raised by the students; reflect on the progress made mid-term, reflect on the alignment between its implementation, the UKZN-KZN DOH MOU of 2014 and the achievement of the academic outcomes.

The self-evaluation questionnaires, face-to-face interviews and document reviews were used for data collection. Analysis of data resulted in a full report presented to different university structures and DOH.

Summary of results
Positive academic achievements were identified. Many implementation related challenges were identified. These include the “Top-Down” approach and alienation of the Heads of Departments and students as major stakeholders in curriculum implementation; poor communication and many others.

Discussions and Conclusions
The presentation will discuss the pitfalls to be avoided when introducing new changes into the curriculum such as the DCTP as lessons from UKZN.

Take-home Messages
Heads of Departments are custodians of the curriculum and therefore should be involved from inception of any curricular changes. Constant communication with students and the public is key to avoid misinformation.
WE SHAPE OUR ALGORITHMS: THEREAFTER THEY SHAPE US

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Conference themes
eLearning/technology/blended learning

Keywords
Artificial intelligence, machine learning, clinical reasoning

Abstract
Artificial intelligence is a branch of computer science that aims to imbue machines with cognitive abilities that match those of human beings. We see the results of AI in cancer imaging, heart disease prediction, and clinical decision-making. While these early outcomes may leave much to be desired, it is sobering to realise that they will only ever get better, and their rate of improvement is accelerating at the same time that the cost of improvement is going down. The technology at the heart of the most innovative progress in healthcare is a domain of AI called Machine learning (ML). Machine Learning is what happens when a combination of algorithms are trained on massive data-sets to perceive patterns in that data, and to “learn” by assigning values to certain patterns. ML enables computers to learn something without being told what it is that they are learning, and is so effective that it is the one method we can use to teach computers to do things that we do not know how to do ourselves. But as this software becomes more powerful it also becomes less transparent, and algorithmic decisions are increasingly opaque. This is problematic because we will increasingly ask computers for answers to questions that have no single right answer, are open-ended, subjective and value-laden. The problem is, for some decisions in very specific domains, machines are already smarter than the smartest humans. And because of this there will be a temptation to outsource our moral responsibilities to machines. The more we rely on algorithms to make decisions, the more they will shape what is seen, read, discussed, and learned. It is therefore important to develop strategies to help clinicians and educators understand and work more effectively with the algorithms that will increasingly shape the future of health professions education.
ARTIFICIAL INTELLIGENCE AND ALGORITHMIC DETERMINISM: IMPLICATIONS FOR HEALTH PROFESSIONS EDUCATION

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Conference themes
eLearning/technology/blended learning Professional/staff development

Keywords
Artificial intelligence, algorithmic determinism, machine learning

Background
Artificial intelligence (AI) already influences a significant but invisible aspect of our daily lives. Major applications of AI include search (Google), image recognition (Facebook), audio translation (Google Translate), and recommendation engines (Amazon). Important applications of AI in healthcare include clinical decision support, patient monitoring and coaching, surgical assistance, patient care, and systems management. As the digital information we interact with as teachers and clinicians is increasingly filtered, categorised and shaped by algorithms we see that there are ethical implications for when, how and what we teach. However, unless health professions educators are actively engaged in a conversation around what AI is and how it is used in HPE, we run the risk that our professional decision making is subject to machine intelligence, rather than being informed by it.

Who should attend
Clinicians and educators with an interest in the future of HPE and clinical practice. Specifically, anyone with an opinion on the topic of AI in the context of healthcare and HPE is welcome, as the ultimate purpose of the workshop is to generate a draft position statement on the use of AI in South African HPE.

Structure of the workshop
1. Brief introduction to AI and machine learning (ML) in HPE (20 min)
2. Small group discussion on the practical and ethical implications of AI for educators (20 min)
3. Plenary discussion (30 min)
4. Collaboratively develop a draft position statement on the use of AI in HPE (30 min)

Intended Outcomes
• To better understand basic concepts around AI and ML in the context of HPE.
• To describe and discuss the practical and ethical implications of AI in HPE.
• To prepare a position statement on AI interventions, implementation and research in South African HPE.

Level: Introductory

Maximum number participants: 30

Room requirements: Discussion tables
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Conference themes
Graduate competencies/Research in health professions education

Keywords
decentralised training, dental therapy students, experiences

Background:
Community-based education (CBE) is a learning strategy that provides meaningful opportunities for students to apply theory learnt in a larger social and cultural context in various community settings. The University of KwaZulu-Natal, in its endeavour for reform, offers undergraduate and postgraduate programs that are responsive to community needs in alignment to the institute’s vision and mission namely to be more socially accountable. The School of Health Sciences at UKZN adopted a Primary Health Care Curriculum with decentralised clinical training occurring at community-health centres and regional hospitals which aims to produce socially accountable health professionals with skills and attributes of professionalism, compassion and communication to meet the needs of the health system. Although the benefits of CBE to health professional students are well documented, to date, there is little evidence describing dental therapy students’ experiences.

Summary of work:
This descriptive study gives insight into the experiences of decentralised, community-based clinical training among dental therapy students using a self-administered questionnaire eliciting qualitative data.

Summary of results:
Students reported perceived benefits of improved professional and personal growth, and a deeper understanding of cultural, social and economic influences on oral health care. Challenges they faced included language barrier, limited resources and adapting to new environments.

Discussion and Conclusions:
The reported experiences of undergraduate dental therapy students involved in community based clinical training suggest that students gained awareness of the context-specific challenges facing communities and health professionals in different oral health settings.

Take-home Messages:
Taking students from a closed university dental school setting and exposing them to decentralised community settings has several advantages such as improved self-confidence, better understanding of diverse communities and becoming more socially accountable.
USING THE JEFFERSON SCALE FOR EMPATHY FOR UNDERGRADUATE MEDICAL STUDENTS: A CROSS SECTIONAL STUDY

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Conference themes
Graduate competencies

Keywords
Patient-centred care, Measuring Empathy levels

Background
Patient-centred medical care and the development of a caring relationship between healthcare worker and patient have been shown to, not only improve health outcomes and reduces costs, but also to increase doctor satisfaction. A critical component in the development and maintenance of this relationship is empathy. Following a scoping review of educational interventions to enhance empathy, a variety of experiential interventions were incorporated into the 3rd-year undergraduate medical curriculum, as part of the clinical skills module.

Summary of work
The widely used Jefferson Scale for Empathy (JSE-S) was used to determine the baseline empathy levels of a student group before the interventions in the curriculum were implemented. The JSE-S comprises a 20 item Likert score questionnaire and has been widely used around the world and been found to be reliable and a valid measure of healthcare provider empathy. Reports of the use of the JSE-S with medical students within the South African context are limited. Two hundred and six (n=206) of the 287 3rd-year medical students were conveniently sampled and completed the questionnaire as a baseline measurement of empathy.

Summary of results
Statistical analysis revealed females have a significantly higher score than males (p=.019) and those aged 25 years or older a significantly higher score than those under 22 year olds (p=.003). The Cronbach alpha scale reliability coefficient was 0.81, which indicates good reliability of the scale, however when individual items were evaluated used a Graded Item Response model there were 3 items which were found to have a discriminatory difference.

Discussion and Conclusion
The descriptive statistics are similar to most of the reports for medical students in the US and other parts of the world. The JSE-S seems to be a valid tool in our context and can therefore be recommended for use.

Take-home Message
The findings of this study may encourage researchers to use the Scale for measuring empathy in undergraduate medical students.
Conference themes
eLearning/technology/blended learning

Keywords
First year students, Blended Learning, Online Teaching

Background
The Biomedical Sciences department teaches foundational, core content for all programmes in the Faculty of Medicine and Health Sciences (FMHS). Increasing student-lecturer ratios and knowledge discrepancies served as motivation for this pilot study using learning objects (LO) in the Life Forms and Functions of Clinical Importance 111 (LFF) module. One of the approaches that lecturers can use when adapting their curricula to current trends, is blended teaching and learning focused on understanding how students learn. The research questions we asked were: Is the use of LO in a biomedical first year module an effective tool for enhancing the student learning experience? What are the barriers and enablers to the development and use of LO in the LFF module?

Summary of work
A pragmatic methodology with the Conversational Framework as the theoretical lens was selected for the study. A descriptive case study research design with mixed methods of data collection was used. All participants provided informed consent for this ethics approved study (N16/05/069). LO were created for the purpose of incorporating it into a first year module in the FMHS. A correlation analysis between usage statistics and assessment results were used to determine the academic effectiveness of this intervention. A thematic network analysis identified the perceptions, barriers and enablers.

Summary of results
Academic outcome and qualitative analysis supports the use of LO for facilitating learning. Barriers included, technical and design problems. Enablers included facilitating learning, teaching and assessment.

Discussion and Conclusions
This study demonstrates the potential of LO for facilitating learning, particularly for addressing the needs of first year students who may have different schooling backgrounds on entry into the program. The findings also highlighted the importance of supporting revision opportunities for junior students.

Take Home Message
Interactive learning objects are useful and effective tools for facilitating learning between the lecturer, content on an online platform and the student.
Conference themes
Student support/selection/development Teaching and Learning

Keywords
Anatomy, Teaching, Learning

Abstract
Alternative teaching and learning practices for Ocular Anatomy First year learners at CPUT’s Ophthalmic Sciences Department study Ocular Anatomy. To supplement didactic teaching, costefficient methods, based on pedagogical principles were implemented:

1. VARK (Visual, Auditory, Reading/wWriting, Kinaesthetic)
Fleming and Mills recognised that one or a combination of learning styles require various techniques to aid learning. Visual learners learn better with graphs while kinaesthetic learners learn better by building models. The VARK questionnaire is administered with results shared with learners. Pedagogically, it establishes a baseline of learning styles, helps tailor future teaching/learning activities and gets learners to know themselves.

2. ‘Pictio-Anatomy’
Pictionary™ is a team-based game. A designated participant draws pictures suggested by everyday words while teammates guess the word from the intended diagram, within 1 minute. The game was modified (‘Pictio-Anatomy’) with ocular anatomy terms for learners to draw; e.g. sclera, lens, retina. The activity inspires teamwork, cognitive and social skills. It caters for visual learners requiring understanding and communication of concepts pictorially, rather than verbally alone.

3. ‘Blind’ Anatomy
Learners raised challenges understanding the sagittal section of the eyelid. ‘Blind’ Anatomy establishes and builds upon inherent learner knowledge. Randomly created groups were to draw and label an eyelid sagittal section identifying key features. Drawings are presented with groups providing critique. This activity engaged multiple Bloom’s taxonomy domains: recall, understanding, application, creation and evaluation.

4. MasterChef Anatomy
Similar to the TV show, groups were to construct a model of the eyelid, using everyday items (a watermelon slice, uncooked pasta, and baking decorations), within 15 minutes. Afterwards, all models were displayed and collectively critiqued. Apart from enhancing visuo-spatial skills and kinaesthetic learning, the activity taught group work and presentation skills. For Anatomy, no single teaching method to successful learning exists. Combinations of multiple pedagogical resources, complementing one another can lead to effective learning. Informal evaluations reported high levels of satisfaction with activities, formalized research can assess impact of these methods in learning.
PHYRMACY STUDENTS’ OPINIONS AND EXPERIENCES WORKING ON BOARD THE TRANSNET-PHELophepa HEALTH CARE TRAINS

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Conference themes  
Graduate competencies, Research in health professions education

Keywords  
Experiential learning, Mobile clinic, Pharmacy

Background:  
The two Transnet-Phelophepa Health Care Trains provide primary health care services to resource-restricted rural communities across South Africa. Each train is staffed with a multi-disciplinary team (with the exclusion of a medical doctor), and houses a registered pharmacy, where final-year pharmacy students assist in the dispensing of prescriptions to patients after consultations at the health, optometry and/or dental clinics. The primary aim of the study was to determine the experiences and document the work-based learning activities of pharmacy students during their week on one of the trains.

Summary of work:  
An online questionnaire link was e-mailed to 106 pharmacy students placed on the trains during 2017. Seventy-five respondents completed the questionnaire. Data was captured in Excel and basic descriptive statistics were calculated.

Summary of results:  
Respondents expressed that their decision to volunteer for placement on the train was influenced by the following: a desire for engagement with the community; the opportunity to experience this unparalleled work environment, and the positive feedback of students who previously worked on the train. Students were exposed to a variety of pharmacy-related activities, however, most of their time was spent dispensing. Although less than half (n=33) found it difficult to communicate with patients, almost all responded (n=66) that the interpreter helped them communicate with patients. A few respondents viewed this experience to work in a culturally diverse community as an opportunity to learn a new language.

Discussion and Conclusions:  
Most respondents concluded that they were able to apply their newly acquired knowledge and skills whilst working on the train. Suggestions to improve the experience included increasing opportunities for interprofessional activities and incorporating pharmacy students in outreach programs.

Take-home Messages:  
• Transnet-Phelophepa Health Care Trains expose students to primary health care provision in a distinctly different environment and to diverse cultural contexts, providing diversity within pharmacy work-based learning programs.  
• Pharmacy students benefit from working on the Health Care Trains and find it a truly rewarding experience.
EXPLORING THE EDUCATIONAL INTERVENTIONS TO ACQUIRE THE VARIOUS DIMENSIONS OF PATIENT-CENTREDNESS IN UNDERGRADUATE MEDICAL CURRICULA: A SCOPING REVIEW

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Conference themes
Curriculum/Graduate competencies

Keywords
Patient-centredness; teaching and learning; undergraduate medical curriculum

Background
Patient-centredness has been identified by most medical schools world-wide as a desired core graduate competence. Patient-centredness positions the patient at the centre of the consultation and, therefore, focuses on the patient instead of the disease. The concept of patient-centredness is multifaceted and there is no consensus on the definition thereof. This uncertainty has, however, led to various educational approaches and interventions in medical curricula. The choice and development of these approaches and interventions that can enhance or sustain the various dimensions of patient-centredness are challenges for undergraduate medical curriculum developers (Fernando & Consedine, 2014). The purpose of this study was to build on a study by Archer (2016) where some gaps in the teaching and learning of patient-centredness of undergraduate medical students, at a certain institution, were identified. With this scoping review, our aim was to determine how the various dimensions of patient-centredness could be acquired in undergraduate medical curricula.

Summary of work
This study followed the six-step methodology framework of Arskey and O’Malley’s (2005) and the methodology enhancement described by Levac et al., (2010). Electronic databases were searched. PDF’s were collected, analysed and relevant information was extracted and displayed on an Excel spreadsheet.

Summary of results
Information on authorship, population and the focus of patient-centredness and interventions were documented.

Discussion and Conclusion
A variety of educational methods and interventions, to achieve the various dimensions of patient-centredness, were identified. Some of these findings were considered appropriate to be incorporated into undergraduate medical curricula and will, therefore, be discussed in the presentation.

Take-home Messages
Various educational methods and interventions exist that can assist medical students to cultivate patient-centredness. Curriculum developers should aim to incorporate a combination of these interventions into their programmes.
FAMILY MEDICINE SUPERVISORS’ PERCEPTIONS OF THE DEVELOPMENT OF A BLENDED LEARNING PROGRAMME FOR REGISTRAR TRAINING

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Conference themes
eLearning/technology/blended learning Research in health professions education

Keywords
Participatory action research, blended learning, postgraduate training

Background
The four-year Masters in Family Medicine degree at the University of the Witwatersrand has traditionally been seminar-based with internal examinations at the end of the first to third years. The department recently introduced a primary examination at 18 months requiring different syllabi for the pre-primary and post-primary periods. The revised registrar training is being developed as a blended learning programme.

Summary of work
This presentation reports on the first of a multiphase participatory action research study. Semi-structured interviews were conducted with three district supervisors and the course coordinator to explore their motivations for being involved and their experiences while revising the training programme and developing the online modules, including the training they received on using the learning management system that will be used to deliver the registrar-training programme. The interviews were audio recorded, and the transcripts analysed thematically.

Summary of results
The supervisors’ main reasons for developing the blended programme were that online teaching could provide more structured and standardised training. Some of the challenges mentioned were a lack of time, how to interpret specific learning outcomes from the broader College of Medicine curriculum outcomes, and their lack of technological proficiency when developing and uploading the online modules.

Discussion and Conclusions
The supervisors’ experiences will be used to improve the training for other supervisors who will be enlisted to assist with developing online modules. Collaborations with other universities are being considered to facilitate the interpretation of the College of Medicine curriculum. Suggestions from supervisors and students during the implementation phase of the project will be used to improve the design of the online modules.

Take-home Messages:
1. The specific content required by the national curriculum needs to be determined.
2. Registrar training programmes should be standardised across districts.
3. The development of online modules is time-consuming.
AN INVESTIGATION INTO THE APPROPRIATENESS OF FOUR DIGITAL RESOURCES FOR USE AS AN INTERACTIVE TEACHING AND LEARNING STRATEGY IN POSTGRADUATE ALLIED HEALTHCARE TRAINING.

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Conference themes
eLearning/technology/blended learning

Keywords:
Interactive learning, digital resources, active engagement

Background: Interactive learning is a teaching and learning strategy that encourages active engagement between the lecturer and students, using technology enhanced learning resources. This strategy is ideal for encouraging postgraduate allied healthcare students to employ critical thinking, problem-solving skills and active participation during face-to-face sessions. With the emergence of digital technology, a variety of interactive online resources are available to encourage active engagement. This study aimed to investigate the appropriateness of digital resources as interactive teaching and learning strategies.

Summary of work:
A descriptive study design was used to report on the four digital resources that were identified as being regularly used by the lecturers and students, namely PollevEverywhere, Kahoots, OneNote and Flipgrid. Firstly, data were collected to determine the availability, technological requirements, cost, type of activities, ease of use, level of engagement, suitability for postgraduate education and opportunities for skill development. Secondly, a convenient sample of 20 lecturers and 20 students from the allied healthcare postgraduate course were selected to rate the digital resources on a Likert scale from 1-4 judging appropriateness for use as a teaching and learning strategy.

Summary of results:
Descriptive analysis revealed that all four digital resources fell within a range above 80% adherence to the set criteria. Results from the lecturer and student survey showed a similar range of high levels of appropriateness for use in interactive teaching and learning.

Discussion and Conclusions: The four digital resources were found to be readily available, inexpensive, and easy to use and encouraged active engagement. Lecturers and postgraduate students found the digital resources highly appropriate for use as a teaching strategy.

Take-home Messages:
Digital resources can be used with confidence as a teaching strategy to engage postgraduate students in interactive learning.
FLIPPED CLASSROOM DECONSTRUCTED AND ADAPTED FOR LEARNING DIVERSITY

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Conference themes
eLearning/technology/blended learning/Deconstructed discourses and debates

Background and study problem:
The flipped classroom (FC) is a blended learning strategy with the aim to improve student engagement and outcomes. It is underpinned by adult learning theories such as active learning, peer instruction, problem-based learning, that requires students to prepare before they meet and engage with peers in purposeful activities in class (Mazur, 1997; Jenkins et al., 2017). Chemical Pathology is a subject with complex biochemical pathways and applications through case studies. The class time needed to be used for peer activities.

Aim:
To evaluate student acceptance of FC in the class of fourth year undergraduate Medicine in Chemical Pathology

Methodology:
Action research method was used with a mixed data type (qualitative and quantitative). Students were informed about the FC approach and received learning material with objectives upon enrolment. Short questions prepared by the facilitator were sent to students a week prior to class. Students were asked to sit in groups by their choice during class. Two microphones were used (one for the facilitator and one for the group). Questions were divided in equal number and volunteers in each group answered and peers commented. In the next session, a clinical case was given to each group and 15 minutes time for discussion. Facilitator was available throughout the class time. At the end of 3 topics, anonymous questionnaire was sent out to evaluate the approach. All students continued with the regular weekly tutorials whilst taking part in FC activity.

Summary findings:
Twenty % of students wished to continue FC method and 80% preferred the traditional mode. Seventy% did not engage with the material before class for various reasons. Fifty% was not comfortable to volunteer in group discussion. Majority of students were happy with working on short questions and cases despite their reluctance in speaking on the microphone. Most students were used to teacher-focussed approach. Hectic academic schedule, lack of time management skill and motivation to engage with the material in advance also contributed towards rejecting the FC approach.

Action taken:
The facilitator adapted to semi-FC (details in the poster) as a corrective action in the remaining seven topics.

Conclusion and take Home Message:
DEMYSTIFY THE DISCOURSE: CHALLENGES IN CONSTRUCTING THE IDENTITY OF ‘EDUCATIONALIST’ IN THE DIGITAL AGE

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Conference themes
eLearning/technology/blended learning Professional/staff development

Keywords
Identity, Development, Language

Abstract
Through a critical reflection on my own experiences of learning to teach in the context of a CHEC course titled ‘Design for teaching with technology’, I wish to share some insights gained on my journey in developing the identity (still under construction) of educationalist/teacher in a Health Sciences program at the University of the Western Cape. This presentation highlights the challenge of grappling to grasp the languages of both ‘Teaching and Learning’ and ‘e-Learning’ and, how tackling this through experimentation/play provided the impetus to rethink my own ideas about language and power dynamics in the classroom and clinical settings.
ANATOMY: AN UNEXPLORED OPPORTUNITY TO DISCUSS MULTIPLE NARRATIVES IN THE SOUTH AFRICAN CONTEXT?

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Conference themes
Curriculum Decolonised discourses and debates

Keywords:
Anatomy, cadaver dissection, medical education

Background:
For most health sciences students, the cadaver is the “first patient”. Human anatomy thus provides an opportunity, not only to study morphology, but also to develop competencies such as communication, professionalism and professional identity. Development of these competencies may be influenced by the student’s perception of the use of human remains and dissection for teaching anatomy. These perceptions may, in turn, be shaped by students’ belief systems, which are informed by their religious, cultural and social contexts. Therefore, the aim of this study was to investigate factors affecting students' perceptions of human dissection in a South African context.

Summary of work:
1381 health sciences students, enrolled in anatomy courses at the University of the Witwatersrand during 2016 and 2017, were requested to participate in a voluntary survey (HREC Ethical Clearance no. M160219). The survey included closed and open-ended questions on students’ emotional responses to dissection and the factors which affected their perceptions of the use of human remains and dissection for teaching. Data was analyzed using quantitative and qualitative methods.

Summary of results:
Six hundred and twenty three students (45%) responded to the questionnaire. Students identified religious and cultural beliefs as affecting their perception of dissection in both positive and negative ways. Belief systems shaped feelings of gratitude and respect for the cadaver but delay of conventionally accepted burial practices (which was contrary to the student’s belief system) was one of the factors which caused anxiety.

Discussion and Conclusion:
Student dialogue on how their beliefs influence their dissection experience provides an unexplored opportunity within health sciences curricula to investigate multiple narratives in a multi-cultural context such as South Africa.
NON-MEDICAL USE OF PRESCRIPTION STIMULANTS BY MEDICAL STUDENTS IN A SOUTH AFRICAN UNIVERSITY

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Conference themes
Student support/selection/development

Keywords
Psychostimulant, non-medical, use

Background
There has been a documented increase in the off-label use of prescription psychostimulant drugs, such as methylphenidate, by university students. Multiple risk factors such as increasing academic/time pressures and competitive environments have been identified. In the context of medical schools, with extremely demanding programmes, students are thought to be at even higher risk. Two South African universities have previously found prevalences of non-medical stimulant use amongst medical students of 11-18%.

Objectives
To determine the prevalence of non-medical prescription stimulant use by medical students at the University of the Witwatersrand.

Methods
This was a cross-sectional observational study, in which an online survey was administered to medical students in years 3 to 6 of the MBBCh programme at Wits University.

Results
A sample of 185 students (total population = 1298) completed the survey across all 4 years of study, yielding a response rate of 14.3%. The highest response rate came from the MBBCh 3 class, and the lowest from the MBBCh 6 class. 15.1% (n=28) of the 185 respondents reported use of prescription stimulants for non-medical purposes, with 93% using methylphenidate. 61% of students used psychostimulants only when studying for tests/exams, and 100% reported ‘improvement of concentration’ as the reason for use. There was a statistically significant difference (p=0.003) in usage between graduate students (61%) compared to school-leavers (39%), and the highest prevalence was seen in the age group 24-26 years at 43% (p=0.037). There was no statistically significant difference in usage according to gender, year of study, or race.

Conclusions
The prevalence of non-medical use of prescription stimulants amongst medical students at the University of the Witwatersrand was found to be 15.1% (CI 6.67%), which is comparable to results found at other South African universities. The highest prevalence was amongst graduate-entry students, and those in the age group 24-26 years.
Conference themes
Curriculum social responsiveness

Keywords
Engaged teaching, Basil Bernstein, curriculum design

Abstract
The 2005 Talloires Declaration on the Civic Roles and Social Responsibilities of Higher Education outlines universities’ “unique obligation to listen, understand and contribute to social transformation and development”. The University of Cape Town has expressed a similar commitment to social responsiveness in its 2016 – 2019 strategic plan; and these initiatives resonate with – and are supported by – a growing literature on engaged scholarship. Yet what are the implications of this ‘third mission’ for teaching and learning?

In this article, I focus on a child rights and advocacy course offered by the Children’s Institute, University of Cape Town, in order to explore the relationship between social responsiveness and curriculum design tracing ways in which the programme is responsive to the needs and rights of children with in the South African health care system, and how it aims to equip paediatricians with the capacity to advocate for child health. I then draw on the theoretical work of Basil Bernstein to explore the relationship between social responsiveness and curriculum design – paying attention to the classification and framing of instructional and regulative discourse, and the ways in which ideology comes into play as knowledge is recontextualised in the pedagogic device, raising questions around: what kind of knowledge and knowers we value? What kinds of pedagogy enable critical shifts in thinking and practice? And how can we extend our practice of “engaged teaching” beyond the delivery of CPD courses, public lectures and service learning, to foster in our students “the civic literacy, knowledge and skills … to build a more just, equitable and unified South African society”??
NEGATIVE MARKING: THE UKZN EXPERIENCE

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Conference themes
Assessment

Keywords:
Assessments, Health Science

Background
Due to the increase in the number of students per class at tertiary institutions, and subsequent staffing numbers either remaining the same or being reduced, universities are currently experiencing dire administrative challenges. Hence, the type of assessments have shifted from essay and short answer questions to true/false and multiple choice questions. To avoid obvious guessing, negative marking (NM) was implemented to ensure that students study to attain a deeper understanding of the course content. NM alone does not deter the student from guessing; it is the number of questions together with the value of the negative mark that influences a student’s decision making process. Therefore, a student’s knowledge of the course content is controversial.

Summary of work
A questionnaire was administered to students in the Discipline of Clinical Anatomy, UKZN. The value of NM to be deducted was 0.25 for each incorrect four option choice question and 0.5 for incorrect true/false questions. A zero mark was received for omitted answers. Questions covered student views on the administration of NM to their personal feelings when answering such type of questions.

Summary of results
Most students seem to be aware of questions that NM was applied to and the value of the negative mark. However, they were unhappy with the value of NM together with feeling uncomfortable with the NM process itself, feeling nervous and agreeing to possibly forgetting information due to the stress of NM.

Discussion and Conclusions
It was apparent from their responses that they have a collective view on the NM process. NM was removed from assessments at UKZN following international trends.

Take-home Messages
Student’s views should be constantly taken into consideration when designing curricula and assessment methods.
Conference themes
Assessment Work Integrated Learning

Keywords:
Experiential learning, preceptor, undergraduate

Background:
Bachelor of Pharmacy students at Sefako Makgatho Health Sciences University in partnership with Tshwane University of Technology embark on experiential learning every year of the four-year programme, at various pharmacy sectors for a specified duration. Preceptors at the sites assist students in their experience of the work environment, by applying their knowledge, skills and attitudes acquired during learning process.

Objective:
To determine the perceptions of preceptors at different experiential learning sites, on the experiential learning programme for BPharm students.

Methods.
An exploratory electronic survey instrument was circulated to a purposive sample (n=44). The questionnaire comprising three sections was E-mailed to either; nurse(s) at a clinic and/or pharmacist(s) at primary health care clinics, hospitals and community pharmacies in Pretoria. Ethical clearance was obtained – SMUREC/H/203/16:UG

Results.
Response rate of 34 (72%) participants from four sites was analysed. Most preceptors (75%) were pharmacist, while all respondents have more than 2 years of experience on the site, with students. Majority (77%) of the preceptors responsible for mentoring pharmacy students during their experiential learning were pharmacists. More than half (65%), were aware of their role during student placement; assisting and guiding students on pharmacy management, pharmacy operations and developing them into better pharmacists in the real world.

Conclusion.
This study revealed positive perceptions from the preceptor’s regarding BPharm students placement. Communication between university and preceptors during the training of students requires attention.

Take home messages:
Experiential learning model facilitates undergraduate pharmacy students to acquire competencies that will enable them to function effectively in the complex workplace environment upon graduation. Thus, collaboration with preceptors or sectors of practice is fundamental.
Background:
Medical schools in South Africa have to provide evidence that the curriculum meets standards for accreditation and graduates can address the health care needs in society. Curriculum review and renewal is an ongoing process to ensure curricula stay relevant. Curriculum mapping has become a widely used electronic tool in Western countries to show, manage and review curricula.

Summary of work:
The study used an exploratory qualitative design, data was collected through semi-structured interviews with curriculum leaders during 2015/6. Analysis was done by formulating and comparing codes between data sets of institutions. Interpretation aggregated patterns and synthesised findings of the South African context against the background of literature. Presentation of findings include narrative and a comparative matrix.

Summary of results:
All eight of the institutions who offered undergraduate medical training during 2015 participated in the study. None of the medical schools completed an electronic curriculum mapping exercise, but had separate documents available. Institutions experienced various internal and external challenges. These seem to warrant mapping as a possible strategy to analyse and manage the curriculum. There is a growing awareness of sophisticated electronic mapping as a platform to share the vision of the curriculum and improve coherence, review and management of the curriculum. Five categories related to mapping were identified, i.e. urgency, expectations, elements, stakeholders access, and requirements for implementation.

Discussion & Conclusion:
The non-coherence of curricula, inability to formulate core content, and lack of sufficient buy-in and involvement of clinical training educators are of concern. Curriculum leaders need to ensure a mapping platform meet institutional requirements to address challenges. The expectation of benchmarking, collaboration and standardisation will require a national mandate.

Take-home Message:
Full institutional support is essential
MEDICAL STUDENTS’ PERCEPTIONS OF INTERPROFESSIONAL EDUCATION FOLLOWING A WORK-BASED PROGRAMME ON THE DECENTRALISED LEARNING PLATFORM AT UKZN.

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Conference themes
Decentralised discourses and debates

Keywords
Interprofessional education, work-based learning, primary care

Background:
A multitude of health professions are involved in the provision of Primary care. However due to the disciplinestyle nature of their training there is little understanding of each other’s roles and scopes of practice. This study aims to describe the perceptions of 4th year medical students towards interprofessional education and collaboration following a work-based teaching programme on the decentralised training platform at the University of KwaZulu Natal.

Summary of work:
A cross-sectional survey was conducted among 4th year medical students who completed the 6-week programme in Primary Care between January 2018 and April 2018. After obtaining consent, participants were provided with a self-administered questionnaire. Self-evaluation of interprofessional knowledge and skills were recorded before and after the rotation as well as the overall learning experience. The data was entered onto Microsoft Excel and then imported into Stata 13.0 for analysis. Ethical approval was obtained from UKZN BREC (BE026/18).

Summary of results:
There was a 77% response rate (n=73). The average age of students was 21.6 years. There was an almost equal gender distribution (M:F=1:1.1). 95% of students were Black, 4% Indian and 1% Coloured. Four of the students had previous qualifications; 3 clinical associates and 1 pharmacist. 95% of students felt that interprofessional education and collaboration was necessary and relevant to their training.

Discussion and Conclusions:
An overwhelming majority of students had an improved perception and attitude towards interprofessional education after a work-based training program in primary care facilities.

Take-home Messages:
4th Year medical students are receptive and prepared for interprofessional education in the MBChB program at UKZN.
Conference themes
Support/selection/development Professional/staff development

Keywords
Novice lecturer, clinical practice, academic

Background
The transition from practicing as a diagnostic radiographer in clinical practice to a full-time academic position presents specific challenges. Literature confirms that proficiency in the clinical realm does not necessarily translate to competence in the academic world. There is a vast difference between teaching students in a clinical environment to teaching them in a lecture room. Practitioners do not always share the viewpoints of higher education institutions regarding content and teaching methods.

Results
A compulsory formal mentoring programme for new lecturers offered by many universities, gives a broad overview of policies and procedures, mainly. In addition, prior part-time lecturing experience does not prepare the newcomer sufficiently for the new role as academic. To add to the transition challenges, higher education specific challenges such as understanding the lingo (acronyms), assessment policies and procedures, added administrative tasks and research outputs exists. The time management even differs from the type of challenges experienced when working in the clinical environment.

Discussion and Conclusions
However, not all is lost! Two mentors from the programme were assigned to assist the new colleague in the process. Positive feedback from students also gives hope. They confirmed the value of the practice related examples given in class which assisted them integrating practice and theory. Fortunately, inexperience automatically allows for the integration of module content as the lecturer’s frame of reference was based in clinical practice and not only in theory.

Take-home Messages
Novice educators should be patient with themselves, colleagues and students since it takes time to establish one’s own educational style. New lecturers should whenever possible, attend all training opportunities offered by the institution to guide them towards the scholarship of teaching and learning.
TRADING KNOWLEDGES: BUILDING POSTGRADUATE RESEARCH CAPACITY IN A PROJECT ON COMMUNITY-BASED DISABILITY WORKERS

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Conference themes  
Professional/staff development/Decentralised discourses and debates

Aims and Background:  
This presentation will describe and evaluate the educational gains and challenges of a research synergy between experienced academics and a small cohort of postgraduate students. The academics were located in Disability Studies, Social Development, and Higher Education. The four postgraduate students were embedded in professions related to providing health and rehabilitation services to people with disabilities in three Southern African countries. The team collaborated on an investigation of the experiences and competencies of community-based disability workers (CDWs) in rural settings. The aim of this presentation is to track the postgraduate students’ acquisition of participatory action research skills and to reflect on what the academics learnt about designing postgraduate curricula in Disability Studies.

Summary of work:  
The block release Disability Studies programme that the students were enrolled in made it possible for them to conduct fieldwork on CDWs’ experiences and practices in their own local environments, and to bring results back to the full team for analysis and further research development. Apart from facilitating access to primary interview data of CDWs’ life and work experiences, the students also provided local knowledge of their research sites. The academics provided training in development of methodology; interview instruments; interviewing skills; thematic data analysis; and the dissemination of research. Analysis for this presentation focused on the processes followed and artefacts produced at all stages of the research project.

Summary of results:  
A key finding was that the project’s methodological approach had to be aligned to the academic literacies skills with which students entered the project. Comparison of students’ interview transcripts during different phases of the project showed improvement in interviewing skills, suggesting that training based on authentic practice was successful. The process of thematic data analysis that was followed in the project indicated the need for an incremental approach. Academic literacies requirements continued to create obstacles for students during written dissemination of research. However, this was not the case during oral dissemination. Students’ local knowledge of their research settings translated into professional confidence which further facilitated oral dissemination and created opportunities for inclusive development.

Discussion and conclusions:  
Designing a research project that involves a synergy between novice and experienced researchers has the potential to create authentic training opportunities that could impact positively on students’ academic and professional development as well as on academics’ understanding of developing responsive postgraduate curricula in Disability Studies.
Conference themes
Curriculum/Student support/selection/development

Keywords
Inclusive curriculum design, student performance data, diverse needs

Background:
The Faculty of Health Sciences at the University of Cape Town requires first year medical students who fail specified courses to transfer onto a year-long Intervention Programme. The programme has been criticised, with a major concern being that it seems to be only for black students and is stigmatising.

Summary of work:
The aim of this study is to analyse student performance and to explore more inclusive ways of designing a medical curriculum. The study uses student performance data from the 2009 to 2016 MBChB cohorts. The sample consists of 244 students on the Intervention Programme and 238 mainstream controls.

Summary of results:
Completion rates of students who had followed the Intervention Programme compared well with those of controls, although Intervention Programme students took longer to transition into their second, third and fourth years than controls. However, after four years of registration, 23% of controls had also repeated a year or more.

Discussion and conclusions:
While the Intervention Programme seemed to support student progression and success to some extent, it did not prevent students from having to repeat further years of study. Given the highly selective nature of the MBChB programme, the proportion of controls that had to repeat years is relatively high at 23%. This indicates that many more students are in need of support than those in the Intervention Programme, and that more support is needed higher up in the curriculum. The results point to the need for a more creative approach to curriculum than the current Intervention Programme.

Take-home message:
We propose design of more flexible pathways and technologically innovative pedagogies in order to integrate support into a unified curriculum offered to all students. A further proposal is that support should be provided higher up in the curriculum to assist all students in making transitions.
THE HIDDEN CURRICULUM OF PROFESSIONAL HIERARCHY IN SOUTH AFRICAN MEDICAL EDUCATION: A QUALITATIVE STUDY

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Conference themes
Curriculum/Decolonised discourses and debates

Keywords
Hidden curriculum, Hierarchy, Medical education

Background
The hidden curriculum is a compelling dynamic in shaping the experiences, socialization and enculturation of students in their learning environment and plays an important role in inculcating values and behaviours. A key feature of both the health care system (as the setting for place-based learning) and the educational experience itself, is the phenomenon of professional hierarchy. A research project was conducted to explore hierarchy as part of the hidden curriculum in one medical program.

Methodology
A qualitative approach was employed. A total of twelve in-depth interviews with students in the clinical years of study were conducted. This was supplemented with a period of six months of participant observations of teaching activities, in particular, ward rounds at two hospitals. The data was transcribed and an inductive coding process was used to analyze the data thematically using NVivo software.

Results
Some clinician teachers were using an approach of ‘education through humiliation’ and extensively enforced perceptions of a high power differential between students and teachers. Most students described negative events of how hierarchy was used as part of the educational process and how it was perceived to rationalize racial and gender prejudices. However, in some instances, the hierarchy was also used appropriately to ensure patient (and student) safety, discipline and appropriate participation in the clinical setting. It was also perceived to invoke resilience among students and encouraged active acquisition of knowledge. A surprising finding was that in one particular discipline, a much more egalitarian approach was evident; this was perceived to strongly facilitate the learning process.

Conclusion
Hierarchy is a powerful, almost surreptitious phenomenon which can be used to facilitate or encumber the learning experience. A better understanding of the hidden curriculum of professional hierarchy is needed in order to employ it as a constructive tool in the clinical learning environment.
INCLUSION OF TRANSGENDER HEALTH IN MEDICAL CURRICULA - THIS IS WHY!

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Conference themes
Curriculum/Decolonised discourses and debates

Keywords
Transgender health, gender identity, curriculum

Background
There are significant health disparities documented for transgender populations, to such an extent that it has been argued that gender identity should be considered a social determinant of health. Health worker attitudes and knowledge gaps contribute to the health disparities. The way to address this is through health science education. Medical curricula need to be decolonised to be more responsive to the needs of local populations, including marginalised minority populations such as transgender people.

Summary of work
A literature review has been conducted on health professional education about transgender health.

Summary of results
The findings of the literature review will be presented. Health disparities have been described in the areas of mental health, sexual and reproductive health, as well as violence and discrimination. Several studies have found that transgender persons experience alienation in health care settings, due to lack of knowledge among professionals. South African research found that there is little formal inclusion of transgender health topics in nursing and medical education, and that health care providers who do provide gender affirming care in South Africa, describe the challenge that transgender health-related topics are largely absent from health sciences curricula.

Discussion and conclusion
Health educators should teach the following transgender health-related topics: gender identity, social exclusion and health disparities; inclusive history-taking and physical exams; as well as gender-affirming care. Educators need to increase their knowledge in this field to be able to teach medical students about transgender health, and transgender health should be formally included in medical curricula. The long term outcome will be better access to health care for transgender patients.

Take-home messages
Through inclusion of transgender health in curricula, health educators can make a difference to the access to health care for transgender persons.
Students’ Perceptions of the Decolonisation of the Curriculum: A Cross-Sectional Study

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Conference themes
Curriculum, Decolonised discourses and debates

Keywords
Decolonisation/Curriculum/Students

Background
Higher education in South Africa has seen protest action (2015-2016) regarding the decolonisation of the South African tertiary education system. The literature defining the meaning of ‘decolonisation’ is lacking. This study aims to explore perceptions of students regarding both what this means to the most relevant stakeholders, as well as the implications for decolonising the curriculum.

Work
Using an iterative process, a Likert-scale questionnaire called the Decolonisation Outlook Questionnaire (DOQ) was developed by student researchers to explore perceptions of decolonising the curriculum. The following domains emerged: definitions of decolonisation and curriculum, Afrocentrism, power relations and status quo. Both online and hard-copy questionnaires were completed by final-year Health Science students at the University of the Witwatersrand. These included students from dentistry, medicine, oral hygiene, nursing, occupational therapy, physiotherapy, pharmacy and general health scientists.

Results
The questionnaire achieved a response rate of 42%. The DOQ has a validity that allows it to be used in other universities (Cronbach- α 0.719). Mean scores generated from answers suggest that decolonisation is viewed by the majority (48%) as a priority, and that it aims, among other things, to acknowledge that education ought to be taught in a local context (80%). While perceptions of what this means may differ among racial lines (with less significant differences between degrees), it is agreed that more action needs to be taken to further this cause.

Discussion & Conclusions
Students have a clear idea of what they see decolonising the curriculum to be and are largely in support of pursuing this agenda. Many of the responses have demonstrated the need for further exploration of these outcomes through qualitative research.

Take Home Message
Decolonising the curriculum is seen as a priority that needs all stakeholders to act towards achieving.
Conference themes
Student support/selection/development, Decolonised discourses and debates

Keywords
Decolonisation, Students

Background:
With little consensus about its definition, decolonisation of a curriculum is a controversial issue. Jansen argues that the curriculum represents more than content or method - but the conscious choice of those in power to assign value to certain knowledges above others (Jansen, 2017 p. 155). In response to this notion, Le Grange offers the 4 R’s approach to decolonisation of curricula: Relational accountability, Respectful representation, Reciprocal appropriation and Rights and regulation (Le Grange, 2016). A group of students set out to create a questionnaire which could be administered to final year health science students to explore their perceptions of decolonisation in their curricula.

Summary of work:
This student research group of 12 variably acquainted fifth-year medical students was randomly constructed to ensure demographic diversity. An initial brainstorming session elicited divergent views of the priorities in the decolonisation debate. A series of iterations followed, during which 118 statements of importance were generated individually and then discussed in the larger group – these were later distilled by two members of the group into 9 domains (status quo, definitions, decolonisation, curriculum, decolonisation of the curriculum, power relations, Afrocentrism, language and social media). A questionnaire was developed with 25 questions using a Likert scale.

Summary of results:
The questionnaire entitled ‘Decolonisation Outlook Questionnaire’ (DOQ) achieved a Cronbach Alpha of 0.71. All of the domains listed above were represented in the final set of questions offered to the 259 respondents.

Discussion and Conclusions:
The emergent DOQ is reflective of the required conversation surrounding this topic. The formation of the questionnaire was comprehensive - deeply engaging both theoretical principles and empirical ideas of decolonisation, from a group representing a population at the frontline of this issue. The questionnaire yields direct insight into students’ opinions regarding this topic.

Take home message:
Engaging with students about the content of the decolonisation debate and its possible directions will offer useful insights to curricular development and decolonisation.
THE EFFECT OF AN EVIDENCE-BASED PRACTICE MODULE ON THE EBP BELIEFS AND EBP IMPLEMENTATION OF UNDERGRADUATE NURSING STUDENTS

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Conference themes
Curriculum, Graduate competencies

Keywords
Evidence-based Practice, undergraduate nursing curriculum

Background
Evidence based practice is utilization of most recent research together with clinical expertise while adhering to patients preference. EBP must be incorporated into the curriculum of undergraduate nursing students. The fostering of research review skills from an early age is essential to empower nurses to apply the newest research in practice.

Summary of work:
The aim of this study was to educate undergraduate nursing students to integrate EBP in practice.

Objectives
1. Evaluate the EBP Module’s effect on the beliefs of undergraduate nursing students regarding EBP.
2. Evaluate the EBP Module’s effect on the implementation of EBP by undergraduate nursing students

Abstract
Methodology Quantitative quasi-experimental non-equivalent group design. Participants were final year nursing students for two consecutive years. The EBP Belief’s scale and the EBP Implementations scales were used in the pre and post-test of students before and after the facilitation of the EBP module.

Summary of Results:
Results indicated a highly significant difference between 9.21 for the intervention group and 5.37 for the control group. Results depicted as grafts for individual questions answered by students.

Discussion and Conclusions:
EBP in the curriculum will prepare students to know and implement the process of EBP. EBP would positively affect patient outcomes. The module embedded in EBP showed a positive impact regarding undergraduate nursing students EBP beliefs and implementation skills.

Take-home Messages:
EBP is widely discussed in literature and the implementation thereof in clinical practice remains a challenge. Educators play a vital role in the empowerment of newly qualified students to equip them with skills to utilize EBP effectively.
ASSESSING THE VALIDITY EVIDENCE FOR THE BIOMEDICAL ADMISSIONS TEST (BMAT): A PERSPECTIVE ON PREDICTIVE VALIDITY OVER SEVERAL YEARS

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Conference themes
Student support/selection/development

Keywords
Selection, Predictive Validity

Background
BMAT is used to select students for entry to medicine and related biomedical courses in 8 countries. BMAT assesses readiness for demanding science-based study and comprises three sections: Sections 1 and 2 measure analytical problem solving skills, and application of scientific knowledge, respectively. Section 3 is a writing task focusing on the ability to develop, organise and communicate ideas. Medical schools use BMAT scores alongside other selection criteria such as national examination results to shortlist and select applicants. Establishing the validity of an admissions test such as BMAT is critical to ensuring its fitness-for-purpose and acceptability to stakeholders. The extent to which the test predicts on-course performance of selected students is an important aspect of validity.

Summary of work
The relationship between BMAT scores and candidates’ medical course performance were examined using correlations, and linear and logistic regressions. Data from the early years of BMAT’s use and more recent data will be presented. Regression analysis was conducted to assess BMAT’s ability to predict course performance equitably by gender and socio-economic status.

Summary of results
BMAT is a good predictor of performance in the first years of medical school. Section 2, measuring the application of scientific knowledge, shows the strongest relationship with medical course performance. Scores on the BMAT Writing Task correlated with students’ results on longer essay-type questions in module assessments. BMAT predicted course performance equitably by gender and socio-economic status.

Discussion and Conclusions
Predictive validity is challenging to demonstrate in practice for a range of operational and statistical reasons. BMAT has shown good predictive validity over several years of use for medical selection. Initial analysis indicated that BMAT predicts performance on medical courses equitably by gender and socioeconomic status.

Take-home messages
BMAT appears to be a useful and valid addition to the medical student selection process.
REFINING THE BIOMEDICAL ADMISSIONS TEST (BMAT) SCIENCE CURRICULUM SPECIFICATION AND DEVELOPING FREE PREPARATION MATERIALS TO SUPPORT EQUALITY OF ACCESS FOR TEST-TAKERS

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Conference themes  
Assessment, Student support/selection/development

Keywords  
election, scientific reasoning, BMAT

Background  
Universities in eight countries (UK, Singapore, Malaysia, Netherlands, Thailand, Spain, Croatia, Hungary) use the BioMedical Admissions Test (BMAT) to select applicants to medicine and biomedical courses. Preparation for admissions tests such as BMAT should support development of knowledge and skills that benefit test-takers' wider education, and should not incur financial cost to the student. A case study of a revision of BMAT’s Section 2 (based on scientific knowledge typically covered in school science and mathematics courses) and the development of a free student guide to support preparation will be presented.

Summary of work  
A review of key topics from UK GCSE science specifications was conducted by BMAT senior examiners and provided the basis to expand and clarify the BMAT specification and outline a curriculum. Senior academics in biomedical fields critiqued the draft specification to ensure test content was specifically relevant to biomedical study, thus supporting test preparation and maximising face validity. International experts advised both on differences in pedagogical approaches to teaching science and mathematics cross-culturally which could impact candidates’ approaches to certain questions, and the effect of language and vocabulary for non-native speakers of English. BMAT item-writers trialled the new specification to ensure it offered appropriate content coverage to support creation of appropriately challenging questions and to identify any remaining gaps in the specification. Concurrently, a revision guide was developed in collaboration with a UK publisher and made available for free to prospective test-takers. Stakeholder reactions to the guide were monitored.

Summary of results  
The updated specification and revision guide clarified topics for candidates to revise, and made core preparation materials freely available to support equality of access. Reactions to the guide were positive but not all test-takers utilised it. Statistical analysis indicated that there may have been a positive impact on test measurement characteristics.

Discussion and Conclusions  
Provision of a revision guide may have reduced the impact of differences in subject knowledge, giving a better measure of students’ ability to reason within a scientific context. This project was guided by the principle that admissions test preparation should support development of skills beneficial for school and undergraduate study. The ways in which positive test impact is maximised are considered from the perspective of consequential validity and stakeholder acceptability.

Take-home message  
The revision of BMAT and provision of support materials can promote fair access and maximise positive impact for test takers.
BLACKBOARD FACILITATION: REFLECTION USED TO EXPLORE STUDENTS EVIDENCE-BASED EXPERIENCES IN THE CLINICAL FIELD

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Conference themes
Student support/selection/development/eLearning/technology/blended learning

Keywords
Reflection, Blackboard, Evidence-based Practice

Background
Reflection on clinical experiences is of utmost importance for students as the clinical area is at times the hardest learning domain. Reflection is a meta-cognitive process where a person consciously thinks about his/her own thinking. The use of reflection as a teaching strategy is an innovative tool to enhance student’s ability to think critically.

Summary of work:
Reflective journals submitted on Blackboard explored students Evidence-based (EBP) experiences in the clinical field.

Methods
The study followed a qualitative research approach. Informed consent were obtained from all final year undergraduates nursing students that wanted to participate. Census sampling were utilized and to ensure anonymity no student identifiers were used. Data analysis of reflective journals was done using Tesch’s descriptive method.

Summary of Results:
Clinical experiences can be overwhelming and traumatic at times and reflection can highlight the positive aspects of the learning event. Positive and negative clinical experiences were reflected and how learning from the process of reflection occurred. Results indicate that EBP in the clinical field can improve immensely to ensure scientific patient care.

Discussion and Conclusion:
The reflective journals on Blackboard included self-assessment. Students were facilitated to skilfully reflect and learn from each clinical situation. The utilization of EBP was the area of interest.

Take-home Message:
Blackboard is an internet assisted educational programme and is utilized in a positive and safe environment. Timely feedback on a regular basis is a motivating experience and assist students to work through distressful clinical events, should any occur. Clear instruction by the educator on the reflective process is necessary to ensure meaningful reflective activities.
"LOVE AT FIRST CUT": THE USE OF POETRY IN ANATOMY EDUCATION

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Conference themes
Research in health professions education

Keywords:
Poetry, holistic, empathy

Background
Increasingly, medical and health science students are being encouraged to engage in written reflection as a means of handling their experiences, to achieve additional personal and clinical insight. Writing assists students to delve into perspectives other than the biophysical and helps them in deeper understanding. Textual formats such as poetry allows students access to language in the form of metaphors and symbolism, which is not applied in every day medical communication.

Summary of work
In this study, the complementary significance of literary activity in anatomy education is explored. First (n=62) and second (n=42) year Bachelor of Physiotherapy students were recruited to reflect on their cadaveric experiences; a total of 104 poems were written and analysed. Responses were recorded as individual categories as more than one type of response was recorded in one poem.

Summary of results
Results were categorized accordingly into themes viz.: (i) positive emotion (102 responses); (ii) negative emotion (138 responses) and ambivalence (72 responses). In an example of one of the poems analysed the gross anatomy course was regarded as the first rite of passage for a health science student. Anatomy is the students’ first formal opportunity to bear witness to another’s suffering (in this case, the “suffering” of the cadaver), as well as to their own suffering as a result of participation in the anatomy lab and the dissection process. In this case the student has expressed identification with the cadaver, and readily recognizes the way in which they are connected to each other through shared vulnerability.

Discussion and Conclusions
This study is unique in that it was the first time that literature such as poetry was elicited from students in our setting. Besides encouraging empathy, this type of reflection further develops cognitive and affective aspects of a student’s personality. In our view, when students write authentically about their own experience, the results are uniformly moving, compelling, and impossible to ignore. While these qualities are not identical to literary merit, they provide strong arguments for the inherent “value” of such work. Therefore, the integration of arts and humanities into medical curricula should be encouraged to train and mould holistic young minds, especially in a discipline such as ours where the “dead teach the living.”

Take-home Message
The integration of arts and humanities into medical curricula should be encouraged to train and mould holistic young minds, especially in a discipline such as anatomy where the “dead teach the living.”
TOWARDS REACHING THE UNAIDS 90-90-90 GOALS IN STUDENT-PATIENT ENCOUNTERS.

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Conference themes
Research in health professions education

Keywords
Decentralised learning, AIDS Goals, Student/patient encounters

Background:
Medical students from Walter Sisulu University (WSU) in South Africa do a 20-week integrated longitudinal community clerkship (ILCC) in rural district hospitals with a high burden of HIV/AIDS disease (prevalence of 19.5% in age group 15-49 years).

Summary of work:
During the 2017 ILCC students were asked to work towards the UNAIDS 90-90-90 goals (90% of people living with HIV to know their status, 90% of HIV positive people to be on anti-retroviral therapy (ART), and 90% of people on ART virally to be suppressed). A cell phone application was developed by the decentralised learning project of the Stellenbosch University Collaboration for Capacity Enhancement through Engagement with Districts (SUCCEED) who supports three of the rural district hospital. Students used the application to record in every student/patient encounter the patients HIV status, if HIV positive whether on treatment and if on treatment whether the viral load was suppressed thereby reminding them of the 90-90-90 goals and collecting data on reaching the goals. Thirty-three students at the three sites recorded student/patient encounters at the three sites using the web-based data collection tool on their cell phones. No personal patient details were recorded and ethical approval for the study was obtained from WSU.

Methods and results
Analysis of 7000 consultations showed that initially 83.3% of patients knew their status. This went up to 89.7% when students tested the patients whose status was unknown. Of the patients with known status, 90.8% were on ART. Of those with a known viral load, 71% had a suppressed viral load.

Discussion and conclusion
By using the application students reported an increased awareness of the importance of knowing their patients’ status. Positive patients not on treatment were initiated on ART, viral loads were done on patients on treatment but not monitored and students engaged with patients with high viral loads to address adherence issues.
LEARNING PROCESSES THAT BEST SUPPORT THE DEVELOPMENT OF COMPETENCE IN NURSING STUDENTS IN NAMIBIA.

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Conference themes
Graduate competencies

Keywords
Competence, learning-process, students

Background
The adoption of competence as a currency for graduation among health care professionals requires that teaching and learning strategies that promote competence development be adopted. However, little has been done to deepen understanding of learning so that it can support the development of competence in students.

Summary of work
A phenomenographic study was conducted in Namibia among 49 participants (lecturers and clinical instructors, registered nurses and students). Data were collected through semi-structured in depth interviews and focus group discussions. Data were phenomenographically looking at ways of variation in the student experiences.

Summary of results
Five categories of description emerged showing that the development of competence in students improve with an increase in their understanding of competence hence changing their learning strategies.
• Competence is understood as task completion
• Competence is understood as passing assessments /satisfying facilitators
• Competence is understood as applying theory to practice
• Competence is understood as performance of nursing according to clinical standards/guidelines
• Competence is understood as performance that yields positive health outcomes

Discussion and Conclusions
The development of competence among student nurses is directly and indirectly influenced by the students understanding of competence. Students with a shallow understanding of competence adopt superficial learning approaches. This learning approach can continue among students if the teaching strategies promote passive learning and assessments are passed. As students progress in their education and are exposed to real practice settings, their understanding of competence deepens and they shift their learning strategies to a deeper approach.

Take-home message
Students should have a clear picture of what competence is so that they can adopt active and deeper learning approaches.
Peer-assisted learning as an academic advising tool for ECP health students

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Conference themes
Curriculum/Student support/selection/development

Keywords
ECP, Peer-assisted learning

Background
South African universities designed extended curriculum programmes (ECPs) to accommodate previously racially disadvantaged students from divided educational backgrounds. Central University of Technology (CUT) correspondingly implemented ECPs in six health sciences programmes to counter identified deficiencies of certain knowledge and skills and to redress tertiary education access. Numerous adaptations to enhance the academic support and learning of ECP students took place since its implementation. This article focuses on one such intervention of peer-assisted learning (PAL).

Summary of work
Ten strong academic ECP students were selected to act as academic advisors for the 2017 ECP cohort (n=41). Academic advisors participated in structured tutor sessions with the lecturer, before breaking away into their respective PAL groups. A retrospective quantitative analysis of student results for the 2017 student cohort was then conducted to determine if PAL assisted these disadvantaged students’ learning.

Summary of results
Ninety percent of PAL groups delivered an increase in yearend results when compared to midyear results. An overall increase in results were noted in 70.7% of students with the highest increase of 40% for an individual student. These results also delivered a p-value < 0.05, showing a significant difference between mid- and yearend results. Surprisingly, 90% of advisors also revealed an increase in their own yearend results.

Discussion and Conclusions
Evident results indicated that PAL holds the potential to become an integral part of ECP curricula. Advantages (economic, academic and social) derived from these results indicated that implementation of PAL in ECP classrooms might assist enhancing ECP students’ learning.

Take home Message
PAL could potentially act as a remedial tool for various challenges experienced in higher education. Although it might never totally replace the conventional teaching pedagogy, its design and implementation to supplement traditional education activities is strongly advised in all health sciences programmes.
THE PERCEPTIONS OF THE BASIC AND PRE-CLINICAL SCIENCE LECTURERS AT THE SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY ON THEIR NEED FOR HEALTH PROFESSIONS EDUCATOR DEVELOPMENT

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Conference themes
Professional/staff development

Keywords
educational development, perceptions, barriers

Background
Faculty development is an institutional imperative that aims to ensure that health professions educators are adequately equipped for the profession. Institutions have thus developed and implemented faculty development programs but barriers exist that hinder participation. Evidence shows that the identification and overcoming of these barriers would act to increase participation. Thus the aim of the study was to explore the perceptions of the basic and preclinical science teachers on their need for further educational development in order to identify barriers that are preventing them from participating in current faculty development initiatives.

Summary of work
The study design was interpretivist within a qualitative methodological framework. The study targeted the 102 basic and preclinical science teachers at SMU. Data collection was completed in two phases. Phase one adopted a self-administered survey that was sent to all 102 participants. In phase two, the responses to the questionnaire were analysed and used to purposively sample 13 participants for individual interviews.

Summary of results
A response rate of 43% was recorded for the questionnaire. The second phase findings revealed that teachers perceived a need for further educational development. However, barriers exist that hinder their participation. These barriers include; misconceptions and beliefs with regards to funding, institutional support and their conceptions of teaching; perceived absence of an institutional faculty development plan, goals and priorities; an institutional focus on research; and a lack of time and scheduling issues.

Discussion and conclusions
Basic and preclinical science teachers at SMU want further educational development, however the perceived barriers prevent them from participating. These identified barriers need to be taken into consideration for future faculty development initiatives in order to increase their participation.

Take-home messages
The exploration of staff perceptions of faculty development is an essential step in the faculty development process in order to identify and overcome possible barriers.
Conference themes
eLearning/technology/blended learning Research in health professions education

Keywords
eLearning, bring your own device (BYOD), medical students

Background
A shift towards increasingly technology-based learning is anticipated in the medical curriculum review currently underway at the University of the Witwatersrand (Wits). This study investigated the usage of information and communication technologies (ICT) for e-learning amongst the current medical student population. This information would inform the feasibility of introducing a ‘bring your own device’ (BYOD) policy.

Summary of work
A quantitative, descriptive, cross-sectional, voluntary, online and paper-based survey was circulated to first (n=255), third (n=350) and sixth year (n=319) medical students. Students were asked about what devices they have access to, how they use them for learning, and about obstacles to using their devices for learning. Quantitative data were analysed using descriptive and inferential statistics. Responses to open ended questions were thematically analysed.

Summary of results
The survey response rate was 48% (448/924) with a completion rate of 81% (364/448). Most students (99%) owned internet-capable devices, with smartphones being the most common (354/364, 97%), then laptops (343/364, 94%) and tablet computers (188/364, 52%). 91.5% of laptop, 87% of smartphone, and 64% of tablet users found their device moderately to extremely important to their academic success. More than 90% of respondents would prefer some degree of online teaching and learning.

Most students (79.1%) were willing to use their device(s) at university, with 44.8% of them prepared to use their own data. Perceived barriers to BYOD, in order, included poor internet connectivity, device features especially battery life, safety and security concerns, data costs, and insufficient usage of online learning to warrant BYOD.

Discussion and Conclusions
Medical students at Wits have and are willing to use their devices for learning. However, there are barriers that need to be addressed at the institutional level before considering BYOD.

Take-home messages
From a student perspective, BYOD is feasible provided barriers are addressed.
CHANGING THE WORKPLACE LEARNING ENVIRONMENT FOR REGISTRARS: PILOTING A COMPETENCY-BASED FORMATIVE ASSESSMENT PROGRAM

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Conference themes
Assessment/Student support/selection/development/Graduate competencies

Keywords
Competency, Formative Assessment, Workplace-based assessment

Background:
Without guidance on their progress along the path to competence, registrars can be unsure of expectations and progress, assessment by consultants, unsystematic. No workplace-based formative assessment program for Nuclear Medicine (NM) exists in South Africa currently.

Summary of work:
Competencies were adapted for NM from the CanMEDS 2015 competency framework and milestones developed for different levels of training. The Mini-CEX tool was adapted for scoring and feedback provision in Google Docs on smartphones. After a six-month pilot, interviews were conducted with registrars and consultants and thematic analysis undertaken. Feedback was analyzed using Pelgrim’s et al’s (2012) framework.

Summary of results:
91 assessments (3 consultants, 4 registrars) were conducted. The most frequently assessed core competency was Medical Expert. Feedback was only provided in 70/91 interactions with little feedback from one consultant. 86% of feedback was specific. Interviews revealed that interaction with and understanding of the CanMEDS framework and milestones was lacking. Reasons included difficulties in understanding terminology, applicability to the specialty and setting as well as unfamiliarity. Registrars felt that their learning was enhanced, but factors such as inherent motivation, level of training, culture and environment affected the magnitude thereof. For consultants, the approach provided a structured, robust, objective way of collecting performance data. While none of the participants felt that workflow was disrupted, everyone found the use of a smartphone awkward and artificial.

Discussion and conclusions:
Despite contextual adaptation and buy-in, the integration of a competency-based framework and feedback program in our setting was challenging. Each aspect of the program had unique local factors affecting overall vigor.

Take-home messages:
Other NM Departments in SA are keen to adopt this approach, but such rollout will require careful planning and local contextualisation. Competency based programs need to be designed individually for the environments in which they are going to be applied.
HOW TO USE THE BORDERLINE REGRESSION METHOD OF STANDARD SETTING FOR OSCEs

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Conference themes
Assessment

Keywords
Standard setting, Assessment, OSCEs

Background
The Borderline regression method is most probably the premier method in the world nowadays to set the pass marks for Objectively Structured Clinical Examinations (OSCEs). This workshop will give participants that background to the method and how to apply it to their OSCEs to set the pass mark for the OSCE in a defensible way. Participants will also receive an Excel sheet with formulas to practice applying the method (to a dummy set of data). The spreadsheet can then be used at their home institutions.

Who should attend
Any educator who needs to run OSCEs as part of the assessment strategy of their course/programme.

Structure of the workshop
Background talk, then applying the method on dummy data, followed by a discussion and Q&A. Its going to be a very hands on Workshop. Participants are encouraged to bring a charged laptop along (but its not essential).

Intended Outcomes
Educators should be able to administer the BRM after this workshop.

Level: All levels welcome

Maximum number participants: 20

Room requirements: Projector, WiFi, Flipchart and pens
Conference themes
Curriculum/eLearning/technology/blended learning/Deconstructed discourses and debates

Keywords
behavioural change, health professionals, teaching

Background
Behavioural change is informed by theories of health psychology and health education. It is a widely used prevention strategy for individual and/or environmental health in developing countries. The effectiveness of behavioural change interventions has received much scrutiny. However, even in the presence of these critiques, the usefulness of behavioural change interventions has held sway because of its potential to reduce the burden of disease. While the traditional target populations of health behavioural change research have been low socio-economic status communities (and rightly so), very few studies have been done with future health professionals in the global South. Health science students will ultimately form the majority of those who will conduct behavioural change interventions yet in countries like South Africa, little is known about their own health beliefs and health behaviours.

Methods
The present paper discusses a potential model for teaching behavioural change to South African health science students as part of a Health Psychology course. As part of the module, second year students from various disciplines were introduced to behaviour change as part of the course. Students completed pre-, mid- and end-course self assessments which ascertained their knowledge of health and health behaviour topics. Over the course of five weeks students, completed in-lecture written and practical exercises. 24 students actively participated in the exercises, self assessments and evaluations.

Results and Discussion
Students’ beliefs regarding health and health behaviour revealed troubling untested assumptions and a series of maladaptive techniques which they indicated would serve to persuade them to effect behaviour change. The teaching and learning activities with its underlying behavioural change function provided rich insights into students’ beliefs of health behaviour. It further highlighted a possible need for health professional educationalists to consider discerning students’ beliefs and to intervene if necessary especially given that these beliefs may drive students’ practice.
TRANSFORMING THE BACHELOR OF CLINICAL MEDICAL PRACTICE EDUCATIONAL PRACTICE THROUGH FEEDBACK

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Conference themes
Research in health professions education

Keywords
Student, BCMP, facilitation

Background
Feedback is one of the most important aspects in teaching and learning. With decentralised training in the BCMP (Bachelor of Clinical Medical Practice) program, students’ input of their learning perspective is vital. This baseline study was conducted to determine the students’ perspective of their learning in the first half of the semester.

Methods
45 out of 57 BCMP year one students completed a questionnaire regarding the lecturer’s and their contribution to learning. The questionnaire was anonymous and was administered in the middle of the first semester of 2018. The data was then analysed in Excel (quantitatively), and qualitative data through thematic analysis.

Results
In response to the statements regarding the lecturers’ inspiration, initiation and maintenance of student learning: 34% of students fully agreed, 41% agreed, 14% disagreed and 10% fully disagreed. Overarching themes that emerged were: lecturers are insightful and knowledgeable, lecturers are approachable, ensure environment conducive to learning, though others felt students fear lecturers, lecturers discriminate against students, different lecturers teach differently (are not consistent in facilitation of learning) and this confuses students. In response to statements regarding their own inspiration, initiation and maintenance of learning: 28% of students fully agreed, 49% agreed, 17% disagreed and 6% fully disagreed. Emerging themes were student motivation, confidence and self-esteem, time management.

Conclusion
An effort is required to reinforce the factors that contribute to learning and to address gaps that hinder teaching and learning. Student feedback can be a powerful tool to improve facilitation and assessment of learning.
Conference themes
Professional/staff development/Decentralised discourses and debates

Keywords
Site coordinator, distributed, preparation

With the increase in student numbers and health science programmes on the distributed training platform (DTP) across South Africa there is a growing need for onsite coordination of learning. At Stellenbosch University Worcester Rural Clinical School local clinicians were employed on the DTP to supervise and coordinate student training, this presentation speaks to some of the facilitators and challenges coordinators faced in fulfilling their roles over the last 5 years. An inductive analysis of semi-structured interviews held in 2017 was done with a purposively selected sample. 6 academic student coordinators from 4 different programmes, namely Occupational Therapy, Human Nutrition, Physiotherapy and Medicine, were interviewed by the researcher about the facilitators and challenges of being part of the development and maintenance of training at a distributed site.

Benefits to identifying local clinicians as coordinators are prevalent, however the transition for these clinicians into their new academic roles was fraught with challenges. Issues regarding training, communication, roles, equipment, access and relationships were highlighted when developing and coordinating learning on a new DTP. The close working environment with other programme coordinators allowed for collaborative training and community engagement which provided rich learning opportunities in the community.

The findings of this study have been assimilated to optimise a best practice scenario for identifying and preparing coordinators on the DTP in the future. These ideas will be piloted by Ukwanda Centre for Rural Health during new site development in 2018. Important factors to consider and scenarios to prepare for when appointing a site facilitator are provided as a guide for the development of the DTP.
Community based education should be a catalyst to advance pluroversitism, where extrinsic factors influence higher education and the way in which teaching, learning and research is done. It should also create shared ownership of community projects where community feedback on how to improve the interactions between themselves and higher education should illustrate a move away from the paternalistic view of community based education. Community based education has to reflect an enriched form of reciprocity rather than traditional reciprocity. In the enriched form of reciprocity, the goal is collective, and not individual; power is shared, and it transcends self-interest. Recognising the importance of the community as collaborator, the Faculty of Health Sciences Rural Community Initiative facilitated community work sessions, focus groups (n=10) and interviews (n=4). The voice of lifestyle group was captured by the piloting the MMOGO technique/method. This enable the faculty to get a better perspective of the community: potential and resources within the community, community health profile, socio-economic profile of the community and needs within the community.

The results of these interaction with the community are the creation of an advisory body consisting of all partners; community initiated and led sub-projects (Apple tree club for girls, El-Bethel Community Development for boys and young men), Service Level Agreement with partners for a mobile health service. Additionally community feedback led to the evolution of the initial projects: Diabetic project now Lifestyle group; Interactions with school learners now Community Youth Leadership project. Partnerships between higher education institutions and the community retain the strongly gesellschaftlich notion of the school’s professional expertise bringing services to clients.

The consequence of giving the community a voice through variety of action leans towards gemeinschaftlich where power is equally shared. Collaborative interaction with communities established social capital that created community by in, enriched reciprocity and thereby validating pluroversitism.
AN INVESTIGATION INTO THE EXIT LEVEL ASSESSMENT OF CLINICAL COMPETENCE OF MEDICAL GRADUATES FOR THE SUB-SAHRAN AFRICAN CONTEXT

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Conference themes
Assessment

Keywords
Clinical competence, assessment

Background
This study investigated the validity of exit-level assessment (ELA) practices in determining the clinical competence of medical graduates for selected health-related issues in selected medical schools in Sub-Saharan Africa (SSA) where there are resource constraints and a high burden of disease. It was warranted in light of the paucity of published information about ELA practices in SSA.

Summary of Work
This qualitative study used multiple case studies. In three purposively selected SSA medical schools, Obstetrics & Gynaecology and Paediatrics were specifically chosen as a proxy for the entire curriculum. Data sources included document analysis, observation of ELAs, and individual and group interviews with faculty involved in ELAs. Inductive thematic analysis of transcribed audio-recorded interviews and deductive analysis of data from documents and observations was undertaken.

Summary of Results
Assessment methods used seemed to focus more on knowledge recall and application than on providing students the opportunity to demonstrate their clinical competence. Questions generally focused appropriately on relevant contextual health-related issues. Examiners had considerable influence on assessment practices but lacked an understanding of the basic concepts of assessment. Institutional cultures also influenced assessment practices.

Discussion and Conclusions
Although question content was appropriate and focussed on relevant contextual health issues, the evidence gathered through current assessment practices was insufficient to allow accurate judgements to be made about the clinical competence of students. Examiners’ lack of understanding of basic concepts of assessment suggests a need for faculty development to raise the level of assessment literacy. Alignment (between the health and education systems at organisational level, and teaching and assessment at the curriculum level) emerged as a key construct in order to provide medical education that has relevance in application.

Take Home Message
Context and alignment of assessment and curriculum are important for relevance. Faculty development may help address assessment literacy.
3D PRINTING AND SILICONE CASTING INNOVATIONS COULD LOWER THE COST OF THE CLINICAL SKILLS SIMULATION MODELS

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Conference themes
eLearning/technology/blended learning

Keywords
3D printing, silicone casting, clinical skill simulation

Background:
Three-dimensional (3D) printing is the combination of art and computer science. Converting 3D computer aided designs (CAD) and human imaging technology (CT scan) to the 3D printing may result in simple low cost clinical skills (CS) models and parts. Silicone casting (SC) is utilised to produce relatively cheap copies of the 3D printed master mould, and to make parts that are not supported by the current low cost 3D printing materials.

Summary of work:
Two innovative examples of 3D printing and SC technologies in this study are presented to demonstrate available techniques and production costs of the simple CS models:
1. Disposable hybrid silicone venepuncture and IV cannulation pad. Negative master mould was designed using Autodesk Fusion 360 CAD and STL printing file was produced. Silicone pads along with Velcro strips and aluminium protection plates were casted off the mould.
2. 3D printed Foetal Skull to replace the broken skull/ pelvic labour models. STL file extracted from the CT scan of the neonatal head was downloaded free of charge. The design was adjusted using Autodesk Netfabb CAD.

Summary of results:
Total cost of the materials per unit
• IV pad: R 40,
• Foetal skull: R 60
Student version CAD programs were downloaded from Autodesk free of charge. AMT Composites silicone casting course cost: R 1180.

Discussion and Conclusions:
A CS model design must be carefully chosen according to the needs and technical complexity. 3D printing and SC may be cost-effective, but limitations exist in the availability and variety of free 3D printable files for practical CS models and parts. The cost may vary depending on the personal expertise and experience.

Take-home Messages:
A simple 3D printing and SC technology can produce durable and low cost CS training models. The cost can be further improved by an open source free files sharing in South Africa.
PROMOTING JUSTICE IN EDUCATION: HOW THOUGHTLESSLY SET ASSESSMENT QUESTIONS CAN DISADVANTAGE STUDENT PERFORMANCE

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Conference themes
Deconstructed discourses and debates

Keywords
Justice, Assessment, decolonising

Background
The issue of decolonising of South African higher education institutions has been brought to the fore during the recent student protests. Students not only called for free higher education but also for the recognition of how socioeconomic diversity of students influences knowledge production and impacts on student performance. Although curricula are being transformed and adapted in various institutions, it seems that assessment practices have not changed that much.

Summary of work
During 2017, a workshop was held as part of the SAFRI programme, to explore the views of health professional educators on epistemic factors that could be barriers to student performance, based on assessment scenarios. A focus group was held with 16 health professional educators from different parts of Africa. Participants were given two cases based on assessment scenarios for physiotherapy 2nd year students for discussion. Case 1 focussed on a test question in a summative assessment. Case 2 included instructions for students to achieve a formative online assessment mark. Discussions were recorded and transcribed verbatim. Deductive theme analysis identified barriers in the structure and implementation of assessments.

Summary of results
Themes that emerged that were seen as barriers were: i) Eurocentric approaches with regards to language, not focussed on locally relevant constructs (Case 1) ii) Privilege– only students from privileged backgrounds would relate to examples used (Case 1) or have computer / Wifi access at home (Case 2), iii) Contextual factors: content discriminated against students from low socio-economic backgrounds and did not take into account transport and communities that students come from (Case 2).

Discussion and Conclusions
The Apartheid legacy has resulted in disparities in our student population, with some being more advantaged than others. The classroom should provide an equal playing field for all students to achieve their potential. Assessment practices should therefore be cognisant of the privileges that some could have in terms of access which might influence results.

Take-home Messages
HPE assessment practices should take into account diversity in the student population, and not perpetuate privilege or disadvantage.
Conference themes
Graduate competencies/Deconstructed discourses and debates

Keywords
Community Health Worker, Capabilities, Education

Abstract
Community Health Workers (CHWs) are an important cadre of health worker in South Africa. However, despite general commitment by stakeholders to Primary Health Care Reengineering, the legitimacy, scope and position of CHWs are still not established. They remain differently trained and there is varying consensus regarding their registration, remuneration and career path. Key to the development of mid-level workers like CHWs is adequate education and training. The Capability Model (Sen, 1980) is a useful approach to guide discussions around how best to train CHWs. Central to the Capability Model is education, and the capability approach has in recent years been increasingly applied to higher education discourse and practice. The capability approach situates people as active participants in development. Yet, agency depends on social, economic and political arrangements, and thus the capability approach allows deeper understanding of the complexities that exist around training health workers, and particularly CHWs, for health system reform. This PechaKucha presentation will highlight key thoughts around the capabilities of CHWs, the capabilities required for CHWs to indeed be invaluable to community health and health service delivery, and how CHW education and training can be structured around these capabilities.
Conference themes
Professional/staff development/Research in health professions education

Keywords
Crossing boundaries, reflection

Abstract
The Human Genome Project is depicted in literature as an example of crossing discipline boundaries, where geneticists, molecular biologists, software engineers and chemists worked towards a shared goal (Shih, 2017). In this paper, I share my own journey of crossing boundaries and how it widened my horizons in teaching and learning. Through promotional opportunities I diverted from my original Human Physiology career to Kinesiology and Physical Education. It was my first boundary crossing. I became involved in two longitudinal, health studies that are still ongoing. This exposed me to various communities, cultures and customs. These projects involved taking research from the university to the community and back to the laboratory. The second boundary crossing took place as a result of economical and managerial restructuring at the university. Being an active member of the School of Education required a formal teaching qualification, which I never planned, but completed. I have been spending the past 23 years in teaching environments in a variety of rural science classrooms.

On the eve of another boundary crossing back to Human Physiology, I reflect on my experiences. Effective science communication through creative pedagogy, can create opportunities for active participation and co-operative learning. This was observed in the mime activity of blood circulation through the cardiovascular system. In my multicultural classrooms, I facilitated debates on issues such as contraception, using two puppets (one puppet was dressed as a scientist, with a white coat). Through the laboratory testing of antimicrobial activity of local plants: awareness, appreciation and application of Indigenous knowledge was demonstrated. The boundary crossings with the accompanied mixing of ideas from different fields, widened my horizons with regard to pedagogical approaches. I hope to incorporate these experiences in my Physiology classroom.
POSTGRADUATE EDUCATION IN ANAESTHESIOLOGY IN JOHANNESBURG, SOUTH AFRICA: QUALITATIVE REFLECTIONS FROM REGISTRARS

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Conference themes
Postgraduate or specialist education

Keywords
Registrar, community of practice, specialisation

Background
Anaesthesiology education balances statutory education requirements, service delivery and the personal circumstances of the registrar. The literature reports negative experiences of training such as the academic pressures and the challenge of balancing personal life, study and work, as well as positive experiences. This study explored the experiences of registrars during their specialist training in Anaesthesiology at Wits University, Johannesburg, South Africa.

Summary of the work
A qualitative design was applied using naïve sketches from registrars (100) in training to specialise in anaesthesiology. Demographic data was collected and used to assist a purposive sampling strategy to ensure all level of study were represented in the sample. The data were analysed using thematic analysis. Trustworthiness was enhanced through member checking.

Summary of results
Forty one narratives were received from junior (15) and senior (26) registrars. 29 of these were women and 24 were married. The average age of participants was 31 years. The learning environment is positive with an excellent academic programme. There are learning challenges in this high service context. The rich descriptions offered by the participants facilitated the emergence of six major themes: roller coaster experience of learning, struggle for academic excellence, lack of protected teaching- a dimension of the academic struggle, of service and learning: unresolved tensions, the challenge of balance and transformation. The oxygen-haemoglobin dissociation curve was used to describe the flat line of entry into the community of practice followed by an exponential increase in the learning as a result of legitimation from exam success. There is a final period of consolidation of their identity as a specialist.

Conclusion/Discussion
Each unique and challenging journey become rewarding and equips a registrar with the skills and confidence to become an accomplished specialist.

Take Home message:
Postgraduate medical education is a complex process with multiple interacting factors.
THE LEARNING STYLES AND STUDY BEHAVIOURS OF REGISTRARS IN A SOUTH AFRICAN ANAESTHETIC POSTGRADUATE PROGRAMME.

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Conference themes  
Medical Postgraduate education

Keywords  
learning style, specialist education

Background  
In South Africa, the first part (Part 1) of specialist anaesthesiology assessments has had a low pass rate. The medical and educational literature has shown that students’ approaches to learning, amongst other factors, may impact their educational and assessment outcomes. This study aimed to describe the learning styles and study behaviours of anaesthesiology registrars at Wits.

Summary of work  
A prospective, cross-sectional, contextual, descriptive study was conducted. Registrars at Wits, who had attempted the Part 1 examination (2010 – 2015), were invited to complete a self-administered questionnaire. Part of the questionnaire was the ASSIST instrument. 107 registrars were invited to participate and 78 (72.9%) questionnaires were returned suitable for analysis.

Summary of results  
The majority of respondents had succeeded at the Part 1 exam on the first occasion. The registrars demonstrated diverse approaches to learning, with average scores of 70% for deep learning, 67.8% for strategic learning and 60.8% for surface learning styles. Females were significantly more strategic than males (p=0.03) and those who had passed on first attempt at the Part I examination scored significantly higher on the “organised studying” sub-scale (p=0.048). The registrars fulfilled fewer requirements of adult learning when compared to their international counterparts in other disciplines. This may be a result of various academic and non-academic challenges cited by the anaesthetists in their experience with the Part I examination. In attempting to overcome these challenges, the registrars adapted their study behaviours and developed effective coping mechanisms in order to succeed in the examination.

Conclusion/Discussion  
Specialists in training demonstrate a wide range of approaches to learning both strategic and deep. These appear to be driven by the imperatives for successful assessments. This study further showed the need for constructive alignment within the anaesthetic postgraduate educational system.

Take Home Message  
Greater understanding of the registrar experience is needed
EXPLORING OUR POSITIONALITIES; INFLUENCING OUR DIRECTIONS

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Conference themes
Professional/staff development/Decolonised discourses and debates

Keywords
Positionality, history

Background
The discourse on decolonisation has challenged many of us personally, in our practice and systemically. In both practice and research, our positionality is a key influence of how we make sense of the work that we doing. It drives how we identify what we see as being important and shapes our approach. In a number approaches to research (developing a research proposal and supervising) and teaching (deciding on content and method of delivery), there is an explicit focus on unpacking our positionality. It assists in clarifying the expectations and limitations of what we are embarking on and forces us to articulate some taken-for-granted views and values.

Who should attend
Health professional educators who are interested in exploring their lived experiences and in creating reflective techniques for understanding the impact these have on their practice

Structure of the workshop
In this participatory workshop we will explore how we think of our positionalities and how these are shaped – and how these can influence how we approach research, teaching and clinical practice.

Intended Outcomes
• Participants will be able to reflect on how their positionality has been determined
• Develop techniques of acknowledging these and using them to best effect in their future practice

Level: All comers

Maximum number participants: Thirty

Room requirements: Versatile structure with movable tables and chairs
HEALTH SCIENCES STUDENTS' EXPERIENCES OF AN AUGMENTED TUTORING PROGRAMME

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Conference themes
Student support/selection/development

Keywords
Augmented Tutoring

Background:
Tutoring is a strategy used to facilitate student success. This presentation provides insights into health sciences students' perceptions about an augmented tutoring programme implemented in the Faculty of Community and Health Sciences at the University of the Western Cape.

Summary of work:
An interpretive, explorative qualitative approach was used to explore the experiences of purposively selected students from five different departments, namely Physiotherapy, Dietetics and Nutrition, Natural Medicine, Nursing and Social Work. These students had received additional individualized tutoring for Science Modules. The students' perceptions about the tutoring programme was explored using semi-structured interviews. The data was analysed inductively and trustworthiness was ensured through member checks. Ethical clearance was obtained by the Senate Ethics Committee at the University of the Western Cape. (HS/17/4/4).

Summary of results:
Themes that arose included the content of the tutoring sessions, the context within which tutoring occurred as well as the engagement between the tutor and the students. The students' indicated that time was wasted when there was no clarity about what should be included in a tutoring session. The students however found the tutoring sessions beneficial as the tutor was able to simplify concepts in the manner in which he engaged with them during the sessions. A lack of a specific venue for tutoring sessions was also expressed as a challenge.

Discussion and Conclusions:
The students that were interviewed in this study found the tutorial sessions beneficial in terms of academic support. Although there were challenges with logistics and structure of the tutoring sessions, the students expressed that the tutorials helped them better understand various topics which were covered within their modules.

Take-home Messages:
It is important to ensure that tutoring programmes are structured in terms logistics and content to ensure that students benefit from these programmes.
USING A GAME BASED LEARNING APPROACH TO FACILITATE CROSS-CULTURAL LEARNING IN SPORT STUDIES: EMERGING TECHNOLOGIES WITHIN HEALTH SCIENCE EDUCATION

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Conference themes
eLearning/technology/blended learning/Decolonised discourses and debates

Keywords
Game based learning, cross-cultural interaction

Background:
Until the advent of democracy in 1994, apartheid education in South Africa was segregated along the lines of race and ethnicity, consequently disadvantaging historically Black universities. This study avers that traces of historically segregated cultures and sub-cultures are evident in a diverse institutional space. While a diverse classroom should create a culturally rich environment for knowledge building through collaboration and engagement with peers, the diversification in the classroom hinders engagement and interaction. The aim of this study was to critically explore how a digital game facilitates and uncovers practices of cross-cultural learning in sport studies.

Summary of work:
This study developed and implemented an online digital trivia game based on the prescribed reader as an intervention. The game could be accessed on any laptop, smartphone or tablet. Using a sequential, exploratory mixed method approach, a quantitative pre-and-post-test survey (n=106) as well as five focus group discussions and 58 reflective blog entries were gathered from two cohorts over a period of two years to determine the manner in which a digital game could facilitate cross cultural learning.

Summary of results:
Results showed that low numbers of participants in both cohorts routinely interacted with the random group members prior to the intervention. This indicates a lack of cross-cultural interaction in the class, with students recursively aligning themselves with largely homogeneous groups. Following the intervention, the majority of the participants reported they would interact with the same group in future, which demonstrates that the value of digital games to facilitate cross-cultural interaction.

Discussion and Conclusions:
Digital games fostered meaningful interaction in and out of the class, as it creates a space to build relationships with peers from diverse backgrounds. Therefore, the use of digital games facilitate a better learning process, as students have a richer opportunity to learn something new from their peers, thereby providing opportunities for collaborative interaction and learning.

Take-home Messages:
Digital games, facilitate a shifts in cross-cultural interactions. There was a strong indication that a digital game to be a valuable learning tool to foster, cross-cultural interaction and construction of knowledge.
THE “AMAZING RACE” AS A STRATEGY TO WIDEN OUR HORIZON AS WE FACILITATE INTER-PROFESSIONAL TEAMWORK AMONGST SOUTH AFRICAN HEALTH SCIENCE STUDENTS

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Conference themes
Innovative teaching activity

Keywords
Amazing Race, Inter-professional teams

Background:
Implementing innovative learning activities is essential in an emerging curriculum. The Amazing Race as an activity where teams need to solve problems after being provided with a number of clues is an appropriate teaching and learning activity when applying a constructivist approach. The aim of this presentation is to share the application of an Amazing Race as a teaching and learning activity to facilitate teamwork amongst an inter-professional group of students.

Summary of work:
The Amazing Race took place amongst health professional students from two universities involving six different disciplines. Students were divided into teams and had to complete challenges linked to clues. The first team with a completed score card won the race. Challenges were aimed at developing IPE Core Competencies such as teamwork and communication. The learning activity was evaluated by the students using three broad questions.

Summary of results:
A total of 50 students were part of the initiative. The amazing race allowed students to learn about the roles of other disciplines and interact with people from other disciplines. Students responses to the questions focused on the implementation of the learning activity namely; time, degree of difficulty of clues as well as intrinsic factors including lack of motivation and empowerment. Skills learnt focused primarily on communication.

Discussion and Conclusions:
Teamwork as a learning activity can be used to assist students to improve communication. Using different learning activities to teach these skills is essential but it is important that when planning the activity academics consider the implementation plan as well as the intrinsic benefits that could be derived from the activity.

Take-home Messages:
Using innovative learning activities is essential as we start to deconstruct learning however it is essential that all aspects of learning is considered during implementation stages.
OPTIMIZING LEARNING & TEACHING ON PAEDIATRIC WARD ROUNDS

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Conference themes
Research in health professions education

Keywords
Bedside teaching, qualitative, resource limited setting

Background:
Bedside teaching (BT) is a critical component of clinical teaching, but has become a dying art. BT models have been developed to revive and sustain BT. These models do not, however, directly influence the clinical learning environment (CLE), which has a powerful influence on the learning of clinical trainees.

Summary of work:
As a means to assess the prevailing teaching and CLE on paediatric ward rounds at Princess Marina Hospital (PMH) in the Department of Paediatrics, University of Botswana, we qualitatively explored faculty and trainees’ understanding of, attitudes towards, and experiences of teaching on ward rounds through trainee focus group discussions (FGDs) and faculty interviews. This was the first phase of a three phase study which uses action research design and mixed methods approach for data capture and analysis to implement a BT model.

Summary of results:
A total of six trainee FGDs (39 total participants) and nine faculty one-on-one interviews were conducted in December 2016. Thematic analysis of the qualitative data was conducted February-April 2017. From the thematic analysis, a total of three main themes were described: ‘clinical learning environment’, ‘teaching’ and ‘learning’; with 15 sub-themes, 25 sub-sub-themes, and 34 sub-sub-sub-themes.

Discussion and Conclusions:
While many of the themes identified were common to health professional education literature, several themes such as, ‘Challenges to Learning & Teaching in the CLE’ and ‘Healthcare system influences’ illustrated specific scenarios unique to learning and teaching in a resource limited setting. This gained perspective will influence the design, and ultimately enhance the impact of implementing, a structured and locally relevant BT approach in Phases II and III of the project.

Take-home Messages:
Qualitative data and analysis can provide invaluable insight when conducting health professional education research in global health settings to allow for locally relevant and culturally sensitive needs to be identified.
A PERSPECTIVE ON DECOLONIZATION AND PHYSIOTHERAPY EDUCATION: ‘BACK TO THE FUTURE’

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Conference themes
Curriculum/Decolonised discourses and debates

Keywords
Decolonization, physiotherapy, curriculum

Background and purpose:
Physiotherapy education and most (if not all) all higher education in South Africa adopted Western models of academic organisation which largely excluded and decimated the knowledge of colonised people. As curricula are being reformed and transformed, the question of decolonisation cannot but be addressed. Whether the physiotherapy education needs to be decolonised or not, and how this should be done; is the main purpose of this opinion paper.

Objectives:
The aim is to highlight importance of decolonisation as a strategy for transforming physiotherapy education curricula in South Africa in order to be relevant to context, and take cognisance of indigenous knowledge. Hence back to the future.

Methodology:
In formulating this opinion, the authors draw from their own educational experiences, events in the South African Higher education landscape between 2015 and 2016, and national and international literature on decolonisation. Critical questions are asked as the authors take a trip back into the past and reflect on the professional trajectory of physiotherapy and the curriculum.

Conclusion:
A paper on decolonising the curriculum is very relevant today, in the context of the higher education landscape in South Africa. We put it to that there is an urgent need for the physiotherapy to heed the call for transformative professional education, in terms of the relevance of the curriculum. We are of the opinion that it is time for the physiotherapy education to seriously consider decolonisation as an integral part of transformation. Opportunities exist in the area of Indigenous knowledge system, and this untapped area must be maximised for contextually relevant transformation.
Towards an understanding of Language Related Anxiety in Culturally and Linguistically Diverse Mainstream Classroom

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Conference themes
Professional/staff development/Decolonised discourses and debates

Keywords
Language-anxiety; linguistic diversity; class participation

Background:
In 2009 the School of Health and Rehabilitation Sciences, University of Cape Town, introduced an Intervention Programme (IP) extended curriculum for Physiotherapy, Occupational Therapy, Audiology and Speech language pathology students. On entering IP students were generally asked about what went wrong in the first semester of study. The common response given by students, mainly African first language speakers, is the lack of active participation due to fear of negative feedback.

Summary of work:
The goal of this study is to gain insight into African language speaking students’ perspectives on how language related learning anxiety operates in the classrooms and identify potential causes of language anxiety. The study focuses on student perceptions of the impact of language related anxiety on their learning and their learning strategies. By drawing on interview survey with 15 ex- Intervention Programme students who had experienced language related learning anxiety in their first year of study.

Summary of Result:
Participants identify classroom social factor such as; pedagogic approaches, lecturer/facilitator personality, classroom atmosphere, peer relationships, and group dynamics as potential sources of language anxiety, particularly in the first year of study.

Discussion and conclusion:
The findings show that language anxiety does not exist in isolation but strongly rooted in sociocultural ideological construct of languages in South Africa. It is therefore situational and the levels of apprehension vary from classroom to classroom, depending on social factors in the classroom. The students recognise that their membership and identity is negotiated and shaped by their classroom participation and would have like to participate more. But this was not happening for fear of negative feedback. Highlighting the complexity and significance of their relative silence in the classroom that is socially constructed.

Take-home message:
The study propose that lectures/facilitators be trained on how to recognise language related anxiety in their classroom and how to create low/free-language anxiety classroom environment.
Using Legitimation Code Theory (LCT) to Explore Lecturer Agency Following Faculty Development

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Conference themes
Professional/staff development

Keywords
LCT, faculty development, agency

Background:
In 2014 we commenced a postgraduate diploma in health science education at Wits. Participants join the course with a professional code of conduct regarding patients, however they are challenged to extend these axiological underpinnings to their work with students. The aim is to develop practitioners who enact their roles as change agents. The purpose of this study was to explore perceptions from the first group of participants (n=24) concerning factors which influenced development of agency in facilitating educational change following the programme.

Summary of the work:
Two focus groups were conducted with a total of ten participants. The focus groups were audio-taped then transcribed verbatim and coding of data was developed using MAXQDA (Release 12.3.1). The interpretive gaze of this study was the Specialization dimension of Maton’s Legitimation Code Theory (LCT). Transcripts were coded according to dispositions, and ways of being of the knowers participating in the course as well as what was valued as knowledge in the field of health science education.

Summary of results:
Following the course, some participants did not change their own teaching performance or advocate for changed educational practices within their environments. A code clash highlighted this agential constraint evidenced by a reduction in epistemic relations compared with a strengthening of social relations. Factors enabling agency were highlighted by code matches associated with inclusion in a community of practice; and mastery of the discourse.

Discussion and Conclusion:
In the course in relation to the knowledge valued could improve lecturers’ implementation of improved educational practices. Further diplomats may also provide impetus within the community of practice to support these changes.

Take-Home Message:
LCT can highlight programmatic and institutional factors which influence educational outcomes following a longitudinal professional learning programme.
EXPLORING THE LEARNING OPPORTUNITIES OF AN INNOVATIVE TEACHING METHOD IN A CONSTRUCTIVIST CLASSROOM ENVIRONMENT

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Conference themes
Assessment/Research in health professions education

Keywords
Innovative teaching strategies, active student engagement

Background:
Institutional changes in the Teaching, Learning and Technology strategy required the academic learning environment to undergo significant transformations in terms of the approach to teaching to adopt a student-centred teaching strategy.

Summary of work:
In the constructivist classroom environment students are actively engaged in the learning activity as they construct their own knowledge and meaning from their experiences during the learning activity, while sitting in groups. Students individually construct a basic 3D model from modelling material simulating the pyramid, papilla and minor calyx of the kidney, based on their prior knowledge of the normal anatomy. The student then trace the progression of changes instigated by the disease by changing the model according to the stages as the disease progresses, until the end stage of the disease. The moulding material, being manipulative, allows for making a range of adjustments as the structures change with the progression of the disease.

Summary of results:
Eventually students reflect on their learning by means of self-assessment and peer-assessment activities to confirm whether effective learning took place. Furthermore metacognitive skills are developed through intentional questioning and reflection on learning and thinking. The student reflects on what he/she has learned, gives an opinion on whether the learning material contributed to effective learning and if so, in what way it has contributed. Finally students reflect on the overall experience and value of the learning session. During the learning activity students showed interest, excitement and confirmed that they thoroughly enjoyed the session. Students also mentioned that they will never forget these changes in the structure, caused by the disease.

Discussion and conclusions:
Evidence confirmed the effectiveness of the learning activity where students experienced hands-on learning.

Take home message:
Exploring creative learning strategies to actively engage students in the process of constructing their knowledge contributed to optimal learning experiences.
LEARNING IN AN ELECTRONIC DRIVEN WORLD IN HIGHER EDUCATION: CLINICAL ASSOCIATE STUDENTS’ DECENTRALISED TRAINING CASE STUDY

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Conference themes
eLearning/technology/blended learning

Keywords
Student

Background
The Clinical Associate program in the department of Family medicine is an innovative program that follows self-directed learning in delivering content to the students. In 2013 after a needs assessment, tablets were introduced to enhance the students’ learning experience. However, there was need to determine students preference in regards to the electronic device they preferred and the resources to be loaded on the tablet.

Methods
In 2014, Bachelor of Clinical Medical Practice students were given a self-administered questionnaire to determine their preferred electronic device and the content that could be loaded on it. Out of 166 students, 149 students consented to respond to the questionnaire. Quantitative data was analysed in STATA 14, while qualitative responses were grouped in themes and displayed in quotes. Ethical clearance to conduct this study was obtained from University of Pretoria (Ethics approval number 56/2011).

Results
The mean age for the students who participated was 21.82 years; 58% were females while 42% were males. 39% of students had smart phones while a further 40% had tablets. They mainly used tablets for academic purposes (71%) as opposed to social media (4%). Samsung tablet (12 inch) was the students’ preferred tablet due to its ability to accommodate different apps, get repaired locally and user friendliness as stated by students “I like Samsung and it does not give much problems. furthermore, sumsung stores are easily accessible” and “beacuse it is reparable anywhere unlike a cracked lenovo screen which cant be fixed.”

Conclusion
Self-directed learning of students in the BCMP programs would improve by choosing the most useful electronic devices and resources that would enhance learning. Preloaded electronic devices with medical applications and study materials that can be accessed offline can further support student interaction with the study material.
EVALUATING THE EFFECT OF THE PRACTICAL APPROACH TO CARE KIT ON TEACHING MEDICAL STUDENTS PRIMARY CARE: QUASI-EXPERIMENTAL STUDY

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Conference themes
Research in health professions education

Keywords
PACK, medical students, clinical training

Background:
South Africa is committed to health reforms that strengthen primary health care. Preparing future doctors to work in primary care teams with other professionals is priority, and medical schools have shifted towards community-based and decentralised training of medical students. The aim was to evaluate the effect on student performance of the Practical Approach to Care Kit (PACK) (an integrated decision-making tool for adult primary care) during the final phase of medical student training at Stellenbosch University.

Summary work:
Study was conducted in clinical rotations in family medicine at clinics in the Western Cape. Mixed methods involving quasi-experimental study and focus group interviews. Student examination performance was compared between groups with and without exposure to the PACK during their clinical training. Student groups exposed to PACK were interviewed at end of rotations.

Summary results:
Student performance in examinations was significantly better in those exposed to PACK. Students varied from using PACK overtly or covertly during the consultation to checking up on decisions made after consultations. Some felt that PACK was more suitable for nurses or more junior students. Although tutors openly endorsed PACK, very few modelled the use of PACK in their clinical practice.

Discussion and conclusion:
The use of PACK in the final phase of undergraduate medical education improved their performance in primary care. Students might be more accepting and find the tool more useful in the earlier clinical rotations. Supervisors should be trained further in how to incorporate the use of PACK in their practice and educational conversations.

Take Home messages:
The PACK enhanced impact of teaching by clinicians and enabled students to engage with self-directed learning and evidence-based decision-making.
Conference themes
Research in health professions education/ Decentralised discourses and debates

Keywords
Decentralised clinical training;

Background:
The Integrated Decentralized Training (i-DecT) project was created to address the current need for health care in South Africa among resource poor climates in rural and peri urban settings. The UKZN has embarked on a programme within the School of Health Sciences (SHS) to decentralise the clinical learning platform in order to address this disparity. Framed within a pragmatic stance, this proposal is geared towards informing the roll out of decentralised clinical training (DCT) within the province of KZN. There currently remains uncertainty as to how the implementation of this programme will unfold, especially for the diverse SHS, which includes specialities like audiology, dentistry, occupational therapy, optometry, pharmacy, physiotherapy, speech-language pathology, and sport science. Consequently, there is a need to carefully monitor and manage this DCT in order to ensure that the participating students have a positive learning experience and achieve expected academic outcomes, and that the needs of the communities are addressed adequately.

Summary of Work:
The study aims to explore the factors that will influence the roll-out of the DCT by developing an inclusive and context-specific model that will adhere to the standards set by the SHS for the DCT program at UKZN. Key role players, including but not limited to, the KZN Ministry of Health policy makers, clinicians, policy makers at UKZN, clinical educators, academicians, and students of UKZN within the SHS will participate in this project. Once the infrastructural, staffing and pedagogical enablers and challenges are identified, together with a review of existing models of DCT, a context-specific model for DCT will be proposed based on initial pilot data that will be tested within iterative cycles in an Action Learning Action Research (ALAR) process. The study was designed to fit within the existing structures, and emerging framework and memorandum of understanding between the partners of this initiative, in order to develop health care professionals that are competent and prepared for the changing dynamics of healthcare in a developing world. It is envisioned that this study, the first to include a combination of health professionals in a DCT platform at UKZN, will not only contribute to effective service delivery, but may also serve to promote an interprofessional cooperation within the SHS and tertiary institutions in similar settings.
FACTORS FOR CONSIDERATION WHEN ALIGNING OCCUPATIONAL THERAPY EDUCATION WITH PRIMARY HEALTH CARE PRACTICE IN A KWAZULU-NATAL SETTING

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Conference themes
Curriculum

Keywords
Alignment of curriculum, primary health care, occupational therapy

Background:
Research on the views of relevant occupational therapy (OT) stakeholders could assist in identifying factors that impact on curricula. Objective: To identify factors in the University of KwaZulu-Natal OT curriculum that need review when realigning OT education with PHC.

Methods:
Explorative qualitative study used purposive sampling to recruit 39 novice OTs, 14 established OTs, 23 community health care workers, 5 PHC nurses, 5 Department of Health (DoH) managers and 37 community members from a rural district. Qualitative data was collected through semi-structured interviews, focus groups and document analysis. Data was analysed thematically. Results: Participants identified the two interlinked systems required for OT education, namely the education system and the DoH practice system. Professional propositional knowledge, professional reasoning, service learning, the student’s abilities, the services required for health promotion, disability prevention and enabling occupation, organisation and collaboration factors, community needs and the individual service users’ needs were all identified as factors that influence the DoH practice environment. External factors, for example health policies that influenced both systems, were also identified.

Conclusion:
Graduate competencies develop within the interlinked OT education and DoH practice system. The OT curriculum needs to include more opportunities for the implementation of PHC practices and rural service learning placements to foster the development of PHC specific competencies.
DEVELOPMENT OF A MODEL FOR CLINICAL EDUCATION: A PROPOSAL FOR PHYSIOTHERAPY UNDERGRADUATE STUDENTS AT UKZN, SOUTH AFRICA

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Conference themes
Graduate competencies/Decentralised discourses and debates

Keywords
Decentralised clinical training, Physiotherapy, curriculum

Introduction/Background
This project is aligned to a current need for healthcare within a South African (SA) context to address resource poor climates in rural and Peri-urban settings, shifting focus from an over served urban region. Traditionally, clinical education for undergraduate physiotherapy students has been centered on acute services in large teaching urban hospitals closer to the university (McMahon S., et al 2013).

Aim:
To develop a model of clinical education for undergraduate physiotherapy students at the UKZN in order to prepare graduates who are socially responsible and responsive to the unique health care needs of SA.

Material and Method
Phase one will inform the design of an optimal integrated model of clinical education. A cross sectional analytical study which will follow qualitative methods, including in-depth interviews and focus group discussions. The participants will involve clinicians, clinical educators and physiotherapy students from the University of Kwa-Zulu Natal. The knowledge from this phase will inform the design of the model in phase two.

Results
The results from this study will determine whether a model of clinical education can be developed and implemented in the School of Health Science in the Physiotherapy discipline. This model will be embracing a call to develop healthcare professionals who are competent and prepared for the changing dynamics of healthcare in a developing world.

Conclusion
It is envisaged that this study, the first to develop the model of clinical education for physiotherapy students in Kwa-Zulu Natal in a decentralised clinical training platform at UKZN, would not only contribute to effective service delivery but may also serve to inform an inter-professional programme within the SHS and tertiary institutions in similar settings.
Conference themes
Student support/selection/development/Learning Climate

Keywords
Stigma, HIV/AIDS, Knowledge, sexual practices, Learning environment

Introduction
Young adults in the age group 18-24 years have the highest incidence of HIV in South Africa. University students, who fall in this age group, have poor knowledge about HIV and engage in risky sexual behaviours. This study sought to explore health sciences students’ self-reported beliefs, attitudes and knowledge about HIV/AIDS at Sefako Makgatho Health Sciences University. This is important to know as these affect the learning environment of the health professions students.

Methods
This was a mixed methods study with stratified sampling.

Results
There were 143 participants (56% female). Most of the respondents (77%) were in the age range of 18 to 20 years and were generally well informed about HIV and AIDS. The majority (69%) believed that if you had sex with an HIV-positive individual, the chance of contracting the disease was 100% and that babies born to HIV-positive women will certainly have the disease. A large proportion of the respondents (73%) believed that people who are infected with HIV/AIDS are likely to be homosexual, most (87%) babies who get HIV are white and 21% believed that you could get AIDS from donating blood. For 83% of the participants, AIDS is a health scare they take seriously. Twenty-seven percent believed they were likely or very likely to contract HIV. Relatively few participants felt embarrassed to carry (23%), while 67% felt uncomfortable buying condoms. A few (12%) felt that condoms “turn them off”. Seven percent thought that they could not control their sexual urges or were unable to control themselves when they got sexually excited (18%). Many felt more should be done at the university to prevent the spread of HIV.

Conclusion
Although most students have sufficient knowledge of HIV, some still have misconceptions. Most felt that they were practicing safe sex, yet it was concerning that a considerable group feel they had a good chance of contracting HIV.
KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF DENTAL UNDERGRADUATE STUDENTS TOWARDS SELF-CARE PRACTICES: A REPORT FROM A UNIVERSITY IN SOUTH AFRICA

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Conference themes
Curriculum/Research in health professions education

Key words:
Oral health self-care, dental students, knowledge and practice

Background:
Dental students are seen as role models for promoting good oral health behavior yet there is little published evidence in South Africa that explores student perceptions and attitudes towards their own oral health care.

Summary of work:
This study set out to explore undergraduate dental therapy and oral hygiene students' knowledge and attitudes towards their own self-care practices in relation to the perceived influence of the dental curriculum on these practices. This was a descriptive, cross-sectional survey comprising 64 undergraduate students at a dental training institution. A self-administered questionnaire was used for data collection.

Summary of Results and Discussion:
Fifty-two respondents returned the completed questionnaires, yielding an 81% response rate. Forty-four respondents (84.6%) perceived their own dental health to be good. All respondents (n=52) agreed that oral hygiene was important for the overall health of the body. Almost all respondents (97% of 2nd year students and 100% 3rd year students) indicated use of toothpaste to clean their teeth. The time taken to clean teeth varied from 1-2 minutes (52%, n=27) to 3-5 minutes (42%, n=22), to more than 5 minutes (6%, n=3). About 23% of respondents (n=12) used tooth picks; 81% (n=42) used dental floss, and 10% (n=5) used interdental brushes. Almost all respondents (96%, n=50) indicated use of commercially available mouth rinses. All 2nd year students (100%) and 90% of 3rd year students agreed that exposure to clinical training increased their awareness of self-care practices.

Conclusion:
Respondents reported good knowledge and practice of oral hygiene self-care but there were inconsistencies in these practices. Respondents also agreed that the dental undergraduate curriculum did influence their knowledge and oral health self-care practices.

Take-home Message:
Students’ oral health self-care practices should be taken into consideration when developing and reviewing undergraduate curricula. The role of the hidden curriculum in shaping student attitudes need further interrogation.
THE INFLUENCE ON DISTRIBUTED CLINICAL TRAINING SITES OF UNDERGRADUATE STUDENT PLACEMENTS

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Conference themes
Research in health professions education/Decentralised discourses and debates

Keywords
Community-based education, decentralisation, service learning

Background
Community-based education is a common strategy used to improve the relevance of education and increase graduate retention in underserved communities. Stellenbosch University offers differentiated experiences in five undergraduate health professions programmes, which include clinical involvement at multiple district and community health facilities. We aimed to understand the views of key role-players at these facilities about the contributions made by students.

Summary of work:
This study analysed qualitative data obtained during interviews held at eight purposively selected public health care facilities. The facility manager, one clinical supervisor and one other clinician were invited to participate, leading to 24 individual, semi-structured interviews. We generated in-depth information on their perspectives of and attitudes towards the contribution of health professions students.

Summary of results:
Students’ contributions were seen to coalesce around their influence on the facility and its staff, on patient care, on the local communities served, and on the clinical supervisors at the sites. Students are seen to enhance the work environment through fostering interpersonal and collaborative approaches to care, to lighten the workload, to encourage the adoption of evidence based practices, and to improve the quality of health care.

Discussion and Conclusions:
This study shows clearly that students have an effect on health care services, at facility, staff, patient and community levels. This effect is moderated by critical factors being in place, such as clinicians involving students in everyday practices of the clinical team, and enabling the pursuit of their learning outcomes to enhance fields such as evidence-based practice, holistic care, community projects, etc. Issues needing to be addressed include the nature of the students, space and time, and adequate supervision.

Take-home Messages.
Students in distributed clinical training sites add value to the health service and, provided certain conditions exist, make an important contribution to health care.
THE NOVICE’S GUIDE TO CONTEMPLATING PHDS

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Conference themes
Professional/staff development

Keywords
Doctoral journey, contemplation

Background
Universities are placing increasing pressure on academic staff to complete doctoral degrees. Undertaking doctoral studies is arduous enough but health science educators have additional multiple demands on their time including clinical commitments and increasing class sizes. Both willing and coerced aspiring doctoral candidates often struggle with the period leading up to the decision to embark on a PhD (a “Contemplation” phase) and with the writing of the protocol or proposal (“Preparation” phase). They may often be working in isolation during this time without either formal or informal help or support, and may end up with projects that are not realistic from the outset. These important phases of the doctoral journey need as much attention to ensure that the PhD does not equate with Pain, headache, Depression & suffering, but instead invokes feelings of Pleasure, hard-but-rewarding-work, Discovery & scholarship. While there is much in the literature providing guidance on the PhD process, this is usually from the perspective of supervisors or those who have successfully achieved their doctorate. Aspiring doctoral candidates from the health sciences could benefit from the experiences of colleagues who have recently passed through these phases and are well on their way. The focus of this workshop is to help participants reflect on issues that they will need to address at the outset and to plan for in these initial phases of the doctoral journey.

Who should attend:
Health care professionals considering or commencing doctoral studies

Workshop Structure:
Interactive session involving small and large group work Intended

Outcome:
To help aspiring PhD candidates prepare a realistic plan of action and preparation towards their PhD

Level: Introductory

Maximum no. of participants: 30

Room requirements: Laptop and LCD projector, Flipcharts x4, marker pens 4x3 colours, 4 tables arranged for small group work
STAFFING LEVELS AT DISTRICT HOSPITALS IN KWAZULU NATAL: IS THE UNIVERSITY OF KWAZULU NATAL TRAINING FOR THE NEEDS OF THE PROVINCE?

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Conference themes
Curriculum/Graduate competencies

Keywords
Staffing district hospitals, UKZN

Background
South Africa is characterized by inequitable distribution of health care services and health care professionals (HCPs). Universities have a social responsibility to ensure that they select and train HCPs who can meet the needs of the local communities. The aim of this study was to assess the extent to which the University of KwaZulu Natal (UKZN) is contributing to the training of HCPs working in district hospitals (DHs) in KZN.

Summary of work
This was an observational descriptive study conducted at all DH’s in KZN. All doctors, dentists, dental therapists, pharmacists, physiotherapists and radiographers working at DHs in November 2016 were invited to participate in the study.

Summary of results
531 HCPs working in 29 DHs participated in the study, the majority (388/474; 82%) of whom were South African. Just over half (57%) of the South African medical graduates, 62% of pharmacists, 64% of physiotherapists and 92% of dental therapists trained at UKZN. 49% of participants were under 30 years of age, 86% had been at the hospital for 6 years or less, 65% planned to leave in the near future with 29% planning to leave at the end of 2016.

Discussion and conclusions
UKZN is playing a significant role in training for the needs of DH’s in KZN. A significant percentage of the workforce is young and transient which has implications for service provision and for expanding the teaching platform to DHs. While pleasing, UKZN needs to give thought to the selection of students, content and context of the training if it is to contribute to the long term staffing of DH’s in the province.

Take home message:
UKZN is playing a significant role in training for the short term needs of DH’s in KZN. Consideration needs to be given to how the university could make a greater, long-term contribution to the staffing issue.

300 words
DIFFERENTIATING FORMS OF PROFESSIONAL KNOWLEDGE IN HIGHER EDUCATION CURRICULA

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Conference themes
Curriculum

Keywords
Professional knowledge, Legitimation Code Theory, Articulation

Abstract
Higher education curriculum inquiry and transformation in South Africa (SA) are characterised by complexity and contestation. In the past decade a growing number of scholars, drawing on social realist theories of knowledge derived from Bernstein’s code theory and Maton’s Legitimation Code Theory (LCT), have explored these complexities. The development of curricula for professional higher education qualifications are particularly challenging since these must ‘face both ways’, towards disciplinary theoretical knowledge and towards procedural situated knowledge (Wheelahan, 2010). The promulgation of the Higher Education Qualifications Sub framework in August 2013 and the concomitant Nursing Qualifications Framework of the SA Nursing Council provided the impetus for this study. This paper will describe an investigation into the different forms of knowledge prevalent in three undergraduate qualification types in Nursing using the semantic codes of Legitimation Code Theory (Maton, 2014). The primary data used in this study consists of syllabus outlines and minutes of curriculum meetings of the intended curricula obtained from group discussions with nursing academics over a period of three years at the institution where the research was conducted. The secondary data consists of the curriculum specifications, regulations and scope of practice of the professional organisation regulating the nursing profession and education in SA. This paper will show how a deeper understanding of the curriculum logic of each of these undergraduate Nursing programmes can be obtained by mapping the different forms of knowledge to a semantic plane. Finally, the researcher will argue that a detailed curriculum analysis is necessary to inform articulation possibilities and to verify knowledge claims of students seeking admissions through recognition of prior learning.

References:
A REFLEXION ON MY CAREER AS MEDICAL EDUCATOR 10 YEARS POST SAAHE

Frank Peters*
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Conference themes
Professional/staff development

Keywords
Reflect, Medical Educator

Background
After 25 years in a GP career, a master degree I have started a medical education career as a undergraduate lecturer in Community Based Education as a lecturer at a level of in-service training in clinics. I could not open a laptop and after 3 years my supervisor advice me back to clinical medicine with a joint appointment with the university.

Summary of work during SAFRI
In 2008 my career changed. I was elected to be a Novice fellow of SAFRI. SAFRI was a new development from FAIMER in South Africa. During the first day, and thinking I am a leader I’ve jumped the gun during a water crossing and nearly drowned all my colleagues. During the second session my colleagues had already ethical approval and I was still struggling with aims and objectives. During that SAAHE conference Prof Max Price said: “During the 60 and 70’s doctors were be trained to be master craftsmen But during the 2000’s doctors were trained to be master counsellors.” These words changed my whole world because I was a craftsman and decided to see how Interns are trained in surgical skills.

Summary of results
I was invited with my project during 2009 to SAAHE, AMEE and Sudan because I had such a good project. Since then I had 2 publications I was promoted as a Principal Specialist in 2010. I have started to develop a Satellite for post-graduate training at the University. The hospital became a Tertiary Hospital and a full Satellite for Post-graduate training. Family Medicine, my department, produced already 3 Specialist, one Higher Diploma in Family Medicine, 2 HIV Management diplomas and 4 Successful Primary candidates. By the end of 2017 I have been promoted as an Adjunct Professor in Family Medicine Conclusions SAFRI opened doors for me in a medical education career and from a novice lecturer to a professor in 15 years is just the Grace of God.

Take-home message
Never stop dreaming. From a pragmatist to a reflexionist you will be able to tell a story like my dream becoming a reality.
CASCADE TRAINING CAN WORK – WHAT WE LEARNED FROM TRAINING EMS PERSONNEL
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Conference themes
Professional/staff development/Cascaded training

Keywords
Training, cascaded, EMS personnel

Background:
Cascade training, although appealing due to its low cost and potential reach often does not deliver the required outcomes due to loss of messaging and momentum. The Foundation for Professional Development (FPD) received a grant from MSD for Mothers to improve maternal and infant survival by improving the quality of emergency care for pregnant mothers and/or new born babies during ambulance transit to health facilities. To optimise the outcomes of this funding FPD implemented a cascade training model to train EMS personnel on the Essential Steps in Managing Obstetric Emergencies – In Transit (ESMOE-IT) in five districts (Amatole, Capricorn, Nkangala, Ehlanzeni and Gert Sibande districts.

Summary of work:
Senior cadres of EMS personnel were trained (two sessions of three days each) as ‘Master Trainers’ and were then required to train EMS personnel within their district. By April 2018 all of the districts had received the master training and had begun cascading the training within their districts.

Summary of results:
By April 2018 master trainers in Amatole district had trained 130 EMS personnel while cascade training in Mpumalanga and Limpopo had also started. Evaluation of this programme will be completed by June and presented at the SAAHE Conference.

Discussion and Conclusion:
Preliminary findings indicate that if carefully constructed a cascaded model can be used to rapidly develop key competencies amongst a large target audience. Lessons learnt include the importance of: i) providing a comprehensive master training course that incorporates competency assessment of trainers ii) selecting master trainers who show an commitment to the objectives of the training programme, iii) securing managerial commitment to ensure that the cascade training takes place, iv) addressing the logistics linked to training from the beginning e.g. ensuring the availability of required training tools (such as manikins).
What procedural skills should physicians acquire during training? A South African perspective

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Conference themes
Graduate competencies/Research in health professions education

Keywords
Skills, Competency, Training

Introduction
Qualification as a physician in South Africa (SA) requires four years training in an accredited facility and an exit examination conducted by the Colleges of Medicine of SA. The training requirements include a comprehensive list of practical skills, as prescribed in the regulations of the Fellowship of the College of Physicians. This study sought to identify the core training skills needed for physicians in SA and the preferred method to assess competency.

Method
A Delphi survey was conducted over 18 months from 01 February 2016 – 01 September 2017 to achieve consensus via expert opinion. Participants representing the majority of training facilities and regional and tertiary level hospitals were invited to participate in the study. The online platform, SurveyMonkey was used to distribute and collate data. Following completion of each questionnaire a new set of questions were formulated and redistributed to the participants.

Results
Of the 67 specialists invited to participate, 31 (46.3%) completed the first questionnaire which identified 57 practical skills, and 19 and 17 questionnaires 2 and 3, respectively. There was a roughly equal distribution from regional and tertiary hospitals and eight of the nine medical schools were represented. Consensus was reached on 46 of the identified practical skills. For each skill more than 10 repetitions was deemed necessary to achieve competency and continuous assessment during training was the preferred mode to assess competency. Only two skills were identified to be reserved for subspecialist training.

Conclusion
The spectrum of skills required for physician training is broad and many of the skills previously reserved for subspecialists are core for the training of specialist physicians. The perfect method for identifying competency is still up for debate.
Conference themes
Assessment/Professional/staff development

Keywords
Assessment, social realism, discourse

Background:
Assessment as part of the enact curriculum is based on professional judgment of the lecturers that informs which knowledge should be learned. A vacuum exists in understanding how knowledge which is assessed is shaped by social groups within medical departments and the academic institution at large.

Summary of work:
The research provides an overview of research in the field of assessment and the explores social realism as an alternative theory to understand assessment practice of lecturers.

Summary of results:
Medical education research on assessment comprises of an extensive body of work such as methodological issues as well as conceptual frameworks, perspectives and opinions that shape fundamental conversation of assessment. The work of Margaret Archer using structure, culture and agency makes available a way to explore and critically analyse the influences and relationships on the assessment of knowledge. To enable this theorisation the complementary framework of Legitimation Code Theory allows one to code the underlying educational practices within the discipline by exploring knowledge and the knower. The knowledge code enables observation of how knowledge is selected and how the knowledge is organised. Whereas the knower code provides the ideal vision of the individual within a particular discipline to emerge.

Discussion and Conclusion:
Assessment is instrumental in creating conditions that allows ways, believes and knowledge to be valued. It does this through exerting influence over the curriculum by regulating the knowledge that is taught as organized by educators.

Take home message:
Social realism enables a critically gaze to illuminate the thinking about what is assessed and why to better understand the conditions that influence assessment discourse.
AN EVALUATION OF THE EMERGENCY CARE TRAINING WORKSHOPS IN THE PROVINCE OF KWAZULU-NATAL, SOUTH AFRICA

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Conference themes
Professional/staff development

Keywords
Emergency care, training, simulation

Background:
Emergency care in South Africa is both complex and complicated which is further compromised by inadequately trained healthcare workers. Academic disciplines at the University of KwaZulu-Natal have run emergency care workshops for doctors and nurses providing primary emergency care, in the province for the last 14 years. This delivery of such training has evolved over time. The training methods have also evolved moving from a didactic to methods using low fidelity simulation training which encourages reflection and feedback. Objectives: The aim of this study was to evaluate the feedback and knowledge of participants attending the last nine workshops held between 2012 and 2017. These workshops were held at decentralized sites in the province.

Methods:
An evaluation questionnaire asked participants to assess the workshops held in the province and to rate their perceived improvement in knowledge. A multiple-choice questionnaire was conducted in the last few workshops and was administered before and after each workshop. The data were extracted onto an Excel spreadsheet and analysed in Stata version 13. Outcome measures were generated using percentages. A paired t-test was used to compare knowledge scores. Open ended questions were also used to identify areas for future improvement.

Results:
The majority (89.4%) of the participants worked in the primary emergency care setting. All participants found the quality of training, the facilitators and the training material good or excellent. Participants’ perceived improvement in knowledge and skills and the objective measure of knowledge improved significantly. (p< 0.001).

Conclusion:
Emergency care education using a combination of inter-professional simulation and lecture based teaching has the potential of contributing towards better educational outputs in both undergraduate and postgraduate curricula. The presentation will talk to both the experience of the programme and its use in medical education.
THE PEARLS AND PITFALLS OF SETTING HIGH QUALITY MULTIPLE CHOICE QUESTIONS

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Conference themes
Assessment

Keywords
Multiple choice questions, blueprinting, standard setting

Background:
Multiple choice type questions are used frequently in assessment in medical education. Many healthcare worker educators are not confident in setting such questions. It is crucial that educators develop skill in constructing MCQs that are reliable, valid, defensible and fair. The workshop will provide a brief introduction to a one day course that has been appreciated by healthcare educators at UKZN.

Who should attend:
Healthcare worker educators involved in written assessments. Structure of the workshop
The workshop will cover the following topics: Reliability and Validity of assessments in medical education Blueprinting the MCQ exam using learning outcomes Setting High quality Single Best Answer Questions Standard setting Using Psychometrics in medical assessments

Intended Outcomes
The workshops aims at improving competency among healthcare educators in constructing multiple choice questions and interpreting results.

Level (Introductory/Intermediate/Advanced)
This workshop is set for all levels of healthcare worker educators

Maximum number participants – 25. Participants are encouraged to bring two MCQs with them to the workshop.

Room requirements – Desk with chairs, data projector, white board and white board markers and laptop connector.
Conference themes
Curriculum/Decolonised discourses and debates

Keywords
Medical Humanities, Curriculum

Background
Medical Humanities (MH) is progressively evolving as an academic field and is populating medical curricula across the world. Deciding which MH content would be relevant and sufficient within an undergraduate medical curriculum is an important task of programme planners.

Summary of work
To assist curriculum developers in this task a literature review was conducted to identify global trends in MH content areas within undergraduate medical programmes. An electronic database search using keywords was performed. A set of inclusion criteria was applied to select articles for inclusion in the literature review.

Summary of results
Twenty journal articles from 14 countries met the inclusion criteria. Main- and Sub-Content Areas (MCA and SCA) in the MH were identified in all of the 20 papers. These content areas were divided into three equal (33.3%) distribution groups: a higher, middle and lower range. The three MCA’s which are offered by the most institutions (75-85%) are Communication, Ethics and Professionalism. History, Culture and Critical Thinking also frequently occur (60-65%) as topics in medical programmes with a MH component. There is a greater number of MCA’s in the lower and middle-range distribution areas (n=12) than in the upper-range (n=3) distribution area.

Discussion and Conclusions
A great variety of content areas are offered among institutions across the globe. However, it seems that some topics are globally viewed as important curriculum content areas.

Take-home Messages
Certain topics are important to most institutions that offer MH as part of undergraduate medical programmes. It is important that these general areas are given a ‘local identity’ that address the concerns and particularities of local contexts, to the ultimate benefit of students, faculty and patients.
EVALUATING THE PERCEPTIONS OF VIDEO-BASED TUTORIAL TRAINING IN ANAESTHESIA

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Conference themes
eLearning/technology/blended learning

Keywords
Video-based tutorials, Anaesthesia training, Internship training

Background:
Tutorials mandated during internship training for doctors often have to be repeated which adds additional burden to current constraints in the public health care sector and may decrease clinical exposure time. This study evaluated the perceptions of Anaesthesia interns regarding the use of video-based tutorial training.

Summary of work:
A video developed for patient history taking was circulated to 42 interns who previously received the same tutorial as a face-to-face tutorial in the previous year. The intern’s perceptions regarding the value, quality and challenges were assessed using a questionnaire.

Summary of results:
85.7% response rate. 69.4% reported feeling underprepared by their respective undergraduate degrees. Majority of the interns were prepared to watch the video outside of work time but were divided over personal use of data. Although 42% were unsure about their choice of video-based tutorials over face to face, almost all interns reported that the videos were easy to watch using either phone or laptop, content was clear, audibility was good and pace adequate.

Discussion and Conclusions:
Interns value tutorials during internship as they feel underprepared by their undergraduate training. The majority of interns would make time outside of work hours to watch a video tutorial which supports their desire for more than just clinical exposure. The use of personal data may be overcome by dissemination of the videos on a memory stick as opposed to streaming the video over the internet.

Take-home Messages:
Video-based tutorials may be used in low resource training environments to increase clinical teaching time and facilitate active learning.
EXPANDING EDUCATIONAL PRACTICE HORIZONS THROUGH ZANEMPILLO – A MOBILE HEALTH EDUCATION PLATFORM

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Conference themes
Curriculum/Graduate competencies

Keywords
Interprofessional education, service-learning, learning goals

Background
The Nelson Mandela University in Port Elizabeth seeks to transform its health sciences curricula in order to achieve equity in health outcomes. Integral to this are interprofessional education service-learning initiatives attendant to socially accountable objectives. One such initiative, the Zanempilo Mobile Health Education Platform (MHEP), engages interprofessional healthcare students and faculty members in delivering health care to underserved populations. A converted 13-ton truck forms the physical foundation of the MHEP. Since 2016, this clinic and its associated team of students and supervising clinician-educators have visited various marginalized communities located in the vicinity of Port Elizabeth, all lacking access to primary health care services. Alongside the Eastern Cape Ward Based Outreach Teams students conduct clinical assessments, HIV counselling and testing, screening tests, treat minor ailments and provide health care education.

Summary of work
In alignment with the delivery of a socially accountable service, an inter-disciplinary health science working group was formed whereby we interrogated the educational aims of the MHEP. Through a process-oriented-participatory (POP) approach, we developed interprofessional learning goals aligned with Nelson Mandela Universities vision of health sciences curricula transformation.

Summary of results
We identified several learning goals specific to the Zanempilo MHEP. Although we framed these goals using Bloom’s Knowledge, Attitudes and Skills taxonomy, we also added two new domains—“Intentions” and “Relationships”—in order to support professionalism and social engagement as critical qualities for training in underserved settings. The resultant learning goals are sorted according to Domain (Knowledge-Attitudes-Skills-Intentions-Relationships) and Themes within these Domains.

Discussion and Conclusions
We anticipate using these learning goals as a means to measure the realisation of the MHEP’s interprofessional and socially accountable educational objectives.

Take-home Messages
A collaborative approach to identifying learning goals adopted by an interprofessional healthcare team yielded rich results and can be replicated in other areas of our work.
TOWARDS A FRAMEWORK FOR EVALUATING BLENDED LEARNING HEALTH PROFESSION PROGRAMMES

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Conference themes
eLearning/technology/blended learning/ Research in health professions education

Keywords
‘e-learning’; ‘blended learning’, ‘evaluation’

Background:
The Foundation for Professional Development (FPD), a leading South African non-governmental academic institution, has recently started offering programmes for various healthcare professionals through a blended learning approach. Blended Learning is a model of providing education through a combination of e-learning and traditional face-to-face methods. This model of learning has become popular as it results in high levels of student achievement with reduced educational expenses and time spent away from work. Research indicates that blended learning can result in improvement in student learning outcomes and enhance student satisfaction. However, the issue of quality in teaching and learning environments is a subjective and multifarious concept, dependent on a range of factors relating to students, the curriculum, faculty, technology and learning design. The development of an instrument to evaluate quality and effectiveness is one of the key challenges for blended learning since it incorporates both traditional and online instruction methods.

Summary of work:
The aim of this study was to develop a framework to evaluate the Health Professions Learning Programmes offered though a blended learning approach. A scientific literature review was conducted to compare different strategies of evaluating blended learning programmes. Researchers reviewed articles (that were published after 2010) from Google Scholar, Mendeley and NCBI using the keywords ‘blended learning’, ‘effectiveness’, and ‘evaluation’. Literature was critically appraised using the inclusion and exclusion criteria developed.

Summary of results:
The framework that was developed to evaluate FPD’s blended learning health professions learning programmes will be shared at the conference.

Discussion and Conclusion:
Blended learning needs sound pedagogical approaches and practices that work together with educational technology to ensure the best conditions exist for learning. In order to achieve best practice in blended learning, the appropriate use of an evaluation framework is a crucial factor. The framework that was developed to evaluate FPD’s blended learning health professions programmes proved to be an effective tool in ensuring quality learning programmes.
Conference themes
eLearning/technology/blended learning

Keywords
Diabetes mellitus, retinopathy, telemedicine.

Background:
Diabetes mellitus is a chronic non-communicable disease characterized by hyperglycaemia due to an absolute or relative deficiency of insulin. The disease has the potential to produce many chronic complications such as retinopathy and peripheral arterial disease, and is widely regarded as a major public health challenge. Diabetes mellitus was the fourth-largest cause of death in 2013 in KwaZulu-Natal. In order to stem the tide of this disease, there is a need to develop diabetes education, prevention initiatives, screening protocols, and establish multidisciplinary teams.

Purpose:
To incorporate telemedicine in order to strengthen the management of diabetic retinopathy at primary health centre level towards blindness prevention.

Methods:
The project will employ both quantitative and qualitative designs elements in developing multidisciplinary e-Health diabetic retinopathy management strategies for KwaZulu-Natal Province. The study will consist of three phases (all of which will be evaluated and assessed): Phase 1: Development, implementation and assessment of a health education programme for community caregivers in blindness prevention from diabetic retinopathy; Phase 2: Designing a telemedicine system using a nurse-operated Eye PACKS diabetic screener at primary health care clinics supported, through internet connection, by optometrists based at district and regional hospitals towards preventing unnecessary blindness and decreasing health costs; Phase 3: Using results of phases 1 & 2 to design an inter-professional diabetic management module for community care givers, nurses, optometrists and ophthalmologists.

Take-home message:
The development of this telemedicine model will be aligned with the 90-90-90’s non-communicable disease strategy that seeks to achieve: 90% of all diabetic patients must be screened and educated on prevention of diabetic retinopathy; 90% of those with diabetic retinopathy will have a comprehensive ocular workup; 90% of those with diabetic retinopathy will be on a management plan to prevent blindness. These will strengthen the referral system and integrate eye health with other programmes.
LEARNING PERSON CENTEREDNESS THROUGH A QUALITY IMPROVEMENT CYCLE: RANDOMISED CONTROLLED TRAIL

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Conference themes
Graduate competencies/Research in health professions education

Keywords
Person-centeredness, reflection, feedback

Background
It is essential that clinicians master person-centred practice. BCMP Clinical Associate students train mostly through service learning in a decentralised platform which includes daily consultations supervised by qualified health professionals.

Summary of work
This study aimed to determine the effectiveness of peer review and reflection in a quality improvement cycle for learning personcentred consultation skills. Through stratified sampling an intervention group was selected and the rest of the students in the second and third years of the course served as controls. Students in the intervention group formed small groups of 2 to 4 students, observed one another’s consultations, gave feedback and reflected in at least two cycles. Person centeredness was measured with the SEGUE measurement tool before and after the intervention on consultations audio recorded in OSCE stations.

Summary of results
Pre- and post-intervention scores were available for 30 students in the intervention group and 34 students in the control group. On average SEGUE scores improved from 49.6% to 54.3% (p = 0.005). The difference between the two groups was not significant. Detailed analysis of each of the 30 questions and 6 domains in the SEGUE tool did not reveal significant differences between the control vs intervention groups. Some trends will be presented. Third year students improved three times more than second years (p = 0.037) and male students had double the improvement of female students.

Discussion and conclusions
In the BCMP curriculum person centeredness increase over time and this increase is significantly more in 3rd year students than in 2nd years.

Take home messages
Evaluating the learning of person centeredness is difficult and interventions should be carefully considered and implemented.
Conference themes
Simulation

Keywords
Debrief, simulation, “advocacy with inquiry”

Background
The Simulation Special Interest Group was founded at the 2017 SAAHE conference. This workshop will focus on Debriefing after running a simulation scenario. Student learning takes place during the debriefing which utilizes a technique of Advocacy with Inquiry. The aim of the workshop is to teach good debriefing techniques whilst using Free Open Access Medical Education tools, the PEARLS tool. This tool was designed by a group led by Walter Eppich and Adam Cheng, both leaders in the field of Debriefing. The foundation of debriefing is reflective practice; rigorous reflection from the learners is required to enhance the critical discussion that follows. Instructors are often reluctant to become too judgmental, trying to avoid creating an unsafe learning environment. The key to good debriefing is to probe enough to discover the underlying frame of reference or mental model of the participant. Assumptions should not be made. The aim of debriefing is to allow the learner to reflect on actions performed during the simulation whilst aided by probing questions from the instructor.

Who should attend?
The workshop will be ideal for participants currently engaged in using Simulation and wanting to improve their debriefing skills. This will be an interactive workshop where role play and discussions will be utilized.

Intended Outcomes:
After the workshop the participants should be able to:
• Understand the principles of “Debrief with good judgement”.
• Use the PEARLS debriefing tool.
• Demonstrate the technique of Advocacy with Inquiry.
• Understand what is meant by creating a “Safe Environment” for the learner during simulation and debriefing.

Maximum number participants – 25
HAS THE CANMEDS FRAMEWORK COLONISED HEALTH PROFESSIONS EDUCATION? A CRITICAL EXPLORATION OF RELEVANT COMPETENCY BASED FRAMING OF HEALTH PROFESSIONS EDUCATION IN SOUTH AFRICA

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J Frantz
L Green-Thompson
M Mammen
M Volschenk

Conference themes
Graduate competencies/Decolonised discourses and debates

Keywords
Competency frameworks, critical adoption

Background
Competency-based frameworks developed in the global north have disseminated across the globe and are being adopted in postgraduate and undergraduate health professions education (HPE) in South Africa (SA). Work that we have done suggests that these frameworks are not a good fit for our local context, exposing potential gaps that could leave our graduates ill-equipped to meet the demands that will be made of them. In this workshop, we will share a locally developed framework with you and explore the validity of the framework. We will also explore whether this framework fits within a discourse on decoloniality in HPE in SA and how to approach critically interrogating the relevance of such frameworks from the global north.

Who should attend
Anybody who is currently working with or contemplating adopting a competency-based framework, whether from a national regulatory body like the HPCSA or SANC, the Colleges of Medicine, deans of teaching from faculties of health sciences, curriculum planners, teaching staff.

Structure of the workshop
Introduction to competency-based education and frameworks
A competency framework from and for South Africa
The validity of the framework
Principles to inform critical interrogation of ideas from elsewhere

Intended outcomes
After participating in this workshop, participants should be able to
- discuss the principles of competency-based approaches to health professions education with colleagues
- discuss ways in which competency-based frameworks derived elsewhere are and are not appropriate to the South African context
- articulate principles to use when interrogating frameworks developed in other contexts for local relevance

Level: Intermediate

Maximum number of participants: 40

Room requirements: Laptop and data projector, Free-standing tables and chairs of no more than 8 participants each
One flipchart with paper and flipchart pens for each table (up to five sets)
Conference themes
Assessment

Keywords
Performance based Assessment, scoring, scaling

Background
Developing meaningful scoring rubrics for performance-based assessments can be challenging. Depending on the skill, or skills, being measured, analytic (e.g., checklists, key actions) and holistic tools (e.g., rating scales), or various combinations, can be employed. The choice (or development) of scoring tools will depend on a number of factors including, amongst others, the purpose of the assessment, the specific proficiencies being evaluated, and the availability of qualified raters. Regardless of the specific format of the evaluation tool, or the logistics of gathering the data, the scores, if used to make inferences concerning ability, must be reliable and valid. The proper construction of scoring tools is a cornerstone of the validation process.

Content
The workshop will consist of the following parts:
1. Introduction to scoring and scaling issues. The participants will be provided with a brief overview of scoring and scaling processes, including the need to explicitly define what is to be measured, to delimit measurable skills/behaviors, and to choose appropriate metrics.
2. Developing a scoring tool. As part of this workshop, the participants will develop a scoring tool for a simulation-based clinical skills scenario.
3. Scoring activities. To better understand scoring issues (e.g., inter-rater reliability), and logistical issues associated with gathering performance data, participants will evaluate a series of clinical encounters.

Who Should Attend
Individuals who are responsible for developing, administering, scoring performance-based assessments

Intended Outcomes
After attending this workshop, the learner will be able to:
1. understand fundamental scoring and scaling issues,
2. develop (or choose) appropriate scoring rubrics that are aligned with skills being assessed, and
3. identify factors that could impact the reliability and validity of scores.

Level of Workshop: Intermediate
Conference themes
Decolonised discourses and debates

Keywords
Language, Decolonizing, Higher Education Health Services

Abstract
Language is an expression of identity and power. In South Africa, the concept of language carries a multitude of meanings on cognitive, affective and social levels. Individuals respond to the multiple voices in society from their own multifaceted perspectives and identities which challenge old conceptions and paradigms. We are, thus, forced to relook at our identities and the power that is attached to these identities. The Dialogical Self Theory explains how people develop multiple positions in dialogical relations. These positions are formed in interactive contexts across the social and cultural milieu, and include internal and external relations to self and others involved in the interaction.

The South African landscape is alive with debates on the role of language in teaching and learning. A strong voice and call for the protection of the own and the resistance of language dominance is both overwhelmingly loud and exciting.

The educational implications of our Constitutional language policy are well spelt out in the media every day. An undercurrent that is not that often discussed or argued is the implementation of this language policy in health services. The argument exists that the use of English as lingua franca in services and business spheres is the easiest as “everyone speaks English”. The argument that English is globally used and will give young professionals access to opportunities internationally, leads to the denigration of the other 11 official languages. It infringes on the rights of people and hampers the use of multiple languages. Reconceptualising communication structures could change the power systems in the internal and external environments of people. In terms of the Dialectal Self Theory, it appears that the global elite is biased towards English as the language of business, and, in doing so, ignores non-English-speaking countries' important contributions to innovation, science and business. The question this evokes is whether the process of decolonisation can or should start from scratch to create new intellectual and sociocultural contexts.

Will the use of local languages assist with the decolonising of our health sector?
NARRATIVES OF CHALLENGES OF ASSIMILATION FACED BY RETURNING STUDENTS

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R Hift
VS Singaram
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Conference themes
Curriculum/Student support/selection/development

Keywords
transnational, curriculum, student support

Background
The SA government has been sending students abroad to receive their initial medical training in Cuba since 1996. Such students receive an initial five years of Spanish-medium medical training and then receive their final eighteen months of training in a SA medical school. This study explores the challenges of assimilation faced by these returning students.

Summary of work
Primary data collection methods include focus group interviews and photo voice. Secondary data was drawn from narrative interviews based on a challenging lived experience as a newcomer and collages on how participants coped with assimilation on their return.

Summary of results
Participants reported challenges that were related to the programme, institutional ethos, politics, biography and the senior returning students’ anecdotes. Within the programme challenges ranged from epistemology (what to know, how to know and how to know what you know). The categories from this theme included inability to manage impressions of consultants and unacceptable pedagogies of being pitied, ignored or humiliated, skills gap and unfamiliarity with content and assessment modes like OSCE and OSPE. Other challenges will be further elaborated.

Discussion and Conclusions
As predicted by Higgins challenges of assimilating upon return led to challenges of the self from personal and significant others perspective which led to frustration, anger, loss of face and social anxiety. However, because factors that challenged the participants happened simultaneously emotional and psychological effects of challenges were hard to categorise separately as postulated by Higgins. Structured debriefing of newcomers is a necessity to try and alleviate fears and challenges experienced.

Take-home Messages
Further research is needed with regards to appropriate pedagogies within genuine transnational curricula that do not favour assimilation into the “host country “but a blend of both the foreign and the local experience.
Conference themes
Research in health professions education

Keywords
Feedback, quality, demographics

Background
Within the ambit of clinical medical education, feedback on clinical performance of registrars – qualified doctors receiving advanced training in a specialist field of medicine – by consultants, or senior hospital-based physicians who have completed their specialist training, is regarded as crucial. This process of comparing the directly observed performance of registrars to that of a previously identified and communicated ‘gold standard’ and incorporating a plan for improvement is a means to enhance the clinical competencies of registrars.

Summary of work
Numerous studies on the provision and receiving of feedback report a discrepancy between registrars’ and consultants’ perceptions of the process. Registrars report that feedback is provided inadequately or not at all, while consultants are of the opinion that good quality feedback is provided often or always. This disparity indicates that a greater understanding is required of the clinical educational environment and the various factors that impact on giving and receiving feedback within these settings. A mixed methods approach was adopted for this observational study regarding the perceptions of the quality of feedback given and received at a large multicultural teaching hospital.

Summary of results.
Relationships between demographics and certain important aspects of the provision of feedback were observed which impact on the context in which feedback is given and received. Students from previously disadvantaged backgrounds generally report feeling marginalized and exposed to conflict within academic settings. Gender, race and English as a first language all affected the manner in which provision is given and received.

Discussion and Conclusions
The study found that appropriate strategies should be implemented to improve teaching capacity of consultants, together with gender empowerment and academic support programmes for registrars.

Take-home Message.
Due cogniscence must be given to sensitisation and capacity building with regards to demographic issues and the impact on teaching and learning.
IMPROVING THE QUALITY OF A AND R TYPE MULTIPLE CHOICE QUESTIONS THROUGH STAFF DEVELOPMENT

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University of Cape Town

Conference themes
Assessment

Keywords
Online Assessment; MCQ; EMI

Background
MCQs have been extensively used in the Faculty of Health Sciences at the University of Cape Town (UCT) for the last 18 years. The E-Learning Division is responsible for uploading the MCQs onto the learning management system. This include the back-end quality assurance processes are adhered with to facilitate the release of the online assessments on the designated date and time. The questions are mostly best of 4 or 5 multiple choice questions (MCQs) or extended matching items EMIs or R-Type MCQs). Extended matching items, although familiar in assessment literature, is a relative new question type in the faculty and has recently (year) been included in UCT’s learning management system, Sakai. The format of EMIs are different from MCQs in that they test knowledge in a far more applied manner and reduces guess.

Summary of work
The E-Learning Division (ELD) have been encouraging faculty to use EMIs rather than solely relying on MCQs. Although the ELD is not responsible for generating questions our experience to online examination papers from different disciplines and years 1-4/6, showed substantial technical flaws, some more than others. For instance, frequent and major use of true and false questions, all of the above as an option, obvious correct option to non-content experts and so forth. The repetition of the flaws which transgressed the basic tenets of question development compelled us to include in the staff development programme, a

Abstract
workshop to assist staff in recognising and eliminating technical flaws and review the benefits of various question types suitable to online assessment. The workshop included academic and elearning staff speaking side by side on the issues typically faced when generating MCQs, each focussing on different elements of the question development process. At the same time, because of the benefits offered by EMIs over MCQs, staff are encouraged to make greater use of EMIs. In that it tests higher order skills such as understanding, synthesis and application of knowledge.

Summary of results
The workshops were run X number of times and attended by Y. Keep in mind that even though the number of attendees were small, it attracted staff with the responsibility of maintaining quality of assessment such as course conveners who play a pivotal role in assessments generated by their department/unit. We have seen a reduction in the number of generic technical flaws and an increase in the number of EMI used in assessments.

Conclusion
There are advantages of running online assessments, such as time saving, automatic item analysis generation, ability of have question pools and being able to easily track the performance of questions over time. Few staff members investigate what makes a good MCQ or EMI and when to use which. In fact, until recently few staff members knew about EMIs and the advantages it offers over A-type MCQs. Including every aspect of teaching and learning, including assessment, should therefore be an integral part of any unit involved in staff development activities.

Take home message
Knowledge of different types of MCQs e.g. EMIs should be compulsory to anyone running online assessments, and avoiding common technical flaws in writing MCQs is paramount to writing reliable, valid online assessments.
Conference theme
Student Support / selection / development / graduate competencies

Key words:
Competencies; undergraduate; research

Background
The competency-based framework of the Health Professions Council of South Africa has research-related competencies linked to the “Scholar” role. There are limited opportunities in the undergraduate curriculum at the University of Pretoria (UP) that are available for medical students to be exposed to research. The purpose of this study was to describe factors that contribute towards the interest in research among medical students.

Summary of work
A cross-sectional study design using qualitative methods of two student focus group discussions, three key informant interviews and an analysis of previous surveys of an existing research module “SMO 211” was conducted. Validity and reliability was ensured by adapting questions from a similar study. Trained facilitators conducted the FGDs. Participants were purposively sampled. Audiotaping was done with informed consent. Ethical approval was obtained (number 120/2016). Thematic analysis was conducted.

Summary of results
Participants concurred that SMO 211 provides a stepping stone in the research induction of students. Data triangulation highlighted challenges in the timing, content and duration of SMO 211 that affected students’ research interest. Role-modelling with an adequate mentor was a critical factor in motivating less confident students to continue research exposure and application. The lack of choice of topics, group members and supervisors were drawbacks of SMO 211. Key informants acknowledged that the “hidden” research ethos that has not filtered to students.

Discussion and Conclusions
The lack of choice and access to research-related resources were consistently highlighted as barriers. The current university environment with its strategic pillar of research is conducive to stimulate more research awareness with opportunities amongst students. Practical suggestions include an online research-resource platform as well as more active participation of health researchers as mentors and/or supervisors.

Take-home message
To enhance the research competencies of medical students, role-modelling, support and more choice need to be included in their undergraduate experience.
Conference theme
eLearning / technology / blended learning

Key words:
Clickers; students; engagement

Background
South Africa has 26 Higher Education Institutions with predominantly formal contact-based teaching. Due to trends and disruptions, the University of Pretoria embarked on hybridization that incorporates technology. Active learning is about “students doing things and thinking about things they are doing”. Audience Response Systems (ARS) were piloted for such learning in the Faculty of Health Sciences.

Summary of work
A cross-sectional quantitative study with qualitative augmentation was conducted during 2015 to determine whether ARS use had an effect on knowledge retention for Health Sciences students. Ethics approval was granted (number S01/2015). An online survey was posted on electronic platforms with an audience of 500 Health Sciences students. Data was analysed using ATLAS.ti and Stata.

Summary of results
Approximately 300 students (67%) from several disciplines responded. ARS were mainly used in 1st semester (daily: 46.8%). 45% of students thought that they had improved understanding and increased peer-/lecturer-interactions; 59% felt ARS were used to measure comprehension. 1/3 thought their marks did not improve. Most participants felt ARS must not be used for attendance. Optimal and frequent ARS use appeared to have a positive learning impact. Students were not averse to manipulate ARS for attendance and assessment.

Discussion and Conclusions
There seemed to be a misalignment between the institutional hybrid strategy and technological learning that frustrated students. There was an unintended consequence of marginalization. ARS were perceived as low-hanging fruit but its scale-up and realization of learning outcomes were limited. The digital literacy of support and academic staff and more active participation of students in the hybrid strategic direction of institutions are suggested.

Take-home Messages
ARS can have a positive impact on the active learning experience of students but limitations in the environment must be addressed prior to scale-up in the Faculty of Health Sciences.
Conference theme
Research in health professions education

Keywords:
Expertise development, self-regulation, and forensic anthropology

Background
The purpose of study was to explore the enabling and constraining factors that lead to the development of expertise among practicing forensic anthropologists in South Africa.

Summary of work
An interpretative, qualitative research design involved six postgraduates who had graduated with a BSc Honours from the Department of Anatomy, University of Pretoria between 2010 and 2016. Participants were required to be working in forensic anthropology either in the forensic science services or in academia. Semi-structured interviews were conducted and assessed using thematic analysis. Expertise development was extrapolated using an analytic framework of the integrative pedagogical model.

Summary of results
Distinct variation in attitudes towards forensic anthropology practice among the participants is interpretable through education theory about conceptual, practical and experiential learning as well as learning in the workplace. The development of expertise begins in the classroom, as early as the undergraduate years, and continues into the practitioner’s workplace, where daily problem solving is required. The self-reported data suggested internal feedback had a limited impact, indicating that more experienced others were necessary for providing structure and/or scaffolding for further learning. Informal, or formal, mentorship is crucial for novices to develop the schema and attitudes necessary for expertise development and self-regulated learning. Practitioners who encountered constraints, such as a lack of resources and role models, expressed disappointment in their work environment and less confidence than their mentored peers.

Discussion and Conclusions
Senior mentorship and reflection are key enablers for the development of expertise. Guidance for novice practitioners is only available at universities where forensic anthropology is offered as a postgraduate qualification. Forensic anthropology requires advanced tertiary qualifications, guided learning experiences and continual professional development as a foundation for the development of expertise.

Take-home Messages
Guidelines for best practice and structured internships are needed for forensic anthropologists in South Africa.
THROUGH THE SURGEON’S EYES: WEARABLE POINT-OF-VIEW TECHNOLOGY TO TEACH SURGICAL TECHNIQUE.

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Stellenbosch University
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Conference theme:
eLearning / technology / lended learning

Background
This study evaluates the suitability of utilising “point of view” (POV) wearable equipment to record operations for operative technique training of post graduate surgical trainees. Surgical procedural teaching is challenging as the trainee’s view of the procedure differs from that of the surgeon. Increasing student numbers limit opportunities to assist during operations hampering exposure to rare procedures. The ideal in surgical teaching is to combine instruction under direct supervision, with technological advances in clinical practice. This study appraises the feasibility of the GoPro HERO™ from the perspective of the surgical and technical team.

Methods
A POV wearable Go-Pro camera was used on standard operations upon obtaining informed consent from patients, theatre personnel and the technical team. Semi-structured interviews evaluated the practical acceptability of the GoPro on the theatre environment. The technical team reflected on picture quality, video editing and formatting.

Results
Eight operations were performed by 3 surgeons. All surgeons found the camera head band tight and the camera heavy. The limited battery life was problematic throughout the study. No interference with operative sterility, procedural length, nor functioning in the operating room was encountered by clinical personnel. Technically, the quality and picture field were adequate. Techsmith Camtasia Studio 9® programme was employed for post-recording editing.

Discussion and Conclusion
Wearable cameras allow recordings of operations for educational purposes from the surgeon’s view. The device has cross-discipline potential for training and teaching within medicine. The next phase is to create a video library, assessing the usefulness from a trainee perspective, and the use of the videos as assessment tools.

Take-home message
This study confirms the utility of the GoPro in real time operations as an education tool, without impairing patient care.
AN EXPLORATION OF THE ROLE OF WRITING RETREATS IN THE DEVELOPMENT OF FACULTY STAFF IN THE HEALTH SCIENCES

N. Roman*
University of the Western Cape

Background
Writing retreats are useful to motivate, empower and support academics to flourish in writing and publishing. Literature in South Africa regarding writing retreats could be considered as emerging. Literature either mainly describe (1) the context of general writing development strategies, (2) in specialisations other than health sciences and (3) within the context of research capacity development rather than providing an in-depth evaluation of writing retreats as tools for professional development.

Aim
The aim of this study was to explore the use of writing retreats as a strategy for professional development of academic staff in the health sciences at one Faculty of Community and Health Sciences in the Western Cape.

Methods
This qualitative explorative study used purposive strategy to select academics (n=13) who had previously participated in writing retreats. Participants were invited to participate in a face-to-face interview. A semi-structured interview schedule was used to collect the data. The data was analysed thematically.

Results
Four themes emerged: (1) Experiences of writing retreats: - Staff indicated having had very positive and valuable experiences on the writing retreats. They were keen to attend more retreats as it offered the opportunity to be completely focused (2) The development of staff: One of the most mentioned developments was that staff produced outputs after attending writing retreats. This theme included the ability to write an article due to an increase of knowledge, confidence and the assistance of an assigned mentor to review, revise the draft manuscript. They learned how to share information, how to network more effectively and had received guidance in terms of publishing; (3) The advantages and disadvantages of attending writing retreats: Participants agreed that the value of a writing retreat was that it provides demarcated time away to focus on writing time without concerns about other academic duties. Some participants were unprepared, did not necessarily commit to the three assigned days and returning to the reality of work posed a challenge after a writing retreat; and (4) The characteristics of writing retreats: Participants mentioned the benefits of attending a retreat that was specifically organised at their level of expertise.

Conclusions and take-home message
Writing retreats were mainly a benefit for participants with the majority having a positive developmental experience, an increase in outputs and learning about others. Participants valued the retreats as it provided adequate support depending on their expertise and academic need.
Postgraduate paediatric student engagement in a clinical skills program.

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L Keiller
University of Pretoria

Conference theme
Student Support/selection/development

Background
The purpose of this study was to explore barriers, enablers and engagement of postgraduate paediatric students in a compulsory clinical skills program. Since inception, attendance rates were low. This raised concerns within the paediatric department regarding the potential negative impact on the student’s level of preparedness for the exit exam.

Methods
All participants provided informed consent for this ethics approved study (130/2017). Mixed methods of data collection were used. Attendance registers were analysed descriptively. Qualitative triangulation of data was achieved by using focus group discussions, 5 minute observation reports and student self-assessed engagement tools. Focus group discussions were transcribed verbatim with thematic network analysis of the data to explore the student perceptions of the barriers and enablers for attendance of the clinical skills programme.

Results
Average attendance of clinical skills was 31%. Subjective and objective engagement instruments identified students as passive learners. Thematic analysis of the focus group revealed barriers to attendance related to workload; limited supervisory support; lack of prioritisation of academic and logistical issues. Enablers included bedside clinical teaching and optimised division of labour. Recommendations for changes were made.

Discussion
Paediatric registrars at the University of Pretoria are engaged and attentive in clinical skills sessions, despite low attendance rates. Logistic issues related to call registers, consultant willingness to release registrars and transport difficulties were highlighted by the students as reasons for the poor attendance. Students expressed their perception of the importance of the programme and provided possible solutions or recommendations to improve attendance. These included incorporation of an e learning platform; initiating a mentorship programme; and review of the current schedules.

Take home message
Creatively balancing learning of clinical skills with patient care is an ongoing process.
AN EVALUATION OF A PILOT LABORATORY-BASED RESEARCH MODULE IN UNDERGRADUATE MEDICINE

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University of Pretoria

Conference theme
Curriculum

Background
The purpose of this study was to evaluate a pilot laboratory research-based module that was administered to a first year medical student with a graduate science background at the University of Pretoria (UP). This programme evaluation considered the criteria theoretical and practical learning outcomes, assessment practice and module feasibility.

Summary of work
A mixed method study design was employed using Physiology staff who were administered evaluation questionnaires. A course experience questionnaire and a semi-structured interview was conducted with the medical student. Furthermore, student data was triangulated with a document review of the student's academic performance to enhance validity. Data was analysed using descriptive statistics for closed-ended responses from questionnaires. Qualitative analysis using inductive thematic coding was used to analyse interview and open-ended staff questionnaire responses.

Summary of Results
Student interview data identified a need for increased testing and feedback sessions. Staff emphasised inclusion of topics on bioethics and proposal design. A common theme of learning outcome specificity was also identified. Quantitative analysis identified that the majority of the staff participants were positive about all learning outcomes, assessment practice and module feasibility. The student questionnaire identified work expectation specificity negatively. The document review identified a pass mark in all assessment categories.

Discussion and conclusions
This study indicates that the module demonstrates acceptable theoretical and practical learning outcomes, assessment practice and feasibility. The module design however, can benefit from improved learning outcome specificity and the introduction of topics on bioethics and research proposal design. An inclusion of increased formative test frequency and associated feedback sessions also needs consideration.

Take-home message
A laboratory-based research module in the first-year undergraduate medical curriculum for students starting first year medicine at UP demonstrates acceptable theoretical and practical learning outcomes, assessment practice and project feasibility requiring only minor revisions.
WHERE ARE THEY WORKING? A CASE STUDY OF TWENTY CUBAN-TRAINED SOUTH AFRICAN DOCTORS.

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Keywords
Foreign-medical graduates, career trajectory

Background:
This study was conducted to determine the career outcomes of Cuban-trained SA doctors who were part of the South African Cuban Medical Collaboration (SACMC) programme. The programme enrolled students from disadvantaged and rural backgrounds to receive medical training in Cuba. Despite the 21 year existence of the SACMC, very little is known about the career choices and professional trajectories of the SACMC doctors following graduation. This study was conducted to explore the reasons why students enrolled on this programme, the choices made relating to their professional careers and their aspirations for the future.

Summary of work
An exploratory, cross-sectional, descriptive, mixed methods study was conducted of a purposive sample of 20 SA doctors enrolled between 1997 and 2007. The data was collected through semi structured interviews. The quantitative data related to the professional career outcomes and intentions to leave SA which was analysed with basic descriptive statistics. Qualitative data related to the details of the participants’ clinical practice in terms of primary health care or specialisation, urban or rural practice and public sector or private practice.

Summary of Results:
Quantitatively results revealed that all the participants were of rural origin, with an average age of 39. The SACMC programme was the preferred choice as it offered a full scholarship. Eighteen doctors had completed their rural contractual obligation. Qualitatively in terms of career choices, thirteen doctors are practicing in primary health care, either as generalists in private practice or as medical officers in public hospitals, three doctors had completed specialty training, two of whom are in the public sector and one specialist is in private practice. One doctor is currently specialising, one is working within the national government, and two doctors are working in medical managerial positions. Eleven doctors are currently practicing in rural locations. Nineteen doctors indicated long term intentions to work within SA.

Discussion and conclusions.
Findings suggest the SACMC programme which provided disadvantaged rural origin students with an opportunity to study in Cuba has produced doctors who are practicing at various levels within the SA health care sector.

Take home message:
The doctors trained on the SACMC programme are fulfilling their obligations in rural communities and intend to stay in the country in the long term to contribute to the SA medical landscape.
EXPLORING THE USE OF ROLE PLAY VIDEOS TO SUPPORT TEACHING AND LEARNING OF RADIOGRAPHY STUDENTS

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Conference themes
eLearning/technology/blended learning

Keywords
Radiography, video, enhance learning

Background:
Students have different approaches towards learning and engaging with the content, therefore reflective teaching is important to address the needs of students to enhance learning. The lecturer observed that the student’s perspective in relation to a specific module displayed no or little interest and enthusiasm. The research question that had to be addressed is: “What teaching strategy can be utilised during lectures to enhance learning?”

Summary of work:
The use of videos was investigated by the researcher to determine if this teaching strategy will assist/enhance learning. Role play was implemented that were recorded and posted on ethuto (Blackboard). The aim of utilising role play videos was to change the perspective of students in relation to the module and assist students to reflect and improve their understanding on the content addressed in class. Davis (2009: 450) states that videos used as part of teaching, generate the student’s interest and improve their understanding on the subject content.

Summary of results:
Eighty-three per cent (83%) of students indicated that the role play videos are valuable as a learning tool that motivated individual engagement. Moreover, 87% of students indicated that they could apply the information/knowledge during workplace learning. As a result, learning was enhanced in relation to specific concepts and competencies.

Discussion and Conclusions:
Areas of concern in relation to the content could be easily picked up in the role plays in cases where students incorrectly demonstrated certain competencies. The researcher could address the weaknesses or the misunderstood concepts in class discussions. In conclusion, despite the fact that role play is fun and creative it is important to always remember that it must enhance learning and link objectives with the obtained knowledge of the student that will be utilised in the profession.

Take-home Message:
Step out of your comfort zone to enhance learning.
STUDY TITLE: EXPERIENCES OF NURSE-EDUCATORS REGARDING THE ASSESSMENT OF UNDERGRADUATE NURSING STUDENTS AT MOI UNIVERSITY, KENYA

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Background:  
Student assessment programs and processes in nursing education institutions in low- and middle income countries are often poorly designed and fall short in meeting all elements of the criteria for good assessment. The purpose of the study was to explore the challenges and opportunities for change of an assessment program through exploring the experiences of nurse educators of the undergraduate nursing program at Moi University in Kenya.

Summary of Work:  
A qualitative study utilizing interviews and a Focus Group Discussion was used with Nurse Educators. A semi-structured interview guide was administered to two key informants. Then a focus group discussion comprising of nurse educators from all the departments in the school of nursing was constituted to explore their experiences regarding student assessment within the school of nursing. Data was analyzed inductively by applying Cresswell steps for qualitative data analysis.

Summary of Results:  
Four main themes were generated namely; i) the assessment program, ii) the education system, iii) institutional issues, tools and records, and iv) clinical skills assessment. The nurse educators had different opinions about timing related to formative and summative assessments, which influenced the quality of the student assessment program. They also reported having limited opportunities for formative assessment and feedback. However, they made recommendations related to improvements of student assessment around changing the entire assessment program with more emphasis on formative assessment and improved student / nurse educator interactions.

Discussion and Conclusion:  
The experiences of the nurse educators regarding the assessment processes at the school of nursing, confirms the challenges related to student assessment at the School of Nursing at Moi University. Nurse educators are ready to be engaged with the development, improvement and implementation of a student assessment program.

Take Home Message:  
There is an inherent need to re-evaluate student assessment programs in nursing education
Background
The purpose of this study was to explore the use of writing retreats as a strategy for professionally developing academic staff in the health sciences at one Faculty of Community and Health Sciences in the Western Cape in order to motivate, empower and support academics to flourish in writing and publish in the health sciences.

Summary of work
This qualitative explorative study used a purposive strategy to select academics (n=13) who had previously participated in writing retreats. Participants were invited to participate in a face-to-face interview. A semi-structured interview schedule was used to collect the data which focused on their experiences of writing retreats. The data was analysed thematically using AtlasTi.

Summary of results
Four themes emerged: (1) Experiences of writing retreats: - Experiences were positive and valuable; (2) The development of staff: Outputs increased and mentors guided the process towards publication; (3) The advantages and disadvantages of attending writing retreats: Writing retreats provide demarcated time away to focus on writing time without concerns about other academic duties; and (4) The characteristics of writing retreats: Writing retreats were organised at their level of expertise as either structured or unstructured.

Discussion and conclusions
The use of a writing retreat was beneficial and supportive as a strategy to develop academic staff in the health sciences regardless of expertise and academic need. However, there is a need to determine the impact of writing retreats especially in terms of outputs in the faculty over a period of time. We conclude that writing retreats not only increase outputs but enhance psychosocial aspects of writing too.

Take home messages
Flourishing through writing retreats enhances health science professional development.
Conference themes
eLearning/technology/blended learning

Keywords
Education, electronic media

Abstract
The state of education is changing mainly due to developments in the electronic media and to be in phase with global educational trends the Department of Pharmacology and Therapeutics at the Sefako Makgatho Health Sciences University (SMU), South Africa has been involved during recent years with developing a pharmacology course that could be described as SmartTeaching Pharmacology. Many components of the electronic platform have been applied in designing a model that could assist in this initiative. Blended learning was also part of this teaching process, but the focus however, was to encourage independent studying with high quality electronic lecturing resources. Dynamic Microsoft PowerPoint presentations are used to present lectures and link to these are content based worksheets to be completed by students and to the lecturer. The social media is used extensively to support students with information such as Instagram that is used to provide students with examples of typical examination and test questions as well as related information concerning topics in the pharmacology syllabi. The Twitter account is applied in conducting advanced courses on various aspects of pharmacology while the Facebook page is used to inform students regarding global pharmacology research issues. WhatsApp is applied to inform students of various activities and reminders. A website has been designed mainly to serve as a resource of pharmacology information for students and a platform from where students could download lectures and worksheets. Lectures are also available for students to work online from the website. SmartTeaching pharmacology is a model which give students more freedom of accessing information, limit face to face teaching and lecturers have more time available for research.
THE IMPACT OF VARIOUS TEACHING INNOVATIONS ON A SUMMATIVE OSCE OF 3RD YEAR MEDICAL STUDENTS: A RETROSPECTIVE DOCUMENT ANALYSIS.

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Keywords
Teaching and learning; undergraduate medical curriculum; clinical skills

Background
Feedback is essential for effective learning. We have introduced a number of innovative formative teaching strategies aimed at enhancing learning through feedback, into our MB, ChB 3 Early Clinical Skills module from 2011-2017. These teaching strategies included directed feedback using a one-on-one clinical facilitator: student model for sterile procedures; Self-directed feedback using skills guided CPR manikins and students making videos of themselves performing a procedure, marking their own work, (self-assessment) and being allocated a peer whose work they need to assess and mark, this is then assessed by a lecturer with a final mark awarded for all components of the video and assessment.

We need to evaluate whether or not these teaching strategies have had a positive effect on student summative examinations.

The aim of the study was to do a retrospective analysis of the Summative marks of the 3rd year MB, ChB students form 2011 – 2017 and blueprint this against the teaching strategies used for specific skills in each year.

Summary of work
A retrospective, cross sectional quantitative study using a linear regression model of student marks / time. A trend analysis, using means and standard deviation will be performed. The study guides will be used to blueprint the teaching innovations used in each year. The proposal has been submitted for Health Research Ethical approval.

Summary of results
A blueprint, taken from the study guides 2011-2017, of each teaching strategy used per year, and per skill, has been developed. This will be used to compare summative results to teaching innovations. Awaiting ethical approval to complete the statistical analysis.

Discussion and Conclusion
A number of variables can influence student summative assessment marks, we are hoping to find evidence of one teaching or feedback strategy showing superiority over another. Feasibility of the teaching strategies will be discussed.

Take-home Messages
Within our resource constraint environment, we need to develop sound teaching strategies that are feasible and of benefit to our students.
Background
In South Africa, with its strong drive towards clinical service delivery, skills development in trainees is not prioritised. The purpose of this study was to evaluate the impact of a designed 8 session clinical reasoning curriculum consisting of structured consultant-delivered trainee-led blinded case based discussions (BCBD) on the clinical reasoning skills and diagnostic thinking of medical registrars at the University of the Witwatersrand (WITS).

Methods
Pre-intervention, an electronic quantitative survey, including preferred resources for clinical reasoning development, self-perceived ratings of clinical reasoning skills and the diagnostic thinking inventory (DTI), was circulated to all medical registrars (n=105).

Post-intervention, the repeat survey and intervention evaluation was administered to 30 medical registrars at the Helen Joseph Hospital. Data was analysed using Excel©, and written comments were thematically analysed.

Results
46% (48/105) of registrars completed the pre-survey while 53% (16/30) completed the post-intervention survey. Both groups were split equally into junior (years 1-2) and senior (years 3-4) trainees.

The average pre-intervention mark on the DTI for flexibility in thinking and structure of memory in junior registrars was 88.2 & 92.6 respectively; and 90.6 & 92.4 in senior registrars respectively. Formalised teaching in the workplace was most frequently suggested.

Post intervention, the average self-reported skill increased across all domains for junior registrars. Flexibility in thinking increased for juniors, and the average mark for structure of memory increased for years 1-3. The BCBDs were highly recommended and valued most for their ability to check thought process (28.1%).

Conclusions and take-home messages
The BCBD curriculum was well accepted by the intervention group. Junior registrars showed an improvement in the DTI and self-reported diagnostic skills. Formalised structured clinical reasoning training is essential in medical registrar training and shows the greatest benefit early on in training.
Keywords
Decentralised training; health professions; evidence-based framework

Background
Training institutions are being challenged to increase the number of graduates in the health professions. This has implications for available space on the clinical training platform. Decentralising training has proven workforce, health service, and academic advantages. Stellenbosch University Collaborative Capacity Enhancement through Engagement with Districts (SUCCEED) has developed a framework for effective decentralised training in the health professions which can serve as a basis for implementing and sustaining such training initiatives.

Summary of work
Various data sources were utilised in the development of the framework namely a scoping review of the literature on decentralised training, a national expert panel workshop, two multi-professional national workshops, a Delphi survey, and two separate processes of interpretive synthesis.

Summary of results
A transformative vision for decentralised training was formulated. At the centre of the composite framework, relationships bind together role players in training institutions, health services, regulatory bodies, and community. A series of enabling factors for each of five key components (leadership and governance, curriculum, students, training environment, communities) provides a practical approach to effective decentralised training for the role players. Five overarching principles that are needed to guide such training include shared vision, responsive adaptability, continuity, social accountability, and integration. A cascade approach guides the buy-in of relevant stakeholders.

Discussion and Conclusions
South Africa is committed to the policy of universal access to healthcare, requiring consistency in health professions training across disciplines, institutions, and regions. The framework provides an approach to decentralised training that encourages optimum consistency in universal access without overly constraining local decision-making and action. A matrix of enabling factors assisting implementation, and recommendations as to how the framework can be used to derive localised contextualised plans, is provided.

Take home message
This is an evidence-based framework designed to inform and support decentralised training initiatives.

Key words
Decentralised training; health professions; evidence-based framework
PERCEPTION OF THE AVAILABILITY OF THE LEVEL OF SUPPORT PROVIDED TO FACILITATORS OF LEARNING IN A DECENTRALIZED BCMP PROGRAMME

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University of Pretoria
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University of the Western Cape

Background
The purpose of this study was to describe the opinions of family physicians who guide the learning of clinical associate students in a decentralized teaching platform. The facilitators have varying degrees of experience in supporting constructivist learning approaches.

Summary of the work
A qualitative study design, using in-depth semi-structured individual interviews. The sample consisted of 15 facilitators from all different sites. Themes were extracted from notes taken during the interviews.

Summary of the results
The two major themes that emerged were “misconceptions of scope” and “willing but not able”. There was a variation in the facilitators’ understanding of the qualified clinical associates’ scope of practice, with the majority expecting them to work primarily as technicians and therefore the facilitators spent very little time developing clinical reasoning skills. All the facilitators indicated their willingness to teach and enjoyed the process. However, they felt inadequately prepared to facilitate learning using a patient-orientated approach. They did not find the bi-annual workshops aimed at developing knowledge and skills in teaching methods to be helpful. There was a poor application of a constructivist approach with most resorting to didactic teaching. Furthermore, facilitators’ own clinical obligations limited their availability to conduct regular student discussions.
THE VALUE OF USING PATIENT ACTORS IN COMMUNICATION SKILLS TRAINING.

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M Basson
R Maart
North-West University

Keyword:
Communication skills; role play; intrinsic motivation

Background
The purpose of this study was to find evidence to support the use of patient actors as simulated patients in pharmacy communication skills training. Student engagement in communication skills training was low due to lack of interest and large classes (n=220). Role play is an effective method for skills development, but choosing and training simulated patients can be time consuming and expensive. This study aims to motivate the use of actors as simulated patients in communication skills training.

Methods
A mixed method research design was used. Narratives written by pharmacy students within the first week of class were analysed. A focus group interview was conducted at the end of the semester with six students who volunteered to participate. Students (n=192) completed the Intrinsic Motivation Inventory (IMI) after participating in the role-play activities. Communication skills were measured by analyzing videos of the student’s role plays using a Skills Rubric.

Results
Initially, students regarded communication skills training as a waste of time and not important enough to be part of the formal curriculum. The IMI scores on a 7-point Likert scale were as follows: interesting and enjoyment (5.7), value and usefulness (6.3), effort and importance (5.8) perceived competence (5.0), and pressure and tension (5.7). Communication skills sets were well developed after “practising” on the actors. Students described the role play as realistic, challenging and valuable.

Discussion and conclusion
Students’ initial lack of interest and engagement changed after role play with actors. Students demonstrated good communication skills. The IMI scores of the students were high, indicating a high level of motivation to participate and engage in the learning process, thus supporting the value of using actors for the role plays.

Take-home message
Using patient actors for role play was efficient and valuable for communication skills training of pharmacy student.
THE EZONE FACILITATES 21ST CENTURY LEARNING IN THERAPEUTIC SCIENCES

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Background:
The eZone opened in 2017 as a technology enhanced flexible learning environment for lecturers in the Therapeutic Sciences to explore interactive learning using 21st Century Learning Design (21CLD).

Summary of work:
Purposively selected lecturers were interviewed on their experiences in using the eZone to change their teaching to incorporate 21CLD. They had to have conducted a minimum of 5 teaching sessions in the eZone. The lecturers interviewed ranged from novice technology users to those skilled in blended learning and virtual learning environments. The transcribed interviews were qualitatively analysed.

Summary of results:
Core emerging themes were: Students as active learners; No going back; Restored passion for teaching; Peer on-boarding and peer-to-peer upskilling; Coping with large classes; 21CLD and doing it differently; When technology lets you down; We need more eZones.

Discussion and Conclusions:
The lecturers interviewed all expressed their new-found passion for teaching using 21CLD. There were concerns that competition to book the eZone was increasing and some feared not being able to access the eZone for some of their teaching. While some lecturers were hesitant to adopt this new environment, the support from the eZone gave confidence to try it, and now they won’t go back to standing in front of a class and “lecturing”. When students are active learners, the lecturer becomes the facilitator and the technology allows for innovative thought, communication, collaboration, problem-solving and knowledge construction. These are the components of 21CLD.

Take-home Messages:
Learning spaces need to be redesigned for 21CLD. Heath sciences education needs to rethink pedagogy to cope with the increasing number of students. The advances in technology demands that we prepare our students with the 21st century skills they will need in the modern world of work.
Background:
Health science students need to develop 21st century skills in order to excel in the modern world of work. By using 21st Century Learning Design (21CLD) these skills are developed while the curriculum is delivered. This workshop will help lecturers redesign learning activities to build active learning that is student centred.

Who should attend:
Anyone who are interested in active, blended learning and curriculum design.

Structure of the workshop:
This 120 minute workshop will start with a BreakOutEDU activity, which will then be the foundation to understanding 21CLD. Each component of 21CLD will be explored:

- Collaboration
- Skilled communication
- Knowledge construction
- Self-regulation
- Real-world problem-solving and innovation
- Use of ICT for learning

Groups will be introduced to each component, discuss the how they could apply it in a learning activity, grade the level of the component for their chosen activity, and for the BreakOutEDU activity, on each of the 21CLD component rubrics.

Intended Outcomes:
Participants will gain insight into 21CLD. They will have the rubrics and tools to implement 21CLD in their own teaching and learning activities.

Level: Introductory – Technology skills are not a requirement – all are welcome!

Maximum number participants: 30

Room requirements: This workshop involves group-work so tables should be set for groups of 6 participants. Standard audio-visual with the ability to show video and access the internet.
Background
The purpose of this study was to explore the perceptions undergraduate students in the Faculty of Community and Health Sciences regarding implementation of interprofessional education at a selected clinical site in an urban suburb, Cape Town, South Africa.

Methods
A sequential mixed methods approach was used. A sample of 72 purposefully selected students that attended interprofessional education class were targeted for the quantitative phase. A sample of 11 conveniently selected students that attended a clinical practice site participated in the qualitative phase. A structured questionnaire was used to collect data on demographics, knowledge, preparedness and competencies of interprofessional education. An interview guide was created based on the quantitative outcomes for the qualitative data collection. Quantitative data was analysed using descriptive statistics and thematic analysis using the six-step method was used for qualitative data.

Results
Participants (94.2%) showed knowledge of what interprofessional education entailed and 86.5% were clear about competencies. Of these, 86% agreed that interprofessional education is a practical model; 80% supported the opportunity of working in a team. Qualitative data revealed the following themes: role clarification and assumptions, reflection of community-based care, team leadership, and information transferability. Students expressed poor readiness to work in a team to implement interprofessional education, but were positive to work in a team.

Discussion and conclusion
A better understanding of how students interpret interprofessional education is a challenge, as the results confirmed the mismatch of students’ perceptions. This may be due to lack of clinical experience, restricted teaching time and limited training. Efforts to strengthen interprofessional education practice at clinical sites will ultimately impact on patient care.

Take home message
Students reported poor preparedness to apply interprofessional principles at the clinical site. Therefore, more concentrated measures are recommended to ensure good outcomes of interprofessional education.
Background
South Africa has a persistent burden of disease with maternal mortality being unacceptably high for the income level of the country. The World Health Organisation (WHO) asserts that for care to be safe, effective and life-saving, 7 “basic signal functions” have been identified. The availability of these functions has been associated with a reduction in maternal and perinatal deaths in other low and middle-income countries with a similar maternal and perinatal death burden.

Summary of work
A gap analysis, as described by Fater (2015), was applied using the WHO Signal Functions of Basic Emergency Obstetric Care competencies as the framework for being the ‘ideal’ state. The curriculum for years 3, 4, 5 and 6 in Obstetrics and Gynaecology were analysed looking at learning, teaching and assessment events and whether these events articulated the 7 signal functions recommended by the WHO for skilled birth attendants.

Summary of results
The signal functions relating to managing sepsis, preventing and managing post-partum haemorrhage, hypertensive disorders, and resuscitating the newborn are well embedded in the curriculum. These are “spiralled” through years 3, 4, 5 and 6 in terms of teaching and assessment. The knowledge and skills around the signal functions of manual removal of the placenta, manual vacuum aspiration and assisted delivery are less well embedded in terms of teaching and assessment as they are cursorily engaged with within the curriculum.

Discussion and Conclusions
To appropriately tackle the current situation of maternal mortality in SA, curricula of institutions producing maternity care providers need to transform to meet the needs of pregnant women to address the most likely causes of this. There is the opportunity improve health worker training by ensuring that graduates possess specific knowledge and skills that address the most common causes of maternal deaths in SA.

Take-home Messages
Traditional course content needs to be interrogated and transformed to produce “fit for purpose” graduates using an “ideal” curriculum based on societal need.
SITUATIONAL ANALYSIS: THE NEED FOR INTER-PROFESSIONAL CURRICULA TO TEACH CORE COMPETENCIES IN HEALTH SCIENCES.

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Keywords:
Core competencies; health sciences; inter-professionalism

Background:
Including core competencies in undergraduate curricula has gained increasing importance in health sciences education internationally. There is a need for these competencies to be overtly identified, and specifically taught and assessed in undergraduate health sciences training, with the aim of achieving the necessary behavioral changes needed to graduate competent healthcare practitioners. The aim of this study was therefore to evaluate the extent to which core competencies were taught in various undergraduate health sciences curricula and to determine if there was a need for an inter-professional curriculum to ensure adequate teaching of these core competencies.

Summary of work:
This exploratory, cross-sectional, descriptive study, was conducted amongst academic staff responsible for undergraduate teaching in the disciplines of Audiology, Dental Therapy, Pharmacy, Physiotherapy, Occupational Therapy, Optometry and Speech-Language Therapy at the UKZN to determine the extent that core competencies are covered in the current curricula.

Summary of results:
Results from this study found that, while core competencies were covered to a certain extent in all programmes evaluated, it was apparent that the approach to teaching of core competencies varied greatly amongst the different professional programmes. The extend, content and assessment varied vastly, even though the ultimate goal was similar.

Discussion and Conclusions:
There is a need for all health sciences graduates at UKZN to master the core competencies equally and efficiently. In order to achieve this, inter-professional collaboration might be the answer to ensure that core competencies are covered to the same extent in all programmes for all health sciences students.

Take-home Messages:
This study highlights the need for collaboration and developing of interprofessional curricula, specifically when it comes to ensuring core competencies are taught effectively and to the same extent in different programmes. Academics need to work collectively towards achieving this goal, forming innovative linkages for developing inter-professional teaching outcomes.
PHARMACY STUDENTS’ PERCEPTION OF THE IDEAL TEACHER

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Key words
Pharmacy students; ideal teacher; qualities.

Background:
The quality of teaching at higher education institutions largely depends on the qualities of the educators. Mutual respect, good rapport and trust between students and teachers are important in promoting a constructive learning environment. While educators are familiar with what they deem the “ideal student”, it is not always clear what students look for in the “ideal teacher”. Student feedback is invaluable to the quality of the teaching endeavour. This study aimed to investigate the qualities of an ideal teacher deemed most important by undergraduate students.

Summary of work:
This descriptive study was conducted amongst 3rd year pharmacy students at UKZN. A questionnaire, consisting of demographic and Likert-type questions, was used to identify student’s perceptions in important teacher attributes.

Summary of results:
From a total of 101 respondents, the majority of students valued lecturers that were passionate about their subject (94%), provided an indication of the forthcoming lecture topic so students knew what to expect (88%); explained the relevance of the topic to their profession (95%); summarized the lecture at conclusion (93%); and were accessible to students (94%). Students also valued lecturers that used simple language (88%); could control the class (91%); punctual (89%) and used innovative teaching pedagogies (83%).

Discussion and Conclusions:
Despite the varied background of students, the majority of them valued the same teacher qualities. Understanding what student’s value most in their teachers will enable educators to maximize teaching and learning and via improved relationships between students and teachers.

Take-home Messages:
Rapid advancements in the field of health sciences as well as health science education, warrants teachers who are efficient, current and emphatically dedicated to their teaching profession. Teachers should be cognizant of valued teaching attributes and accordingly adapt to changing circumstances to ensure both quality and standards.
TOWARDS REACHING THE UNAIDS 90-90-90 GOALS IN STUDENT-PATIENT ENCOUNTERS.

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Conference themes
Research in health professions education

Keywords
Decentralised learning, student/patient encounters, HIV

Background:
Medical students from Walter Sisulu University (WSU) in South Africa do a 20-week longitudinal integrated clerkship in rural district hospitals with a high burden of HIV/AIDS disease (prevalence of 19.5% in age group 15-49).

Summary of work:
Students were asked to work towards the UNAIDS 90-90-90 goals (90% of people living with HIV to know their status, 90% of HIV positive people to be on anti-retroviral therapy (ART), and 90% of people on ART virally to be suppressed). A cell phone application was developed by the decentralized learning project of the Stellenbosch University Collaboration for Capacity Enhancement through Engagement with Districts (SUCCCEED) who supports three of the rural district hospital. Students used the application to record in every student/patient encounter the patients HIV status, if HIV positive whether on treatment and if on treatment whether the viral load was suppressed thereby reminding them of the 90-90-90 goals and collecting data on reaching the goals. Thirty-three students at the three sites recorded student/patient encounters at the three sites using the eb-based data collection tool on their cell phones.

Methods and results
Analysis of 7000 consultation showed that initially 83.3% of patients knew their status. This went up to 89.7% when students tested the patients whose status was unknown. Of the patients with known status, 90.8% were on ART. Of those with a known viral load, 71% had a suppressed viral load.

Discussion and conclusion
Students reported an increased awareness of the importance of knowing their patients’ status. Positive patients not on treatment were initiated on ART, viral loads were done on patients on treatment but not monitored and students engaged with patients with high viral loads to address adherence issues.
REFLECTIONS ON A FIRST YEAR OF DECENTRALISED CLINICAL TRAINING

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Conference themes
Student support/selection/development; Decentralised discourses and debates

Keywords
Decentralised clinical training, physiotherapy, rural

Abstract
In 2017, the Department of Physiotherapy at the University of KwaZulu-Natal (UKZN) embarked upon the inaugural year of its decentralised clinical training (DCT) programme. This involved final (fourth year) physiotherapy students completing two five-week blocks at rural hospitals and clinics throughout KwaZulu-Natal province, living away from Durban for the duration of each clinical block. Prior to 2017 all clinical training took place in urban settings in the Ethekwini municipality. Students, parents and staff all expressed reservations prior to the commencement of the programme, but their impressions at the end of this first year of DCT were overwhelmingly positive.

This Pecha Kucha will involve the presentation and discussion of twenty images that tell the story of this first year of the DCT programme. These photos, taken by fourth year students and staff members from UKZN’s Department of Physiotherapy, illustrate how the geographic shift of decentralising clinical training from urban to rural hospitals and clinics also involved a change in pedagogy and the student-supervisor relationship. Furthermore, the students developed life skills and interacted with rural communities in ways that would not have been possible with the department’s traditional clinical supervision methods. It is hoped that this presentation will afford delegates at the 2018 SAAHE conference a way of experiencing this first foray into DCT through the camera lenses of health students and health educators.
THE INFLUENCE ON DISTRIBUTED CLINICAL TRAINING SITES OF UNDERGRADUATE STUDENT PLACEMENTS

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Conference themes
Curriculum; Decentralised discourses and debates

Keywords
CBE, health service impact, service learning

Background
Community-based education (CBE) is a common strategy used by medical schools to improve the relevance of education and increase graduate retention in underserved communities after graduation. The Faculty of Medicine and Health Sciences (FMHS) at Stellenbosch University offers differentiated experiences in five undergraduate health professions programmes, which include clinical involvement at multiple district and community health facilities. As these experiences are premised upon the interdependence between service and education, this study aimed to understand the views of key role-players at these facilities about the contributions made by students.

Summary of work:
This study analysed qualitative data obtained during interviews held at eight purposively selected public health care facilities. The facility manager, one clinical supervisor and one other clinician were invited to participate, leading to 24 individual, semi-structured interviews conducted at the participant’s place of work. We generated in-depth information on their perspectives of and attitudes towards the contribution of health professions students to the facilities.

Summary of results:
Students’ contributions were seen to coalesce around their influence on the facility and its staff, on patient care, on the local communities served, and on the clinical supervisors at the sites. Students are seen to enhance the work environment through fostering interpersonal and collaborative approaches to care, to lighten the workload, to encourage the adoption of evidence-based practices, and to improve the quality of health care.

Discussion and Conclusions:
This study shows clearly that students have an effect on health care services, at facility, staff, patient and community levels. This effect is moderated by critical factors being in place, such as clinicians involving students in everyday practices of the clinical team, and enabling the pursuit of their learning outcomes to enhance fields such as evidence-based practice, holistic care, community projects, etc. In order to achieve this, issues need to be addressed such as the nature of the students, space and time, and adequate supervision.

Take-home Messages.
Provided certain conditions exist, students in distributed clinical training sites make an important contribution to health care. Regardless of the situation, however, students add value to the health service.
LET'S PLAY A GAME: PROMOTING INTRINSIC MOTIVATION AND ENGAGEMENT USING GAME-BASED LEARNING IN THE PHARMACOLOGY CURRICULUM

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Conference themes
Curriculum/eLearning/technology/blended learning

Keywords
engagement, game-based learning, intrinsic motivation

Background:
The purpose of the study was to assess the effect of supplementing the undergraduate pharmacology curriculum with a cooperative, case report-style game using audience-response technology on self-reported intrinsic motivation and engagement of first-year oral hygiene students.

Summary of work:
A mixed method design was used to assess the full 2017 class (N = 8) with validated questionnaires (Instructional Materials Motivation Scale [IMMS] and Flow Experience and Motivation Questionnaire [FEMQ]) and one-minute written feedback after two didactic and gaming sessions, as well as a focus group interview (N = 6). Quantitative and qualitative analysis was done using a one-tailed Mann-Whitney U-test and inductive thematic analysis through a lens of the self-determination theory, respectively.

Summary of results:
IMMS (120.3 vs 105.6) and FEMQ (96.63 vs 87) scores were higher (p<0.05) during the game than didactic session, however, did not achieve significant superiority (p>0.05) at the second session. Intrinsic motivation was statistically higher (p<0.05) in both gaming sessions (~13 vs ~11). Themes included autonomy, competence, confidence, environment, extrinsic motivation, intrinsic motivation, relatedness, satisfaction and value. Extrinsic motivation (i.e. competition, prizes, acknowledgement) was mentioned positively. Students noted that the game promoted autonomy, perceived competence and relatedness. The environment was fun, engaging and motivating even when questions were answered incorrectly using the audience-response system. This was paralleled to other modules where failures were demotivating.

Discussion and conclusion:
Cooperatively discussing case reports as a real-world simulation promoted pharmacology’s relevance and value. Learning became an autonomous action to gain perceived competence, increasing intrinsic motivation. Engagement was promoted inside and outside of the classroom, developing intra- and interpersonal skills. Although extrinsic motivation was evident, given the context, the environment and facilitator actions seemed to transform this into intrinsic motivation.

Take-home message:
Incorporating cooperative game-based learning using audience-response technology in the pharmacology curriculum enhanced intrinsic motivation and engagement.
THE BROKEN TRIANGLE ..... AN EVALUATION OF ALIGNMENT IN A NURSING CURRICULUM IN LESOTHO

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Conference themes
Assessment; Curriculum

Keywords
Alignment, curriculum, nursing

Background
The purpose of this study was to evaluate the alignment in a nursing management curriculum through the review of its outcomes, teaching-learning activities (TLAs) and assessments. Final year nursing students’ competence in managing a unit is evaluated through a long case clinical assessment. The assessment requires a good alignment with module outcomes and TLAs if it is to be effective.

Summary of Work
A mixed method approach was utilized. A purposive sample of 36 students completed a survey. Three focus group discussions that included 18 students and 10 module and clinical facilitators purposively selected were conducted. Module outcomes and assessment tools were analysed for alignment utilizing principles adapted from constructive alignment theory by Biggs (2003). Data was analysed using Microsoft Excel and thematic analysis.

Summary of Results
Most students (90%) valued the assessment as a platform to apply knowledge to practice. A significant number of students (39%) highlighted that TLAs were inadequate for preparing students for the actual ward adversities. Identified themes included: organisational culture; assessment of learning; lack of human resources; teacher-centered learning; lack of shared understanding between preceptors and faculty and, assessment not reflecting the daily actual practices in the ward. The assessment tool reflected a high degree of depth and content match with the curriculum outcomes.

Discussion and Conclusion
The long case clinical assessment method is appropriate to evaluate provided students’ ability to apply theory to practice. Unit management is practiced as a daily routine skill that does not reflect the application of knowledge represented in the tool. There is need to improve preceptor mentoring programmes and standardize practice to include best practice so as to improve the experiential learning in the module.

Take home message
Clinical learning activities and environment are important considerations in aligning written, taught and assessed curriculum.
BECOMING A SCIENTIFIC PEER REVIEWER: A USEFUL STEP IN THE SCHOLARSHIP LADDER

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Conference themes
Research in health professions education

Keywords
Peer review, research, evaluation

Abstract
Academics are expected to progress up the scholarship ladder over the duration of their careers. To step up from a novice to an established scholar, and then ultimately an expert, it is important to increase one’s professional profile. One way to raise one’s profile is to be regularly invited to be a scientific peer reviewer.

Publications, professional networks and communities of practice are often the entry point to be identified as a possible reviewer. Becoming a reviewer, and being regularly invited to review submissions, requires competence in a number of areas, including the ability to critique manuscripts and to advise the editors about the scientific merit of the work. The daily work of academics is insufficient to prepare for this role. Editor’s choices of reviewers are influenced by several factors, including the quality and comprehensiveness of previous reviews and the timeliness of providing editorial feedback. Unfortunately, reviewers are seldom aware of these factors and are therefore at a loss to explain why they are not asked to review again.

The pinnacle of the scholarship ladder – the expert – includes being a regular scientific peer reviewer for an international journal. This can also be a stepping stone to serving on an editorial board. Invitations from the international community are highly influenced by the overall quality of past reviews.

This workshop is facilitated by international and national editors who will assist participants to be able to:

• Know the benefits of being a scientific peer reviewer
• Demonstrate understanding of what constitutes a suitable manuscript for a health professions education journal
• Compile an outline of a review
• Identify the common reasons to accept or reject a manuscript
• List the key features of an adequate recommendation to the editors
• Identify the reasons why editors do/do not invite reviewers
Background:
The quality of teaching at higher education institutions largely depends on the qualities of the educators. Mutual respect, good rapport and trust between students and teachers are important in promoting a constructive learning environment. While educators are familiar with what they deem the “ideal student”, it is not always clear what students look for in the “ideal teacher”. Student feedback is invaluable to the quality of the teaching endeavour. This study aimed is investigate the qualities of an ideal teacher deemed most important by undergraduate students.

Summary of work:
This descriptive study was conducted amongst 3rd year pharmacy students at UKZN. A questionnaire, consisting of demographic and Likert-type questions, was used to identify student’s perceptions in important teacher attributes.

Summary of results:
From a total of 101 respondents, the majority of students valued lecturers that were passionate about their subject (94%), provided an indication of the forthcoming lecture topic so students knew what to expect (88%); explained the relevance of the topic to their profession (95%); summarized the lecture at conclusion (93%); and were accessible to students (94%). Students also valued lectures that used simple language (88%); could control on the class (91%), were punctual (89%) and used innovative teaching pedagogies (83%).

Discussion and Conclusions:
Despite the varied background of students, the majority of them valued the same teacher qualities. Understanding what student’s value most in their teachers will enable educators to maximize teaching and learning and via improved relationships between students and teachers.

Take-home Messages:
Rapid advancements in the field of health sciences as well as health science education, warrants teachers who are efficient, current and emphatically dedicated to their teaching profession. Teachers should be cognizant of valued teaching attributes and accordingly adapt to changing circumstances to ensure both quality and standards.
This research workshop aims to develop and support our national network of scholarly researchers in health professions education. The workshop is for students – postgraduate or undergraduates – undertaking research in health professions education. Students are invited to present work in development, progress or completed work. The aim of this workshop is to provide a nurturing environment where students can engage in discussions, gain ideas, knowledge and feedback on their research. This meeting also offers the opportunity to build and expand your professional network with people who share your passion for research in health professions education.

We particularly encourage postgraduate students and their supervisors to attend. Students are requested to present their work with emphasis on the challenging aspects of their research. This could be at any stage of the research process, from proposal development e.g., trying to define key constructs or solve a methodological challenge, to analysis or write up. Senior researchers and other students’ supervisors will be on hand at the presentations to think through and discuss the issues presented by the students. We aim to create a collegial space for all to share and learn rather than for the presentation of “perfect” work.

FORMAT: 10 mins student presentation followed by 10 mins feedback/discussions/Q&A
Conflict arises in everything you do: Teaching, leading, healing, collaboration, research, and relating to family and friends. It is inevitable, but the question is, “How do you choose to respond?” This workshop will help you: See conflict as a pattern of potential for growth and learning Understand your options for engaging in productive conflict Make decisions and take action to find the power and possibility locked inside difficult relationships

In this Adaptive Action Lab, you will focus on a conflict that has you stuck now. You will learn concepts and skills to transform the conflict into an opportunity for learning and growth. By the end of the session, you will have at least one option for a “next wise action” to move you and your opponent forward. You will also have tools to share with others and to help you avoid engaging in destructive conflict in the future.