CONFERENCE PROGRAMME

30 JUNE – 3 JULY 2026 • CAPE TOWN

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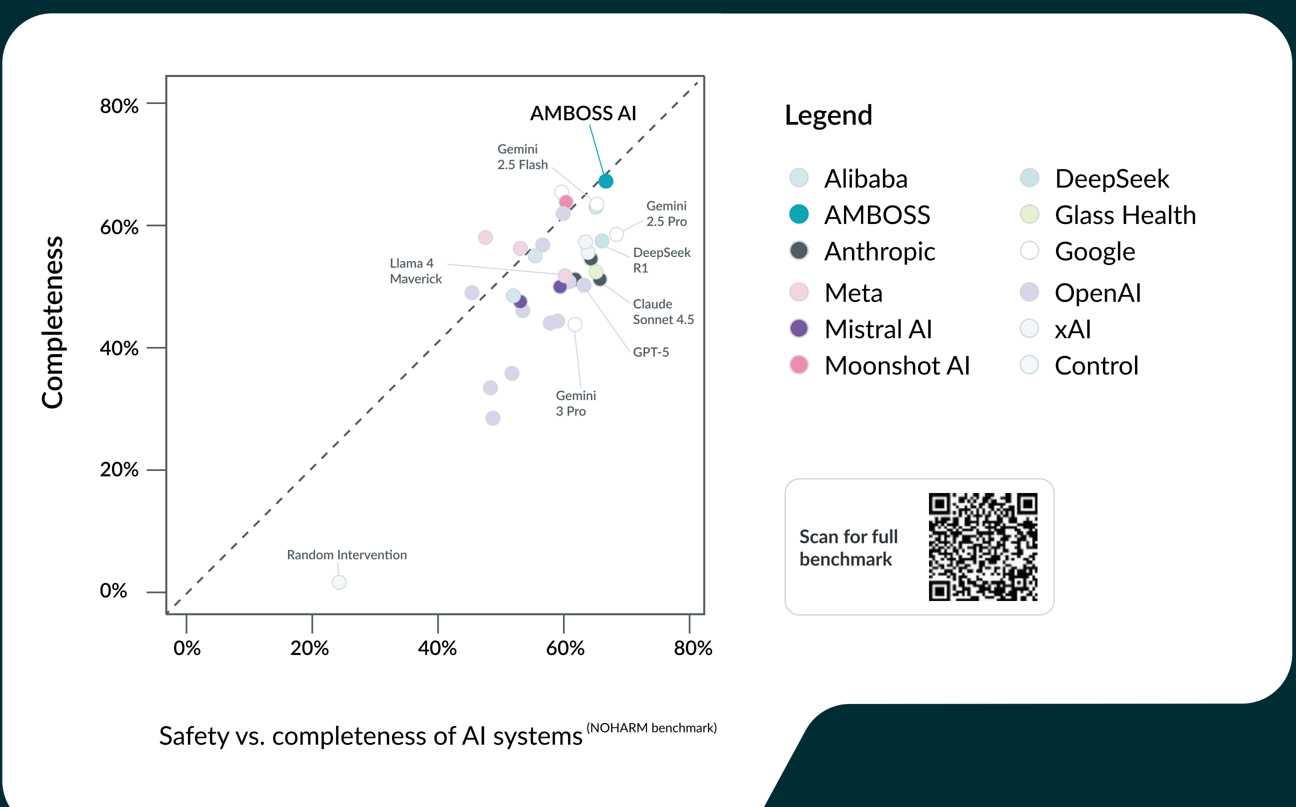

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Message from the Conference Chair

Rhoda Meyer
Chair: SAAHE 2026 Conference Organising Committee

Dear Colleagues

It is with great pleasure that I welcome you to the 2026 Conference of the South African Association for Health Educationalists (SAAHE). Our theme for 2026 is 'Unravelling the future of Health Professions Education'. We are delighted to host this gathering in the beautiful and historic setting of Stellenbosch, nestled in the heart of the Cape Winelands.

As we convene in 2026, we find ourselves at a pivotal moment in health professions education (HPE) across Africa. The challenges and opportunities facing our healthcare systems demand that we continuously reflect on how we prepare the next generation of healthcare professionals. The SAAHE 2026 conference will provide us with a vital platform to share innovations, challenge assumptions, and build collaborative networks that will both unravel and shape the future of HPE on our continent and beyond.

Our conference program promises to be both intellectually rigorous and practically relevant, featuring keynote addresses from leading voices in HPE, interactive workshops, research presentations, poster presentations and opportunities for collaborative dialogue. Topics include empathy-driven innovation and practice, interprofessional and collaborative practice, global and local trends shaping HPE, future-ready graduates and learning environments, and equity, access and social accountability.

Whether you are a seasoned educator, an emerging researcher, a clinician, a clinical teacher, or a student interested in educational scholarship, your voice and perspective are essential to our shared mission of creating a community of practitioners to elevate HPE and ultimately contribute to improved health outcomes for the populations we serve.

Thank you for joining us at SAAHE 2026!

Kindest regards,
Rhoda
Conference Chair: SAAHE 2026 Conference Organising Committee

Message from the Scientific Committee

Simone Titus-Dawson
Chair: Scientific Committee, SAAHE 2026

On behalf of the Scientific Committee, it is my privilege to welcome you to SAAHE 2026 and to introduce the scholarly programme that sits at the heart of this conference.

The abstracts gathered in this book represent the collective scholarship of our community, the product of a rigorous peer-review process and the dedication of researchers, educators, and students from across the region and beyond. Together, they map the questions our field is asking and the innovations beginning to answer them, spanning empathy-driven practice, interprofessional and collaborative learning, equity and social accountability, and the technologies reshaping how we teach and assess.

I extend my sincere gratitude to every author who submitted their work, and to the reviewers and committee members whose careful, generous effort shaped this programme. I encourage you to engage deeply with the presentations, to ask difficult questions, and to forge the collaborations that will carry this scholarship forward.

With warm regards,
Simone
Chair: Scientific Committee

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Keynote Speakers

Professor Marco de Carvalho Filho

Keynote Speaker

After working as an internal medicine specialist, basic scientist, and clinical teacher for over 20 years in a public university hospital in Brazil, Prof de Carvalho Filho's career transitioned toward researching, developing, and implementing evidence-informed educational practices. These include the creation of the Co-constructive Patient Simulation model; a gamified online platform to support the development of clinical reasoning; active methodologies using music to foster emotional competence; and a participatory theatre approach to medical education known as MEET (Medical Education Empowered by Theater).

These initiatives are deeply grounded in the theoretical frameworks of Critical Pedagogy (Paulo Freire), Communities of Practice (Etienne Wenger), and the concept of the Reflective Practitioner (Donald Schön) these initiatives reflect his conviction that learning theory, empirical evidence, practical experience, and creativity must work together to reshape education and clinical care. At the heart of his work is a commmittement to aligning values, behaviors, and attitudes in pursuit of more socially just educational and healthcare systems.

Professor Firdouza Waggie

Executive Head, Department of Health Professions Education, Stellenbosch University

Prof Firdouza Waggie is the Executive Head of the Department of Health Professions Education at Stellenbosch University. She is a recognised leader in health professions education with a scholarly focus on interprofessional education, collaborative practice, and socially accountable health systems.

Her work critically engages with how health professionals are prepared for practice, with particular emphasis on the development of interprofessional identity, the influence of context and history on learning, and the role of education in advancing equity and social justice. Drawing on her leadership in curriculum development, faculty development, and community-engaged scholarship, Prof Waggie's work seeks to move health professions education beyond technical competence toward relational, contextually responsive practice.

Her keynote brings together her expertise in interprofessional education and social accountability to propose an Ubuntu-informed approach to reimagining professional identity in health professions education.

Conference Organising Committee

SAAHE 2026 Committee Members

Rhoda Meyer

Simone Titus-Dawson

Francois Cilliers

Elize Archer

Lynelle Govender

Ronel Maart

Amaal Abrahams

Lisa Graham

Lizel Hudson

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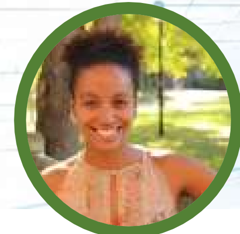

Danelle Hess

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Student Task Force

The students who help make SAAHE 2026 happen

Sayuran Pillay (UCT)
Danika Govender (UCT)
Tameez Mahomed (SU)
Suhayl Khalfey (SU)
Ebrahim Abdulla (SU)
Sapna Pramjee (SU)
Linda Mentz (CPUT)
Phološo S. Nyalungu (UWC)
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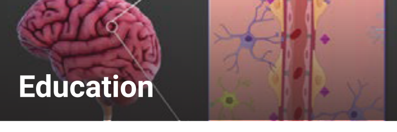

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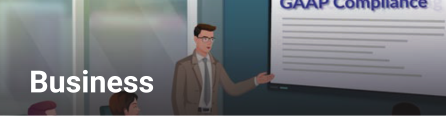

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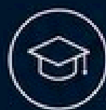

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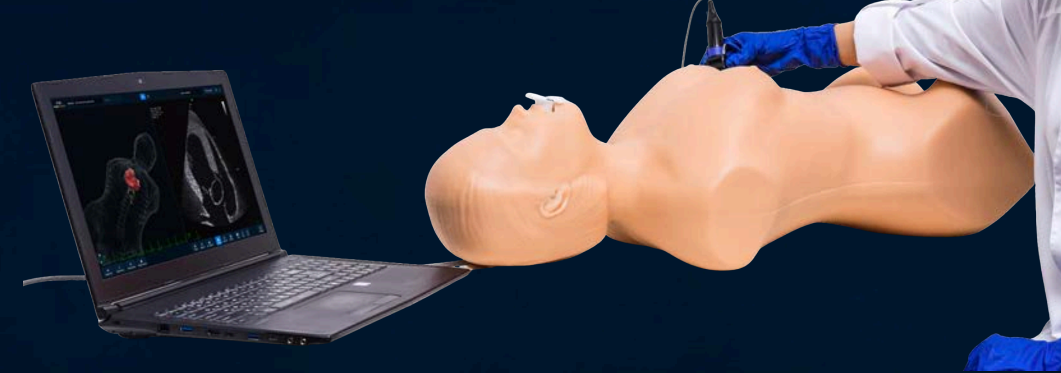

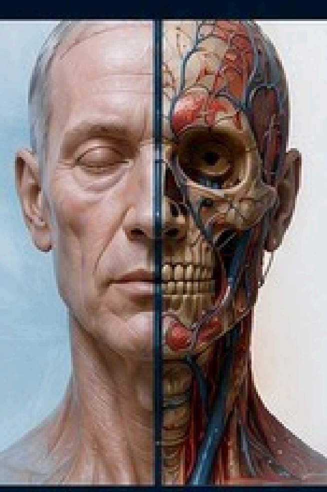

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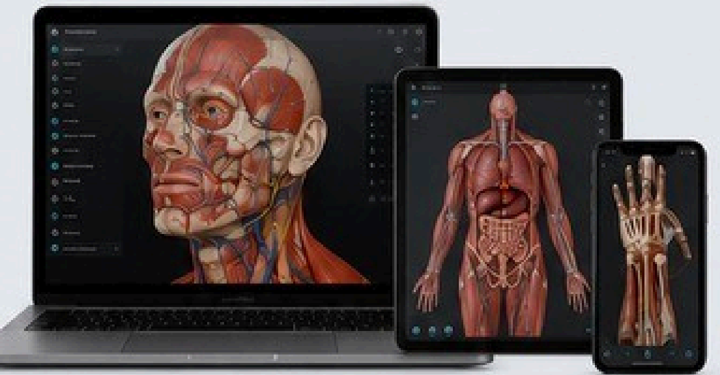

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Conference Programme

30 June – 3 July 2026

Thematic Tracks

A. Empathy-Driven Innovation & Practice	B. Interprofessional & Collaborative Practice	C. Global & Local Trends Shaping HPE	D. Future-Ready Graduates & Learning Environments	E. Equity, Access & Social Accountability	F. Navigating the Next Era of HPE

Monday, 29 June 2026: Council Day

Time	Event
11:00-17:00	**SAAHE Council Meeting** For council members

Tuesday, 30 June 2026: Pre-Conference Workshops

Time	Faculty of Medicine and Health Sciences, Stellenbosch University, Tygerberg Campus Room 1004, BMRI Building, Tygerberg Campus	Centre for Teaching and Learning (CTL) Skuilhoek, 41 Victoria Street, Stellenbosch University	Stellenbosch University Den Bosch Centre for Teaching and Learning (CTL) Skuilhoek, 41 Victoria Street, Stellenbosch University
08:30–11:30	**Distributed Clinical Training: Designing Future-Ready, Collaborative, and Sustainable Models** Therese Fish| Ian Couper | Firdouza Waggie|Reno Morar| Bernhard Gaede |Kerrin Begg	**Interprofessional Supervisor Workplace Assessment & Teaching (I-SWAT)** Madeleine Muller|Veena Singaram	**Doctoral Dilemma Workshop** Francois Cilliers| Elize Archer| Marco de Carvalho Filho

Time	Faculty of Medicine and Health Sciences, Stellenbosch University, Tygerberg Campus Room 1004, BMRI Building, Tygerberg Campus	Centre for Teaching and Learning (CTL) Skuilhoek, 41 Victoria Street, Stellenbosch University	Stellenbosch University Den Bosch Centre for Teaching and Learning (CTL) Skuilhoek, 41 Victoria Street, Stellenbosch University
11:30–12:30	**Lunch Break**		
12:30–16:30	**[CONT…] Distributed Clinical Training: Designing Future-Ready, Collaborative, and Sustainable Models** Therese Fish|Ian Couper |Firdouza Waggie| Reno Morar| Bernhard Gaede |Kerrin Begg	**[CONT…] Interprofessional Supervisor Workplace Assessment & Teaching (I-SWAT)** Madeleine Muller, Veena Singaram	**[CONT…] Doctoral Dilemma Workshop**
	15:30–18:00 | Registration Desk Open		

Wednesday, 1 July 2026

Time	Mag 1 (Main Hall)	Mag 2	Mag 3	Bridge 1	Bridge 2
07:00-08:00 | ☕ Registration & Coffee | Entertainment					
08:00–08:30	🎭 **Welcome and Entertainment**				
08:30–09:00	🎉 **Opening Ceremony** Elize Archer (SAAHE Chairperson) | Welcome by Rhoda Meyer (LOC Chairperson) Institutional Welcome: Prof Liezl van Dyk, DVC: Learning and Teaching Housekeeping: Scientific Committee				
09:00–09:45	🎤 **Keynote 1** **Marco de Carvalho Filho** Topic: Democracy, Dialogue and Love: Reclaiming Medical Education as a Transformative Journey Session Chair: Elize Archer				
09:45–10:05	Reflection / Discussion / Breakouts (20 min)	Reflection / Discussion / Breakouts (20 min)	Reflection / Discussion / Breakouts (20 min)	Reflection / Discussion / Breakouts (20 min)	Reflection / Discussion / Breakouts (20 min)
10:05-10:25	Collective Harvesting				
10:25–10:50 | ☕ Tea Break (Mag 4 & 5 Exhibition)					
10:50–11:35	📚 **BOOK LAUNCH** Trust and Entrustability in medical specialist training in South Africa: an Ubuntu inspired Pedagogy. Editors: Tasleem Ras, Lionel Green-Thompson, Vanessa Burch, Sumaiya Adam and Louis Jenkins				

Time	Mag 1 (Main Hall)	Mag 2	Mag 3	Bridge 1	Bridge 2
10:50–12:50	**Track D: Future-Ready Graduates and Learning Environments** Parallel Paper Session Session Chair: Marvin Jansen **10h50-11h05 Iesrafeel Abbas** The Use of Experiential Groupwork as a teaching tool to Support Skills Development in Undergraduate Occupational Therapy Students at the University of Cape Town, South Africa **11h05-11h20 Zaynab Alexander** From Evaluation to Design: Using Course Data to Redesign Responsive PHC In-Service Training **11h20-11h35 Veena Abraham** Designing for Accountability: Redesigning an Anatomy and Physiology Workshop Using a Rotational OSPE Model **11h35-11h50 Annah Botwaki** An assessment of Clinical Technology Students' and Alumni Perceptions on the Value of Work Integrated Learning (WIL) to Clinical Technology Practice in Botswana **11h50-12h05 Ian Couper** Perspectives of Stellenbosch University MBChB graduates who experienced longitudinal integrated training in their final year. **12h05-12h20 Monique De Wit** Clinician Experiences of Teaching Fourth-Year Students in a Renewed MBChB Curriculum **12h20-12h35 Marlena Du Toit** Evaluating a Sexual Health Education Curriculum in Medical Students: Three Years of Longitudinal Cohort data **12h35-12h50 Owen Eales** Co-creating Clinical Learning Environments in Decentralised Primary Health Care: An Adapted World Café Study with Medical Students	**Track E: Equity, Access, and Social Accountability** Parallel Paper Session Session Chair: Simone Titus-Dawson **10h50-11h05 Feroza Amien** Social Accountability and Curriculum Inclusion: A Case of Oral Health in South African Undergraduate Medical Programmes **11h05-11h20 Vanessa Steenkamp** From Exit to Insight: Student Discontinuation as Institutional Learning in Health Sciences **11h20-11h35 Jeanette Du Plessis** Reflecting on implemented peer-assisted learning in health professions education at a University of Technology **11h35-11h50 Michelle Hannington** Assessment as Moral Work: A Decolonial Examination of Validity in South African Occupational Therapy Education **11h50-12h05 Meryl Jagarnath** Teaching Environmental Justice Through Crisis: A South African Case Study in Postgraduate Public Health **12h05-12h20 Mantoa Mokhachane** Medical Students Navigating Space and Power During South Africa's #FeesMustFall Protests (2015-2016) ~~**12h20-12h35 Prasidh Ramson** From Spectacles to Social Justice: Reimagining Optometry Education for Public Service~~ **12h35-12h50 Nobuntu Ntantiso** Transformational Multilingual Pedagogies in the Medical Intercultural Communication Module: The case of Nelson Mandela University	**Track B: Interprofessional Practice** Parallel Paper Session Session Chair: Rhoda Meyer **10h50-11h05 Zulaikha Mawela** Interprofessional Ethics Presentations: Learning Experiences of Final-Year Students **11h05-11h20 Katlego Botlhoko** Potential strategies for the efficient execution of R171 nursing curriculum in public Nursing Education Institution in North West Province, South Africa **11h20-11h35 Ntandoyakhe Nxumalo** Interprofessional Education and Collaborative Practice among health sciences students at a Gauteng University, South Africa. **11h35-11h50 Nombulelo Zenani** Interprofessional competencies for effective interprofessional collaborative practices amongst Intensive care unit teams in the North West Province, South Africa: A Cross-Sectional Survey **11h50-12h05 Roshni Gokool** The Patient's Language Matters – The Development of the MEDIZULU Web-Based Learning Platform **12h05-12h20 Lynn Hazell** The Use of Simulated Patients during an Interprofessional Education and Collaborative Practice Event for Collaborative Care ~~**12h20-12h35 Lerato Matshaka** Exploring the Impact of Interprofessional Simulation on Collaborative Skills and Teamwork Among Healthcare Students: A Qualitative Study~~ **12h35-12h50 Richard Rasesemola** Technology-Enhanced Interprofessional Simulation in Higher Education Healthcare Training	**Workshop 1 (10h50–12h20)** Track: Empathy-Driven Innovation and Practice **Natashia Muna, Taahira Goolam Hoosen** Developing compassionate empathy: a powerful approach for health professions educators to dismantle language barriers for student success. 🔥 **Campfire – Track A: Empathy-Driven Innovation and Practice** Session Chair: Lunelle Pienaar **12h20-12h30 Shameemah Abrahams** Reflecting on the feedback dialogue – where have our voices gone? **12h30-12h40 Sarah Crawford-Browne** Educators as catalysts for trauma-informed universities: vicarious trauma after student suicide and implications for health professions education **12h40-12h50 Zamambo Mkhize** Semicircle Under the Sun: Practising Empathy in Clinical Teaching	**Workshop 2 (10h50–12h20)** Track: : Interprofessional and Collaborative Practice **James Irlam, Luzaan Africa** Interprofessional Education for Environmentally Sustainable Healthcare: a Growing Imperative in Sub-Saharan Africa **SAAHE Unleashed (12h20–12h50)** Session Chair: Morne Visser **Marthie Hauptfleisch** "The Singing Nurse: Adolescents' Anthem" **Jana Muller** Echoes in Clay: Visual-poetic reflections from research into rural clinical training **Lynton Hazelhurst** From Magic Tricks to Learning Analytics: Unmasking the Hidden Curriculum in Health Professions Education **Charlene Mapukata** Five Minutes to Listen - The Art of History Taking

12:50–13:45 | 🍽️ Lunch and Mingle (Mag 4 & 5 Exhibition and Restaurant)

Time	Mag 1 (Main Hall)	Mag 2	Mag 3	Bridge 1	Bridge 2
13:45–15:15	**Track C: Global and Local Trends Shaping HPE** Parallel Paper Session Session Chair: Daniel Nel 13h45-14h00 **Francois Cilliers** When knowledge travels: Adaptation inquiry as a framework for contextually responsive HPE 14h00-14h15 **Derick van Vuuren** Why medicine? Insights into the motivation of Stellenbosch University medical students 14h15-14h30 **Lynelle Govender** Structural and Career Pathway Determinants of Medical Educationalists in South Africa: A Documentary Review 14h30-14h45 **Chamandra Kammies** Curriculum considerations to prepare future radiographers for an AI-assisted healthcare environment: A scoping review 14h45-15h00 **Waseela Khan** Understanding Extreme Educational Transitions: A Dual Theoretical Lens 15h00-15h15 **Malika Khan** Unpacking a global North-South student exchange programme through a Transformative Learning lens.	**Track A: Empathy-Driven Innovation and Practice** Parallel Paper Session Session Chair: Nastassia Timothy 13h45-14h00 **Pavitra Pillay** Low hanging fruit to build and strengthen health professions education in the Faculty of Health Sciences 14h00-14h15 **Chivaugn Gordon** What do medical students value in our approach to teaching in 2026? 14h15-14h30 **Jaisubash Jayakumar** Feeling Seen: Medical Students' Perspectives on Empathic Teaching at the University of Cape Town 14h30-14h45 **Prudence Bongekile Mabaso** Humanising Doctoral Supervision as Empathy-Driven Infrastructure for Equitable Futures in Health Professions Education 14h45-15h00 **Nontsikelelo Mapukata** Principles and Educational Strategies for Integrating Cultural Humility in a Transforming Medical Curriculum: An Integrative Review 15h00-15h15 **Ray Mohamed** Empowering Multidisciplinary Teams: Empathy-Centred Online Palliative Care Education in the Western Cape	🔥 **Campfire** Session Chair: Johnathan Muller-Stuurman 13h45-13h55 **Nokwanda Edith Bam** Whose Language Heals? A Campfire Reflection on Mother Tongue, Equity, and Social Accountability in Health Sciences Education 13h55-14h05 **Galetshetse Vallery Diale** Erile… Kelenketla! When Occupation Screams Sepedi: Listening to Bapedi Narratives 14h05-14h15 **Christian Lueme Lokotola** Medical Education and the complex Planetary Health Challenges of our society and patient care. Experience of teaching Planetary Health to future doctors Discussion (5 min) 14h30-14h40 **Yoshna Kooverjee** Lessons from a Medicinal Garden: Cultural Humility, Co-creation and Planetary Health 14h40-14h50 **Lucretia Petersen** Creating Collaborative Digital Spaces For Postgraduate Supervision: An Auto-Ethnographic Account 14h50-15h00 **Jill Wilkenson** A chat about CHAT: Leaning on theory as trends come and go… ~~15h00-15h10 **Tesha Pillay Walter** No-Tech, No Excuses: Rethinking Innovation in Rural Health Professions Education~~ Discussion (5 min)	**Workshop 3 (13h45–15h15)** Track F: Navigating the Next Era of HPE **Werner Cordier, Deshni Naidoo, Kimesh Naidoo, Simone Dawson-Titus, Beloved Mashava** Ethical publishing in the age of GenAI: Critical support or a harbinger of scientific decay	**Workshop 4 (13h45–15h15)** Track F: Navigating the Next Era of HPE **Rhoda Meyer, Jacky van Wyk, Lynette van der Merwe, Rosaley Prakaschandra, Greg Doyle** Paying it Forward: Developing Mentoring Capacity and Culture
15:15–15:40 | ☕ Tea Break (Mag 4 & 5 Exhibition)					
15:45–17:05	**Track C: Global and Local Trends Shaping HPE** Parallel Paper Session Session Chair: Waseela Khan 15h45-16h00 **Simone Titus-Dawson** Painting Possibility: Using 3D-Printed Anatomy and Arts-Based Methods to Enhance Spatial Learning and	**Track A: Empathy-Driven Innovation and Practice** Parallel Paper Session Session Chair: Dina-Ruth Lulua 15h45-16h00 **Sharifa Moosa Tayob** Exploring the use of artificial intelligence chatbots to develop competence in family-centered	**Track F: Navigating the Next Era of HPE** Parallel Paper Session Session Chair: Danica Sims 15h45-16h00 **Tania Buys** Pragmatism in Curriculum Development: Using Curriculum Documents, Educator Perspectives, and Graduate Feedback	**Track D: Future-Ready Graduates and Learning Environments** Parallel Paper Session Session Chair: Shirra Moch 15h45-16h00 **Faatima Ebrahim** Supporting Clinicians' Transition to Research-Active Practitioners	🔥 **Campfire – Track B: Interprofessional and Collaborative Practice** Session Chair: Jana Muller 15h45-15h55 **Heinri Zaayman** In-situ simulations in district hospitals in the Western Cape, to improve the experiential learning of medical undergraduates

Time	Mag 1 (Main Hall)	Mag 2	Mag 3	Bridge 1	Bridge 2
	Radiographic Interpretation in Chiropractic Education **16h00-16h15 Corne Nel** Beyond Human Mentorship: Integrating AI and Peer Support to Navigate Student Success in Health Sciences **16h15-16h30 Elizabeth Semenya** A Longitudinal Qualitative Study Exploring Family Medicine Supervisor and Registrars' Perceptions and Experiences of The University of the Witwatersrand's Blended-Learning Training Programme (2016-2023) **16h30-16h45 Jonathan Muller-Stuurman** Beyond Words: Artefacts as Reflective Language in South African Medical Education **16h45-17h00 Shamila Gamiet** Clinical reasoning for behaviour change: Global-local lessons for physiotherapy curriculum reform	practice: Perspectives of occupational therapy students from South Africa **16h00-16h15 Madeleine Muller** The Role of South African Undergraduate Medical Education in the Development of Emotional Competence in Junior Doctors: A Qualitative Study **16h15-16h30 Swabhavika Singh** Opening Doors to Transformative Learning: Insights into First Year Medical Students' Perceptions of Patient Home Visits **16h30-16h45 Ishmerelda. N Mabena-Segoe** The Human Side of PBL: Psychological Well-being of Health Sciences Students and Academic Staff: An Integrative Review **16h45-17h00 Anastasia Ebele Ugwuanyi** Recentering Human Connection in Health Professions Education: A Transcultural Evaluation of Narrative Medicine Groups in South Africa and Finland	to Develop a Micro-Curriculum Theme Framework **16h00-16h15 Werner Cordier** Determining academic and non-academic factors for a pharmacology education success prediction model: A scoping review **16h15-16h30 Lois Haruna-Cooper** Exploration of Quality in Postgraduate Clinical Assessment Across Africa **16h30-16h45 Anitia Lubbe** Meaningful unravelling: Reflective narratives of curriculum development experiences and early perspective shifts in the NWU integrated spiral MBChB programme **16h45-17h00 Morne Visser** Relational systems over lectures: course convenor reflections on team-based formative learning in undergraduate health professional education	**16h00-16h15 Elriena Eksteen** "It really changed some things:" **16h15-16h30 Natasha Fourie** Navigating Curricular Renewal: Reflections on the Implementation of a Renewed Medical Curriculum **16h30-16h45 Taahira Goolam Hoosen** Supportive supervision strategies for developing postgraduate research writing **16h45-17h00 Divinia Jithoo** Collaborative Online International Learning in Health Science Education: A Catalyst for Student Centred Transformation	**15h55-16h05 Carlien Van Wyk** Rallying for Remembrance: The TRACTOR Campaign and the Power of Teamwork Beyond the Lecture Hall **16h05-16h15 Abrie Senekal** Collaboration across disciplines – Disaster simulation with EM registrars in UJ Rescue Centre Discuss (5 min) **16h20-16h30 Jane Le Roux** Our IPECP Journey – A Story from the Department of Health and Rehabilitation Sciences (DHRS), UCT **16h30-16h40 Muhle Komati** Team Players and Task Masters: Group Work Skills in Physiotherapy Students **16h40-16h50 Rashiqua Holdman** When the journey proves more valuable than the destination: a reflection on navigating the challenges of IPECP curriculum design ~~**16h50-17h00 Asheeqah Adonis** Becoming a University Student Twice: Rebuilding Cognitive Confidence After Academic Disruption~~ Discuss (5 min)
AGM 17:15–18:15 (Mag 1, 2, 3)					
18:30 |Cocktail (Mag 4 & 5 Exhibition) 🥂					

Thursday, 2 July 2026

Time	Mag 1 (Main Hall)	Mag 2	Mag 3	Bridge 1	Bridge 2
08:00–08:30 | ☕ Arrival & Coffee					
08:30–09:10	🎤 **Keynote 2** **Prof Firdouza Waggie** Topic: From Professional Silos to Relational Selves: Reimagining Interprofessional Identity through Ubuntu Session Chair: Lizel Hudson				
09:10–09:30	Reflection / Discussion / Breakouts (20 min)	Reflection / Discussion / Breakouts (20 min)	Reflection / Discussion / Breakouts (20 min)	Reflection / Discussion / Breakouts (20 min)	Reflection / Discussion / Breakouts (20 min)
09:30–09:45	Collective Harvesting				
09:50–10:35	**Track E: Equity, Access, and Social Accountability** Parallel Paper Session Session Chair: Werner Cordier **09h50-10h05 Lebogang Phela** Equitable access to Nursing Education: A Critical analysis of postgraduate articulation pathways **10h05-10h20 Natashia Muna** Papers with Purpose: widening access and enhancing equity through research writing **10h20-10h35 Khumoetsile Shopo** Nurses' perceptions on practicing cultural competence: An exploratory study.	**Track B: Interprofessional and Collaborative Practice (IPE)** Parallel Paper Session Session Chair: Rashiqua Holdman **09h50-10h05 Jane Le Roux** Building IPECP Capacity Before Building Curriculum **10h05-10h20 Yolande Heymans** Negotiating power and trust in large-scale interprofessional undergraduate education **10h20-10h35 Jessica Pool** From Teamwork to Identity: Interprofessional Group Work as a Catalyst for Interprofessional Identity Formation	**Track D: Future-Ready Graduates and Learning Environments** Parallel Paper Session Session Chair: Michelle Hannington **09h50-10h05 Shamanie Govender** Bridging Silos: Multidisciplinary Learning and Generative AI for Future-Ready Health Science Graduates **10h05-10h20 Riaan van de Venter** Facilitating critical thinking development through a living library: reflections of undergraduate diagnostic radiography students **10h20-10h35 Melissa Francke** Curriculum in Motion: Renewing Occupational Therapy Education Through Context, Complexity, and Collaboration	🔥 **Campfire – Track A: Empathy-Driven Innovation and Practice** Session Chair: Ian Couper **09h50-10h00 Hildeguard Jo-Anne Vink** Agency of Supervised Work Integrated Learning in Curriculum Development for Future Nurse Educators **10h00-10h10 Fayyaad Hendricks** Neurodiversity and the Importance of Spoons **10h10-10h20 Candice Nicholls** Holding Space before Clinical Space: Why I'm Embedding Mental & Academic Wellness into my Undergraduate Dietetics Program Discussion	🔥 **Campfire – Track D: Future-Ready Graduates and Learning Environments** Session Chair: Nokwanda Edith Bam **09h50-10h00 Ebrahim Abdulla** Shifting the Dial: A Student-Led Transition from Passive Learning to Agency in the Clinical Environment **10h00-10h10 Lizanne vd Walt** Good intentions, messy realities: developing adaptive expertise in procedural skills **10h10-10h20 Benjamin Daniel** The First Time a Student Trusted me **10h20-10h30 Collete Janssen** Breaking Silos Discussion
10:35–11:00 | ☕ Tea Break (Mag 4 & 5 Exhibition)					
11:00–11:45	📚 **BOOK LAUNCH** Reimagining Health Professions Education: Innovations and insights for the 21st century and beyond. Editors: Jessica Pool, Anitia Lubbe and Yolande Heymans ,				
11:00–11:45	**Track F: Navigating the Next Era of HPE** Parallel Paper Session Session Chair: Gerda Botha **11h00-11h15 Roan Slabbert** Establishing and validating same-	**Track B: Interprofessional and Collaborative Practice** Parallel Paper Session Session Chair: James Irlam	**Track D: Future-Ready Graduates and Learning Environments** Parallel Paper Session Session Chair: Maria van Zyl	🔥 **Campfire – Track A: Empathy-Driven Innovation and Practice** Session Chair: Mariette Volschenk	🔥 **Campfire – Track D: Future-Ready Graduates and Learning Environments** Session Chair: Stuart Pattinson **11h00-11h10 Danika Govender** Teaching Clinical Judgement When

Time	Mag 1 (Main Hall)	Mag 2	Mag 3	Bridge 1	Bridge 2
	year/level peer-assisted learning implementation objectives for foundation provision in health sciences education **11h15-11h30 Jennifer Watermeyer** Lost in (Machine) Translation? Accuracy Failures and Interactional Breakdowns in Multilingual Case History Interviews **11h30-11h45 Haroon Saloojee** Randomised controlled trial of ChatGPT's impact on student performance in real-patient clinical exams	~~**11h00-11h15 Mpho Morule** Exploring the faculty, students and healthcare professionals' perspectives regarding priority settings related to interprofessional education and collaborative practice in the undergraduate health sciences training~~ **11h15-11h30 Jana Muller** The interprofessional person, people, place (IP3) framework for incorporating IPE on the distributed training platform **11h30-11h45 Katerina Ehlert** Using holographic technology on the LOOOP curriculum mapping platform to support planned IPECP across Health Sciences programs	**11h00-11h15 Oswell Khondowe** Interprofessional Education in Rehabilitation Sciences: A Systematic Review of Evidence from Low- and Middle-Income Countries **11h15-11h30 Kathryn Jacobs** From Satisfaction to Action: Re-engineering Feedback Loops to Drive Sustainable Impact in In-service Training **11h30-11h45 Steve Jacobs** Constructive alignment of EBHC competencies in a longitudinal undergraduate curriculum: a case study of Clinical Curiosity	**11h00-11h10 Nastassia Timothy** Wisdom is like a baobab tree; no one individual can embrace it **11h10-11h20 Reaoleboga Ramatlhape** The Dead Teaching the Living: Empathy Expanded from the Body, the Family, and the System **11h20-11h30 Nabeela Sujee** Debriefing the Lonely Debriefer: Holding Space for Those Who Hold Space Discussion **11h25-11h35 Moyahabo Rampya** Reimagining Early Clinical Exposure Amid Curriculum Reform in Undergraduate Medical Education **11h35-11h45 Renelle Reddy** Building Confidence Before the Bedside: An Interactive, Collaborative Approach to Digitized Partogram Learning. Discuss (5 min)	Guidelines Do Not Fit: Designing Learning for Uncertainty in Resource-Constrained Clinical Settings **11h10-11h20 Azrah Ismail** Bedside to Blackboard: Reimagining Clinical Decision Making in Healthcare Education **11h20-11h30 Dorothy Kamya** Global Standards versus Local Realities: Sitting with the Tensions of Global Accreditation Standards in Africa **11h30-11h40 Gerhard Rodgers** Beyond content: Scaffolding professional identity in Psychology **11h40-11h50 Sebastiano Parenti** Three Minds in Three Spaces: An Overview of a 2-Week Health Professions Education Elective Discuss (5 min)
11:45–13:15	**Workshop 5** Track F: Navigating the Next Era of HPE **Elize Archer, Sa'ad Lahri, Rhoda Meyer, Heinri Zaayman, San Schmutz** Adaptative expertise: Implications for faculty development and students in HPE	**Workshop 6** Track: Interprofessional and Collaborative Practice **Fatima Ismail, Hanlie Pitout** IPE-in-a-Box: A Toolkit for Designing Implementable Interprofessional Learning Activities	**Workshop 7** Track F: Global and Local Trends Shaping HPE **Danica Sims, Francois Cilliers** Research That Matters: Embedding and Evidencing Impact in Health Professions Education Research	**Workshop 8** Track D: Future-Ready Graduates and Learning Environments **Robin Dyers, Hassan Mahomed, Simone Titus-Dawson, Rene English, Darelle van Greunen** Teaching Design Science Research: Co-creating Learning Frameworks for Future Health Professionals	**Workshop 9** Track D: Future-Ready Graduates and Learning Environments **Dianne Manning, Tania Buys, Kitty Uys, Melandri Claassen** Engaging Student Diversity in Four Dimensions: Exploring Universal Design for Learning
12:50–13:45 | 🍽 Lunch and Mingle (Mag 4 & 5 Exhibition and Restaurant)					
14:15–15:45	**Track F: Navigating the Next Era of HPE** Parallel Paper Session Session Chair: Lynelle Govender **14h15-14h30 Dina-ruth Lulua** From Learning to Leading: Recommendations from Emerging Health Professions Educators Across South Africa – A Multi-Institutional Study. **14h30-14h45 Jay Mannie** Designing Clinical Reasoning Learning for Diverse Contexts: Linking Global	**Workshop 10** Track F: Global and Local Trends Shaping HPE **Ann George, Francois Cilliers Ronel Maart, Anthea Hansen, Michelle Hannington, Ludo Badlangana** Getting Published: Taking Intentional Steps Towards Success	**Track D: Future-Ready Graduates and Learning Environments (from 14h30)** Parallel Paper Session Session Chair: Riaan van de Venter **14h15-14h30 Mariette Volschenk** Essential Attributes for Coursework Master of Health Professions Education Graduates: An International Delphi Study **14h30-14h45 Jennie McAdam** Minecrafting Context: Reimagining	⚡ **PechaKucha** Session Chair: Gaironeesa Hendricks **14h15-14h25 Fakazi Mbona** Learning With Communities: How Outreach Shapes Empathy and Social Accountability **14h25-14h35 Husna Moola** Integrating Skin of Colour into Generalist Dermatology Education: A Metacognitive Framework **14h35-14h45 Refilwe Morwane** Implementation of an Allied Health	**Track A: Empathy-Driven Innovation and Practice** Parallel Paper Session Session Chair: Chivaugn Gordon **14h15-14h30 Tasneem Ajam** Clinical teaching: Key teacher attributes and student learning preferences in a Bachelor of Oral Health programme **14h30-14h45 Rebecca Coetzee** Building Clinical Confidence and Competence Through Obstetric

Time	Mag 1 (Main Hall)	Mag 2	Mag 3	Bridge 1	Bridge 2
	Trends to Local Practice in Health Profession Education. **14h45-15h00 Christolene Saaiman** Entrustable Professional Activities in Health Professions Educator Training: A Scoping Review **15h00-15h15 Zara van der Merwe** From Repetition to Leadership: Student Co-Facilitation in Undergraduate Medical Clinical Skills Teaching ~~**15h15-15h30 Aviva Ruch** Balancing Roles, Juggling Hats, and Contorting in the Academic Circus~~ ~~**15h30-15h45 Martin Brand** Artificial intelligence augmented clinical teaching in resource-constrained settings.~~		Rural Occupational Therapy Education Through Immersive Digital Worlds **14h45-15h00 Muhle Komati** Development Of A Clinical Readiness Diagnostic Assessment Tool For Third-Year Physiotherapy Students **15h00-15h15 Elene Kruger** Whose Priorities Shape Communication Training? Student and Educator Perspectives for Designing Future-Ready Optometry Curriculum **15h15-15h30 Langalibalele Honey Mabuza** The experiences of undergraduate medical students and their trainers on generalist medical practice training in South Africa **15h30-15h45 Mahlako Makhubela** Current practices in teaching activity selection within South African occupational therapy programmes	Programme in a Low- and Middle-Income Country: A Reflexive Narrative from Botswana **14h45-14h55 Lynton Hazelhurst** Modelling the Message: Interprofessional Co-Teaching in Clinical Education and Mentoring **14h55-15h05 Dorothy Kamya** Training a Health Workforce for a Continent in Transition: 20 Shifts Shaping the Future of African Health Professions Education. **15h05-15h15 Karin Baatjes** Not Improving Teaching, Empowering Learning **15h15-15h25 Bronwen Espen** Learning Together Under Pressure: Introducing the Group OSCE as a Formative Learning Tool.	Simulation in Clinical Associate Students **14h45-15h00 Annah Lesunyane** Support services for health science students: Experiences of university staff **15h00-15h15 Phumzile Skosana** Listening beyond the curriculum: Empathy as innovation in health professions education **15h15-15h30 Charmaine Cunningham** Belonging in Academia: Identity, Legitimacy, and Professional Identity Transformation in Emergency Medical Services Education ~~**15h30-15h45 Yolanda Havenga** Empathic Research Supervision of Health Sciences Postgraduates: A Scoping Review of Wellbeing and Academic Success~~
15:50–17:10	**Track D: Future-Ready Graduates and Learning Environments** Parallel Paper Session Session Chair: Karin Baatjes **15h45-16h00 Lizelle Crous** Cultivating Scholarly Identity in Specialist Nursing: From Roots to Embodiment of Clinical Scholarship **16h00-16h15 Manoko Molabe** Interprofessional Simulation as a Catalyst for Future-Ready Graduates in Transformative Learning Environments **16h15-16h30 Nonjabulo Ndaba** Artificial Intelligence Engagement in Academic Occupations of Occupational Therapy and Physiotherapy Students **16h30-16h45 Hanlie Pitout** Novice occupational therapists' perceptions of their undergraduate management fieldwork experience **16h45-17h00 Sithembelenkosini Beauty Ngcobo** Leveraging Students' Home Languages in Occupational	**Track D: Future-Ready Graduates and Learning Environments** Parallel Paper Session Session Chair: Kerrin Begg **15h45-16h00 Daniel Nel** Implementing Workplace-Based Assessment for General Surgery Training in South Africa: a Design-Based Research study **16h00-16h15 Stuart Pattinson** 'Like an infant trying to run a marathon': A longitudinal audio diary study exploring the transition from medical school to internship. ~~**16h15-16h30 Ramoipei James Phage** Challenges Regarding Transition from Case-Based Learning to Problem-Based Learning: A Qualitative Study with Student Nurses~~ **16h30-16h45 Deirdre Van Jaarsveldt** Mental Health Nursing Education: Perspectives of Nurse Educators, Preceptors, and Students at a South African University	**Track A / Track D: Parallel Paper Session (15 min x 5)** Session Chair: Jaisubash Jayakumar **15h45-16h00 Maria Van Zyl** Co-creating Graduate Attribute Workshops in Undergraduate Medical Education: A Case Study of Partnership-Based Learning Design **16h00-16h15 Regina Chigweremba** Embedding Interprofessional Education Within a Specialist Clinical Service in a Low-Resource African Context **16h15-16h30 Bonginkosi Thango** Assessing Factors Influencing Students' Digital Competence Development in Technology-Enhanced Learning Environments **16h30-16h45 Dini Mawela** Elective Courses In Undergraduate Health Professions Training Programs – Multiple Stakeholder Views At Smu **16h45-17h00 Xolani Lawrence Mhlongo** An Integrated Student Well-	⚡ **PechaKucha (continued)** **15h25-15h35 Vela Njisane** Using Medhi and its A2R2T framework to Deliver Evidence-based Learning **15h35-15h45 Singapheli Sithole** Linguistic Equity in Health Professions Education: Language-Responsive Teaching for Socially Accountable Healthcare Training	🔥 **Campfire Stories** Session Chair: Paula Bernard-Ashton **15h45-15h55 Lynette Van Der Merwe** Publish or perish: Is there another option? **15h55-16h05 Amisha Kanji** Perspectives as a Lens for Developing Reflective Practice **16h05-16h15 Savania Nagiah** Building the Plane While Flying It: A Campfire Story from a New Medical School **16h20-16h30 Bavani Naicker** When a Room is Not Just a Room: Designing Clinical Spaces for Learning and Psychological Safety **16h30-16h40 Keshena Naidoo** Developing a Longitudinal Integrated Clerkship at a new medical school in South Africa **16h40-16h50 Frasia Oosthuizen** How a Game Taught Us to Rethink Learning **16h50-17h00 Nonhlanhla Sefatsa** Sim Anywhere: When the Environment Becomes the Simulator

Time	Mag 1 (Main Hall)	Mag 2	Mag 3	Bridge 1	Bridge 2
	Therapy Education to Foster Engagement and Inclusivity	**16h45-17h00 Rivak Punchoo** Exploring Medical Student Experiences of an Online Remedial Programme in Chemical Pathology	being And Resilience Model for Health Professions Education in South Africa		Discuss (5 min)
GALA DINNER 18:30 | Venue – Forest 44					

Friday, 3 July 2026

Time	Mag 1 (Main Hall)	Mag 2	Mag 3
08:00–08:15	☕ **Coffee & Arrival**		
08:15–08:55	**Plenary Panel: Student Panel (Moderator: Lionel Green Thompson)** **Danika Govender (UCT), Mbali Mudzusi (UP), Vumbhoni Mahlaule (SMU), Nthabiseng Precious Tshabalala (NMU), Phološo Nyalungu (UWC)** Why Are Students Silent? Barriers and Enablers to Student Agency in African Health Professions Education Session Chair: Francois Cilliers		
08:55–09:15	🎤 **Keynote 4: Distinguished Educator** Session Chair: Pavitra Pillay		
09:20-10:50	**Track D: Future-Ready Graduates and Learning Environments** Parallel Paper Session Session Chair: Natashia Muna **09h20-09h35 Christy-Joy Ras** Service readiness: How to integrate Adult Primary Care (APC)/Practical Approach to Care Kit (PACK) into pre-service training to optimise the transition from classroom to clinic **09h35-09h50 Zarina Syed** Beyond Clinical: Proposing a Policy Literacy Pathway in Health Sciences Education **09h50-10:05 Saadiya Seedat** Mind Mapping to Foster Cognitive Integration in a Resource-Constrained Medical Education **10h05-10h20 Itumeleng Tsatsi-Mosala** Perceptions of preparedness for mental health practice among newly qualified occupational therapists in South Africa. **10h20-10h35 Kimera Suthiram** Evaluating the National Implementation of Entrustable Professional Activities in Family Medicine Training in South Africa: A Formative Multi-Site Study ~~**10h35-10h50 Dibolelo Lesao** Exploring clinical teaching needs of experienced registered nurses in the North-West province, South Africa~~	**Panel Discussion 09h20–10h50** Track E: Equity, Access, and Social Accountability Session Chair: Sa'ad Lahri **Kerrin Begg, Lionel Green-Thompson, Robert Baigrie, Shameq Sayeed, Dehran Swart, Naeem Kathrada, Mohamed Zughbur, Ahmed Alihasan** Enabling Continuity of Conflict-Disrupted Medical Education: A Gaza–UCT Partnership in Equity, Empathy and Social Accountability	**Symposia 09h20–10h50** Track E: Equity, Access, and Social Accountability Session Chair: Bronwen Espen **Elma de Vries, Madeleine Muller, Marlena du Toit, Ronald Addinall, Khuliso Ramashia** How to create inclusive spaces for diverse students in classrooms and clinical learning environments.
10:50–11:15	☕ **Tea Break**		
11:20-12:50	**Workshop 11 11:20-12:50** Track: Future-Ready Graduates and Learning Environments **Marvin Jansen, Nabeela Sujee, Manoko Molabe, Ahmad Jassen, Lisema Rammea** Simulation for Rural and District Health Training: Designing for Context and Impact	**Workshop 12 11:20-12:50** Track B: Future-Ready Graduates and Learning Environments **Shirrah Moch, Lizelle Crous, Carol Hartmann** Triangles of Education: A Practical Navigation Tool for Designing Learning Experiences	**Workshop 13 11:20-12:50** Track A: Empathy-Driven Innovation and Practice **Anthea Hansen, Jana Muller, Maria Van Zyl, Liezl Smit** Exploring Socio-Cultural Influences on Student Learning: A Dialogic Approach to Enhancing Support
12:50-13:15	🏆 **Closing Plenary**		
13:15–14:15	🍽️ **Lunch and Goodbye (Mag 4 & 5 Exhibition and Restaurant)**		

e-Poster Sessions – Mag 4 & Mag 5

Day 1 – 1 July 2026

Session 1 | 10h50–12h00

Time	Mag 4 Session Chair: Derick Van Vuuren	Mag 5 Session Chair: Danelle Hess
10h50-11h00	~~Jennifer Ducray – A Health Systems Hardware and Software Analysis of a University-NGO Community Health Worker Training Initiative~~	Nombulelo Zenani – A continuous professional development programme aimed to enhance interprofessional competencies of the ICU teams
11h00-11h10	Lauren Frade – Belonging in Health Sciences: Undergraduate Perceptions of LGBTQ+ Campus Climate	Adibah Hendricks – Supporting Academic Writing in Student Teams Using a Team-based Based Learning (TBL) approach
11h10-11h20	Charmaine Cunningham – From Access to Success: Scaffolding Postgraduate Recognition of Prior Learning	Anthea Hansen – Exploring the Influence of Interprofessional Education on Professional Identity Development of Medical Laboratory Science Students at Gulf Medical University, UAE
11h20-11h30	Gaironeesa Hendricks – How far have we come in addressing Access to Support in a South African Higher Education: Beyond Deficit from the Students Perspective	Kim Coutts – Building Bridges: Interprofessional Education to Enhance Communication Skills in Healthcare Practices
11h30-11h40	Imaan Roomaney – Integrating Alcohol Misuse and FASD into Oral Health Curricula for Social Accountability	Kimberly Mc Alpine – The Reliability of AI in Assessing Paediatric History-Taking in Undergraduate Medical Education
11h40-11h50	Mohammed Patel – Pre-Clinical Simulation: Supporting Clinical Readiness in Undergraduate Medical Education	Zijing Hu – Reframing Human–AI Interaction as Pedagogical Synergy in Health Sciences Education
11h50-12h00	Lizemari Hugo – Posting for prevention: Rethinking social accountability through student-led digital health promotion	Modiegi Motlhokodi – Implanon Utilisation in South Africa: Women's Perspectives and Educational Implications for Health Professionals

Session 2 | 13h45–15h15

Time	Mag 4 Session Chair: Taahira Goolam-Hoosen	Mag 5 Session Chair: Firdouza Waggie
13h45-13h55	Abrie Senekal – THE STATE OF MENTAL WELLBEING OF EMERGENCY MEDICAL CARE STUDENTS AT A UNIVERSITY IN JOHANNESBURG.	~~Justin Berling – Walking with "Willem": Teaching the Social Realities of Tuberculosis Through Interactive Storytelling~~
13h55-14h05	Leago Leballo – Reframing Early Medical Education and Challenging the Over-biomedicalisation of Healthcare Education	Rorisang Mohlala – Integrating cultural humility as a competence in a transforming medical curriculum: An integrative literature review
14h05-14h15	Paula Barnard-Ashton – Microlearning for self-directed learning in health sciences education: A Scoping Review	Robin Dyers – Beyond the Teacher-Student Loop: Reimagining Feedback Ecosystems Through Design Science Research
14h15-14h25	Kerrin Begg – Where they learn what they learn: Mapping the UCT Faculty of Health Sciences Clinical Platform	
14h25-14h35	Nastassia Timothy – Understanding transfer of knowledge, skill and attitudes in an undergraduate physiotherapy curriculum in clinical education	Kamelia Nashed – An evolving socially responsive framework for evaluating research skills training in UG medical programs

Time	Mag 4 Session Chair: Taahira Goolam-Hoosen	Mag 5 Session Chair: Firdouza Waggie
14h35-14h45	Johanna Maria de Lange – Exploring Spatial Understanding and Cognitive Load using Ultrasound in Learning Cardiac Anatomy: A Pilot Study	~~Alida Naude – From Frameworks to Architecture: How Conceptual Models Shape Speech-Language Pathology Education~~
14h45-14h55	Adéle Du Plessis – Bare Bones to Bedside: How Namibian Medical Students Navigate the Preclinical–Clinical Transition	Thabisile Ndlovu – Curriculum transformation from a discipline based to a body system integrated curriculum: Review using LOOOP
14h55-15h05	Amina Hajat – Ultrasound students' perception of psychological safety in Workplace-Based Learning Environments	Peter Hodkinson – Postgraduate Emergency Medicine at UCT - a survey of past graduates to shape future programs
15h05-15h15	Fahmida Harris – "Knowledge, Perceptions, And Attitudes of Health Science Students Concerning the Role of Physiotherapy In Mental Health"	Nontembiso Magida – Physiotherapy Students' Perceptions, Attitudes, and Intentions Toward Clinical Practice in Older Adults' Nursing Homes in Pretoria

Session 3 | 15h45–17h00

Time	Mag 4 Session Chair: Heinri Zaayman	Mag 5 Session Chair: Anthea Hansen
15h45-15h55	Nashreen Behardien – Scaffolding Clinical Skills Acquisition in Undergraduate Exodontia Education	Mary Masetla – Perceptions of the School of Dentistry Students Towards Student Support Services at a South African University
15h55-16h05	Cindy Booysen – Establishing and Comparing Student Engagement in a Large Multi-component First-year Level Course in Undergraduate Medical Education	Rene Botha – GRADUATES' INPUTS ON AN INTERNSHIP MODEL FOR SOUTH AFRICAN POST-QUALIFICATION EMERGENCY CARE PRACTITIONERS
16h05-16h15	Gerda Botha – A NEEDS ANALYSIS FOR ONE HEALTH AND INCLUSIVITY TOPICS IN UNDERGRADUATE HEALTH PROFESSIONS TRAINING PROGRAMS	Kitty Uys – Designing for All: Evaluating Universal Design for Learning in an Occupational Therapy Undergraduate Programme

Day 2 – 2 July 2026

Session 1 | 09h50–10h40

Time	Mag 4 Session Chair: Vanessa Steenkamp	Mag 5 Session Chair: Rosaly Prakaschandra
09h50-10h00	Lakshini McNamee – Re-humanising pedagogy for resisting structural marginalisation and moving towards decolonisation	Francois Coetzee – Triple therapy - combining the best of three perspectives
10h00-10h10	Lehle Mlangeni – Learning Where the Need Is: A Student-Led Clinic and the Meaning of Social Accountability	Siphesihle Caluza – The Role of Multidisciplinary Team Members in Surgical Care in South Africa
10h10-10h20	Rahul Rama-Panchia – Unravelling the AI Divide: Socioeconomic Inequity and its Implications for Clinical Reasoning in South African Medical Education	Ilse Truter – Clinical Skills Training in a Virtual Learning Environment: Adapting to a New World in Vaccination Training after the Pandemic
10h20-10h30	Natshia Muna – Papers with Purpose: widening access and enhancing equity through research writing	Ishana Gangaram – From Chaos to Clarity: Horizon Scanning as a Catalyst for Transforming Health Professions Education
10h30-10h40	Edward Nell – EXPERTS' PERSPECTIVES ON QUALITY ASSURANCE PROCESSES FOR AN EMERGENCY MEDICAL PREPARATORY PROGRAMME	~~Karin Gerber – Envisioning blended practical education across health professions programmes~~

Session 2 | 11h00–11h40

Time	Mag 4 Session Chair: Bennie Botha	Mag 5 Session Chair: Lizemari Hugo
11h00-11h10	Ilana Webber – Beyond the Marks: Implementing a Narrative Feedback Only Assessment Approach in Online Paediatric Short Courses	Diphale Joyce Mothabeng – Innovative undergraduate research supervision - a physiotherapy case
11h10-11h20	Penelope Engel-Hills – What are we willing to let go in health professions education?	Kebiditswe Masike – Piloting an Escape Room Pedagogy in Maxillofacial and Oral Radiology Education: Design, Implementation, and Initial Outcomes
11h20-11h30	Unati Stemela-zali – Setting up health sciences training programs in the Eastern Cape: Documenting institutional experiences.	Bonita Johnson – Reimagining a Learning Management System to Enhance Student Engagement: Reflections on Designing a Future-Ready Learning Environment
11h30-11h40	Mayra Gari – The transformative intention of a work-integrated module: searching for evidence.	Ngalulawa Kone – Beyond CanMEDS-Aligned EPAs: Digital Literacy as a Missing Core Competency in Chemical Pathology.

Session 3 | 14h15–17h00

Time	Mag 4 Session Chair: Arnelle Mostert	Mag 5 Session Chair: Amaal Abrahams
14h15-14h25	Ezera Agwu – Strengthening the Bio-pharmaceutical and Vaccine Manufacturing Capacity in Rwanda through new program development in Translational Health Science	Kebiditswe Masike – Comparison of graduate attributes and competencies in MBCHB and Dentistry programmes using LOOOP curriculum mapping
14h25-14h35	Benedicta Apea-Adu – What the Curriculum Doesn't Prepare You For: Educator Reflections on Generational Differences and Challenging Student Engagement	~~Barennise Arries – Investigating the critical thinking skills in postgraduate oncology nursing students at a higher institution.~~
14h35-14h45	~~Nancy Barber – From Text to Screen: Designing Video Case Studies for Future-Ready Health Graduates~~	Poovanesthree Padayachee – Advancing Research Pedagogy: Evidence-Informed Guidelines for Lecturers Utilizing the Healey and Jenkins Research Nexus
14h45-14h55	Lunelle Pienaar – Health professions education and unprofessional behaviour in the global south: a scoping review of conceptions, theoretical frameworks, and prevalence	Luce Pretorius – Digital Simulation for Workplace Violence Preparedness: A Systematic Review of Student Training
14h55-15h05	Njabulo Ndaba – For Tech's Sake!?	Radmila Razlog – Learning Without Shortcuts: Undergraduate Reflections on AI
15h05-15h15	Reitumetse Mongale – Perceptions of nursing students on Clinical assessment in the selected Nursing Education Institutions of the North-West Province	Fiona Singh – Blended learning in nursing education: An innovative approach to develop future nurse leaders in South Africa
15h15-15h25	Thingahangwi Cecilia Masutha – "From Anxiety to Preparedness: Enhancing Future-Ready Nursing Graduates in Psychiatric Hospitals of South Africa".	~~Jacques Smith – Factors influencing preceptorship success among early career nurses and preceptors at Western Cape private hospitals.~~
15h25-15h35	Mmapule Motshabi Maria Mosete – Nurses' perceptions regarding the establishment of clinical education and training units in public hospitals in the North-West Province	Deshini Naidoo – OCCUPATIONAL THERAPY STUDENTS' PERCEPTIONS OF PRIMARY HEALTH CARE IN KWAZULU-NATAL: BRIDGING THE GAP BETWEEN CURRICULUM AND PRACTICE

Book Launches

1 July 2026

***Trust and Entrustability in Medical Specialist Training in South Africa: an Ubuntu-inspired Pedagogy*.** Eds: Tasleem Ras, Lionel Green-Thompson, Vanessa Burch, Sumaiya Adam and Louis Jenkins

As workplace-based assessment (WBA) becomes formalised in medical specialist training, this book is an excellent source of guidance for the implementation of WBA in South Africa in particular, but also generally in other low-resourced contexts. Blending global experience with the realities of working in resource-constrained systems, each chapter describes a component of WBA, presenting both the theoretical foundations and practical considerations that any programme manager will need. As such, it is additionally well-suited to being a guiding text for contextually aware faculty development.

The book is framed within an Ubuntu-inspired pedagogy, and herein lies its unique contribution to the global literature on WBA. Foregrounding the social and collective nature of medical specialist training, taking into consideration the context, relationships, power dynamics and the subjective experiences of trainees and supervisors, WBA is presented as a deeply humanising approach to training the next generation of medical specialists in South Africa and Africa.

2 July 2026

Reimagining Health Professions Education: Innovations and insights for the 21st century and beyond. Eds: Jessica Pool, Anitia Lubbe and Yolande Heymans

Health professions education is undergoing a significant transformation as institutions respond to evolving healthcare demands, technological advancements, and growing calls for socially accountable, contextually relevant training. Traditional models of teaching and learning are often insufficient to prepare health professionals for complex, resource-constrained, and rapidly changing healthcare environments. Despite growing interest in educational innovation, a persistent gap remains between educational theory and its practical implementation within health professions education. Many programmes continue to rely on conventional pedagogical approaches that may not fully support competency-based education, self-directed learning, or interprofessional collaboration.

This scholarly book publication responds to this need by investigating themes such as curriculum transformation in health professions education, clinical training and work-integrated learning, and technology and the digital future of health professions education. This volume is more than a compilation of research; it is an invitation to educators, researchers, policymakers, and practitioners to engage in sustained dialogue and collaborative action.

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Exploring Spatial Understanding and Cognitive Load using Ultrasound in Learning Cardiac Anatomy: A Pilot Study

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Introduction

Although ultrasound is increasingly used to complement traditional anatomy teaching, objective evidence supporting its educational effectiveness remains limited. Much of the existing literature relies on student perceptions rather than performance-based outcomes. Furthermore, the roles of spatial understanding —the ability to mentally manipulate three-dimensional anatomical relationships—and cognitive load —the mental effort required for learning—are underexplored in the context of ultrasound-based anatomy instruction. As health professions education increasingly emphasises practice-ready graduates and adaptable learning environments, there is a growing need to evaluate how clinically authentic, technology-enhanced teaching approaches support the development of transferable cognitive competencies. This study investigated the effect of a hands-on ultrasound teaching session on spatial understanding, anatomy knowledge, and cognitive load in cardiovascular system learning.

Methods

A three-part pre–post study design was employed. Prior to the ultrasound session, participants completed two paper-based assessments evaluating spatial understanding and cardiovascular system anatomy knowledge. The instructional intervention comprised an introduction to ultrasound physics, a practical demonstration of cardiac anatomy, and supervised hands-on ultrasound practice. Following the session, spatial understanding and cardiovascular system knowledge were reassessed, and participants completed a Cognitive Load Scale Questionnaire. Descriptive and inferential statistics were used to analyse changes in performance and perceived cognitive load.

Results

Thirty-one students participated in the study. Mean cardiovascular system anatomy knowledge scores increased by 11.33% following the ultrasound session ($p < 0.05$). Mean spatial understanding scores improved significantly from 65.71% pre-intervention to 81.04% post-intervention ($p < 0.05$). Analysis of cognitive load revealed the highest ratings for germane load, particularly perceived learning (8.55 ± 1.31), and the lowest ratings for extraneous load, specifically distractions (1.23 ± 1.61).

Conclusion

Hands-on ultrasound instruction significantly improved both anatomy knowledge and spatial understanding while maintaining low extraneous cognitive load. These findings provide objective evidence supporting the educational value of ultrasound in anatomy teaching. By integrating clinically authentic imaging into the anatomy curriculum, this approach contributes to the development of practice-ready graduates equipped with spatial and cognitive competencies essential for contemporary healthcare. Furthermore, it supports the redesign of anatomy learning environments toward more experiential, technology-enhanced models aligned with the evolving demands of health professions education.

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‘Like an infant trying to run a marathon’: A longitudinal audio diary study exploring the transition from medical school to internship.

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Introduction

The transition from student to doctor represents a challenging shift in identity and responsibility that many graduates find difficult to manage. To understand better what enables or inhibits practice-readiness and a successful transition to internship, we need an exploration of graduates’ lived experiences that does not see the transition as a single moment, but a continuous learning process. This study uses Communities of Practice (CoP) as a theoretical frame to explore how medical students negotiate legitimate participation and identity development over time as they transition from medical school to internship.

Methods

We conducted a qualitative, longitudinal study using audio-diaries and semi-structured interviews to collect data from students over seven months as they transitioned from medical school to several different healthcare institutions for internship. 22 students took part in entrance interviews, 20 collected audio-diaries and 17 took part in exit interviews. 129 audio-diary entries were recorded resulting in a total of 14 hours and 28 minutes of audio diary-data. The audio diaries plus the entrance and exit interviews provided a total transcribed data set of 192,789 words. Data were analysed thematically, both cross-sectionally and longitudinally, using CoP as an analytical lens.

Results

We identified a number cross-cutting mechanisms that either facilitated or hindered legitimate participation and identity development. Enablers included a strong support system and opportunities to contribute to the shared goal of the team. When educational environments didn’t welcome participation or graduates could not demonstrate the repertoire of competencies valued by clinical teams, their progress towards full membership in the CoP became impeded, impairing both their wellbeing and sense of belonging.

Conclusion

We call for a conceptual shift from ‘preparedness for practice’ to ‘preparedness for transition.’ Students need not just the knowledge and clinical skills required on day one of internship but also the confidence, resilience, experience, adaptability and teamwork that will allow them to successfully transition to practice. This requires the design of agile learning environments that welcome students into clinical teams as legitimate participants and give them opportunity to develop their professional identities through meaningful contributions to the shared enterprise of the CoP.

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Exploring the Influence of Interprofessional Education on Professional Identity Development of Medical Laboratory Science Students at Gulf Medical University, UAE

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Introduction: Professional identity formation is key to preparing health professionals for competent, collaborative practice, but it often occurs implicitly rather than through deliberate teaching. In Medical Laboratory Science (MLS), this process is underexplored, especially regarding interprofessional education (IPE). While IPE is well-studied among medicine and nursing students, MLS students' perspectives are largely missing. Understanding IPE's impact on their professional identity is essential for improving collaboration, role clarity, and patient-centred care. This study explores MLS students' perspectives on how IPE influences their professional identity development.

Methods: Guided by a constructivist paradigm, this exploratory descriptive qualitative study drew on Wenger-Trayner's Landscapes of Practice (LoP) framework. Three focus group interviews were conducted with 18 MLS students who had completed at least two IPE activities. Data were analysed inductively using reflexive thematic analysis to capture patterns of identity formation across interprofessional learning encounters.

Results: Six themes illustrated students' evolving identities: (1) Emerging from invisibility into quiet professional strength; (2) Navigating role ambiguity towards role clarity; (3) Moving beyond passive observation into participation with confidence; (4) Transforming identity threats into identity reclamation; (5) Enablers and barriers to identity development; and (6) Student-informed recommendations.

IPE served as a micro-landscape of practice in which recognition, clarity, and engagement fostered confidence and belonging, while limited visibility and inconsistent facilitation constrained participation.

Conclusion: IPE can function as a laboratory for identity work in less visible professions when designed to promote recognition, role articulation, and equitable participation. The study extends the LoP framework by positioning recognition as a precondition for participation and conceptualising knowledgeability as relational legitimacy within interprofessional teams.

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Why Are Students Silent? Barriers and Enablers to Student Agency in African Health Professions Education

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Topic Summary

Across health professions education, students frequently express strong commitments to social justice, curriculum transformation, and institutional change. Despite this, participation in formal governance structures, co-curricular initiatives, and decision-making spaces remains persistently low. This panel explores a critical question: why do motivated and capable students choose not to engage in institutional structures intended for student voice?

Rather than framing non-participation as apathy, the panel approaches student silence as a socially and structurally produced phenomenon. Drawing on sociological research on participation and African student experiences, we examine how factors such as social networks, time poverty, identity, perceived risk, and institutional culture shape engagement decisions—particularly in African and Global South contexts where informal activism may flourish while formal governance remains inaccessible or unresponsive.

Panel Composition

The panel brings together cross-positional and cross-institutional perspectives, including:

- A senior health professions education leader with experience in social accountability and institutional transformation (moderator)

- Three to four student leaders from South African and African institutions, representing curriculum committees, student governance, research societies, and activist spaces

Panellists will integrate theory with lived experience, offering grounded accounts of why students disengage and what has enabled sustained participation in their own contexts.

Format and Facilitation

This will be a facilitated panel discussion, not a sequence of formal presentations. The moderator will guide dialogue using structured prompts that surface key tensions, including:

- Informal activism versus formal governance

- Efficiency versus inclusion

- Student voice versus institutional power

- Panellist reflections will be intentionally brief, creating space for dialogue rather than performance.

Audience Interaction

Audience engagement will be central to the session and will include:

-Live polling on perceived barriers to student engagement

-Small-group reflection on local institutional challenges

-Open discussion linking audience experiences to panellist insights

-Participants invited to identify one practical action to reduce barriers to student participation in their own settings.

Key Messages

-Student non-participation is not apathy, but a rational response to social and structural constraints

-Engagement is shaped by networks, identity, time, and trust—not motivation alone

-Many formal participation models unintentionally exclude students

-African epistemologies offer alternative, relational approaches to student engagement

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Teaching Clinical Judgement When Guidelines Do Not Fit: Designing Learning for Uncertainty in Resource-Constrained Clinical Settings

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Medical education often assumes that clinical decision-making occurs in settings where guidelines are applicable, investigations are available, and systems function predictably. In many Global South and resource-constrained clinical environments, however, students routinely encounter situations where recommended care pathways are impractical, incomplete, or ethically contested. Despite this reality, uncertainty is rarely taught as an explicit learning outcome. Instead, curricula tend to reward certainty, correctness, and guideline adherence, creating a misalignment between how students are trained to think and how they are required to practice.

This educational innovation aims to integrate uncertainty as a core component of clinical judgement within the undergraduate medical curriculum. Embedded within clinical rotations at a South African medical school, the project comprises three components. First, students will develop structured

reflective case narratives describing real clinical encounters in which guidelines could not be followed due to contextual constraints. Second, facilitated small-group "uncertainty dialogues" will be led by educators, focusing on reasoning processes, ethical trade-offs, and contextual decision-making. Third, students and staff will co-design a curriculum framework that articulates uncertainty as a teachable and assessable competency, aligned with existing learning outcomes. This approach positions students as contributors to curriculum design by drawing on their lived experiences of under-resourced clinical care.

The project is expected to demonstrate that explicitly legitimising uncertainty supports students' confidence in clinical reasoning, enhances ethical awareness, and reduces the dissonance between formal teaching and clinical reality. Educators are anticipated to gain greater insight into how hidden curricula shape learner responses to complexity and to identify opportunities to shift teaching away from rigid correctness toward adaptive judgement.

By designing learning activities that recognise contextual constraints as integral to clinical reasoning, this work challenges dominant models of medical education that privilege idealised systems of care. Teaching uncertainty as a skill rather than a deficiency offers a more authentic preparation for practice and aligns education with the realities of healthcare delivery in resource-constrained settings.

Clinical uncertainty is a predictable feature of practice, not a failure of knowledge. Curricula that explicitly teach students how to reason, adapt, and act ethically when guidelines fall short are essential for producing context-responsive graduates.

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"It really changed some things:"

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Introduction and Aim

Feedback is widely recognised as a vital component of learning in higher education (Molloy et al., 2019; Winstone et al., 2021). However, its educational value depends not on the provision of information alone, but on how students engage with feedback processes. Peer feedback has been identified as a promising pedagogical approach for supporting student engagement and dialogic learning in higher education, as students participating in peer review activities report enhanced critical reflection and independent learning (Ardill, 2025). However, although its potential for developing feedback literacy and evaluative judgement has been recognised (Banister, 2023), there remains limited qualitative insight into how students actually experience and enact peer feedback as both givers and receivers, particularly in discipline-specific contexts (Kerman et al., 2024). This presentation reports selected qualitative findings from a larger qualitative study, focusing on students' engagement with peer feedback processes and their implications for the development of feedback literacy.

Methods

This qualitative study, underpinned by phenomenology, included all third-year students (N = 295) in a Human Movement Sciences module at a traditional South African university. After completing various peer feedback activities as part of their module coursework, students were asked to complete an online reflective questionnaire to explore their experiences with peer feedback. A QuestionPro survey was conducted, and after the dataset was anonymised, Creswell and Clark's (2023) six-step data analysis process was followed.

Results

Ongoing qualitative analysis reveals emerging themes related to students' engagement with peer feedback, including moments where peer feedback challenged students' initial thinking, enhanced confidence in feedback interactions, and supported the recognition of peer feedback as a meaningful learning source. These preliminary findings are currently being refined through iterative thematic analysis and will form part of the final presentation.

Conclusion

These preliminary findings suggest the value of peer feedback as a pedagogical space where students actively engage with feedback processes rather than passively receiving information. By foregrounding student perspectives, the findings are expected to contribute to a deeper understanding of how peer feedback can be intentionally designed to support feedback literacy in health professions education.

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The Reliability of AI in Assessing Paediatric History-Taking in Undergraduate Medical Education

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Introduction and Aim

History-taking is a core clinical competency that is difficult to teach and assess consistently at scale. Generative artificial intelligence (AI) offers potential to support scalable simulation and assessment; however, evidence regarding its reliability and acceptability as an assessor remains limited, particularly in low- and middle-income settings. This study evaluated the reliability of AI-assisted assessment of paediatric history-taking compared with human assessors and explored student and assessor experiences of AI as a simulated patient and formative assessment tool.

Methods

Undergraduate medical students (n=24) completed simulated paediatric history-taking sessions with ChatGPT-4o, generating 34 transcripts; 15 additional AI-generated transcripts assessed internal consistency. Transcripts were evaluated by two AI configurations (Groups A and B, the latter using a stricter examiner tone) and by 13 paediatricians blinded to AI scores, using the same standardised rubric. Scores were normalised to a 0–1 scale. Intra-rater reliability was assessed using Krippendorff's alpha, inter-rater agreement using Bland–Altman analysis, logistic regression examined evaluator-specific scoring patterns, and sensitivity analyses compared AI prompt configurations. Student and assessor experiences were assessed via structured surveys.

Results

AI demonstrated higher intra-rater reliability than human assessors across most domains ($\alpha \approx 0.5$–0.6 vs. 0.3–0.5), particularly in structured and psychosocial domains. Both groups showed low reliability in subjective domains such as empathy. Bland–Altman analysis showed acceptable group-level agreement for final marks, with AI assigning marginally higher scores overall (mean bias −0.12), but wide limits of agreement indicated limited transcript-level interchangeability. Logistic modelling identified domain-specific bias, with AI scoring higher in structured and psychosocial domains and human assessors scoring higher in narrative clinical domains. AI scoring was highly prompt-dependent, with stricter prompts producing more conservative and internally consistent results.

Surveys indicated high acceptability among students and assessors, with strong perceived usefulness and feedback quality, alongside concerns regarding realism and technical limitations.

Conclusion

AI-assisted assessment shows promise as an adjunct to human evaluation of paediatric history-taking by providing consistent, structured formative feedback. However, prompt sensitivity, limited individual-level interchangeability, and challenges in realism highlight the need for cautious, supervised integration within hybrid assessment models.

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Teaching Environmental Justice Through Crisis: A South African Case Study in Postgraduate Public Health

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Health professions education in South Africa increasingly demands pedagogies that equip graduates to engage with complex, interdisciplinary challenges shaped by environmental injustice, governance failures, and socio-historical inequities. However, environmental health and policy teaching frequently relies on abstract concepts or Global North case studies that inadequately reflect local realities and regulatory contexts. This paper presents a completed teaching innovation that uses the 2021 Cornubia industrial fire, a major environmental disaster in KwaZulu-Natal, as a problem-based, justice-oriented case study within a postgraduate public health programme. The aim was to enhance students' critical policy analysis, environmental justice literacy, and ability to apply interdisciplinary knowledge to real-world crises.

The case study was implemented in a Master of Public Health Environmental Health Policy course from 2022-2025 using a constructivist, problem-based learning framework. An interrupted case study design was employed, in which students engaged sequentially with evolving evidence, including media reporting, regulatory disclosures, scientific data, and policy documents related to the Cornubia fire. The assignment was developed using transparent assignment design principles to promote equity, clarity, and student confidence. Evaluation data included student written submissions, reflective journals, and anonymised course feedback. tThematic analysis was conducted to examine evidence of higher-order thinking, integration of course concepts, and justice-oriented reasoning.

Students demonstrated strong integration of scientific evidence, South African environmental legislation, governance structures, and ethical considerations. Students critically identified failures in disclosure, enforcement, and inter-agency coordination, and applied both national legal frameworks and international environmental and human rights principles. Reflective data indicated increased confidence in analysing complex environmental health incidents, communicating policy-relevant arguments, and recognising the distributive and procedural justice dimensions of environmental harm.

This study demonstrates that locally grounded, crisis-based case studies can provide methodologically robust and pedagogically effective approaches to teaching environmental health policy in the Global South. Embedding real environmental disasters within structured, justice-oriented learning designs supports deep learning, critical reflexivity, and social accountability. The Cornubia case offers a transferable model for health professions education seeking to move beyond technocratic policy instruction and prepare graduates for the ethical, legal, and political complexities of real-world environmental health practice contexts.

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Debriefing the Lonely Debriefer: Holding Space for Those Who Hold Space

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Story Context / Setting

The story unfolds in a simulation centre late in the day, long after students and facilitators have left. The monitors are silent, the mannequins still, and one light remains on above the desk of the person who always stays behind, the simulation educator who supports everyone else. This is the quiet space in which the emotional residue of the day settles.

What Happened / Insight

In my years of supporting debriefers, faculty, and simulation teams, I began to notice a pattern: while everyone relies on the debriefer to hold space for their emotional and cognitive processing, the debriefers themselves rarely have a place to bring their own stories, triggers, or uncertainties. Through lived experience, I came to recognise this “lonely debriefer” phenomenon, the weight borne by those who continually make learning possible for others.

This story introduces a simple yet powerful tool that helped shift this pattern: process notes. Borrowed from psychological supervision, these notes allowed me to notice my own internal responses, identify emotional cues, and understand the relational dynamics shaping my practice.

Why It Matters

Simulation based education is deeply relational work, but the emotional needs of those who facilitate it are often overlooked. When leaders lack a reflective space, burnout, disconnection, and reduced empathy can quietly take root. The story reveals the personal and professional consequences of unprocessed emotional labour, as well as the transformation that occurs when we create structures for self reflection.

Supporting debriefers is ultimately an act of sustaining the entire learning ecosystem.

What Others Can Learn

Attendees will encounter a narrative that validates the emotional complexity of facilitation work and offers a practical tool to support reflective practice. They may recognise aspects of their own experience and leave with a renewed sense of community, self awareness, and courage to create reflective spaces in their own contexts.

Subtheme Alignment

Empathy Driven Innovation and Practice

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Randomised controlled trial of ChatGPT’s impact on student performance in real-patient clinical exams

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Introduction and Aim

Generative AI is rapidly entering South African clinical training environments, yet its real impact on students’ bedside competence remains unclear. This study evaluated whether allowing ChatGPT use

during real patient ward assessments enhanced final year medical student performance at Wits University affiliated academic hospitals.

Methods

We conducted a parallel group randomised controlled trial (2:1 allocation) across four hospitals. Final year students completed a standardised 30-minute bedside encounter followed by a 20-minute structured evaluation. Prior to the assessment, all students were offered brief training on safe and effective bedside ChatGPT use. Intervention: unrestricted ChatGPT (GPT 4o) use during the encounter. Control: no digital tools. Primary outcome: overall clinical performance score (0–100). Secondary outcomes: domain specific scores, patient interaction quality, student experience, patient satisfaction, and subsequent summative OSCE performance. ANCOVA adjusted for prior academic performance and site.

Results

Seventy-three students were analysed (ChatGPT n=49, control n=24). AI access did not improve overall performance (66.7±9.9 vs 68.2±7.8; adjusted p=0.21) nor any clinical domain. ChatGPT usage patterns were highly variable and showed no association with performance gains. Despite this, students valued ChatGPT for differential diagnosis (92%) and management planning (81%), highlighting its perceived support in cognitively demanding tasks common in high pressure South African ward environments. However, 37% reported distraction. Patients across all sites expressed high acceptance. Prior academic performance remained a strong predictor of outcomes (p=0.04), with no added benefit for academically weaker students, and post study summative OSCE results comparable between groups.

Conclusion/Relevance

In busy South African clinical settings, allowing final year students to use ChatGPT during real patient assessments did not improve performance. AI support appears most beneficial when strong foundational competence is already present. The findings highlight the need for structured, locally contextualised “scaffold validate reflect” AI training, rather than unrestricted point of care use. The study offers early evidence that large language models can augment, but not replace, the clinical reasoning and situational judgement essential for safe practice in South African settings. Thoughtful integration into curricula may enhance diagnostic reasoning and workload management without eroding essential skills.

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Curriculum considerations to prepare future radiographers for an AI-assisted healthcare environment: A scoping review

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Background

Artificial intelligence (AI) technologies are increasingly being deployed in radiography clinical practice and educational settings. Prior research has documented the need for undergraduate radiography curricula to include AI education; however, limited evidence exists on how radiography curricula should be revised to ensure that the current and future workforce are prepared for technological advancements (such as AI) in the profession. Previous scoping reviews have focused on AI education for practicing radiographers. However, no scoping reviews could be found that focused specifically on curriculum considerations for AI education integration in undergraduate radiography. To address this gap, this scoping review aims to offer a comprehensive overview of existing evidence on the

adjustments needed in the radiography curriculum to prepare radiography students for the demands of AI-assisted healthcare environments.

Methods

This scoping review synthesised evidence on how radiography curricula could be revised to prepare radiography students to use AI technologies in academic and clinical settings. Four databases were searched: EBSCOhost, Scopus, PubMed, and Web of Science. The results were then imported into the Covidence software. The review protocol was registered in the Open Science Framework (registration number: PRR1-10.2196/60431). Among the 2281 studies identified, 77 met the inclusion criteria.

Results

The review identified three key aspects (know and understand, use and apply, and analyse and evaluate) to foster AI literacy. Moreover, the review highlighted the potential benefits of automation in patient care, while also noting limitations in tasks that require human aspects, advocating for a balance between developing AI technical skills and relational skills. Well-designed, student-centred curricula were recommended. The study covered diverse AI applications in radiography education, such as the use of AI-tools in teaching, learning, and assessment, and underscores the need to balance ethical responsibility and inclusivity.

Conclusion

The scoping review provides an overview of the trends in radiography education in readiness for changes in clinical radiography environments. The findings underscore the need to develop new skills related to AI and address the potential risks associated with AI use in radiography education. This study can be useful to guide educators in the development of undergraduate radiography curricula.

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Interprofessional competencies for effective interprofessional collaborative practices amongst Intensive care unit teams in the North West Province, South Africa: A Cross-Sectional Survey

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[1]NuMIQ, [2]CHPE

Interprofessional competencies for effective interprofessional collaborative practices amongst Intensive care unit teams in the North West Province, South Africa: A Cross-Sectional Survey

Nombulelo Esme Zenani (Ph.D. candidate)1, Suegnét Scholtz (Ph.D.)1, Prof Yolande Heymans (Ph.D.)2, Prof Christmal Christmals

Abstract

Background: Intensive Care Unit (ICU) teams depend on effective interprofessional collaborative competencies to deliver comprehensive care and ensure quality outcomes for critically ill patients. The interprofessional competency domain framework is a key strategy to support and develop the attitudes, skills, values, and knowledge needed for effective interprofessional collaborative practices. This study aimed to identify the interprofessional competencies required of ICU teams in North West Province, South Africa, for effective interprofessional collaboration practices in the intensive care unit.

Method: A cross-sectional study was conducted among nurses, doctors, clinical facilitators, and pharmacists working in the North West Province ICUs using a structured online self-administered questionnaire. A purposive sampling technique was used to recruit participants for this study. Descriptive and inferential statistics approaches were used to analyse data. The number of

distributed questionnaires was 120, of which only 100 were completed correctly and retrieved, presenting a 90.5% response rate.

Results: The findings suggest that years of experience, age, gender, and professional roles significantly impact how ICU teams perceive and execute interprofessional competencies. The study has shown that ICU teams strongly agree on the importance of all the interprofessional competencies for effective interprofessional collaborative practices in ICU settings. The interprofessional competencies promote patient-centred care, ethical conduct, team engagement, and positive team dynamics amongst the ICU teams. However, there is a need to improve on building interdependent relationships among the ICU teams.

Conclusion: This study serves as a first step in determining the importance of interprofessional competencies amongst ICU teams in North West Province, South Africa, and highlights the gaps in the execution of interprofessional competencies in ICU teams. The study further provided recommendations on strategies that can be adopted to enhance the interprofessional competencies of the ICU teams.

Keywords: Interprofessional competencies, Interprofessional care, Interprofessional collaborative practices, Intensive care unit, Intensive care unit teams.

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A continuous professional development programme aimed to enhance interprofessional competencies of the ICU teams

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Poor interprofessional collaborative practices in the intensive care units (ICU) due to a lack of interprofessional competencies could lead to litigation cases. Continuous professional development (CPD) programmes are critical for strengthening the interprofessional competencies needed for safe, high-quality care in ICU. This chapter reports on the perception of the ICU teams regarding the nature of a CPD programme to enhance the interprofessional competencies of ICU teams in the North West Province (NWP), South Africa. Data were collected using 12 semi-structured focus groups with ICU teams across two public and two private hospitals in two districts of the NWP. The data were then thematically analysed and clustered around four themes with subthemes. The findings underscore the importance of identifying contextual factors contributing to the lack of interprofessional collaboration among ICU teams. Factors include power dynamics and insufficient interprofessional communication stemming from role ambiguity. Consequently, learning outcomes should address the indicated factors to promote interprofessional collaborative practices among ICU teams. Thus, ICU teams should be made aware of the significance of shared leadership and collective decision-making. The study further advocates for the inclusion of interactive teaching and learning modalities supported by technology to maintain sustainability. Furthermore, the programme should be concise and repetitive to consolidate the acquired interprofessional competencies, facilitated by ICU experienced stakeholders. A neutral facilitator is advised to prevent power imbalances. Interprofessional competencies should be assessed in real time with checklists and surveys. The programme's effectiveness should be evaluated over time through quality improvement measures.

Keywords: Continuous Professional Development programme, interprofessional competencies, intensive care unit teams

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Using holographic technology on the LOOOP curriculum mapping platform to support planned IPECP across Health Sciences programs

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Introduction

Integrating Interprofessional Education and Collaborative Practice (IPECP) into profession-specific, competency-based health sciences curricula remains challenging due to curriculum overload and limited clarity on how interprofessional competencies are operationalised. Effective curriculum planning requires tools that allow shared ownership of IPECP while reducing duplication and academic workload. This study explored the use of the Learning Opportunities, Objectives and Outcomes Platform (LOOOP) to map a validated IPECP programme to the Interprofessional Education Collaborative (IPEC) core competencies and to employ holographic technology to link shared learning objectives across multiple Health Sciences programmes.

Methods

A participatory action research design was employed. A validated IPECP programme was mapped on LOOOP, with learning objectives aligned to the four IPEC core competency domains. Using LOOOP's holographic functionality, the programme was developed as a "donor" curriculum, allowing its objectives to be attached to relevant modules across ten Health Sciences programmes. LOOOP's in-depth analysis tools generated quantitative data, combining existing curriculum objectives with hologrammed content for the visualization of the mapping status across professions. Visual outputs included profession-specific graphs depicting the number and cognitive level of objectives mapped to each IPEC competency subcategory. These outputs were shared with participating programmes to inform strategic curriculum planning.

Results

Substantial variation was observed across programmes in both the number and cognitive level of objectives mapped to the IPEC core competencies. While some professions demonstrated stronger alignment with Values and Ethics as well as Roles and Responsibilities, fewer objectives were mapped to Interprofessional Communication and Teams and Teamwork. The visualisation of data enabled each programme to clearly identify strengths, gaps, and areas requiring further development in relation to IPECP integration. This provides a clear quantitative target for improvement.

Conclusion

Curriculum mapping using LOOOP, combined with holographic technology, provides a practical and scaffolding approach for planning and monitoring IPECP across Health Sciences curricula. This approach supports strategic alignment with interprofessional competencies, reduces duplication of effort, and facilitates collaborative curriculum design. Importantly, involving stakeholders from all participating programmes enhances buy-in and provides evidence to guide institutional decision-making.

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How a Game Taught Us to Rethink Learning

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Story Context / Setting

This story unfolds in a BPharm toxicology module—traditionally a space of dense slides, passive note-taking, and predictable assessments. For years, I watched students dutifully memorise mechanisms of toxicity, yet struggle to apply them when confronted with real clinical scenarios. The disconnect was widening, and the lecture theatre felt increasingly out of step with the world our graduates were entering—one defined by uncertainty, complexity, and the need for agile decision-making.

What Happened / Insight

The turning point came during a routine lecture when a student asked, "But how would I actually know what to do if this happened in real life?" I realised that no amount of explanation could replicate the urgency, ambiguity, and emotional stakes of real toxicology cases. That moment sparked the creation of a fully game-based toxicology simulation—an experiment that replaced lectures with a narrative-driven, clue-based, decision-making experience.

Watching students step into the role of dealing with an emergency—racing against time, piecing together clues, debating antidotes, and feeling the weight of their decisions—was transformative. They weren't memorising toxicology; they were living it. And in their excitement and enjoyment, I saw something profound: the emergence of graduates who could think, adapt, collaborate, and act with confidence.

Why It Matters

This story is not about a game. It is about what happens when we let go of the safety of traditional teaching and trust students to learn through experience. It is about the courage to redesign learning environments so they mirror the realities of modern healthcare—messy, uncertain, and deeply human. It is also about the emotional labour of teaching: the vulnerability of experimentation, the fear of failure, and the joy of watching students exceed what we imagined possible.

What Others Can Learn

That future-ready learning environments are not built through technology alone—they emerge when we design for agency, authenticity, and meaningful struggle. That students rise to the level of the challenges we create. And that sometimes, the most radical act in education is stepping back and letting them play.

Subtheme Alignment

Future-Ready Graduates and Learning Environments

Disclosure: AI was used for editing purposes

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Bridging Silos: Multidisciplinary Learning and Generative AI for Future-Ready Health Science Graduates

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Introduction and Aim

The evolving healthcare landscape demands "future-ready" graduates capable of navigating problems that transcend single-disciplinary boundaries. In the South African context, professional silos often separate Environmental Health (EH) and Clinical Technology (CT) practitioners, potentially compromising public health outcomes. This study aims to explore the experiences of third-year EH and CT students participating in a multidisciplinary collaborative project, specifically examining their development of innovation skills and the role of Generative AI in facilitating cross-disciplinary communication.

Methods / Approach

A qualitative exploratory design will be employed at a South African University of Technology. Purposive sampling will involve third-year EH (n=38) and CT (n=14) students. Following an eight-week collaborative project, data will be collected via focus group discussions conducted on Microsoft Teams. Data analysis will follow Creswell's six-step thematic analysis framework to identify key themes regarding student learning experiences, challenges, and the perceived utility of Large Language Models (LLMs) in bridging technical communication gaps.

Results / Outcomes

Anticipated findings include the identification of specific pedagogical benefits of parallel disciplinary work and the mapping of structural barriers to cross-field collaboration. It is expected that the integration of Generative AI will serve as a conceptual "bridge," assisting students in negotiating different technical terminologies and priorities. The outcomes will likely demonstrate that multidisciplinary exposure encourages higher-order cognitive functions and prepares students for the competitive, integrated labour market by fostering "meaningful knowledge" beyond rote learning.

Conclusion / Relevance

This research addresses the scarcity of multidisciplinary studies within the African Health Sciences context. By evaluating the intersection of collaborative learning and AI, the study provides a framework for breaking professional silos in undergraduate curricula. It highlights how modern pedagogical strategies can enhance student innovation, ensuring graduates are equipped to coexist and thrive within the complex public health ecosystem.

Subtheme Alignment

This study aligns with "Future-Ready Graduates and Learning Environments" by investigating how multidisciplinary pedagogy and AI integration create transformative learning environments that mirror the demands of the contemporary healthcare workforce.

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Linguistic Equity in Health Professions Education: Language-Responsive Teaching for Socially Accountable Healthcare Training

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Introduction

Health Professions Education (HPE) in multilingual contexts remains largely dominated by English as the primary language of teaching and learning, despite graduates being expected to serve linguistically diverse patient populations. In South Africa, this misalignment has significant implications for equitable healthcare access, effective communication, and the social accountability of health professions graduates.

Methods

This paper employs a conceptual and contextual analysis of language-responsive teaching approaches within Health Professions Education. Drawing on health sciences education contexts and national commitments to multilingualism, the paper engages with relevant literature on multilingual pedagogy, equity, and socially accountable healthcare training to examine how language is positioned within HPE.

Results

The analysis demonstrates that integrating students' mother-tongue and indigenous languages into teaching and learning can enhance conceptual understanding, student participation, and preparedness for clinical engagement. Language diversity is shown to function as a pedagogical

resource rather than a barrier, particularly in preparing students to communicate effectively with patients in rural and under-resourced healthcare settings.

Conclusion

Embedding language-responsive and multilingual practices within Health Professions Education can contribute to the development of socially accountable graduates who are better equipped to meet the linguistic realities of the communities they serve. By foregrounding language as a core component of professional competence, this paper contributes to ongoing discussions on equity, access, and transformation in Health Professions Education.

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Integrating Skin of Colour into Generalist Dermatology Education: A Metacognitive Framework

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Background

Teaching skin of colour (SOC) is essential to equitable dermatologic care. Historically dermatology teaching has favoured lighter skin tones - fostering inequitable care of patients..

Methods

A narrative review of existing strategies to include diverse skin tones into generalist medical education and the metacognitive frameworks underlying these strategies was completed.

Results

Although significant advancements in teaching SOC have been made, these are predominantly addended to curricula. However limited dedicated contact time in dermatology and competing study needs may lead to undergraduate medical students and generalists deprioritizing adjunctive SOC training.

Insight

Using a metacognitive framework, we propose SOC should be embedded across all teaching materials for medical students and generalists i.e. Skin in colour. Each common dermatoses should be illustrated using a triptych of clinical images: one each from approximate Fitzpatrick I/II, III/IV, and V/VI skin tones. When learners encounter a clinical pattern across multiple skin tones, they must compare what is shared and what differs. Multiple examples of the same condition allow for in-built repetition of key features of each disease while the skin tone interleaving solidifies students' ability to identify dermatoses in all skin tones. Clinical pattern recognition across all skin tones is thereby linked to differential diagnoses and management as a single unit of information- allowing students to subsequently access all these components simultaneously in clinical practice. We acknowledge that this approach only addresses ability to recognise clinical signs and diagnose conditions already included in teaching materials. Cultural competence and regional epidemiology is essential to an inclusive curriculum.

Message

At a generalist level an integrated approach to teaching should be considered i.e. Skin IN Colour.

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Whose Language Heals? A Campfire Reflection on Mother Tongue, Equity, and Social Accountability in Health Sciences Education

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I still remember the moment a student hesitated before speaking during a clinical skills session, then quietly explained that she first had to translate the lesson into her home language to truly understand it. That moment stayed with me, because it revealed how often language becomes an invisible barrier in health sciences education. This Campfire Story reflects on my experiences within a Faculty of Health Sciences in the North-West Province of South Africa, where students and educators teach, learn, and prepare for practice in languages that are frequently not their own.

Through reflective conversations with students, lecturers, and faculty management, I encountered stories of silence, resilience, and growing confidence that emerged when the idea of mother-tongue instruction was raised. These experiences revealed how language shapes not only access to knowledge, but also students' sense of belonging, professional identity, and readiness to communicate meaningfully with patients.

As I listened to these stories, I began to see how decisions about language in the classroom echo far beyond the university. When students struggle to learn complex health concepts in a second or third language, the effects can surface later in clinical encounters, through miscommunication, reduced patient trust, and missed opportunities for health education. This Campfire Story invites reflection on equity, access, and social accountability, and asks what it might mean for health sciences education to truly honor the languages of the communities it seeks to serve, in pursuit of more just learning environments and more responsive, culturally congruent healthcare.

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The Dead Teaching The Living: Empathy Expanded From The Body, The Family, and The System

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Title

The Dead Teaching the Living: Empathy Expanded from the Body, the Family, and the System

Story Context / Setting

I am a third-year undergraduate medical student preparing to enter formal clinical training. This reflection draws on my pre-clinical experiences, including anatomy laboratory sessions, family visits, and early clinic exposure, which shaped my understanding of empathy before bedside practice.

What Happened / Insight

My earliest encounter with human vulnerability occurred in the anatomy laboratory in my second year of study, where learning through donated cadavers highlighted the generosity of individuals who contributed to medical education. Family visits exposed the socio-economic realities of South African households and illustrated how family systems, poverty, and environment influence health outcomes and burden of disease. Clinic visits further revealed the realities of healthcare delivery, including high patient volumes and limited resources, alongside system-level efforts to maintain patient-centered care.

Why It Matters

These experiences fostered respect, gratitude, and ethical awareness, while shaping my professional identity. Engaging with donated bodies emphasized dignity and responsibility, family visits deepened my understanding of social accountability, and clinic exposure reinforced the importance of empathy even within strained health systems.

What Others Can Learn

This reflection shows that empathy begins to develop before students enter clinical training, not only at the bedside. Early exposure to bodies, families, and healthcare systems helps students grow professionally and prepares them to provide compassionate, patient-centered care .

Subtheme Alignment

This Campfire story aligns with empathy-driven practice and equity in health professions education by highlighting the value of early learning experiences in shaping future healthcare professionals. Empathy learned early reshapes medical education and improves future healthcare delivery.

DISCLAIMER : The experience and reflection are my own. AI was used strictly for language refinement and structural guidance.

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Nurses' perceptions on practicing cultural competence: An exploratory study.

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Introduction and Aim

The cultural competence of nurses practicing in a culturally and linguistically diverse population like South Africa can contribute positively to the achievement of Sustainable Development Goal number 3 – ensuring healthy lives and promoting well-being for all at all ages. Incorporating cultural competence into healthcare systems can thus lead to positive health outcomes. The researcher in this study asserts that culturally competent nurses will be able to show compassion, humanistic caring behaviors that alleviate cultural conflicts, cultural imposition, and cultural pain for people from diverse cultures. Thus, this study aimed to explore and describe the experiences of nurses in culturally competent care in different healthcare settings.

Methods / Approach

A qualitative design following an Appreciative Inquiry (AI) was chosen as the research approach, and it assisted the researcher to meet the study objective. The target population was nurses who were purposively selected from the 2 district hospitals in the North-West province of South Africa. Nurses who met the inclusion criteria for more than a year at these hospitals gave informed consent and participated. A total of eighteen (n=18) nurses participated in the world café across the two hospitals. Data were analysed following thematic analysis according to Colaizzi, incorporating an independent co-coder to enhance credibility of the results. In this study, the ethical principles of respect, justice, privacy, confidentiality, and autonomy were applied.

Results / Outcomes

The Appreciative Inquiry cycle led to participants revealing 4 practice-related themes and nineteen sub-themes. Themes that emerged are current practices for incorporating culturally competent nursing practices; envisioning culturally congruent nursing care practices; designing culturally congruent nursing practices; and empowering nurses and midwives for culturally competent care.

Conclusion / Relevance

Although this study revealed that nurses in these district hospitals are positive and acknowledge the need for cultural competence, they also provided information on the difficulties they would potentially face without organisational support for culturally congruent nursing care.

Sub-theme Alignment

Equity, Access, and Social Accountability: Advancing justice, inclusion, and responsiveness in education and healthcare

Phase of Education – ongoing professional development (practicing nurses).

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Beyond Clinical: Proposing a Policy Literacy Pathway in Health Sciences Education

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Introduction and Aim

Health sciences graduates require not only clinical competence but also the ability to interpret, engage with, and enact policy within complex and evolving health systems. Undergraduate curricula, however, often emphasise technical skill acquisition, leaving gaps in students' preparedness for advocacy, and systemic responsiveness in diverse local and global contexts. Developing policy literacy as a core graduate capability is therefore essential for preparing socially accountable and future-ready professionals. This conceptual paper, that has been accepted for publication in the coming year, proposes a scaffolded Policy Literacy Pathway as a framework to progressively integrate policy literacy across undergraduate health sciences education, aligning global frameworks, regional legislation, and professional regulation to support adaptable, reflective, and socially responsive graduates.

Methods

The framework was derived through a combination of literature exploration and synthesis. Critical curriculum reflection and professional experience in health sciences education highlighted gaps and opportunities for integration of policy literacy. Drawing on understandings of policy as dynamic and contextually driven, together with principles of scaffolded learning, the framework positions the policy cycle as a pedagogical structure for curriculum design. Four progressive stages: Encounter, Iterative Engagement, Critical Reflection, and Policy Enactment are articulated alongside illustrative learning activities, potential assessment approaches, and guiding curriculum principles to support contextually responsive and transferable implementation across disciplines and institutional settings.

Outcomes

The proposed pathway demonstrates how policy literacy may be intentionally embedded across classroom-based and experiential learning to develop awareness of contextual analysis. Alignment with frameworks such as the Sustainable Development Goals and professional standards positions policy engagement as a meaningful graduate attribute. Conceptual outcomes include strengthened professional agency, socially responsive decision-making, and enhanced preparedness to navigate complex and changing health systems, while offering adaptable curriculum guidance responsive to institutional capacity, learner diversity, and societal need.

Conclusion

The framework offers a flexible yet coherent foundation for curriculum innovation and educational practice in health sciences, while encouraging implementation across diverse contexts to refine the pathway's relevance, transferability, and educational impact.

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What are we willing to let go in health professions education?

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Introduction

The world is in a period of profound change driven by technological acceleration and shifting societal expectations. This paper is a reflective response to a call for visionary, speculative, and futures oriented thinking to envisage what comes next for health professions education (HPE). It reports on a process of looking back and imagining possible future scenarios to expose potential emerging trajectories in HPE.

Methods

The work is situated within conceptual and reflective research approaches and adopted looking back and a futures oriented methodological stance, drawing on traditions of critical reflection and structured foresight with a small group of educators. The objective was to examine emerging trajectories and possibilities in professional education by integrating scholarly literature, professional experiences, and established futures methodologies to interrogate assumptions, reframe problems and generate new perspectives that can be applied to HPE.

Results

The work is ongoing but there are emerging opportunities for post institutional learning ecologies, redistributed educational authority, and participatory models in which learners, communities, and intelligent systems collaboratively construct transforming competence. The future scenarios suggest a need for fundamental reshaping of professional identity formation, regulatory frameworks, and curriculum design. The argument advanced is that meaningful responsiveness to future health systems needs not only the anticipation of change but also the cultivation of intellectual openness to overcome entrenched assumptions that constrain innovation.

Conclusion

The emergent message is that rather than a focus on incremental reforms, there is the need for structural and epistemic shifts to reconfigure where, how, and with whom learning occurs. Furthermore, to answer “what is next?”, we need to interrogate the questions: What are we willing to let go of, so that something genuinely new can emerge?

Subtheme Alignment

This presentation aligns with the subtheme, Navigating the next era of HPE but will make a contribution to parallel discussions that aim to unravel the futures of HPE. For example, themes of equity, access and social accountability and empathy-driven innovation and practice will emerge in the reflections.

Phase of Education

Undergraduate, postgraduate, and ongoing professional development.

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Embedding Interprofessional Education Within a Specialist Clinical Service in a Low-Resource African Context

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Introduction and Aim

Interprofessional education (IPE) is widely promoted as a means of strengthening collaborative practice and patient-centred care. However, much of the IPE literature remains classroom-based, short-term, and situated in high-income settings, with limited insight into how interprofessional learning is enacted and sustained within routine clinical services in low-resource contexts. This abstract presents a scholarly practice account of an interprofessional education and collaborative practice model embedded within a fetal medicine unit in Zimbabwe. The aim is to describe and

critically reflect on how interprofessional learning was intentionally designed and sustained within everyday clinical service delivery.

Methods / Approach

A qualitative, reflective scholarly practice methodology was adopted, using lived implementation experience as the primary data source. The setting was a specialist fetal medicine unit within a public-sector health system in Zimbabwe over a five-year period. The interprofessional model brought together midwives, obstetricians and gynaecologists, fetal medicine specialists, sonographers, radiographers, medical students, and clinical psychologists working collaboratively in routine and specialist clinics. Data sources included reflective observations of interprofessional clinical work, unit protocols defining roles and boundaries, interdisciplinary case discussions and co-presentations, and supervision of learners and research across professions. Analysis focused on identifying learning processes and enabling mechanisms. The World Health Organization Framework for Interprofessional Education and Collaborative Practice informed interpretation, alongside situated learning and communities of practice concepts.

Results / Outcomes

Interprofessional learning was enabled through protocol-guided role clarity, midwife-led stewardship, shared clinical participation, interdisciplinary case presentations, and integrated psychological care. Sustained co-participation fostered psychological safety, collective clinical reasoning, and the gradual development of interprofessional identity. The unit evolved into a training and research hub, with perceived improvements in care coordination and patient experience.

Conclusion / Relevance

This scholarly practice account demonstrates that interprofessional education can be embedded within routine clinical services in low-resource African settings. By foregrounding learning-in-practice, it offers transferable, implementation-focused insights for health professions educators and clinical leaders.

Subtheme Alignment

Interprofessional education and collaborative practice; workplace-based learning; service-embedded education.

Phase of Education

Postgraduate training and ongoing professional development (with undergraduate exposure).

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Establishing and Comparing Student Engagement in a Large Multi-component First-year Level Course in Undergraduate Medical Education

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Introduction and Aim

Student engagement (SE) is a complex and dynamic phenomenon, consisting of various dimensions that can influence academic outcomes. Given this importance, there is interest to investigate it, its antecedents and related outcomes. The aim of this study was to assess and compare SE in a large dynamic first-year course called Theory & Practice of Medicine I (YTHP100). YTHP100 consists of three components, namely: Clinical Communication, Community Based Practice (CBP), and Theory.

Methods

To establish an initial measure of SE, the Survey of Student Engagement (SSE) was employed. It is a 14-item item survey consisting of three sub-categories, namely: Cooperative Learning, Cognitive level, and Personal Skills. The SSE was completed on three occasions: once at the end of the first semester and twice at the end of the second semester. To compare mean scores, the repeated measures ANOVA was used.

Results
In the total engagement score, Theory was significantly higher than Clinical Communication (44.49 ± 6.27 vs. 42.25 ± 5.25, $p = 0.025$). CBP and Theory had significantly higher scores when compared to Clinical Communication (11.11 ± 2.80 vs. 9.29 ± 1.65, $p = 0.005$ and 10.93 ± 2.44 vs. 9.29 ± 1.65, $p < 0.001$, respectively) in the Cooperative Learning sub-category. No other differences in sub-category scores were observed. Many item-level findings were anticipated and can be explained by the constructive alignment and the length of delivery of the components in YTHP100.

Conclusion
The findings also shed light on how student engagement can differ within a large course over time, and that this difference may be contingent on a teaching strategy. These findings have important implications for learning design and are consistent with the notion that a learning environment impacts student engagement. Our data can be used for benchmarking and to address curricula in large multi-component courses to enhance student engagement.

Keywords: large multi-component course; South Africa; student engagement; undergraduate medical education

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Implementing Workplace-Based Assessment for General Surgery Training in South Africa: a Design-Based Research study

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Introduction
As Competence-Based Education becomes more widespread, Workplace-Based Assessment (WBA) is increasingly relied upon to evaluate the clinical competence of trainees. However, there have been significant issues reported with WBA implementation across multiple disciplines and healthcare contexts. Although there is currently a national process to implement WBA across all specialist disciplines in South Africa, there is significant concern regarding its feasibility. The aim of this study was to determine if it was possible to implement WBA in the South African setting, and to identify the characteristics of a WBA strategy that could overcome the issues described in other contexts.

Methods
The study was conducted in the Division of General Surgery at the University of Cape Town from January 2022 to July 2024. Design-Based Research was used to define the educational problem, generate guiding principles for a solution, test the solution through cycles of implementation and refinement, and reflect on the process, to derive a final set of design principles. The study was conducted through the lens of socio-cultural learning theory.

Results
Fifteen guiding principles, derived from multiple sources, were used to design the initial WBA strategy. Three cycles of testing and refinement showed relatively high perceived feasibility and acceptability among trainees and supervisors. The lessons learned from each cycle enabled the WBA strategy to be modified to further enhance implementation. Reflection on this process resulted in

refinement of the initial guiding principles to a set of 15 final design principles. While some principles related to substantive aspects like the selection of Entrustable Professional Activities (EPAs) and assessment tools, many focused on enhancing and sustaining engagement, enabling WBA to achieve its potential as a formative and summative tool.

Conclusion

This study demonstrates that WBA can be implemented within this context, when guided by sound design principles. By applying a DBR approach, the study also generated theoretically informed, transferable insights for other disciplines and settings.

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A NEEDS ANALYSIS FOR ONE HEALTH AND INCLUSIVITY TOPICS IN UNDERGRADUATE HEALTH PROFESSIONS TRAINING PROGRAMS

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Introduction: The 21st century presents unprecedented health challenges that defy traditional disciplinary boundaries. From emerging zoonotic diseases (COVID-19, Ebola, Mpox) to antimicrobial resistance, climate-driven health crises, and deepening health inequities, today's health threats emerge at the complex intersection of human, animal, and environmental health. Yet health professions education (HPE) in Southern Africa remains largely confined to professional silos. Graduates often lack critical consciousness to recognize how human–animal–ecosystem interfaces shape health outcomes. Despite growing global recognition of One Health and Inclusivity (OHI) frameworks, academic staff perspectives on curriculum integration feasibility and optimal approaches remain poorly documented across the Southern African Development Community (SADC).

Methods: A cross-sectional study was conducted to assess the current educational landscape of OHI within undergraduate HPE programmes and to identify gaps, challenges, and opportunities for curricular integration. A structured online questionnaire examined: (1) demographic and professional characteristics, including title, seniority, country, institution, and undergraduate qualifications offered; (2) current educational practices, assessing OHI-related topics, skills, and teaching and learning strategies; and (3) curriculum needs assessment, exploring topics, skills, and strategies considered necessary to strengthen OHI training. Data were analysed using descriptive statistics, and results presented in tables and charts.

Findings: Preliminary results reveal three critical insights. First, academics favour broad, context-responsive One Health approaches encompassing individual (zoonoses, disease outbreaks), population (refugee health, public health systems), and ecosystem levels (climate change, environmental health)—aligning with the One Health Umbrella conceptual framework. Second, despite participants in South Africa being drawn exclusively from human health sciences disciplines, respondents emphasized urgent need for competencies addressing human–animal–ecosystem interface risks. Third, participants strongly endorsed multidisciplinary, interprofessional, collaborative approaches utilizing blended and technology-enhanced learning strategies suited to resource-constrained SADC contexts.

Conclusion: Substantial gaps persist in translating global OHI frameworks into locally relevant, culturally sensitive educational practice within SADC. Findings reveal disconnect between academics' recognition of OHI necessity and actual curriculum implementation. These gaps may be addressed through multi-centre regional collaboration, faculty development initiatives, and interprofessional curriculum design bridging current professional silos. This needs assessment provides foundational evidence for developing contextually appropriate OHI curricula preparing Southern African health professionals for complex, interconnected 21st-century health challenges.

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Learning Together Under Pressure: Introducing the Group OSCE as a Formative Learning Tool

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The Objective Structured Clinical Examination (OSCE) is a well-established method for assessing clinical competence in health professions education and is frequently used in high-stakes summative assessment. While the OSCE is valued for its reliability and validity, students often experience significant anxiety due to the requirement to demonstrate a range of clinical skills under strict time constraints. The OSCE aligns with the "shows how" level of Miller's pyramid of clinical competence.

The MBChB programme at Stellenbosch University has recently undergone curriculum renewal, with OSCEs retained as high-stakes summative assessments at 18 months, three years, and five years of training. Undergraduate students typically enter the programme with no prior exposure to OSCEs, as this assessment format is not used within the basic education system. This unfamiliarity may contribute to increased stress and potentially impact examination performance. There was therefore a need to provide students with formative exposure to the OSCE format prior to their first high-stakes assessment at 18 months.

Given the considerable personnel, time, and financial resources required to conduct a traditional OSCE, a Group Objective Structured Clinical Examination (GOSCE) was introduced as a formative teaching and learning strategy. Students were organised into groups of 25 and subdivided into five smaller groups of five students. These groups rotated through five stations, each focusing on a different clinical skill. At each station, one student performed the timed task while the remaining students observed and assessed the performance using a structured rubric. An examiner facilitated feedback and guided reflective discussion, actively engaging both the performing student and observers. Each student had the opportunity to perform one clinical skill and to receive feedback from peers and an examiner.

The GOSCE offers a novel, cost-effective approach to introducing the OSCE format to students while simultaneously enhancing learning through observation, feedback, and reflection. Based on its educational value, the GOSCE has been formally embedded within the undergraduate clinical skills curriculum.

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IPE-in-a-Box: A Toolkit for Designing Implementable Interprofessional Learning Activities

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Aim and Context
Interprofessional education (IPE) is widely recognised as a strategy for preparing health professions graduates for collaborative practice; however, its meaningful design and implementation often require substantial coordination, access to multiple professions, and dedicated resources, creating practical barriers in constrained settings. This workshop supports educators to unravel the complexity of IPE by providing a structured, practical entry point to IPE design. The toolkit enables participants to create implementable learning activities, aligned to interprofessional competencies, that can be adapted, scaled, and refined to suit local contexts.

Structure and Facilitation Plan
This 90-minute, in-person workshop uses a highly interactive design sprint, beginning with a brief introduction to IPE and its core competencies. Participants work in interprofessional groups to design context-relevant interprofessional learning activities using guided templates, competency cards, peer feedback, and implementation planning. Learning and engagement are assessed through completion of the IPE-in-a-Box activity, peer feedback exchanges, and facilitated reflection.

Key Concepts or Skills Addressed
- Foundational understanding of IPE and its role in health professions education
- Application of IPE competencies to guide interprofessional learning design
- Design of feasible, entry-point interprofessional learning activities with clear outcomes

By the end of the workshop, participants will have designed an IPE learning activity that can be immediately implemented in their teaching context.

Participant Engagement
Active participation is embedded throughout the workshop through a facilitated design sprint. Participants work in small interprofessional groups to select IPE core competencies, design an interprofessional learning activity using a structured template, and refine their work through peer feedback. Short micro-inputs are integrated with hands-on tasks, ensuring that most of the session is dedicated to collaborative design, discussion, and practical application.

Subtheme Alignment
This workshop aligns with the Interprofessional and Collaborative Practice subtheme by enabling educators to apply the Interprofessional Education Collaborative Core Competencies to the design of practical IPE activities that enhance teamwork, communication, and role clarity across health professions.

Phase of Education
Ongoing professional development

Undergraduate; Postgraduate

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Novice occupational therapists' perceptions of their undergraduate management fieldwork experience

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INTRODUCTION: The complexities of managing occupational therapy and rehabilitation services necessitate the strengthening of undergraduate management and leadership education. However, there is paucity of literature on experiential learning of management- and leadership competencies for occupational therapy students. This study explored the perceptions of novice occupational

therapists regarding their undergraduate management fieldwork experience at a university in South Africa to determine how well it prepared them for their first year of practice.

METHOD: A qualitative exploratory-descriptive research design was used. Sixteen novice occupational therapists who were trained in one occupational therapy programme in South Africa were purposefully sampled, in their community service year. Telephonic interviews were conducted, transcribed verbatim, and data were analysed inductively using Braun and Clarke's six phases of reflexive thematic analysis.

RESULTS: Four themes emerged from the data: What was new / unfamiliar, gap between theory and practice, inhibitors to learning management skills, and benefits of management fieldwork.

CONCLUSION: The study provided insights on unique opportunities for experiential learning of management and leadership competencies in real-life clinical setting. The fieldwork experiences prepared participants for their first year of work and promoted professional and personal development. Occupational therapy educators should adopt experiential learning as an approach to foster the development of management and leadership competencies at undergraduate level.

IMPLICATIONS FOR PRACTICE

- Management and leadership competencies should be viewed as equally significant to clinical competencies, and students should be equipped with these competencies for future roles as practitioners.
- Experiential learning can be used to strengthen management and leadership education at an undergraduate level in preparing students for management realities during community service and beyond.
- Understanding perceptions of novice occupational therapists regarding their undergraduate management fieldwork experience and how it prepared them for community service may foster the development and revision of curricula that effectively respond to the community service realities.

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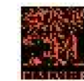

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Learning Without Shortcuts: Undergraduate Reflections on AI Restriction and Deep Learning in Health Sciences Research

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Background and Rationale

The increasing availability of artificial intelligence (AI) tools in higher education has transformed how students engage with academic work. AI often accelerates access to information while reshaping habits of reading, synthesis, and interpretation. Beyond debates around misuse or academic integrity, AI raises deeper pedagogical questions concerning cognitive ownership, epistemic development, and the formation of research competence. In health professions education, where critical judgement, interpretive reasoning, and accountability to evidence are central, these shifts warrant careful curricular consideration. In response, a fourth-year undergraduate research module implemented a structured restriction on AI use during key phases of the research process, intentionally foregrounding sustained engagement with primary literature, data extraction, and independent critical thinking.

Methods

A qualitative reflective design was employed. Reflective essays were collected from undergraduate health sciences students ($n \approx 16$) following completion of a semester-long research project conducted with restricted AI use. Data was analysed using inductive thematic analysis to identify recurring patterns related to learning processes, emotional responses, research engagement, and perceived skill development.

Summary of Findings

Students consistently described an initial period of anxiety, frustration, and slowed progress when AI tools were restricted. However, this discomfort frequently transitioned into deeper engagement with primary literature, improved comprehension, and stronger confidence in articulating research findings. Key themes included-

(1) movement from cognitive offloading to cognitive ownership;

(2) increased tolerance for uncertainty and complexity;

(3) enhanced critical reading and synthesis skills; and

(4) strengthened research identity and confidence, particularly during oral defence.

Students reported that manual engagement with literature fostered lasting understanding and a sense of authorship not previously experienced in AI-assisted work.

Take-home Message

Restricting AI use within a scaffolded research curriculum may initially increase cognitive and emotional load but can promote deep learning, epistemic confidence, and research identity

formation. Rather than rejecting AI use, intentional limitation at specific learning stages may support the development of future-ready health professionals capable of critical, independent scholarship.

Subtheme Alignment

Future-Ready Graduates and Learning Environments; Global and Local Trends Shaping Health Professions Education.

Phase of Education

Undergraduate health sciences education.

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Reframing Human–AI Interaction as Pedagogical Synergy in Health Sciences Education

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Introduction

The rapid uptake of artificial intelligence (AI) in health sciences education has intensified scholarly attention on effectiveness, efficiency, and technological capability. However, such technocentric approaches often under-theorise how AI reshapes pedagogical relationships, learner agency, and professional formation. This paper advances a conceptual reframing of Human–AI interaction in health sciences education through the lens of AI–Human Intelligence (AI–HI) synergy, arguing that meaningful integration requires pedagogical alignment rather than technological optimisation.

Methods

This study adopts a conceptual qualitative research design with the primary aim of theory development rather than empirical generalisation. Conceptual research is recognised within educational scholarship as a rigorous mode of inquiry when it involves systematic engagement with literature, critical interrogation of assumptions, and transparent processes of analytical construction.

Results

Drawing on cognitive load theory, experiential learning theory, and the Technological Pedagogical Content Knowledge (TPACK) framework, the study conceptualises AI not merely as a tool but as a pedagogical presence that mediates epistemic engagement, reflective practice, and identity development. It introduces Student Voice as Pedagogical Intelligence (SVPI) as a novel construct, positioning students’ lived experiences of AI-mediated learning as an epistemic resource for guiding ethical boundaries, curriculum design, and decisions about appropriate AI use. The paper proposes a conceptual framework that articulates the complementary roles of students, educators, and AI systems within a dynamic pedagogical ecology.

Conclusion

This framework foregrounds the protection of critical judgement, reflective capacity, and professional agency as non-negotiable outcomes in health sciences education. By shifting the discourse from automation to pedagogical intentionality, the paper contributes a theoretically grounded perspective on Human–AI interaction and offers guidance for educators and institutions seeking responsible, context-sensitive AI integration.

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Beyond CanMEDS--Aligned EPAs: Digital Literacy as a Missing Core Competency in Chemical Pathology.

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Introduction

Competency-based medical education (CBME) links postgraduate training to workplace practice through entrustable professional activities (EPAs), which define the authentic tasks learners must perform safely with increasing independence. Although EPAs are increasingly embedded internationally, their implementation in South African chemical pathology is constrained by the absence of a clearly articulated competency–EPA framework. Concurrently, the rapid digitalization of laboratory medicine is reshaping how chemical pathologists interpret, communicate, and manage laboratory data within the existing Canadian Medical Education Directives for Specialists (CanMEDS)-aligned curricula.

This study aimed to identify key competency domains for chemical pathology specialist training, and to develop and validate a set of expert-endorsed EPAs to guide progression to independent practice.

Methods

A Nominal Group Technique (NGT) was used to facilitate expert consensus, informed by a modified Potter's six-step process, and underpinned by social constructivist principles of collaborative knowledge generation. The NGT enabled equitable contribution and rapid consensus among nine content and educational experts from three academic institutions in Gauteng. The meeting, held at the University of the Witwatersrand Medical School in Johannesburg, lasted three and a half hours. Discussions were audio-recorded, transcribed verbatim, and analyzed using qualitative content analysis to derive themes informing competency domains and their associated EPAs.

Results

Consensus was reached on three core competency domains for chemical pathology specialist training: medical expertise, communication, and digital literacy, with the latter emerging as a distinct domain not explicitly represented in the current CanMEDS framework for this discipline. Three EPAs —interpreting and authorizing laboratory results, monitoring quality control, and implementing quality management systems —were identified as central to practice and were judged to require integrated digital literacy alongside the other two competency domains.

Conclusion

This study developed expert-consensus EPAs and introduced digital literacy as an additional core competency domain, alongside traditional CanMEDS roles to support the development of future-ready chemical pathology specialists. The resulting competency–EPA framework offers a pragmatic tool for curriculum review, EPA design and workplace-based assessment, and will be disseminated for broader national validation and standardization within the discipline.

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Determining academic and non-academic factors for a pharmacology education success prediction model: A scoping review

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Introduction

Pharmacology is regarded as a cognitively demanding discipline in health professions education and is frequently associated with suboptimal outcomes. Early prediction of student success could enable timely remediation, targeted support, and adaptive curriculum design. However, success is influenced by a complex interplay of academic and non-academic factors, complicating the development of robust predictive models. This scoping review aimed to identify factors most associated with influencing student success in pharmacology education to support purposeful predictive modelling.

Methods

A scoping review was conducted using the Joanna Briggs Institute framework and Medline, Web of Science, PubMed, and Scopus databases. Eligible primary research articles were screened and extracted using a double-reviewer process.

Results

Of 242 screened citations, 64 studies were included. Most studies originated from high-income countries (71.6%), limiting contextual South African relevance. Study populations were predominantly medicine (32.8%), nursing (26.6%), or pharmacy (25.0%), with cross-sectional (42.2%) and pre-post intervention designs (23.4%). Academic factors (54.5%) related to instructional design, curriculum structure, classroom environment, and supporting disciplines, while non-academic factors focused on demographics, learning approaches, and perceptions. Demographic generally showed no meaningful association, whereas instructional design and prior educational background demonstrated moderate, statistically significant positive associations. Learning style variables were rarely associated with academic outcomes, despite suggesting that pharmacology requires higher-order cognition. Success was frequently measured using academic performance or self-reported competence. Methodological limitations were common, including single-site designs, inadequate confoudment control, educator bias, limited multi-factor analyses, and lacking longitudinal data. Associations were frequently overstated despite constraints, with misinterpretations which may lead to assumptive interventions or curriculum changes.

Conclusion

This review highlights the methodological and conceptual challenges in identifying reliable predictors of success in pharmacology education. While academic factors show promise, many reported associations are weakened by study design limitations, particularly due to educator variability. Predictive modelling should not be seen through a reductionist lens that precipitates confoundment of associations, rendering interventions less likely to be justified or intentional. As machine learning and artificial intelligence approaches are increasingly considered for predictive modelling, careful selection and interpretation of input variables are essential to avoid misleading conclusions and unintended consequences for student support and curriculum planning.

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Publish or perish: Is there another option?

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Story Context / Setting

The well-known trope “publish or perish” has maintained a consistent stranglehold over academic researchers. It conveys a subtle, yet menacing threat of scholarly insignificance without an expanding list of publications. Academic researchers face continuous cycles of manuscript submission and rejection in a highly competitive publishing environment, which often threatens their well-being. This

reflective narrative presents one author's account of two articles submitted 10 years apart, highlighting the significance of resilience in the face of rejection.

What happened / insight
In 2016, the harsh rejection of a manuscript submission almost led to the demise of a fledgling scholarly journey. I was not prepared or equipped to deal with this setback. With limited experience and minimal support or guidance, I shamefully abandoned further attempts to publish the manuscript.

Fortunately, this event did not permanently derail my career as a health professions educator. Over the years, I was privileged to work alongside brilliant, yet humane, academics. I learnt from their perseverance, integrity, humility, and creativity, and leaned on connection through shared experience. Through rigorous reflective practice, I adopted adaptive coping strategies, treating inevitable obstacles as stepping stones on the rocky road towards resilience.

Ten years on, I celebrate the publication of an article symbolizing this rocky road. Following multiple cycles of submission, rejection, and revision over nine months, an article on the vacillations of the publication journey was eventually accepted. The authors were challenged to embody the recommendations in the publication, which added to this particularly poignant experience.

Why it matters (emotional, ethical, professional impact):
As health professions educators unravel the future, we should bear in mind the threats to professionals' well-being in an increasingly demanding scholarly environment. Sharing authentic stories of failure, vulnerability, and perseverance could contribute to a more empathy-driven approach.

What others can learn
Health professions educators play a pivotal role in shaping professional identity, supporting the well-being of future healthcare practitioners, and fostering more compassionate, sustainable approaches to scholarly practice. Perhaps we can leave a legacy where "publish" or "perish" are not the only options?

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Implanon Utilisation in South Africa: Women's Perspectives and Educational Implications for Health Professionals

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Implanon Utilisation in South Africa: Women's Perspectives and Educational Implications for Health Professionals

Author: MD Motlhokodi

Background: Implanon is a widely promoted long-acting reversible contraceptive in South Africa; however, its utilisation remains influenced by women's experiences, perceptions, and interactions with healthcare providers. Understanding these perspectives is essential for informing health professionals' education and improving contraceptive counselling and service delivery.

Rationale: This study explored childbearing women's perspectives on Implanon utilisation in South Africa and examined the implications of these experiences for health professions education.

Method: Exploratory, descriptive, and phenomenological qualitative research method was conducted to explore the experiences of the participants attending selected public health facilities. The

population was the women who were using Implanon contraceptive device as a method of birth control and those who had removed the device before the stipulated date of three years. A non-probability convenience-sampling method was used. Data was collected using semi structured interview were audio-recorded, transcribed verbatim, and analysed using The Colaizzi method of analysis.

Findings: Two themes with three sub themes each emerged from the current study. The findings indicate that while awareness of Implanon is relatively high, actual utilisation is influenced by multiple factors, including fear of side effects, inadequate counselling, misinformation, cultural beliefs, and negative experiences reported by peers.

Conclusion: Women's experiences of Implanon utilisation highlight significant gaps in contraceptive counselling and client-centred care. These findings underscore the need to strengthen health professions education by emphasising effective communication, comprehensive contraceptive training, and respectful, woman-centred approaches. Enhancing educational preparation of health professionals including nursing students may improve Implanon utilisation experiences and reproductive health outcomes in South Africa.

Keywords: Implanon, childbearing, health professional, education.

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Paying it Forward: Developing Mentoring Capacity and Culture

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Aim and Context

Effective mentoring is fundamental for building excellence in health professions education (HPE) (Ramani, 2023), yet mentorship competencies are not always prioritised. This interactive workshop aims to foster mentoring capacity among health professions educators by exploring evidence-based mentoring strategies, promoting reflective practice, and exploring the emerging role of artificial intelligence in mentorship relationships. Participants will develop practical skills to become effective mentors while contributing to a sustainable mentoring culture within their institutions.

This 90-minute workshop will employ a scaffolded approach combining brief didactic segments, small-group activities, and facilitated reflection. The session begins with participants identifying their mentoring goals and the contribution they wish to make to their professional community. Facilitators will then guide participants through key mentoring competencies across the relationship lifespan: establishing clear expectations, providing constructive feedback, navigating difficult conversations, and how to appropriately conclude mentoring relationships. Participants will engage with case-based scenarios to practice these skills in a safe environment.

Interactive elements include think-pair-share activities, exercises for practising feedback delivery and challenging conversations, and guided reflection on personal mentoring philosophies. Participants will collaboratively develop an institutional mentoring database, considering matching criteria based on research interests, clinical specialities, and developmental needs. A segment of the workshop will allow for exploring AI's role in mentorship: Can AI serve as a mentor? Participants will critically examine AI's potential contributions and limitations, discussing how to ethically integrate AI tools to enhance—not replace—human mentoring relationships.

This workshop aligns with faculty development and educational leadership themes, addressing capacity building and innovation in HPE.

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An evolving socially responsive framework for evaluating research skills training in UG medical programs

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Background

Over the past decade, there has been a growing global demand for improved research skills, yet consensus on the expected research competencies at graduation remains elusive. Medical education literature shows significant variation in research course formats and assessments. In South Africa, guidance is largely limited to the 2014 HPCSA competency framework (CANMEDS/AFRIMEDS) (the "What?"). At Sefako Makgatho Health Sciences University (SMU), the HPCSA accreditation panel recommended a review of research skills across the six-year MBChB program (the "How?") using LOOOP, a curriculum mapping platform. A multidisciplinary team of educators and experts in health professions education has been formed to identify a suitable framework for evaluating the research component of the MBChB curriculum.

Methods

A literature review was conducted using PubMed, Scopus, Google Scholar, Cochrane, Web of Science, ERIC, MEDLINE and ScienceDirect to identify a framework. The search in January–February 2026 used keywords such as "research," "epidemiology," "evidence-based," "scholar," "undergraduate," "student," "medicine," or "medical." It included English review articles (systematic, narrative, or scoping) from 2014 onward. Non-review studies and single-institution studies were excluded. No suitable framework for evaluating research skills training was found, so the literature was analysed for variables linked to research curricula. Each researcher independently identified variables related to curriculum strengths, weaknesses, opportunities, and threats (SWOT). Weekly meetings were held to reach consensus and finalise the framework.

Results

The SWOT analysis informed the development of an evolving, socially responsive framework for evaluating research skills training in undergraduate medical education. Proposed variables from the analysis include for example educational theory; mandate and imperatives (including resources); intent (aims and objectives); format and design (structure, timing, alignment); learning and teaching requirements (collaboration, coursework, project work, supervision, role modeling); assessment (scoring breadth, depth of knowledge and skills); and program evaluation (outcomes, products, student perceptions, graduate research tracking).

Conclusion

While accreditation processes assess practice against predefined standards, there is limited practical guidance for the systematic evaluation of research skills development in undergraduate medical programs. The proposed framework seeks to address this gap. Educationalists from LMIC countries, including Sub-Saharan Africa will be invited to test the framework within their contexts and disciplines.

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Structural and Career Pathway Determinants of Medical Educationalists in South Africa: A Documentary Review

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Introduction

Medical education in South Africa relies heavily on MBChB-qualified doctors to undertake substantial educational work, including teaching, assessment, and programme coordination. Despite the centrality of this labour, there is limited clarity about how the careers of medical educationalists are structured and valued within academic and regulatory systems. This study examines how the conditions shaping medical educationalists' work are constructed across institutional, regulatory, and policy documents.

Methodology

Informed by Ecological Systems Theory and sociocognitive career development theory, a qualitative document analysis was conducted using a purposive corpus of 11 documents relevant to medical educationalists in South Africa. Documents were selected for their relevance to educational roles, expectations of work, and career progression. The corpus included three MBChB-targeted job advertisements from three institutions, three faculty-level documents from two institutions, and five national-level higher education and health policy documents, including regulatory texts and a professional association vision statement. Documents were analysed using structured analytic memos and comparative matrices to examine how medical educationalists' work is framed across system levels.

Findings

Across the corpus, entry into educational roles was primarily predicated on clinical legitimacy, with educational expertise positioned as desirable rather than required. At the microsystem level, academic contribution was most commonly framed in terms of teaching, supervision, assessment, and coordination. At the exosystem level, progression criteria privileged research outputs and numerical indicators (such as citation indices), creating tensions for teaching-heavy roles. At the macrosystem level, education was framed instrumentally in relation to workforce production and health system imperatives. While professional associations articulated a more explicit and aspirational identity for medical educationalists.

Conclusion

The findings highlight misalignments between the centrality of educational labour and the career structures through which it is evaluated and rewarded. Exposing these tacit structural conditions is critical for developing sustainable medical educational careers and advancing the professionalisation of health sciences education in South Africa.

Subtheme alignment: Global and Local Trends Shaping HPE

This study illustrates how local regulatory and institutional contexts shape medical educational careers, highlighting how health professions education is structured by broader political and economic forces rather than operating in isolation.

Phase of Education

Ongoing professional development

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Lost in (Machine) Translation? Accuracy Failures and Interactional Breakdowns in Multilingual Case History Interviews

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Introduction: South Africa's multilingual and often under-resourced health contexts can create significant barriers to healthcare access and clinician-patient communication across language differences, particularly during case history interviews. Machine translation tools (MTTs) such as Google Translate may offer a pragmatic alternative to facilitate communication when interpreters are not available. However, little is known about how these tools function in clinical interactions nor how to train students to use these tools. This research aimed to evaluate the accuracy and interactional impacts of MTTs for isiZulu and Sesotho in speech-language therapy clinical practice.

Method: This presentation integrates findings from two complementary studies. Study 1 involved a paper-based accuracy assessment of 56 typical paediatric case history questions together with insights from language experts. Study 2 involved four simulated paediatric case history clinical encounters where final-year students used MTTs to interview bilingual standardised patients acting as caregivers. This allowed for direct observation of real-time interactional effects and analysis of recordings via an interactional sociolinguistic approach.

Results: Across both studies, translation accuracy was inconsistent and highly topic-dependent, with feeding-related terminology, culturally embedded food items, and clinically specific descriptors showing the poorest performance. Errors were more frequent and distorted from isiZulu/Sesotho to English, with small shifts in phrasing causing major inaccuracies. During the simulations, the constant need to rephrase, correct mistranslations and manage technical failures disrupted conversational flow, divided the students' attention, undermined rapport-building, and compromised their ability to achieve patient-centred communication with the standardised patients. The MTT thus became a disruptive participant which shifted the focus towards managing the device rather than on human-to-human interaction. Ultimately, the use of MTTs severely compromised the students' ability to successfully obtain a case history.

Conclusion: Currently available MTTs appear to be unreliable tools for use in clinical interactions in the South African context and they arguably reinforce linguistic inequity. Students need to be taught how to critically evaluate these kinds of tools. Prioritising human interpreters as the ethical standard and teaching students how to work effectively with ad hoc interpreters can foster inclusive training, enhancing access to quality care and promoting patient-centred care in South Africa's diverse landscape.

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Building Bridges: Interprofessional Education to Enhance Communication Skills in Healthcare Practices

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Understanding how students learn in interprofessional education (IPE) simulations is essential for advancing and future-proofing health professions education. This workshop focuses on analysing real-time student interactions in IPE simulation scenarios to explore what learners bring to the learning space, how they engage with peers from other professions, and the communication and

collaborative skills they develop. Through video-based debriefs and guided analysis, participants will examine the dynamics of interprofessional collaboration and the mechanisms by which students construct knowledge and interprofessional identity. Ultimately, the session will equip educators with practical analytical tools to unpack these processes in simulation settings, enhancing future-oriented IPE design and facilitation.

Learning Objectives

By the end of this workshop, participants will be able to:

1. Analyse student interactions in IPE simulations to identify communication patterns and collaborative behaviours.
2. Evaluate how students learn from interprofessional encounters, including the influence of prior knowledge, role expectations, and professional identity.
3. Reflect on how IPE simulations can shape communication skills, teamwork, and patient-centred perspectives.
4. Apply strategies for using video analysis and structured debriefing to enhance student learning in their own teaching contexts and evolving healthcare contexts.

Methodology

1. Video Analysis: Participants will watch excerpts of IPE simulation scenarios and identify key moments of communication and collaboration.
2. Interaction Mapping: Small groups will chart how students contribute to the learning space, noting influences of role, prior knowledge, and professional identity.
3. Debrief Practice: Facilitated discussions will model how to guide students in reflecting on their interactions and learning outcomes based on the outcomes of the interactions
4. Co-creation and Synthesis Exercise: Participants will collaboratively develop a visual map or practical guideline that brings together the concepts, and skills explored during the workshop, providing a take-away resource they can use when analysing videos of student interactions with their own students in different contexts.

Outcomes

- Practical approaches for analysing student interactions in simulation-based education.
- Insights into how students construct learning through interprofessional engagement.
- Tools for integrating video-based reflection and debriefing into their teaching practice.
- A deeper appreciation of the role of communication and collaboration in shaping professional growth.

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Sim Anywhere: When the Environment Becomes the Simulator

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Context

Simulation-based education in health professions is often equated with purpose-built laboratories and high-fidelity manikins. In many South African training contexts, however, access to simulation labs is limited, contested, or unavailable, particularly when undergraduate programmes compete with postgraduate training for space and resources. This raised a critical question: Are we unintentionally teaching students to perform only in ideal conditions, while sending them to practise in environments that are anything but ideal? This campfire story reflects on an educational experiment conducted with final-year Clinical Associate students at the University of the

Witwatersrand, prompted by constrained access to simulation labs and concern that students were being trained for environments that do not resemble real clinical settings.

Insight/Story

This campfire story shares an educational experiment dubbed “Sim Anywhere” a simulation method grounded in intentional environmental design rather than technological sophistication. Using basic university resources (a classroom, furniture, a simulated patient, hospital soundscapes layered through a laptop and Bluetooth speaker, and first aid props), a high-stakes trauma scenario was created outside a traditional simulation lab. The learning focus shifted from manikin-driven technical performance to scene safety, situational awareness, team dynamics, and adaptive decision-making in an unpredictable environment.

Learners entered a simulated trauma bay following an oxygen tank explosion, encountering environmental hazards, visual clutter, noise, and emotional realism. Without explicit instruction, students were required to assess the scene, clear hazards, stabilise the patient’s cervical spine, and prepare for safe extraction. The simulation concluded prior to patient lifting to prioritise safety. Learners questioned visible hazards, mistook simulation artefacts for real danger, and displayed heightened emotional engagement, revealing how rarely scene safety is taught as an embodied skill.

A two-room design enabled structured pre-briefing, immersive enactment, and psychologically safe debriefing supported by video playback. Learner reflection surpassed facilitator feedback in depth and honesty, prompting a pedagogical shift toward student-led reflective practice.

Relevance

Sim Anywhere challenges the assumption that educational quality depends on expensive infrastructure. By reframing fidelity as relational, contextual, and emotional, this approach prepares future-ready graduates for uncertainty, resource constraints, and real-world complexity.

Takeaway

When environments are designed intentionally, learning follows anywhere the patient might be.

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Perceptions of nursing students on Clinical assessment in the selected Nursing Education Institutions of the North-West Province

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Introduction: Clinical learning is an important part in the medical field, and the integration of theory into practice. However, with the passing years, there are still challenges regarding clinical assessment among nursing students. Among others there are challenges regarding feedback after assessments and maintaining quality assessment. Therefore, the researcher still believes that clinical assessment is still a challenge in the nursing education institutions in South Africa. Students are the customers and stakeholders of the nursing education institutions and exploring their perceptions on clinical assessment may form part of quality assurance in the institutions.

Method: A qualitative exploratory descriptive design was used in conducting this study from purposively recruited participants. Donabedian medical model of quality assurance was used to collect and analyze data. Five focus group discussions were conducted. Content data analysis was followed. Ethical clearance was sought from the scientific committee (HREC) which issued the clearance approval as (blinded).

Results: Twenty-eight student nurses (10 males and 18 females) participated in the five focus groups. Four themes emerged from the study namely: structure, process, outcome, and suggestions. Each theme has various subthemes.

Conclusion: The study revealed that there are numerous challenges that the student nurses face during their clinical examinations. Suggesting the need to improve clinical assessment at the nursing education institutions.

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Nurses' perceptions regarding the establishment of clinical education and training units in public hospitals in the North-West Province

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Introduction: A Clinical Education and Training Unit is a unit in which the clinical orientation, teaching, learning, assessment, mentoring, and support of student nurses are coordinated to achieve the outcomes of their learning programmes in the health establishment. In South Africa, it was developed to reconstruct and revitalise nursing education and training. Clinical education is crucial to enable nursing students to put what they learn in the classroom into practice as they direct patient care, practise therapeutic communication, hone technical skills, demonstrate caring behaviours, investigate ethical dilemmas, and assume the roles of nurses. The clinical teaching unit is one of the models that shows potential for advancing clinical education.

Methods: A qualitative-exploratory-descriptive and contextual research design was used. Participants were recruited using pamphlets and flyers. A non-probability convenience and purposive sampling techniques were used to select participants based on an inclusion criterion. From 09 September 2023 to 07 December 2023, the researcher used face-to-face group discussions to collect data.

Results: Four focus groups discussions were conducted with a total of 19 participants who were professional nurses. Responses were categorised into three domains: advantages of the Clinical Education and Training Unit, challenges of the Clinical Education and Training Unit, and recommendations for the Clinical Education and Training Unit.

Conclusion: The need to establish functional Clinical Education and Training Units is therefore very important not only to student nurses but also to health care professionals. Most of the participants emphasised that if they were fully established, they would be beneficial in developing health care professionals, especially in terms of in-service training, where nursing standards are emphasised as outlined by the South African Nursing Council.

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Whose Priorities Shape Communication Training? Student and Educator Perspectives for Designing Future-Ready Optometry Curricula

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Introduction

Effective communication is a core graduate attribute in optometric practice, yet how communication training is conceptualised and prioritised within undergraduate curricula may vary across institutions and between students and educators. In the South African context, characterised by linguistic,

cultural, and clinical diversity, understanding how student and educator perspectives shape definitions of communication competence is essential for designing learning environments that support future-ready graduates. This study aimed to explore and prioritise student and educator perspectives on communication training content and teaching approaches within undergraduate optometry education.

Methods

A qualitative, exploratory design was employed using the Nominal Group Technique (NGT) to prioritise perspectives of third- and fourth-year optometry students and academic staff across four South African institutions. Institutional enrolment data were not available; therefore, response rates could not be calculated. Participants responded to two predefined questions addressing key communication content and preferred teaching methods. Data were analysed using thematic categorisation, frequency counts, and cross-group comparison of ranked responses.

Results

Across all participant groups, experiential teaching approaches, including observation, role-play, and simulation, were consistently prioritised in effective communication training. Differences emerged across levels of clinical experience. Third-year students placed greater emphasis on clarity, procedural accuracy, and task-focused communication, whereas fourth-year students and academic staff prioritised professionalism, empathy, and patient-centred communication. Variability was also observed in how 'good communication' was conceptualised, with limited consensus regarding specific communication content and competencies, suggesting a lack of shared curricular language and expectations.

Conclusion

The findings highlight both convergence and divergence in student and educator priorities, underscoring the importance of aligning communication curricula with developmental stages and clinical exposure. Reliance on implicit or fragmented approaches may contribute to inconsistent understandings of communication competence. These results support the need for a structured, longitudinal communication curriculum that integrates experiential learning, progressive complexity, and shared competency definitions. Such curriculum design is essential for cultivating future-ready optometry graduates capable of adapting to diverse, complex, and evolving clinical environments.

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Negotiating power and trust in large-scale interprofessional undergraduate education

Prof Yolande Heymans[1], Associate Professor Jessica Pool[1], Dr Christiaan Bekker[1], Associate Professor Anitia Lubbe[1], Associate Professor Christmal Christmals[1], Dr Christo Bisschoff[1]

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Introduction and Aim

Health professions education is increasingly tasked with preparing graduates for complex, team-based healthcare environments. Yet interprofessional education (IPE) often underplays power dynamics, role ambiguity, and trust formation within collaborative practice. This study explores how undergraduate students from 13 healthcare disciplines negotiate collaboration, role clarity, and power within a large-scale interprofessional group work activity, and what these negotiations reveal about preparing future-ready healthcare professionals.

Methods / Approach

Ethics approval was obtained. This qualitative research was anchored in a constructivist-interpretivism paradigm. The study population included second-year health students at a South

African university (n: 1552). Voluntary sampling was used with 1145 students granting consent that their reflection from the online, open-ended reflective questionnaire could be used for research purposes. Data were thematically analysed using ATLAS.ti 25 to gain insight into how students experienced communication, role negotiation, disciplinary identity, and collaborative challenges.

Results / Outcomes

Findings were clustered around four themes, namely, negotiating roles and identity, power and participation, the development of trust and communication and support and constraints. Participants grappled with understanding their disciplinary contributions and boundaries within teams. Reflections revealed uneven participation, leadership tensions, and perceived hierarchy between disciplines. Over time, many participants reported improved listening, shared decision-making, and mutual respect; however, identified time pressures and unclear role expectations as barriers to effective collaboration. Findings highlight that interprofessional learning is not inherently collaborative; rather, collaboration is constructed through negotiation, dialogue, and structured facilitation.

Conclusion / Relevance

If we are to “unravel the future” of health professions education, IPE must move beyond exposure to disciplines and intentionally address power, trust, and communication as part of preparing students for collaborative healthcare environments. This study emphasises the importance of creating social learning spaces where students from different healthcare disciplines not only learn from, with and about one another, but also get the exposure to how to negotiate roles, manage power relationships, develop mutual trust and improve communication.

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Clinical reasoning for behaviour change: Global-local lessons for physiotherapy curriculum reform

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Introduction: Clinical reasoning that integrates behavioural and psychosocial dimensions is essential for contemporary physiotherapy practice, particularly in contexts with high burdens of non-communicable diseases and complex social determinants of health. In the Global South, physiotherapy education must prepare graduates to promote sustained behaviour change in resource-constrained contexts. However, empirical evidence on South African physiotherapy students’ competencies in behavioural medicine remains limited. Global curriculum comparisons offer valuable insights to inform contextually relevant local curriculum redesign and policy reform.

Aim: To evaluate undergraduate physiotherapy students’ clinical reasoning skills regarding patients’ activity-related behaviour and behaviour change at a South African university, and to compare these findings with Swedish students exposed to structured behavioural medicine training, in order to generate lessons for curriculum transformation and policy reform in the Global South.

Method: A quantitative, cross-sectional, comparative study design was employed. Final-year physiotherapy students (N=38) from a selected university in South Africa completed the Reasoning for Change (R4C) questionnaire. Comparative data from 61 Swedish final-year physiotherapy students were included. Descriptive statistics and independent t-tests were applied. Results were significant at p-value 0.05.

Results: South African students scored significantly lower than Swedish peers for Knowledge (32.6 ± 5.1 vs 35.7 ± 4.8; p = 0.003), Cognition (31.7 ± 6.0 vs 34.9 ± 5.8; p = 0.012), Client input (34.2 ± 6.3 vs

38.5 ± 7.2; $p = 0.003$), Functional behaviour analysis (21.8 ± 2.6 vs 23.8 ± 2.9; $p < 0.001$), and Strategies for behaviour change (16.2 ± 1.9 vs 19.6 ± 3.7; $p < 0.001$). In contrast, they scored higher for Self-efficacy (77.8 ± 12.5 vs 70.4 ± 12.6; $p = 0.005$) and Contextual factors (20.2 ± 2.7 vs 14.9 ± 4.7; $p < 0.001$), reflecting strong contextual awareness but limited formal training in behaviour change approaches.

Conclusion: This global-local comparison reveals critical curriculum gaps while identifying strengths that can be leveraged for physiotherapy education reform in South Africa. Curriculum developers and regulatory bodies should consider revising training standards to explicitly embed behavioural medicine competencies, thereby strengthening graduate preparedness for complex, behaviour-driven health challenges.

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Establishing and validating same-year/level peer-assisted learning implementation objectives for foundation provision in health sciences education

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Introduction and aim

Foundation provision (FP), offered through extended curriculum programmes (ECP) in health sciences education (HSE), aims to promote 'access to success' by providing additional academic and curricular support to students from previously disadvantaged communities. It is believed that same-year/level peer-assisted learning (SPAL) offers numerous pedagogical benefits for HSE students in support of their academic, personal, and professional development, and that the implementation of SPAL in medical curricula is increasing worldwide. Despite this growth, limited literature currently explores how SPAL implementation objectives strategically align with the aim of FP offered in the HSE and South African contexts. This study thus aimed to establish SPAL implementation objectives that were expertly validated and strategically aligned with the aim of FP in HSE to support vulnerable students' academic, personal and professional development.

Methods

A qualitative Delphi method was used. Qualitative questionnaires were electronically distributed over four survey rounds to 12 purposively sampled experts in HSE and health professions education (HPE). Endorsed statements were identified at a consensus level of 75% agreement among panel members.

Results

A total of 20 SPAL implementation objectives were established. These objectives were expertly validated as strategically aligned with the overall aim of FP for both HSE students and related departments involved.

Conclusion

This study produced an expertly validated SPAL strategy for FP in HSE. The identified endorsed objectives were found to be in support of the academic, personal and professional development of previously disadvantaged students and aligned with FP's 'access to success' mandate. This paper offers these endorsements as recommendations for adoption by South African higher education institutions when planning and implementing a SPAL strategy for extended curriculum programmes in HSE.

Keywords: foundation provision; extended curriculum programmes; health sciences education; access to success; same-year/level peer-assisted learning

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Global Standards versus Local Realities: Sitting with the Tensions of Global Accreditation Standards in Africa.

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Global Standards versus Local Realities: Sitting with the Tensions of Global Accreditation Standards in Africa.

Story Context

Several years ago, I was leading preparations to pursue ACGME-International accreditation for the PGME programs at Aga Khan University, Nairobi. A lexicon of new words – "milestones," and "wellness infrastructure," filled the air. In the room were committed clinician-educators. Outside, wards were full, faculty stretched thin.

A respected senior clinician asked: "Why are we trying to become something we are not?" Many nodded in agreement. There were deeper questions – why were we importing standards from elsewhere? Why were we measuring ourselves against a system so contextually different from ours?

This was more than an accreditation exercise. It was a broader conversation about identity, power, about who defines quality. It was about whether global standards could coexist with local realities — without erasing them.

What Happened

What followed was a reckoning. Faculty asked difficult questions. There were accusations of valuing external validation over local relevance. I needed to listen, interpret and lead. We began to treat the standards as prompts for difficult conversations. What would "protected teaching time" mean in a service-heavy system? What would "wellness" look like where workforce shortages are real and where wellness has different cultural connotations? The turning point came when we shifted from asking, "How do we satisfy the standards?" to "How can they best work for our context?"

Why It Matters

As an African, I felt this tension personally – pride in meeting the global benchmark against the risk of uncritical adoption of external standards. Global accreditation challenges our assumptions about quality, legitimacy, and power.

What Others Can Learn

Accreditation can catalyse meaningful transformation. It becomes less about external validation and more what "quality" can and should mean in Africa, where professional identity, culture, service pressures, and resource constraints shape healthcare education. When we reach for global legitimacy, what must we protect so that we do not lose ourselves?

Subtheme Alignment

This story speaks to Future-Ready Graduates and Learning Environments, exploring how global standards can be made context-responsive to the local forces that shape training in Africa.

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Entrustable Professional Activities in Health Professions Educator Training: A Scoping Review

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Background and Aim

Entrustable Professional Activities (EPAs) are well established within Competency-Based Medical Education; however, their application to teaching competence remains emergent. While EPAs have been described for specific teaching activities such as small-group facilitation and bedside teaching, their use across the broader teaching practice of university educators is limited. This scoping review aimed to examine how EPAs have been used in the training and development of Health Professions Educators (HPEs).

Methods

The scoping review was conducted in accordance with the Joanna Briggs Institute methodology and the Population, Concept, and Context (PCC) framework. Literature published between 2005 - 2025 was searched across ten databases and one data platform via EBSCOhost. Articles were screened using Rayyan. Eligible sources addressed the use of EPAs in the training or development of HPEs or related terms.

Results

Of the 1 214 records identified, 772 remained after duplicate removal for eligibility screening. Following exclusions based on population, relevance, article focus, and language, 18 articles were reviewed. The studies originated from the United States, Saudi Arabia, and Iran, with contributions from Europe, Asia, and Africa. Thematic analysis yielded nine themes: EPAs for faculty development, processes and stakeholder involvement in EPA development, varying levels of conceptual understanding, validation approaches, contextual relevance and generalisability, integration into postgraduate Health Professions Education programmes, and the centrality of entrustment.

Conclusion

Although progress has been made in conceptualising EPAs for teaching competence, their use in Health Professions Education remains limited. Further research is required to expand EPA development and implementation, particularly within lower- and middle-income country contexts.

Subtheme Alignment: Navigating the Next Era of HPE - EPAs for HPEs may offer a structured, practice-based framework to professionalise teaching in Health Professions Education by translating educator competencies into entrustable units of teaching practice that enable progressive faculty development. In the evolving landscape of Health Professions Education, they may strengthen accountability, professional identity, and alignment between teaching quality and patient care.

Phase of Education: Ongoing professional development

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Beyond Human Mentorship: Integrating AI and Peer Support to Navigate Student Success in Health Sciences

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Introduction and Aim

The transition into Health Sciences programmes is associated with significant academic, social and emotional demands, requiring structured support mechanisms to facilitate student adjustment and success. Peer mentorship programmes aim to foster this support. However, limited research has explored how such initiatives can evolve within increasingly digital learning environments. As higher education navigates rapid technological change, there is growing interest in how artificial intelligence may complement existing human-centred support strategies. Within this context, the Faculty of Health Sciences at a university in Gauteng implemented a peer mentorship programme, creating an

opportunity to explore both its perceived impact and the potential role of Large Language Models (LLMs) in informing programme development. This study aims to explore the perceptions of students and staff regarding the peer mentorship programme's impact and effectiveness while simultaneously investigating the role of Large Language Models (LLMs) in generating parallel recommendations for programme improvement.

Methods

Following a descriptive qualitative research approach, the study utilizes semi-structured interviews and focus group discussions with peer mentors, mentees and staff members. A novel data-generation component involves using an LLM to generate a parallel set of recommendations, which will be compared to the themes identified from the human data to highlight differences and similarities in mentorship design.

Results

Preliminary insights suggest that while peer mentorship provides vital emotional and academic scaffolding, there are clear areas for improvement in role clarity and regular interaction between mentor and mentees. The integration of AI-generated recommendations might serve as a benchmark for foresight thinking in student support, offering alternative approaches to improving mentorship support.

Conclusion

By blending human lived experience with digital innovation, this research could propose a new model for student success. It highlights the importance of navigating the next era of Health Professions Education, where digital tools and human empathy interconnect to advance equity and academic agency.

Subtheme Alignment

This project aligns with the subtheme of navigating digital and societal shifts by exploring how traditional peer engagement and emerging artificial intelligence can collectively improve student support.

Phase of Education - Undergraduate

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Beyond Words: Artefacts as Reflective Language in South African Medical Education

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Introduction

Reflection is central to experiential learning and professional identity formation in medical education. Yet, it is often operationalised through written journals, structured templates, and linguistically demanding academic discourse rooted in Western traditions. In multilingual and culturally diverse contexts such as South Africa, these approaches may silence students, constrain authentic meaning-making, or position reflection as performative compliance rather than genuine engagement. These challenges raise questions about whose voices are recognised, whose reflections are legitimised, and what constitutes "deep" learning within undergraduate clinical skills education.

Aim

This presentation explores how symbolic artefacts can function as an inclusive "reflective language," enabling students to be seen, heard, and understood within reflective teaching and learning practices while expanding what counts as legitimate reflection.

Methods / Approach

In a second-year MBChB Clinical Skills programme at the University of Cape Town (UCT), students engaged in artefact-based reflection following patient encounters. They created or brought symbolic artefacts—such as objects, drawings, metaphors, or culturally meaningful symbols—and presented them via group video submissions. Artefacts were discussed during facilitated in-class reflective sessions. Student narratives and recorded reflections were analysed using a phenomenographic approach to explore variation in how students experienced and expressed reflection through symbolic and artefact-based modalities.

Results / Outcomes

Artefacts provided an alternative entry point into reflection, reducing reliance on Western academic expression and supporting culturally grounded storytelling. Students used symbolism to convey vulnerability, belonging, fear of failure, and emerging professional identity. Sharing artefacts fostered peer empathy, mutual recognition, and a more equitable reflective space. Overall, artefacts acted as reflective tools rather than illustrations, challenging dominant Western conventions and legitimising diverse ways of knowing.

Conclusion / Relevance

Artefact-based reflection challenges dominant norms by legitimising diverse ways of meaning-making in undergraduate clinical skills education. It offers a practical, culturally responsive strategy for reimagining reflective pedagogy in the Global South—foregrounding voice, identity, and relational understanding. By broadening what counts as legitimate reflection, this approach fosters inclusive learning spaces and supports the development of decolonised, contextually relevant reflective practice frameworks.

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Exploring Socio-Cultural Influences on Student Learning: A Dialogic Approach to Enhancing Support

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Aim and Context

Despite the availability of institutional resources, many students continue to face barriers that hinder their academic success and personal development. Socio-cultural factors such as identity, belonging, power, language, and prior educational experiences often shape how students access, interpret, and benefit from support, yet these dynamics remain largely invisible in formal educational spaces. Drawing on critical pedagogy and socio-cultural theories of learning, this workshop creates a reflective and participatory space to surface these influences and reconsider how student support might be more responsive, relational, and co-created.

The session is grounded in critical pedagogical traditions that emphasise meaning-making through dialogue, reflection, and collective sense-making. Participants will engage with reflective data representations such as images, poetry, and student quotations drawn from diverse student experiences. These creative artefacts serve as catalysts to prompt real conversations, inviting emotional, relational, and contextual engagement.

Structure and Facilitation Plan

The workshop unfolds over three facilitated rounds of small-group dialogue:

- Round 1: Seeing Through Their Eyes

Participants respond to visual and poetic prompts, reflecting on what the artefacts evoke about students' experiences of support, marginalisation, or belonging.

- Round 2: Listening Between the Lines

Groups explore the emotional, cultural, and structural narratives embedded in students' experiences, focusing on what is often unheard or overlooked.

- Round 3: Reimagining Support.

This final round challenges participants to think beyond institutional structures and explore collaborative, relational practice and imaginative student support.

Key Concepts or Skills Addressed

By the end of the workshop, participants will:

1. develop greater awareness of socio-cultural influences on student learning and support;
2. experience dialogic methods that can be adapted to their own contexts; and
3. generate principles for more inclusive, participatory, and responsive student support practices.

Participant engagment

This workshop is intended for health professions educators, students and other stakeholders who are interested in a creative space where we can rethink how we do things differently to enhance the learning experience in health professions education for all through collaborative problem solving.

Subtheme Alignment: Empathy-Driven Innovation and Practice

Phase of Education

Undergraduate and graduate.

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Evaluating a Sexual Health Education Curriculum in Medical Students: Three Years of Longitudinal Cohort Data

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Introduction

Sexual health and sexual medicine are increasingly recognised as integral components of comprehensive medical care. Evaluations of sexual health education programmes in medical curricula are therefore essential to determine whether teaching interventions meaningfully improve students' knowledge, communication skills, and attitudes. However, the availability of robust evaluation tools and long-term outcome data remains limited.

Methods

Medical students were voluntarily administered the Sexual Health for Professionals Scale (SHEPS) in English online in the first month of their entry into medical school (February 2022: Wave 1). In subsequent years, the SHEPS was administered voluntarily in 2023 (Wave 2) and 2024 (Wave 3). The SHEPS was introduced as part of evaluating a new sexual health course introduced in the medical curriculum at Stellenbosch University, continuing from year 1-year 6 of medical school. Students who had data on at least two of the three waves of the SHEPS (n = 149) were included in the analysis. Those with only one wave of data were excluded (n = 132). There was no significant difference in missing data within or between waves by gender or age (when age was corrected by increasing it by 1 year in each wave). If only one wave was missing, the SHEPS data scale totals were imputed. Numbers of missing responses by wave were 2022, 25; 2023, 54; and 2024, 31.

Results

Over the 3 years, the 3 measures of sexuality-related Knowledge, Attitudes and Beliefs, and Comfort in Communication about sexuality in health settings, moved differently. Knowledge rose significantly

in the first year and continued to increase significantly in subsequent years, though at a slower pace after the strong initial increase. Comfort in communication about sexuality made a similarly strong and significant rise from baseline and then plateaued. In contrast, Attitudes and Beliefs about sexuality, on a Liberal-Conservative scale, showed no significant movement at any point.

Conclusion

Knowledge and Communication skills were consistent with a classic skills learning curve. However, students' Attitudes and Beliefs appear to be unrelated to improvement in Knowledge and Communication. Furter longitudinal follow-up at years of this cohort will add depth to these findings.

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Pragmatism in Curriculum Development: Using Curriculum Documents, Educator Perspectives, and Graduate Feedback to Develop a Micro-Curriculum Theme Framework

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Introduction

Curriculum studies have been described as resulting in theoretical ambiguities that lead to conceptual mayhem. Descriptions of curricula in occupational therapy education – especially vocational rehabilitation - remain scant.

Vocational rehabilitation plays a critical role in enabling engagement or re-engagement in work, with occupational therapists central to this process. However, despite the importance of this role, there are no clear guidelines to prepare occupational therapy students for vocational rehabilitation practice. Addressing this gap was the focus of this research.

Methods

A pragmatic philosophy facilitated a complementary whole curriculum framework. A constructivist ontology enabled the harnessing of multiple realities from different sources. A four-phase convergent parallel mixed methods design was employed.
Phase One involved a document analysis of curriculum-related materials.
Phase Two explored educators' perspectives through semi-structured interviews.
Phase Three gathered perspectives from occupational therapy graduates via an online survey.
Finally, Phase Four synthesized all data into a proposed curriculum framework.

Results

Data from each of the three research phases were analysed separately. Thereafter, integration was conducted using a side-by-side matrix. Convergence was achieved when concepts were evident across all phases. Six areas of the curriculum framework emerged – that of the purpose, sequence, practice education, resources, educator development, and curriculum topics

Implementation as a curriculum theme is dependent on the higher education institution. programme. Practice education should be diverse and reflective of the settings in which novice students may work.

Resources are important stakeholders in the process - these include departmental leadership, clinician partners, employers, and education specialists. The occupational therapy educator emerged as a unique component and driver of this curriculum theme. Experience, passion, and the intentional, supported transition from clinician to educator were highlighted as critical factors.

Curriculum topics were grouped into three themes that of work as occupation, the vocational rehabilitation process and programmes.

Conclusions

The curriculum framework is grounded in an occupation-centred philosophy, applied to both work and its teaching. The framework highlights the interconnectedness of occupations and is embedded across macro, meso, and micro environments, ensuring contextually responsive interventions. It offers a practical framework for the preparation of future occupational therapists.

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Relational systems over lectures: course convenor reflections on team-based formative learning in undergraduate health professional education

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Introduction: To cultivate future-ready graduates, health professional education must transcend passive knowledge and bridge the gap between clinical exposure and true "practice-readiness." This presentation reflects on a pilot innovation of formative activities in a 5th-year General Surgery course during a time of stepping away from a traditional summative model towards a continuous, formative learning system. This work challenges the assumption that tertiary clinical exposure and theoretical knowledge alone develop sufficient competency for student internship.

Innovation: A multi-modal formative approach is co-created with students to complement traditional curriculum. Key activities include: 1) longitudinal Fictional Patient case requiring group-based diagnosis, paper-based management, and oral presentations; 2) student-led Peer Teaching where groups facilitate revision presentations and case-based clinical reasoning tasks for their class; and 3) weekly Formative Tutorials for targeted skills development—assessment literacy, disciplinary discourse, digital tools, hospital documentation (referrals, prescriptions, progress notes, investigation requests), and structured clinical reasoning approaches. Wellbeing and professionalism are integrated through structure, mindfulness activities, open dialogue about assessment governance and design, and relational grounding.

Impact: Leadership, teamwork, and collaboration were the most impactful learning outcomes observed, reinforcing the value of social learning environments. Mastery of hospital administrative forms was the second most valued component, addressing a potential gap in the curriculum. The Fictional Patient and Peer Teaching sessions were praised for simulating primary care and providing a safe space for learning, and lessons for improvement are shared. Supervisors report increased student confidence on the clinical platform, and these teamwork activities are institutionally accredited for low-stakes summative assessment, with student-educator co-creation of feedback system.

Conclusion: This redesign creates an agile learning environment that helps not only students but curricula to navigate the complexity of modern health professional education. By integrating low-stakes continuous summative tasks that mirror future internship duties, the curriculum empowers graduates to be practice-ready and adaptable. Through partnered co-creation, the curriculum becomes responsive to student needs.

AI declaration: Notebook LM (Google) was used to summarise the author's original operational documents (i.e., teaching materials and outcome reports.) The final abstract was compiled by the author.

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Building Clinical Confidence and Competence Through Obstetric Simulation in Clinical Associate Students

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Introduction and Aim

Obstetric clinical training is characterised by unpredictability, high-stakes decision-making, and emotionally charged patient encounters. Simulation-based education is widely used to prepare students for these realities; however, limited evidence exists on how learning from obstetric simulation translates into confidence, perceived competence, and empathic clinical engagement during subsequent clinical placements, particularly for Clinical Associate students.

Following an obstetric-focused simulation, this study aimed to explore second-year Clinical Associate students' immediate and post-clinical rotation perceptions and experiences.

Methods

A qualitative design was employed. A purposive sample of second-year Clinical Associate students (N≈45) participated in focus group discussions conducted at two time points: within 24–48 hours following an obstetric-focused simulation (five focus groups) and approximately six weeks into their obstetric clinical rotation (three focus groups). Focus groups comprised 6–8 participants. The focus group discussion guide was developed through an iterative process informed by the simulation learning outcomes, literature on simulation-based education, and early analytic insights from initial discussions.Data were analysed using reflexive thematic analysis, enabling comparison of immediate simulation experiences with post-placement clinical application. Trustworthiness was enhanced through iterative coding, reflexive memo-writing, and team-based analytic discussions. Ethical approval for the study was obtained prior to data collection.

Results

Immediately following simulation, students described high engagement, emotional safety, and perceived realism. Simulation was experienced as a supportive space to practise technical skills, communication, teamwork, and professional role enactment without fear of patient harm. During post-clinical rotation discussions, students reported increased confidence in engaging with obstetric patients, communicating within multidisciplinary teams, and participating in clinical decision-making. Perceived competence developed unevenly, with communication and routine clinical skills transferring more readily than high-pressure decision-making. Learning transfer was strongest when clinical supervisors explicitly linked real-world cases to prior simulation scenarios and provided supervised opportunities for practice. In less supportive placements, students reported challenges consolidating confidence.

Conclusion

Obstetric simulation functions as an empathy-driven educational intervention that supports both technical readiness and relational confidence as students transition into complex clinical environments. To strengthen simulation-to-practice transfer, Clinical Associate programmes should prioritise structured clinical mentorship, explicit scenario-to-practice linking, and reflective debriefing during clinical placements.

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Pienaar, L., Kuupiel, D., & Van Wyk, J. (2025). Health professions education and unprofessional behaviour in the global south: a scoping

review of conceptions, theoretical frameworks, and prevalence. BMC Medical Education, 25(1), 1733.

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Introduction: Understanding how unprofessionalism is interpreted and enacted in low- and middle-income countries is essential for developing health professionals that are contextually and socially grounded. Methods:The scoping review explores and maps existing scientific evidence on unprofessional behaviour in health professions education from a Global South perspective. Results: We retrieved 382 articles, of which 14 articles were published between 2004 and 2024. The articles were retrieved across PubMed/MEDLINE, Scopus, Web of Science, EBSCOhost (Academic Search Complete, Health Source, and PsycINFO) databases, and supplemented by Google Scholar. The studies emerged from 10 countries, with the majority conducted in the United Arab Emirates (21.4%), followed by Saudi Arabia and Thailand with 14.3% each, and other countries each contributing 7.1% of the total studies. The highest number of studies was published in 2017, 2020, and 2023 (14.3% each). Most study designs were cross-sectional (71.5%), while qualitative studies accounted for 21.4%, and mixed methods were 7.1%. The study populations predominantly consisted of medical students (64.4%), followed by residents (14.3%), and smaller groups including multi-disciplinary students (Medicine, Pharmacy, Nursing), clinicians and medical students, and clinical faculty members and medical students with 7.1% each. The studies were conducted across academic and clinical settings (50.0%), with others focusing solely on clinical environments (28.6%), preclinical settings (14.3%), and a clinical and surgical training environment (7.1%). Five key themes emerged: Academic Dishonesty and Integrity Violations, Bullying and Harassment, Clinical and Ethical Misconduct, Disrespect and Power Abuse, and Neglect of Professional Responsibilities. Conclusion: The study findings draw attention to the need for theoretical engagement and institutional reforms that reflect the realities of educational and clinical training environments in low- and middle-income countries.

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Team Players and Task Masters: Group Work Skills in Physiotherapy Students

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Introduction and Aim

Group work is an integral component of the physiotherapy curriculum, reflecting the collaborative nature of contemporary clinical practice. Effective group engagement requires the development of both interpersonal and task-oriented skills, which underpin communication, accountability, shared decision-making, and collective problem-solving in patient care and interdisciplinary teamwork. Despite the centrality of these competencies in health professions education, limited evidence exists regarding physiotherapy students' preparedness for collaborative learning. This study aimed to determine whether physiotherapy students possess the skills necessary to contribute to and participate effectively in group work, and to explore whether differences exist across year levels.

Methods

A cross-sectional descriptive study was conducted among second-, third-, and fourth-year physiotherapy students (n = 163) using purposive sampling. Data were collected using the Group Work Skills Questionnaire, a validated 10-item Likert-scale instrument assessing self-perceived

competence in task-oriented and interpersonal group work skills. Descriptive statistics were calculated, and one-way ANOVA was used to examine differences in skill levels across year groups.

Results

Responses from 133 participants were analysed (response rate: 81.6%). Two subscales were assessed: task-oriented skills and interpersonal skills. Second-year students reported the highest mean task-oriented score ($M = 3.92$, $SD = 0.61$), followed by fourth-year ($M = 3.89$, $SD = 0.59$) and third-year students ($M = 3.79$, $SD = 0.75$). For interpersonal skills, second- and fourth-year students reported equal mean scores ($M = 3.98$, $SD = 0.58$; $M = 3.98$, $SD = 0.55$, respectively), while third-year students scored slightly lower ($M = 3.81$, $SD = 0.74$). No statistically significant differences were found between year groups ($p > .05$).

Conclusion

Physiotherapy students demonstrated well-developed interpersonal and task-oriented group work skills, reflecting a balance between "team players" and "task masters." The absence of significant differences across year groups suggests that collaborative competencies are established early and sustained throughout the programme. Intentionally strengthening these intra-professional collaborative foundations may enhance readiness for interprofessional education and support effective teamwork across healthcare disciplines, contexts, and sectors.

Subtheme alignment

Highlighting how early development of collaborative competencies within a profession can strengthen readiness for effective interprofessional teamwork across healthcare contexts.

Phase of education

Undergraduate and postgraduate

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The Role of South African Undergraduate Medical Education in the Development of Emotional Competence in Junior Doctors: A Qualitative Study

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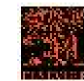
Introduction: Doctors require both clinical and socio-emotive skills to navigate emotionally charged encounters, yet emotional skills training in undergraduate medical education is often described as inadequate. While some South African medical schools have introduced programmes to address this gap, it is unclear whether these efforts adequately prepare interns to manage emotionally charged encounters in clinical settings. This paper sought to explore how South African medical interns perceive the contribution of their undergraduate medical education to the development of their emotional competence to regulate challenging emotions, both in themselves and in others, in clinical settings.

Methods: A qualitative research design was employed, using semi-structured interviews with 12 junior doctors from 8 medical programmes in South Africa who had completed a 2-month rotation in a rural Eastern Cape district hospital setting. Data were coded and subsequently analysed thematically.

Results: Interns described limited formal teaching on emotional competence during medical school, with some benefit from sessions like role-play and case discussions on the topic. Emotional learning often occurred informally through observation of clinicians, extra-curricular activities, and personal experiences. However, high-pressure clinical environments, hierarchical academic structures, and a

culture they experienced as dismissive of emotion hindered development. Interns emphasised the need for structured, practical, and safe training spaces from the first year. Emotional skills were seen as essential for effective patient care, personal well-being, and professional functioning across all areas of a junior doctor's life.

Conclusion: Developing emotional competence in clinicians should begin during undergraduate education through structured, evidence-based programmes integrated throughout medical training. Such initiatives should ideally start in the first year and evolve alongside clinical skills development. A key challenge is the shortage of emotionally competent educators and clinical supervisors to guide students effectively. Therefore, postgraduate training is essential to equip senior colleagues to lead these efforts and serve as role models. Building a workforce of emotionally competent clinicians could enhance healthcare delivery, improve patient outcomes, and support the mental well-being of doctors.



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Constructive alignment of EBHC competencies in a longitudinal undergraduate curriculum: a case study of Clinical Curiosity

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Introduction

In evolving health and learning systems, “practice-readiness” includes the ability to use evidence in real clinical decisions across variable contexts. Stellenbosch University embedded evidence-based health care (EBHC) as a longitudinal thread (“Clinical Curiosity”) within its renewed, spiral, competency-based MBChB curriculum. This study evaluated how EBHC competencies are constructively aligned and integrated across the implemented Years 1–4, and considered implications for designing future learning environments as the planned Years 5–6 are implemented.

Methods

A qualitative case study was conducted. Phase 1 analysed 68 curriculum artefacts (module specifications, student-facing session guides, and assessment tasks/rubrics) for Years 1–4. Learning outcomes, teaching activities, and assessments were mapped using constructive alignment, the EBHC 5-step model, Bloom’s revised taxonomy, and the CREATE framework. Phase 2 comprised semi-structured videoconference interviews with five purposively sampled international EBHC educators. Interview data were analysed thematically using a framework-informed, hybrid deductive–inductive approach and integrated with document findings through cross-case comparison.

Results

Clinical Curiosity shifted EBHC from a fragmented early-year offering to an explicitly articulated longitudinal thread. Across 301 learning outcomes and 203.5 teaching hours, Introductory, Ask, Acquire and Appraise competencies were clearly specified, systematically scaffolded and repeatedly assessed, with a strong “Doing Research” emphasis in Year 4. However, Apply and Evaluate were comparatively under-represented in learning outcomes, received limited structured teaching, and were only partially and inconsistently assessed, particularly in workplace-based settings. Experts described the design as pedagogically progressive but highlighted an intent–enactment gap linked to large cohorts, distributed clinical sites, variable supervisor expertise and hidden curriculum influences.

Conclusion

The implemented Years 1–4 provide a strong foundation for EBHC knowledge and appraisal, but future-ready practice-readiness requires strengthening Apply/Evaluate through authentic workplace learning and integrated clinical assessment. As Years 5–6 are implemented, redesigning learning environments so that evidence use is visible, coached, and assessed in routine clinical work offers a lever to cultivate adaptable, future-ready graduates.

Keywords

Evidence-based health care; constructive alignment; competency-based medical education; longitudinal curriculum; workplace-based learning; assessment; distributed training.

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Holding Space before Clinical Space: Why I'm Embedding Mental & Academic Wellness into my Undergraduate Dietetics Program

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Story Context

Over recent years in undergraduate health sciences education, specifically around Dietetics and Nutrition, I began noticing a growing emotional undercurrent among students: frequent tears after assessments, emails describing overwhelming anxiety, requests for help managing stress, and in some cases, decisions to deregister or postpone studies because coping simply felt impossible. These were capable students, passionate about becoming healthcare professionals, yet struggling to sustain themselves within the educational environment preparing them for that role.

What Happened?

These experiences prompted a deeper question: why is student wellness still treated as something separate from the curriculum rather than integral to professional formation? As students increasingly asked for conversations about mental wellbeing, academic pressure, and identity, I began developing a Mental and Academic Wellness (MAW) course, not as remediation, but as an intentional curricular space for reflection, connection, and holistic student development. This process has also required personal reflection as an educator, particularly acknowledging that many of us were trained in cultures where emotional strain was normalised and pushing through was expected.

Why It Matters

Health professions education prepares students to care for others, yet often neglects their own psychological wellbeing. Embedding wellness into curricula signals that empathy, self-awareness, and emotional literacy are not soft extras but core professional competencies. This shift may be essential for cultivating compassionate practitioners and preventing burnout before careers even begin.

What Others Can Learn

This story invites educators to reflect on whether our educational cultures unintentionally perpetuate silence around wellbeing, and whether curriculum spaces can model the compassion we hope future practitioners will extend to patients and themselves.

Subtheme Alignment

Primarily aligned with Empathy-Driven Innovation and Practice, with relevance to Future-Ready Graduates and Learning Environments and Equity, Access, and Social Accountability.

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Interprofessional Education and Collaborative Practice among health sciences students at a Gauteng University, South Africa.

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Introduction

Interprofessional education and collaborative practice (IPECP) is internationally recognised as a key strategy for improving healthcare quality, patient safety, and workforce readiness. Despite strong advocacy from the World Health Organization, the integration of IPECP within health sciences curricula remains inconsistent across South Africa. Limited local evidence on students' awareness and perceptions of IPECP presents a challenge to effective curriculum development and implementation.

Understanding students' perceptions is critical to informing sustainable IPECP models. This study aimed to assess final-year undergraduate health sciences students' perceptions of IPECP at a South African university, focusing on teamwork, roles and responsibilities, and patient outcomes.

Methods

A descriptive quantitative study design was employed. Final-year undergraduate students (n = 195) from the Schools of Pharmacy, Medicine, Dentistry, and Health Care Sciences who participated in an institutional IPECP were recruited using stratified random sampling. Data were collected using an adapted version of the validated Student Perceptions of Interprofessional Clinical Education – Revised (SPICE R-2) questionnaire. The instrument assesses three domains: interprofessional teamwork and team-based practice, roles and responsibilities for collaborative practice, and patient outcomes of collaborative practice. Responses were measured on a five-point Likert scale. Descriptive statistical analysis was conducted using STATA

Results

Overall, students demonstrated highly positive perceptions of IPECP across all three domains. Most participants agreed or strongly agreed that interprofessional learning enhances education and improves collaborative capacity. Strong agreement was reported regarding the importance of understanding professional roles and responsibilities within interprofessional teams. Perceptions of patient outcomes were particularly positive, with the majority of students affirming that interprofessional collaboration improves patient well-being, quality of care, and patient-centredness. Mean scores across disciplines indicated consistently favourable attitudes, although variation was observed between programmes, suggesting differing levels of interprofessional exposure within curricula.

Conclusion

The findings indicate strong student support for interprofessional education and collaborative practice and highlight its perceived value in enhancing teamwork, role clarity, and patient outcomes. These results support the expansion and earlier integration of IPECP within undergraduate health sciences curricula. Embedding structured interprofessional learning opportunities may strengthen collaborative competencies and better prepare graduates for team-based healthcare delivery in the Southern African context.

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Challenges Regarding Transition from Case-Based Learning to Problem-Based Learning: A Qualitative Study with Student Nurses

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Abstract

Title: Challenges Regarding Transition from Case-Based Learning to Problem-Based Learning: A Qualitative Study with Student Nurses.

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Introduction: The transition from case-based learning (CBL) to problem-based learning (PBL) can be challenging and may have negative effects on the academic, psychological, emotional, or social well-being of student nurses. As a result, this exposes student nurses to high failure rates, anxiety disorders, a loss of uniqueness, and fear of the unknown. However, student nurses employ different strategies aimed at overcoming challenges faced during this transition period.

Aim/Objective: To explore and describe challenges faced by student nurses during transition from case-based learning to problem-based learning at one higher institution of learning in the North-West Province (NWP), South Africa.

Methods: An exploratory and descriptive research approach was used. A purposive non-probability sampling technique was used to select participants. Focus group discussions via Zoom video communication were used to collect data, which were analysed using Braun and Clarke's six steps of thematic analysis.

Results: The following three themes emerged: challenges regarding facilitation, challenges regarding assessment, and strategies to overcome challenges. In order to overcome challenges faced during transition from CBL to PBL, student nurses stated that they employ four distinct strategies which are collaboration with classmates/peer-assisted learning, use of relevant study materials such as articles, prescribed books and past question papers, planning of study time and consultation with lecturers.

Conclusions: The study established that student nurses are faced with different challenges during the transition from one teaching strategy to another. Student nurses suggested strategies that could be used to overcome these challenges. However, these strategies are not enough and therefore more needs to be done to support and empower student nurses.

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Digital Simulation for Workplace Violence Preparedness: A Systematic Review of Student Training

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Background and Rationale

Workplace violence is a growing threat across health and social service settings, with students frequently encountering aggression during clinical training. Yet curricula often prioritise technical competence while under-emphasising the interpersonal and emotional capabilities needed to manage escalating encounters. Digital simulation (e.g., VR, gamified and AI-supported platforms) offers scalable opportunities to practise de-escalation and emotional regulation, but evidence on effectiveness and design quality remains fragmented.

Methods / Description of Work

A systematic review of digital simulation-based training interventions for undergraduate health professions students was conducted across PubMed, Scopus, EBSCOhost, Google Scholar, and WorldCat. Studies (2019–2025) were included if they evaluated a digital simulation intervention addressing workplace violence-related competencies (e.g., de-escalation, coping, emotional regulation). Screening was completed by two reviewers with strong interrater agreement (κ=0.83). Nineteen studies met inclusion criteria and were appraised using MMAT (2018). Findings were synthesised thematically.

Summary of Findings / Reflections

Across 19 studies, digital simulation was associated with increased student confidence and perceived preparedness, and in some cases improved knowledge or observed performance. However, the

evidence base was limited by reliance on self-report outcomes, minimal longitudinal follow-up, inconsistent outcome measures, and uneven integration into formal curricula. Most interventions were concentrated in nursing and high-income contexts, with no eligible studies from South Africa or other low-resource settings. Few studies explicitly engaged identity, equity, or structural conditions shaping violence exposure and learning needs. Debriefing emerged as critical for emotional processing, yet affective outcomes were rarely measured rigorously.

Take-home Message

Digital simulation shows promise for preparing future-ready graduates for workplace violence, but current approaches risk superficial preparedness if emotional realism, debriefing quality, equity, and skills transfer are not deliberately designed and evaluated. We propose affective fidelity as a guiding concept to assess whether simulations authentically engage the emotional and relational realities of violence encounters, alongside technical fidelity.

Use of AI tools

Parts of the abstract were reviewed and revised using AI-assisted language editing to improve clarity and formatting. Final content and interpretations were developed and approved by the author.

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What do medical students value in our approach to teaching in 2026?

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Introduction

During the COVID lockdowns, one teacher in Obstetrics & Gynaecology made numerous light-hearted and entertaining videos about core topics in the discipline, in an attempt to induce deep, as well as joyful learning. Her departure point was concerns around student mental wellbeing during this time of isolation. The videos were wholly unconventional in medical education, relying on humour and performances carried out by the teacher. The student feedback was overwhelmingly positive and a formal research project was conducted to explore this phenomenon.

Methods

This presentation concerns phase two of the project. This consisted of two focus groups with undergraduate students (sourced from the Phase one survey) who had enjoyed the video content so as to explore survey themes in more depth. Convenience sampling was used. Students were interviewed by a researcher outside of the teacher's department, who had not been involved in making the videos.

Results

The most potent sentiment expressed by students was that their learning of the content was significantly enhanced by the positive emotions they felt towards the content and the teacher. Students experienced numerous positive emotions, ranging from joy, appreciation for the teacher, love, laughter, amazement, and feeling energised, which facilitated motivation, diligence, enjoyment of learning, enthusiasm, and even inspired students to want to specialise in O & G. They valued the effort, humour, authenticity, care and humanity that was evident in the content creation as much-if not more- than the content itself.

Conclusion

The importance of positive emotions and relational issues in learning should be formally considered in higher education, since they have the potential to significantly improve students' experiences of

learning. Furthermore, teachers are encouraged to retain their humanity and authenticity as touchstones to keep students connected to the teacher and to what they are learning. This is arguably even more relevant in the age of artificial intelligence.

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Cultivating Scholarly Identity in Specialist Nursing: From Roots to Embodiment of Clinical Scholarship

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Introduction: Specialist nurses routinely lead quality improvement, adapt evidence to local contexts, and mentor colleagues, yet many do not view these activities as scholarship, revealing a gap between practice and professional identity. Regulatory frameworks increasingly require evidence-based practice, scholarship, and policy engagement, but offer limited guidance on developing these expectations as teachable, assessable capabilities. This study explores how clinical scholarship can be cultivated as a developmental journey in specialist nursing education, from early professional 'roots' to embodied scholarship in practice.

Methods: A five-phase Design and Development Research study was conducted to design and validate a scholarship course for postgraduate specialist nurses. For the phases reported here, sampling comprised specialist nurse stakeholders (Nominal Group Technique, n=7), internal curriculum reviewers (n=5), and external experts in health professions education (n=7). Design decisions were guided by Boyer's model of scholarship to define what capabilities were valued, concept-based learning to determine how transferable ideas would be taught, and Understanding by Design to provide structure for backward alignment aimed at cultivating scholarly identity and supporting application in practice.

Results: The design process yielded five integrated teaching plans that progressively cultivate scholarly identity: clarifying specialist role and scope (ROOTS), navigating systems and interprofessional dynamics (GROWTH), engaging in systematic inquiry and evidence translation (BLOOM), leading change and mentoring others (SEEDS), and sustaining practice development and policy influence (EMBODIMENT). Each plan uses a repeatable pedagogical sequence: a practice-based question (Hook), core idea (Concept), capability outcome (Destination), authentic learning activity (Vehicle), assessment making performance visible (Proof), and a closing principle (Bridge) to support ongoing application in practice. Internal curriculum review confirmed constructive alignment, while external validation yielded acceptability scores of 96.4–99.0% for quality, appropriateness, and feasibility.

Conclusion: Clinical scholarship need not remain an abstract requirement or standalone research module, but can be designed as a longitudinal journey from the roots of professional identity to embodied scholarly practice. The Hook–to–Bridge sequence offers educators a practical template for making Boyer's domains visible in teaching and assessment, while strengthening transfer so that specialist nurses carry scholarly ways of thinking and acting into everyday care, service development, and broader contribution.

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How far have we come in addressing Access to Support in a South African Higher Education: Beyond Deficit from the Students Perspective

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Introduction

Despite three decades of policy reform aimed at widening participation and promoting equity, persistent inequities continue to shape students' experiences of academic and psychosocial support in South African higher education. Student support structures in these faculties are frequently guided by deficit-oriented models, which divert attention from the systemic, linguistic, and relational barriers students face. This study investigates how undergraduate students at a South African university perceive, negotiate, and experience support, foregrounding their lived experiences to reveal the complexities of access within a Health Sciences faculty.

Methods

A mixed-methods, explanatory design was employed to examine first-year students' experiences of academic and psychosocial support at a South African university. Survey data were collected from 430 students and analysed descriptively. Qualitative data from open-ended survey responses and focus group discussions were analysed thematically, informed by decolonial theory and epistemic justice scholarship, to foreground students' perspectives and meaning-making.

Results

While 95% of students reported awareness of available academic and psychosocial support services, only 61% had accessed any form of support, and uptake of wellness services was particularly low (5.7%). Students rated ease of access poorly, citing weak referral pathways, unclear communication, scheduling constraints, and geographic inaccessibility as key barriers. Qualitative findings revealed that English-dominant academic spaces were often experienced as alienating, and formal emotional support services were frequently perceived as impersonal or difficult to access. In contrast, informal peer networks emerged as the most trusted and responsive sources of support, underscoring institutional fragmentation and the limited relational care within formal support systems.

Conclusion

The findings suggest that access to student support cannot be achieved through awareness-raising or individualised, remedial interventions alone. Drawing on decolonial and epistemic justice perspectives, the study argues for a re-orientation of support as a core pedagogical and justice-oriented practice. Embedding support within the curriculum, adopting multilingual and relational pedagogies, and co-creating support systems with students are essential for fostering genuine epistemic access and transformation in the Health Sciences.

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Exploring the use of artificial intelligence chatbots to develop competence in family-centered practice: Perspectives of occupational therapy students from South Africa

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Introduction

An integral component of family-centred practice in occupational therapy education is the development of students' competence and confidence in conducting routine-based interviews with caregivers. Prior to this study, students had limited opportunities to practice these skills in a safe, simulated learning environment. This study explored the impact of chatbot-assisted training on occupational therapy students' ability to engage in family-centred practice, using a multi-step teaching and learning intervention that integrated both quantitative and qualitative data collection.

Methods

The study followed a six-step process incorporating theoretical instruction, simulated practice, peer feedback, and reflection. Third-year occupational therapy students completed pre- and post-training questionnaires to assess their perceived competence and confidence in conducting routine-based interviews. Students received training in family-centred practice and engaged with artificial intelligence–based chatbots designed to simulate caregivers of children with disabilities, with personas tailored to relevant contextual factors. Interview transcripts generated during chatbot interactions were reviewed through structured peer assessment using established quality criteria. Individual reflective submissions were collected from all students to capture qualitative insights. Quantitative data were analysed descriptively and inferentially, while thematic analysis was applied to the reflective data.

Results

The findings demonstrated changes in students' self-reported competence and confidence in conducting routine-based interviews following chatbot-assisted training. Quantitative analysis showed improvements in students' self-reported confidence and competence across multiple interviewing skills. The proportion of students rating themselves as "confident" increased in managing the conversation (from 17.02% to 73.53%), continuing the conversation (from 15.56% to 63.64%), and active listening and empathetic responding (from 31.11% to 51.51%). Qualitative thematic analysis highlighted students' perceptions of the chatbot as a valuable learning tool, with themes related to skill development, emotional safety, empathy and preparedness for practice.

Conclusion

This study provides evidence supporting the use of chatbot-assisted simulation as a teaching and learning strategy in occupational therapy education. By combining quantitative and qualitative approaches, the findings offer insight into how simulated caregiver interactions can enhance students' family-centred interviewing skills and readiness for work-integrated learning and professional practice.

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Designing for All: Evaluating Universal Design for Learning in an Occupational Therapy Undergraduate Programme

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Background: Transformative teaching in higher education requires collaborative relationships among lecturers and students, as well as shared disciplinary knowledge, to promote meaningful learning and the attainment of graduate attributes. At the University of Pretoria, student engagement is central to the flipped classroom approach, implemented through the prepare, engage, and consolidate teaching strategy. This pedagogical model offers opportunities to embed the Universal Design for Learning (UDL) framework within curriculum design and delivery. UDL promotes inclusive education by providing multiple means of engagement, representation, and action and expression to accommodate learner variability. Occupational therapy (OT) education emphasises person-centred learning and clinical reasoning, making UDL particularly relevant. However, limited research has examined how UDL principles are implemented within undergraduate OT programmes.

The study aims: To evaluate the implementation of UDL principles within an undergraduate occupational therapy programme as part of ongoing curriculum renewal and transformation.

Methodology: A content analysis of study guides and learning management system materials was conducted to determine the extent to which UDL principles are embedded in teaching and learning activities.

Results: The analysis identified existing UDL principles, aligned practices, gaps and opportunities to strengthen inclusive curriculum design. The results will contribute to curriculum renewal by informing educator development and supporting inclusive, responsive teaching practices aligned with institutional and professional priorities. The study also lays the foundation for future research incorporating educators' and students' perspectives to further enhance inclusive teaching and learning in occupational therapy education.

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Exploration of Quality in Postgraduate Clinical Assessment Across Africa

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Introduction

Contemporary medical education assessment frameworks are largely composed in high-income settings, yet they travel widely, crossing borders and landing in postgraduate training systems far from their point of origin. These frameworks often regarded as best practice can optimistically adopted, despite being applied within vastly different social, cultural, and material realities. In African postgraduate medical education, where clinical assessments act as high-stakes gatekeepers to specialist practice, global notions of "quality" can wield considerable power. However, little is known about how these assessment standards are interpreted, negotiated, and lived by those who steward them locally. Given the central role of specialist training in strengthening African health systems, it is timely to ask whether global definitions of assessment quality resonate with local priorities.

Methods

This qualitative study explored how assessment leaders in East and West Africa conceptualise quality in postgraduate clinical assessment. Six semi-structured interviews were conducted with participants purposively sampled for their leadership roles in assessment. Guided by a constructivist paradigm, inductive thematic analysis was undertaken, using the Ottawa Consensus Statement (2011) as an analytical lens. This approach enabled examination of alignment, divergence, and tension between globally endorsed assessment standards and locally situated realities.

Results

Participants described strong alignment with global quality markers (structured examinations, quality assurance mechanisms, and the use of external examiners) demonstrating some principles were implemented with ease. Yet participants also articulated challenges that global frameworks leave unnamed: chronic resource constraints, personal safety risks linked to examination travel, culturally embedded ethical norms, workforce shortages, and the downstream effects of assessment on clinician migration and health system sustainability. These tensions revealed how assessment systems can inadvertently reproduce harm when context is ignored.

Conclusion

While global frameworks provide useful scaffolding, they do not fully capture the lived complexities of African postgraduate assessment practice. Under-examined domains, such as candidate and examiner safety, the ethics of assessment processes, and workforce implications, emerged as central to local understandings of quality. Suggesting that global standards can simply be "adapted" risks

oversimplification and highlights that meaningful assessment reform requires not just technical alignment, but epistemic humility and genuine inclusion of local perspectives.

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Exploring the faculty, students and healthcare professionals' perspectives regarding priority settings related to interprofessional education and collaborative practice in the undergraduate health sciences training

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INTRODUCTION: Interprofessional Education (IPE) prepares health science students for Interprofessional Collaborative Practice (IPCP) and improves patient-centered care by encouraging collaboration among diverse healthcare professionals (HCPS) rather than working in silos. However, little is known about healthcare professionals' perspectives on IPE and IPCP in clinical settings, and integrating IPE into academic curricula remains difficult due to rigid university structures. This study aimed to explore these factors in the discourse of the key stakeholders with the goal of developing a conceptual framework for the IPE initiative.

METHODS: A convergent mixed-methods study was used to facilitate the simultaneous collection of both qualitative and quantitative data. Data collection methods included a targeted review of curriculum content, surveys with students (n=177) and educators (n=41) as well as interviews with program managers (n=8) and HCPs (n=15) from three community-based facilities that are affiliated with the institution. Descriptive quantitative and thematic qualitative analysis were conducted for each data set.

RESULTS: Results from data synthesis demonstrated a strong theoretical support for IPE and positive attitudes among most participants; however, practical implementation remains fragmented and inconsistent. Frequency distribution and percentage scores were high (≥70%) on all attitude and knowledge questions. However, less than 40% of students and educators stated that IPE and related activities were fully practiced in their school/department. Similar responses were observed from the program managers and HCPs of minimum IPE practice. At the academic institution, the results revealed an absence of a formalized IPE coordination, uneven programme participation, persistent timetable clashes that could limit IPE implementation.

While at the community-based facilities, the results revealed the organisational and clinical constraints, particularly the lack of shared planning spaces, inadequate clinical coordination and that participants have limited knowledge of IPE and IPCP and often referred to these concepts to multidisciplinary team approach.

CONCLUSION: The findings highlight a need to provide staff training to equip and enhance collaboration within a healthcare and academic environment. The results will be used to develop a conceptual framework that could provide a structured approach to enhancing IPE in undergraduate health science training highlighting the need for stakeholders' assessment, adequate planning and implementation strategies accordingly.

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Learning Where the Need Is: A Student-Led Clinic and the Meaning of Social Accountability

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Setting

Trinity Clinic committee is a University of Witwatersrand student-led initiative offering free healthcare to homeless and underserved community members. Set in Braamfontein, Johannesburg, within the Holy Trinity Church, the clinic is supported by volunteer clinicians and interdisciplinary partners, and is staffed by students seeking to give back and learn medicine differently.

What Happens/Insight

What began as a desire to gain clinical experience quickly became something more confronting and transformative. Students encountered patients whose primary barriers to health were not just biomedical, but also social factors - homelessness, food insecurity, stigma, and exclusion. Under supervision, students practiced history-taking, patient examination, assessments, and managing referrals, while grappling with discomfort, ethical tension, and questions about their roles as future doctors. The Trinity Clinic committee members have developed a close relationship with the host church that has included the University and led to the development of a memorandum of understanding.

Why It Matters (Emotional, Ethical, Professional Impact)

This ongoing experience disrupts assumptions about competence, care, and professionalism. Emotionally, it challenges students to sit with uncertainty and social injustice. Ethically, it raised questions about responsibility beyond hospital walls. Professionally, it reframed medicine as a relational, socially embedded practice rather than a purely technical one. This is also a developing space for Interprofessional Education (IPE) as conversations are ongoing with Health and Allied professionals and students.

When students learn alongside communities rather than about them, social accountability becomes a lived experience rather than a theoretical concept. Student-led clinics can be powerful spaces for developing empathy and reflexivity in practice - graduate attributes essential for equitable healthcare systems.

Subtheme Alignment

This story speaks directly to Equity, Access and Social Accountability, highlighting education that is inclusive, context-sensitive, and responsive to community needs.

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Comparison of graduate attributes and competencies in MBCHB and Dentistry programmes using LOOOP curriculum mapping

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Introduction

Curriculum mapping involves explanation of the cumulative contributions of units of learning to the established program competencies. In South Africa, guidance on core, key and enabling competencies (CCs) is published in the HPCSA competency framework (2014) for Medical, Dental and

Clinical Associate training programmes, and Critical Cross Field Outcomes (CCFOs) published by SAQA. At SMU, an institutional framework for Graduate Attributes (GAs) was approved through Senate. All 3 frameworks have been used in mapping of UG MBCHB and BDS degrees. Ethics clearance was obtained for using LOOOP to investigate program competencies across the MBCHB and Dentistry curricula as mapped for these 3 frameworks.

Methods
Filtered data from LOOOP was used for analysis, excluding the role of the Health Care Practitioner of the CC. Results from objectives were exported and shared as excel spreadsheets and used off-line for analysis. A baseline analysis was performed by a team of critical reviewers who were mandated to investigate and interpret the data. Quantifiable findings included number of objectives speaking to a specific attribute or competence as well as its depth. Analysis was done by calculating frequencies, percentages, means, and standard deviation to identify prevalent themes and gaps in current content.

Results.
Out of the 11 GAs >15 objectives respectively address Communication, Collaboration and Research in Medicine and Research, Leadership and Business Acumen in Dentistry while <10 address Digital Platforms and planning of career development. Out of 7 CCFOs >800 objectives respectively address information-management, science and technology; and <200 collaboration, self-management and communication in both degrees. Out of the 6 CCs all competencies for both programmes have objectives mapped. MBCHB >100 objectives respectively for Communicator, Professional and Scholar whereas in Dentistry >40 Communicator, Collaborator and Leader/Manager. Depth of learning across the 3 frameworks was also analyzed.

Conclusion.
While labeling of attributes seems to be aligned to a core concept, the nuances require a more detailed analysis of sub-categories in the respective frameworks. The findings confirm variation between programmes and frameworks due to incomplete mapping. Cross-referencing of subcategories to examine relationships between variables of the 3 frameworks is recommended.

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The Human Side of PBL: Psychological Well-being of Health Sciences Students and Academic Staff: An Integrative Review

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ABSTRACT
INTRODUCTION: This integrative review examines the psychological well-being of health sciences students and academic staff within Problem-Based Learning (PBL) and active learning environments, addressing the human dimension often overlooked in educational research.

METHODS: A comprehensive search of MEDLINE (PubMed), ERIC, PsycINFO, CINAHL, and EBSCO databases was conducted for primary research studies published between January 2010 and December 2024. Inclusion criteria included peer-reviewed articles examining psychological well-being, mental health, stress, anxiety, burnout, resilience, or emotional aspects of PBL and related active learning approaches in health sciences education. Whittemore and Knafl's integrative review framework guided the methodology, with thematic analysis used for data synthesis.

RESULTS: Analysis of 24 studies from 18 countries revealed complex psychological impacts of PBL and active learning on both students and faculty. Students demonstrated enhanced critical thinking,

motivation, self-efficacy, and resilience-building but also experienced significantly higher emotional stress, initial anxiety with new modalities, procrastination-related challenges, and burnout comparable to traditional curricula. More to note, burnout appeared to reflect systemic issues (lack of sleep, unsupportive environments) rather than pedagogy-specific factors. Faculty experiences (n=2 studies) revealed initial role uncertainty and anxiety, but also psychological respite, professional enrichment, and improved well-being through facilitation. Key success factors included appropriate facilitator support, tutorial structure, case authenticity, group harmony, and adequate resources.

CONCLUSION: Active learning implementation must consider psychological dimensions alongside pedagogical outcomes. Findings suggest the need for systematic well-being support, comprehensive faculty development, curriculum mapping for resilience-building, and institutional policies addressing systemic stressors. This review contributes to teaching and learning by highlighting the necessity of human-centered approaches to educational innovation in healthcare sciences.

Keywords: problem-based learning, psychological well-being, health sciences education, student mental health, faculty stress, student anxiety, stress

Subtheme: Empathy-Driven Innovation and Practice

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Leveraging Students' Home Languages in Occupational Therapy Education to Foster Engagement and Inclusivity

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Introduction

University lecture halls are spaces of diversity, yet often one language medium is used for teaching and learning. In a South African university that uses English as the main medium for education this can present a challenge for multilingual students. This monolingual space can prevent students from participating meaningfully by bringing their lived experiences into the classroom. This often affects black students from rural and township backgrounds. To address this, I used a language-based group activity in my teaching of occupational risk factors. The activity explores how grouping students by their home languages during a class activity can enhance understanding and engagement with occupational science concepts. The aim was to create a humanizing, inclusive and participatory learning environment, where students could utilize their linguistic and cultural backgrounds as resources for learning. To invite, share, and welcome diverse ways of knowing.

Methods

First year OT students were grouped by their home languages, including Zulu, Xhosa, Afrikaans, English, Tswana etc. Each group discussed an occupational risk factor using the linguistic resources of their home languages to develop and demonstrate their understanding of the concept. They then produced a written paragraph and an artistic artefact that captures their shared understand. They then presented their work to the class, where discussion is encouraged.

Results

The activity resulted in students demonstrating rich and nuanced understanding of the content, by drawing from their language resources, art, their personal and cultural experiences. This activity captured and appreciated the diversity of knowledge and experiences represented in the class, fostered belonging and affirms value of indigenous languages as academic and clinical languages. This highlights the value of integrating multilingualism in teaching and learning.

Conclusion

Adopting an inclusive, language-based approach within occupational therapy education significantly enhances student engagement, deepens conceptual understanding, and fosters a sense of belonging. By leveraging multilingualism as a pedagogical resource, educators can affirm diverse cultural and linguistic identities while promoting equity in both academic and clinical contexts. This approach also prepares future occupational therapists to embrace diversity, inclusivity, and human-centered practice in evolving health systems.

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ELECTIVE COURSES IN UNDERGRADUATE HEALTH PROFESSIONS TRAINING PROGRAMS – MULTIPLE STAKEHOLDER VIEWS AT SMU

Assoc Prof Dini Mawela[1], Prof Risenga Chauke, Dr Hanlie Pitout, Prof Moliehi Matlala, Ms Gerda Botha, Dr Kebiditswe Masike, Prof Douglas Maleka, Prof Patrick Demana

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Introduction: Undergraduate curricula must ensure that health sciences students are adequately prepared to take on various professional roles. Given the constraints of an expanding body of knowledge, varied student interests, and a limited amount of educational time, institutions offer elective courses (ECs). Literature about ECs for undergraduate programmes in LMICs remain scarce and the focus is on the functioning of individual electives, and less about EC design and management of EC. This study aims to explore the needs and approaches to implementation of EC for undergraduate students in the health sciences.

Methods: A cross-sectional study was conducted to explore electives within twelve (12) HPE programmes. Current practice as well as gaps and challenges were identified. Structured online questionnaires were used to collect the opinions of academic staff, undergraduate students and alumni. The survey examined: (1) demographic and professional characteristics; (2) educational practices exploring current/recent electives' topics, skills, and teaching and learning strategies; and (3) challenges experienced and recommendations to enhance EC in the future. Quantitative data were analysed using descriptive statistics and qualitative data through thematic analysis.

Findings: The most responses from UG students were in the School of Medicine and most alumni in the School of Dentistry. Over 80% of respondents supported implementation of ECs, and about 10% indicated uncertainty. Most ECs are currently offered in academic years 3-5 and are mainly clinical placements in specialties or research. Teaching and learning methods vary, but most use blended and small group approaches. Assessment also varies, however, most use written assignments or reflections based on case scenarios. Programme evaluation is done through student written reflections or a teaching and learning unit evaluating the programme. The challenges identified were limitations in human resources, financial support, technology and infrastructure. Recommendations include introducing a wider range of topics and collaboration with the private sector.

Conclusion: All stakeholders from academic staff, students and alumni should be involved in curriculum planning for ECs. Surveys are useful in collecting needs assessment data and determining improvements in content and structure. Formal feedback ensures that shortcomings are addressed for the next cycle.

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Wisdom is like a baobab tree; no one individual can embrace it

Mrs Nastassia Timothy[1], Dr. Jia Fan[1], Dr. Sharief Hendricks[1], Miss. Bronwyn Williams[1], Mrs. Megan Petersen[1], Dr Lunelle Pienaar[1], Mrs. Shari Simpson

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Story context

As healthcare systems face unbearable working conditions, staff shortages, and burnout, we share our story of empathy and hope in the extended curriculum of health sciences students. We frame our story as innovative driven by empathy where expertise and educational theory converge in our extended curriculum in the Faculty of Health Sciences at the University of Cape Town. Each year, as new students join us, we realize academic failure worsens their transition to university. This prompts us to rethink our curriculum. From the first orientation, it's clear our program focuses on more than rehashing failed disciplinary content. Instead, it aims to foster belonging and connectedness as students grow in confidence. The baobab, or African tree of life, our teaching totem, symbolizes shared wisdom showing us that teachers can boost student confidence by drawing from collective stories, elders, and colleagues.

Insight

Our curriculum, shaped by social constructivism and decolonial theory, encourages students to confront discomfort and uncertainty. We address this by emphasizing foundational content and creating learning opportunities that foster peer connection and boost student confidence. Disciplinary knowledge and academic skills are taught together, fostering inclusive and safe spaces for students to strengthen their agency. Over the semester, student confidence grows, evident in their self-talk, peer interactions, and learning experiences. They begin to position themselves as "weavers of their own path." Former students, our elders, share their academic experiences, echoing the dialogues born in our learning spaces.

Takeaway

Our teaching story sheds light on embracing foundational disciplinary knowledge and academic skills whilst foregrounding a sense of belonging, the sturdy tree trunk carrying the weight of the branches above. Our health sciences students are educated for a flawed healthcare system where empathy for patients is needed, but how can we harvest empathy from students whose own roots are never watered?

Relevance

We offer our teaching story to illustrate teaching and learning in extended curricula or contexts where students fail academically. Educators can strengthen teaching and learning by collaborating, incorporating sound theoretical basis, and cross-disciplinary teaching approaches infused with empathy and care.

Word count (344)

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Beyond content: scaffolding professional identity in Psychology

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Each year, our Honours Psychology students arrived academically strong and deeply motivated. Yet within weeks, familiar patterns emerged: overwhelm, conflict in group work, uncertainty about

professional boundaries, and self-doubt about belonging at postgraduate level. We initially interpreted these struggles as individual adjustment difficulties — the expected pressures of advanced study.

What happened / insight

The turning point came when we began to view these challenges through the lens of professional identity formation and the hidden curriculum. We realised we were expecting students to enact postgraduate autonomy, ethical responsibility, and professional conduct without ever making those expectations explicit. In Psychology, where reflexivity, boundaries, and scope of practice are foundational, this silence was significant.

Instead of asking why students were not coping, we asked what developmental scaffolding was missing. We redesigned our Orientation week as intentional identity work. Team building became structured belonging. Discussions of dress code and communication became explorations of professional presence. Time management was reframed as self-regulation. We shifted from assuming competence to teaching transition.

Why it matters

When professional identity expectations remain implicit, capable students may interpret normal transition anxiety as personal inadequacy. This has emotional and ethical implications within health professions education. Making the hidden curriculum visible is not remedial; it is socially accountable educational design.

What others can learn

Postgraduate transition in Psychology is not only academic progression but identity transformation. Reimagining orientation as a space for explicit professional formation may offer a practical strategy for cultivating future-ready graduates while reducing unnecessary student distress.

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No-Tech, No Excuses: Rethinking Innovation in Rural Health Professions Education

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In conversations about the future of health professions education, innovation is often equated with digital sophistication, simulation centres, artificial intelligence, virtual patients. But what happens when you teach in a rural training platform where electricity is inconsistent, bandwidth is unreliable, and high-fidelity technology is simply not available?

This campfire story reflects on redesigning clinical teaching in a context where "no-tech" is not a choice but a reality. Faced with resource constraints, we introduced structured, game-based learning using paper cases, printed algorithms, role-play, and timed decision challenges. First, second, and third-year Clinical Associate students worked in mixed teams to navigate emergency scenarios and clinical reasoning tasks.

What emerged was more than engagement. Senior students began mentoring across levels. Junior students developed confidence in speaking up. Algorithms became embodied practices rather than memorised steps. Collaboration replaced passive listening. Constraint became catalyst.

This story challenges the assumption that meaningful educational innovation depends on advanced technology. It argues that preparing future-ready graduates requires adaptability, teamwork, and social accountability, qualities cultivated through intentional design rather than digital tools.

In rethinking innovation, perhaps the future of health professions education is not only about what we add, but what we strip away, so that learning becomes relational, contextual, and deeply human.

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Service readiness: How to integrate Adult Primary Care (APC)/Practical Approach to Care Kit (PACK) into pre-service training to optimise the transition from classroom to clinic

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Aim and Context

South Africa's pursuit of Universal Health Coverage (UHC) and the National Health Insurance (NHI) framework relies on a competent health workforce that is prepared for primary healthcare (PHC). The Ideal Clinic assessment, a national benchmark, mandates that 80% of PHC nurses be trained in APC/PACK. This is a clinical decision support tool designed to be used by a clinician in a primary care consultation. It is aligned with policy and latest evidence and includes corresponding online training. A key challenge is ensuring that new nursing and medical graduates are proficient in this evidence-based tool, which aims to standardise care. Current pre-service APC/PACK integration in higher education institutions (HEIs) is inconsistent, resulting in graduates who require further training. This workshop provides an opportunity for HEI stakeholders to ensure academic preparation aligns with national service delivery standards and the NHI Act, 2023.

Workshop objectives

1. Map current practices: identify the current status, scope, and methodologies of APC/PACK integration within respective HEI nursing and medical curricula.
2. Articulate needs and challenges: identify key institutional needs, common challenges, and suggestions for effective pre-service APC/PACK training.
3. Co-create solutions: contribute to a preliminary framework outlining best practices, essential content, pedagogical approaches, and implementation considerations for standardised pre-service APC/PACK training.

Structure and facilitation plan (90 minutes):

1. Setting the scene and mapping (15 min): brief overview of national context and APC/PACK. Interactive poll and facilitated discussion to map HEIs' current APC/PACK integration, scope, and methodologies.
2. Needs and challenges (35 min): small-group task to discuss institutional needs, common challenges, and suggestions for pre-service APC/PACK curriculum design and delivery.
3. Co-creation and network (40 min): plenary discussion to synthesise group findings and co-create preliminary solutions for a framework (best practices, content, implementation). Open call and sign-up for a HEI Working Group for APC/PACK Integration to continue this work.

Key concepts

Participants will assess current APC/PACK integration in pre-service curriculum, identify learner and educator needs, and contribute to a framework for standardised pre-service APC/PACK training.

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THE STATE OF MENTAL WELLBEING OF EMERGENCY MEDICAL CARE STUDENTS AT A UNIVERSITY IN JOHANNESBURG.

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THE STATE OF MENTAL WELLBEING OF EMERGENCY MEDICAL CARE STUDENTS AT A UNIVERSITY IN JOHANNESBURG.

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Abstract

Introduction: Transitioning to tertiary education represents a significant developmental milestone, often involving the loss of established social support structures. For Emergency Medical Care (EMC) students, this transition is compounded by a rigorous curriculum and frequent exposure to high-stress clinical environments. Mental wellbeing—defined by the World Health Organization as the capacity to manage stress, maintain relationships, and remain productive—is vital for professional longevity. This study assessed the state of mental wellbeing among EMC students at the University of Johannesburg (UJ) and explored wellbeing trajectories across academic year levels.

Method: A cross-sectional, web-based survey was conducted among undergraduate EMC students (years one to four) at UJ. The survey utilised two validated instruments: the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the PERMA Profiler. These scales measured mental wellbeing from both hedonic (pleasure/happiness) and eudaimonic (meaning/functioning) perspectives, focusing on five pillars: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment.

Results: The response rate was 43% (n=50). According to the WEMWBS, 74% of respondents reported low levels of mental wellbeing, 20% moderate, and only 6% high. Second-year students reported the highest wellbeing scores, while fourth-year students reported the lowest. On the PERMA Profiler, Positive Emotions, Engagement, and Health scored highest across all cohorts, whereas Accomplishment, Negative Emotion, and Happiness scored lowest.

Conclusion: EMC students at UJ exhibit alarmingly low to moderate levels of mental wellbeing. These findings suggest that the academic and clinical demands of paramedic training place students at high risk for psychological distress. There is an urgent need for institutionally supported, tailored interventions, including peer mentorship and enhanced access to counselling. Creating a psychologically safe learning environment that fosters autonomy and belonging is essential for student success and long-term career sustainability in the emergency medical services.

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Learning With Communities: How Outreach Shapes Empathy and Social Accountability

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Empathy and social accountability are recognised as important outcomes of health professions education. However, in undergraduate training, these attributes are often expected to develop on

their own through clinical exposure, rather than being intentionally supported through teaching and learning activities. In hospital-based training environments, students may become clinically competent but remain removed from the social realities that influence patients' health and access to care.

This PechaKucha reflects on community outreach activities embedded within the Bachelor of Medicine in Clinical Practice (BMCP) programme at Walter Sisulu University, where students are trained mainly in rural and district health settings. Instead of viewing outreach as service delivery alone, this presentation presents it as a learning space where students engage directly with communities and begin to understand health within its social and economic context.

Using visual storytelling, the presentation shows how community-based activities such as home visits and health promotion sessions influenced student learning. These experiences helped students move from disease-focused thinking to a better understanding of patients as people living within families and communities. Through this process, students developed empathy through direct engagement and began to recognise their responsibility toward the communities they serve.

The presentation argues that community outreach can play an important role in promoting equity, access, and social accountability in health professions education. When outreach activities are planned as part of the curriculum and supported by reflection, they can help develop graduates who are not only clinically capable, but also empathetic and responsive to community health needs.

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Medical Students Navigating Space and Power During South Africa's #FeesMustFall Protests (2015-2016)

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Background

Health professionals and trainees engage in acts of resistance against social injustice within their professional and training programmes. Despite the prevalence of trainee-led resistance, we understand little about how students experience and negotiate medical institutional spaces during protests. During the #FeesMustFall protests, medical students navigated complex, often contradictory positions. This study aimed to understand how medical students navigated multiple forms of space, power, and belonging during these protests.

Methods

This study involved secondary analysis of a larger dataset from a 2020 study, in which we interviewed medical students who participated in the #FeesMustFall protests. For this study, we first identified excerpts in the interview transcripts related to various forms of space. We categorised the spaces as physical, emotional, symbolic, etc., and employed Gaventa's power cube analytical framework. This framework considers power to have three dimensions: spaces (closed, invited, claimed), levels of power (local, national, global), and forms of power (visible, hidden, invisible).

Results

Our analysis revealed three additional dimensions to Gaventa's power cube – liminal spaces, psychological level of power, and critical conscientisation. The protests marked a transformative period in which medical students challenged complex power structures within their training and in broader South African society. Students moved from being excluded from closed spaces to claiming spaces through physical occupations and the renaming of symbolic buildings. A process of

conscientisation fuelled this transition, an internal shift in power, effectively breaking through the invisible power that previously shaped their acceptance of the status quo. The protests also revealed profound liminal spaces for students of colour, women, and queer people, who had to negotiate their belonging within patriarchal and racially competitive environments, often facing a hierarchy that silenced them even within their clinical training.

Conclusion

The expanded power cube highlights three domains that can influence trainees' experiences of belonging. Health professions educators must recognise that, in all training spaces, it is essential to support trainees occupying liminal positions. Awareness of the potential for both psychological harm and psychological empowerment is crucial, as these experiences shape a trainee's sense of belonging.

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A Holistic Framework for the Assessment of Competencies in Environmental Health WIL Students using LCT

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INTRODUCTION

Work-integrated learning (WIL) in academic programmes, regardless of modality, yields benefits to students' professional growth and competency development. Conversely, literature informs that assessment of professional competencies, developed due to WIL, remains complex and challenging. Notably, the assessment challenges occur due to vague competency descriptions, unclear assessment criteria- and proficiency levels in curricula and narrow credentialling criteria of professional bodies to guide judgement of competence. Similarly, the current WIL assessment in an undergraduate Environmental Health (EH) degree at a University of Technology in South Africa reflects this. The programme, by way of its curriculum, does not explicitly identify or describe competency criteria and proficiency indicators for assessing student competence. Consequently, the WIL assessment centres on professional body criteria of time-based exposures to mandated EH functions. Failing to identify, define and clearly describe assessment criteria for holistic competencies required for EH practice means entrustable professional activities cannot be assured in EH WIL graduates.

METHODS

Using a qualitative study design and purposive sampling, this study sought to establish which competencies are fore-grounded by students through structured interviews, in students' WIL reflection journals through document analysis, and observed by their workplace supervisors through focus group discussions. Data analysis was guided by the Legitimation Code Theory (LCT) Specialization dimension, through a customised Specialization translation device guiding the analysis of derived themes.

RESULTS

The LCT Specialization analysis revealed a tension between current assessment focus, professional body credentialling of WIL and competencies observed -and desired- by workplace supervisors. The resultant competency dimensions orient EH in an elite code on the LCT Specialization plane. The current assessment emphasis is narrow in its focus, neglecting competencies needed for achievement in EH practice, and overlooks the full range of competencies necessary to achieve the EH goals

CONCLUSION

The development and use of a clear and holistic assessment framework for WIL, in which all relevant stakeholders play a role, can fully assess professional competencies needed for achieving EH practice goals and enhance entrustable professional activities in students, and assure work-ready graduates. Additionally, the flexibility of the framework allows adaptation thereof in professional credentialling and application in programmes with similar challenges.

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Co-creating Graduate Attribute Workshops in Undergraduate Medical Education: A Case Study of Partnership-Based Learning Design

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Background

Student–staff partnerships are increasingly promoted in higher education but remain less common in medical education, where learning design is often shaped by hierarchical traditions, time pressures, and capacity constraints. Designing learning activities that meaningfully engage students in their professional development is particularly challenging in our resource-constrained contexts. Graduate attribute frameworks such as AfriMEDS provide a shared language for professional development, yet students are not always involved in shaping how these attributes are taught and learned.

Summary of Work

This case study describes the co-creation of six graduate attribute workshops in the undergraduate medical programme at Stellenbosch University, South Africa. Using an Africentered version of the CanMEDS framework (Afrimeds), students first completed a self-evaluation of their competencies to identify strengths and areas for development. Based on this reflection, each student selected two workshops most relevant to their learning needs. Students were then invited to articulate expectations for the workshops, including suggested content, examples from their training experiences, challenges in developing specific competencies, and role models who exemplified these attributes. They also proposed preferred formats and, where feasible, participated in co-planning and co-facilitation alongside staff. Student contributions directly informed the design and delivery of the workshops.

Summary of Results

Rather than formal outcome measures, this case offers insights into the process of designing learning through partnership. Co-creation enabled student voices to shape workshop focus and format, increased alignment between planned learning activities and students' perceived developmental needs, and foregrounded questions of shared authority in curriculum design. The process also revealed tensions related to time, logistics, and uneven participation, highlighting the importance of clear structures to support partnership-based design.

Discussion and Conclusion

We argue that student–staff partnerships in the Global South should be understood not only as pedagogical innovations, but also as acts of empowerment that challenge inherited traditions of medical education. In contexts shaped by historical hierarchy and resource constraints, partnership-based learning design creates opportunities for redistributing agency and positioning students as collaborators in their professional development. This case illustrates both the potential and the limits of co-creation as a strategy for planning learning in undergraduate medical education.

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Why medicine? Insights into the motivation of Stellenbosch University medical students

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Studying medicine is considered stressful and challenging, providing access to a profession situated in a healthcare system which is overburdened and under-resourced. Despite this, obtaining a place in one of the medical programs in South Africa is intensely competitive. What motivates young people to embark on this journey? We set out to explore the motives of first-year students enrolled in the MBChB degree at Stellenbosch University.

This study utilized a partially mixed methods approach to explore motivation from the perspective of expectancy-value theory (EVT). First-year medical students were recruited to participate in a survey which measured the relative importance of a series of motivators, as well as the nature of their motivation towards the content of the degree. In a parallel process, a smaller group was also invited to participate in semi-structured interviews to explore the nuances of their motivation.

Forty-two participants completed the survey, while eight participated in semi-structured interviews. Quantitative data were statistically described, while interview transcripts were analyzed using a thematic analysis approach. Quantitative and qualitative data were combined and integrated to interpret the results of the study.

While participants acknowledged costs in terms of workload and difficulty, a career in medicine was identified as having the perceived advantage of job security (i.e. utility value) combined with a trio of intrinsic and attainment values: being people-centric, pursuing intellectual stimulation and pursuing significance. Furthermore, students presented with high levels of motivation, valuing the content of the program, holding high expectations of their academic success and believing that they are mostly in control of their own academic outcomes.

This study confirms that students enter medical school with high levels of motivation and provides a perspective on societal expectations of the medical degree and profession. Medical curricula could tap into the intrinsic motivation of students by embracing intellectual stimulation beyond rote learning and including opportunities for altruistic exposure and clinical service delivery. Students' emphasis on the intellectual and academic nature of the profession hints at an incomplete understanding of the requirements and practical realities of the career which should be addressed in career counselling and recruitment activities.

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Interprofessional Education for Environmentally Sustainable Healthcare: a Growing Imperative in Sub-Saharan Africa

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Aim and Context

Global environmental change is an urgent threat to health on a planetary scale but also a significant opportunity for health professionals (HPs) to help address the fundamental determinants of health. Education for Sustainable Healthcare (ESH) is developing the necessary knowledge, skills, and attitudes to protect planetary health and to make healthcare more environmentally sustainable.

Achieving sustainability is complex however and cannot be addressed within disciplinary silos. Interprofessional Education and Collaborative Practice (IPECP) is therefore essential to prepare HPs as eco-ethical leaders and advocates for sustainable healthcare, especially in sub-Saharan Africa that is so vulnerable to environmental impacts.

The workshop aims to share ESH developments with HPs and help foster their identity as eco-ethical leaders within interprofessional teams.

Specifically, the workshop will help participants:
1. Understand why HPs should be educated about planetary health and sustainable healthcare;
2. Understand the principles and opportunities of an interprofessional approach;
3. Access resources to support change agency in healthcare and in HP education and training institutions.

Structure and Facilitation Plan

The workshop will be co-facilitated by members of the ESH SIG and IPECP SIG. Presentations by the SIG chairs will provide context and case studies as preparation for structured breakaway groups using a World Café approach. Group feedback and a summary of key practice points will conclude the workshop.

Key Concepts or Skills Addressed

ESH knowledge, skills and values; IPECP principles and benefits; eco-ethical leadership.

Participant Engagement

Participants will be encouraged to share their prior knowledge and experience of ESH and IPECP in education and practice, their expectations of the workshop, their opinions in the breakaway groups, their recommendations for future collaboration, and their evaluations of the workshop.

Subtheme Alignment

IPECP promotes collaboration across disciplines, professions, cultures, and communities. These qualities are essential to effectively address the complex and cross-cutting challenges of planetary health and sustainable healthcare.

Phase of Education

Undergraduate, postgraduate, ongoing professional development.

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Not Improving Teaching, Empowering Learning

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[1]Stellenbosch University

Insight

Faculty development initiatives focus on improving teaching practice, yet a persistent gap can remain between what educators intend to teach, and what students actually learn in busy clinical environments. Within our clinical training platform, strengthening professional learning for the teaching role of clinician teachers is a key priority. Through initiatives such as Clinician-as-Trainer workshops, we aim to maintain the quality and relevance of faculty development offerings while growing a community of educational scholars and leaders. These sessions are well attended and consistently receive positive feedback. However, despite strengthening teaching practices, we

recognised a disconnect between teaching intentions and students' lived learning experiences in the clinical space.

Relevance

We realised that students, like staff, require guidance to optimise learning on the clinical platform, particularly within high service demand environments. Such guidance extends beyond practical and technical skills to include the theoretical foundations underpinning workplace learning, as well as non-technical components such as professionalism, role modelling, observation, and reflective practice. In response, faculty developed and delivered Clinical Learning workshops for mid-level undergraduate medical students over two consecutive years. Students were actively engaged in exploring learning strategies through clinical scenarios designed to make implicit aspects of clinical learning more explicit. Feedback from the students who attended was resoundingly positive. They described the sessions as refreshing and engaging, with many experiencing "light bulb moments," recognising the need for them to become the drivers of their own learning, as well as making the connections between bedside teaching encounters and broader approaches to clinical reasoning and professional development. The workshops are now hosted annually, with evolving clinical scenarios to deepen student engagement and reflections.

Core message

Clinical learning is a two-way process. This initiative highlighted that students need learning strategies, not only improved teaching approaches. When strategies to teach align with strategies to learn, students develop greater agency, recognise learning opportunities within complex environments, and move from passive observers towards active participants in practice.

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Integrating cultural humility as a competence in a transforming medical curriculum: An integrative literature review

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Integrating cultural humility as a competence in a transforming medical curriculum: An integrative literature review

Subtheme Alignment: Empathy-Driven Innovation and Practice

Phase of Education: Undergraduate

Abstract

Introduction and Aim

South Africa's culturally diverse population continues to face health disparities. The differences in beliefs, practices, and languages contribute to prejudice, miscommunication, and inequitable care. These raise the need for culturally responsive training in healthcare settings to bridge the gap. Cultural humility as a competency holds hope for reducing and addressing power imbalances through lifelong learning and self-reflection. By fostering respectful patient-provider relationships, cultural humility can play a crucial role in reducing health disparities. As part of the Special Studies Project for third-year medical students studying at the University of Cape Town, the primary author reviewed competency-based medical education (CBME) frameworks and evaluated their suitability for integration into the South African medical curricula. The aim was to identify strategies for teaching and assessing cultural humility as a competence within South Africa's unique cultural landscape.

Methods

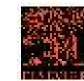
The search strategy employed an integrative review based on Whittemore and Knafl's five-step framework. Literature was sourced from databases including PubMed, Google Scholar, and Scopus, and screened against the inclusion criteria. These included: competency-based medical education, cultural competency and humility, curriculum transformation, higher education, and Sub-Saharan Africa.

Results

The results revealed various competency-based frameworks in the medical curriculum. These included the Entrusted Professional Activities (EPAs) and the Canadian Medical Education Directives for specialists. Additionally, several tools for assessing cultural competency were explored. Nursing education literature in South Africa offered valuable insights into assessment strategies. However, based on the information collected, these models are not widely applied in Sub-Saharan African higher education institutions.

Conclusion

The review concludes that the CBME frameworks need to be contextualised to reflect South Africa's unique sociocultural nature. The integration of frameworks, such as EPAs and self-assessment tools, may offer an effective approach to assessing cultural humility as a competency. This paper proposes integrating CBME frameworks into the medical education curriculum to deliver equitable, culturally responsive care.



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Opening Doors to Transformative Learning: Insights into First Year Medical Students' Perceptions of Patient Home Visits

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Introduction

Home visits by students provide crucial context about how social determinants influence health outcomes, as well as how real-world circumstances shape patient behaviour and treatment adherence. As part of the Becoming a Professional module in the first-year curriculum at the Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, students are required to work collaboratively in groups to identify a general practitioner within their community and secure a patient amenable to a visit. Prior to the visit, students receive lectures and case-based learning on the social determinants of health (SDOH). This culminates in a summative presentation demonstrating their understanding of how these determinants affect their patient's health journey.

Aim

To explore first year medical students' perceptions of conducting patient home visits as a means of assessing the social determinants of health.

Methods

A qualitative case study approach was used to examine this bounded educational experience. Purposive sampling invited all first year MBChB students to voluntarily complete an online, open-ended questionnaire via the university's e-learning platform. Informed consent was obtained, and full ethical approval granted by the Humanities and Social Sciences Research Ethics Committee (HSSREC/00006159/2023).

Results

Thematic analysis revealed three overarching themes:

1. Transformative Professional Enrichment – Students reported development of early professional identity, improved integration of theoretical knowledge with real world experience, strengthened motivation to contribute meaningfully to patient care, and increased confidence in their emerging competence.

2. Reframing of Health Consciousness – Home visits broadened students' understanding of health as a complex interplay of social, economic, and environmental determinants. This fostered empathy, critical self-reflection, and a deeper appreciation of patient-centred and biopsychosocial approaches.

3. Ethical Tensions and Vulnerability – Students became aware of ethical complexities inherent in entering patients' homes, recognising vulnerabilities on both sides. This highlighted the need to balance educational goals with respect, sensitivity, and ethical responsibility.

Conclusion

Home visits serve as a vital component of undergraduate medical training promoting experiential learning, building intrinsic motivation and self-confidence, as well as cultivating empathy, humility, and critical reflexivity. These experiences assist in understanding how the SDOH affect health outcomes.

Subtheme

Empathy-Driven Innovation and Practice

Phase of Education: Undergraduate

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Physiotherapy Students' Perceptions, Attitudes, and Intentions Toward Clinical Practice in Older Adults' Nursing Homes in Pretoria

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Background: The global rise in older adults has increased the need for physiotherapy students to gain exposure to nursing home practice, where complex physical and mental health conditions are common. As ageing involves multisystem decline, residents often require multidimensional care. Students' willingness to engage in such care may be shaped by how older adults and nursing home settings are portrayed in training and society. Despite this demand, limited evidence exists on physiotherapy students' attitudes, perceptions, and intentions to work in nursing homes.

Objective: To determine physiotherapy students' perceptions, attitudes and intention to engage in clinical practice in older adults' nursing homes in Pretoria.

Method: This quantitative, observational cross-sectional study was conducted at the School of Healthcare Sciences, University of Pretoria. A non-probability purposive sampling approach was used to recruit third- and fourth-year physiotherapy students from a total population of 105, all of whom had prior exposure to older adults nursing home. Data were collected using the validated Willingness to Work with Elderly People Scale, distributed electronically via Qualtrics. Data were analysed using descriptive statistics and the Wilcoxon signed-rank test in SPSS version 29.0. Ethical approval was granted by the institutional ethics committee (663/2024).

Results: Sixty-four of 105 physiotherapy students completed the questionnaire. Students demonstrated a favourable perception of elderly care (Mean = 4.83, SD = 1.09) and felt confident in their practical abilities (Mean = 4.48, SD = 1.02). However, curriculum adequacy received the lowest rating (Mean = 3.55, SD = 1.60). Intention scores were significantly lower than attitude and perceived behavioural control ($p < 0.001$), with a significant difference between attitude and perceived behavioural control ($p = 0.013$).

Conclusion: Physiotherapy students value care for older adults and feel clinically prepared, yet few intend to pursue careers in this field. Their perspectives appear influenced by curriculum gaps, societal perspectives on ageing, and clinical exposure to older adults, which may contribute to negative perceptions.

Clinical significance: Strengthening education and mentorship in the care of older adults may improve student engagement and help meet the growing demand for physiotherapy services in long-term care settings.

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Shifting the Dial: A Student-Led Transition from Passive Learning to Agency in the Clinical Environment

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[1]Stellenbosch University

Context

Medical students undergoing clinical training in South Africa are immersed in fast-paced, delivery-focused clinical environments where high service demands often compete with teaching. Often students stand around a patient's bed waiting to be shown or taught, sometimes leaving encounters without understanding the reasoning behind treatment decisions or feeling part of the treating team. Universities intentionally place students across diverse clinical platforms to prepare them for practice, yet the unpredictable nature of clinical care can create a gap between structured learning and authentic participation. While this can cause anxiety in students, it presents opportunities to develop agency, adaptability, and self-directed learning.

Insight

This initiative emerged from lecturers observing students struggling to engage meaningfully in clinical learning opportunities and teamwork. Students themselves reflected on a perceived "void" during the transition from didactic classroom learning to interactive participation in patient care. A team of lecturers with a clinical background initiated a workshop focussed on students' role in their clinical learning instead of them waiting for teaching to occur. Through clinical learning workshops and reflective discussions, students became active partners in identifying and creating learning opportunities within everyday clinical work. Students shifted from viewing doctors as the sole source of knowledge to engaging with patients, allied health professionals, and peers as collaborators in learning. E.g. students began intentionally seeking explanations during rounds, volunteering for tasks, and using patient encounters to explore clinical reasoning and decision-making in real time.

Takeaway

Learning was reframed into technical domains such as clinical reasoning, diagnostic thinking, procedures, and treatment planning, alongside non-technical domains including observation of communication, teamwork, and leadership dynamics. Practical strategies included being present where clinical action occurs, engaging all senses during encounters, asking questions, integrating evidence into practice, and contributing meaningfully to patient care. Metacognition and reflection helped students recognise strengths, limitations, and promoted professional identity development.

Relevance

This presentation demonstrates how students can develop ownership of their learning when they are involved as co-creators. By fostering agency and curiosity, students shift from passive observers to practitioners in transition. It invites a broader question: what changes when students stop waiting for permission to learn?

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Erile…
Kelenketla!
When Occupation Screams Sepedi: Listening to Bapedi Narratives

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[1]Sefako Makgato University

Erile…

Kelenketla!

When Occupation Screams Sepedi: Listening to Bapedi Narratives

Story Context
Like all good Bapedi stories told around the fire, this one begins in rural Limpopo,a place where occupations are not isolated tasks but living relationships, carried through land, ancestry, ritual, and communal belonging. It also speaks to Occupational Science, a discipline in occupational therapy, concerned with understanding the meaning, structure, and experience of everyday life. Yet the ways Bapedi people live, relate, and make meaning do not always rest comfortably within assumptions held by dominant theories. My PhD journey became the warm threshold where these two worlds met and began speaking to one another.

Insight
In supervising students, I noticed something stirring: their interviews often missed what patients held closest to their hearts. While students asked questions shaped by conventional domains of independence and productivity, patients spoke of tending livestock at dawn, supporting a makoti through childbirth rituals, ploughing as a conversation with ancestors, and caregiving as a cherished relational duty. These were not "tasks"; they were expressions of identity, continuity, and belonging.

The gap became unmistakable when I attempted to "code" these stories. The frameworks could not hold the depth of communal, spiritual, and ancestral living. The more I tried to fit narratives into categories, the more the categories flattened them. I realised that the question was never how to place Bapedi life inside occupational theory, but how Bapedi meanings of doing, being, becoming, and belonging might expand the discipline itself.

Why It Matters
Occupational Science seeks to understand humans as occupational beings within cultural, social, and historical contexts. Yet Bapedi everyday, ceremonial, and ritual occupations remain largely undocumented. Without such knowledge, Western constructs fill the silence by default, influencing curricula and practice in ways that overlook or misinterpret African lifeworlds.

What Others Can Learn
This story invites practitioners and educators to reconsider the questions we ask. When we listen with cultural openness, patients reveal priorities far beyond standard assessments. Meaningful occupation arises when people are allowed to author their own realities.

Subtheme Alignment: Africanization, indigenous knowledge systems, relational ethics, and reimagining professional identity.

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Transformational Multilingual Pedagogies in the Medical Intercultural Communication Module: The case of Nelson Mandela University

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The shift in the medical field from a doctor-centered to a patient-centered approach has highlighted the need for transformational multilingual pedagogies in the training of medical students. These pedagogies include culturally responsive and multilingual teaching strategies which foreground intercultural competence and patient-centered communication that speaks to the context and communities in which the future doctors will practice. Hence Nelson Mandela University introduced the Medical Intercultural Module to its first cohort of medical students. This module's curriculum aims to foster critical, linguistic and cultural awareness in its students. Additionally, this curriculum seeks to demonstrate how power dynamics in the doctor-patient encounter can be challenged and shifted when the previously marginalized indigenous languages are legitimized and used as tools of learning and teaching in the medical curriculum. The module thus uses the lens of multilingual theories and transformative learning theory in its application of differentiated and adaptive instruction while also incorporating culture as a vehicle for learning and teaching. In this way, the medical students are sensitized and exposed to other ways of knowing to bridge the linguistic and cultural discordance that exist between doctors and their patients especially in multilingual and multicultural societies. Consequently, interpersonal aspects of care which include the key determinants of patient satisfaction like creating rapport, trust and empathy are inculcated.

Key words: Multilingual Pedagogies, Intercultural Communication, Multilingualism, Cultural Awareness, Language Discordance

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Listening beyond the curriculum: Empathy as innovation in health professions education

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Introduction and aim

Health sciences students often balance demanding academic programs with complex personal, social, and financial challenges. Rapid technological advancement and systemic pressures risk obscuring these human realities, yet empathy remains central to effective education. This project aimed to explore students' lived experiences through a simple reflective exercise, and to consider how empathy-driven innovation can inform teaching practice in pharmacy education.

Methods

At the start of a Neurology and Psychiatry module for final-year BPharm, learners were invited to reflect on "what occupies their brain" by filling in an image of an empty brain. This activity created space for students to articulate the concerns shaping their learning journeys. Sixty-three responses were collected and thematically analyzed.

Results

Five interconnected themes emerged

- Personal growth and self-identity — struggles with self-confidence, resilience, and emotional regulation.

- Academic and professional pressures: anxieties about passing modules, securing internships, and future employment.
- Relationships and social belonging: family responsibilities, grief, friendships, and romantic relationships.
- Financial and practical concerns: tuition fees, bursaries, part-time work, and aspirations for independence.
- Spirituality, health, and wellbeing: reflections on faith, mental health challenges, and physical health issues.

These outcomes highlight the deeply human contexts in which students pursue their degrees, often invisible in traditional academic spaces.

Conclusion

This exercise demonstrates how empathy-driven innovation can reframe teaching practice. By centering compassion and relational care, educators gain insight into the lived realities of students and can design curricula that acknowledge both academic and personal dimensions of learning. Even simple reflective tools can reclaim empathy in educational spaces, fostering environments where students are seen not only as learners but as whole people.

Subtheme Alignment

This work aligns with Empathy-Driven Innovation and Practice by reimagining curricula to place empathy, relational care, and human connection at the heart of health professions education.

Phase of Education

Undergraduate (final year BPharm students).

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Reimagining Early Clinical Exposure Amid Curriculum Reform in Undergraduate Medical Education

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Story Context

Early clinical exposure is widely promoted as essential for preparing future health professionals to navigate complex healthcare systems. During curriculum reform, this approach is often treated as a straightforward solution: introduce students earlier, and learning will follow automatically. Our experience suggests a more complex reality, one in which early exposure depends on how learning environments are negotiated and shaped during ongoing curriculum changes. At the University of the Witwatersrand, a team of clinical educators within the Unit for Undergraduate Medical Education has been responsible for introducing clinical visits during the first two years of the medical programme.

Insight

During the early phases of implementation, what initially appeared to be a straightforward logistical task quickly became a process of negotiating access, expectations, and educational purpose across multiple clinical sites primarily structured for service delivery. As educators, we found ourselves mediating between institutional ambitions, clinical realities, and assumptions about readiness. Questions emerged early: what constitutes a legitimate learning role for students new to clinical settings, how much supervision is feasible in overstretched clinical environments, and how early exposure can be structured to support meaningful learning. These negotiations required repeated engagement with clinicians, alignment across teaching teams, and deliberate attention to how

uncertainty and anxiety were anticipated and addressed among students, staff, and educators prior to students entering clinical spaces.

Why it Matters

Through this preparatory work, our understanding of early exposure shifted. Rather than viewing it as a single curriculum activity, we came to see early exposure as a gradual process requiring structure, adjustment, and ongoing support. Decisions about site selection, educator presence, supervision models, and communication with students became central to the educational design. Readiness emerged not as an individual student attribute, but as a property of the system itself.

What Others Can Learn

Successfully training future-ready graduates depends on how those learning environments are deliberately designed, supported, and sustained.

Subtheme Alignment

This abstract aligns with the subtheme "Future-Ready Graduates and Learning Environments" by examining how curriculum reform requires attention not only to timing of exposure, but to the deliberate construction of learning environments that enable meaningful participation

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Interprofessional Ethics Presentations: Learning Experiences of Final-Year Students

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Introduction

The Interprofessional Education and Collaborative Practice (IPECP) program at a Gauteng University, initiated in 2013 aims to foster interprofessional collaboration among final year healthcare students. A component of the program is the ethics and patient safety presentation which provides the students the opportunity to discuss and analyse ethical dilemmas encountered during clinical training. The program aligns with the World Health Organization Framework for Action on IPECP, which emphasises teamwork and collaboration to enhance the quality of health care and patient outcomes.

This study provides a novel exploration of how interprofessional ethics education influences graduates professional development and collaborative practice in the workplace as they complete their community service. Examining the experiences of the community service professionals offers insights into the effectiveness and sustainability of ethics training within IPECP at the University, filling a research gap in interprofessional ethics education.

Methods: The study used a qualitative, exploratory design to gain a comprehensive understanding of the experiences during IPECP ethics presentations. Semi-structured interviews were conducted with community service professionals who took part in the presentations in 2024. Purposive sampling was used with snowball sampling as a supplementary method. Descriptive statistics were used for the demographic data followed by thematic analysis for the participants interview responses.

Results: Six themes emerged from the analysis: the relevance of the ethics presentation topic, conflict arising from differing professional perspectives, clarification of professional roles: preferences regarding how ethics should be taught: application of skills in professional settings and logistical factors influencing the ethics presentations.

Conclusion: The themes demonstrate that the ethics presentations provided a meaningful and multifaceted learning experience. The presentations enhanced the relevance of ethics education by fostering greater role clarity, encouraging the transfer and application of ethical knowledge in professional settings and supporting personal development particularly in confidence and conflict resolution when engaging with differing professional perspectives. While logistical challenges such as venue availability at times limited levels of engagement the presentation nonetheless served as a valuable preparatory tool for real-world interprofessional ethical practice.

Submitted: Study was completed as part of undergraduate research.

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Understanding transfer of knowledge, skill and attitudes in an undergraduate physiotherapy curriculum in clinical education

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Introduction

Educators want students to apply theory to clinical practice. In physiotherapy education, effective application of knowledge, skills, and attitudes (KSA) ensures students grasp theoretical content, demonstrates practical skills and professional behaviors for clinical environments. One means of understanding KSA application involves questioning the theoretical concept of transfer of learning. Transfer of learning is the application of (KSA) acquired in one context to different or new contexts and is a core expectation in physiotherapy education.

Methods

The study used a survey design with quantitative, descriptive, and qualitative components. It explored KSA 3rd and 4th-physiotherapy students' transfer from academic courses to other contexts and their strategies they use to so. Data was collected from 41 students through a self-designed survey with five Likert scales and five open-ended questions. Descriptive analysis was done using SPSS, and open-ended responses were analyzed thematically using Braun and Clarke's (2006) method.

Results

The survey was sent to all third- and fourth-year physiotherapy students (128), 41 of whom responded (32% response rate). Overall responses were closely clustered at agree, indicating high consensus amongst students across domains. Students reported confidence in applying and being able to recall knowledge whilst in terms of practical skills transferred; they were comfortable using physiotherapy equipment and tools and handling practical examinations and/or real-life cases. Attitudes mostly transferred included ethical standards, using a patient-centered approach and being proactive in problem-solving. Qualitative and quantitative findings converged, highlighting transfer of biomedical knowledge, assessment, treatment skills, and patient-centered attitudes like empathy, compassion and communication Students primarily used preparation strategies for clinical placements, including revision through clinical scenarios and visual aids like mind maps, to enable transfer.

Conclusion

This study showed that physiotherapy students in this setting transferred biomedical knowledge (anatomy, physiology, pathology) into clinical practice. They mostly transferred practical skills related to direct patient care, while their attitudes aligned with those needed for holistic patient care. However, the small sample size and self-reported data limit generalizability. Future research with

larger, more diverse cohorts is needed to deepen our understanding of learning transfer in physiotherapy. Presently, these findings support student engagement in clinical placements in similar contexts.

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GRADUATES’ INPUTS ON AN INTERNSHIP MODEL FOR SOUTH AFRICAN POST-QUALIFICATION EMERGENCY CARE PRACTITIONERS

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Introduction

Emergency Medical Care (EMC) is an essential lifesaving healthcare profession and provide healthcare services in various situations and environments. Literature indicates that EMC graduates who qualified with the 480-credit professional bachelor’s degree feel underprepared for the work environment. The purpose of this study was to get feedback from EMC 480-degree qualified graduates, EMC experts, supervisors and academics regarding inclusion for an EMC internship model.

Methods

A pragmatic, sequential research method was used in this study. This included both quantitative and qualitative designs. Focus group interviews were conducted with ECP graduates that attained the 480-degree qualification less than three years prior to the study. A thematic analysis was used to create themes, sub-themes, categories and sub-categories from the feedback provided by participants. Whereafter a nominal group techniques was conducted with EMC experts, supervisors and academics to identify priority inclusions for an EMC internship model from the graduates’ feedback.

Results

From the graduates’ feedback the following themes were created: structured support (different levels and from all stakeholders), supervision (formal, structured), applicable educational and assessment practices and approaches (type of learner, training environment, competencies), internship necessities (attention to neonatal, ICU and contextualised teaching approaches). Additional themes included debriefing (formal, structured, intentional), conducive training environment, specific skills development and tailored training. The Nominal group prioritised the feedback from the students in the following order (1) supports an internship mode, (2) structured curriculum, (3) supervision, (4) Protection and limited liability for the intern (addition from nominal group) and (5) collaboration between academic institutions and governance structures and internship service providers with is a deduction from the student’s’ feedback.

Conclusion

The pragmatic approach allowed for rich feedback that covers all the variables associated with adult learning theory to thereby enable contextually holistic graduate development. Graduate feedback proposes an internship model that is flexible and adaptable, that can be extrapolated to fit the needs of other health professions. Contributions from graduates indicates that to develop practical skills and confidence a combination of practical hands-on experiences within authentic learning environments is critical. The importance of these were underscored by the concept ranking from the nominal group participants.

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Training a Health Workforce for a Continent in Transition: 20 Shifts Shaping the Future of African Health Professions Education.

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Background / Problem

Africa is currently undergoing a rapid and simultaneous transformation. It is the youngest continent globally, urbanising at speed, and facing a dual epidemiological reality where infectious diseases persist alongside rising non-communicable and cardiometabolic diseases. Geopolitical shifts, climate instability, digital acceleration, workforce migration, accreditation pressures, and changing societal expectations are reshaping African health systems in real time.

Yet many of our health professions education (HPE) models were designed for a different era and are no longer fit for purpose. A gap is emerging between the realities of African healthcare practice and the design of training.

Insight or Innovation

This PechaKucha presentation introduces a systems-level reflection describing 20 shifts currently shaping the future of African HPE. Using a rapid, image-based format (20 slides × 20 seconds), the session depicts demographic expansion, epidemiological duality, digital disruption, geopolitical and gender shifts in healthcare, burnout and workforce strain, global benchmarking as currency, and decolonisation debates.

It does not offer prescriptive solutions, but synthesises these forces into a questioning narrative around what changes must take place in health professions education to meet tomorrow's challenges. It aims to provoke realistic reflection among educators, policymakers, and institutional leaders. If the continent is transforming, then curriculum design and implementation, faculty skills and institutional strategy must transform with it.

Central Message

The future is now. If Africa is transforming, then curriculum design must transform with it. The defining question is: are we designing curricula for yesterday's problems — or tomorrow's realities? The future of African healthcare depends on how boldly we redesign today's training environments.

Thematic alignment

This presentation aligns with Global and Local Trends Shaping HPE by examining how universal forces intersect with distinctly African realities.

Phase of Education

All levels of health professions education, with implications for inter-professional curricula and professional development.

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An assessment of Clinical Technology Students' and Alumni Perceptions on the Value of Work Integrated Learning (WIL) to Clinical Technology Practice in Botswana

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Abstract

Background: Clinical Technology Practice is a relatively new profession in Botswana, therefore, the perceptions of Clinical Technology students and alumni regarding the value of WIL in their clinical practice in Botswana remains obscure. It is against this background that the study aimed to explore Clinical Technology students' and alumni perceptions of the value of WIL to Clinical Technology Practice in Botswana.

Methods: Grounded on Expectancy-Value theory, a phenomenological study was undertaken with purposively selected Boitekenalo College Clinical Technology (CLT) students who were enrolled in the WIL programme, as well as CLT alumni. Data were collected using structured in-depth interviews guided by the constructs of the theory until saturation was reached. Ethical considerations were all upheld throughout the study. Data analysis was done through thematic analysis in consideration of the Expectancy-Value Theory constructs.

Results: The study broad themes were students' expectancy and the Value placed on WIL as well as the resultant emerging interactions. Emerging sub-themes were divergent students' initial expectations of success in WIL performance tasks, varying pre-WIL confidence levels and concomitant influencing factors, elevated students' confidence levels during Nephrology and Critical Care WIL performance tasks, immense contribution of Nephrology and Critical Care theoretical knowledge to WIL performance tasks success despite varied challenges encountered by students during WIL. Additional emerging subthemes were existence of coordinated environmental and social support structures during WIL, divergent perceptions on resources availability, WIL impact on Clinical Technology Practice as well as students' recommendations on Clinical Technology WIL processes.

Conclusion: Study participants who had high pre-WIL confidence levels, with positive initial expectations of succeeding in WIL performance tasks expressed that they had major success during the Nephrology and Critical Care WIL performance tasks, indicating immense contribution of students' motivation to eventual students' WIL success. CLT alumni acknowledged the immense contribution of WIL to their current clinical practice. Majority of the study participants expressed commendable resource availability and social support structures during WIL. Undoubtedly, the current study findings have considerable insights for both Clinical Technology Practice and policy in Botswana.

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Turning Hidden Metadata into Personalised Student Feedback: A Low-Cost Automation Solution

Dr Juan Carlos Garcia Alonso[1]

[1]WSU

Background / Problem: It is standard practice in our program to include a metadata table (subject, topic, task, and Bloom's taxonomy) after every assessment question. Historically, this data was used for administrative blueprinting, while students received only a total mark or generic per-question scores (e.g., "2 marks in Question 1").

In a public university with infrastructure and resource constraints, manually translating this "hidden" metadata into meaningful, granular feedback for large cohorts is really challenging, leaving students without the pedagogical context needed for effective remediation.

Insight or Innovation: We implemented a digital integration to repurpose existing assessment metadata by pairing it with individual marks per question using Microsoft 365 Power Automate flow.

Because Power Automate is a low-code environment, this system was developed without the need for specialised coding experts or a complex codebase.

This automation generates structured, personalised feedback emails for every student, moving beyond raw scores to provide the pedagogical context necessary for effective remediation. Students receive granular insights, such as "2 out of 4 marks in management of hypertension" rather than a generic "2 marks in Question 1". This permits the students to identify their specific strengths and weaknesses.

This approach ensures that educators can deliver transformative, data-driven, individualised feedback even in resource-constrained environments.

Central Message: High-quality, data-driven feedback mechanisms do not require expensive external software. By using existing institutional tools to pair standard assessment metadata with student marks, educators can provide transformative feedback that empowers students to understand their specific strengths and weaknesses, even in resource-constrained environments.

Subtheme Alignment: Global and Local Trends Shaping HPE

Presentation Fit for PechaKucha Format: This session is highly visual, following the "flow" of information from the assessment paper metadata to the student's inbox. The rapid-fire format will demonstrate how administrative data can be reclaimed for student-centred learning.

Phase of Education: Undergraduate.

Disclosure on AI Usage: A language tool was used for limited editorial support (formatting and wording) to align with SAAHE requirements. The educational concepts and pedagogical framework are the author's own.

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An Integrated Student Well-being And Resilience Model For Health Professions Education In South Africa

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Abstract: Background: South African university students face escalating levels of psy-chological distress driven by academic overload, financial precarity, and social chal-lenges. Health professions students are particularly vulnerable due to the demanding nature of clinical training and repeated exposure to human suffering. Aim: To propose an Integrated Student Well-being and Resilience Model tailored to the South African health professions education context. Methods: This conceptual paper draws on empirical evi-dence from South African studies on student mental health, global campus well-being frameworks, and socio-ecological theory. Bronfenbrenner's Socio-Ecological Systems Theory and a tiered public health approach were synthesized to develop a multi-level model aimed at addressing the academic, financial, and social determinants of student mental health. Conceptual synthesis: The study unequivocally identified a syndemic of interconnected factors predisposing students to depression which included: The interplay of academic rigour and cognitive burnout, financial vulnerability as a determinant of mental health, the crisis of social connection and psychological safety, and institutional failure and the resilience fallacy. Conclusion: The Integrated Student Well-being and Resilience (ISWR) is a systemic architecture designed to coordinate institutional gov-ernance with the complex psychosocial needs of health professions students. The Model provides a holistic, scalable framework for strengthening student well-being within health professions education. By shifting from reactive counselling to proactive, system-level interventions,

the model offers a strategic blueprint for creating resilient, supportive learning environments capable of improving student mental health and fostering a healthier future healthcare workforce.

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Unravelling the AI Divide: Socioeconomic Inequity and its Implications for Clinical Reasoning in South African Medical Education

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Introduction

As Artificial Intelligence (AI) integrates into health professions education, a critical digital divide is emerging. While global discourse emphasizes AI's potential to augment learning, it often overlooks how the disparity between free and premium AI tiers mirrors historical socioeconomic stratifications. In South Africa, where many medical students face significant financial strain regarding tuition and subsistence, the cost of premium AI subscriptions is often prohibitive. This research investigates whether unequal technological access is becoming a new marker of academic privilege, compromising the principles of equity and social accountability foundational to medical training in a post-apartheid society.

Methods

We conducted a scoping review of emerging educational technologies, institutional digital readiness frameworks, and literature regarding the "AI Divide" in higher education. The study mapped the vulnerabilities of the South African medical curriculum to unstructured AI adoption. Using a social accountability framework, we analyzed the intersection of socioeconomic indicators—such as financial aid status—with the functional capabilities of free versus premium AI tools. We evaluated the impact of this "access gap" on student equity and the development of foundational clinical reasoning skills.

Results

The review identifies socioeconomic status as a primary predictor of access to advanced AI, establishing a tiered educational hierarchy within student cohorts. The functional gap between free and premium models represents both an "equity gap" and a "proficiency risk." Students limited to free-tier versions face disadvantages in the accuracy and depth of feedback for clinical reasoning. Findings suggest that without formal curriculum integration, unregulated AI use will exacerbate structural exclusions and digital stratification.

Conclusion

Addressing the AI divide is a prerequisite for socially accountable medical education. We argue that proactive, university-funded integration of AI tools is required to safeguard clinical proficiency and ensure technological shifts do not widen existing inequalities. Institutions must prioritize digital equity to foster a truly inclusive, future-ready learning environment.

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Blended learning in nursing education: An innovative approach to develop future nurse leaders in South Africa

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Introduction

Globally, many higher education institutions are at the forefront of digitalization in education. However, in South Africa, the COVID-19 pandemic provoked the inclusion of e-learning into nursing education which was otherwise offered through traditional physical contact teaching. Blended learning is an innovative approach preferred in healthcare qualifications such as nursing where clinical learning outcomes cannot be achieved through e-learning alone. However, many nursing education institutions have reverted to traditional methods of teaching since COVID-19. Yet, the uncertainty of future pandemics and the need to keep pace with technological revolutions is undeniable. Therefore, the aim of the study is to advocate for blended learning in nursing education by assessing and describing the state of readiness of student nurses and educators at rural comprehensive universities in South Africa to implement blended learning in nursing education post COVID-19.

Methods

A convergent mixed methods research design was used to obtain empirical data to describe perspectives, experiences and opinions to blended learning. Data was collected from student nurses and nurse educators at three rural comprehensive universities in South Africa. Quantitative data was collected via online questionnaires from students and educators. Qualitative data was collected via focus groups with student nurses and one-on-one interviews with nurse educators. The findings from the statistical and thematic data analysis were merged via narrative format. The meta-

inferences from the integrated data analysis were used to assess and describe their state of readiness for blended learning beyond COVID-19.

Results

Both the student nurses and nurse educators displayed readiness for blended learning. They had positive attitudes, ability to maintain good relationships, self-directed and collaborative learning, and emphasized the need for blended learning in nursing education and clinical practice. However, electricity, connectivity and academic integrity posed challenges to blended learning.

Conclusion

The contemporary digital era warrants the integration of technology into health professions education to address the evolving needs in healthcare and academic landscapes. Blended learning creates conducive environments to foster nursing graduate attributes for professional practice and leadership.

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Meaningful unravelling: Reflective narratives of curriculum development experiences and early perspective shifts in the NWU integrated spiral MBChB programme

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Introduction

The development of an integrated, spiral MBChB curriculum requires deep engagement with curriculum design, including learning outcomes, assessment alignment, learning opportunities, and programme-level coherence. Such engagement may challenge existing assumptions and expectations, potentially serving as disorienting experiences that prompt perspective shifts. Drawing on Mezirow’s transformative learning theory, disorienting dilemmas act as catalysts for critical reflection and possible perspective shift. Although staff development literature increasingly

emphasises transformative learning, limited empirical work has explored how early disorientation during curriculum design is experienced and interpreted. This study, therefore, explores early meaning-making processes and potential indicators of a perspective shift during MBChB curriculum development, while illuminating emerging professional development needs in a pre-implementation context.

Methods

A qualitative, interpretive descriptive design will be employed. Participants will include academic staff and district-based clinicians involved in the MBChB curriculum development. Following a curriculum development exercise, participants will be invited to write a guided, time-delayed reflective letter to themselves, capturing immediate experiences, assumptions, and emotional responses. After approximately three months, the original reflection will be returned, and participants invited to write a second reflective response. Data will be analysed using reflexive thematic analysis, informed by transformative learning theory, with attention to experiences of possible disorientation, indicators of critical reflection or perspective shift, and expressed professional development needs. The longitudinal reflective component allows for interpretive depth.

Results

Anticipated findings include descriptions of curriculum development as a challenging and potentially disorienting experience, characterised by uncertainty, identity tensions, and evolving understandings of integrated assessment and instructional design. Reflective narratives are expected to reveal early indicators of perspective shift and critical reflection, including the reconsideration of prior assumptions, the emergence of educator identities, and increased awareness of programme-level alignment. Participants' accounts are also expected to surface professional development needs related to assessment literacy, curriculum coherence, and ongoing support.

Conclusion

This study offers insight into early meaning-making processes for curriculum design in health professions education. By foregrounding reflective narratives as both a research method and a developmental tool, the findings may inform responsive, theory-informed training-the-trainer initiatives and contribute to scholarship on transformative learning–oriented faculty development in HPE.

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Scaffolding Clinical Skills Acquisition in Undergraduate Exodontia Education

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Introduction

Exodontia is a foundational psychomotor competency in undergraduate dental education. In the South African context, disparities in prior educational exposure necessitate structured instructional approaches that support progressive clinical competence. This paper reports on findings from a larger qualitative study exploring how scaffolding principles were conceptualised and embedded in the redesign of an undergraduate Exodontia Block Course (EBC).

Methods

The broader study aimed to redesign the EBC by incorporating deliberate practice principles. A qualitative, two-phase design was adopted. Phase One evaluated the traditional course through six focus group discussions with students (n=13), clinical teachers (n=10), and dental practitioners (n=7).

Phase Two comprised a three-round consensus workshop (n=33) to redesign the curriculum. Thematic analysis identified scaffolded elements across instructional design, clinical exposure, and assessment practices.

Results

Scaffolding emerged as a multi-layered construct spanning cognitive, instructional, environmental, procedural, and assessment domains. Cognitive scaffolding involved deconstructing complex extraction procedures into manageable components to reduce cognitive overload and enable mastery of sub-skills. Instructional sequencing was refined into focused, “bite-sized” thematic units aligned with single learning objectives. Environmental scaffolding included early clinical exposure and observation of full procedures prior to analytical breakdown. Procedural progression was structured across classroom teaching, simulation-based preclinical training, and supervised patient care, with demonstration preceding simulation and live procedures. Assessment scaffolding included additional practical assessments and structured OSCE-type formats to confirm staged competence prior to clinical advancement.

Conclusions

Scaffolding functioned as an integrative pedagogical framework, supporting progressive autonomy and safer clinical performance. Embedding structured, staged supports across teaching, simulation, and assessment may enhance readiness for independent exodontia practice in contexts characterised by heterogeneous prior learning experiences.

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Teaching Design Science Research: Co-creating Learning Frameworks for Future Health Professionals

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[1]Stellenbosch University, [2]Nelson Mandela University

Aim and Context

Health professions education requires graduates capable of creating digital health innovations. Traditional research paradigms (systematic reviews, randomised controlled trials, qualitative interviews) cannot instantiate mobile applications, decision support systems, or digital health platforms. This creates a pedagogical gap where students learn to evaluate existing solutions but lack systematic approaches for building new ones.

Design Science Research (DSR) provides methodology for creating these digital solutions, which serve as repositories of design knowledge that accumulate learning through iterative co-creation cycles with users. Each iteration deposits design rationale, user feedback, and contextual insights, creating knowledge assets that inform future development whilst providing authentic feedback to students. Yet DSR remains underrepresented in postgraduate curricula. This interactive workshop co-designs teaching strategies for DSR in health professions education.

Structure and Facilitation Plan

Duration: 90 minutes, Maximum Participants: 25

Phase 1 (25 minutes): Interactive DSR introduction using digital health exemplars and Kolb's experiential learning cycle
Phase 2 (45 minutes): Small-group design thinking sessions addressing "How might we teach DSR effectively?" with hands-on curriculum prototype development usig Canva

Phase 3 (20 minutes): Gallery walk showcasing prototypes, collaborative framework synthesis, and structured reflection on learning experiences

Key Concepts or Skills Addressed

DSR methodology fundamentals for healthcare innovation
Pedagogical strategies for teaching systematic artefact creation
Integration of experiential learning theory with DSR education
Co-creation approaches for curriculum development
Design thinking application to educational challenges

Participant Engagement

Participants experience DSR methodology whilst learning to teach it through multi-disciplinary collaboration, digital polling, hands-on prototype development, peer feedback, and reflective practice. Integration includes Kolb's Experiential Learning Theory, constructivist learning, social learning theory, and communities of practice frameworks.

Subtheme Alignment

Future-Ready Graduates and Learning Environments: Equips educators with digital innovation methodologies, fostering transdisciplinary collaboration and preparing graduates to create rather than merely evaluate digital health solutions. Addresses "Navigating the Next Era of HPE" through systematic artefact creation capabilities.

Phase of Education

Postgraduate education, ongoing professional development

AI editorial support: Anthropics's Claude Sonnet (Extended)

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From Satisfaction to Action: Re-engineering Feedback Loops to Drive Sustainable Impact in In-service Training

Dr Kathryn Jacobs[1], Dr Azrah Ismail[1], Dr Michaela Levy[1], Dr Candice Daniels[1], Dr Justin Berling[1]

[1]Knowledge Translation Unit

Introduction and aim

In health professions in-service education, post-course evaluation often fails to bridge the know-do gap while fixating on Kirkpatrick's Level 1 "Reaction". Often inflated by completion bias, these metrics measure satisfaction – a poor predictor of actual clinical behaviour change. Establishing a causal link between training and practice is notoriously difficult. Particularly in adult learning contexts, the challenge is not only acquiring new knowledge in the constantly evolving medical landscape, but unlearning years of clinical practice. Our aim is to engineer an evaluation system that accommodates this need for flexibility. In a future-ready learning environment, knowing a user "liked" a course is irrelevant if they return to practice where deeply ingrained habits prevent them from applying it.

Methods

Recognising that Kirkpatrick cannot measure systemic barriers in isolation, we looked beyond traditional metrics to quantify and drive forward the impact of in-service training. We conducted a narrative review of additional concepts – including the Re-AIM framework, the Commitment to Change (CCC) model and the Theory of Planned Behaviour (TPB) – to re-imagine our feedback system. The synthesis focused on translating abstract behavioural theory into concrete, scalable instruments for in-service learning environments.

Outcomes

The review prompted an analysis of existing feedback systems and sparked an evaluation overhaul, guided by these insights. We expanded beyond post-course surveys to include pre- and mid-course checkpoints and incorporated key innovations such as: (1) CCC-informed categorisation of learner mindsets prior to instruction to inform support needs; (2) TPB-informed inquiry focused on assessing barrier identification and habit reliance rather than just intent; and (3) Re-AIM maintenance tracking via delayed post-course emails to measure and prompt sustained adoption. The development of this multi-stage, dynamic and responsive feedback system has the potential to drive behavioural change, not just collect data.

Conclusion, subtheme alignment and phase of education:
This theory-informed evaluation development serves as a provocative call to translate behavioural science into active feedback practices and aligns directly with the subtheme's call for agile learning environments, acutely cognisant of healthcare workers, whose needs constantly evolve with new clinical guidelines within the ongoing professional development context.

*AI used in editing.

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Belonging in Health Sciences: Undergraduate Perceptions of LGBTQ+ Campus Climate

Dr Lauren Frade[1]

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Introduction: Campus climate significantly impacts the well-being and academic success of LGBTQ+ students by shaping experiences of equity, access and a sense of belonging. While South African universities promote inclusivity through policy, limited research explores how health sciences students perceive LGBTQ+ inclusion. This study aimed to better understand how students who identify as LGBTQ+ experience campus life compared to their peers who identify as cisgendered and heterosexual.

Aim: To evaluate perceptions of campus climate among undergraduate health sciences students at a South African university and to compare the experiences of LGBTQ+ students with those who do not identify as LGBTQ+.

Methods: A cross-sectional, comparative quantitative study was conducted using a validated 6-item online survey measuring perceptions of LGBTQ+ campus climate. The survey, distributed via email to all undergraduate Health Sciences students at the University of the Witwatersrand, received 183 responses. Perceptions were assessed across two domains: institutional response to LGBTQ+ students and experienced stigma. Data were analysed using descriptive statistics, t-tests, and ANOVA in R Studio.

Results: Respondents (mean age = 22, SD = 3.19) were primarily female (64%), heterosexual (59%), and enrolled in the MBBCh programme (83%). Overall perceptions of campus climate were positive ($M = 2.26$, $SD = 1.08$). However, LGBTQ+ students reported significantly higher levels of stigma and perceived discrimination compared to their heterosexual peers ($p < 0.001$).

Conclusion: Despite an overall positive climate, LGBTQ+ students experienced more stigma and reported less favourable experiences, highlighting an equity gap within health sciences education. These findings indicate the need for health sciences faculties to take social accountability and move beyond policy towards inclusive, equity-driven education, peer supported initiatives, and regular campus climate assessments.

Subtheme alignment: Equity, Access, and Social Accountability

Phase of education: Undergraduate

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What the Curriculum Doesn't Prepare You For: Educator Reflections on Generational Differences and Challenging Student Engagement

Miss Benedicta Apea-Adu[1], Prof Dané Coetzee[1], Mrs Marisja Rudolph[1], Dr Alretha du Plessis[1], Dr Wilmarié du Plessis[1], Ass Prof Barend Gerber[1]

[1]North-West University

Introduction

It began with what appeared to be a minor disagreement within a student team. Comments during feedback were taken personally. Emails followed. Meetings were called. What we assumed would be routine facilitation became the first of many mediations in a year marked by tension, resistance, and emotional strain. As educators in a Kinderkinetics programme, we were prepared to design curriculum, structure assessments, and supervise practice-based learning. What we were not prepared for was how frequently we would step into the roles of mediator, emotional regulator, and conflict navigator. This experience exposed a broader tension within contemporary health professions education: while curricula prepare educators for content delivery and assessment, they seldom equip them for the relational and emotional demands that increasingly shape student engagement and teaching sustainability.

Ideas / Development

Drawing on anonymised reflections, this session explores how differences in learning expectations, immediacy of feedback, flexibility, and perceptions of academic responsibility intersect with small-group dynamics in a practice-based environment. Interpersonal conflict within collaborative teams disrupted participation, trust, and shared accountability, with disengagement manifesting as resistance to feedback, personalisation of critique, and recurring peer conflict. As a result, educators increasingly assumed roles as emotional regulators and facilitators of group dynamics, roles for which they had limited formal preparation.

Key Message

Student engagement challenges emerge from the interplay between evolving student expectations, relational group dynamics, and structural gaps in educator preparation and support. When these converge, educators carry invisible emotional and regulatory responsibilities beyond curriculum design and formal supervision. Recognising these layered influences is essential for sustainable teaching in health professions education.

Impact

These experiences prompted reflection on professional identity and the unspoken emotional dimensions of academic work. By creating a psychologically safe campfire space, the session fosters recognition, empathy, and collective dialogue among health professions educators. It also invites institutions to consider educator well-being as integral to sustainable student engagement and to reflect on how professional development can better support contemporary teaching realities.

Relevance to Conference Theme

By foregrounding the human realities shaping professional formation, this campfire aligns with the conference's focus on future-ready health professions education and sustainable learning environments.

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Posting for prevention: Rethinking social accountability through student-led digital health promotion

Dr Anke Van Der Merwe[1], **Assoc Prof Lizemari Hugo**[1]

[1]University Of The Free State

Introduction

Health inequities are amplified in resource-deprived settings experiencing rising disease burdens, where limited access to reliable health information constrains prevention and health promotion efforts. Expanding equitable access to contextually relevant health information is central to socially accountable health professions education. Digital health promotion offers a scalable strategy to reach underserved communities; however, little is known about how undergraduate health professions programmes prepare students to design digital artefacts that are accessible, culturally responsive, and behaviourally informed. Underpinned by the Theory of Planned Behaviour, this study explores how digital artefact development is integrated into undergraduate education to advance equity, access, and community responsiveness.

Methods

A scoping review was performed to map existing literature on digital artefacts developed by undergraduate health professions students for health promotion and disease prevention. Guided by the Joanna Briggs Institute PRISMA-ScR framework, 13 electronic databases were systematically searched with the support of an information scientist. An independent, blinded screening of titles, abstracts, and full texts was followed. Data were analysed inductively using thematic analysis.

Results

Of the 314 records screened against predefined criteria. The 11 included studies, primarily from high-income countries and focused on medical and nursing students, described digital artefacts such as videos, social media campaigns, and multimedia resources targeting diverse populations. Students reported positive attitudes toward digital creation, linked to empowerment and knowledge gains. Target communities noted improved knowledge, engagement, and cultural relevance. Institutional support and expert guidance shaped subjective norms, while students' technological competence strengthened perceived behavioural control. Digital formats were viewed as accessible and cost-effective; however, only two studies reported underlying educational frameworks guiding the process, and only three addressed cultural adaptation for underserved populations.

Conclusion

Digital artefact development holds promise for widening access to health information and promoting equity across diverse socio-demographic contexts. However, socially accountable implementation requires intentional curricular design, educator preparedness, and context-sensitive pedagogies that move beyond technocentric approaches. Embedding structured digital health promotion training within undergraduate curricula can equip future professionals to co-create inclusive, culturally responsive health messages, advancing more equitable and community-oriented healthcare delivery.

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Empowering Multidisciplinary Teams: Empathy-Centred Online Palliative Care Education in the Western Cape

Dr Ray Mohamed[1], Dr Anjali Kooverjee[1], Dr Azrah Ismail[1], Mrs Cassandra Basset[1], Dr Michaela Levy[1], Mrs Gill Faris[1]

[1]Knowledge Translation Unit

Introduction

While the skills of empathy and compassion may be included in various health professions training programmes, they are often inconsistently taught and insufficiently practised. Many practising health workers find that these skills are underdeveloped or progressively diminishing due to resource constraints and limited psychosocial support. Palliative care is a field fundamentally characterised by such “soft skills”. For example, these skills are essential for communication during emotionally challenging conversations, which influences both client and clinician wellbeing. As digital education expands to meet workforce development needs, a key challenge emerges: how can empathy be meaningfully taught to diverse health workers without face-to-face engagement? This presentation explores the development and evaluation of online Introduction to Palliative Care courses, designed for multiple health worker cadres within the Western Cape public health system.

Methods

Course development drew on peer-reviewed literature and existing palliative care training content, combined with developers’ personal clinical and educational experience. Different versions of the course were developed for medical professionals, rehabilitation and psychosocial professionals, and enrolled nursing auxiliaries. Discipline-specific scopes of practice were clarified, highlighting the complementary roles of multidisciplinary team members to support empathetic care. Inclusive phrasing was prioritised, while avoiding rigid instructions. A conversational voice and visual design elements were used to enhance educational knowledge translation and reinforce key messages. Content and assessments prioritised practical examples situated within familiar public sector contexts.

Results

Course content addressed clinical principles alongside compassionate communication and healthcare worker wellbeing. Emotionally complex concepts were successfully adapted for online delivery, centring human connection in clinical practice. Feedback highlighted the value of translating these abstract concepts into practice. Participants reported empathy in communication, end-of-life care, family support, and professional self-care as key learnings, while their confidence in breaking bad news, bereavement care, and balancing professional boundaries grew. All respondents felt that their knowledge of palliative care principles increased.

Conclusion

The courses demonstrate that empathy and compassion can be intentionally embedded within scalable online learning formats, when they are context-responsive and emotionally literate. Feedback indicates strengthened confidence and reflective capacity across diverse health worker cadres, highlighting the value of empathy-centred approaches within digital health professions education.

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Lessons from a Medicinal Garden: Cultural Humility, Co-creation and Planetary Health

Dr Yoshna Kooverjee[1], Ms Nthabiseng Tshabalala[1], Dr Mea Van Huyssteen[1]

[1]Nelson Mandela University Medical School

Context

The rich cultural diversity in South Africa results in the use of multiple systems of medicine amongst the population. Therefore, medical graduates must develop an understanding of cultural practices influencing health. To prepare First-year medical students for cultural healing practices they will

encounter, we designed a learning activity around a medicinal garden visit to explore the connection between medicinal plants, cultural practices and Western knowledge.

Insight

We began with discussion on healing systems and cultural practices, followed by experiential activities at a medicinal garden on campus, which allowed students to share their personal knowledge of cultural practices around medicinal plant use. Two unexpected insights emerged; (1) personal knowledge in the context of cultural identity was the most transformative aspect of the co-created understanding, and (2) the explicit connection that students made to nature during the garden experience. This highlighted the interconnection between indigenous knowledge created from human survival on the land (environment), which leads to development of a culture. Therefore culture, indigenous healing practices and land are intimately linked, as a holistic entity.

Takeaway

Providing a space to share and value cultural heritage within medical education is an important aspect of decolonisation of medical education. Engagement with others, especially from other cultures, is essential for developing cultural humility. Commonalities in indigenous knowledge transcended linguistic differences.

This changed the way we view environmental aspects of health. It was always difficult for us to explain how planetary health fits into Health Professions Education. This view was transformed when cultural links became apparent, allowing us to think holistically and meaningfully about planetary health.

Relevance

The process of co-creation used in this experience aided the development of cultural humility through two key ingredients: lived experience and uncertainty. Instead of merely creating cultural awareness or cultural competence, lived experience and uncertainty about what knowledge would be gained from the activity exemplified the practice of cultural humility.

Our story aligns with decolonisation as a global movement, highlighting the connection between the land (ecological force), indigenous knowledge and culture. Co-creation as a pedagogical approach challenges the dominant Western epistemology rooted in objectivity and neutrality.

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Bedside to Blackboard: Reimagining Clinical Decision Making in Healthcare Education

Dr Azrah Ismail[1], Dr Zaynab Alexander[1]

[1]Knowledge Translation Foundation

Context

This is a story of my experience shifting across two very different professional roles within the health system. The first is the familiar environment of a high-pressure clinical setting: a hospital, an EC, a CHC, where every decision was immediate, fuelled by the patient in front of me, and every outcome was tangible and life changing. This was replaced in my new role where I sit in front of a computer, developing courses for healthcare workers. The adrenaline was gone and the stakes seemed lower, but why did the weight of every choice feel heavier?

What Happened/Insight

Initially, working in this new role felt disconnected from the clinical decision making I was trained for as a doctor. I found myself questioning every trivial choice, the phrasing of a sentence, which words to bold, what icons to include, all while questioning the gravity of the work I was doing. But this

persistent unease led me to the realisation that I was, in fact, triaging information, assessing risk to the learner and deciding an outcome. It was still clinical decision making, but in a different form.

Why It Matters

I realised that the weight had shifted from the acute stress of a single patient encounter to the chronic, complex responsibility of potentially shaping the practice of hundreds of healthcare workers. Having this new insight affirmed that clinical reasoning is the foundation in educational knowledge translation. It not only gave me the confidence to make decisions but also emphasised that the care for patients I thought was lost in this new role, was now expanded to include the carer themselves.

What Others Can Learn

This story is for educators and clinicians in academic roles to consider our work as not only transferring information but as a series of clinical decisions that is interventional in nature. It challenges us to consider the impact of seemingly small choices and explores how creating resilient healthcare professionals begins with our decisions as educational knowledge translators. Every element of the learning environments we develop utilises the same clinical acumen we hope to cultivate in our learners.

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Echoes in Clay: Visual-poetic reflections from research into rural clinical training

Dr Jana Muller[1]

[1]Stellenbosch University

This visual exhibition presents a series of poems constructed through participant voiced poetry methodology, superimposed onto images of sculptures created by the author. These artworks, developed as part of the author's doctoral research, explore health professions students' experiences of rural training and their transition into practice, while simultaneously conveying the emotions navigated by the researcher during data collection and analysis.

Four art works exploring the following experiences will be exhibited: Collaboration; Experiencing the death of a patient; The weight of patients' stories and The value of relationships. Each artwork prefaced one of four articles published from the data collected as part of the PhD research.

The collection reimagines the role of vulnerability—both from participants and the researcher—within health professions education research. By foregrounding relational care and human connection expressed in participant reflections, the exhibition also reveals the researcher's embodied responses during the research process.

Through the integration of poetry and visual art, the works illustrate how creative methods can serve as powerful tools to centre compassion, emotion, and reflexivity in research. Creativity becomes not only a medium for representing lived experiences, with an emphasis on affect, but also a process through which the researcher can explore and process their own emotions during qualitative inquiry. Viewers are invited to consider participants' lived realities, but also to reflect on their own emotions when considering the ethical responsibility, power, and privilege embedded in clinical training and learning facilitation.

Technical Requirements (AV, props, room layout): I can print these works on A3 boards for display somewhere in the conference.

Link to cultural/local context: The participants' lived experiences are all relevant to the South African context.

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Curriculum transformation from a discipline based to a body system integrated curriculum: Review using LOOOP

Dr Thabisile Ndlovu[1], Prof Maphoshane Nchabeleng[1], Prof Andrew Musyoki[1], Ms Gerda Botha[1], Prof Ina Treadwell[2], Ms Iloise Ras[2], Dr Abegail Dlova[1], Dr Moshaba Khaba[1], Dr Nosipho Thobakgale[1], Dr Siesta Rashopole[1], Dr Ramokone Maphoto[1]

[1]Sefako Makgatho Health Sciences University, [2]Medizinische Hochschule

Introduction

Curriculum transformation frequently comes about when academics notice 'difference, discrepancy, deficit, dissonance, discontinuity or disequilibrium' within the curriculum or because of accreditation inspections. At SMU the MBCHB III curriculum mapping platform (LOOOP) has been accessible since 2019 to all stakeholders, HPCSA panellists, who previously recommended addressing content overload and improving horizontal integration. LOOOP provides clear statements of learning objectives for each module and match these to outcomes, competencies as well as learning experiences and assessments while keeping track of changes over time. This ethically cleared review therefore focused on the above as well as on assessing if alignment between outcomes, objective and strategies has improved since 2019.

Methods

Filtered data from LOOOP was used for analysis, comparing the 2019 with the 2026 MBCHB III curriculum. Structure of the curriculum and its credits were compared by snapshot views for qualitative analysis, number of objectives as aligned with learning, teaching and assessment strategies. The data were exported, shared as an excel spreadsheets and used off-line for quantitative analysis. Quantifiable findings included comparisons of number of objectives aligned with higher order cognitive skills and depth, changes in learning as well as teaching strategies and assessment formats. Content scope comparisons were made by comparing data mapped for MESH and the HPCSA Health Care Practitioner key competencies (checking if any gaps were created). Analysis was further done by calculating frequencies, percentages, means, and standard deviation.

Results

The LOOOP review revealed clear quantifiable evidence of curriculum change over time, demonstrating reduction of unnecessary duplication, recalculation of credits, improvement in articulation between disciplines and integrated learning for students. The review further revealed the alignment of objectives with higher order cognitive skills as well as teaching, learning and assessment strategies being improved with the integrated curriculum, but still need further attention. There was an increase in case-based multi-disciplinary discussions with a focus on primary health care.

Conclusion

The LOOOP mapping platform is useful to review curriculum changes over time and allow students to get an overview of the curriculum. LOOOP provides evidence of change for accreditation panels, creates an opportunity for collaboration in educational research.

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Unpacking a global North-South student exchange programme through a Transformative Learning lens.

Mrs Malika Khan[1]

[1]Dr Wendy Solomon - Department of Biomedical Sciences, Faculty of Health & Wellness Sciences, Cape Peninsula University of Technology , [2]Lizel Hudson - Faculty Administration, Faculty of Health &

Wellness Sciences, Cape Peninsula University of Technology, [3]Gry Sjøholt, Associate professor, Western Norway University of Applied Sciences (HVL).

Introduction and Aim

In international academic exchange programmes, universities around the world form agreements allowing them to “exchange” students for a certain period. These programs exist for academic institutions to reflect on, and gain a better understanding of not only their own, but also each other’s processes and procedures and therefore creating opportunities for international alliances to improve learning at both local and international levels. Since 2008, Cape Peninsula University of Technology (CPUT) and Western Norway University of Applied Science (HVL) have collaborated in an exchange program where students complete a practical component when placed at the host university. The study will utilise the Transformative Learning Theory as a theoretical lens to gain the insights from all the participants. The study aim is therefore to evaluate the outcomes of the undergraduate student exchange programme in the Departments of Biomedical Sciences at HVL and CPUT. The focus of the outcomes is on knowledge exchange; practical skills; internationalisation and establishing guidelines for future exchanges of a similar nature.

Methods

This qualitative study used descriptive analysis and Braun and Clarke’s six stages of thematic analysis to make meaning of data collected using a questionnaire, followed by focus group interviews with students who participated in the exchange programme between 2008 and 2024. Permission to conduct the study was granted by both institutions, and ethical approval was received from the Faculty Research Ethics Committees.

Results

Preliminary findings from the questionnaire data set will be presented.

Conclusion/Relevance

Interpretations of the findings from this study will highlight the effectiveness of educational exchange programmes and seek to propose guidelines for future exchange programmes in health science education. These findings will assess how effective the HVL-CPUT exchange programme is for the development of students’ practical skills and knowledge exchange in Biomedical Sciences as well as how they contribute to the attainment of graduate attributes.

Subtheme Alignment

Global and Local Trends Shaping HPE

Phase of Education

Postgraduate

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Curriculum in Motion: Renewing Occupational Therapy Education Through Context, Complexity, and Collaboration

Mrs Michelle Hannington[1], **Mrs Melissa Francke**[1], Mrs Meghan Krenzer[1], Associate Professor Pam Gretschel[1], Dr Olindah Silaule[1], Associate Professor Helen Buchanan[1], Dr Adele Ebrahim[1], Mrs Sithembelenkosi Ngcobo[1], Mrs Zarina Sayed[1]

[1]University Of Cape Town

Introduction

Preparing future-ready graduates requires curricula that are responsive to changing professional, social, and epistemic landscapes. In health professions education, this mandate demands moving beyond static curriculum models toward approaches that support adaptability, learner agency, and

contextual relevance. In response, the UCT OT Division is undertaking a curriculum renewal. While the existing curriculum is recognised for its grounding in human occupation and occupational science, concerns emerged regarding the alignment between intended outcomes and enacted teaching and assessment practices. In parallel, the need to foreground decolonisation and workforce preparedness was identified. We aim to describe and critically reflect on a contextually responsive framework for curriculum renewal.

Approach

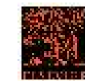
A curriculum renewal group led the process. Rather than pursuing total redesign, the group adopted an iterative renewal approach that acknowledges curriculum as a complex, evolving system. Recognising the limitations of traditional curriculum design models, a phased, participatory framework was developed. This approach draws on principles of constructive alignment, backward design, complexity theory, and decolonial pedagogy. Central to the approach is the intentional creation of environments that enable educator and student agency, reflexivity, and responsivity to changing professional demands.

Outcomes

Key outcomes to date include the re-articulation of graduate attributes to better reflect the South African context and align with the revised scope of practice of the Health Professions Council of South Africa (HPCSA). A collaboratively developed teaching philosophy now provides a shared pedagogical foundation to guide learning design across the programme. Ongoing engagement with students and clinical site partners has been prioritised to ensure the renewal process is informed by lived educational and practice experiences. Mapping of the current curriculum to assist in identifying opportunities for innovation as well as recognising gaps and redundancies. The next phase will focus on curriculum renewal of content, teaching and assessment practices.

Conclusion

This work demonstrates how an iterative, theory-informed approach to curriculum renewal can support the development of future-ready OT graduates by fostering adaptable learning environments, shared agency, and contextual relevance. The framework offers a transferable approach for health professions education programmes seeking to design curricula capable of responding to uncertainty, change, and evolving professional practice.



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Assessment as Moral Work: A Decolonial Examination of Validity in South African Occupational Therapy Education

Mrs Michelle Hannington[1]

[1]University Of Cape Town

Introduction

Assessment in health professions education (HPE) is often framed as a technical process concerned with measurement and defensibility, frequently equated with being "valid." However, assessment practices are historically and socially situated, reflecting deeper epistemic commitments about what counts as legitimate knowledge and competence. In occupational therapy (OT), these tensions are pronounced as the profession navigates between medicalised traditions and occupation-centred relationality. Contemporary conceptions of validity as an argument and a social imperative invite critical examination of how this tension influences assessment practices.

Methods

This study aimed to critically examine shifts in undergraduate OT assessment practices in South Africa through a decolonial lens, with attention to factors influencing assessment decision-making. A narrative inquiry approach was used to explore assessment histories across all South African institutions. Semi-structured interviews were conducted online with experienced OT educators (n = 8), recruited through purposive and snowball sampling to ensure deep institutional knowledge. Narrative analysis identified patterns and influences on assessment practice, with iterative data collection and analysis informing data sufficiency.

Results

The findings reveal the historical evolution of OT assessment practices in South Africa as a persistent epistemic struggle between assessment as control, standardisation, and professional legitimacy and assessment as care, learning, and occupation-centred becoming. From a decolonial perspective, this struggle reflects the inheritance of Global North, medicalised assessment logics alongside efforts to reclaim contextually grounded and relational ways of judging competence. Across institutions, educators described assessment as a contested practice shaped by regulatory demands, institutional governance, resource constraints, student demographics, and equity considerations. These competing imperatives coexist uneasily, resulting in assessment systems characterised by contradiction and ongoing negotiation.

Conclusion

This persistent epistemic struggle positions assessment as a site of moral and educational decision-making. Validity emerges as a contested and negotiated argument rather than a fixed property. A decolonial lens highlights how warrants such as standardisation and objectivity are privileged through historical and geopolitical power, while relational, occupation-centred forms of evidence remain more fragile within validity arguments. Producing contextually valid assessment in OT education requires ongoing work of negotiating competing assessment logics to balance defensibility, learning, and social responsibility.

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The interprofessional person, people, place (IP3) framework for incorportaing IPE on the distributed training platform

Dr Jana Muller[1], Prof Elize Archer[2], Prof Ian Couper[1]

[1]Division of Rural Health, Stellenbosch University, [2]Department of Health Professions Education, Stellenbosch University

Introduction

Distributed training in undergraduate health professions education, where students learn away from the academic campus, offers both challenges and opportunities. Benefits include integration into multi-professional healthcare teams, continuity of care, and contributions to local healthcare systems. However, challenges such as human resource constraints, clinical training expertise, and social support issues persist. There are however multiple factors, beyond just the training environment, that influence student learning and practice, including students' exposure to interprofessional learning opportunities.

We explored students' interprofessional learning experiences on two rural training platforms to better understand factors that may facilitate or challenge interprofessional education (IPE). This presentation discusses the development of a framework for introducing IPE during distributed training.

Methods

This qualitative study used an interpretivist approach to explore IPE on two rural training platforms in South Africa, assessing its impact on students' perceived IPCP during their training and after their first year of work. Thirty-two semi-structured interviews were conducted with 16 participants across five different health professions in 2022 and 2023. Data were analysed using thematic and narrative methods and reflexivity was supported by independent researchers from different professional and demographic backgrounds.

Results

Students encountered varied interprofessional learning opportunities, but their engagement was shaped by social identities and power dynamics, leaving some struggling with disorienting experiences. Graduates noted that relationships formed during rural placements supported later interprofessional collaborative practice (IPCP). Participants called for longitudinal, multiprofessional training in small, patient-centred settings, with explicit discussion of barriers, disorientation, and marginalisation. They also emphasized the need for institutional cultures that model collaboration, responsive educators, and alignment of IPE with local healthcare realities.

Conclusion

An outcome of this study is a fit-for-purpose interprofessional person, people, place (IP3) framework that highlights the importance of an intrapersonal, interpersonal and contextual focus of IPE on the distributed training platform. Recommendations to integrate IPE into existing health professions training, while considering social identities, and using transformative learning in both social and curricular contexts are presented.

The IP3 framework aims to serve as a foundation for institutions wanting to introduce IPE during distributed clinical training.

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Recentering Human Connection in Health Professions Education: A Transcultural Evaluation of Narrative Medicine Groups in South Africa and Finland

Dr Anastasia Ebele Ugwuanyi[1], Dr Elina Renko[2], Prof Jussi Valtonen[2]

[1]University of The Witwatersrand, [2]University of the Arts

Background

Health professions education is increasingly shaped by technological advancement, expanding competency frameworks, and systemic pressures privileging efficiency and measurable performance. Sustaining relational attentiveness and human connection can be challenging. Narrative medicine offers structured pedagogical approaches—close reading, reflective writing, and facilitated group dialogue—inviting learners to engage with lived experiences and the complexities of professional formation. Widely established in the global north, less is known about how it resonates across diverse cultural contexts.

Aim

This project explores healthcare students' experiences of participating in narrative medicine groups in two distinct educational contexts: the University of the Witwatersrand (WITS) in South Africa and the University of Helsinki (UH) in Finland. We examined how group reading and reflective writing contributes to learners' sense-making, professional identity development, and engagement with relational dimensions of care. This study lays the groundwork for a broader transcultural evaluation, exploring the experiences from narrative medicine groups in Helsinki and Johannesburg.

Methods

Similar literary texts and writing prompts were used for healthcare students at UH and WITS. Using the three-step narrative medicine model, participants were asked to (1) Read pre-selected material, (2) Reflect in a group discussion (3) Respond by writing. Data collection included baseline and post-course online questionnaires, pseudonymized reflective writings generated during sessions, observational field notes, audio-recorded group discussions, and semi-structured interviews at course completion. A mixed-methods design will be used for analysis. This study reports on the quantitative feedback.

Results

Participants from UH (n = 14) and WITS (n = 10) reported high overall satisfaction (average ratings exceeded 3.9 on a 5-point scale). Participants rated the groups highly for inspiration (Mean UH 4.36; WITS 4.70), providing something new to think about (Mean UH 4.43; WITS 5.00). Teaching and facilitation methods were considered useful (Mean UH 4.50; WITS 4.80), and participants reported meaningful learning outcomes, including developing new skills (Mean UH 4.00; WITS 4.60), novel perspectives to future work (Mean UH 4.36; WITS 4.80), provision of practical tools for future work (Mean UH3.93; WITS4.30).

Conclusion

These results suggest that narrative medicine groups effectively foster reflective thinking and professional development in different cultural settings.

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Breaking Silos

Dr Collete Janssen[1], Dr Anastasia Ebele Ugwuanyi[1], Dr Lethuxolo Shange[1]

[1]University Of The Witwatersrand

Context

The transition from classroom theory to patient-facing practice is often challenging for undergraduate medical students. Curricular efforts increasingly aim to ease this shift and cultivate future-ready graduates. In the Graduate Entry Medical Program (GEMP) at the University of the Witwatersrand, students enter clinical training in GEMP 3 and 4, following two pre-clinical years of predominantly theory-based blocks organized around bodily systems, each aligned with basic clinical skills (e.g., the cardiovascular block paired with cardiac examination skills and ECG interpretation). As an introduction to clinical practice, we have a "Spiral Week," traditionally focused on isolated skills workshops, such as ECG revision. In 2026, we reimagined the skills session, to integrate multiple clinical skills into a more immersive, context-rich learning experience.

What happened

Students received hospital files containing realistic case notes, including dates, triage information, and patient history. After familiarization, they engaged with a simulated clinical scenario involving a "patient" and senior doctor. Using mannequins and standard clinical equipment, students performed examinations, completed request forms, inserted IV lines, drew blood, catheterized, and interpreted investigations such as dipstix, ECGs, and chest X-rays. Alongside, they were encouraged to consult notes and online resources, including EMGuidance and treatment protocols. Students reported that integrating skills within realistic scenarios, rather than learning them in isolation, enhanced their understanding of workflow, contextual reasoning, and preparation for rotations. They also identified areas for personal revision prior to workplace-based learning.

Why It Matters

This immersive approach revealed the gaps and opportunities in transitioning students from theory to practice. It emphasized the ethical responsibility of educators to support students through potentially overwhelming early clinical experiences, fostering confidence, adaptability, and resilience.

What Others Can Learn

Breaking silos between skills and systems enables authentic, integrated learning. The Integrated skills session demonstrated how structured, immersive experiences cultivate critical graduate attributes such as adaptability, critical thinking, collaboration, and a commitment to lifelong learning.

Subtheme Alignment

This story aligns with future-ready graduates and learning environments by illustrating the design of integrated clinical experiences that prepare students to navigate evolving healthcare learning settings.

(ChatGPT used for Editing)

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Evaluating the National Implementation of Entrustable Professional Activities in Family Medicine Training in South Africa: A Formative Multi-Site Study

Dr Kimera Suthiram[1], Professor Louis Jenkins[2], Dr Madeleine Muller[3], Dr Neetha Erumeda[4], Dr Brett Coppenhagen[5], Prof Mergan Naidoo[1]

[1]University Of Kwazulu Natal, [2]Stellenbosch University, [3]Walter Sisulu University, [4]University of Witwatersrand, [5]University of Pretoria

Introduction

The Entrustable Professional Activities for Family Medicine in South Africa (EPA4FM-SA) initiative aims to standardise postgraduate Family Medicine training across all nine medical schools by aligning

22 EPAs with the five National Unit Standards. Implemented nationally through the Scorion ePortfolio, the initiative strengthens workplace-based learning and programmatic assessment. This multi-site, formative evaluation presents early insights from the initial rollout.

Methods
A convergent mixed methods design combined data from Self Assessment Questionnaires (SAQs) and Formative Assessment Visits (FAVs) conducted across all medical schools. Each FAV included Nominal Group Technique (NGT) sessions with registrars and faculty to identify enablers, barriers, and improvement strategies. Semi-structured interviews were held with senior faculty, departmental leaders, and health service managers. Peer reviewers and faculty jointly developed Quality Improvement Plans (QIPs). Audio-recorded sessions were transcribed and thematically analysed by multiple reviewers, with SAQ findings integrated to produce a cross-site synthesis.

Results
Institutions supported the EPA-based approach for its clarity and strong alignment with national training outcomes. However, several recurring challenges emerged:

•Supervision and Feedback: Inconsistent supervision, delayed feedback, and variable entrustment decisions underscored the need for stronger faculty development and mentorship.

•Digital Platform Usability: Complex navigation, limited mobile functionality, and inadequate feedback tracking on Scorion highlighted the need for platform simplification, digital literacy training, and better user support.

•Curriculum Exposure: Gaps in surgery, forensics, and rehabilitation, alongside outdated skill lists, indicated the need for revised rotations and shared learning modules.

•Registrar Preparedness: Uncertainty around expectations, reflective practice, and assessment standards emphasized the importance of structured orientation and support for professional identity formation.

•Institutional Pressures: Heavy service demands, staffing constraints, and limited protected academic time continued to restrict learning opportunities.

All sites developed QIPs addressing these issues, focusing on early improvements in supervision, registrar orientation, Scorion usability, and curriculum alignment.

Conclusion
This evaluation demonstrates the feasibility and value of a national EPA-based framework. Successful implementation requires strengthened supervision, improved technological support, and strong institutional commitment. FAVs have proven effective in promoting collaborative quality improvement, with additional data expected to guide national standards for sustainable programmatic assessment.

Sub-theme alignment: Future-Ready Graduates and Learning Environments

Phase of education: Postgraduate

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The Use of Simulated Patients during an Interprofessional Education and Collaborative Practice Event for Collaborative Care

Dr Lynne Hazell[1], Dr Hanlie Pitout[2], Ms Rahab Mothapo[2], Dr Lindi Zikalala- Mabope[2], Dr Suzan Nyalunga[2], Dr Mary Masetla[2], Dr Grace Phalwane[2], Ms Khomotso Motiang[2]

[1]University Of Johannesburg, [2]Sefako Makgatho University

Introduction: Interprofessional simulation-based education (IPSE) has been shown to be an excellent training tool for preparing healthcare students for future collaborative practice. Students from two

universities representing seven professions participated in a three-day event. An unfolding case study of a patient with Diabetes Mellitus was presented with a simulated patient (SP) to provide authenticity to the case. While student outcomes are widely reported, the perspectives of SP's and facilitators remain underexplored. The aim of this study is to highlight the views of students, facilitators and simulated patients on the use of simulated patients during this Interprofessional education and collaborative practice event.

Methods: An exploratory qualitative approach was employed in the study. Eight facilitators, sixteen students and two simulated patients reflected on using SP's following the event through methods including focus groups, paired interviews and journal entries. Data were audio-recorded, transcribed verbatim, and analysed thematically to discover themes and insights about the perceived impact of using SP's on student learning. Trustworthiness was ensured through investigator triangulation and member reflection.

Findings/Outcomes: Students themes reflected on the following: the value of simulated patients for person- centered care and the contribution that the SP's involvement would impact their future practice. The SP's themes complimented the students findings: understanding the value of an SP, the enhanced learning the students received, the demonstration of teamwork, the supportive facilitation and the authenticity of the role of the SP. The facilitators additionally added that being exposed to SP's for the first time opened up a new pedagogical avenue to explore.

Conclusion / Relevance: The use of SP's for interprofessional collaborative practice has been shown to be beneficial to the students, SPs and facilitators. Both the students and the SP's identified that person-centred care is improved due to the realistic role the SP's developed and therefore the patient is treated holistically incorporating all aspects of the patient's needs. In addition, acknowledging SPs as educational collaborators could enhance simulation design and advance interprofessional education within the South African context

Further research is needed to determine the long-term impact of SP-based interventions on professional behavior, teamwork, and patient care.

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Building the Plane While Flying It: A Campfire Story from a New Medical School

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New medical schools create distinctive spaces for curricular innovation, interdisciplinary collaboration, and professional identity reconstruction. This campfire story presents a critical reflection on educational practice drawn from working as a basic medical scientist at a newly established medical school during the peak of the COVID-19 pandemic, through the transition into in-person teaching, and at the institutional milestone where the inaugural cohort prepares to graduate.

Beginning within a fully disrupted educational environment, the implementation of an integrated, primary healthcare-oriented curriculum required rapid pedagogical adaptation alongside deeper conceptual shifts. Teaching within horizontally and vertically integrated foundational science modules foregrounded both opportunities and tensions inherent in curriculum integration. The blurring of disciplinary boundaries necessitated ongoing negotiation between scientific depth, clinical relevance, and integrative coherence.

Situated within the socially responsive institutional context of Nelson Mandela University and the community-embedded setting of Missionvale, the teaching of basic medical sciences became inseparable from questions of relevance, accessibility, and contextual responsiveness. This reflection highlights the evolving role of basic medical scientists within an MBChB curriculum structured around integration rather than traditional disciplinary sequencing.

Key insights include the pedagogical benefits of integrated curricula, such as enhanced conceptual connectedness, early clinical contextualisation, and strengthened collaborative teaching practices. Simultaneously, the reflection draws attention to persistent challenges, including epistemological tensions between disciplines, perceived risks of knowledge dilution, curriculum ambiguity, and the often invisible labour required for cross-disciplinary alignment.

Framed at the point where the first cohort prepares to enter the profession, this reflection underscores how evolving learning environments and early integration strategies shape both student learning trajectories and emerging academic cultures. By foregrounding the lived experiences of basic medical scientists within integrated curricula, this campfire story contributes to broader conversations on interdisciplinary teaching, academic identity, and the future-ready design of health professions education.

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Perspectives of Stellenbosch University MBChB graduates who experienced longitudinal integrated training in their final year.

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Introduction

Stellenbosch University's Rural Clinical School offered MBChB students the chance to apply to spend their final year in the Longitudinal Integrated Model (LIM), based at district hospitals in the Western Cape or a regional hospital in Upington. In 2024, 21 students were selected for this option. This research aimed to explore the perspectives of Stellenbosch University (SU) medical graduates, working as interns, who had undertaken longitudinal integrated training in their final year.

Methods

Based on an interpretivist paradigm, a longitudinal exploratory study has been undertaken in three phases, using individual interviews as the primary data collection method. This presentation reports on the final phase.

A cohort of medical interns who had undertaken the LIM programme in 2024 were invited to participate. Eleven (11) graduates were interviewed online in the second half of 2025. The guide for these conversations included exploratory questions on their experiences of LIM, perceptions of their learning, and their transition into internship. Reflective thematic analysis of the transcribed interviews was undertaken.

Findings

Graduates described their transition to internship as being very easy. They felt better prepared than their colleagues, both from SU and, even more, from other medical schools. They described their readiness as interns in multiple areas, including clinical reasoning and the ability to make decisions about patient care, clinical procedures and the skill to carry out tasks without senior supervision, teamwork and interprofessional collaboration, and adaptation to the work environment. They felt the approach they experienced during LIM enabled them to be proactive in their own learning and to use appropriate resources for their context as interns. Graduates who had been in under-resourced

environments, particularly in the Northern Cape, appreciated that they were more able to cope in lower-resourced environments in other provinces.

Conclusion

Graduates who undertake longitudinal integrated training in SU's LIM programme perceive themselves to be ready to cope and function well as medical interns. They feel they were advantaged by their experience and would recommend this kind of training for other students. This provides validation for the curricular renewal process currently underway in the SU medical programme.

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Supportive supervision strategies for developing postgraduate research writing

Ms Taahira Goolam Hoosen[1], Dr Natashia Muna[1,2], Dr Catherine Hutchings[2]

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Introduction: Authorial voice development (AVD), or identity expressed through writing, is key to acquiring an advanced set of academic literacy practices at the postgraduate level. These practices are essential for research dissemination and allow students to participate in disciplinary communities. Examples of authorial voice include negotiation of ideas and articulation to multiple audiences using disciplinary language and citation practices. Despite its significance, supervisors receive no explicit training to support students and tend to rely on their experiential knowledge. Furthermore, writing is traditionally seen as a 'product' rather than as a mode for AVD, and therefore, its role is understudied. As part of my doctoral research on understanding AVD at the master's level, this presentation will explore supervisory perspectives and their role in master's students' AVD.

Methods: Using an interpretivist multiple case-study design, four supervisor-student dyads were recruited from the Biomedical Sciences at the University of Cape Town. From an Academic Literacies perspective, the study conducted qualitative interviews with supervisors to examine how socially situated and disciplinary discourse practices support students' emergence as research writers. Using Braun and Clarke's (2006; 2021) framework, data were thematically analysed using both inductive and deductive approaches.

Results: I identified four thematised strategies: (i) creating opportunities for community building, (ii) facilitating the practice of research literacies, (iii) Scaffolding research writing development, and (iv) cultivating writer identity

Conclusion: Collectively, these strategies show that supervisors rarely approach voice as a writing skill. Instead, they emphasise creating environments of belonging and curiosity that enable students to participate more fully in disciplinary knowledge making. They used practices such as journal club participation, dialogical feedback and research group presentations to build confidence and rhetorical agency over time. These socially situated approaches enact supervision as a collaborative process that extends beyond the individual student-supervisor dyad. Findings have implications for both student success at the master's level and for increasing throughput to the PhD, which is a national imperative.

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From Teamwork to Identity: Interprofessional Group Work as a Catalyst for Interprofessional Identity Formation

Dr Christiaan Bekker[1], Prof Jessica Pool[1], **Assoc Prof Jessica Pool**[1], Prof Yolande Heymans[1], Prof Anitia Lubbe[1], Dr Christo Bisschoff[1], Prof Christmal Christmals[1]

[1]North-West University

Introduction and Aim

Preparing health sciences graduates for complex and evolving health systems requires learning environments that foster adaptability, collaborative agency, and ultimately interprofessional identity (IPI). This study evaluates a compulsory Interprofessional Group Work (IPGW) assignment embedded in an undergraduate health sciences module, where students from multiple disciplines and campuses collaborated virtually to design a wellness clinic website. The aim was to explore how participation in this interdisciplinary learning environment contributed to the development of IPI as a future-ready graduate attribute.

Methods / Approach

This qualitative study was conducted from a constructivist-interpretivist paradigm using open-ended reflective responses from undergraduate health sciences students (n = 1145) who completed the IPGW assignment. Students were intentionally grouped across health sciences disciplines and campuses and required to collaborate under real-world constraints, including differing schedules, contexts, and communication practices. Reflections responding to questions on interprofessional collaboration and identity development were analysed using inductive thematic analysis.

Results / Outcomes

Findings indicate that the IPGW assignment functioned as a powerful learning environment for IPI development. Five interrelated themes emerged: (1) adaptive communication across disciplinary and contextual differences, (2) recognition and valuing of diverse professional roles, (3) development of agency and emergent leadership, (4) learning to work productively within discomfort, uncertainty, and coordination challenges, and (5) a shift from individual task-focused thinking to collective professional purpose. Students consistently described themselves as becoming interprofessional through authentic collaboration rather than merely learning about teamwork conceptually.

Conclusion / Relevance

The findings demonstrate that intentionally designed interprofessional group work can support the development of interprofessional identity as a lived, practice-oriented capability. Such curricular learning environments contribute meaningfully to the preparation of adaptable, collaborative, and future-ready health sciences graduates who can navigate change within a complex health system.

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Re-humanising pedagogy for resisting structural marginalisation and moving towards decolonisation

Dr Lakshini McNamee[1], Dr Gaironeesa Hendricks[1], Dr Elmi Badenhorst[1]

[1]University of Cape Town

Story Context / Setting: Our ‘campfire story’ began with a qualitative study to make sense of the experiences of a group of educators who provide an essential service, namely ‘foundation provision’ (FP) within higher education institutions (HEIs) in South Africa (SA). In our view, FP remains undervalued and side-lined, with education development (ED) literature referring to FP educators’

employment conditions as 'casualised' and 'precarious', despite the crucial contribution they make towards supporting students at risk of interrupted progress.

What Happened / Insight: In a qualitative study evaluating the experiences of FP educators in a Fundamentals of Health Sciences programme at the University of Cape Town (UCT), we aimed to access deeper and more practical insights than we found in the literature. In our efforts to theorise the pedagogies of FP, and what gives rise to the 'structural marginalisation' (as we called it), we appeared to discover what 're-humanisation' might look like in practice.

Why It Matters: A team of co-authors from quite different academic backgrounds, including higher education and psychology, we drew on an unusual combination of theorists; from socio-cultural concepts to humanising pedagogy, social realism, and decoloniality, we discovered a set of lenses that could potentially inform the design of more socially just teaching and learning strategies and enhance educational experiences more broadly.

What Others Can Learn: In Freire's thinking, humanising pedagogy is a form of critical pedagogy and presents a revolutionary approach, engaging educators and students in mutual humanisation through dialogue. More recently educational developers agree that (re)humanising pedagogy seems apt for educational development work in the SA context. Fanon's decolonial theorising about structural inequality posits psychological harm occurring through a persistent lack of recognition. Engaging with critical theory and decolonial theory led us to realise that 'structural marginalisation' is rooted in systemic legacies that continue to shape political and institutional values in SA; providing a means of explaining the FP educators' struggle for validation.

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Pre-Clinical Simulation: Supporting Clinical Readiness in Undergraduate Medical Education

Dr Mohammed Patel[1]

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Introduction

Simulation-based learning sessions were introduced by the Unit for Undergraduate Medical Education (UUME) at Wits University in 2023 to MBBCh 4 students as an additional teaching and learning method with the aim of preparing medical students for the transition into their clinical years. This study explored student's experiences of the effectiveness of simulation in order to advocate for the inclusion of simulation in the curriculum.

Methods

A mixed methods design combining a cross-sectional quantitative online survey with one qualitative open-ended question at the end of each section was employed. Volunteers (N~80) from the MBBCh 5 class of 2024 who had participated in a compulsory simulation session during MBBCh 4 (2023) responded to the questionnaire. Data was collected over a three-week period and the collected data was then exported to Microsoft Excel for analysis, with the assistance from a statistician.

Results

Participants agreed that the simulation session realistically reflected the hospital setting, portrayed a realistic patient interaction, and was a valuable addition to their journey to becoming a practitioner. Feedback varied regarding how effectively students were able to apply their theoretical knowledge during the simulation session, but more than 90% (N~80) found that after the structured debrief, they had more self-awareness into their own errors and areas of weakness.

Conclusion

Simulation-based learning is effective in enhancing skill development, reinforcing knowledge, and preparing students for clinical settings. This study highlighted the value of structured debriefing and the supportive environment for reflective practice it provides. The recommendations from this study are that in order for simulation to be more effective at UUME, it should be integrated into the curriculum and incorporate a wider variety of patient scenarios.

Phase of Education

Undergraduate

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Building Confidence Before the Bedside: An Interactive, Collaborative Approach to Digitized Partogram Learning.

Dr Renelle Reddy[1], Dr Mohammed Patel[1]

[1]University Of Witwatersrand

Story

In 2025, the modified case-based learning (mCBL) and clinical skills teams at the Unit for Undergraduate Medical Education (UUME) at Wits University reimagined how the conventional paper-based Partogram was taught. Traditionally, students first received a lecture on the Partogram, then practiced completing it during a clinical skills tutorial, and finally interpreted it in an mCBL session. A change in the timetable altered this sequence, prompting the teams to rethink their approach. Rather than viewing the shift as a limitation, they saw it as an opportunity to innovate and strengthen integration across teaching platforms.

What Happened

The teams introduced a digitized Partogram positioned between the theoretical lecture and the clinical skills session. The mCBL session became a preparatory bridge, helping students engage with the concept before practicing the technical skill.

Collaboration was central to the process. The mCBL team developed the clinical vignette/case narrative. The clinical skills team then created a completed Partogram aligned with their tutorial objectives. This material was passed to the instructional design team, who transformed it into an interactive digital tool.

Students engaged with the online Partogram by reading a scenario describing the progression of labour and using a drag-and-drop interface to plot the appropriate symbols and events. They were given five attempts to correctly complete the Partogram, encouraging active learning and reflection. This format required students to apply theoretical knowledge whilst familiarizing themselves with the conventions of Partogram plotting.

Why It Matters

This innovation demonstrated the value of inter-team collaboration. By engaging with the digitized Partogram before their clinical skills session, students became more comfortable with the symbols, structure, and plotting process. They could identify areas of uncertainty early, allowing them to approach the tutorial with greater focus and confidence.

What Others Can Learn

The project highlights the importance of constructive alignment and integrated learning across modules. Different teams bring distinct perspectives—clinical reasoning (mCBL) and technical competence (clinical skills). When these perspectives are intentionally aligned, they create richer learning experiences. The initiative underscores the responsibility of educators to move beyond

conventional methods and design innovative, collaborative approaches that enhance student learning.

ChatGPT used for editing.

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Developing compassionate empathy: a powerful approach for health professions educators to dismantle language barriers for student success.

Dr Natashia Muna, Ms Taahira Goolam Hoosen[1]

[1]University Of Cape Town

For students entering the health sciences, the volume and diversity of unfamiliar and complex reading and writing demands can be a significant barrier to learning and success. For educators, developing compassionate empathy for these challenges enables moral-ethical sensitivities to the student experience and the ability to educate in ways that affirm dignity and support success. The aim of this workshop is to capacitate Health Professions educators to take action as facilitators of disciplinary literacy by connecting theory to practice. Participants will gain a sensitivity to language as a socio-political barrier and be equipped with practical strategies to foster equitable teaching contexts that are empathetic and responsive to students' needs.

Participants will be guided by two experienced facilitators engaging with theoretical ideas through a series of experiential, reflective, and discursive activities designed to build compassionate empathy and enable action. This structured journey begins immediately with a discomforting experience, to build emotional empathy through the lived sense, and reflection, of being a novice. Taking this as our point of departure, the workshop will develop cognitive empathy through exploring the transformative ideology of the academic literacies approach which provides a framework for exposing the situated, value-laden, and tacit nature of disciplinary language.

Participants will gain key learning and skills across three focus areas. Firstly, the contextual, socio-political nature of language and an understanding of the role of language in shaping the identity of a discipline, and in perpetuating disadvantage and exclusion. Secondly, the construction of knowledge regarding the literacy assumptions and demands of the curriculum, and how to identify these. And finally, transformative pedagogies for change, and how to apply these to enable an empathic and supportive response to students' literacy needs.

In this high engagement workshop, participants will experience a range of modes to facilitate learning, including tactile activities, reflective prompts, graphic and structured worksheets, small group conversations, plenary discussions, and digital Padlet boards.

We will use a PowerPoint presentation and require a projector setup and a flip chart. To allow participants to work in groups of four to six participants, we need five or six small group tables.

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Papers with Purpose: widening access and enhancing equity through research writing

Dr Natashia Muna[1], Dr Danica Sims[2], Ms Taahira Goolam Hoosen[1], Dr Lynelle Govender[1], Professor Francois Cilliers[1]

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Health professions education (HPE) is an expanding field of scholarship, yet the distribution of published research is uneven, with African contexts markedly underrepresented. While there are multiple barriers to participation, we sought to contribute to redress through Papers with Purpose (PwP): Writing Workshops for Research Impact with early career HPE Scholars in Southern Africa. Funded by the British Academy, PwP aimed to provide longitudinal, structured support for scholars to develop manuscripts from unpublished research data.

Applications were invited from early career researchers with a particular focus on selecting black and women scholars to privilege voices that remain marginalised. We anchored PwP around SAAHE as the premier African HPE conference, through an intensive two-day pre-conference workshop covering foundations of research writing. By connecting PwP with SAAHE, we enabled an immersive research experience and exposure to a community of HPE scholars. Following SAAHE, monthly evening webinars unpacked aspects of manuscript writing and the publishing process, while weekly online engagements (alternating 'Shut up and Write' and Writers' Circles) encouraged regular writing practice and development through constructive feedback.

Across two cohorts (2024; 2025), PwP supported 33 HPE scholars from five African countries and 15 institutions. Based on participant feedback, key benefits included new learning, greater support, increased confidence, widening networks, and for many, first-time attendance at SAAHE. However, only four have published, and while the full outcomes of PwP remain to be realised, several lessons have been learnt. Comprehensive support for the full writing process, from conceptualisation to submission and peer review, along with varied activities which target both manuscript and writer development, is invaluable for writing success. Regular, longitudinal engagement and personalised feedback enhanced manuscript development and built authorial confidence. However, resource constraints, heavy workloads, challenges with co-authors, and difficulty identifying receptive journals negatively impacted on participation and impeded publications.

PwP demonstrates the potential of programmes that foster supportive research communities, iterative manuscript development, and peer-supported learning to strengthen research capacity and participation of underrepresented scholars. However, it is also evident this is insufficient to mitigate the pervasive systemic challenges of overload and underfunding and that shape the global imbalances in HPE scholarship.

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Interprofessional Simulation as a Catalyst for Future-Ready Graduates in Transformative Learning Environments

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Title: Interprofessional Simulation as a Catalyst for Future-Ready Graduates in Transformative Learning Environments

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Background: The healthcare and service landscapes are increasingly complex, demanding graduates who are not only clinically competent but also collaborative, adaptable, and systems minded. Traditional, siloed educational models often fail to prepare students for the interprofessional realities of their future workplaces.

Objective: This abstract explores the role of interprofessional simulation as a strategy within forward-thinking learning environments to cultivate a future-ready workforce.

Methods: Qualitative, descriptive, exploratory, and contextual research was conducted at a higher education institution within the Faculty of Health Sciences. The online individual semi-structure interviews of the study comprised of two FHS management and ten lecturers involved in simulation and employed in the selected HEI and students from second year of study from Nursing, Medical Image Radiation Sciences, Emergency Medical Care and Podiatry. Data was transcribed and analysed using Giorgis's thematic analysis method.

Results: Integrating interprofessional simulation into curricula demonstrably enhances students' collaborative communication and systems-thinking abilities within a psychologically safe environment. This pedagogical approach is essential for producing adaptable graduates prepared to navigate and improve the complex, team-based realities of the future workforce.

Conclusion: Interprofessional simulation transcends traditional skill development. By creating authentic, collaborative learning environments, it forges the adaptive expertise and interprofessional literacy essential for graduates to thrive in and actively shape the future of work. It is a critical investment in developing a resilient and responsive workforce prepared for the challenges of tomorrow.

Keywords: Interprofessional Education, Simulation-Based Learning, Future-Ready Graduates, Collaborative Practice.

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Reflecting on implemented peer-assisted learning in health professions education at a University of Technology

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Introduction

Peer-Assisted Learning (PAL) involves students supporting one another to improve learning and assessment outcomes. The use of PAL has been reported as a beneficial teaching strategy, as it enhances students' success in at-risk modules and promotes social justice for students from diverse backgrounds. This paper presents the results from one cycle of an action research project implemented in a health professions programme at a University of Technology. This cycle aims to investigate the effect of a PAL intervention on improving the attainment of challenging skills and competencies required during workplace learning in radiography training.

Method

PAL's impact on skills and competency attainment among 3rd-year radiography students was evaluated by comparing scores from two practical assessments (pre- and post-intervention). From the 2023 radiography cohort (N=271), a sample of 3rd-year students (n=66) participated. Structured PAL activities were developed to address the challenging areas identified in the first practical assessment. Students worked on these areas in their PAL groups with support from assigned tutors. In November 2023, the same rubric was used for the second practical assessment, and performance in the previously identified challenging areas was compared to determine improvement. A p-value below 0.05 was considered statistically significant. To explore students' perceptions of PAL, a QuestionPro questionnaire was administered shortly after the second assessment.

Results and Conclusion

The sampled students performed better in three of the six identified at-risk competencies after the PAL interventions. The students also reported a positive experience engaging with PAL to improve their learning. The results confirmed that although PAL was found to be an effective academic intervention fostering remedial action to address at-risk students' academic success, it should not be considered a replacement for conventional teaching. Noteworthy was that the change brought about by engaging in the PAL not only increased their assessment performance but also developed their soft skills to address the inequalities between students from privileged and disadvantaged backgrounds towards social justice for all the students.

Keywords: Peer-assisted learning, social justice, intervention, skills and competencies

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Getting Published: Taking Intentional Steps Towards Success

Ann George, Francois Cilliers, Ronel Maart, Anthea Hansen, Michelle Hannington, Ludo Badlangana

Aim and Context

Exposing our work to public scrutiny is central to the role of an academic and scholar and critical for advancing the relevant field. Publishing our work thus becomes key for those who identify as Health Professions Education (HPE) researchers. However, the journey toward publication success is not easy. The publishing process remains daunting for both inexperienced and experienced researchers.

This workshop will assist participants toward achieving their publication goals. It will provide an overview of current trends in the field and the nature of academic publishing, followed by opportunities to highlight challenges and enablers of successful publishing. The workshop will offer a mix of interactive engagements. Participants will be encouraged to consider where they are ‘in the game’ and what is missing in their ‘toolkit’. Specific strategies, including long-term planning, will be explored, and participants will be guided in developing action plans and embracing sound writing habits.

Structure and Facilitation Plan

Introduction: Participants write down their publication goals and share them in groups.

Trends in academic publishing: PowerPoint Presentation
Challenges to getting published and dealing with rejection: Interactive session including brainstorming experiences and exemplars to highlight specific practices that can contribute to publication success.
The Research Pipeline: Interactive session during which participants work on individual worksheets.
Closing the loop and next steps: Participants revisit publication goals and commit to one ‘next step’ activity.

Key Concepts or Skills Addressed

By the end of this workshop, participants will have

- been exposed to some of the current trends and processes related to academic publishing in the field of HPE.
- critically reflected on their personal research objectives and how these might be linked to publication.
- commenced the development of a personal strategy towards intentionally ensuring that their research is disseminated through publication.

Participant Engagement

The workshop involves group work and question-and-answer sessions.

Subtheme Alignment

Global and local trends in HPE

Phase of Education: All phases

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The transformative intention of a work-integrated module: searching for evidence.

Dr Mayra Gari[1], Prof. Ernesto Blanco[1]

[1]Walter Sisulu University

Introduction: The COBES I module offers students the opportunity to apply the knowledge and skills learned and practiced in their Problem-based-learning tutorials and Clinical Skills sessions. Thirteen rural district hospitals and their clinics serve as the authentic context in which this pedagogy is mediated by two facilitators. The aim is to explore the experiences that students valued at the end of the module, and their indications of transformation.

Methods: The interpretative paradigm guided the study design and data analysis. Participants were MBChB II students who completed the module in two different academic years. Data were collected via an open-ended question survey sent to the class and a semi-structured online interview with a purposive sample of 13 students. The prompt questions were “Am I any different after COBES?” and “Describe the key experience/s that made a difference in you?” respectively. Barnett’s and Coate’s framework of professional growth assisted in organizing the coding for the content analysis of the participants’ responses.

Results: One-hundred and fifty students (57 %) responded to the survey, 63 % females. The content of the reflections indicates that the development of the self originates from two broad areas of competence: the knowledge and skills developed, e.g., clinical skills acquired, clinical procedures performed or observed, and the other is related to “the being” - experiencing the culture of the health professions, e.g., the healthcare environment, professional values, and ethics. The deeper reflection facilitated by the interviews added advocacy for patients and health professionals to the “being” dimension. Three participants declared not noticing any difference.

Conclusion: The COBES module fosters the transition from “knowing and doing” to “being,” “being-in-relation” to peers, patients and their families, and staff members thereby shaping the formation of their social-professional identity. Further research should focus on the lack of reported differences among a few students.

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DEVELOPMENT OF A CLINICAL READINESS DIAGNOSTIC ASSESSMENT TOOL FOR THIRD-YEAR PHYSIOTHERAPY STUDENTS

Mrs Muhle Komati[1], Prof Elzette Korkie[1], Dr Robert Prince[2]

[1]University Of Pretoria, [2]University of Johannesburg

Introduction

Physiotherapy students in South Africa enter clinical practice in their third year, where they are expected to be clinically prepared and able to apply classroom-based knowledge and skills, previously practised on peers, to real patient care. This transition is demanding, and many students struggle to transfer theoretical understanding into effective assessment, management, and clinical reasoning for uncomplicated cases (Laugaland et al., 2021).

Traditional assessments such as tests, essays, and oral exams focus mainly on knowledge retention, yet evaluating clinical competence requires more nuanced approaches (Reubenson, Ng, & Gucciardi,

2020). A concise, targeted diagnostic tool is therefore needed to identify specific gaps in students' readiness before they begin clinical work.

Methods

This research utilised a three-phase exploratory sequential mixed methods design. Phase one developed the Clinical Readiness Diagnostic Assessment (CRDA) tool through focus groups and modified Delphi consensus. Phase two established cut scores for three criterion-referenced categories using the Extended Angoff Method. Phase three evaluated the tool's psychometric properties through student piloting, analysing reliability and validity using both Classical Test Theory and Item Response Theory approaches.

Results

Focus groups identified two main themes: skills and cognitive processes. The three-round modified Delphi produced an 18-question CRDA tool covering Manual Therapy, Orthopaedics, and Cardiorespiratory therapy domains. The standard setting exercise established cut scores of 49 (Basic/Intermediate) and 79 (Intermediate/Proficient) from 109 possible marks. Both CTT and IRT analyses confirmed acceptable reliability (0.756), though one question showed poor fit to the Rasch Partial Credit model.

Conclusion

The diagnostic assessment tool is designed to identify the unique learning needs of each student and to guide potential curriculum enhancements. It can support lecturers in determining the most effective sequencing of clinical preparation blocks and offer students meaningful feedback on their readiness for the clinical components of the third-year physiotherapy programme. The tool also provides a foundation for future research aimed at its ongoing refinement and validation.

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EQUITABLE ACCESS TO NURSING EDUCATION: A CRITICAL ANALYSIS OF POSTGRADUATE ARTICULATION PATHWAYS

Mr Lebogang Benjamin Phehla

ABSTRACT

Background

Postgraduate nurse education is crucial for healthcare system strengthening and professional advancement, however, persistent inequalities undermine its goals of fostering social mobility and advancing nursing practice. The prevailing global trend in nursing education emphasises the alignment of educational pathways with competency-based frameworks, workforce demands, and professional standards, facilitating seamless progression and effectively preparing nurses for increasingly complex clinical and leadership roles. However, institutional and systematic barriers limit equitable access, especially in low-resourced settings and countries.

Objectives

To identify and critically examine the established pathways and standards that govern programme access and articulation within postgraduate nursing education. To analyse how these pathways facilitate access and create opportunities for registered nurses to pursue postgraduate education.

Design

A qualitative document analysis of relevant policies, legislation, frameworks, and scholarly literature. This approach enabled a systematic examination of physical, online and digital texts to identify patterns and explicit meaning in the data.

Methods

Documents obtained from a variety sources were systematically imported into MAXQDA software for rigorous content analysis incorporating systematic data coding and categorisation. A sample of 33 documents published from 2012 to 2025 was analysed using inductive content coding.

Results

Three themes were constructed: (1) Evolving articulation pathways and qualifications, (2) Barriers to access and articulation in postgraduate nursing education, and (3) Quality, quantity and relevance of the nursing workforce. Inconsistencies in governance, limited articulation pathways and restrictive admission criteria continue to impede access to postgraduate programmes.

Conclusions

The revised qualifications framework has transformed access to postgraduate nursing education, bringing with it, both opportunities and obstacles. The latter challenges seamless access to and progression in postgraduate studies. Addressing these challenges through coherent policy, institutional alignment, and prioritised articulation pathways is essential to enable nurses' advancement and to strengthen nursing workforce capacity to meet evolving health system demands.

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Engaging Student Diversity in Four Dimensions: Exploring Universal Design for Learning

Prof Dianne Manning[1,2], Associate Professor Tania Buys[1], Professor Kitty Uys[1], Ms Melandri Claassen[1]

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BACKGROUND

The principles of Universal design for Learning (UDL) provide for the diversity of ways in which students approach learning. The UDL model interrogates three dimensions in which different forms of the teaching-learning relationship may be manifest. These are multiple means of representation of ideas, of action and expression and of engagement. To this we add a fourth dimension of curriculum alignment with transformation intention.

OBJECTIVES

After attending this workshop participants will be able to:

- Explain the importance of UDL in accommodating diverse student needs
- Describe the principles of UDL in interrogating a curriculum
- Use a UDL tool to compare the planned, delivered, experienced and transformed curriculum in their own context.

METHODOLOGY

An interactive, facilitated session combining theory of UDL principles with application by participants to their curriculum using a customised template. Peer discussion and co-creation of feedback will strengthen the learning.

ACTIVITIES

1. Online game-based audience response to establish rapport and check preferences, current knowledge and use of UDL (10 minutes)
2. Short presentation on history and principles of UDL (15 minutes)
3. Distribution and explanation of worksheet (5 minutes)
4. Participants complete worksheets, using own student module study guide or handbook as source material (25 mins)

5. Groups combine findings by creating presentations in format of own choice and design (25 mins)
6. Feedback and wrap up (10)

OUTCOMES

By participating in the workshop the attendees will have engaged in the process of interrogating the PLANNED and DELIVERED curriculum in terms of the four dimensions described. Their co-creation of feedback in multiple, diverse formats will reinforce the principles underpinning the value of UDL.

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Good intentions, messy realities: developing adaptive expertise in procedural skills

Mrs Lizanne Van Der Walt[1], Prof Elize Archer

[1]Stellenbosch University

Context / Setting

Clinical training in low- and middle-income environments is often shaped by shortages of equipment, staff, and functional systems. Students are frequently told to “use whatever is available,” which can compromise technique and risk normalising unsafe shortcuts. Simulation, however, assumes ideal conditions: predictable patients, organised workflow, and full resources. This contrast creates a gap between what students are taught and what they encounter. Within this gap, adaptive expertise can either develop or be undermined, depending on the quality of supervision and reflective support.

What Happened / Insight / Reflection

Emerging evidence shows that ethical adaptation of procedural skills should not rely on informal learning or inconsistent clinical practice. Adaptation must be intentionally taught. Students need preparation for resource variability and clarity on the limits between acceptable adaptation and unsafe practice. This raises important questions:

- How can educators teach adaptation without endorsing poor-quality care?
- What counts as safe, context-appropriate adaptation?
- How can simulation better prepare students for real-world procedural challenges?

Why It Matters

Resource constraints often force students to improvise before they fully understand what safe adaptation entails. Senior students generally integrate ideal practice with clinical realities, but junior students struggle—indicating that adaptive expertise develops through guided experience, mentorship, and reflection. Expertise grows through structured exposure, constructive feedback, and supported problem-solving. Without this, students risk adopting unsafe improvisations rather than principled, ethical adaptation.

What Others Can Learn

Routine expertise—performing skills efficiently under stable conditions—is foundational but inadequate in resource-limited settings. It supports the development of adaptive expertise, enabling clinicians to uphold standards while working amid uncertainty. A staged approach can help: simulation-based learning, supervised practice with straightforward cases, and then structured “MacGyver” sessions that safely replicate real-life constraints and ethical improvisation.

Conclusion

Resource limitations are not just logistical obstacles but important learning conditions. By explicitly teaching safe, ethical adaptation when reality diverges from ideal simulation, educators can bridge

the theory–practice gap and help students maintain procedural integrity while adapting to less-than-ideal circumstances.

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Implementation ofan Allied Health Programme in a Low- and Middle-Income Country: A Reflexive Narrative from Botswana

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The development of allied health training programmes in low- and middle-income countries is often discussed in terms of workforce expansion. Yet in contexts like Botswana, it is equally a story of navigating complexity. This Pechakucha presentation reflects on the establishment of a Speech-Language Therapy programme within a rehabilitation landscape historically marked by limited reach, uneven service distribution, and dependence on a small specialist workforce.

Situated within broader LMIC realities, programme development unfolded amid constrained health and education budgets, competing national priorities, evolving regulatory systems, and limited institutional infrastructure for specialised professional training. Rehabilitation frequently occupies a peripheral position within health systems that prioritise acute and communicable conditions, shaping recognition, employment pathways, and intersectoral collaboration. Workforce shortages across disciplines influence supervision capacity, clinical training exposure, and long-term sustainability planning.

Designing a culturally and linguistically responsive curriculum in a multilingual society required thoughtful contextual adaptation in the absence of locally normed assessment tools and extensive local research evidence. Geographic disparities between urban and rural communities further complicated considerations of equitable training and service delivery.

Through rapid, image-driven storytelling, this presentation highlights the structural realities shaping allied health education in Botswana. It underscores the central role of health professional education in strengthening rehabilitation systems, reducing reliance on external expertise, and advancing equitable access to services. Ultimately, the narrative invites reflection on how education becomes a strategic lever for health system transformation in resource-constrained settings.

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Triangles of Education: A Practical Navigation Tool for Designing Learning Experiences

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[1]University of the Witwatersrand

Background

Health professions educators, particularly discipline experts without formal training in education, must design learning experiences that develop complex graduate attributes within crowded curricula and service pressures. Multiple educational frameworks can feel overwhelming, sustaining lecture heavy teaching and under used student time. The Triangles of Education offer a practical navigation tool that integrates simple three point frameworks (learner empathy map, time on task, constructive alignment, and Moore’s Trifecta of Engagement) to guide everyday design decisions.

Objectives

By the end, participants will be able to:

1. Analyse a learning experience using a learner empathy map (See, Hear, Do, Be) in relation to graduate attributes.
2. Map student time using a time on task triangle (before, during, after).
3. Use selected Triangles of Education (outcomes–activities–assessment; peer–content–lecturer) to make one or two feasible design tweaks that increase alignment and active learning.
4. Apply the triangles as a quick check in tool when preparing learning experiences.

Methodology

The workshop uses small group, activity based learning, with participants working on their own real learning experiences (lecture, tutorial, skills session or clinical activity). Brief facilitator inputs introduce each triangle, followed immediately by application and synthesis.

Activities

- In mixed discipline groups, participants complete a learner empathy map for one learning experience, describing what students See, Hear and Do, and stating "We want our students to be…" attributes.
- They draw a time on task triangle (before, during, after) for the same experience and plot concrete student tasks to identify high and low value use of time.
- The facilitator introduces constructive alignment and Moore's Trifecta as navigation triangles; groups redesign their learning experience by adding or shifting a small number of tasks that better support outcomes and engagement.

Outcomes

Participants will

- Produce a revised version of one learning experience with at least one strengthened engagement opportunity before, during or after class.
- Align this change to learning outcomes and graduate attributes.
- Leave with a reusable way to move designs from lecture heavy towards more empathetic, student centred learning.

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Reflecting on the feedback dialogue – where have our voices gone?

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In a historically White institution, being a black female academic can be a daunting experience. However, being raised as a student within the institution and returning years later as an emerging academic should be a reassuring feeling. Upon returning as an academic, the new wave of diversity in the student population was encouraging and their enthusiasm for knowledge attainment infectious. This teaching academic felt warmly welcomed until she received the student evaluations of her teaching practice. While she felt prepared for comments to improve her practice, she was shocked by the harshness of the critique. The students questioned her timing, competence and clarity in her feedback style. These evaluations skewed management's perception of her teaching ability, which fractured her sense of belonging in academia. This led to a cascade of events where she felt her leadership had weakened, her confidence broken and a sense of dread of the student voice (i.e., student evaluations). Through a journey of reflection and discovering her teacher identity, she used the student voice to reclaim her fractured one and overcome the lack of empathy coursing through academia.

This reflective story aims to highlight how a lecturer can use student evaluations to positively inform their teaching pedagogies from purely instructional to empathically-driven. Although these evaluations are useful, they are increasingly used as decision-makers for an academic's career trajectory. Often this feedback cycle between students and lecturers can become volatile with both parties at odds with each other. To return empathy to the classroom, lecturers must push back against institutional boundaries that are antithetical to academic freedom. The freedom to give and receive feedback for improvement not punishment. The lecturer's voice can amplify this call and disown destructive notions of weaponising feedback. Together, lecturers and students can reform the educational landscape from an unilateral, antagonistic feedback process to an empathic feedback dialogue.

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Triple therapy - combining the best of three perspectives

Dr Francois Coetzee[1], Dr Kobus Viljoen[1], Ms Maryke Geldenhuys[1], Ms Maria Van zyl[1]

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Introduction

This presentation describes an integrated primary healthcare (PHC) rotation at Stellenbosch University Faculty of Medicine and Health Sciences, where three academic units—Family and Emergency Medicine, Health Systems and Public Health, and Disability and Rehabilitation Studies—collaborate to train 4th- and 5th-year medical students in rural district hospitals of the Western Cape and Northern Cape provinces for 4 weeks.

Methods

Students engaged in longitudinal community-oriented primary care (COPC) projects, rehabilitation-focused home visits using the WHO International Classification of Functioning, Disability and Health, logbooks for 10 patient consultations (including mini-CEX) and 20 procedures, 38 hours of emergency on-call duties, and interprofessional teamwork with allied health professionals, fostering holistic patient assessments and critical reflections on social determinants of health. Integrated, competency-aligned assessments were used to reduce the assessment burden while having the advantage of providing personalized feedback.

Results

Students reported invigorating experiences with abundant clinical skills practice, transformative home visits, being able to make valued contributions, and enhanced understanding of allied roles and rural pragmatism. The rotation nurtured professional identity formation despite challenges like resource limits and isolation. Sustained collaboration via shared visions, site visits, and faculty development ensured success over the past 25+ years.

Conclusion

This model exemplifies interprofessional silo-breaking for rural PHC training, recommended for South African contexts to boost social accountability and district health system alignment. The lessons learnt has informed the development of longitudinal clerkships such as the Longitudinal Integrated Model (LIM) and the Distributed Clinical Apprenticeship (DCA).

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Mental Health Nursing Education: Perspectives of Nurse Educators, Preceptors, and Students at a South African University

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[1]University of the Free State

Introduction: Integrating mental health education into undergraduate nursing curricula is essential in developing graduates' competence to address mental health challenges in the primary health care setting. Despite the growing burden of mental health disorders in South Africa, however, professional nurses have reported challenges in providing holistic care to mental health users. The purpose of this study was to explore and describe the perspectives of nurse educators, preceptors and nursing students at a nursing education institution on the integration of mental health care in the undergraduate programme.

Methods: An exploratory case study design was employed. The purposefully selected participants comprised two nurse educators, four nurse preceptors, and ten undergraduate nursing students. Data were collected through semi-structured interviews, and a thematic analysis was conducted.

Results: Three central themes emerged: curriculum and teaching challenges, students' attitudes and preparedness, and suggestions for strengthening mental health integration. The participants expressed various challenges arising from drastically reduced module credits and work integrated learning hours with the implementation of the Bachelor of Nursing degree. Amongst suggested improvements were enriched theoretical content, increased work integrated learning hours, early and continuous exposure to mental health care, structured debriefing, and short courses aimed at enhancing practical competence.

Conclusion: This study highlights the disparity between envisioned outcomes of mental health education and the reality within South African undergraduate nursing curricula. Nurse educators, preceptors, and students emphasised the need for curriculum and pedagogical reforms to ensure sustained competence in mental health nursing practice. Such measures could strengthen mental health nursing education and better prepare graduates to deliver integrated mental health care within primary health care settings.

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In-situ simulations in district hospitals in the Western Cape, to improve the experiential learning of medical undergraduates

Dr Heinri Zaayman[1], Ms Lizanne Van Der Walt[1], Ms Bronwen Espen[1], Prof Elize Archer[1]

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Healthcare delivery in small district and rural hospitals is shaped by their unique context, resource availability and workforce challenges. These realities are often underrepresented in undergraduate medical education, resulting in graduates who struggle to adapt to them during their internship. At Stellenbosch University, our MBChB programme uses a distributed placement model, with students learning and rotating across several nearby rural hospitals.

We aimed to complement students' experiential learning in rural hospitals by designing an in situ simulation programme to enhance their understanding and management of emergency presentations, and to provide contextually grounded learning experiences. By offering simulations of common emergencies encountered in these emergency units, using the university's manikins and monitors alongside the hospital's own drugs, staffing, and equipment, students learn how to integrate into the hospital system and become familiar with commonly used protocols and policies. This initiative has the potential to strengthen the healthcare environment and support student supervisors in providing constructive feedback. By embedding in situ simulations within routine clinical environments, students and other members of the healthcare team can address specific priorities, such as emergency care, interprofessional collaboration, patient safety, and system

analysis. These simulations therefore function both as an educational intervention and as a quality-assurance tool that clinical managers can use to identify and address system gaps.

For the medical students participating in these simulations, unique educational insights into rural and district health services are gained, and teamwork and systems-based practice can be fostered. Furthermore, students can practice their clinical skills in a controlled environment to develop adaptive expertise. Students can practice and learn clinical decision-making in context, promoting responsible resource management and community-oriented medical education principles.

This initiative demonstrates the potential of in situ simulation as a dual-purpose strategy that bridges service delivery and undergraduate medical education in clinical settings. It provides a scalable model for universities seeking to align educational innovation with health system strengthening in district-level care.

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Navigating Curricular Renewal: Reflections on the Implementation of a Renewed Medical Curriculum

Dr Natasha Fourie[1], Dr Marli Conradie-Smit[1], Dr Maryke Geldenhuys[1], Dr Derick Van Vuuren[1], Mrs Maria Van Zyl[1], Prof Firdouza Waggie[1], Mrs Nikki Thomas[1], Mrs Noeline Fobian[1], Prof Therese Fish[1], Prof Karin Baatjes[1]

[1]Stellenbosch University

Introduction

Preparing future-ready medical graduates requires curricula that are integrated, socially accountable, competency-based, and responsive to health system needs. Stellenbosch University implemented a renewed MBChB curriculum structured around the CanMEDS competency framework and four pillars (i) Self, (ii) Patient, (iii) Community, (iv) Health Systems. The curriculum was organised into three phases: learnership (years 1–3), pre-apprenticeship (years 4–5), and apprenticeship (year 6). The learnership phase represents the most significant departure from the previous curriculum, foregrounding integrated modules weaving knowing, doing, and being as core curriculum elements, alongside early clinical exposure through longitudinal primary healthcare experiences. Yet the implementation experiences of those who led this transformation remain undocumented, representing a gap in institutional knowledge and health professions education scholarship on curriculum renewal. This studies aim was to explore how the learnership phase was implemented from the perspectives of academic leadership and key stakeholders directly involved in its design, planning, and implementation.

Methods

This qualitative study employed semi-structured interviews with purposively selected participants (n=23), including senior faculty leadership, curriculum committee members, module chairs, and MBChB office personnel. Interviews were guided by Jasper's Experience–Reflection–Action (ERA) framework, (Jasper, 2003), analysed using reflexive thematic analysis (Braun & Clarke, 2021), and ATLAS.ti.

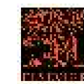
Results

Three preliminary themes emerged: (i) Curriculum renewal as system change: renewal extended beyond pedagogical reform, requiring organisational, financial, relational, and cultural transformation; funding and technological support were flagged as critical to sustaining transformation. (ii) Tension between vision and infrastructure, a philosophical vision often contrasted with operational fragility; sustained, empowered leadership across all levels was essential, with

middle leaders requiring greater authority and support to navigate resistance. (iii) Navigating transition, successful implementation required broad staff buy-in; dedicated coordination, and sufficient administrative capacity; dual curricula created strain for all staff; while overreliance on individuals led to implementation fatigue, highlighting the need for distributed responsibility and realistic workload.

Conclusion

Curriculum renewal is an ongoing, iterative process that is negotiated and vulnerable to shifting contextual forces. Institutions must invest in sustained, empowered leadership, dedicated coordination, informed administrative support, with distributed responsibility to avoid implementation fatigue and pre-implementation resource planning to enable transformative and lasting change.



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The Patient's Language Matters – The Development of the MEDIZULU Web-Based Learning Platform

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This presentation reflects on the journey of developing an innovative, technology-enhanced language-learning initiative designed to sustain isiZulu clinical communication skills for MBChB students. Recognising the limited availability of isiZulu medical content and the linguistic needs of students in KwaZulu-Natal, the project addresses the critical language support gap during clinical training. MEDIZULU was initiated to make a difference in health education and to provide a sustainable, long-term learning environment for health sciences students. The platform was co-created by a multidisciplinary team of MBChB students, clinicians, language experts, and software developers, serving as a digital platform for contextualised language learning. This MEDIZULU story highlights collaborative work across disciplines, professions, and cultures. Working with African clinicians to ensure correct medical terminology and with isiZulu language practitioners to standardise isiZulu was an unexpected challenge and a massive learning curve.

Given the many years of teaching isiZulu to Year 1 MBChB students at UKZN, it is evident that a one-year module does not provide sufficient clinical communication skills. By Year 4, they have already forgotten Year 1 isiZulu and are assessed during clinical rotations. It is unrealistic to assess clinical communication given a 2-year gap in isiZulu teaching. Students reached out for assistance to access isiZulu resources during the clinical years, as no resources were available apart from their Year 1 isiZulu course manual.

We, as health professionals, language educators, or institutions, are socially accountable for providing learning resources to students. Clinical communication is essential not only in English, when the majority of the South African population speaks an African language. Language barriers are prevalent across all communities in the healthcare setting, and it is our responsibility to transform the curriculum and unravel the future of health professions education.

This initiative can be applied to any healthcare discipline in any African language in the Global South, not just in South Africa. The project is a collaborative work. Since the launch of the MEDIZULU website, it has attracted significant attention, making it a pivotal online teaching and learning resource.

Grammarly was used for editing the abstract.

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"The Singing Nurse: Adolescents' Anthem"

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Creative Concept

A live, interactive performance where health education meets music. The presenter—a practising nurse, singer-songwriter, and music publisher—translates adolescent sexual health knowledge, practices, and influences into a catchy, original anthem. Using call-and-response, collaborative lyric creation, and audience participation, attendees co-create the chorus, embedding key sexual health messages in a memorable and culturally resonant musical format. This is both a performance and a practical demonstration of knowledge transfer through creative expression.

Rationale

Traditional lectures and workshops often fail to embed information in a way that sticks with audiences. Music is a proven mnemonic and cultural tool: it engages emotions, reinforces learning, and fosters group cohesion. By turning adolescent sexual health content into a performance, participants experience firsthand how creative methods can enhance understanding, cultural change, and community engagement in health professions education. The workshop demonstrates innovation in teaching, emphasizing experiential learning, cross-disciplinary collaboration, and emotional resonance, while fostering reflection on ethical, social, and cultural influences on adolescent behaviour.

Format / Delivery

√ 20–25 minutes live performance with singing, interactive lyric creation, and call-and-response segments.
√ Audience contributes lines, reinforcing key sexual health principles.
√ Short discussion at the end to reflect on learning and adaptation for professional practice.
√ Optional multimedia integration: projected lyrics or illustrative visuals (icons of contraception, family, peers, schools) to reinforce messages.

Intended Impact / Emotional Tone

√ Evoke energy, fun, and engagement while embedding key health education messages.
√ Inspire attendees to use creative methods in their teaching, research, or community work.
√ Leave a "takeaway anthem" that participants remember and can share with colleagues or students—a literal earworm of health knowledge.

Subtheme Alignment

√ Equity, Access, and Social Accountability: promotes inclusive, culturally sensitive communication and bridges knowledge gaps.
√ Interprofessional and Collaborative Practice: models co-creation between educator, health professional, and learners.

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Minecrafting Context: Reimagining Rural Occupational Therapy Education Through Immersive Digital Worlds

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Preparing future health professionals to navigate diverse, complex, and resource scarce environments requires pedagogical approaches that extend beyond traditional classroom instruction. Within undergraduate occupational therapy education, students are expected to assess Categories of Occupation (COOs) across varied contexts; yet many have limited lived experience of rural environments. This gap can constrain their ability to appreciate how context shapes occupational performance. In response, this study explores how immersive digital environments—specifically Minecraft Education Edition (Minecraft E:E) can support transformative, equitable, and future focused learning.

Using a Design Based Research methodology, the study unfolded over three micro-cycles. The first micro cycle analysed students' difficulties when assessing COOs in unfamiliar rural settings, highlighting challenges related to environmental unfamiliarity, contextual interpretation, and confidence. In micro cycle two, a Minecraft E:E virtual rural village was developed to simulate contextual occupational forms and expose students to environmental realities they may not otherwise encounter. Micro cycle three employed a descriptive quantitative survey to explore students' perceptions of the tool.

Findings suggest that the Minecraft virtual world enhanced engagement, stimulated curiosity, and supported deeper understanding of contextual influences on occupational performance. Students noted that the experience made learning more enjoyable and meaningful, although some reported difficulty with game navigationin dicating a need for structured onboarding to optimise learning.

By leveraging a playful, immersive, and accessible digital environment, this work contributes to discussions on future ready learning environments, equitable access to contextually relevant education, and innovative pedagogical strategies in health professions education. It invites educators to reimagine how virtual spaces can extend learning beyond physical constraints, challenge outdated assumptions about rural practice exposure, and cultivate graduates capable of navigating the complexities of real world occupational contexts.

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Technology-Enhanced Interprofessional Simulation in Higher Education Healthcare Training

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[1]University of Johannesburg

Background: High quality interprofessional collaboration (IPC) in healthcare is rooted in intentional interprofessional education (IPE), which emerged in the mid 20th century as healthcare systems became too complex for any single profession to meet all patient needs. IPE prepares learners from different health professions to work together by developing shared competencies such as communication, role clarity, and teamwork. Although its value is widely acknowledged, integrating IPE into traditionally discipline bound health sciences curricula remains difficult, with logistical barriers often limiting meaningful interprofessional learning experiences. Simulation based education has addressed some of these challenges by offering structured, risk free environments for practicing collaborative clinical skills. Even though evidence shows that simulation based IPE improves communication and shared decision making, gaps remain regarding the long term transfer of skills, impact on patient outcomes, and faculty readiness. Therefore, this study responds to these gaps by exploring the experiences of management and lecturers as they navigate the adoption and implementation of technology-enhanced interprofessional simulation within a Faculty of Health Sciences.

Design: Qualitative, descriptive, exploratory, and contextual research was conducted at a higher education institution within the Faculty of Health Sciences. Online individual semi-structure interviews were conducted among purposefully sampled two Faculty of Health Sciences management personnel and ten lecturers involved in simulation. Data was transcribed and analysed using Giorgis's thematic analysis method.

Results: Technologies like Virtual Reality (VR) and Augmented Reality (AR) Participants were perceived to provide scalable, accessible training opportunities, bridging gaps in traditional

education. Additionally, data analytics and artificial intelligence (AI) are used for debriefing in simulations, offering personalised feedback to optimise performance.

Conclusion: Technology is a transformative tool for interprofessional simulation and IPE, bridging educational gaps and elevating healthcare delivery. To ensure that these innovations translate into sustained impact, institutions must continue investing in appropriate infrastructure, faculty development, and ongoing research. Future advancements such adaptive learning and interoperable platforms promise further integration of simulation into routine training, ensuring multidisciplinary teams are equipped to meet evolving healthcare challenges.

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EXPERTS' PERSPECTIVES ON QUALITY ASSURANCE PROCESSES FOR AN EMERGENCY MEDICAL PREPARATORY PROGRAMME

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Background and Rationale

Experts' perspectives on quality assurance processes for an Emergency Medical Preparatory Programme were explored to address access challenges faced by Emergency Medical Care personnel. Many personnel did not meet higher education admission requirements after colleges replaced short learning programmes with full qualifications offered by universities in South Africa. This highlighted a gap in preparation and transition into academic training.

Methods

A qualitative expert panel discussion constituted Phase 4 of a multi-phase study. Experts were purposively selected based on involvement in EMC education, programme management, and higher education quality assurance. The panel included representatives from EMC training institutions, a higher education QA specialist, and a professional board member (n = 7). Participants received the proposed guidelines before the session. A trained facilitator conducted a structured online discussion guided by criteria including clarity, relevance, applicability, credibility, and transferability. The discussion was audio-recorded, transcribed verbatim, and supported by field notes. Data were analysed inductively using in vivo coding and thematic analysis to identify patterns, gaps, and recommendations.

Summary of Findings / Reflections

The expert panel confirmed the relevance and necessity of the proposed guidelines and recommended refinements to improve clarity, regulatory alignment, and practical application across diverse institutional contexts. Participants emphasised the need for standardised QA processes, alignment of the curriculum with professional competencies, educator development, and continuous programme evaluation. Variability among institutions was noted, highlighting the need for guidance that remains adaptable yet standardised. Experts further indicated that a preparatory programme should address the social, intellectual, and cultural needs of personnel transitioning into higher education. Screening for eligibility and readiness, together with early identification of at-risk candidates, was emphasised to support progression and retention.

Take-home Message

A quality-assured Emergency Medical Preparatory Programme requires transparent admission processes, targeted curriculum and assessment design, and early identification of at-risk candidates to support employed emergency medical care personnel entering higher education. Expert input indicates that academic, social, and cultural preparation are as important as technical content in strengthening access and improving student success.

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Research That Matters: Embedding and Evidencing Impact in Health Professions Education Research

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[1]University Of Oxford, [2]University of Johannesburg

Aim and context

Health Professions Education (HPE) researchers face increasing expectations from funders, institutions, and society to demonstrate meaningful impact beyond academic outputs. Yet many researchers, particularly those early in their careers, struggle to plan for, embed, evidence, and communicate impact in a systematic and credible way – which is often required in publications and funding applications. This in-conference workshop aims to build participants' practical capacity to design research with impact in mind, using structured tools, peer dialogue, and real-world exemplars relevant to HPE contexts.

Structure and facilitation plan

This 90-minute workshop is facilitated through a blend of short presentations and interactive activities where participants can apply their learning to their own research projects. The workshop will include: (1) framing and unpacking impact in HPE research [15 minutes]; (2) guided stakeholder mapping using the impactor–impactee–observer model [15 minutes]; (3) crafting a clear impact goal through problem "flipping" [15 minutes]; (4) developing an impact pathway using a Logic Model or Theory of Change template [25 minutes]; and exploring diverse dissemination strategies to maximise impact translation [10 minutes]. The workshop will end with plenary feedback and open discussion [10 minutes]. Facilitators will present the impact essentials, providing examples from their own research, and circulate to support groups and prompt reflection.

Key concepts or skills addressed

Participants will develop skills in defining and categorising impact in HPE, identifying and engaging stakeholders, articulating impact goals, mapping impact pathways, and selecting appropriate dissemination routes and evidence indicators aligned with research aims and contexts.

Participant engagement

Engagement is central to the workshop design and includes personalised activities in supported small-group settings with structured templates. Facilitation and plenary discussions should further enable shared learning and cross-pollination of ideas.

Subtheme alignment

Global and Local Trends Shaping HPE: by responding to evolving global expectations around research impact, accountability, and knowledge translation.

Phase of education

Ongoing professional development.

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For Tech's Sake!?

Ms Njabulo Ndaba[1], Ms Melissa Olifant[1], Ms Humaira Ismail[1], Dr Shamara Hochstadter[1], Dr Mohammed Patel[1]

[1]University Of The Witwatersrand

Setting

With the global shift towards blended learning, health professions educators are increasingly integrating digital tools into discussion-based teaching formats. At the University of the Witwatersrand, we introduced a series of Shareable Content Object Reference Model (SCORM) activities into our modified case-based learning (mCBL) programme for third and fourth-year medical students. mCBL sessions are small-group, facilitator-guided case discussions that use structured prompting and probing to develop clinical reasoning. SCORM is a standardised format for creating interactive digital learning activities that can be delivered within a Learning Management System (LMS). Although we intended to enrich the learner experience, the outcomes revealed how easily digital adoption can outpace pedagogical intent.

What happened

In collaboration with our institutional Learning Experience Design (LXD) team of instructional designers, we developed several SCORM activities to enhance endocrine and reproductive cases. Across four implementations, students completed drag-and-drop and image-based tasks that focused on ACTH-dependent and independent Cushing's syndrome, corticosteroid-related pathophysiology, and sexually transmitted infections (STIs). Each SCORM activity was intentionally designed to complement the specific learning objective of each case.

Why it matters

As the case progressed towards the SCORM activities, it transitioned from theory to application, yet the impact varied. The image-based tasks, which were visually clear, included identifying clinical Cushingoid features, as well as those of STIs. Students expressed themselves more openly and interacted with content that would normally provoke discomfort.

In contrast, other activities revealed limitations. In some instances, LMS design constraints reduced discussion time. Simplified classification activities, with immediate visual feedback, encouraged 'task completion' rather than deeper reasoning. Students indicated that facilitated discussions were more beneficial than activities focused primarily on finding correct answers.

These experiences demonstrated that interactivity alone does not ensure meaningful learning. When digital SCORM activities supported diagnostic reasoning, engagement improved. When mechanics overshadowed reasoning, learning was compromised.

What others can learn

Educational technology adds value only when it enhances the cognitive processes. Careful co-design, attention to student experience and ongoing refinement are essential to ensure that digital tools strengthen, rather than dilute, clinical reasoning.

Phase of Education

Undergraduate

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Ultrasound students' perception of psychological safety in Workplace-Based Learning Environments

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Introduction and Aim

Psychological safety is a concept that originated in management science by Dr Edmonson in 1999, when she carried out a study on clinical teams in the organisational work field. Psychological safety refers to individuals' perceptions of being able to speak up, ask questions, make mistakes, and seek support without fear of embarrassment, judgement, or negative consequences. Recently

psychological safety is increasingly recognised as an important factor in clinical learning, professional development, and wellbeing. Hence, psychological safety is an important concept within the ultrasound WPBL as it plays a vital role in shaping the learning experiences of the ultrasound students. The hierarchical nature, as well as the complexity of the Ultrasound WPBL environment, poses a risk of being psychologically unsafe. This study therefore, explores the ultrasound students' perceptions of psychological safety within their Workplace-based Learning environments to positively influences their learning outcomes.

Methods

A qualitative, exploratory study design was used to collect data using semi-structured, face-to-face interviews. The study population was ultrasound students from a university in Johannesburg South Africa. Participants who were willing to share their experiences were purposively sampled to ensure representation across different accredited clinical sites and levels of training. Data from nine participants were thematically analysed. Trustworthiness will be upheld throughout the study. The patient's right to anonymity, privacy and confidentiality will be protected.

Results

Three dominant themes and seven categories were identified through the process of thematic analysis from the interviews. Findings indicate that students' perceptions of psychological safety are strongly shaped by a supportive and student-centred WPBL environment where they are acknowledged as students and not as staff.

Conclusion

These findings highlight the need for promoting a psychologically safe ultrasound workplace-based learning environments. By strengthening psychological safety within the clinical placements, ultrasound programmes can enhance student learning and professional readiness. This research contributes to ongoing discussions on improving clinical education quality and supports the development of more supportive, inclusive, and effective training environments.

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From Spectacles to Social Justice: Reimagining Optometry Education for Public Service

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Introduction and Aim

Health professions education in South Africa continues to grapple with historical inequities embedded in both health systems and curricula. In optometry, undergraduate training has largely evolved within private-sector, market-oriented paradigms, while the majority of the population relies on an under-resourced public health system. This study investigates how curriculum change in undergraduate optometry might better prepare graduates for socially responsive public service practice. The aim was to explore how key stakeholders interpret the competencies required for public sector optometry and how existing curricula align with these expectations.

Methods / Approach

An exploratory qualitative case study design, informed by critical social theory, was employed. Data were generated across two phases from multiple stakeholder groups: public sector patients, public sector optometrists, final-year students, and educators. Institutional documents were also analysed. Semi-structured interviews and focus groups were conducted. Data were analysed using Braun and

Clarke's reflexive thematic analysis to identify patterns of meaning across and within stakeholder groups.

Results / Outcomes

Findings revealed systemic misalignment between undergraduate training and the contextual realities of public sector eye care. Patients described delayed access, fragmented services, and limited health literacy support. Public sector optometrists reported insufficient preparation for resource-constrained environments and limited early exposure to public health settings. Students expressed ethical commitments to equity but uncertainty regarding readiness for public service roles. Educators identified structural and regulatory constraints shaping curriculum reform. Collectively, the findings suggest that incremental curriculum adjustments are insufficient; instead, a conceptual reorientation toward social accountability, primary health care principles, and meaningful stakeholder inclusion is required.

Conclusion / Relevance

This study argues that embedding equity and social accountability into health professions education requires disrupting dominant, market-driven curricular paradigms. Preparing future-ready graduates demands alignment between educational design and the communities most reliant on public care. The proposed framework contributes a context-sensitive model for curriculum reform in resource-constrained settings.

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Designing Clinical Reasoning Learning for Diverse Contexts: Linking Global Trends to Local Practice in Health Profession Education.

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[1]McGraw Hill, [2]Mcgraw Hill

Title

Designing Clinical Reasoning Learning for Diverse Contexts: Linking Global Trends to Local Practice in Health Profession Education.

Background and Rationale

Clinical reasoning is critical in medical practice. However, teaching and evaluating clinical reasoning constitutes a real challenge as it lacks consistency in application among medical schools and medical education communities. Fortunately, trends such as digital transformation, artificial intelligence, medical education reform initiatives, and the wide adoption of competency-based curriculum can play a significant role in enhancing clinical reasoning practices through more structured teaching, learning and assessment approaches.

Learning Objectives

By the end of this workshop, participants will be able to:

1. Identify global and local trends in medical education impacting clinical reasoning in educational settings.
2. Explore key components of clinical reasoning teaching and learning in the Republic of South Africa.
3. Create learning activities to teach clinical reasoning in alignment with the needs of local medical schools.
4. Design a clinical reasoning session adopting teaching strategies guided by technology advancements such as AI and other digital platforms.

Structure/activities

Workshop duration: 75 minutes

- Introduction to clinical reasoning: local and global trends.

- Case study
- Group discussion/brainstorming
- Project design

Methodology

This workshop is a hands-on learning experience where participants apply the key ideas introduced to develop flexible ways of thinking to generate new understanding and creative learning designs.

Participant Engagement

Participants will engage in group work, guided discussions, and hands-on redesign tasks, while sharing local challenges to support cross-institutional learning.

Expected Outcomes

Participants will gain practical tools for teaching clinical reasoning and adapting global approaches for local purposes in addition to creating strategies for their own needs.

Phase of Education

Undergraduate Education

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Simulation for Rural and District Health Training, Designing for Context and Impact

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[1]University Of Cape Tow

Background

South Africa's health professions graduates often begin practice in district and rural platforms where clinical acuity is high, resources are variable, referral pathways are complex, and teams are small. Yet many simulation activities are designed around tertiary workflows, equipment assumptions, and staffing patterns, limiting relevance and transfer. There is a need for practical approaches to designing and delivering simulation that is context-responsive, affordable, and aligned to the realities of district hospitals, community health centres, and prehospital services.

Objectives

By the end of this workshop, participants will be able to: (1) identify key contextual factors that should shape rural and district simulation design (resources, staffing, language, transport, referral, and escalation), (2) design a "district-ready" simulation scenario aligned to learner level and local service realities, and (3) develop a feasible delivery and evaluation plan for their site (in situ, low-fidelity etc).

Methodology

This interactive workshop combines short teaching inputs with small-group scenario design and facilitated peer review. Participants apply a structured "Context First" design framework and use templates to iteratively develop a complete scenario package. Rapid feedback cycles are used to strengthen alignment between context, learning outcomes, scenario triggers, and debriefing approach.

Activities

Participants will: (1) map their local district or rural context using a guided template, (2) select a priority event (e.g., obstetric emergency, neonatal resuscitation, trauma, sepsis, airway, or EMS to facility handover), (3) draft learning outcomes and critical actions matched to level of training, (4) design scenario flow, decision points, confederate roles, and equipment substitutions, (5) plan a

short, practical debriefing approach suitable for busy clinical settings, and (6) build an implementation plan covering frequency, staffing, logistics, governance, and evaluation.

Outcomes

Participants will leave with a completed “district-ready” scenario pack (learning outcomes, scenario script, equipment list with low-cost alternatives, facilitator guide, and debriefing prompts), a simple implementation plan for their context, and an evaluation checklist to track feasibility, learner outcomes, and system issues, including latent safety threats.

Resources

Facilitator slides, scenario templates, an equipment substitution guide, debriefing prompt cards, and an implementation checklist will be provided electronically. No specialised simulation equipment is required.

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Collaboration across disciplines – Disaster simulation with EM registrars in UJ Rescue Centre

Mr Abrie Senekal[1]

[1]University Of Johannesburg

Collaboration across disciplines – Disaster simulation with EM registrars in UJ Rescue Centre

Presenter: Abrie Senekal, University of Johannesburg, Faculty of Health Sciences, Department of Emergency Medical Care (Rescue Lecturer), abries@uj.ac.aza

Introduction: Patient care spans across many disciplines and often these disciplines interact when the patient journeys into different specialties. It becomes important for different disciplines to understand and take cognizance of the differences in environments of all the different disciplines. The EMS space is very unpredictable with emergencies occurring in a wide variety of environments. These can range from medical emergencies at home, hostile situations, to motor vehicle accidents, just to name a few. Each scenario presents their own risks and challenges that need to be mitigated for appropriate patient care. Cognizance of these differences is important to promote collegial collaboration and continued appropriate patient care.

Insight: Exposure to simulated disaster simulation in the UJ Rescue Centre promotes the understanding of patient management in austere environments. It further brings understanding of altered medical management of patients at the scene due to limited resources and or dangers perceived.

Key message: Collegiality and professionalism is needed to ensure a safe and optimal patient journey from the scene of the incident to the eventual discharge from hospital. The saying: “to walk in someone’s shoes” helps to bring understanding and respect for each other’s professions and helps to promote quality appropriate patient care. By immersing the Emergency Medicine Registrars and consultants into a simulated real-life hostile scenario promotes collegiality and professional respect across disciplines.

Impact: Being able to partake and be immersed into a simulated hostile environment helps to bring understanding why at times certain interventions and treatment could not be initiated at the scene of the incident. It further brings mutual respect where the EM registrars and consultants are willing to take part in such an exercise. With effective collaboration and a team approach, appropriate patient care will always be the top priority

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Walking with "Willem": Teaching the Social Realities of Tuberculosis Through Interactive Storytelling

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[1]Knowledge Translation Unit

Background

Traditional clinical training often isolates medical management from patients' social realities, and purely didactic instruction struggles to convey the complexity at the interface. To address this, we developed interactive e-learning modules for ongoing professional development inspired by visual novels and roleplaying games to explore the social determinants of health impacting tuberculosis (TB) treatment outcomes.

Approach

Using iSpring Suite 11, we created developed a series of modules centred on "Willem", a semi-fictional patient living with TB. Replacing passive case studies, the modules use drag-and-drop and associative interactive puzzles and quizzes. These methods are employed alongside a character-driven narrative in second-person perspective, casting the learner directly as Willem's treating clinician responsible for his care. The narrative follows Willem's longitudinal journey while navigating the social factors influencing his treatment course.

Relevance

Rooted in the context of the South African public health system, the story reflects challenges like poverty, unemployment, food insecurity, resource limitations, and labour migration impacting treatment.

We aimed to move beyond clinical facts to build genuine emotional connection. Rather than relying solely on academic rewards, the modules draw on core human motivators: the desire to help a relatable character succeed, the suspense of real-world unpredictability, and the shared goal of overcoming systemic obstacles. When Willem struggles to take his medication because he is hungry, the learner feels the weight of that reality.

Conclusion

This approach hopes to transform static case studies into dynamic interactive stories. By simulating the ever-present frictions in real-world healthcare, where a correct prescription can still fail due to social circumstances, learners engage with the social determinants of health as critical clinical variables that require consideration and management. This approach allows for the firsthand exploration of biopsychosocial nuances often lost in lectures and clinical guidelines.

Subtheme Alignment

Interactive scenarios in combination with character-driven storytelling and virtual roleplay allows health educators to simulate the emotional and cognitive weight of longitudinal care. Future health education may be aided by interactive high-empathy design that demonstrates to clinicians that effective management requires treating the person within their social context and circumstances, and not just the disease.

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Clinical teaching: Key teacher attributes and student learning preferences in a Bachelor of Oral Health programme

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[1]UWC

Abstract

Clinical teaching: Key teacher attributes and student learning preferences in a Bachelor of Oral Health programme

Ajam T, Brijlal P

Introduction

The transition from classroom-based instruction to clinical training is pivotal in undergraduate dental education, as it enables students to integrate theoretical knowledge with practical skills and deliver effective patient care. Central to this process is the clinical teacher, whose attributes play a pivotal role in facilitating student learning and professional development. Previous literature identifies effective communication, constructive feedback, and strong interpersonal skills as key attributes of successful clinical teachers. However, in many dental clinical settings, opportunities for formal training in clinical supervision are limited, resulting in clinical teachers relying largely on experiential learning to fulfil supervisory roles. This reliance on “learned experience,” frequently in the absence of a guiding theoretical framework, complicates efforts to understand effective supervisory practices and ensure consistency in clinical teaching. Understanding how students perceive and experience clinical teacher attributes is crucial for the development of optimal learning environments in dental education.

Aim

To explore students’ perspectives on key teacher attributes for effective clinical teaching and optimal learning environments in dental education.

Objectives

1. To identify clinical teacher attributes perceived as important by students.
2. To explore students’ clinical teaching needs and preferences.

Method

A qualitative case study design with purposive sampling was employed. Participants comprised second- and third-year undergraduate Bachelor of Oral Health students. Data were collected via an open-ended structured questionnaire distributed through Google Forms and analysed using inductive thematic analysis. Of the 52 eligible students, 37 consented to participate (71% response rate).

Results

Four key themes emerged regarding clinical teacher attributes: (1) teacher proficiency, (2) effective interpersonal skills, (3) professional demeanour, and (4) impartiality and fairness. Students also identified several clinical teaching needs and preferences, including (5) increased supervisor-to-student ratios, (6) consistency and continuity in supervision, (7) standardised clinical assessment practices, (8) case study discussions, and (9) post-clinic reflective discussions.

Conclusion

The findings underscore the interdependent nature of clinical teacher competence, structured learning opportunities, and supportive clinical conditions in enhancing student learning in dental education.

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Supporting Clinicians’ Transition to Research-Active Practitioners

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[1]UCT

Introduction and Aim

Clinicians entering postgraduate programmes often bring rich practice experience but limited confidence in research. Many do not identify as researchers, which can hinder their ability to engage with or recognise the clinical relevance of research to evidence-based practice. To address this, the Children's Nursing Development Unit at the University of Cape Town developed a scaffolded, feedback-driven approach that intentionally connects research learning to students' real clinical environments. This presentation focuses on the importance of maintaining clinical relevance in helping clinicians develop a researcher identity.

Methods / Approach

A structured, two-year research pathway within the clinical Masters in Children's Nursing programme was developed. In the first year, learning activities are explicitly linked to their paediatric clinical practice, helping students understand how research concepts apply to their everyday work. Activities include article summaries, synthesis exercises, peer review, appraisal of clinical practice guidelines, and development of rapid review protocols. Students also study ethical foundations of clinical research and regularly appraise published studies through a clinical lens.

The second year deepens this practice connection through an independent research project in which students develop a modified clinical practice guideline relevant to their own work in local settings. By grounding the project in real-world clinical problems identified by the students themselves, the curriculum helps them see research as a practical tool for improving care rather than an abstract academic task. This is grounded in feedback literacy principles developing students' ability to utilise feedback to improve their confidence in research.

Results / Outcomes

Students develop practical skills for locating, appraising, and applying evidence, and they gain confidence in creating adapted clinical practice guidelines for their specific practice contexts. Over time, they strengthen their capacity to align practice decisions with best evidence. Because research tasks are consistently anchored in their clinical realities, students begin to see research as meaningful and integral to their professional identity.

Conclusion / Relevance

This approach demonstrates how connecting research learning to clinical contexts can support clinicians in developing a researcher identity. The model offers a transferable framework for building clinically grounded, researcher-practitioners in postgraduate health professions education.

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Medical Education and the complex Planetary Health Challenges of our society and the patient care. Experience of teaching Planetary Health to future doctors

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Narrative format: context, insight/story, takeaway, relevance

Context

Exposure to climate change induced extreme weather events is associated with immediate loss of life, increased non-communicable and infectious diseases, injuries as well as destroying healthcare facilities. Climate change is the biggest threat to human health in the 21st century. The effects include malnutrition, infectious diseases, non-communicable diseases, displacement and migration,

injuries as well as mental health problems. But not all health professionals are aware of the issues and how to tackle them.

Insight/Story

Academic health institutions can act with an ambition to provide healthcare professionals and learners values and evidence-based training to advance a climate resilient and net zero emissions healthcare system. Students will learn and apply the Planetary Health framework of health-ecosystem interactions.

Take away message

At Stellenbosch University, there are three key aspects to consider: the health and social effects of climate change, the challenge of climate change to healthcare facilities and services, and the contribution of health services to the problem of climate change. These key aspects are imbedded in the medical and health sciences undergraduate and postgraduate curricula, interdisciplinary research and student led initiatives on campus sustainability and community outreach. Teaching around these aspects encompasses awareness, health workforce information and Intervention to build a climate resilient and environmentally sustainable healthcare practice.

Relevance : knowledge on Planetary Health challenges, sustainability, climate change, carbon footprint, climate resilient and environmentally sustainable healthcare services and facilities, Eco-health, Geo-Health and One health.

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Low hanging fruit to build and strengthen health professions education in the Faculty of Health Sciences

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Introduction

Interprofessional collaboration is essential for effective patient care, yet student training across health disciplines often occurs in isolation. The Environmental Health and Awareness for Healthcare Practitioners (EVAH101) General Education module was evaluated as a potential platform to strengthen Health Professions Education (HPE) within the Faculty of Health Sciences. This study examined the extent to which EVAH101 functions as an innovative pedagogical response to interprofessional learning by analysing teaching and learning strategies implemented across four academic programmes.

Methods

A descriptive, reflective review of the EVAH101 module was conducted over two semesters using existing curriculum data. Thematic analysis was used to explore how the module facilitated integrated approaches to addressing shared healthcare challenges while promoting competencies related to environmental health awareness, professional identity formation, and civic engagement.

Results

Findings revealed that students demonstrated substantial growth in understanding environmental determinants of health across local, national, continental, and global contexts. Community engagement projects encouraged active citizenship, empathy, and social accountability, reflecting values central to HPE. Student presentations further showcased the development of communication skills, ethical reasoning, critical thinking, and emerging professional identities. Although students successfully collaborated in interdisciplinary groups, the review identified an absence of explicit framing and recognition of HPE principles within the module’s design and delivery.

Conclusion

The study concludes that while HPE principles are often embedded implicitly in teaching practices, a deliberate and structured integration is urgently required. EVAH101 presents a valuable starting point for reconceptualising HPE within the faculty, given its cross-disciplinary reach and strong alignment with interprofessional learning outcomes. These insights underscore the need for intentional, faculty-wide integration of HPE principles, positioning EVAH101 as a strategic entry point for strengthening interprofessional learning and driving sustainable curricular transformation.

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From Learning to Leading: Recommendations from Emerging Health Professions Educators Across South Africa – A Multi-Institutional Study.

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Introduction

Health professions education (HPE) is central to strengthening healthcare systems by preparing clinicians who are not only technically competent, but also educationally skilled, socially responsive, and reflective practitioners. In South Africa, this role is particularly significant given ongoing health inequities and higher education transformation. Although postgraduate HPE programmes have expanded nationally, little is known about their lived impact on graduates. This study explores the experiences of South African HPE graduates to better understand their motivations, professional development, and the contextual factors shaping programme effectiveness and educational leadership.

Methods

This study employed collaborative analytic autoethnography to explore the experiences of 17 South African postgraduate HPE graduates. Each participant submitted a structured reflective narrative addressing motivations, teaching experiences, and recommendations for HPE graduate programmes. Narrative reflections formed the primary dataset and submissions were guided by set questions. Participants then peer-coded two narratives using a structured analysis tool to generate codes and themes. Themes were reviewed by two independent qualitative experts to enhance trustworthiness. Final themes were validated through group discussion. Ethical approval processes were followed.

Results

Preliminary analysis identifies four interrelated thematic domains: motivations for enrolment linked to a desire for formal pedagogical grounding; professional identity transformation from clinician to educator; increased pedagogical agency and scholarly engagement; and structural constraints within resource-limited institutional contexts.

Conclusion

Preliminary findings suggest that South African postgraduate HPE programmes should intentionally support educator identity formation, embed mentorship, and strengthen pedagogical scholarship within LMIC realities. Sustained impact requires institutional recognition, protected time, and clear leadership pathways.

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Assessing Factors Influencing Students' Digital Competence Development in Technology-Enhanced Learning Environments

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The development of students' digital competence is central to the effectiveness of technology-enhanced learning (TEL) environments, yet the mechanisms through which psychological, behavioural, and instructional factors influence these competencies remain insufficiently understood. Guided by the Technology Acceptance Model (TAM) and contemporary digital-competence frameworks, this study examines how ICT self-efficacy, ICT attitudes, ICT use for digital learning, use of advanced digital tools, and computational thinking contribute to university students' digital competence. A quantitative design was employed, with data collected from 100 higher-education students actively engaged in TEL activities. A structured questionnaire based on validated scales was used to capture students' ICT perceptions and digital behaviours. Partial Least Squares Structural Equation Modelling (PLS-SEM) was applied to assess measurement reliability, discriminant validity, and structural relationships among the constructs. The measurement model demonstrated strong psychometric properties, with high indicator loadings and robust reliability across all constructs. However, the structural model showed limited predictive relationships. Attitudes toward ICT emerged as the only significant predictor, exerting a strong positive influence on students' computational thinking. Other direct and mediating relationships were not statistically significant, suggesting that students' digital competence development may be influenced by contextual and institutional factors not captured within the TAM framework. Despite modest explanatory power, the findings highlight the pivotal role of students' attitudes in shaping higher-order digital learning outcomes. This study contributes to TEL and digital competence research by empirically examining the applicability of TAM-related constructs in higher education and underscores the need to foster positive ICT attitudes and to consider environmental, pedagogical, and infrastructural factors in future research.

Keywords: digital competence; technology-enhanced learning; ICT self-efficacy; computational thinking; TAM; PLS-SEM; higher education

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Perceptions of preparedness for mental health practice among newly qualified occupational therapists in South Africa.

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Background: Newly qualified healthcare professionals are often the backbone of service delivery, particularly in resource-constrained contexts where staff shortages persist. In South Africa, newly qualified occupational therapists frequently assume primary responsibility for delivering mental health services, often without the benefit of adequate supervision to support their transition into professional practice. Yet, there is limited evidence on how well undergraduate curricula equip graduates for this role. This study explored the perceptions of newly qualified occupational therapists regarding their preparedness for mental health practice.

Methods: A qualitative descriptive design was employed. Thirteen (n=13) occupational therapists with 1–5 years of experience were purposively sampled to participate in semi-structured interviews.

Audio-recorded data were transcribed verbatim and thematically analysed using Braun and Clarke's six-phase approach in NVivo 15 software, with reflexivity and peer debriefing employed to ensure trustworthiness.

Results: Analysis revealed three themes that reflected the participants' views on their undergraduate mental health training in preparing them for mental health practice. (1) strengths-based perspectives in the mental health curriculum, focusing on their perceived sense of competence in clinical practice and the perceived strengths in the current curriculum. (2) curriculum shortcomings in mental health education, including perceived gaps in relevance of training to cultural sensitivity, existing gaps in teaching and practice learning. (3) Calls for curriculum expansion, capturing participants' recommendations for strengthening and improving the curriculum, with recommendations related to curriculum structure, teaching methods, and practice learning. These included a call for better alignment between academic training and the realities of clinical and community-based practice

Conclusion: Undergraduate occupational therapy training in South Africa provides important foundations for mental health practice but requires greater emphasis on cultural responsiveness, expanded clinical opportunities, and alignment with national health priorities. Addressing these areas is critical to strengthening graduate preparedness, fostering professional identity, and improve equitable access to mental health services.

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EXPLORING THE IMPACT OF INTERPROFESSIONAL SIMULATION ON COLLABORATIVE SKILLS AND TEAMWORK AMONG HEALTHCARE STUDENTS: A QUALITATIVE STUDY

Assoc Prof Lerato Matshaka[1], Dr Manoko Molabe[1], Dr Sidwell Matlala[1], Dr Richard Rasesemola[1]

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Background: Interprofessional simulations (IPS) are a valuable pedagogical tool in healthcare education, enhancing students' understanding of the complexities of multidisciplinary collaboration. IPS fosters interprofessional collaboration by engaging students from diverse healthcare disciplines in realistic, team-based scenarios and prepares future professionals to work effectively in dynamic healthcare environments. These simulations encourage participants to develop essential communication, problem-solving, and decision-making skills as they navigate shared patient care responsibilities. Through immersive, scenario-based learning, students gain firsthand experience in role clarification, mutual respect, and coordinated care. This approach not only strengthens teamwork but also promotes a patient-centred mindset, ensuring that future healthcare providers are equipped to deliver high-quality, collaborative care. Objective: To explore how interprofessional simulations influence healthcare students' collaborative skills, interprofessional communication, and understanding of multidisciplinary teamwork in patient-centred care. Methods: A qualitative, exploratory, descriptive, and contextual research design was used. The population consisted of lecturers who used simulation as their teaching pedagogy, and students within the Faculty of Health Sciences were taught through simulation. In-depth, online, individual interviews were conducted until data saturation was reached. Giorgi's thematic descriptive data analysis method was employed, yielding five themes and ten related sub-themes. Results: The findings confirm that IPS enhances students' collaborative skills, strengthens interprofessional communication, and fosters a deeper understanding of multidisciplinary teamwork in patient-centred care. Conclusion: Interprofessional simulation provides an effective learning approach for strengthening healthcare students' collaborative competencies. Participants described improved communication, clearer understanding

of professional roles, and enhanced ability to work within multidisciplinary teams in patient-centered scenarios. Integrating IPS more intentionally across programmes may better prepare graduates for collaborative practice in complex healthcare settings

Keywords: Interprofessional simulations, Healthcare students, Collaboration, and Multidisciplinary.

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Beyond the Marks: Implementing a Narrative Feedback Only Assessment Approach in Online Paediatric Short Courses

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[1]University Of Cape Town

Introduction: Across Africa, many nurses care for sick children without specialised paediatric nursing training. Although these nurses are well-trained generalists, most have limited opportunities to develop paediatric-specific knowledge and skills. In response, the Children's Nursing Development Unit, developed the Essentials of Nursing Children suite of accredited short courses. These were designed to strengthen nurses' knowledge, clinical skills, and confidence in caring for sick children and their families.

Methods: The courses were designed for this dedicated group of nurses who balance full-time, often 12-hour shifts, with family responsibilities, and who bring linguistic diversity, clinical experience, and strong adaptability to online learning. These online courses are fully asynchronous. Learning activities are released weekly, with a practice-based assignment due the following Sunday. The design team, all nurses, were familiar with the relational nature of the practice of nursing, made the decision to provide individualised, supportive narrative feedback within 48 hours of submission. This meant no mark allocation and an overall course outcome recorded simply as 'successfully completed' or not. This was intended to engage individuals to maximise reflection and learning and encourage immediate clinical application. However, if the educator perceived a lack of understanding, the learner is offered the opportunity to resubmit.

Results: To date, the courses have been completed by 418 nurses across 17 countries. Participants report enthusiasm for the course design and immediate implementation inherent in the design as this facilitates integration of new insights into local practice. While student perceptions of the narrative-only feedback are mixed, educators describe that the value of the narrative-only feedback strategy engenders a level of empathy with individual learners, observing more motivation and confidence. They also recognise the opportunity to encourage development of critical thinking skills. Their perspective is that without the need to focus on students achieving a 'pass grade', facilitates deeper and context-specific learning, and realisation of full individualised potential.

Conclusion: Use of a narrative-only feedback strategy may be uncommon, but for this group of educators this experience has facilitated empathetic environment for learning which we believe, has in turn contributed to the strengthening of the care of children and their families.

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From Evaluation to Design: Using Course Data to Redesign Responsive PHC In-Service Training

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Introduction

In Primary Health Care (PHC) settings in South Africa, in-service training must remain relevant amidst evolving clinical guidelines and diverse learner needs. In the ADDIE instructional design model, evaluation is often seen as a final reporting requirement, rather than a generative tool. This abstract explores how evaluation and analysis of end-user data from an existing online course informed iterative course redesign.

Methods

We conducted a retrospective data analysis of the Western Cape TB Prevention and Management 2023 online course (n=417). Our analysis on course data requested from the People Development Centre included quantitative data on enrolment patterns, completion rates and demographic distribution across professional cadres. We categorised qualitative data from free-text post-course surveys into themes to identify barriers to completion and content relevance across different experience and professional roles. These findings directly informed the redesign of the 2026 course update.

Results

Analysis showed a significant gap between perceived relevance and course retention. While 75% of participants who completed the course found it "highly relevant", the completion rate was only 38%. Participants reflected a diverse user profile, ranging from professional nurses to non-clinical staff, highlighting the need for a course design that could accommodate varying experience levels and roles. Key feedback themes revealed a central design friction: while content met learning needs across experience levels, its delivery limited engagement. Participants requested shorter chapters, more practical scenario-based learning, and an alignment with updated guidelines.

The high non-completion rate highlighted the importance of designing with the realities of PHC pressures and contexts in mind. These findings informed a redesign, including: (1) the distribution of clinical content across shorter, focused chapters and case-based clinical scenarios; (2) the integration of guideline updates throughout these sections; and (3) restructuring content flow to prioritise practical application.

Conclusion

Evaluating course data allowed a shift from a general content update to a data-driven redesign, with the ADDIE model's evaluation phase guiding the iterative course design. This highlighted the importance of adaptive, feedback-driven learning that responds to evolving clinical guidelines. Designing in-service training responsive to clinician-learners' and service needs supports ongoing professional development while aligning with PHC service realities.

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Social Accountability and Curriculum Inclusion: A Case of Oral Health in South African Undergraduate Medical Programmes

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Introduction

Patients often present to general medical practitioners with oral cavity complaints. Therefore, incorporating oral health-related training (OHRT) into undergraduate medical programmes (UMPs) may advance social accountability principles through care that is comprehensive, accessible, equitable and responsive to patient needs. However, there is a paucity of scholarship examining how

such training is shaped within South African UMPs. This study explored the factors influencing OHRT in UMPs and examined how these shape its alignment with socially accountable medical education.

Methods

A qualitative, comparative, multiple case embedded design was conducted across three South African UMPs. Case selection was based on differing institutional contexts, including rural–urban setting, co-location of medical and dental schools, and commitments to primary health care (PHC) and social accountability. In-depth interviews were conducted with purposively and snowball-sampled educators (n=69) in 2017, with follow-up engagement in 2021 to update institutional developments. Data were analysed inductively using iterative cross-case thematic analysis.

Results

Three interrelated influences emerged consistently across cases: educator-, curriculum-, and health system-related factors.

Educators' beliefs about professional roles strongly shaped OHRT. Narrow constructions positioned dentogingival conditions exclusively within dentistry, limiting teaching. In contrast, educators whose pedagogical philosophies were grounded in PHC and social accountability principles understood oral health as integral to comprehensive, socially responsive care and supported its inclusion.

Logistical constraints, such as overloaded curricula, were powerful curriculum-related barriers. Enablers included collaborative opportunities with oral health stakeholders, regardless of co-located medical and dental schools. Student and graduate feedback was regarded as essential to developing socially accountable graduates.

Health system constraints, including vertical programmes, time pressures on clinical platforms, and restrictive national health guidelines, reinforced siloed practice and limited comprehensive patient care.

Conclusion

Integrating oral health into UMPs reflects the interplay between professional identity, curriculum governance, and health system design. Educators oriented toward PHC and social accountability were more inclined to integrate oral health within comprehensive care, yet inclusion was equally shaped by time constraints and fragmented health services. Although focused on oral health, these findings highlight how curricular priorities are shaped by interacting ideological and systemic forces within health professions education.

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When knowledge travels: Adaptation inquiry as a framework for contextually responsive HPE

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Introduction

Health professions education (HPE) has become a global field with rapidly expanding scholarship, yet knowledge production remains concentrated in high-income countries whose historical, institutional, and socio-political conditions differ profoundly from those of many low- and middle-income settings. Nevertheless, educational innovations - competency frameworks, assessment models, feedback practices, and curricular structures - are frequently "lifted and shifted" across contexts as if they were context-free technologies rather than socially embedded practices. These ideas travel readily: adopted, rewarded, accredited. It is increasingly untenable, and ethically problematic, to assume that what worked "there" will automatically work "here."

Methods

This conceptual study developed adaptation inquiry through staged theoretical synthesis. Foundational literature on the nature of context in education served as the analytic starting point, examining how context is theorised, how it shapes knowledge, and why it cannot be bracketed in educational transfer. This was critically extended using decolonial and Southern theory to interrogate how power influences which knowledge travels, whose conditions of production remain invisible, and what epistemic relations are reproduced when global North scholarship structures educational practice elsewhere. The emerging framework was then iteratively refined through engagement with scholarship on the research-practice gap in education and implementation science, illuminating the practical conditions under which educational knowledge is or fails to be translated into local action.

Results

Adaptation inquiry reframes educational transfer as a theory-building process rather than contextual modification, advancing a seven-phase approach: clarifying problem and purpose; critical origin analysis; local context analysis; core component analysis; strategic adaptation; implementation; and evaluation. This sequence positions critical contextual analysis as foundational rather than secondary. By foregrounding context, power, and purpose, the framework positions educators - particularly, though not exclusively, in the global South - as epistemic agents rather than downstream recipients of “best practice.”

Conclusion

Global-local dynamics in HPE require approaches that neither reject external knowledge nor adopt it uncritically. Adaptation inquiry offers a rigorous, ethically grounded framework for engaging global scholarship while ensuring local relevance and responsiveness. Treating adaptation as central rather than incidental can strengthen the contextual integrity, legitimacy, and social value of HPE in a rapidly changing world.

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From Access to Success: Scaffolding Postgraduate Recognition of Prior Learning

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Background and Rationale

Recognition of Prior Learning (RPL) has expanded access to postgraduate education in South Africa, yet access alone does not ensure academic success. Vocational learners, including paramedics entering postgraduate study via RPL, often encounter epistemological and relational challenges as they transition from practice-based expertise to academic discourse. While policy frameworks emphasise equity and lifelong learning, limited attention has been given to structured post-admission support. This e-poster presents the Bridge-Scaffold Support Framework, developed to mediate this transition through aligned sociocultural and institutional scaffolding.

Methods

The framework emerged from a doctoral participatory action research study conducted within an online Postgraduate Diploma in Emergency Care. Three iterative cycles explored learner experiences, introduced targeted interventions, and synthesised findings into a conceptual model. Data sources included learner interviews, tutor reflections, cohort performance data, and institutional documentation. The framework is theoretically grounded in Vygotsky’s Sociocultural Theory, particularly the mediating constructs of tools, rules, and community, and operationalised through eight interrelated SCAFFOLD components.

Summary of Findings

Findings indicated that vocational learners' greatest barriers were frequently relational and structural rather than intellectual. Participants described challenges in navigating implicit academic norms, research conventions, and digital learning environments despite high levels of clinical competence. Iterative interventions that clarified expectations, strengthened peer engagement, and structured feedback processes improved confidence, belonging, and academic progression. The resulting framework reconceptualises RPL as a developmental continuum from admission to sustained academic participation, rather than a procedural access mechanism.

Take-home Message

Widening access through RPL is insufficient without aligned institutional scaffolding. A sociocultural approach that integrates tools, rules, and community can bridge vocational expertise and postgraduate success, supporting equitable and sustainable transformation in health professions education.

Subtheme Alignment

Equity and inclusion in health professions education; innovation in curriculum design; student support and success.

Phase of Education

Postgraduate; ongoing professional development

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Adaptative expertise: Implications for faculty development and students in HPE

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Aim /Context

Modern healthcare contexts are characterised by increasing complexity due to the demand for new knowledge and specialised skills. Health professions students need to be equipped to deal with these complexities and thus health professions education requires faculty with the mindset and skills to keep pace. Successfully addressing these changes means adapting educational programmes to be more responsive, modifying teaching approaches to move beyond merely the acquisition of knowledge, incorporating technology into teaching, learning and assessment, and supporting students' diverse learning needs (Cutrer et al. 2017; Grunefeld et al. 2022). These initiatives are complex, especially in an era of limited resources (Mylopoulos et al. 2018), requiring faculty to possess what is known as adaptive expertise. Hatano & Inagaki (1986), suggested that adaptive expertise is the ability to move beyond routine expertise to be able to solve new and more complex problems while possessing a deep understanding of why specific actions work. Faculty are expected to be able to problem-solve while continuously innovating in the face of both familiar and novel problems. The aim of the workshop is to familiarize participants with a robust framework for promoting the development of adaptive expertise for both individual faculty and students.

Structure and Facilitation Plan

1. Attendees will explore the concept of adaptive expertise, distinguishing it from routine expertise.
    a. Presentation on the theoretical foundations including practical examples- 5 minutes
    b. Mapping the concept by creating visual representations– 15 minutes
    c. Group discussion on what adaptive expertise looks like in teaching and learning practice– 10 minutes

2. Explore the relevance of adaptive expertise for your individual teaching, professional advancement -15 minutes
    a. Small group discussion
3. Describe barriers across the various institutions that inhibit the development of adaptive expertise among faculty in HPE (15 minutes)
4. Groupwork: Identify strategies to mitigate barriers and create organisational cultures that encourage continuous learning/ flexible thinking
5. Closing (15 minutes)
    a. Sharing key insights and way forward

Key Concepts

Adaptative expertise: Implications for faculty development and students

Participant Engagement

Yes

Phase of Education

- undergraduate, postgraduate, ongoing professional development

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Exploring Medical Student Experiences of an Online Remedial Programme in Chemical Pathology

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Introduction and Aim

At the University of Cape Town, pre-clinical second-year students who obtain marks between 45% and 49% are required to sit a supplementary examination. These medical students often struggle with threshold concepts; however, structured academic support for supplementary preparation is frequently limited in medical curriculae. This study evaluated student experiences of a novel online Chemical Pathology remedial programme designed to support preparation for the supplementary examination.

Methods

A qualitative evaluation was conducted using a focus group discussion involving students who participated in the pilot remedial intervention (n = 10) after completion of the supplementary examination. Data were collected using a semi-structured, open-ended questionnaire exploring learning experiences and non-academic factors influencing performance. Responses were analysed using inductive thematic analysis.

Results

Students reported that the structure and usability of the online platform facilitated engagement with key threshold concepts in Chemical Pathology. Ease of access and clear organisation of learning materials were identified as important enablers of learning. Participants particularly valued the concise presentation of core concepts, which helped prioritise essential knowledge. However, the absence of personalised and real-time feedback on formative assessments generated uncertainty regarding knowledge gaps and contributed to increased stress. Students also identified several non-academic factors impacting their learning, including stigma associated with participation in a

remedial programme, pressure from family expectations, and heightened anxiety surrounding supplementary examination outcome in the medical curriculum.

Conclusion

The pilot online remedial programme was positively received and supported students' preparation for the supplementary examination. Nonetheless, the findings highlight the importance of incorporating structured feedback mechanisms and addressing psychosocial factors that influence student performance. Future remedial interventions should integrate academic and non-academic factors to holistically support student preparation for supplementary examinations in pre-clinical medicine.

Sub-theme alignment: Future-Ready Graduates and Learning Environments

Phase of Education: Undergraduate

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Setting up health sciences training programs in the Eastern Cape: Documenting institutional experiences.

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Abstract

Introduction

The Eastern Cape Province of South Africa faces a high burden of communicable and non-communicable diseases, persistent rural underdevelopment, and critical shortages of health professionals. In response, three universities in the province have recently established new health sciences training programs to strengthen the regional workforce. However, the institutional experiences underpinning these developments remain largely undocumented. This study aims to explore and describe the lived experiences of program leaders who participated in the planning and implementation of these new programs.

Method

Adopting a qualitative descriptive phenomenological design, the study will purposively sample program leaders and academic staff involved in curriculum development and program establishment. Data will be collected through in-depth, face-to-face interviews and analyzed thematically. The study seeks to identify leadership approaches, enabling factors, challenges encountered, and lessons learned within a resource-constrained and predominantly rural context.

Results

This will be updated as the research is in progress; the results have not been finalized yet.

Conclusion

By documenting tacit institutional knowledge, this research contributes to the scholarship of health sciences education and supports evidence-informed planning. Findings will generate contextually grounded recommendations to guide future program development, sustainability, and policy formulation in underserved settings nationally and globally.

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The First Time a Student Trusted Me

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Context

Health professions education (HPE) increasingly emphasises producing practice ready graduates capable of functioning in complex, evolving systems. Yet readiness is often equated with technical competence. My first experience facilitating a near-peer surgical skills session challenged this assumption and reshaped my understanding of what being “future ready” truly means.

Insight / Story

I was teaching junior medical students a basic suturing technique. I had revised the steps thoroughly, determined to appear confident and credible. Despite the preparation, I felt the discomfort of standing in front of peers only a few years behind me. I was still learning myself.

Halfway through the session, one student paused, needle holder suspended mid-air. They looked up and asked quietly, “Is this right?”

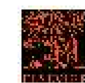
The technical correction was straightforward. What was not straightforward was the weight of the trust in that question. In that moment, I realised they were not only asking about suture placement - they were placing their confidence in me. I felt the tension between being a learner and being a guide. Authority no longer felt like performance. It felt like responsibility.

Takeaway

That experience reframed my understanding of graduate formation. Future-ready practitioners are not defined solely by procedural accuracy. They are defined by their ability to step forward amid uncertainty, to hold responsibility for others, and to lead relationally before feeling fully prepared. Near-peer teaching creates environments where students practise these attributes early - adaptability, accountability, humility, and purpose.

Relevance

As health systems and learning systems evolve, we must ask what kinds of graduates we are cultivating. Moments of near-peer teaching demonstrate that readiness is not only about competence, but about identity. The future of HPE unfolds not when students feel entirely ready, but when they are entrusted with responsibility and choose to rise to it.



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A chat about CHAT: Leaning on theory as trends come and go…

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Context

It is often said that 'Change is the only Constant' and that nothing grows out of a comfort zone. In 2020, the COVID pandemic stimulated a push into the unknown for many HPE programs, forcing an uptake of educational technologies in teaching & learning environments on a never-before-seen scale. The creativity and chaos which ensued shaped us all, for better or for worse.

As the Departmental Learning and Teaching 'person' in an undergraduate Dietetics program, I was often caught in the middle of conflict between faculty and students – the desire to restore order to the activity of teaching and learning became the impetus for my PhD study – a mixed-methods case study exploring the experiences and perceptions of both Dietetics students and faculty, guided in part by second generation Cultural Historical Activity Theory (CHAT). CHAT, with its elements of Subject, Object, Tools, Rules, Community and Division of Labour has been used by education researchers to study tensions arising in activity systems when new tools are introduced to mediate learning.

Insight & Relevance:

As a novice Health Science Education researcher, I recall how grappling with pedagogical theories like CHAT led to many headaches – I found theories to be either too abstract or downright intimidating but, it was through the iterative process that is inductive thematic analysis that the lights finally went on and I experienced a sort of 'illu-morphosis' coming to see how CHAT (and other theories) serve as North Star, guiding us out of chaos (ai tog, even the onslaught of AI) and towards clarity. I see this story as being aligned to the theme: Global & Local trends Shaping HPE

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Feeling Seen: Medical Students' Perspectives on Empathic Teaching at the University of Cape Town

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Introduction and Aim

Empathy is increasingly recognised as foundational to effective health professions education (HPE), yet students' lived experiences of empathic teaching are often underexplored. Within high-pressure medical curricula, relational care may be overshadowed by content demands. A part of this pilot study aimed to explore which teaching behaviours make undergraduate medical students feel seen, supported, and understood, and to identify actionable practices that can strengthen empathy-driven innovation in HPE.

Methods / Approach

An exploratory qualitative design was used. Open-ended responses were collected from 41 entrant second-year MBChB students in South Africa. Students were asked to reflect on interactions with lecturers, tutors, or clinicians and describe behaviours that fostered feelings of support and recognition. Responses were analysed inductively using thematic analysis to identify recurring patterns of empathic teaching practice. Trustworthiness was enhanced through iterative coding and theme refinement.

Results / Outcomes

Students consistently associated empathy with everyday micro-practices rather than large interventions. Three dominant themes emerged. In the first theme "responsive pedagogy" students valued lecturers who slowed down, unpacked complex concepts, used relatable examples, and avoided reading directly from slides. In the second theme "relational accessibility", feeling seen was linked to educators inviting questions, offering one-on-one support, responding to emails, and creating psychologically safe environments where mistakes were normalised. The third theme "personal recognition and encouragement" small gestures such as greetings on campus, acknowledging workload pressures, or affirming partially correct answers significantly enhanced students' sense of belonging. However, a minority of respondents reported limited meaningful interaction with educators, highlighting variability in student experience. Smaller group settings were repeatedly identified as enabling deeper connection.

Conclusion / Relevance

Empathy in undergraduate medical education is operationalised through consistent, relational teaching behaviours that signal attentiveness, respect, and support. Embedding these micro-practices into faculty development and curriculum design may strengthen both student engagement and the humanistic foundations of clinical training. In resource-constrained contexts, adopting humanising pedagogies and intentional relational teaching represents a feasible, high-impact innovation.

Subtheme Alignment

This study advances empathy-driven innovation by translating student voice into practical indicators of compassionate teaching that can inform curriculum renewal and educator development.

Phase of Education

Undergraduate

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CREATING COLLABORATIVE DIGITAL SPACES FOR POSTGRADUATE SUPERVISION: AN AUTO-ETHNOGRAPHIC ACCOUNT

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Background

In response to limited supervisory capacity and increasing postgraduate demand, an online joint supervision model was introduced in February 2025. The aim was to create a digital space where a single supervisor could share expertise, resources, and academic guidance with both master's and doctoral students collectively. While conceived as a pragmatic solution to human resource constraints, the process evolved into a dynamic and transformative supervisory environment.

Methods

Using an auto ethnographic approach, the supervisor and postgraduate students collaboratively reflected on their experiences of participating in this joint online supervision process. Collective narratives, supervisory reflections, and student accounts informed the analysis.

Results

The online joint supervision model facilitated more rapid academic progress, enabled consistent and timely feedback from both the supervisor and peers, and encouraged the sharing of resources, strategies, and scholarly practices. The virtual sessions developed into a collaborative learning space where peer to peer teaching, reciprocal supervision, and shared problem solving became routine. Importantly, the supervisor also reported learning from students' insights and approaches, highlighting a bidirectional knowledge exchange uncommon in traditional supervision models.

Conclusion

This online joint supervision approach demonstrates significant potential to enhance postgraduate learning, improve efficiency, and build supportive scholarly communities—particularly in contexts characterised by limited academic capacity. The findings suggest that digitally enabled joint supervision can serve as a scalable, sustainable model within South Africa and internationally, contributing meaningfully to evolving global trends in postgraduate education.

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Co-creating Clinical Learning Environments in Decentralised Primary Health Care: An Adapted World Café Study with Medical Students

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[1]UP

Background: Decentralised clinical education in primary health care is expanding, yet undergraduate students' experiences in these contexts remain underexplored. Traditionally, medical students have been positioned primarily as consumers of education rather than as active stakeholders and partners in shaping their learning environments. As a result, conventional feedback mechanisms often fail to capture the relational and systemic challenges that influence learning, particularly those related to responsibility, agency, and power within clinical teams. This gap highlights the need for approaches that account for the complex interaction between individual learners, clinical teams, and health system conditions.

Several theoretical frameworks have been used to conceptualise the clinical learning environment, including micro–meso–macro models, relational psychosocial frameworks, and dynamic approaches that emphasise interaction across levels.

Aim: To explore medical students' experiences of the clinical learning environment in a primary care rotation and to identify and prioritise potential solutions to challenges. A secondary aim was to explore an alternative method for receiving student feedback and its impact.

Setting: Fifth and sixth-year medical students from a South African university participating in primary care rotations.

Methods: A qualitative descriptive study was conducted using an adapted World Café methodology with participatory ranking. Fourteen students discussed six pre-selected priority clinical learning environment themes drawn from the Undergraduate Clinical Education Environment Measure and contextual public sector challenges. Audio recordings, flip-chart summaries, and voting data were thematically analysed. Ranking supported group-level prioritisation but was not treated as a quantitative outcome.

Results: Students prioritised six key issues: travel distance, clinical supervision, team integration, theory–practice alignment, physical infrastructure, and interprofessional learning. While logistical challenges were significant, students emphasised the importance of relational and communicative conditions—especially supervision, orientation, and feedback— in shaping their learning experiences. Communication emerged as a cross-cutting influence across all themes.

Conclusion : Student learning in primary health care clinical learning environments is deeply influenced by relational dynamics and structural conditions. Creating spaces where students can reflect on and negotiate these conditions may be as important as the content of clinical teaching itself.

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From Chaos to Clarity: Horizon Scanning as a Catalyst for Transforming Health Professions Education

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Disruption rarely announces itself. Innovation often erupts from unexpected places, unsettling established practices and transforming what previously felt stable. In health professions education (HPE), this volatility is amplified. Health systems are being reshaped by technological acceleration, demographic shifts, geopolitical turbulence, climate disruption, and new learner expectations, while education systems undergo equally profound transitions. In this context, a crucial question emerges: How might HPE practitioners anticipate what is coming next, and who is best positioned to respond to emerging opportunities and threats?

The path from chaos to clarity lies in Horizon Scanning. Horizon Scanning systematically identifies early and weak signals of change across social, technological, economic, environmental, and political (STEEP) domains. When paired with speculative scenario design, it enables a shift from passive observation to active provocation, opening possibilities for radically different futures. These futures help educators examine the tension between entrenched institutional structures and the emerging post-institutional learning ecosystem.

This poster demonstrates how a STEEP-informed horizon scan can activate anticipatory thinking. Drawing on signals like AI-augmented clinical practice, climate-health interface, evolving graduate attributes, equitable digital transformation, and shifting role of institutions within learning ecosystems, the poster illustrates how foresight can illuminate radical possibilities. The intent is not prediction, but provocation - an invitation to expand temporal horizons, cultivate strategic imagination, and prepare practitioners to work across multiple potential futures.

Horizon Scanning becomes most powerful when integrated with scenario planning and strategic road-mapping. Scenarios stretch thinking beyond assumptions, inviting educators to imagine multiple potential futures. Road-mapping transforms these imagined futures into pathways for strategic decision-making, clarifying what to prioritise, what to test, and what to release. Together, these foresight methods offer a systematic yet imaginative way to navigate uncertainty, enabling educators to confront volatility without defaulting to reactive strategies.

The future of HPE belongs not only to technologists or innovators but to educators equipped with foresight mindsets and tools. By embracing Horizon Scanning and speculative scenario design, the field can move from reactive adaptation toward proactive, values-aligned transformation. The invitation is to step boldly into the unknown, explore the edges of possibility, and collectively shape the futures of health professions education.

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Our IPECP Journey – A Story From Department of Health and Rehabilitation Sciences (DHRS), UCT.

Mrs Jane Le Roux[1], Mrs Sumaya Gabriels[1]

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Story Context / Setting: Disability in Context (DIC) was an IPECP module offered in the DHRS to all our divisions, pre-covid for several years. This module was not offered, post covid, due to resource constraints. However, we recognised that IPECP learning was compromised and an explicit curriculum needed to be designed to replace DIC. This campfire story shares the IPECP working group's insights about the process and the learning within this journey.

What Happened / Insight: Although the curriculum design process has taken longer than anticipated we are committed to an outcome that is collaborative and tailor-made for the professions that the curriculum is being designed for. The working group appreciated the importance of taking the time to understand IPECP, its principles, values, constructs and how these relate to each profession. This curriculum development process is thus an enactment of IPECP – our team working together, learning with and from each other. This curriculum development work includes consultation and collaboration with the broader DHRS colleagues.

Why It Matters: We resisted "performative" IPECP and are modelling how professionals from different spaces can work together and battle complex issues as a team. Taking the time allowed us to understand and value IPECP's potential to enhance collaboration for navigating and solving complex real-world problems. This thinking and working together spans beyond each profession's curriculum. The understanding of IPECP's potential has maintained group cohesion and commitment. The success of our working group stemmed from the mutual respect for each profession, active listening, load sharing, critical meaning-making and teamwork.

What Others Can Learn: Reflecting on the anxieties and the barriers of IPECP; some of which were timetabling, resourcing, capacity, logistics, and training of clinical staff, was vital to keep going. The dedication from the working group, collective support from broader staff complement, agreement with staff around importance, regular meetings and consistent work sustains the momentum and commitment to the process.

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Building IPECP Capacity Before Building Curriculum

Mrs Jane Le Roux[1], Dr Nikki Keeton[1], Mrs Sumaya Gabriels[1]

[1]University Of Cape Town

Story Context / Setting: This story sits within a broader process of developing an interprofessional education and collaborative practice (IPECP) curriculum in the Department of Health and Rehabilitation Sciences (DHRS), UCT. In consultation with clinical educators (CEs) there was shared agreement that IPECP was vital and was happening, albeit informally and unstructured within some practice learning sites (PLS). PLS offer real-world IPECP opportunities and opportunities to engage with clinical educators, the drivers of IPECP in practice learning.

What Happened / Insight: After engaging with CEs about the implementation of an IPECP curriculum it became clear that not all CEs felt confident or equipped to recognise, facilitate, or scaffold these moments into meaningful learning opportunities. The consultations brought about an important

realisation that our IPECP implementation would benefit from the training of CEs, in parallel with the broader curriculum design process. Upon their request we designed a 'train the trainer' program for CEs. What this story will relate is the design process, what the training entailed and feedback from the CEs following the training.

Why It Matters: The need for training was a critical realisation in the collaborative process and modelled the values of listening and responding to needs identified by colleagues. Offering the CE training at the early stage of the IPECP curriculum design process was also an opportunity to learn from CE colleagues. Their experience and deep understanding of practice learning contexts would influence the design and practice learning outcome component of the rest of the IPECP curriculum.

What Others Can Learn: Although the working group felt the urgency to deliver a curriculum, the importance of pausing, reflecting and pivoting during this process should not be under-estimated. This story invites others to reflect on the importance of flexibility, recognising that curriculum design is not always a linear process. This can be a sign of integrity rather than a roadblock in the curriculum design process. A critical mass of people understanding the values and principles of IPECP is needed for implementation and sustainability.

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"From Anxiety to Preparedness: Enhancing Future-Ready Nursing Graduates in Psychiatric Hospitals of South Africa".

Dr Thingahangwi Cecilia Masutha[1]

[1]University of Venda

Introduction: Among the most demanding medical facilities are psychiatric units. Nursing students may experience stress and anxiety when they are allocated to those units. When student nurses discover that the actual setting differs significantly from the simulated one and that the theoretical and practical aspects of nursing do not align, their expectations of the setting are challenged.

Aim: This study aimed to explore strategies for mitigating student nurses' anxiety during clinical practice in South African psychiatric hospitals by having students describe approaches to be used to manage their anxiety during placements.

Methods: Using an exploratory, descriptive, and contextual qualitative design, 51 student nurses (30 Level IV and 21 Level III) were purposively sampled and interviewed in focus groups. Data were thematically analysed using Tesch's eight steps, with trustworthiness and ethical principles ensured throughout.

Results: Two main themes emerged: (1) Contributing factors to student nurses' anxiety, with sub-themes of personal factors at the student and clinical area levels. (2) Strategies to mitigate anxiety, with sub-themes including comprehensive orientation, preceptors' support for students' social challenges, clinical supervision, professionalism, and student involvement in patient care. It has been discovered that incorporating structured clinical simulations, debriefing sessions, and resilience-building strategies improves students' capacity to confidently navigate challenging psychiatric settings, directly contributing to the production of graduates who are prepared for the future.

Conclusions: The study's conclusions demonstrate how stigmas and unfavorable views of mental disorders among nursing students may influence their career trajectories. Implementing the developed strategies within supportive learning environments can build resilience, professional competence, and confidence, ensuring students are better prepared for psychiatric practice. A

further mixed-method approach is recommended to assess the long-term impact of the interventions.

Keywords: Anxiety, enhancing, future-ready, graduates, preparedness

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Designing for Accountability: Redesigning an Anatomy and Physiology Workshop Using a Rotational OSPE Model

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Sustaining meaningful engagement within group-based Problem-Based Learning (PBL) activities remains a persistent challenge in health sciences education. In a third-year BPharm anatomy and physiology workshop at Sefako Makgatho Health Sciences University, observations indicated that traditional group presentations enabled uneven participation, with some students engaging minimally while relying on peers. To address this, the workshop was redesigned using a rotational Objective Structured Practical Examination (OSPE) model to foreground individual accountability within a collaborative learning environment.

The redesigned workshop consisted of six structured stations focused on musculoskeletal system content. Students rotated through the stations in small groups. At each station, two students completed assessed questions while peers engaged in structured, low-stakes discussions around the same content. This approach aimed to require preparation across all content areas, promote equitable participation, and support integration of anatomical and physiological concepts without substantially increasing assessment load.

A post-workshop evaluation survey incorporating open-ended questions explored student perceptions of engagement and learning. Thematic analysis identified three key themes: increased individual accountability, broader engagement with content, and strengthened peer learning. Students reported greater participation and more active engagement compared to previous workshop formats, noting that the rotational structure limited opportunities for passive involvement.

Although some students raised concerns regarding time constraints, overall feedback suggested that the redesign better aligned the workshop with core PBL principles of self-directed and collaborative learning.

This study illustrates how intentional assessment design can function as pedagogy, offering a practical strategy for strengthening engagement in foundational science teaching within health professions curricula.

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Clinician Experiences of Teaching Fourth-Year Students in a Renewed MBChB Curriculum

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Introduction and aim: In 2025, fourth-year students in the renewed MBChB curriculum at Stellenbosch University entered clinical training at Tygerberg Hospital for the first time. This marked

a unique moment in time as both students and specialist clinicians engaged with one another in this tertiary context for the first time. Compared with the outgoing-curriculum, the renewed-curriculum students had earlier and sustained primary healthcare exposure through integrated pillar-based learning and a newly introduced module on clinical reasoning. In this context, our study aimed to explore clinicians' experiences and perceptions of renewed-curriculum students compared with outgoing-curriculum students.

Methodology: Semi-structured interviews were conducted with a purposive, diverse sample of 13 specialist clinicians at Tygerberg Hospital and affiliated training sites who taught both outgoing-curriculum students and the new fourth-year cohort. Recruitment occurred mainly through professional networks. An external researcher conducted, recorded, transcribed, and anonymised the interviews. Data were analysed using reflective thematic analysis, focusing on reported differences in knowledge, skills and attitudes between cohorts.

Results: Preliminary themes emerged, which clinicians largely attributed to changes in the renewed-curriculum's scaffolding and learning approaches. They described renewed-curriculum students as eager, engaged, and collaborative, with growing confidence in clinical spaces. They noted a stronger-than-expected knowledge base, with enhanced application in practice, and improved clinical reasoning, although clinical maturity varied compared with outgoing cohorts. Gains were noted in research awareness, academic support, and foundational orientation. However, clinicians perceived losses from fragmented sub-specialty exposure. Clinicians experienced supervision as both rewarding and more demanding due to workload pressures and curriculum uncertainty amplified by large student-to-teacher ratios. Suggested mitigations included creative scheduling and operational adjustments.

Conclusion: Clinicians' reflections suggest that students completing the early years of the renewed MBChB curriculum demonstrate stronger knowledge integration, earlier professional maturity, and greater readiness to participate meaningfully in clinical environments - attributes aligned with developing future ready graduates. At the same time, findings emphasise that practice readiness is shaped by curriculum design and adaptable clinical learning environments, underscoring the need for agile, responsive clinical learning environments as health and educational systems evolve.

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Student Perspectives as a Lens for Developing Reflective Practice

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Context: As clinical educators (CEs) , our role extends beyond teaching students what to do—we strive to support them in understanding how and why they respond in particular ways during clinical encounters. Reflection invites students to revisit their experiences with curiosity, recognise patterns in their thinking, and accept uncertainty as part of learning. Yet, while we expect students to develop these skills, we rarely pause to consider whether we share a common understanding of reflection, or whether our teaching and learning practices truly support its development.

Insight: We designed a qualitative survey to explore the perceptions and experiences of audiology students regarding reflective practice. Students viewed reflection as a valuable tool for professional growth, self-awareness, and the integration of theory with practice. They acknowledged it as a continuous process that developed alongside their clinical experiences rather than a single, one-time activity. However, students were more willing to openly and honestly engage in reflective practice when they felt supported by CEs and peers. This support was described as receiving constructive

feedback, having guided questioning and prompts, and the creation of a safe, non-judgmental space for discussion. Students also emphasised the value of having consistent CEs, as this familiarity builds trust and makes reflection feel less intimidating and more of a collaborative learning process.

Takeaway/relevance: Reflective practice plays a transformative role in clinical education by shaping both the "doing" (skills and competence) and the "being" (identity and professional character) of future clinicians. Developing reflective practice is not only about the feedback we give students, but about how we create a shared, safe space for that feedback to unfold. The power lies in the questions and prompts we use—tools that guide students through deeper reflection. When these prompts are intentional, consistent, and thoughtfully structured, they extend far beyond the feedback session itself, empowering students to carry them forward and cultivate reflexivity. Before we can expect students to reflect deeply, are we willing to examine our own practices, assumptions, and blind spots as CEs?

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Interprofessional Education in Rehabilitation Sciences: A Systematic Review of Evidence from Low- and Middle-Income Countries

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Background: Interprofessional education and collaborative practice are widely recognized as essential strategies for improving health outcomes, workforce preparedness and system efficiency. However, evidence regarding their effectiveness within rehabilitation sciences training, particularly in Low- and Middle-Income Countries, remains fragmented.

Aim: The main aim of this systematic review was to synthesize evidence on the effectiveness of interprofessional education in rehabilitation sciences.

Methods: A systematic search of peer-reviewed literature was conducted across major health and education databases. Studies were included if they: (1) evaluated interprofessional education or collaborative practice interventions involving rehabilitation disciplines such as physiotherapy, occupational therapy, speech-language therapy, audiology and counselling, and (2) reported measurable educational, clinical or system level outcomes. Both randomized and non-randomized quantitative studies, as well as mixed-methods designs with quantifiable outcomes, were included. Study quality was appraised using standardized risk-of-bias tools.

Results: Twenty-eight studies met inclusion criteria. Interventions included team-based simulation training, shared clinical case studies, community-based outreach models and integrated curriculum redesign. Across studies, consistent outcomes included improved interprofessional communication skills, enhanced role clarity, increased collaborative self-efficacy and improved readiness for team-based clinical practice. Evidence from LMIC settings highlighted context-specific facilitators such as community-based training and cross-sector partnerships, while barriers included scheduling constraints, entrenched professional hierarchies and limited institutional infrastructure.

Conclusion: Evidence supports the integration of structured interprofessional education within rehabilitation sciences as a mechanism to strengthen collaborative competencies and service delivery outcomes. However, methodological heterogeneity and limited longitudinal follow-up constrain definitive conclusions regarding long-term clinical impact.

Recommendation: The findings of this review provide a strong empirical foundation for the planned integration of structured interprofessional education. It is recommended that institutions adopt a

phased implementation model incorporating shared foundational modules, interdisciplinary case-based learning, simulation exercises, and community-engaged collaborative practice placements. Integration should be supported by clear competency frameworks, faculty development initiatives, and systematic outcome evaluation to ensure sustainability and measurable impact. Embedding IPE within curriculum design may strengthen workforce preparedness and align training with national health priorities. Keywords: Interprofessional education; collaborative practice; rehabilitation sciences; allied health; LMICs; health workforce development.

Subtheme Alignment: Interprofessional Education, Ongoing professional development

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OCCUPATIONAL THERAPY STUDENTS' PERCEPTIONS OF PRIMARY HEALTH CARE IN KWAZULU-NATAL: BRIDGING THE GAP BETWEEN CURRICULUM AND PRACTICE

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Introduction: Primary Health Care (PHC) forms the foundation of South Africa's health system and is critical for community-based rehabilitation. Occupational therapy contributes significantly to PHC, yet undergraduate curricula often emphasise hospital-based rehabilitation, leaving students underprepared for community practice.

Methodology: An exploratory qualitative design was adopted. Data were collected from nineteen third and fourth year occupational therapy students at the University of KwaZulu-Natal (UKZN) through five group interview discussions. Thematic analysis was used to identify key patterns in perceptions of PHC and curriculum preparedness.

Results: Three themes emerged from the data. First, students valued the preventative and accessible focus of PHC, yet demonstrated limited understanding of policy and population-level approaches. Second, hospital-based training and brief community placements contributed to anxiety and feelings of under-preparedness. Third, experiential learning fostered emerging competence and confidence. Students recommended earlier, and more extended PHC placements, interprofessional collaboration, and greater integration of policy and advocacy training.

Conclusion: Students showed a basic theoretical understanding of PHC, its policies, and community applications. Strengthening early community-based learning, supervisor training, and policy engagement within the occupational therapy curricula will better equip graduates to deliver equitable, community-centred services aligned with the country's PHC and national health insurance priorities.

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Clinical Skills Training in a Virtual Learning Environment: Adapting to a New World in Vaccination Training after the Pandemic

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Introduction

Hybrid format clinical skills training in health education combines online, theoretical instruction with in-person, hands-on or simulation-based practice. During the COVID-19 pandemic, the South African Pharmacy Council (SAPC) published Board Notice 241 of 2021 and invited academic institutions to

develop and register an immunisation and injection technique course as supplementary training for registered pharmacists.

Methods

A short learning programme (SLP) in immunisation and injection technique was already in existence at Nelson Mandela University, but the new curriculum published to register the qualification as an accredited SAPC course was more extensive (50 notional hours). A literature study was conducted on key teaching models in hybrid clinical skills training and mapped against the teaching model used in the existing SLP. Secondly, the course material had to be updated and aligned to include training in COVID-19 vaccine distribution, storage and administration.

Results

Key teaching models and techniques used in the new accredited SLP include Peyton's Four-Step Approach (demonstration, deconstruction, comprehension and performance), simulation-based education using low-fidelity task trainers, the "Explain-Demonstrate-Observe-Reinforce" Model, and also the use of standardised patients (actors) to teach communication, consent and the psychological aspects of injections (including vaccine hesitancy). The revised course is structured as follows: introductory online workshop, followed by four highly interactive 3.5-hour weekly online workshops (after successful completion of compulsory online learning material on the university's learning management system (online quizzes), a full-day face-to-face workshop in a clinical laboratory, the administration of 25 injections under supervision in real practice, a final online theory examination, followed by an Objective Structured Clinical Examination (OSCE) assessment.

Conclusion

Injection administration training in health professions education has shifted towards a competency-based model, focusing on simulation-based training to ensure safety and confidence before interacting with patients. The new SLP has successfully been presented for three years to cohorts of pharmacists, and have recently been re-accredited by the SAPC for another 3-year period. The continuing professional develop course allows pharmacists to apply for a Section 22A(15) permit to register as a vaccinator. The blended approach used is effective in providing flexibility in training opportunities compared to traditional in-person methods.

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The experiences of undergraduate medical students and their trainers on generalist medical practice training in South Africa

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Introduction: According to the Health Professions Council of South Africa (HPCSA), the training of undergraduate medical students is meant to produce a basic medical practitioner with a generalist overview of the medical practice. It is not clear whether medical schools in South Africa are intentional in this regard in their training of medical students. There is need for the exploration of the experiences of undergraduate medical students and their trainers regarding the former's training in generalist medical practice in South African medical schools.

Methods: A qualitative study was conducted among purposefully selected undergraduate medical students and their trainers at four conveniently selected South African medical schools: Witwatersrand University, Sefako Makgatho Health Sciences University, University of KwaZulu-Natal and Walter Sisulu University. Data was collected through focus group discussions and in-depth interviews among the students and their trainers, respectively. The students were in their clinical

years of training (MBChB 4-6). Interviews were digitally recorded, transcribed verbatim and analysed thematically, using the MAXQDA 2020 (Analytics Pro) software.

Results: The themes identified were: (1) identification of student trainers (generalists and specialists), (2) students' training platforms (central and distributed), (3) training methods employed and (4) challenges experienced by both students and their trainers in the students' training on generalist medical practice.

Conclusion: Although the study indicated that students and their trainers had experienced the training in generalist medical practice in a comparable and relatable manner within both groups, the challenges experienced by both groups need collaborative discussion towards a common understanding among them. There should be intentionality in structuring generalist medical practice in the training of undergraduate medical students in South Africa.

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Mind Mapping to Foster Cognitive Integration in a Resource Constrained Medical Education

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The transition from pre-clinical to clinical training is frequently characterised by fragmented knowledge and difficulty integrating foundational sciences into patient care. Within our local context, 97% of fourth-year medical students report integration as a significant learning challenge. While integration is widely recognised as essential for clinical reasoning, there is limited South African scholarship describing practical, contextually feasible strategies that actively support cognitive integration in undergraduate medical curricula. Grounded in constructivist learning theory and cognitive integration theory, this initiative introduced mind mapping as a structured, case-based strategy to scaffold meaningful knowledge construction. Constructivism positions learners as active participants who build understanding by linking new knowledge to existing frameworks. Cognitive integration theory further emphasises the deliberate connection of biomedical sciences with clinical application to strengthen diagnostic reasoning and long-term retention. Fourth-year medical students developed visual mind maps around authentic clinical cases, explicitly linking pathophysiology, clinical presentation, investigations, and management within a single conceptual framework. This approach shifted learning from surface memorisation to mechanism-based reasoning and made conceptual relationships visible. Mind mapping functioned both as a learning strategy and as a diagnostic teaching tool, enabling educators to identify gaps, misconceptions, and missing links in students' reasoning. Importantly, the intervention proved feasible within a resource-constrained environment. Mind mapping required minimal infrastructure, relied on existing curricular content, and promoted active, collaborative engagement without additional technological or financial burden. Dr Seedat will present the conceptual development, theoretical grounding, and facilitation of the mind map sessions. Fourth-year student Tristan Strydom will provide a learner perspective on the value of mind mapping for integration and clinical reasoning. The session will incorporate audience polling and small-group discussion to explore adaptation across diverse educational settings. Aligned with the sub-theme Future-ready graduates and learning environments, this presentation offers a scalable, low-cost strategy to foster integrative thinking and adaptive expertise in response to global

AI used for flow and coherence

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The Role of Multidisciplinary Team Members in Surgical Care in South Africa

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This student-led project came from a recognition among medical students that, despite entering the clinical training program, there was still very limited understanding of how multidisciplinary teams (MDT) in surgical care function. Role boundaries, uncertainty about referral pathways, and the criteria for the involvement of disciplines such as psychology, social work, occupational therapy, physiotherapy, nursing and dietetics initiated the development of a foundational literature review. The project aimed to explore how MDT members contribute to the continuum of surgical care and to inform the development of a textbook chapter addressing team-based practice. The conduct of this project was under academic mentorship and positioned students to not only be knowledge consumers but also as emerging contributors to medical education.
The literature review was conducted by students under academic mentorship. Relevant peer-reviewed articles were identified through database searches and screened for relevance to multidisciplinary involvement in surgical care. Both South African and international literature were examined to compare the contextual representations of team roles, referral pathways and scope of practice. Key themes were integrated collaboratively to enable the development of the proposed textbook chapter on team-based surgical care. The collaborative nature of the review process required ongoing discussion, collective decision-making, and integration of views, highlighting the very principles of multidisciplinary teamwork the project sought to explore.Through engagement with the literature, a significant gap in knowledge and representation of different MDTs was identified. Most available research originates from the western context, raising concerns about its relevance within the South African healthcare system, where demographics, staff shortages and resource constraints differ greatly. The dominance of Western scholarship reflects a broader pattern in global knowledge production, where healthcare practises from high-income countries often influence the curriculum in low- and middle-income countries with profoundly different realities. Additionally, certain disciplines, particularly nursing are more noticeably documented while others are underrepresented. This imbalance highlighted how literature shapes perceptions of hierarchy and visibility within healthcare systems. These findings emphasize the need for locally grounded research that reflect the realities of South African surgical practice, including expanding scholarship in underrepresented disciplines and strengthening educational initiatives addressing national resource challenges

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Integrating Alcohol Misuse and FASD into Oral Health Curricula for Social Accountability

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Background: Health professions education is increasingly called upon to demonstrate social accountability by aligning curricula with local health priorities. However, dental and oral hygiene

training has historically relied on Western-centric frameworks that may not adequately address region-specific public health challenges. This study uses alcohol misuse and foetal alcohol spectrum disorder (FASD) as a case example to examine how curriculum design can respond to the local burden of disease and promote context-responsive training.

Methods: A curriculum mapping methodology was employed to evaluate the integration of alcohol misuse and FASD within the Bachelor of Oral Health (BOH) and Bachelor of Dental Surgery (BDS) programmes at the University of the Western Cape, the only WHO Collaborating Centre for Oral Health in Africa. Module outlines, course guides, and convenor inputs were systematically analysed using keyword searches informed by international competency frameworks. Content was categorised as direct, indirect, or absent to distinguish explicit teaching from implicit coverage.

Results: The mapping process revealed fragmented and predominantly biomedical coverage of alcohol-related content, with limited emphasis on prevention, patient counselling, interprofessional care pathways, or social determinants of health. Opportunities for both horizontal and vertical integration were identified across multiple modules, highlighting the potential for scaffolded learning and spiral curriculum design. The exercise also fostered interdisciplinary dialogue among educators, illustrating the value of curriculum mapping as a collaborative educational innovation.

Conclusion: Curriculum mapping offers a practical, scalable approach to aligning oral health education with principles of social accountability. By centring local health priorities and integrating cross-cutting themes such as alcohol misuse and FASD, oral health programmes can better prepare graduates for context-responsive practice. This approach demonstrates how curriculum review processes can function as catalysts for educational innovation, interdisciplinary collaboration, and strengthened population health impact.

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Painting Possibility: Using 3D-Printed Anatomy and Arts-Based Methods to Enhance Spatial Learning and Radiographic Interpretation in Chiropractic Education

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Introduction

Radiographic interpretation requires students to translate two-dimensional (2D) images into accurate three-dimensional (3D) anatomical understanding. Developing this spatial reasoning is cognitively demanding and not always well supported through traditional anatomy teaching methods, such as textbooks and cadaveric study. This study explored whether integrating 3D printing with arts-based approaches could enhance spatial learning and radiographic interpretation in undergraduate chiropractic education.

Methods

A qualitative exploratory design was conducted with third-year Bachelor of Health Science (Chiropractic) students at a South African university. Thirty-eight students participated in Haptic, Paint and Colour (HP&C) sessions using 3D-printed cervical vertebrae models alongside corresponding radiographs. Eighteen students volunteered for post-intervention focus groups. The intervention followed a modified ORDER framework (Observe-Reflect-Do-Edit-Repeat). Students first examined radiographic and skeletal representations, then painted and labelled key anatomical landmarks on 3D-printed models while mapping colour-coded features to radiographic images. They

subsequently applied their learning to interpret radiographs using the painted models as cognitive reference points. Focus group data were transcribed and analysed thematically.

Results

Four interrelated themes emerged. First, collaborative learning: painting together fostered peer explanation, dialogue, and shared problem-solving, enhancing confidence. Second, tactile engagement: handling the 3D-printed models helped students better understand orientation, depth, and structural relationships. Third, multimodal integration: combining touch, colour, reflection, and discussion supported deeper conceptual understanding. Fourth, enhanced visualisation: colour-coding acted as a cognitive anchor, enabling students to construct memorable "mental maps" that supported radiographic appraisal. While some students noted time constraints within the curriculum, most described the approach as engaging, humanising, and effective in linking 2D radiographs to 3D anatomy.

Conclusion

Integrating 3D printing with arts-based learning can meaningfully strengthen spatial reasoning in health sciences education. By engaging tactile, visual, and reflective modalities, anatomy teaching moves beyond passive representation toward embodied, collaborative knowledge construction. Low-cost, creative interventions such as HP&C offer accessible strategies for enhancing radiographic interpretation and spatial competence.

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Supporting Academic Writing in Student Teams Using a Team-based Based Learning (TBL) approach

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Introduction: Team writing assignments confront students with having to navigate the challenges of teamwork and academic writing at the same time. The structure of team-based learning (TBL) presents an opportunity to strengthen both teamwork and academic writing competencies by encouraging critical and conceptual thinking. To explore this potential, a health science, faculty-based writing centre at the University of Cape Town implemented a TBL approach to supporting students' team writing practices through two genre specific workshops.

Methods: Qualitative case study, including semi-structured interviews and focus group discussion with undergraduate medical students and their educators (n=11) in an integrated public health course. Sampling was purposive and convenient.

Results: The common interpersonal challenges of working in teams presented in students writing teams, including different working styles and personality traits. However, focused activities during the TBL workshops directed students' attention to the task at hand, while subtly encouraging accountability from all team members. The novelty of the TBL method, with a low stakes quiz at the beginning of the workshop, set the tone for the session, creating a relaxed atmosphere and boosting team building. Students had a sense of what to focus on based on how they fared in the quiz. Students found the TBL sessions to be efficient (there was less need to schedule meetings outside of class time) and productive (they could focus on the specific topics at hand and get tangible work done in class).

Conclusion: The flipped classroom approach of TBL provided students with the space to grapple with content themselves, using the collective knowledge and skills of their teams. In-class discussions and specific and timely feedback from the expert facilitator during the TBL workshops promoted

mastery of the session's learning objectives. Reporting on TBL in a South African health professions education (HPE) setting, which is underrepresented in the TBL literature, TBL was found to be an effective strategy for the academic literacies' classroom.

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Current practices in teaching activity selection within South African occupational therapy programmes

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Introduction

This forms part of a larger doctoral study currently in progress. In occupational therapy, activity constitutes the core medium of intervention, shaping how therapeutic goals are pursued and functional challenges addressed. Effective occupational therapy sessions require purposeful engagement in meaningful activity by both therapist and service user, with the intention of enhancing occupational performance within the individual's sociocultural and environmental context. Within South Africa, where profound social inequality, cultural diversity, and resource variability influence occupational engagement, activity selection demands contextually responsive and culturally sensitive approaches. However, occupational therapy education has historically drawn on Western-derived theories and models that may not fully reflect local realities. The aim of this phase of the study was to explore current practices in teaching activity selection within South African occupational therapy programmes, situating these practices within broader debates on decolonisation and contextually relevant health professions education.

Methods

A qualitative descriptive design was employed. Eight occupational therapy lecturers from universities across South Africa were purposively selected to capture a range of institutional contexts and teaching experiences. Data was generated through in-depth, semi-structured interviews that invited participants to reflect on their pedagogical approaches, curricular emphases, and perceptions of student learning. Interviews were audio-recorded, transcribed verbatim, and analysed inductively using thematic analysis. Trustworthiness was enhanced through reflexive engagement and systematic coding procedures. The analysis yielded key themes illuminating shared practices and tensions within occupational therapy education.

Findings

Activity selection training was largely lecturer-driven and shaped by educators' professional backgrounds, theoretical orientations, and clinical exposure, often grounded in Western paradigms. Although curricula emphasised cultural diversity and person-centredness, their enactment in teaching and practice was inconsistent. Instruction in activity selection and analysis was concentrated in early years, with limited vertical integration and few standardised, context-specific resources. During clinical placements, students frequently struggled to translate theory into practice, often prioritising feasibility and resource availability over client meaning. Clinical supervisors played a pivotal role in mediating this learning process.

Conclusion

The findings highlight the need for a culturally responsive framework to strengthen alignment between academic and clinical training, contributing to the preparation of future ready practitioners equipped to serve diverse populations.

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Beyond the Teacher-Student Loop: Reimagining Feedback Ecosystems Through Design Science Research

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Background and Rationale

Traditional feedback models in health professions education operate within teacher-student-peer triangulations, yet this constrained ecosystem proves insufficient for preparing graduates to create digital health innovations. Students may excel at evaluating mobile health applications but lack systematic approaches for building them. Existing feedback theory, while robust for knowledge transmission, does not account for learning through artefact creation where digital solutions themselves become sources of authentic, performance-based feedback alongside their users.

Description of Work

We developed an expanded feedback model grounded in Nicol's internal feedback theory and authentic feedback frameworks. The model repositions digital artefacts (mobile applications, decision support systems, patient monitoring tools) from passive learning outputs to active feedback participants.

Through iterative co-creation cycles, both artefacts and their users generate performance-based responses that complement traditional academic assessment. Design Science Research pedagogy provides the methodological framework enabling this expanded ecosystem, as students create solutions that accumulate design knowledge across development iterations.

Reflections

The expanded model reveals how artefact-mediated feedback creates three additional learning pathways: First, digital solutions provide unfiltered performance data about design effectiveness. Second, real healthcare users contribute authentic, practice-based perspectives grounded in genuine problem-solving contexts. Third, artefacts function as evolving knowledge repositories, embedding design rationale and user interactions that inform subsequent learning.

Students develop enhanced feedback literacy by triangulating traditional academic guidance with artefact performance and user responses, creating richer comparative processes for internal feedback generation.

Take-home Message

Artefact-mediated feedback offers health professions education new pathways for authentic learning, positioning digital health solutions as knowledge repositories and independent feedback sources. This model extends beyond traditional pedagogical boundaries, preparing graduates to shape rather than merely consume healthcare technology.

Sub-theme Alignment

Navigating the Next Era of HPE: This expanded feedback model represents a complementary educational approach, repositioning artefacts as learning partners in post-traditional pedagogical frameworks.

Phase of Education

Postgraduate education, ongoing professional development

Claude Sonnet 4 assisted with language refinement during abstract development. All content and concepts remain the authors' original work.

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"Knowledge, Perceptions, And Attitudes Of Health Science Students Concerning The Role Of Physiotherapy In Mental Health"

Mrs Fahmida Harris[1], Mr Ferrel Grant[1], Ms Wanga Wanga Mphephu[1], Ms Lebo Raisa[1], Ms Rizwana Chicktay[1], Ms Lesedi Sejeso[1], Mrs Gillian Ferguson[1]

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"Knowledge, perceptions, and attitudes of Health Science students concerning the role of Physiotherapy in mental health"

Fahmida Harris et al.

Abstract

Physiotherapists frequently encounter patients with mental health conditions. Despite physiotherapy's potential to contribute meaningfully to mental health care, its role remains underrecognized among healthcare professionals and students.

Aim/Objectives

This study aimed to explore the knowledge, attitudes, and perceptions of undergraduate Health Sciences students at the University of Cape Town (UCT) regarding the role of physiotherapy in mental health.

Methods

A cross-sectional descriptive design was used to survey undergraduate students from five disciplines: Physiotherapy, Audiology, Occupational Therapy, Speech Therapy, and MBChB. A link to a self-developed questionnaire was distributed via online platforms. The questionnaire assessed knowledge (6 items), attitudes (5 items), and perceptions (5 items) using a Likert scale for each item. Data were analyzed using descriptive statistics, and group differences were tested using the Kruskal-Wallis ANOVA test.

Results

A total of 98 students participated (30% of the target sample). The median knowledge score was 4/6 (IQR=1). Attitudes were mixed: 60.2% agreed that physiotherapy plays a significant role in managing patients with mental health disorders, 23.5% indicated that they would consult a physiotherapist for mental health concerns. Notably, 90.7% of respondents believed physiotherapists should receive mental health training. Most students (76.5%) supported the integration of physiotherapy into the treatment of people with mental health problems, and 75.5% advocated for its inclusion in curricula.

Conclusions

Findings reveal a gap in awareness of physiotherapy's role in mental health among UCT undergraduate Health Sciences students. While attitudes and perceptions were generally favorable, limited exposure and insufficient curriculum content may hinder full recognition of physiotherapy's contribution to mental health care. Fostering interdisciplinary collaboration is recommended to bridge these gaps and promote holistic patient care.

* AI Co-Pilot was used to assist in formating and editing of abstract

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From Repetition to Leadership: Student Co-Facilitation in Undergraduate Medical Clinical Skills Teaching

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Introduction and Aim

Clinical skills teaching in undergraduate medical education has traditionally been educator-led, with students positioned as passive recipients of knowledge and demonstration. At the University of Cape Town (UCT), students repeating the second-year Integrated Health Systems (IHS) course are required to attend clinical skills tutorials they have previously passed—not due to academic failure, but to fulfil progression requirements. This structure risks learner disengagement, reduced motivation, and limited skill consolidation when participation remains observational.

In response, we implemented a flexible, voluntary model in which repeating students were invited to serve as peer co-facilitators alongside experienced clinical educators during weekly tutorials. This initiative aimed to reframe course repetition as active engagement, supporting professional identity formation and leadership development. The approach drew on communities of practice and legitimate peripheral participation, conceptualising learning as social participation toward fuller membership through meaningful contribution, and aligns with evidence supporting peer-assisted learning in health professions education.

This study aimed to explore the perceived educational value and relational dynamics of student co-facilitation within clinical skills teaching.

Methods / Approach

A qualitative exploratory case study design was employed. Reflective data were collected from ten student co-facilitators and two clinical educators involved in the model. Reflections focused on participants' experiences of co-facilitation, learning relationships, and perceived impact on teaching and learning. Data were analysed using thematic analysis to identify recurring patterns of meaning across participants' accounts.

Results / Outcomes

Preliminary analysis suggests that co-facilitation fostered greater ownership of learning, increased confidence in clinical reasoning and communication, and strengthened professional identity through teaching contribution. The model appeared to soften hierarchical dynamics, fostering a shared sense of responsibility within the learning space. Clinical educators described the approach as enhancing engagement and enriching the tutorial environment through peer-led explanation and support.

Conclusion / Relevance

Student co-facilitation offers a promising strategy for transforming structurally required course repetition into a meaningful learning opportunity. When supported through preparation and intentional reflection, co-facilitation may provide a sustainable model for both remedial and mainstream clinical skills teaching. The approach highlights how shared teaching spaces can promote participation, belonging, and leadership development in medical education.

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Developing a Longitudinal Integrated Clerkship at a new medical school in South Africa

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This is the story of the birth of a longitudinal integrated clerkship (LIC) at a new medical school in South Africa. Nelson Mandela University admitted its first medical undergraduate students in 2021 and is currently poised to graduate the first cohort of “Mandela doctors” in 2026. Students in their final year spend five months at a rural district hospital under the supervision of the department of Family Medicine. In the longitudinal integrated clerkship (LIC) students see patients in a single clinical setting not limited to a specific discipline. The sites currently used are Midlands Hospital, Andries Vosloo Hospital and Settlers Hospital in the Sarah Baartman district in the Eastern Cape, with plans to include Humansdorp and Port Alfred hospitals. The emphasis is on providing comprehensive care with a focus on patient-centred care. The planned learning objectives for the five-month program in final year are to prepare students to manage undifferentiated health conditions in a rural hospital, sensitise students to the social determinants of health and develop fit-for-purpose medical graduates. Innovative aspects of the program included learning point-of-care ultrasound (POCUS), clinical governance and developing team skills. A blended learning approach was adopted and includes work-based learning, eLearning, bedside teaching and reflective practice. The outcomes of the block are assessed through continuous assessment involving case-based discussions, assessment of procedural skills and patient studies. In addition, students work in groups on a quality improvement project together with the hospital team. The decentralised training platform in the Sarah Baartman district of the Eastern Cape was developed with the support of the Department of Health and Lilitha Nursing college.

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Perceptions of the School of Dentistry Students Towards Student Support Services at a South African University

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Introduction and Aim: Students in higher education institutions face numerous challenges that may adversely affect their career choices, learning experience, and academic success.[1] Evidence supports that most first-year undergraduate students encounter many challenges, such as adapting to a university environment, coping with academic work, financial difficulties, personal problems, and self-regulated learning.[2 3 4] Student Support Services (SSS) at universities provide students with various forms of advice and support.[5] Given the pivotal role of academic transition and its success, it is essential to explore dentistry students' perceptions of support services during their studies. The study aimed to explore the perceptions of Dentistry students towards the SSS.

Methods: This was a cross-sectional study design. The participants included students registered in the school. A Likert scale was used to measure how the participants agreed or disagreed with or not sure about a list of statements tabled by the researcher about the SSS. The tabled statements included: The role played by module coordinators/guardian/ advisors is efficient in promoting academic success and student learning; I know my academic guardian within the school; I have made means to consult my guardian when I had challenging issues; The SSS program helped students to cope and manage academic tasks well; SSS responds effectively/timeously to students’ challenges

Results: Eighty (80) students participated in the study. A substantial majority (70%) agree that module coordinators/guardians/advisors play an effective role in promoting academic success. Only 2.5% disagree; however, 27.5% remain unsure. 73.8% of students know their academic guardian, while 26.3% do not. Only 22.5% made endeavors to consult their guardian when facing challenges. An ample 77.5% have not sought consultation. More than half (55%) of the students are unsure if SSS helps them cope with academic tasks. 63.7% are unsure if SSS responds effectively and timeously.

Conclusion: Although students broadly acknowledge that academic guardians play a significant role in fostering success, actual interaction with guardians is minimal, and there is significant uncertainty about the effectiveness of the SSS. This suggests a need for improved awareness, outreach, and responsiveness on the part of SSS and academic guardians.

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Belonging in Academia: Identity, Legitimacy, and Professional Identity Transformation in Emergency Medical Services Education

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Introduction and Aim

Across health professions education, increasing professionalisation has intensified demand for academically prepared educators. However, the transition from clinician to academic remains under-theorised, particularly within low- and middle-income country (LMIC) contexts and in professions with strong clinical identities. While professional identity transformation has been widely explored in students and trainees, less attention has been given to how paramedicine clinicians experience identity transformation on entering academia. This doctoral study examined how paramedicine clinicians navigate the transition into academic roles, with a specific focus on professional identity transformation and academic actualisation. Although situated in paramedicine, the findings offer insights applicable across health professions disciplines facing similar workforce and identity challenges.

Methods

Using a constructivist grounded theory methodology, this study adopted a relativist ontological and subjectivist epistemological stance, recognising identity as socially constructed and contextually mediated. Data were generated through in-depth semi-structured interviews with paramedicine academics across diverse South African institutional contexts, supported by reflexive memoing and field notes. Data collection and analysis occurred iteratively using constant comparative methods, progressing through initial, focused, and theoretical coding until theoretical sufficiency was achieved.

Results

Findings indicate that the clinician-to-academic transition is characterised by identity disruption, role ambiguity, and uneven access to institutional and relational supports. Participants described tensions between maintaining clinical credibility and establishing academic legitimacy, alongside challenges related to teaching, research expectations, leadership, and professional responsibility. Academic actualisation emerged as a dynamic, non-linear process shaped by institutional culture, mentorship, workload, time, and opportunities for legitimate participation within academic communities of practice.

Conclusion

The study culminated in the development of a professional identity transition framework that articulates key phases and influences shaping clinician-to-academic transitions. While grounded in paramedicine, the framework has broader relevance for health professions education, offering

theoretically informed insights to support academic capacity building, mentoring, workforce development and professional longevity.

Subtheme alignment

Findings demonstrate that clinician-to-academic transition involves vulnerability, identity uncertainty, and relational negotiation. Embedding empathy within mentoring, workload design, and institutional support structures represents an innovative strategy to sustain academic workforce development across health professions education.

Phase of Education

Ongoing professional development

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Collaborative Online International Learning in Health Science Education: A Catalyst for Student Centred Transformation

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Introduction: In an increasingly interconnected learning environment, higher education institutions are compelled to explore innovative pedagogies that both internationalise and transform the curriculum. Collaborative Online International Learning (COIL) provides an enabling framework for cross-border educational collaboration, integrating intercultural exchange directly into course design. This study explores a Health Sciences COIL initiative implemented between a South African university and several international partner universities. The aim was to examine its potential to foster pluralist learning experiences and empower students as active agents in their educational journeys.

Method: The COIL project connected students across transnational institutions through a co-designed virtual assignment, focusing on community health and human-centred care. A participatory design approach was adopted, with the academics facilitating rather than instructing. This enabled students to co-create learning artefacts through online discussion, joint problem-solving, and personal reflections, to identify key patterns of learning transformation and intercultural engagement.

Results: The data revealed notable shifts in student learning and intercultural awareness. Participants demonstrated increased capacity for contextual understanding and the co-construction of knowledge. Collaboration across diverse cultural and health system contexts encouraged reflexivity and pluralist perspectives, reinforcing the value of human-centred pedagogies in Health Professions Education.

Conclusion: The findings demonstrate COIL as a dynamic curriculum transformation tool that embeds internationalisation within everyday teaching practices. By repositioning students as co-creators of knowledge, it disrupts traditional hierarchies of learning and fosters the development of globally competent, socially responsive health professionals. The data also reveals how digital collaboration can advance South Africa’s transformation agenda while reimagining the future of Health Professions Education as participatory, inclusive, and globally interconnected.

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From Exit to Insight: Student Discontinuation as Institutional Learning in Health Sciences

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[1]University Of Pretoria

Aim and Context: Student discontinuation remains a concern within Health Sciences education, particularly within resource-constrained and high-demand learning environments. Although institutional data frequently quantify attrition rates, limited research examines the educational meaning embedded in students' own accounts of why they leave. This study explored patterns and educational insights derived from retrospective discontinuation surveys completed by students who withdrew from Health Sciences programmes at a South African university. The analysis moves beyond deficit-orientated explanations to consider how curriculum experiences, sense of belonging, and institutional support structures may shape students' decisions to discontinue.

Methods: A retrospective descriptive analysis was undertaken using survey data from students who voluntarily completed institutional discontinuation questionnaires over the period 2022-2025. Quantitative responses were analysed descriptively to identify trends related to academic demands, psychosocial influences, financial constraints, and perceptions of programme alignment. Where available, open-ended responses were examined to contextualise quantitative findings and foreground student perspectives.

Results: Preliminary findings indicate that discontinuation is shaped by a multifaceted interaction of academic workload, emotional strain, financial pressures, and evolving professional identity. Students frequently referenced issues of academic preparedness, belonging within the faculty, and the alignment between their expectations and the realities of the curriculum. Rather than being attributable to a single dominant cause, discontinuation appears to arise from cumulative pressures across academic, personal, and institutional domains.

Discussion and Implications: The findings underscore the value of discontinuation data as an important source of educational insight. Student narratives can inform curriculum refinement, mentoring frameworks, and inclusive support strategies in Health Sciences education. By repositioning discontinuation as an opportunity for institutional learning, this study contributes to broader discussions on student success, social accountability, and responsive curriculum transformation within the South African higher education landscape.

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The Use of Experiential Groupwork as a teaching tool to Support Skills Development in Undergraduate Occupational Therapy Students at the University of Cape Town, South Africa

Mr Iesrafeel Abbas[1], Ms Zarina Syed[1]

[1]University Of Cape Town (uct)

Introduction: Experiential learning (EL), along with other alternative modalities of teaching such as groupwork, has been gaining interest over the past decades in higher education. A less didactic style of teaching has proven to be more effective in classrooms. The Mental Health Experiential Groupwork Week (MHEGW) is an example of classroom-based EL that has been implemented at the University of Cape Town's (UCT) undergraduate Occupational Therapy (OT) division.

Methods: A descriptive qualitative research study was conducted to explore the experiences of eight undergraduate OT students at UCT during MHEGW. Data collection involved in-person semi-structured interviews, and thematic analysis was employed to analyse the data.

Results: Two key themes emerged from the study: Structure and Design of the MHEGW and Development of Growth and Connections. These themes highlighted the benefits and limitations of the MHEGW, and its impact on the students' learning and personal and professional development. Participants also suggested potential improvements for enhancing the experience of MHEGW.

Conclusion: MHEGW is beneficial for developing personal and professional growth, as well as enhancing the understanding of Mental Health (MH) techniques in undergraduate OT students. EL effectively bridges the gap between theory and practice.

Recommendations: Future research should investigate how other institutions implement EL integrated pedagogies and assess their effectiveness compared to traditional didactic teaching methods. Additionally, longitudinal studies following students from their participation in experiential programs like the MHEGW through to their clinical practice could yield critical data on how EL contributes to skill retention, professional competence, and improved patient care outcomes.

Key Terms: Experiential Learning, Groupwork, Occupational Therapy Students, Practice Learning, Mental Health Experiential Groupwork Week, Block

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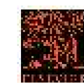

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Facilitating critical thinking development through a living library: reflections of undergraduate diagnostic radiography students

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Introduction

Critical thinking is a core competency of all 21st century healthcare professionals. In healthcare, critical thinking drives clinical reasoning and decision-making, which in turn contributes to patient outcomes. However, cultivating critical thinking remains challenging. Structured reflection is one strategy that can promote critical thinking development and theory-practice integration.

Approach

An adapted format of a living library was used in a 2nd year undergraduate diagnostic radiography professional practice module (n=36). The session was 70-minutes long. Students had to relay scenarios they encountered during workplace learning, that link with the learning units on ethical and clinical reasoning and decision-making, communication and professionalism. Students volunteered to describe their lived experience of a scenario from clinical practice by indicating how they handled it and explaining how they believe it links to the best practices shared during theory lectures. Other students could then comment on the scenario described by indicating how they would have dealt with it, with theory-informed reasons. They could also ask questions to gain a deeper understanding of the scenario and rationale for actions from the student. After the session, students had to complete an anonymous GoogleForms evaluation questionnaire to ascertain the value of the lesson for the students to inform future practice and iterations.

Outcomes

The feedback from students (n=16) indicated that the living library session enabled them to think deeply and differently about the various scenarios shared, and it deepened their understanding of the theory application in the clinical environment. They also felt the critical and courageous conversations were a meaningful learning space where they could challenge each other's assumptions and knowledge gaps, whilst at the same time supporting and helping each other to learn and develop together, because they did not feel alone anymore. The session also showed them the importance of taking responsibility for their own development and learning.

Conclusion.

This example of a teaching innovation shows evidence of another strategy to develop critical thinking among undergraduate health sciences students in a safe and conducive learning environment.

Subtheme alignment.

An alternative learning strategy to critical thinking development is discussed to develop future-ready graduates.

Phase of Education: Undergraduate

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Reimagining a Learning Management System to Enhance Student Engagement: Reflections on Designing a Future-Ready Learning Environment

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[1]Tshwane University of Technology

Background and Rationale

Preparing future-ready health sciences graduates requires learning environments that are accessible, intuitive, data-informed, and aligned with contemporary digital expectations. Within a faculty at a university in the Gauteng province of South Africa, the previous LMS design presented several challenges: students struggled to locate key content and assessments; survey and feedback tools had low completion rates; lecturers made limited use of discussion forums; and tracking tools such as intelligent agents were underutilised. These limitations affected student participation, engagement, and the timely identification of at-risk learners. A redesign of the LMS structure was therefore conceptualised to improve navigation, enhance learning experiences, and strengthen throughput.

Description of Work

A comprehensive redesign of the LMS was implemented using learning experience design principles, digital accessibility considerations, and analytics-informed pedagogy. The new LMS landing page offers immediate access to all module components, including assessments and feedback surveys. A standardized weekly structure integrates lesson plans, assessment schedules, unit learning outcomes, and assessment criteria. Each unit includes multimodal content, embedded checklists, and clear differentiation between credit-bearing and developmental tasks. Advanced analytical tools—including Class Progress, Gradebook, Rubric Statistics, and Intelligent Agents—are now compulsory and strategically emphasised to drive proactive monitoring and early detection of at-risk students. Integration with Microsoft Education further enables seamless monitoring and recording of face-to-face, online, and hybrid sessions, with recordings automatically available on the LMS.

Reflections

Early observations show improved student clarity and confidence in navigating module content. Attendance tracking indicates greater consistency during class sessions, while engagement analytics reflect increased access to learning materials and assessments. Students have expressed that it is easier to locate content and understand weekly expectations. Lecturers report improved workflow efficiency and enhanced capability to monitor student progress through LMS-generated insights. Although formal evaluation is ongoing, the redesigned LMS structure appears to support more active, self-directed learning.

Take-Home Message

A well-designed, analytics-informed LMS can significantly enhance student participation, improve learning experiences, and support the development of future-ready graduates by empowering both learners and educators within a modern digital learning ecosystem.

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Principles and Educational Strategies for Integrating Cultural Humility in a Transforming Medical Curriculum: An Integrative Review

Mr Sikho Mbana[1], Dr Nontsikelelo O. Mapukata[1], Mr Sakhe Jabaza[1], Dr Jaisubash Jayakumar[1]

[1]University Of Cape Town

Introduction

Health professionals in multicultural South African settings engage in cross-cultural interactions that are compounded by a diverse population, language barriers, systemic racism, and historical injustices, resulting in complex healthcare systems. Culturally humble practice extends beyond cultural group differentiation as it demands self-regulation and respectful partnerships between patients and medical providers. Current frameworks fail to recognize multilingual realities, indigenous health practices, and African epistemologies. Consequently, universities face increasing pressure from accreditation bodies to establish cultural humility as a measurable competency within their curricula. As part of the Special Studies Project for third-year medical students at the University of Cape Town (UCT), this review sought to explore cultural humility teaching strategies and principles that must be included in medical education curricula in South Africa.

Methods

Whittemore and Knafl's integrative methodology guided the review, and search terms included "cultural humility," "medical education," "transforming curriculum," and "cross-cultural teaching strategies" to examine peer-reviewed literature published over the past 15 years (2008–2023) across multiple databases. A thematic analysis of various literature, including theoretical, conceptual, and empirical studies, facilitated a better understanding of cultural humility pedagogy in health professions education.

Results

Findings indicate that the three key components of content integration should include faculty development, experiential learning, and decolonial pedagogy. Mezrow's transformative learning theory was the most relevant, supporting the education of students in self-reflection and reframing their worlds, thereby promoting cultural humility training. We reiterate that African epistemologies and traditional medicine practices should be included to ensure contextual relevance.

Conclusion

Cultural humility provides a useful, flexible, and morally sound framework for transforming medical education in South Africa. Intentional, iterative, and inclusive integration of cultural humility must be influenced by communities and students as much as by educators and policymakers. Cultural humility should be integrated into the preclinical and clinical stages of the curriculum, and the learning design should prioritize pedagogical techniques such as critical incident analysis, narrative medicine, reflective journaling, and immersive community engagement.

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How to create inclusive spaces for diverse students in classrooms and clinical learning environments.

Assoc Prof Elma De Vries[1], Dr Madeleine Muller[2], Dr Marlena du Toit[3], Mx Ronald Addinall[4], Dr Khuliso Ramashia[1]

[1]Nelson Mandela University, [2]Walter Sisulu University, [3]Stellenbosch University, [4]University of Cape Town

Background and Importance

Our aim is to create inclusive, open, patient-centred health care professionals who will create safe spaces for patients. But how safe are our learning environments for students?

In an ever-growing, inclusive global society, we are seeing a wide range of diversity in our classrooms. This includes lecturers, clinical supervisors and students from different language and cultural backgrounds, sexual and gender identities, levels of ability and differing ways of processing information, including neurodiversity. There is a move away from a deficit perspective toward a celebration and affirmation of the various ways people move in this world.

To truly create safe spaces in classrooms and clinical learning environments, lecturers and clinical supervisors need to become competent and comfortable with students who may be very different from themselves. This includes growing an awareness of heteronormative, cis-normative and neuro-normative biases that influence what and how we teach.

Format and Structure

This symposium cannot cover all types of diversity, and will focus on areas which have seen rapid expansion in understanding in the last decade:

- Sexual and gender diversity, including understanding emerging terminology and creating safe spaces for students and lecturers with LGBTQIA+ identities.
- Neurodiversity: an update on our understanding of students with autism, ADHD and ADD, dyslexia and sensory integration challenges.

1. Introduction – Khuliso Ramashia 5 min
2. Sexual & Gender Diversity – Marlena du Toit in conversation with Ronald Addinall (very practical) 15min
3. Neurodiversity – Madeleine Muller 20 min
4. Reflection exercises – interactive 20 min
5. Panel discussion – facilitated by Elma de Vries (Madeleine Muller, Marlena du Toit, Ronald Addinall, Khuliso Ramashia) 15 min
6. Question and Answer 15 min

Audience Engagement Plan

The symposium will include structured, psychologically safe reflection using anonymous Padlet prompts exploring educators' internal responses to inclusive teaching (e.g., "When a student's identity or learning need requires adjustment, what is your first response?"). Mentimeter polling will aggregate attitudes in real time. HREC approval will be obtained prior to the symposium.

Key Message

Awareness of diversity and educational strategies can create safer learning environments.

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The Future of Distributed Clinical Training in South Africa

Dr Therese Fish[1], Prof Ian Couper[1], Prof Firdouza Waggie[1], Dr Reno Morar[2], Prof Bernhard Gaede[3], Dr Kerrin Begg[4]

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Background and Rationale

Undergraduate health professional programmes in South Africa are increasingly exposing students to diverse healthcare and community settings to ensure graduates are competent, caring, and confident. In response to the 2017 SAAHE Consensus Statement on Decentralised Training, most medical schools have adopted or are implementing distributed training, with other programmes following. While this approach improves graduate outcomes, it also presents significant challenges that must be addressed collectively to achieve its intended goals.

The purpose of this workshop is to explore, critique, and co-design future-ready models of distributed clinical training that are supportive, collaborative, and sustainable. It will focus on three areas, critical to the success of distributed learning:

- intentional student support systems,

- innovative interprofessional collaboration models, and
- shared use of training platforms through sustainable partnerships.

Learning Objectives

By the end of the workshop, participants will be able to:

- Identify key challenges and opportunities in distributed training.
- Critically analyse the systemic challenges and strategic opportunities shaping distributed clinical training in South Africa
- Apply student support frameworks (academic, mental health, psychosocial) to distributed platforms
- Co-design contextually appropriate interprofessional learning models for distributed settings
- Design collaborative partnerships for shared use of clinical training platforms
- Develop partnership strategies for shared and sustainable use of clinical training platforms

Structure / Activities

The workshop will consist of brief plenary inputs on the key focus areas viz. student support, interprofessional collaboration and collaborative partnerships. These will be followed by discussion in smaller working groups and in plenary. Full programme to follow.

Methods of Engagement

Attendees will participate in small and large group discussions with the aim of developing useful pointers to guide participants and faculties involved in distributed clinical training.

Expected Outcomes

Participants will leave with practical tools, models, and partnership ideas for local adaptation.

A working guideline for health professional educators implementing distributed training will be developed for circulation through SAAHE.

Target Audience

Clinical educators, programme directors, training site coordinators, health professions faculty, policy leaders, and institutional partners involved in distributed or community-based training.

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Advancing Research Pedagogy: Evidence-Informed Guidelines for Lecturers Utilizing the Healey and Jenkins Research Nexus

Dr Poovanesthree Padayachee[1], Prof Vasanthrie Naidoo Padayachee[1], Prof Maureen Nokuthula Sibiya[1], Dr Oluwatobi Joseph Alabi[1]

[1]Durban University of Technology

Introduction and Aim

Undergraduate nursing research modules play a pivotal role in cultivating inquiry-driven practitioners, yet lecturers frequently encounter structural and pedagogical barriers that hinder students' readiness for postgraduate education. This study sought to create evidence-informed guidelines to enhance research lecturers' pedagogical practices within undergraduate nursing curricula, utilizing the Healey and Jenkins research–teaching nexus as a guiding framework to ensure knowledge retention to embark on post graduate studies.

Methods / Description of Work

A qualitative case study was undertaken at a public university's nursing department in South Africa. Twelve lecturers and supervisors involved in teaching or assessing research modules were purposively selected from local and international higher education nursing institutions. Data collection involved semi-structured interviews and document reviews, followed by thematic analysis.

Six themes emerged, reflecting lecturers' challenges, including limited timeframes, inadequate student engagement, deficiencies in research conceptualization, excessive workload demands, and institutional resource limitations

Methods and Approach.

Six themes emerged, reflecting lecturers' challenges, including limited timeframes, inadequate student engagement, deficiencies in research conceptualization, excessive workload demands, and institutional resource limitations in undergraduate research studies. Data revealed the impact on quality of research undertaken by most post graduate nursing students. Evidence based guidelines were developed and aligned with the four quadrants of the Healey and Jenkins framework (research-tutored, research-based, research-led, and research-oriented), offering actionable recommendations for advancing research pedagogy.

Results and Outcomes

Adoption of these guidelines can support lecturer development, curriculum enhancement, and departmental quality assurance in research nursing education programmes. Post graduate students will embrace higher educational studies with more confidence and competence to ensure enhanced research outputs. Credible research outputs inform many policy making decisions on healthcare and beyond.

Subtheme Alignment

Future-Ready Graduates and Learning Environments – redesigned pedagogies in undergraduate research studies has the potential take post graduate education to new heights.

Phase of Education

Undergraduate

Keywords: Undergraduate nursing education; Research pedagogy; Inquiry-based learning; Lecturer development; Curriculum enhancement; Healey and Jenkins nexus

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Piloting an Escape Room Pedagogy in Maxillofacial and Oral Radiology Education: Design, Implementation, and Initial Outcomes

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[1]Sefako Makgatho Health Sciences University

Introduction

Maxillofacial and oral radiology (MFOR) is a branch of dentistry focused on accurate diagnosis and clinical reasoning to guide safe, evidence-based patient care. Despite its importance, undergraduate students often undervalue it, especially in treatment planning, which leads to poor engagement during training. In response, the department of MFOR in a South African university introduced an escape room–based elective as an innovative pedagogical approach to promote meaningful student engagement, encourage critical thinking and collaborative problem-solving, professional identity formation, and competency development.

Methods

In 2025, ten final-year undergraduate dental students enrolled in the MFOR elective. The elective was created to help students learn through various activities, such as seminars on reading X-rays that cover safety and basic anatomy, a multi-room escape room challenge using real patient cases from panoramic X-rays, team-based problem-solving under time pressure, writing individual case reports,

and guided coaching sessions that focus on self-awareness, career planning, and professional growth. Structured reflective journals aligned to CANMEDS roles formed part of the assessment strategy. Student reflections (n = 11 narratives, including one Gibbs reflective cycle submission) were analysed using inductive thematic analysis to evaluate perceived learning outcomes, emotional engagement, and recommendations for improvement.

Results

Five themes emerged. Students described increased confidence and more systematic diagnostic reasoning in radiographic interpretation. Gamified, interactive learning promoted sustained engagement and improved retention of key concepts. Immediate feedback within a psychologically safe learning environment supported communication, teamwork, and leadership development. Participants expressed a greater understanding of how radiology contributes to making responsible, evidence-based clinical decisions, including the importance of radiation protection and AL Implementation challenges included timetable clashes and limited exposure to cone beam computed tomography, with students recommending blended or online adaptations to improve accessibility.

Conclusion

This pilot demonstrates that an escape room pedagogy represents a feasible and educationally valuable innovation in undergraduate MFOR teaching. The careful use of gamification, reflective assessment, and professional development helps students learn skills effectively and provides a model that can be used in other areas of dental and health education.

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Three Minds in Three Spaces: An Overview of a 2-Week Health Professions Education Elective

Mr Sebastiano Parenti[1]

[1]University Of Cape Town

Over the course of two weeks as a UCT 6th year medical student, I was mentored by Dr Morne Visser, the course convener for General Surgery years 5 and 6 at UCT. In addition to being a clinical educator, Dr Visser has a weekly acute care surgery list in GSH E4 Day Theatre and consults with patients at GSH Surgical OPD. He is involved in the Student Curriculum Lekgotla (SCL), UCT's Surgical Society, and is a Master's candidate. He is one of the few clinician-educators who openly asks students what they think of his curriculum and has been expediting the transformation of his course through their feedback.

As a learner in the SOPD and theatre, I noticed how much I absorbed depended on my psychological safety, role clarity, and the attitudes of consultants and registrars. As a near-peer, I listened to first drafts of patient presentations and guided 'junior' fifth-year students. This prompted me to create a surgical OPD guide for students, which was subsequently expanded via AI to cover other surgical subspecialty OPDs.

I personally felt the guilt and difficulty in assessing near-peers and was introduced to failing-to-fail and grading leniency phenomena. The discomfort of honest feedback, between people who share common struggles and positions, is broader than a curriculum problem.

As a pseudo-educator-in-training, I sat in on group representative meetings, explored what skills and competencies students value in teams, and then contributed to developing a team-based assessment tool for General Surgery. Inhabiting all three roles in 2 weeks revealed something no single vantage point or textbook could.

When students are invited into curriculum design and implementation as contributors, they develop feedback literacy, accountability and professional identity that clinical rotations alone struggle to produce. Near-peer structures, when properly scaffolded and evaluated, could address educator shortages in our low-resource setting, while building 'soft skills' the HPCSA mandates institutions teach.

Clinician-educators who make space at the meeting table for collaboration across educational hierarchies benefit their curriculum, their students, themselves, and our communities and healthcare services.

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Bare Bones to Bedside: How Namibian Medical Students Navigate the Preclinical–Clinical Transition

DR. Shinene Ndapewa[1], DR. Chido Madzvamutse[1], **Dr Adéle Du Plessis**[1], Prof Quenton Wessels[1]

[1]University Of Namibia

Introduction and Aim

The transition from preclinical learning to clinical training represents a pivotal shift in medical education where practice-readiness is forged. Despite extensive global research, little is known about how students in Southern African contexts experience this transition. At the University of Namibia, students move abruptly from classroom learning to clinical responsibility, potentially affecting wellbeing, learning, and professional identity development. This study aimed to explore the challenges of this transition and identify the adaptive strategies students use to navigate evolving clinical systems, possibly providing a blueprint for more supportive, future-ready learning environments.

Methods

A qualitative study was conducted using six focus groups with senior medical students in the clinical training phase (n=53). Stratified sampling ensured representation across cohorts. Data were analysed using Braun and Clarke's thematic analysis to identify patterns of experience, adaptation, and growth.

Results

Across cohorts, respondents described the transition as overwhelming; characterised by uncertainty, unclear expectations, and emotional stress. They entered the clinical environment unsure of their roles, confronted by a clear gap between theory and practice, and burdened by heavier workloads. Fear of making mistakes while balancing clinical and academic demands, contributed to exhaustion and anxiety.

However, the findings revealed that students cultivate resilience through self-evolved graduate attributes: peer mentorship, proactive self-directed study, and experiential bedside learning. These adaptive coping strategies enabled a transition from initial uncertainty to emerging professional confidence. Three meta-themes were identified: navigating uncertainty, adaptive coping, and the evolution of a practice-ready professional identity.

Conclusion

To develop future-ready graduates, health professions education must move beyond "sink-or-swim" models. The results suggest that by fixing the basics—like providing structured orientation, setting up formal peer support, and being clear about what we expect—we can help our students build the resilience and purpose they really need. These findings provide actionable insights for health

professions educators to actively support the professional formation of resilient, health care providers in the Global South.

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Enabling Continuity of Conflict-Disrupted Medical Education: A Gaza–UCT Partnership in Equity, Empathy and Social Accountability

Dr Kerrin Begg[1], Prof Lionel Green-Thompson[1], Prof Robert Baigrie[1], Prof Shameq Sayeed[2], Mr Dehran Swart[1], Dr Naeem Kathrada[3], Prof Mohamed Zughbur[4], Dr Ahmed Alihasan[5]

[1]University Of Cape Town, [2]University of Leicester and St Anne's College, University of Oxford, [3]Gift of the Givers, [4]Al Azhar University, Gaza, Faculty of Medicine, [5]Islamic University of Gaza, Faculty of Medicine

Topic summary

This panel examines an innovative partnership in which the University of Cape Town (UCT) hosted 27 final-year medical students displaced from Gaza to complete their clinical requirements for qualification, operationalising equity, access, social accountability and empathy-driven practice in response to the total destruction of universities and clinical training platforms in Gaza. The discussion is highly relevant to educators seeking conflict-resilient, socially responsive models for supporting displaced learners across borders.

Panelists

- Institutional partners and leaders who initiated and stewarded the Gaza–UCT partnership (strategic and policy lens).
- Educational leader responsible for integrating students into existing clinical platforms (educational design and supervision lens).
- Gazan faculty partner and/or student (lived experience of displacement, continuity of home-institution requirements, and relational impact).
- Humanitarian partner organisation (logistics, psychosocial and material support lens).

Together, these voices will surface converging and diverging perspectives on responsibility, power, and care in emergency educational responses.

Format and Audience Interaction

- Brief scene-setting opening (5–10 minutes).
- Moderated panel conversation structured around 3–4 guiding prompts (e.g. “What does social accountability mean in the midst of conflict?”, “How do we design with, not for, displaced students?”).
- Audience Q&A, including targeted questions to stimulate reflection on participants’ institutional responsibilities.
- Optional short paired/triad discussions with a focused reflective question, with feedback into the plenary.

Key Messages

- Health professions institutions can and should extend equity and access across borders in times of conflict, not only within their own catchment areas.
- Empathy-driven innovation is not “soft” but structurally expressed through policy, partnerships, scheduling, assessment and support systems.
- Social accountability in crises requires rethinking regulatory, logistical and political constraints rather than accepting them as fixed.
- Student voice and lived experience are essential design inputs, not afterthoughts, in emergency educational initiatives.

- The Gaza–UCT model offers practical principles that can be adapted to other conflict-affected or displacement contexts.

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Semicircle Under the Sun: Practising Empathy in Clinical Teaching

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When students start their five -week dermatology block, we do not begin with a long orientation. They arrive at the clinic I introduce myself briefly and then I divide them into small groups so they can see patients. It is practical from the start. They are immediately observing, examining, trying to understand what they are looking at.

Only after they have seen the patients for the day do we step outside.

If it is the first time I am meeting them as a group, that is when we slow down properly. We stand in a semicircle nothing formal just standing. I ask them to introduce themselves beyond medicine where they are from, what they enjoy outside their studies and what they imagine their future might look like. I also tell them a little about myself. That I used to come to this same hospital as a child with asthma and that Ilearned English here from paediatricians who were kind to me. I let them know that this place is not only a workplace for me, but part of my own story.

After that first week the pattern continues. Every week they come, they start in the clinic, they see patients, and then we go outside for the tutorial discussion and stand in the same spot, sometimes with birds chirping in the background. The introductions are no longer necessary, but the semicircle remains. Because the space feels more relaxed, the conversation becomes more open.

Over the five weeks, I notice that something changes. Students begin to speak more honestly and they are more comfortable asking questions and correcting each other.

This is not written into a curriculum document, it simply developed over time. For me empathy in teaching is not a theory, it is something practical how we begin, and how we return each week. In a busy public hospital where everything moves quickly, stepping outside for a few minutes creates a different kind of steadiness. It reminds us that before we analyse disease, we are people standing together learning and caring.

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When the journey proves more valuable than the destination: a reflection on navigating the challenges of IPECP curriculum design

Dr Rashiqua Holdman[1], Ms Meghan Krenzer[1], Dr Ramonde Patientia[1]

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Designing a curriculum module is a complex process that requires mindful integration of multiple educational system components. Designing this for Interprofessional Education and Collaborative Practice (IPECP) lends itself to greater complexity as the need for dialogue, sense-making and collaboration across health professional programmes arises.

My story will chronicle a journey my interprofessional team and I commenced in 2024 – our initial objective being the design of an interprofessional learning event that would inform subsequent IPECP curriculum reform. Equipped with little more than a clear vision of the educational outcome we desired and the faith that we could fast-track our design process around the literature-informed

"structural barriers" to IPECP co-construction, my team soon encountered the predicted challenges. Forced to slow down, suspend our project and rethink our approach, we started seeing the value in addressing those very challenges we were hoping to bypass in our attempts at a "quick fix". A critical awareness emerged: in trying to design for an interprofessional educational outcome, one treads on contextually sensitive ground. The willingness to understand and integrate those contexts enables more inclusive and efficient interprofessional co-construction.

So, we pivoted. The objective shifted towards intentional discourse to uncover assumptions about and develop richer understanding of professional identities and philosophies that shape the educational culture within each profession. This would form the bedrock for later collaborative design. Our journey has not ended. In 2026 we started identifying IPECP champions across our programmes, who will facilitate collaboration for curriculum reform while engaging in national discourse to advance IPECP as a South African health system capacity-builder.

Key insights gained from our journey: (1) There is no quick fix when designing an IPECP curriculum! (2) Awareness of positionality and historical power dynamics between health professional programmes when engaging in interprofessional discourse; (3) Need for relationship-building as the enabling factor for shared understanding, values and educational outcomes between these programmes; (4) Modelling interprofessional collaboration between educators when building the IPECP culture and (5) The need for adaptability when embarking on curriculum reform. Sometimes one needs to deconstruct (assumptions, uniprofessional approaches) to reconstruct collaboratively for a shared interprofessional goal.

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Interprofessional Supervisor Workplace Assessment & Teaching (I-SWAT) Pre-conference workshop

Dr Madeleine Muller[1], Dr Veena Singarem[2]

[1]Walter Sisulu University, [2]University of Kwazulu-Natal

Background

Work-integrated Learning (WIL) is a key part of training health care professionals, and yet opportunities to build capacity in clinical supervision have been limited. The CMSA/SACOMD is in the process of incorporating workplace-based assessment (WBA) into postgraduate medical education. To ensure that WBA is conducted in a professional, effective, and standardised manner, it was recognised that training clinical supervisors is essential. In 2025, the SWAT training for doctors on WBA was developed to provide clinical supervisors with the knowledge, skills, and attitudes needed to perform assessments and provide feedback in the workplace. Over 300 consultants across ten universities in South Africa were trained in 2025. This training has now been adapted into a 6-hour interprofessional workshop to reframe WBA as both an assessment strategy and a pedagogical intervention to shape psychologically safe, equitable, and future-ready clinical learning environments.

Learning Objectives

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

1. Explain the relationship between WIL, WBA, Entrustable Professional Activities (EPAs), and entrustment decision-making.
2. Identify sources of bias and structural contributors to toxic learning environments.
3. Develop strategies to foster psychological safety and inclusive supervision.
4. Deliver structured, dialogic feedback that promotes learner agency and feedforward.

Structure/ Activities: 5 General / 1 Ethics Points

Session 1: Work-integrated learning: key concepts. An interactive session to explore concepts such as WIL, WBA, EPAs & Entrustability. (2 hours).
Session 2: Fostering supportive Clinical environments. Case analysis of toxic learning environments; guided self-reflection; reflection on hierarchy and bias; (2hours).
Session 3: Giving effective, high-quality feedback: A practical workshop to demonstrate feedback and the use of specific feedback tools. (2hours)
Methodology/Participant Engagement
Participants will actively practice assessment and feedback skills:

- Interprofessional small-group work
- Role-play and simulation
- Structured reflective exercises
- Peer coaching

Outcomes

- Completion of a structured WBA tool based on an observed consultation.
- Critical analysis of clinical learning environments with identification of actionable improvement strategies.
- Demonstrated application of structured, dialogic feedback models in simulated clinical scenarios.

Target audience

for clinical supervisors/preceptors from all medical and health sciences disciplines

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Where they learn what they learn: Mapping the UCT Faculty of Health Sciences Clinical Platform

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There is growing recognition within health professions education that where students are trained impacts the implicit lessons that affect their workplace readiness and subsequent practices upon completion. The University of Cape Town's Faculty of Health Sciences (FHS) is currently undergoing a curriculum transformation process across its five undergraduate programmes. By interrogating content, structures, philosophies, graduate attributes and established pedagogies, we aim to cultivate socially just clinicians that are adaptable and proactive in addressing health matters within their spheres of influence. This means developing health professionals that have cognisance of the environmental and sociocultural needs of the contexts they serve. To help address this goal, we mapped the clinical platform - facilities used for health service provision and training-to understand what facilities and geographic areas our students are trained in; to identify areas where we lack presence; and explore opportunities for enhanced Interprofessional Education and Collaborative Practice.

Drawing on Greenwood's (formerly Gruenewald) Critical Pedagogy of Place, we undertook comprehensive mapping using PowerBI, an interactive data visualisation software. Location data were compiled by FHS staff with expertise in coordinating clinical training across all FHS undergraduate programmes.

The visualization revealed that the FHS clinical platform extends far beyond Cape Town, reaching areas such as Saldanha Bay and Knysna. The mapping demonstrated that multiple health professions operate within the same clinical contexts, creating previously unrecognized opportunities for students to engage with and learn from fellow emerging health professionals across disciplines. It

further highlighted opportunities to learn from different communities and enhance the participatory practices that have governed the FHS' curriculum transformation endeavours.

This data visualisation made the extensive reach of the FHS footprint visible to a broader audience and identified concrete opportunities for interprofessional learning. The mapping has helped spark an inter-university collaboration between the four Western Cape universities and the Western Cape Government to better expand and coordinate the opportunities and constraints faced across the province's clinical platform; supporting our transformation goals of developing contextually responsive healthcare practitioners.

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Educators as catalysts for trauma-informed universities: vicarious trauma after student suicide and implications for health professions education

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Context

At our health sciences faculty, student suicide has become a devastating undercurrent in our work, against a backdrop of poverty, violence, marginalisation and heavy family expectations that many students carry into the classroom. When a student dies, institutional systems move quickly around risk, reporting and peer support, but for those of us who have walked with that student, the loss lands in our offices, lecture theatres and WhatsApp chats in ways that rarely appear in official protocols.

Insight

After one student's suicide, I moved from writing condolence emails, to debriefing distressed classmates, to meetings where the student's name surfaced only as a "case" in a risk register. I went home carrying a blend of survivor and gatekeeper guilt – replaying warning signs I might have missed, wondering if different actions might have changed the outcome, while still being the person others turned to for comfort. Over time, each subsequent suicide layered onto the last: corridors became sites of loss, teaching spaces felt haunted, and the line between professional responsibility and personal grief blurred. Colleagues shared similar stories – quietly organising memorials and absorbing students' pain – while institutions praised our "resilience" but offered little structured postvention or trauma-informed holding for staff.

Takeaway

Sitting with these narratives and work on secondary traumatic stress, institutions are asking educators to be catalysts for healing while quietly becoming casualties of cumulative trauma ourselves. "Just doing our jobs" erodes our wellbeing, our teaching, and ultimately the student support systems we are trying to uphold. We shift the question from "How do we better support students after suicide?" to "What if universities treated traumatic grief of educators as integral – not incidental – to health professions education?".

Relevance

This aligns with SAAHE 2026's call to "unravel the future of health professions education" by insisting that educators' inner worlds matter if we are serious about empathy-driven, socially accountable learning environments. It invites participants to recognise themselves in the often-invisible vicarious trauma of student suicide and to imagine trauma-informed, blame-free organisational practices as core educational design, so educators can be sustainable catalysts for humane, future-ready HPE.

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Microlearning for self-directed learning in health sciences education: A Scoping Review

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Introduction: Academics and clinicians often site workload and logistics as the reason for not being able to attend education related professional learning offerings. Designing targeted microlearning is a potential solution. The scoping review question: "What is known about microlearning as a modality for self-directed learning for academics to achieve personal learning goals?"

Method: The JBI methodology for scoping reviews was used and will be presented in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). The Peters et. Al (2020) three-step search strategy was used and included the search terms: "microlearning" or "micro-learning" or "micro-education", published in the last five years in the following databases: EBSCO Host, ProQuest Central, PubMed, SABINET, Science Direct, SCOPUS, and Web of Science. The inclusion criteria were formulated according to participants, concept and context (PCC framework) and data were captured using Excel to moderate the suitability of papers for inclusion. Data mapping was used to chart publication data and the inductive content analysis to address the research question.

Results: Nine (9) publications were include. The predominant reasons for exclusion failing to meet the participant criteria of faculty microlearning (most studies referred to students) and/or the context criteria of self-directed learning (many studies embedded micro-content within structured courses). In response to the research question, it should recognise that while most people engage in some form of microlearning, there is a knowledge gap on the contribution of microlearning to self-directed learning to support development as a health professions educator. The scope had to be broadened by not limiting the context to health professions education (i.e. included all faculty development). Defining microlearning included words like "just-in-time", "bite-sized", "self-contained", "focused on a single learning goal". The learning theory most associated with microlearning was Cognitive Load Theory. Design principles that were identified were categorised into 'access', 'time on task', 'modality', 'accessibility', 'assessment and feedback strategies', 'reward'.

Conclusion: Microlearning is a potential strategy to enhance our development as health professions educators.

Subtheme Alignment: Navigating the Next Era of HPE - Innovative approach to self-directed HPE

Phase of Education: ongoing professional development

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Ethical publishing in the age of GenAI: Critical support or a harbinger of scientific decay

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Background: Generative artificial intelligence (GenAI) has significantly impacted the scientific ecosystem, which does not exclude the publication pipeline of academic writing, peer-review and

editorial workflows. However, the exponential growth of GenAI experienced often leaves users and publishing houses in a difficult position of determining the appropriateness and ethical nature of its use. Conversations span the spectrum of enthusiasm to alarm, with presumptions, misinformation, and contextual needs swaying the ethical boundaries and implementation in practice.

Objectives: This interactive workshop, presented from the perspective of the African Journal of Health Professions Education (AJHPE), explores how GenAI can be used responsibly, strategically and ethically within the scholarly publishing ecosystem, supported by current global standards of use.

Methodology and activities: The workshop aims to disrupt participant presumptions through interactive and team-work driven activities that highlight the personal biases that influence use of GenAI in publishing, differential standards of use in publishing houses, and the benefits and risks in manuscript preparation. Furthermore, it aims to empower participants to responsibly, strategically and ethically use GenAI within their own publishing pipelines, which includes the layered expectations that may exist between tenured authors and junior postgraduate researchers. As such, the workshop is tailored for authors of varying levels of experience, as well as those with roles as peer-reviewers and editors, using both generalised large-language models and targeted publication platforms as creative and operational engines.

Resources: Participants are requested to bring along a manuscript of their own creation to see the impact of GenAI on their writing, which will allow for more personalised impressions on the strengths and weaknesses, and the potential ethical risks involved. Gibbs' Reflective Cycle will be applied to guide participants' reflection on how AI has influenced their writing processes and inform future practice. Using a platform of team-work, participants will further be positioned in differential groups that aim to disrupt current opinions and expectations, and support a socioconstructivist development of new forms of use.

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Essential Attributes for Coursework Master of Health Professions Education Graduates: An International Delphi Study

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Introduction

Coursework Master of Health Professions Education (MHPE) programmes represent a key global pathway for preparing clinician-educators, educational scholars, and academic leaders. Despite the global proliferation of these programmes, no internationally agreed articulation of essential graduate attributes exists. The absence of a shared framework constrains programme coherence, comparability, and alignment with the diverse roles MHPE graduates are expected to fulfil. This study aimed to establish international consensus on the essential attributes of graduates from coursework MHPE programmes.

Methods

We conducted a three-round electronic Delphi study to identify and prioritise essential graduate attributes for coursework MHPE programmes. International experts meeting predefined criteria were recruited through purposive sampling. Round 1 invited 62 HPE scholars to generate potential attributes. Round 2 expanded the panel to include MHPE programme leaders and lecturers, inviting 168 eligible experts to refine and reach consensus on the emerging list. Round 3 invited 36 panellists who had completed the previous round to rank the agreed list. Quantitative data were analysed

descriptively, while open-ended responses underwent qualitative content analysis. Surveys were administered anonymously via REDCap.

Results

Twenty-one participants completed Round 1, generating 107 suggestions synthesised into 18 attributes. In Round 2, 36 participants reached consensus, allowing 16 attributes to progress to ranking. Twenty-six participants completed Round 3, categorising attributes as very important (e.g., Collaboration, Communication, Educational Design Expertise, Criticality, Research Competence), somewhat important (e.g., Adaptive Expertise, Lifelong Learning, Professionalism), or not important. Analysis of open-ended responses in Round 3 highlighted conceptual overlap, differing views on foundational versus specialised attributes, and concerns about hierarchical rankings, indicating both consensus and areas needing further exploration.

Conclusion

This study offers an internationally informed, consensus-driven articulation of essential graduate attributes for coursework MHPE programmes. The findings challenge strictly hierarchical framings and instead support a relational, cluster-based approach that reflects the interdependent and epistemically situated nature of MHPE practice. The resulting attribute set provides a shared reference point for curriculum design, assessment practices, and supervisory approaches across diverse programme contexts, establishing a foundation for future refinement and contextual exploration.

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Modelling the Message: Interprofessional Co-Teaching in Clinical Education and Mentoring

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Background

Interprofessional education (IPE) is widely endorsed as essential for preparing health professions students for collaborative practice, yet its adoption in allied health disciplines remains inconsistent. Research indicates that radiography significantly lags behind other health professions in IPE implementation, with a recent global situational analysis reporting only 21 academic institutions involving radiography students in IPE programmes, compared to 94 in nursing and 82 in medicine. In South Africa, clinical technology and radiography are uniquely positioned under the same Health Professions Council of South Africa (HPCSA) Professional Board for Radiography and Clinical Technology (PBRCT), creating a natural regulatory alignment that is seldom leveraged educationally. Despite this shared governance and overlapping clinical environments, teaching in these disciplines typically occurs in professional silos.

Insight

This presentation showcases an interprofessional co-teaching model in a shared Clinical Education and Mentoring module, jointly facilitated by a clinical technologist and a radiographer educator at a South African university of technology. The module brings together fourth-year postgraduate clinical technology and radiography students to explore learning theories, work-integrated learning, assessment practices, reflective practice, clinical mentoring, and continued professional development. By co-teaching across professional boundaries, the educators model the very interprofessional collaboration they seek to cultivate in students, demonstrating role clarity, shared decision-making, and mutual respect. This approach transforms the classroom into a living example

of interprofessional practice, where students observe collaborative teaching partnerships while developing shared competencies applicable to clinical education across both professions.

Central Message

When educators from different health professions co-teach and co-design learning experiences, they embed interprofessional collaboration into the fabric of education, not as an add-on, but as a lived practice. Teacher modelling of collaboration is a powerful yet underutilised strategy for advancing IPE in allied health disciplines governed by shared regulatory frameworks.

It addresses power dynamics, role clarity, and communication by demonstrating how two professions, regulated by the same professional board, can meaningfully learn together through a co-designed and co-delivered curriculum.

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Postgraduate Emergency Medicine at UCT - a survey of past graduates to shape future programs

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[1]University of Cape Town

Introduction

Postgraduate education in Emergency Medicine (EM) must prepare clinicians, educators, researchers, and leaders capable of navigating rapidly evolving health system demands. Fifteen years after the inception of EM at the University of Cape Town (UCT), we are able to reflect on graduates. This study evaluated the outcomes, skill development, and professional impact to inform curriculum design and learning environments that foster such capabilities. We assessed how the postgraduate research programmes support the development of adaptable, future ready graduates, and to identify curriculum and supervisory factors that could improve our graduates.

Methods

A survey was distributed to past graduates (2012-2024). Quantitative data included demographics, motivations, skills, satisfaction, career outcomes, and system level contributions. Qualitative data comprised open ended reflections on strengths, challenges, and programme impact. Analysis including thematic content analysis were conducted, to make programme level comparisons.

Results

Some 85 responses were received across the programs: MPhil (47), MSc (12), and PhD (25). Graduates reported high overall programme experience (mean 4.25/5) and strong recommendation intent across all programmes. The MSc showed the highest satisfaction (4.42/5), while PhD graduates, unsurprisingly demonstrated the strongest research literacy index. Key motivations included improving research capacity (mean 4.17) and enhancing clinical care (3.87). Highest rated skill gains were in evidence searching (4.38), critical appraisal (4.37), and scientific writing (4.24). Grant writing was the lowest scoring domain (2.39). Half of respondents reported contributing to health system improvements or policy initiatives post graduation, and many engaged in supervision, peer review, and publication activities-evidence of significant professional agency and system level impact. Qualitative themes highlighted strong research identity formation, but also identified variable supervisory support, administrative friction, and workload strain as constraints on learner agency and progression.

Conclusion

EM postgraduate programmes are producing future ready graduates with strong research adaptability, leadership trajectory, and system change capabilities. Curricular opportunities include strengthening grant writing, streamlining supervisory and administrative systems, and embedding structured supports for working professionals. These findings offer actionable guidance for designing postgraduate learning environments that cultivate adaptability and agency, while also informing policy on supervision models, workload equity, and research capacity development within South African medical education.

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From Magic Tricks to Learning Analytics: Unmasking the Hidden Curriculum in Health Professions Education

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Creative Concept

This session transforms the audience into unwitting participants in a magic trick, then reveals that the real trick is happening in every classroom, every day. The presentation opens with a live, interactive digital magic trick in which the audience collectively selects a hidden item and the presenter "impossibly" identifies their choice. What appears to be genuine magic is grounded in a well-known mathematical principle—but the audience will not learn which one until the session's conclusion, when the trick is fully deconstructed. This reveal becomes the springboard for a provocative analogy: the hidden curriculum in health professions education operates with similar invisible precision, shaping graduate attributes like resilience, collaboration, and professional identity in ways that remain unmeasured. Just as the trick relies on systematic, structured logic to unmask what is hidden, learning analytics offers a mathematical lens to make the hidden curriculum visible, measurable, and actionable. The audience will leave understanding both how the trick works and how the same principle applies to uncovering what our classrooms are silently teaching.

Rationale

The hidden curriculum—the norms, values, and belief systems embedded in institutional structures and educator behaviours (Margolis, 2001)—profoundly influences health professions graduates, yet remains largely invisible to formal assessment. Drawing on reflective practice within clinical technology education at a South African university of technology, this session demonstrates how intentional strategies such as strategic seating, deliberate wait time, and the "curious teacher" stance have produced observable improvements in student collaboration, resilience, and emotional intelligence during work-integrated learning. The next era of HPE demands that we move beyond intuition. By collecting structured learner data—engagement patterns, collaboration metrics, WIL assessments, and peer observations—educators can begin to trace the hidden curriculum's influence with the same mathematical rigour that underpins the magic trick at the heart of this session.

Format

Live interactive digital magic trick (audience participation via smartphones), followed by a facilitated discussion connecting the hidden curriculum to learning analytics. The mathematical principle behind the trick is revealed only at the session's conclusion, tying the analogy together.

AI Disclosure: AI tools were used to assist with editing and formatting of this abstract.

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A LONGITUDINAL QUALITATIVE STUDY EXPLORING FAMILY MEDICINE SUPERVISOR AND REGISTRARS' PERCEPTIONS AND EXPERIENCES OF THE UNIVERSITY OF THE WITWATERSRAND'S BLENDED-LEARNING TRAINING PROGRAMME (2016-2023)

Dr Elizabeth Semenya[1], Dr Ann George[1], Dr Deidre Pretorius[1]

[1]University of the Witwatersrand

This study forms part of a broader participatory action research (PAR) project aimed at improving Family Medicine registrar training at Wits. The four-year programme is delivered across decentralised training sites. The initiative sought to improve registrar pass rates in national exit examination of the Colleges of Medicine of South Africa by aligning the curriculum with examination requirements and standardising training through blended learning and online resources.

Phase 1 (from 2016) involved a curriculum review and development of online learning materials. Phase 2 focused on implementation across training districts. This study synthesised findings from both phases and explored the PAR team's perceptions and experiences of developing and implementing the blended learning programme, as well as their experiences of the PAR process at the end of Phase 2. Activity theory, boundary crossing theory, and technological pedagogical content knowledge (TPACK) framework guided the conceptual analysis.

Methodology employed was participatory action research, and this study may also be described as a longitudinal qualitative study, it emphasised change over time. Stage 1 comprised a thematic synthesis of findings from Phases 1 and 2, interpreted through the selected theoretical frameworks. These findings informed a semi-structured interview schedule. Stage 2 consisted of online interviews with five PAR team members involved since the project's inception. Interviews were recorded, transcribed verbatim, and analysed thematically. Ethical approval was granted by the Human Research Ethics Committee (Medical) at Wits (M180838; extension M230986).

Five themes from the synthesis were identified: insufficient support during development, improvement over the previous triennial cycle, limited usage, need for greater implementation support, and suggested improvements. Six themes emerged from the interviews: positive and negative aspects of the blended learning programme; challenges during development and implementation; positive and negative aspects of PAR; and future prospects.

The blended learning programme improved registrar pass rates and strengthened supervisors' technological teaching skills, reducing preparation time. It also enabled the Division of Family Medicine to adapt effectively during COVID-19. However, participants perceived the programme as overly theoretical, with limited clinical teaching, and constrained by inadequate technological knowledge and support. The PAR process fostered educational scholarship and sustained engagement in registrar training innovation.

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Support services for health science students: Experiences of university staff

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Introduction

Enhancing student success and improving throughput rates remain critical priorities in higher education, particularly within health sciences programmes where academic and clinical demands are high. Universities invest in a range of academic and psychosocial support services to strengthen student performance and retention. While much attention has focused on students' experiences of these services, less is known about the experiences of university staff who design, coordinate, and deliver such support. Understanding staff perspectives is essential for strengthening institutional strategies that promote student success. This study explored and described the experiences of university staff in facilitating support services for health sciences students at selected universities in the Gauteng province, South Africa.

Methods

An exploratory descriptive qualitative design was employed. Academic and support service staff involved in student support within health sciences programmes were purposively recruited. Fifteen participants took part in two synchronous online focus group discussions guided by a semi-structured interview schedule. Discussions were audio-recorded, transcribed verbatim, and analysed using thematic analysis to identify patterns and key themes related to support provision.

Findings

Two overarching themes emerged: i) Challenges in support provision and ii) Integrated wellness support provision. Participants highlighted systemic and structural challenges, including resource constraints, high student-to-staff ratios, limited interdepartmental collaboration, and the growing complexity of students' academic and psychosocial needs. Despite these challenges, staff emphasised the importance of holistic, integrated wellness approaches that combine academic, emotional, and social support. Collaboration between academic departments and student support services was viewed as central to enhancing student engagement and success.

Conclusion

The findings underscore the complexities staff encounter in delivering effective support services within health sciences education. Strengthening institutional collaboration, resourcing, and an integrated perspective on wellness may enhance the responsiveness and impact of student support initiatives. By foregrounding staff experiences, this study contributes to the Scholarship of Teaching and Learning by informing contextually relevant strategies to improve student success in health sciences programmes.

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Rallying for Remembrance: The TRACTOR Campaign and the Power of Teamwork Beyond the Lecture Hall

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What happens when health professions education moves beyond lecture halls and onto dusty roads, into rural towns and community halls? In response to the growing prevalence of Dementia and Alzheimer's disease in South Africa - currently affecting approximately 187,000 people over the age of 60 and projected to rise to 250,000 by 2030 - the TRACTOR campaign (Together Rallying Across Communities To Overcome Remembrance-loss) emerged as a pioneering initiative from North-West University. TRACTOR became more than a campaign; it evolved into a travelling classroom and a living curriculum.

A rally traversed South Africa from Potchefstroom to Bredasdorp, intentionally engaging rural and often overlooked communities. Along the way, healthcare professionals from multiple disciplines,

ADASA representatives, artists, family members of persons living with dementia, and community stakeholders gathered to share stories, knowledge, and lived realities. Families spoke of emotional strain, financial pressure, and the isolation of caregiving. Health professionals encountered the diverse and context-specific needs of communities off the beaten track. These encounters challenged traditional assumptions embedded in professional training and highlighted the urgency of teamwork across disciplines, contexts, and sectors.

The campaign required extensive preparation - risk mitigation, sponsorship, interdisciplinary training, and community partnerships. Yet the most significant lessons emerged organically: families are co-educators; advocacy is scholarship in action; and meaningful collaboration begins with listening. Through community events, storytelling, interviews, photographs, and social media, awareness was amplified and connections were forged. The journey also revealed locally grounded research opportunities and possibilities for sustainable community-engaged projects. This reflective campfire conversation explores how experiential, community-embedded initiatives can strengthen teamwork in health professions education. How do we prepare students not only to provide care, but to stand alongside families? This story is an invitation to unravel the future of health professions education by walking - sometimes literally - together.

"Even when they forget us, we will remember them."

(Artificial intelligence tools were used to assist with language editing and refinement of this abstract.)

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Potential strategies for the efficient execution of R171 nursing curriculum in public Nursing Education Institution in North West Province, South Africa.

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[1]North West University

Introduction

The implementation of the R171 nursing curriculum in South Africa represents a pivotal shift aimed at aligning nursing education with international standards and enhancing the quality of health care delivery. Key interventions identified include strengthening faculty development through targeted training and continuous professional development; improving resource allocation to ensure adequate infrastructure, clinical placement sites, and teaching materials; fostering collaborative partnerships between educational institutions, healthcare facilities, regulatory bodies, and professional councils; enhancing monitoring and evaluation mechanisms to support quality assurance and iterative curriculum refinement; and promoting learner support systems to improve student engagement and success.

Despite this transformative potential, the roll out has encountered numerous challenges, including resource constraints, variability in institutional capacity, limited educator preparedness and systemic policy gap. This study explores solution for the effective implementation of the R171 Nursing Curriculum, drawing on a comprehensive review of policy documents, curriculum frameworks, stakeholder interviews and existing empirical literature.

Methodology

This study adopted a qualitative exploratory research design because it seeks to understand participants' lived experiences, perceptions, and insights regarding the implementation of the Regulation R171 in North West Province, South Africa. The exploratory nature of the study allows for

in-depth investigation of contextual challenges and identification of practical, stakeholder-informed solutions. A Purposive sampling was used to select participants.

Results

Three themes emerged from the study, namely, institutional readiness, educator preparedness and capacity building as well as clinical partnership challenges.

Conclusion

The effective implementation of R171 within nursing education institutions in South Africa requires a coordinated, context-sensitive and stakeholder driven approach. This study highlights that while the curriculum reform aims to standardise nursing education and improve health care quality.

Findings from the qualitative inquiry emphasizes the need for continuous professional development for nurse educators, strengthened collaboration between Nursing Education Institutions and healthcare facilities, improved resources allocation, and supportive leadership structures. Additionally, structured monitoring and evaluation system, guided by regulatory frameworks of the South African Nursing Council, are essential to ensure compliance, quality assurance and ongoing curriculum improvement.

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Neurodiversity and the Importance of Spoons

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[1]UCT

Story Context: During a full-time contact week in a demanding postgraduate programme, I navigated the realities of being a neurodiverse student in a fast-paced, highly social learning environment. While the academic content was stimulating, the constant interaction, sensory load, and rapid context-switching created a very different internal landscape for me compared to many of my neurotypical peers.

Insight: Midway through the week, I realised my energy was vanishing far faster and more visibly than those around me. This occurred despite me genuinely enjoying the course. This led to inability to concentrate on topics, loss of focus, and an extended sensation of mental exhaustion.

This led me to revisit the “spoons” metaphor: a way of describing limited, carefully rationed energy. For neurodiverse people, spoons are spent not only on tasks but on managing sensory input, social interpretation, and self-regulation. I recognised that while neurotypical classmates seemed to use only a few spoons over the full day, I was losing several per activity. The resulting sense of overwhelm felt like I was drowning in stimulus while running out of internal bandwidth to cope.

Why it matters: Understanding this difference is emotionally grounding, ethically important, and professionally relevant. Emotionally, it validates the lived experience of neurodiverse students and professionals who may appear capable but are silently overstretched. Ethically, it invites educators, facilitators, and colleagues to design learning spaces with compassion and accessibility in mind. Professionally, it helps us recognise the need for sustainable energy management: not as weakness, but as a vital practice for long-term wellbeing and effective contribution to effective education.

Takeaway: My story highlights the importance of acknowledging neurodiverse energy patterns and, as educators, adopting strategies that help neurodiverse students preserve our spoons through boundaries, planned recovery, sensory regulation, and flexible participation. By understanding the “spoons” framework, we can create more inclusive learning environments and empower neurodiverse individuals to thrive without burning out.

Subtheme alignment: Empathy-driven innovation and practice

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Strengthening the Bio-pharmaceutical and Vaccine Manufacturing Capacity in Rwanda through new program development in Translational Health Science

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Introduction: Local health capacities and institutions are the foundation of global health, but today Africa imports 99% of its vaccines and 94% of its medicines. To close the current global inequity in access to vital drugs, vaccines, and health technologies, the African Union through the Africa Centre for Disease Control and Prevention, launched in 2021, the Partnership for African Vaccine Manufacturing Framework of Action. Objective: to develop a PhD program in the Health Science discipline that will offer young professionals the skills needed to form a stable research ecosystem in the local manufacture of vaccines, Medicines and other health technologies.

Methods. Three workshops were conducted. The first workshop conducted a needs assessment, mined the data, and benchmarked the document for global relevance. The second workshop edited the document, identified external reviewers, and sent it to them for their unbiased assessment. The third workshop used the feedback from reviewers to improve the draft curricula. The draft curriculum was scrutinized and validated by the school and college councils, and later sent to the Postgraduate Academic Board, before finally being sent to the University Senate. The Senate-approved draft curriculum was submitted to the Higher Education Council (HEC) of Rwanda for accreditation.

Result: The workshop named the program PhD in Translational Health Sciences with six tracks: Human genetics and genomics, Immunology, infectious Diseases, Therapeutics and drug development, Clinical trials, and Experimental Medicine. HEC confirmed that the new program aligned well with national priorities, inspected the University of Rwanda's training facilities, and in August 2025, HEC approved and accredited the program. The MAV+ project sponsored the development of the new program and granted 13 students an initial 3-year scholarship to be trained by the program. Four candidates have been sponsored by our allied institutions, and 6 private candidates have registered for the program

Conclusion: The PhD in Translational Health Sciences was developed and is already offering recruited candidates the chance to be trained as professionals to fill the gap in the Rwanda Biopharmaceutical ecosystem

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Balancing Roles, Juggling Hats, and Contorting in the Academic Circus

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Health professions educators work in an increasingly fast-moving and demanding academic environment. Many of us juggle multiple identities and obligations as clinicians, teachers, researchers, mentors, curriculum developers, students and lifelong learners. Alongside expectations to remain clinically credible, adopt evolving pedagogical approaches, produce scholarly outputs and

uphold professional and ethical standards, educators are continually required to adapt to new institutional and disciplinary demands.

In this PechaKucha™, I draw on my own academic journey to explore how navigating these expectations within the academic 'circus' is frequently accompanied by uncertainty, imposter syndrome and a persistent sense of not yet being "expert enough". I reflect on the challenges of joining an academic community which is not simply about acquiring knowledge or skills, but about the ongoing reshaping of professional identity and legitimacy through experience, participation and grit. Participation and belonging is not a linear progression but rather an iterative and sometimes uncomfortable process of juggling, balancing and contorting to perform effectively. Along the way, many of us question our competence, our contributions and our place within this 'circus' but I suggest that these moments of self-doubt, can act as powerful catalysts for reflection, perspective shifts and the adoption of a growth mindset grounded in lifelong learning.

Health professions educators should remember that this journey or performance is not an individual endeavour but rather a shared responsibility to support, mentor and encourage each other as we navigate this sometimes chaotic 'performance'. I suggest that collegial relationships, community and collaborative learning are essential to perform meaningfully in our academic 'circus'. The development of a resilient professional identity as health professions educators will assist with "navigating the next era of HPE" and strengthening its legitimacy and value as a scholarly discipline.

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Investigating the critical thinking skills in postgraduate oncology nursing students at a higher institution.

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Background

Critical thinking is the process of forming a judgment by using logical, sceptical, and objective analyses and assessments of the facts, evidence, observations, and arguments that are currently available. A critical thinker either practices critical thinking skills or has studied and trained in the field. Self-directed, self-disciplined, self-monitored, and self-corrective mental habits are all part of critical thinking. Philosopher Richard W. Paul (cct@criticalthinking.org) asserts that the mind of a critical thinker combines intellectual ability with personality. Critical thinking requires overcoming egocentrism and sociocentrism and a dedication to maintaining high standards of excellence. It also requires a thorough understanding of these standards to solve problems and communicate effectively.

Aim: This study aimed to investigate critical thinking skills in postgraduate oncology nursing students at a higher institution.

Methodology

A qualitative research approach with an exploratory design was employed. Semi-structured interviews will be conducted for the students currently pursuing their postgraduate Diploma in Oncology and Palliative Nursing. Lincoln and Guba's (1985) framework, consisting of credibility, transferability, dependability, conformability, and authenticity, was used to ensure trustworthiness. Ethical principles, such as autonomy, beneficence and non-maleficence, justice, right to privacy and confidentiality, and informed consent, will be maintained throughout the study.

Results

This research study will improve students' critical thinking in nursing.

Keywords: Students; critical thinking; oncology; problem-solving; higher education.

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Artificial Intelligence Engagement in Academic Occupations of Occupational Therapy and Physiotherapy Students

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[1]University Of KwaZulu-Natal

Artificial Intelligence Engagement in Academic Occupations of Occupational Therapy and Physiotherapy Students

Introduction

Artificial Intelligence is increasingly embedded in higher education and healthcare, reshaping how students engage in academic work and knowledge construction. As digital technologies influence both learning and clinical contexts, understanding students' engagement with AI is essential to inform curriculum development. This study investigated the knowledge, perceptions, practices, benefits, and challenges of AI use among undergraduate health sciences students.

Methods

A quantitative cross-sectional study was conducted among second- to fourth-year Occupational Therapy and Physiotherapy students at the University of KwaZulu-Natal (n=128). Data were collected through an online survey using purposive sampling. Descriptive and inferential statistics were analysed using Microsoft Excel to explore associations between knowledge, perception, practice, and demographic variables.

Results

Of the 128 respondents, 50.8% were Occupational Therapy and 49.2% Physiotherapy students. Most students reported frequent AI use in academic tasks, with ChatGPT identified as the most commonly used platform (72.7%). Students demonstrated generally positive perceptions of AI, particularly regarding efficiency and academic support. Practice levels were moderate to high and differed significantly by year of study ($p=0.030$). Knowledge levels were fair (mean=8.05; SD=2.62), with females scoring significantly higher than males ($p=0.006$). A strong positive correlation between practice and perception ($p<0.0001$) indicated that frequent AI users perceived greater usefulness. Concerns included plagiarism risks and limited institutional ethical guidance.

Conclusion

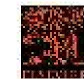
Undergraduate health sciences students are actively integrating AI into their academic occupations. However, structured AI literacy and clear ethical frameworks remain limited. Intentional curriculum integration of AI literacy, critical appraisal skills, and institutional guidance is required to support responsible, reflective, and equitable engagement with emerging technologies. These findings contribute to ongoing discussions about redesigning learning environments and graduate attributes in digitally evolving health professions education.

Subtheme Alignment

Future-Ready Graduates and Learning Environments

Phase of Education

Undergraduate



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SAAHE Unleashed: Five Minutes to Listen -The Art of History Taking

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[1]University Of The Witwatersrand

SAAHE Unleashed: 5 Minutes to Listen – The Art of History Taking

Creative Concept

Five Minutes to Listen reimagines the OSCE history-taking station as a compressed, high-stakes encounter, where imagery, sound, and movement capture the tension between ticking clocks, rigid checklists, and the fragile, unfolding story of a patient. It aligns with the SAAHE 2026 theme, Unravelling the Future of Health Professions Education, by unravelling history taking from a mechanical routine into a relational, interpretive art that future-ready graduates must reclaim in increasingly pressured clinical learning environments. It asks whether five minutes can ever be enough if we have not first taught students how to truly listen.

Rationale

For many students, speaking to a patient under observation is one of the most daunting assessed skills as they wrestle with timing, sequencing, and synthesis. This performance exposes the emotional and cognitive overload of the five-minute station and critiques how assessment design shapes learners' identities and habits. By externalising the usually invisible inner monologue, the work echoes themes of empathy-driven innovation, future-ready learning spaces, and navigating the next era of health professions education.

Audience Experience and Format

Viewers encounter an eight-minute monologue with dynamic visual and sound design that externalises the inner world of a student inside a five-minute history-taking station, moving through anxiety, encounter, and reflection. Three stages unfold:

Countdown

The provocation piece opens with a projected countdown clock and drifting OSCE checklist items while a lone performer in a tight spotlight delivers an urgent internal monologue. Fragmented, spiralling speech conveys rising panic and the clash between human connection and assessment rubric.

Echoes of the Patient

Clock ticks dissolve into heartbeats and a low hum. The performer begins "hearing" the patient inside their own lines, weaving empathy, confusion, and checklist-driven thinking as the story slips away in the chase for marks and time.

Synthesis

The performance slows and grounds: the timer shrinks to the corner, mirrored student–patient silhouettes align, and the monologue ends with a projected question, "When does listening begin?" Educators are challenged and invited to consider how they teach the artistry of dialogue within the rigidity of timed assessment.

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Reframing Early Medical Education and Challenging the Over-biomedicalisation of Healthcare Education

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The undergraduate MBChB programme at the University of Cape Town is internationally recognised for biomedical excellence and a strong foundation of problem-based learning. However, humanities based learning and soft skill development remains minimal in years 1 and 2, creating a pedagogical imbalance that limits the production of socially responsive practitioners. This imbalance can be understood through the concept of the hidden curriculum (*Hafferty, 1998*), whereby the prioritization of biomedical knowledge implicitly implies that technical expertise is of greater value than ethical reasoning, reflective practice and social awareness. In the South African context, this hierarchy is further shaped by the dominance of Western epistemologies, constraining the cultivation of the ability to recognize how socio-political factors influence healthcare inequities.

This conceptual curricular analysis synthesised hidden curriculum theory, professional identity formation (*Cruess et al., 2016*) and frameworks of structural competency to critically examine the positioning of humanities within early MBChB training. Contemporary scholarship on the integration of medical humanities (*Petrou et al., 2021; Volpe et al., 2025*) informed recommendations for longitudinal, critically reflective and engaged humanities pedagogy from Year 1.

Research findings suggest that the early curricular dominance of biomedical sciences shapes professional identity towards technical competence at the expense of socio-political responsiveness. Insubstantial humanities exposure restrains the development of empathy, reflexivity and critical engagement with inequality — all of which are competencies associated with culturally inclusive, patient-based care (*Petrou et al., 2021*). In South Africa’s profoundly unequal and postcolonial two-tiered healthcare system, curricular omissions of this nature risk the reproduction of socially detached forms of practice, undermining the potential of producing medically competent and socially responsive practitioners.

Meaningful integration of medical humanities in undergraduate education is therefore not supplementary but essential. Embedding structural competency, reflective practice and sociocultural analysis from the onset of medical training advances access, equity and justice in both education and healthcare, strengthening the formation of clinically competent and socially accountable medical professionals.

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AGENCY OF SUPERVISED WORK INTEGRATED LEARNING IN CURRICULUM DEVELOPMENT FOR FUTURE NURSE EDUCATORS

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Context: Transformation in nursing education was necessitated by the concerns that nurse educators enter the teaching and learning environment without the necessary practical skills especially in curriculum development. The PGDip (Postgraduate Diploma) in Nursing Education framework is a specialized programme offered at a health sciences university to enhance nursing education skills and knowledge for professional nurses. The progamme is offered on a one-year full-

time basis with curriculum design and accreditation as a core module with 160 hours of work integrated learning (WIL) at accredited nursing education institutions (NEIs).

Insight/story: Developing the WIL activities to ensure that students participate actively in their learning was not an easy task. It took careful consideration and it became evident that the phased-out curricula in nursing education mostly focused on theory and practice in nursing education skills, knowledge and attitudes. While the new curriculum is well structured and ensures that students develop critical skills and knowledge in curriculum development and not only book knowledge. The reflective processes included in the POE development drives their interest in curriculum development and allows them to initiate critical discussions.

Takeaway: The agency of WIL in curriculum development includes a range of hands-on activities over three learning areas: curriculum development and accreditation, internal and external reviews and management of the NEI which equips future nurse educators with curriculum development skills and knowledge. These are assessed through practical assignments that include a simulated accreditation visit, and the students makes sense out of this 48-credit module through the compilation of a structured portfolio of evidence (POE) that is internally and externally moderated.

Relevance: Nurse educators that graduate from this new curriculum should need less support in curriculum development since they have WIL that prepares them as future ready nurse educators. Their voices matter and they actively participate in learning. The module is complex but the enthusiasm and passion that these professionals develop for curriculum development is evident in the POEs with reflections they present.

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Humanising Doctoral Supervision as Empathy-Driven Infrastructure for Equitable Futures in Health Professions Education

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Introduction

Health professions education (HPE) in South Africa continues to be shaped by deep structural inequalities, colonial legacies, and institutional cultures that often marginalise students from historically underrepresented backgrounds. Within this context, doctoral supervision represents a critical yet under-examined site where educational futures are negotiated relationally. This paper explores how humanising supervisory practices can function as empathy-driven infrastructure that supports equity, agency, and scholarly development within uneven institutional environments.

Methods

This study draws on an autoethnographic methodology, analysing twenty-five reflective diary entries generated over four years of doctoral study at a historically white South African university. Data were thematically analysed through the lenses of Ubuntu philosophy and Kronenberg's humanising praxis framework, enabling systematic reflection on relational, epistemic, and institutional dimensions of supervision. The approach foregrounds lived experience as a legitimate source of scholarly insight within HPE research.

Results

Five interconnected themes emerged: navigating contested institutional spaces; developing critical consciousness through positionality; cultivating authentic mentorship within fragmented systems; creating micro-sites of care within unsafe institutions; and fostering strategic agency under constraint. Findings demonstrate that humanising supervisory practices—characterised by

unconditional regard, trauma-informed responsiveness, epistemic validation, and ethical critique—operate within, rather than outside, structural inequalities. These practices function as relational infrastructures that enable students to sustain engagement, develop confidence, and produce rigorous scholarship.

Conclusion

This study argues that humanising doctoral supervision constitutes a form of empathy-driven innovation essential for advancing equitable and future-ready HPE. Rather than positioning care and rigour as oppositional, the findings illustrate how relational practices can strengthen scholarly excellence while supporting student wellbeing and agency. The paper offers a conceptual framework for supervisors, academic developers, and institutional leaders seeking to cultivate humane, socially accountable doctoral education in complex and unequal contexts.

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Using Medhi and its A2R2T framework to Deliver Evidence-based Learning

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[1]Four Minute Medicine

Problem/Background

Africa has the lowest doctor-to-population ratio in the world and many clinicians often have to juggle patient care and teaching. As a result, clinical training is highly variable and non-standardised. While technology offers scalability, existing solutions are poorly aligned with local contexts, leaving students underprepared for our clinical reality. Technology (particularly AI) has the potential to help scale the quality of personalised instruction, to improve learning outcomes, without increasing the burden on faculty.

Innovation

We present Medhi, an AI-powered tool that operationalises its A2R2T (assess → analyse → recommend → remediate → test) framework, providing personalised learning for healthcare trainees and insights for medical schools and training institutions. Medhi works by guiding users through virtual patient cases, microlearning modules, and competency-based exercises. It also incorporates confidence marking to map student knowledge across a spectrum, from ‘mastery’ (correctly answered with high confidence) to ‘hazardous ignorance’ (incorrectly answered with high confidence). Its dashboards provide a data-driven approach to teaching and learning, revealing blind spots for students and misconceptions for educators.

Central Message

Platforms like Medhi help embed cognitive learning theory and evidence-based education into self-directed learning. They also enable just-in-time teaching, allowing clinical educators to focus on delivering teaching that directly addresses learners’ weaknesses and misconceptions.

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Innovative undergraduate research supervision - a physiotherapy case

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Undergraduate research is an important part of health science education, making up at least 30 credits in physiotherapy education. At the university of Pretoria, physiotherapy students have 2

research modules, a theory and practical preparation in third year; and a research project in the final year.

The department has explored various project supervision models to ensure a satisfactory research learning journey for students. In one instance, two groups of students supervised by the same lecturer collected primary data on the same sample but used it to answer two different research questions. Both groups' projects were published in accredited journals. In a different scenario, three student groups supervised by two lectures collected primary data towards an departmental umbrella project. Two of the projects have been submitted for publication. Off lately the department has been engaging undergraduate student in secondary data analysis of postgraduate students' research to answer different questions. Five SDAs have been conducted and three have been accepted for publication.

These diverse supervision approaches are not only exciting for students, but also valuable as they contribute to research outputs in the department. Research is important for evidence-based practice in healthcare; therefore we look forward to exploring more innovative methods towards unfolding the future of HPE.

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When a Room is Not Just a Room: Designing Clinical Spaces for Learning and Psychological Safety

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Story Context (Setting)

The Emergency Department is a high stakes environment where staff cannot leave for learning : they must remain present, available, ready. In this environment, the question of where learning happens is not merely academic. This is a story about a room. But it is really a story about what we owe our teams, our learners, and ourselves when we design the spaces in which we work.

What Happened?

We had a room. Within the department. Close enough that staff never had to choose between learning and being available for patients. It became more than a teaching space: it was where teams debriefed after difficult shifts, where families were counselled with dignity, where people shared a meal and reconnected as human beings. Where hybrid learning happened without anyone having to leave. It held culture. It held safety. It held us together.

And then it was gone. Not because it had failed but because managers who made the decision had never seen what it held.

That loss sparked a bigger question: in clinical environments, how intentional are we about designing spaces : physical, cultural, and psychological spaces that are accessible and support learning? We plan curricula meticulously. We develop competency frameworks. But do we ask whether our departments are actually built for learning?

Why It Matters

Psychological safety is not just a cultural concept : it requires physical conditions. Clinicians who cannot decompress, connect, or reflect are not future-ready. Neither are the learners they are shaping. If we are serious about future-ready graduates, we must be equally serious about future-ready environments.

Takeaway / Relevance

How is your department designed for learning? Who is responsible for protecting the spaces that make it possible? And what does psychological safety actually look like : not in theory, but in the places where teams live and work every day?

A room is never just a room.

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Understanding Extreme Educational Transitions: A Dual Theoretical Lens

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Introduction and Aim

Medical students are increasingly required to traverse radically different educational systems, healthcare philosophies, and cultural contexts. Existing theoretical frameworks have not adequately addressed this class of transition where changes are simultaneous, multi-domain, and paradigm-level rather than incremental. This study examined the explanatory and design utility of an integrated Schlossberg 4S–Communities of Practice (CoP) lens for understanding the experiences and support needs of medical students undergoing extreme educational transitions.

Methods / Approach

A qualitative phenomenological study was conducted using the Nelson Mandela Fidel Castro (NMFC) programme as an extreme case exemplar of educational transition. Eighteen of 19 eligible final-year NMFC students participated in two focus group discussions; four educators with longitudinal programme experience participated in semi-structured interviews. Data were analysed using Ricoeur's hermeneutic approach and interpreted through the dual theoretical lens.

Results / Outcomes

Four themes emerged across three temporal phases (moving in, moving through, moving on): supportive instructional design; undermining factors (educational misalignment, cultural shock, institutional invisibility); transition processes; and adaptive strategies. Three theoretical propositions were derived: paradigm misalignment amplifies cultural adaptation costs; boundary objects mitigate early peripheral risk; and multi-level support is necessary but insufficient without community legitimation.

Conclusion / Relevance

The integrated 4S-CoP lens reveals dimensions of extreme transition experience that atheoretical accounts miss, including paradigm-level identity conflict, structural othering, and the social conditions required for legitimate peripheral participation. A Phase × 4S × CoP design framework is proposed with direct implications for programme design, mentorship, and institutional support across diverse extreme transition contexts.

Subtheme Alignment: Global and Local Trends Shaping HPE

Phase of Education: Undergraduate

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Thank You

To our delegates, presenters, keynote speakers, reviewers, session chairs, sponsors, and exhibitors- thank you!!!

SAAHE 2026 exists because of a community that believes in the power of education to transform health professions education in our region and across our continent. Every abstract in this book, every conversation in the corridors, and every new collaboration sparked here is a contribution to that shared purpose.

We hope you leave the Western Cape Region energised, connected, and ready to keep unravelling and shaping the future of health professions education.

We look forward to welcoming you again.

With gratitude,
The SAAHE 2026 Organising Committee