



2023

# FACULTY OF HEALTH SCIENCES UNDERGRADUATE STUDIES

*Handbook 8a in this series of handbooks*



# UNIVERSITY OF CAPE TOWN

## FACULTY OF HEALTH SCIENCES UNDERGRADUATE

### 2023

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The Registrar's and General Enquiries offices are located in the Bremner Building and remain open during the lunch hour. The Admissions Office and Student Records Office are located in the Masingene Building, Middle Campus, and are open from 08h30 to 16h30. The Cashier's Office is located in Kramer Building, Middle Campus, and is open from 09h00 to 15h30.

**This handbook is part of a series that consists of**

- Book 1:** Undergraduate Prospectus
- Book 2:** Authorities and information of record
- Book 3:** General Rules and Policies
- Book 4:** Academic Calendar and Meetings
- Book 5:** Student Support and Services
- Book 6-11:** Handbooks of the Faculties of Commerce, Engineering & the Built Environment, Health Sciences, Humanities, Law, Science
- Book 12:** Student Fees
- Book 13:** Bursary and Loan Opportunities for Undergraduate Study
- Book 14:** Financial assistance for Postgraduate Study and Postdoctoral Research

The University has made every effort to ensure the accuracy of the information in its handbooks. However, we reserve the right at any time, if circumstances dictate (for example, if there are not sufficient students registered), to

- (i) make alterations or changes to any of the published details of the opportunities on offer; or
- (ii) add to or withdraw any of the opportunities on offer.

Our students are given every assurance that changes to opportunities will only be made under compelling circumstances and students will be fully informed as soon as possible.

## Guide to the usage of this Handbook

The following is a general overview of the structure of this Handbook for the guidance of users. The contents are organised in a number of different sections (see below) each of which has a particular focus. The sections are interlinked by cross-references where relevant.

*General Information:* This section includes contact details, term dates, disciplines within departments, definitions of terminology used and other explanatory notes.

*General rules for undergraduate students:* The rules in this section must be read in conjunction with the degree-specific rules in the next section.

*Rules and curricula for undergraduate programmes:* This section gives an outline of each of the undergraduate degrees and courses within those degrees, as well as rules relating to curricula. Please note especially the readmission rules under each programme; students who fall foul of these rules are in danger of being refused readmission.

*Other courses offered:* This section lists courses that do not form part of the postgraduate degrees, and include stand-alone courses offered to students in this faculty or other faculties.

*Faculty structure and departments:* The second half of this book lists all the teaching and research staff in departments and research structures.

*Additional information:* This section gives details of prizes and awards, charters (e.g., the Teaching and Learning Charter) and Faculty-specific policies for postgraduate students.

All students must also familiarise themselves with the University rules in Handbook 3, General Rules and Policies. Students are also expected to check annually whether the rules or curriculum requirements have changed since the last edition of this Handbook or of the General Rules book.

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# IMPORTANT INFORMATION

## FACULTY OF HEALTH SCIENCES MISSION STATEMENT

The Faculty's mission is to:

- Respond to the healthcare needs of South Africa and beyond.
- Educate health professionals, educators and scientist for life.
- Undertake research that is relevant to the needs of our country and beyond.
- Promote health equity through promoting health professional standards in the delivery of quality healthcare.
- To be socially responsive to the needs of the people of our country and beyond.
- To develop interventions to reduce the risk of ill health, disability and mortality.

## FACULTY OF HEALTH SCIENCES CHARTER

*[Adopted by the Faculty on 9 May 2002]*

### Preamble

Post-apartheid South Africa is emerging from decades of systematic discrimination that affected every aspect of society, including the health sector, resulting in profound inequities in health status in the population. Central to the reconstruction of South African society is the need to develop a culture of human rights based on respect for human dignity and non-discrimination.

Although there were significant attempts by staff, students and the institution to resist apartheid injustices, UCT was not immune to the racist, sexist, and other discriminatory practices and values that typified society under apartheid. As UCT grapples with transformation, we remain burdened with the legacy of these discriminatory practices.

To overcome this legacy of apartheid and other forms of discrimination, the UCT Health Sciences Faculty has produced this Charter as a basis for transformation of the institutional culture of the Faculty to ensure that students and staff have access to an environment where they are able to realise their full potential and become active participants in the academic life of the Faculty.

### Principles

#### *Non-discrimination*

The Faculty will not tolerate any form of negative discrimination and will uphold the University's policy on non-discrimination.

#### *Supportive culture*

The Faculty will foster a supportive culture, where diversity and difference is respected, in order to encourage students and staff to reach their full potential in their activities of learning, working, teaching, research and service in the Faculty.

#### *Capacity-building*

The Faculty will strive to develop the skills of its employees and help to build the skills base of South Africans, in particular formerly disadvantaged South Africans, through various strategies at its disposal.

#### *Employment Equity*

The Faculty will strive to attract and retain talented black professionals by recognising their abilities, affirming their skills and ensuring an environment that is welcoming and supportive.

*Facilitation of learning*

The Faculty will strive to uphold and encourage the highest standards of teaching to create an atmosphere conducive to learning for all students.

*Research*

The Faculty will strive to uphold the highest ethical standards of research and ensure that research seeks to benefit the South African community.

*Service*

The Faculty will strive to ensure that students and staff uphold the highest standards of service to the community, including commitments to ethical principles and human rights.

*Consultation*

The Faculty will strive to consult with staff and students on major policy changes that may be undertaken by the Faculty and that affect them, and will seek to entrench transparency in its workings.

*Monitoring and evaluation*

The Faculty will endeavour to review its performance annually in the light of this Charter.

*Community participation*

The Faculty will strive to ensure participation of the community in decisions in the spirit of the Primary Healthcare Approach adopted by the Faculty as its lead theme.

**FACULTY OF HEALTH SCIENCES DECLARATION**

*(For all graduating students)*

At the time of being admitted as a member of the healthcare profession:

I solemnly pledge to serve humanity.

My most important considerations will be the health of patients and the health of their communities.

I will not permit considerations of age, gender, race, religion, ethnic origin, sexual orientation, disease, disability or any other factor to adversely affect the care I give to patients.

I will uphold human rights and civil liberties to advance health, even under threat.

I will engage patients and colleagues as partners in healthcare.

I will practise my profession with conscience and dignity.

I will respect the confidentiality of patients, present or past, living or deceased.

I will value research and will be guided in its conduct by the highest ethical standards.

I commit myself to lifelong learning.

I make these promises solemnly, freely and upon my honour.

**GUIDE TO PROFESSIONAL BEHAVIOUR EXPECTED OF HEALTH SCIENCES STUDENTS  
(INCLUDING USAGE OF SOCIAL MEDIA)**

The general rules for students in the faculty states that “students doing clinical work are expected to act in accordance with the ethical norms laid down by the Health Professions Council of South Africa”. This guide sets out the behaviour expected of all health sciences students in their personal and professional lives and in the presence of patients and their families. The intention of the guide is to encourage students to maintain high standards in their personal and professional lives and to strive to uphold, in their behaviour, the high esteem in which health professionals are viewed.

UCT Faculty of Health Sciences aims to develop distinctive qualities in all its graduates. These qualities are based on the CANMeds Framework. The Faculty aims to produce Expert Health Professionals who have the qualities of:

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- Communicator
- Collaborator
- Manager
- Health advocate
- Scholar
- Professional

The Faculty expects its students to:

- Learn the knowledge and understanding of the scientific, philosophical, ethical and legal principles underlying the practice of patient centred care and demonstrate the ability to apply that knowledge and understanding to problem solving in the health care environment;
- Acquire the ability to work as an effective member of a health care team through understanding and respecting the roles of other health professionals and work collaboratively through appropriate interprofessional and interdisciplinary relationships in the interests of delivering a high level of patient care; and
- Be committed to forming appropriate partnerships with patients through respecting their cultural, ethnic, age, gender, sexual orientation and socioeconomic origins in order to optimise their health and the care they are offered.
- The following areas of general behaviour, dress, academic and clinical training, relationships with patients, relationships with colleagues, clinical practice and social media are presented as a guide in developing professional qualities.

### General Behaviour

- 1 Students need to be aware that their behaviour outside the clinical environment, including in their personal lives impacts on both their clinical and academic work and may have an impact on the confidence that their patients and their teachers have in them and their fitness to practice.  
Students are expected to be polite, honest, compassionate and trustworthy and act with integrity. This includes being honest when conducting research, writing reports and logbooks signing attendance registers and when completing and signing forms. Students need to be aware of plagiarism and report it when observed in others.  
Students need to be present and punctual for all formally arranged learning opportunities and assessments or provide medical or other valid reasons for their absences.

### Dress Code

- 2 Students are expected to dress appropriately, particularly when they are in contact with patients. Students are expected to:
  - (a) Be tidy, clean and neat;
  - (b) Refrain from wearing very casual or inappropriate clothes (no bare midriffs, shorts, short skirts or slippers);
  - (c) Refrain from sporting hairstyles and jewellery that may offend patients and their families;
  - (d) Maintain a high standard of personal hygiene; and
  - (e) Wear uniforms or clean white coats where appropriate.

### Academic and clinical training

3

Students need to take responsibility for their own learning and to maintain their learning and skills throughout their careers. This means that they need to keep up to date and practice as much as possible the skills that they are taught. Health sciences professionals learn through seeing procedures done, trying these skills under supervision or in a clinical skills laboratory and then practising the skills in a clinical environment under supervision until they are skilled enough to do these alone. Students are expected to gain as much clinical proficiency as they can.

Students are expected to:

- (a) Attend all structured teaching and learning sessions (lectures, tutorials, clinics, ward rounds, after hours duties, laboratory sessions etc);
- (b) Complete all assignments and written work on time;
- (c) Show respect for the knowledge and skills of their teachers and others involved in their learning;
- (d) Behave with courtesy towards teachers, administrators and support staff;
- (e) Reflect on the feedback they are given about their behaviour and performance and respond appropriately;
- (f) Respond to communication, whether this be in connection with patient care or their own education; and
- (g) Give constructive feedback on the quality of their learning and teaching.

### Relationship with patients

4

Health sciences students have extensive contact with patients and their families throughout the clinical years of their training. Patients generally look upon the students as part of the health care team. This places responsibilities upon the student to behave in a manner that earns the respect of patients.

Students are expected to:

- (a) Be respectful, polite and considerate towards everyone including patients, their escorts, community members, staff and fellow students;
- (b) Greet patients politely and address them appropriately being mindful of age differences and sensitive to the cultural context;
- (c) Build relationships with patients and their families based on honesty, openness, trust and good communication;
- (d) Maintain a professional boundary between themselves, their patients and anyone else close to the patient;
- (e) Ensure that patients or their caregivers give their informed consent for any activity performed by the student on the patient;
- (f) Ensure that they are adequately supervised when performing any procedures on patients;
- (g) Be aware of the rights of the patient and respect the decisions made by patients;
- (h) Not unfairly discriminate against patients nor allow personal views to affect the treatment that they provide. (This includes views about ethnic origin, race, age, colour, culture, gender, sex, religious beliefs, political orientation, lifestyle, marital status, disability, sexual orientation, social and economic status etc).
- (i) Ensure that they maintain patient confidentiality and not discuss the patient with anyone not directly involved in the patient's care;
- (j) Be aware of ethical issues in relation to the care of the patient;
- (k) Ensure that they are clearly identified as students;
- (l) Be aware of their own limitations in relation to the care of the patient and refer to their supervisors; and

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- (m) Ensure the protection of their own health when treating patients.

### Relationship with colleagues

- 5 Teamwork is key to the work of the health professional. Health professional students have to be able to work effectively with their colleagues in order to deliver a high standard of care and ensure patient safety. Students need to develop skills to work in multi-disciplinary teams, offering respect for the skills of other members of the team and developing effective communication with all members of the health care team.

### Clinical Practice

- 6 Being able to provide a high standard of clinical care is key to becoming a health professional.

Students are expected to:

- (a) Recognise and work within the limits of their competence and ask for assistance when necessary;
- (b) Be honest with patients and accurately represent their position as students;
- (c) Ensure that they are appropriately supervised;
- (d) Ensure that the treatment offered is based on clinical need;
- (e) Be aware of scarce resources and not waste these;
- (f) Maintain high standards of clinical practice;
- (g) Raise concerns with the relevant authorities when clinical standards that could compromise patient or others safety are not upheld.

### Social Media

- 7 Social media has grown phenomenally over the past few years. It has become common for health care professionals to use blogging, personal websites and online social networking in both their professional and personal lives. While social media is a useful tool, health professionals need to be aware of the risks, particularly to patient confidentiality and the blurring of professional and private boundaries that is posed by social media. Once information is posted on social media it is difficult and sometimes impossible to remove and can spread beyond an individual's control. Inappropriate online activities can have a detrimental effect on relationships with colleagues, patients, employment prospects and personal integrity.

Be aware of:

- (a) Maintaining confidentiality – do not post information about patients (living or deceased), colleagues or teachers on social media (even when names are removed) regardless if this communication is only meant for colleagues or other health professionals.
- (b) Refraining from defaming others – defamation is the publication, declaration or broadcast of material that is capable of lowering a person in the estimation of others thereby damaging the reputation of the subject. Do not re-post material about others that can be defamatory. Do not post comments that can harm the reputation of colleagues or the profession or jeopardise your future as a health professional.
- (c) Doctor-patient boundaries – social media allows patients to access information about health professionals' personal lives that goes beyond what a normal patient/health professional relationship would allow. Be aware of what you post about yourself and your personal life. Be careful not to violate professional boundaries. Avoid online relationships with current or former patients.

- (d) Your ethical and legal obligations to protect patient confidentiality.
- (e) Professional boundaries: think carefully before “friending” others, including employers, other health professionals, administrative staff, teachers and tutors and allowing them to access personal information. Don’t place staff members into an awkward position by requesting them to join your network.
- (f) Be aware of the image you project of yourself online and how this can impact on your professional standing.
- (g) Practical tips:
  - Protect your privacy – be careful what personal information you share with others, check your privacy settings regularly (please note even with privacy settings in place, it is possible to underestimate the number of people who can see your posts and how quickly it can be spread)
  - Consider the size of your audience – it is probably much wider than you think
  - Check who your friends are – ensure that you do not have patients as your friends. Check past posts and ensure that you have not made offensive comments in the past.
  - Check the groups you have joined – check the posts on the group to ensure that there are no offensive comments made or that the groups do not subscribe to racist, sexist, culturally insensitive or other such offensive or derogatory views.
  - Check your photographs – are there any that you would not like your patients or colleagues to see?

## PROCESS TO INVESTIGATE REPORTED STUDENT IMPAIRMENT OR UNPROFESSIONAL CONDUCT

### Introduction

In terms of its mandate to guide health professionals and to protect the public, the Health Professions Council of South Africa (HPCSA) is responsible for ensuring that practitioners are fit to practise. This means that the HPCSA will not licence an *impaired* person to practise.

The Health Professions Council Act and the associated regulations relating to impairment of students and practitioners oblige students, practitioners and faculties of health sciences to report impairment when observed in students or in fellow students or members of the health professions to the HPCSA. The HPCSA is required to consider any report it receives and to make a decision on the merits of the case.

### Definitions

**Impaired:** The Health Professions Council (HPCSA) defines impairment as “a condition which renders a practitioner incapable of practising a profession with reasonable skill and safety”.

The University understands this to mean that an undergraduate student may be reported as *impaired* where he or she:

- has become physically or mentally disabled to such an extent that the student is unable to perform the clinical duties of his/her chosen profession or it is not in the public’s interest to allow that student to practise the profession;
- has become unfit to purchase, acquire, keep, use, administer, prescribe, order, supply or possess any scheduled substance;

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- has used, possessed, prescribed, administered or supplied any substance contrary to prescribed regulations; or
- has become addicted to the use of any chemical substance.

**Unprofessional conduct:** The HPCSA defines unprofessional conduct as “improper or disgraceful or dishonourable or unworthy conduct or conduct which, when regard is taken to the profession of a person who is registered in terms of this Act, is improper or disgraceful or dishonourable or unworthy”.

The University understands this to include but not to be limited to:

- Failure to attend academic, clinical or clinical service commitments and continuing to be absent from academic or clinical commitments without permission.
- Unethical behaviour (e.g. deliberate misrepresentation or dishonesty, abusive or foul language towards teachers, fellow students or patients).

The **Student Development and Support Committee** is a Committee consisting of several academic staff members who identify, support and monitor the performance of students with academic and other difficulties.

In the event of a reported disability this Committee may seek advice from the Disability Unit or other expert body.

The **Dean’s nominee** will ordinarily be the Deputy Dean: Undergraduate Education.

### IMPAIRMENT REVIEW PROCESS

- 1 An impairment, or any physical or emotional or behavioural problem that may be or become an impairment, must be reported by either the student, tutor, fellow student, course convener or clinician teaching the student to the Student Development and Support Committee (SDSC) or to the Dean’s nominee. If the matter is reported to the Dean’s nominee, the Dean’s nominee may refer it to SDSC in the first instance. The role of the SDSC will be to assess whether the student needs support and, if so, to try to provide this support.

If the matter can be resolved with appropriate support and reasonable accommodation, the SDSC will arrange this and no further action needs to be taken. In such a case the Dean’s nominee will arrange for the Faculty Manager to record the findings in a letter to the student, with such conditions for continued registration as the Dean, acting on behalf of the Faculty, may determine. SDSC shall continue to monitor the student.

- 2 If the SDSC deems it to be not a matter of supporting the student, it will refer the matter to the Dean’s nominee.

- 3 The Dean’s nominee will assess the report and, if he/she believes that there is reason to do this, he/she will ask the relevant year convener, or another appropriate staff member who teaches the student, to chair a Conveners’ Committee, at which all conveners teaching/convening courses for which the student is registered in that year, report on whether they deem the student to be impaired, and/or unfit to undergo training and/or practise the relevant profession.

The Chair of the Conveners’ Committee will record the findings of the Committee in a written report to the Dean’s nominee.

- 4 The Dean's nominee, having received the report of the Conveners' Committee, will decide whether to drop the matter, or, if he or she believes there is reason to proceed, shall:
- (a) inform the student of the concerns and explain the process forward;
  - (b) appoint a senior academic staff member who does not teach the student, to chair an Impairment Review Committee of two or more academic staff members who do not teach the student in the current year.
- 5 The Impairment Review Committee:
- (a) will provide the student with a copy of the report of the Conveners Committee and invite the student to submit a written response to it; assess the written report of the Conveners Committee and assess any written response by the student;
  - (b) may require the student to undergo a professional assessment by an independent healthcare professional or other expert (e.g. an expert who is knowledgeable about the skills required for the relevant discipline, or who can assess a psychiatric or a substance abuse problem, and who is not teaching the student in the current year).
  - (c) will consider the evidence and may, depending on the circumstances, interview the student, and then report its finding and the reasons for its finding in writing to the Dean's nominee.
- 6 The Impairment Review Committee may decide that:
- (a) the student's registration will be cancelled with immediate effect in terms of the relevant Faculty rule/s; or
  - (b) there will be strict conditions for continued registration, with regular monitoring and with re-assessment by a due date, if necessary, after which a final decision about continued registration is taken; and/or
  - (c) the student's impairment will be reported to the Health Professions Council of South Africa, at the time or, if appropriate, upon graduation.
- 7 If the finding of the Impairment Review Committee is that the student is unable to perform procedural skills or is unfit to undergo training and/or practise clinically as required by the profession, the Committee shall also report its decision about whether or not the outcome should be reported to the HPCSA.
- 8 The Dean's nominee shall inform the student and provide the student with the finding of the Impairment Committee, orally and in writing. If the student was found unfit for training, the student's registration is cancelled. The student is informed of the Committee's reasons and of the student's right of appeal to the Vice-Chancellor or nominee.

## UNPROFESSIONAL CONDUCT

- 1 Any unprofessional conduct observed by a fellow student, tutor, course convener or other person shall be reported to the Deputy Dean.
- 2 The Deputy Dean shall, if he or she believes there is reason to do so,
- (a) ask the Year Convener, or another appropriate academic staff member, to chair a Conveners Committee (made up of the conveners of the relevant academic year of study and members of the Student Development and Support Committee) to discuss the reported conduct and make a recommendation as to whether the reported conduct should be referred to a Professional Conduct Review Committee; and/or

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- (b) ask an independent academic staff member (who does not teach the student) to appoint a Professional Conduct Review Committee.
- 3 The Professional Conduct Review Committee (PCRC) shall comprise at least two senior academic staff members who are in the opinion of the Dean's nominee able to act independently and objectively in their assessment of evidence from (amongst others) academic staff and the student concerned relating to the student's alleged transgression of UCT, Faculty and HPCSA rules and regulations on misconduct and/or unprofessional behaviour.
- 4 The Professional Conduct Review Committee shall provide the student with a copy of the report of the Conveners Committee, if the matter has been considered by a Conveners Committee, and shall invite the student to respond in writing to this/these report/s.
- 5 The PCRC shall assess the evidence and record its finding and the reasons for its finding. The Committee shall on the basis of its finding decide a course of action with reasons in writing, namely that:
- (a) the student's registration be cancelled with immediate effect in terms of the relevant Faculty rule/s; or
  - (b) the student's action be referred for action under the rules on disciplinary jurisdiction and procedures; and/or
  - (c) there be strict conditions for continued registration, with regular monitoring and with re-assessment by a due date, if necessary, after which a final decision about continued registration is taken; and/or
  - (d) the student's impairment be reported to the Health Professions Council of South Africa, at the time or upon graduation.
- 6 The student will be advised that he/she may appeal to the Vice-Chancellor or nominee against the findings of the PCRC.

## AVOIDING PLAGIARISM: A GUIDE FOR STUDENTS

### What is Plagiarism?

You commit plagiarism – intentionally or not – in written work when you use another person's sentences, ideas or opinions without acknowledging them as being from that other person.

In academic work, researchers build on the ideas of others. This is a legitimate and accepted way of doing research. Plagiarism is using someone else's ideas or words and presenting them as if they are your own. It is therefore a form of academic cheating, stealing or deception. Because plagiarism is an offence, all universities take a very serious view of anyone who is found cheating. Those who are suspected of having plagiarized will be referred to the Vice-Chancellor or nominee for possible disciplinary action in terms of the rules on disciplinary jurisdiction and procedures (DJPI.1).

Not all plagiarism is deliberate, but even inadvertent plagiarism will be severely penalized. It is therefore your responsibility to know what will be regarded as plagiarism and to know how to avoid it.

What makes plagiarism tricky to avoid and dangerous is that it can take many forms.

## Forms of Plagiarism

Academic writing requires of you to discuss existing literature but at the same time to come up with your own ideas; to rely on the findings of other researchers, but also to say something new and original; to give an exposition of key readings on the topic, but to express it in your own structure and own words. It is academically difficult to manage a path between these seemingly contradictory demands.

Plagiarism can range from deliberate academic dishonesty to accidental academic sloppiness, and can range from serious and clear forms of plagiarism to instances that are less obvious.

### Obvious forms of plagiarism include:

1. Buying or borrowing a paper and copying it.
2. Hiring someone to write the paper or thesis for you.
3. Cutting and pasting large portions of text from the web or from someone else's paper or book without any quotation marks (or clear indentation for block quotes) or proper reference to the source. The ease of cutting-and-pasting from electronic sources makes this a form of plagiarism that is particularly widespread.
4. Word-for-word copying of a sentence, or paragraph without any proper acknowledgement.
5. Direct translation into English of a paper – or large sections of writing – written in another language.
6. Citing sources that you didn't actually use.
7. Using substantive extracts from your own earlier work without acknowledgement.

### Less obvious forms of plagiarism include:

8. *Not giving proper credit to someone else's ideas or findings.*  
When is it proper to give credit and when not? As a general rule, you need to give a reference for any text, diagram, table, illustration or an idea if it comes from:
  - a. a book, journal, website, or any other public medium;
  - b. what someone has said in an interview you have conducted;
  - c. someone's personal correspondence in the form of a letter or email.

You don't need to give a reference or give credit if the idea, text, diagram, table, illustration or idea comes from:

- a. your own insights, work or experiences. Ideas from co-authored papers, however, still need to be acknowledged;
  - b. writing up your own field notes or lab reports;
  - c. "common knowledge", common sense observations, well-established facts, historical events (but you would obviously have to give a reference if you use an historical *document*) and myths. It is, of course, difficult to know exactly when something is "common knowledge", but a general rule to follow is: if the same observation is made in multiple sources without any attached references, or if it is something that the general public is well aware of, then no references are needed.
9. *Improper paraphrasing.*  
The rule to "put it in your own words" is not always helpful, because many of the accepted key words in academic discourse have precise meaning or are accepted expressions that you shouldn't change. However, whenever you do written work you must distinguish what you have written from what you are paraphrasing or quoting. To paraphrase is to summarize someone else's ideas in your own writing style, sentence structures and, where applicable, own words. This is a particularly demanding task for writers whose first language is not English.

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### 10. *Failing to give a proper reference*

You may copy word for word (but not significant chunks), and you are expected to build on the ideas of others, but then you must give proper credit to the source of the quotation or the paraphrased argument, idea or reasoning.

### 11. *Not acknowledging outsourcing of substantive data analysis*

You may have someone else do the descriptive statistics or statistical data analysis for you, but you need to acknowledge the extent to which it is not your own analysis. In cases where the statistical analysis (model fitting or estimation) forms the central thesis, instead of just being a minor section, or where the thesis is in a discipline that requires you to demonstrate this skill of analysis, it is unacceptable to outsource it, even if you do acknowledge it.

## How to Avoid Plagiarism

When you start reading and taking notes, carefully distinguish between material that is quoted, material that is paraphrased in your own words and own structure, and material that is your own and expressed in your own words. The way you can distinguish between these different types of sources is to use a different colour for each one, or to put a big Q for “quote”, P for “paraphrase or M for “mine” after the relevant section. Make sure that you keep scrupulous track of the author, year, title, and page from which you are taking the quote. There are numerous electronic tools that can assist you with this, such as RefWorks and Mendeley. (See section on “resources” below.)

### 1. *Fully reference and acknowledge the work of others*

While academic staff will teach you about systems of referencing, and how to avoid plagiarizing, you too need to take responsibility for your own academic career. Knowing how to give proper credit, cite appropriately, and acknowledge the original source and reference accurately is an essential step in avoiding plagiarism. There are numerous referencing conventions and you are expected to use a referencing convention that is accepted in your discipline. There are many guides on how to reference properly. See “Referencing Conventions” below for resources and guides.

### 2. *Use your own expressions and present your work in your own writing style*

It is tempting to use someone else’s elegantly structured phrase or sentence/s, but doing so without proper quoting (acknowledging your use of their exact words) constitutes plagiarism. It is not enough to change just a word here and there when paraphrasing; you need to use your own sentence constructions. Of course, there are accepted key words in specific academic discourses that have precise meaning or are accepted expressions; you shouldn’t try to put these precise and commonly accepted expressions in your own words.

### 3. *Organise your work and structure your reasoning in your own way*

Don’t merely give properly acknowledged summaries of other people’s work (paraphrasing), develop your own sequence of reasoning and line of argumentation.

### 4. *Use TURNITIN*

Turnitin is an internet-based service that checks the extent of unoriginal content in your paper or thesis. It will identify all the parts where you have copied text from elsewhere. Where you have acknowledged doing so with direct quotes, that is acceptable. Of course, you should not have too many direct quotes since you are required, after all, to demonstrate your own academic writing and critical thinking skills. Identified copied content that is not acknowledged is plagiarism and you must reword and restructure these identified sections. Note that Turnitin is not a guarantee that there is no plagiarism – it is only a guide. See more about Turnitin [here](#).

Note that you should not submit the same re-worked draft multiple times because the system will then compare your new version with the earlier one you submitted and indicate a very high unoriginality score.

**UCT Rules and Senate Policy**

**RULES ON CONDUCT FOR STUDENTS (Student Rules - Academic conduct)**

- RCS2.4 A student:
- (a) must refrain from dishonest conduct in any examination, test or in respect of completion and/or submission of any other form of academic assessment. Dishonest conduct includes but is not limited to plagiarism;
  - (b) may not submit the work of any other person in any examination, test or in respect of the completion and/or submission of any other form of academic assessment without full and proper attribution and acknowledgement.

**RULES FOR DEGREES (Rules relating to examinations – Examination sessions and class tests)**

G18.12 Dishonesty, including plagiarism or the submission by a student of other people's work as his/her own, in an examination or any other form of assessment will be dealt with in terms of the disciplinary rules.

**SENATE POLICY**

Senate policy (PC11/99 dated 6.12.1999), sets out the following:

- (i) For each course, academic staff must prescribe a referencing convention, or allow a student to choose from a set of referencing conventions prescribed by the academic staff member (and by implication must teach this key academic literacy skill to junior students) when setting assignments; *and*
- (ii) All undergraduates are required to make and include a declaration each time they submit written work for assessment.

**Declaration**

Each time your work is assessed, you will need to insert the declaration (see shaded block) or one like it.

Plagiarism Declaration:

1. I know that plagiarism is a serious form of academic dishonesty.
2. I have read the document about avoiding plagiarism, am familiar with its contents and have avoided all forms of plagiarism mentioned there.
3. Where I have used the words of others, I have indicated this by the use of quotation marks.
4. I have referenced all quotations and properly acknowledged other ideas borrowed from others.
5. I have not and shall not allow others to plagiarise my work.
6. I declare that this is my own work.
7. I am attaching the summary of the Turnitin match overview (when required to do so).

Signature:

**Declaration to be included in your thesis**

In the front of your thesis, a signed and dated declaration in the following format must be included:

## 18 IMPORTANT INFORMATION

### Declaration

I, ....., hereby declare that the work on which this thesis is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university. I authorise the University to reproduce for the purpose of research either the whole or any portion of the contents in any manner whatsoever.

Signature: ..... Date: .....

### Referencing conventions

The responsibility is on your lecturer to ensure that you are (or become) familiar with, and observe, one of the internationally recognised guides to scholarly conventions on presentation, documentation of sources and referencing. It is your responsibility to question any part of this that you do not understand, to apply the rules, and to be aware of the consequences of plagiarism.

There are many ways of referencing, and the University has not set one way as preferable to another. The Library and Writing Centre, however, recommend one of the following forms:

the Harvard system  
American  
Modern Language Association (MLA) or  
Footnoting

They also have a standard for referencing articles in electronic journals.

For advice and guides on referencing see:

UCT Library Referencing Help:

<http://libguides.lib.uct.ac.za/refworks>

and

<http://www.lib.uct.ac.za/research-help/referencing-help/>

and

<http://libguides.lib.uct.ac.za/refworks-referencing>

Harvard UCT: Handbook on citation:

<http://www.lib.uct.ac.za/wp-content/uploads/2014/02/harvard-uct-2014.pdf>

Common citation styles (University of Melbourne): <http://www.lib.unimelb.edu.au/cite/>

If you are confused because each lecturer tells you to reference your work in a different way, discuss this with him or her.

### Consequences of plagiarising

By committing plagiarism you will get zero for the plagiarised work, and may fail the course or your thesis. In addition, the matter must be referred to the Vice-Chancellor or nominee for possible disciplinary action in terms of the rules on disciplinary jurisdiction and procedures (DJP1.1) against you.

If this is the case, and the plagiarism is substantial, the Registrar has indicated that, unless there are unusual circumstances, the prosecution will ask for your expulsion.

Even if you are not expelled, a conviction for cheating on your academic record is likely to limit your career opportunities. If you are preparing for a profession, you should know that a conviction for cheating in academic work may bar you from professional licensing temporarily or permanently.

### **Web-based information and resources**

There are many sites and guides on the internet regarding plagiarism.

Video on how to avoid plagiarism: <https://www.youtube.com/watch?v=2XUPZ9jx4gs>

*A Student's Guide to Avoiding Plagiarism* (UCT Philosophy department): this handy and concise resource looks at forms of plagiarism, gives tips on how to avoid it and provides some examples.

UCT Faculty of Health Sciences Guide A site listing different referencing conventions and guide to Turnitin

UCT information on RefWorks

Information on APA referencing convention

Guide on the Harvard referencing convention

UCT Writing Centre on referencing

UCT writing Centre on postgraduate writing

UCT Writing Centre on resources in grammar

The UCT Senate policy declaration on plagiarism

Turnitin services – Student Guide

Contact the Vula Team for further support: [help@vula.uct.ac.za](mailto:help@vula.uct.ac.za) or 021-650 5500

### **Assistance for staff and students**

The Library Staff, the Writing Centre and the Office for Research Integrity are willing to assist you, by providing details of referencing conventions, and helping you use them.

UCT Library staff for general queries about referencing:

Amina Adam; Jen Eidelman; Cyrill Walters

UCT Library staff for queries about RefWorks:

Dilshaad Brey; Dianne Steele; Gill Morgan; Khumbulele Faltein

UCT Library staff for queries about Mendeley:

Tamzyn Suliaman

Research Ethics:

Dr Robert McLaughlin (UCT Office for Research Integrity)

UCT Writing Centre

<http://www.writingcentre.uct.ac.za/writing/talk/contacts>

Tel: 021 650 5021

## **STANDARD OPERATING PROCEDURE (SOP) FOR A CONCESSION TO MISS CLASSES/ACADEMIC ACTIVITIES**

### **Issue:**

- A student who does not meet one or more Due Performance requirements of a course is denied access to the course examination/s in any of the Health and Rehabilitation or MBChB programme. A fail result is recorded and the student must repeat the course. (A student who is unable to write an examination must apply for a deferment to the central Deferred Examinations Committee.)
- There are instances where an otherwise well-performing student may risk missing one or more DP requirement/s either due to circumstances beyond the student's control – e.g. a death in the family, a car accident, etc – or where other exceptional circumstances – e.g. when representing the university or country in an event. It would be unacceptable for such a student to fail the course and then repeat it, given the cost, and given the fail result on a student's academic record. In some cases, students would – if required to repeat the course – extend their studies and lose sponsorship for their studies as a result.

### **Proposal:**

- That every attempt be made to assist Faculty of Health Sciences students in Health and Rehabilitation and MBChB programmes who have been unable to meet their DP requirements *due to circumstances beyond their control or in other exceptional circumstance and for reasons deemed legitimate in terms of this policy* to do so without being unduly penalised.
- That, where an application for a concession is approved, arrangements will be made so that the student
- will not fail the course (even if the student is unable to write the course exam after not being able to complete the DP); and
- will be assisted to make up the lost time/DP as far as this is possible without having to extend the formal training time for the degree.

### **Recommended principles:**

- It is vital that all applications are treated consistently across courses and across years of study. All appeals are therefore to be considered by the same group of academic staff (see below) to ensure consistency across courses in all programmes and years of study. Individual course conveners can recommend but not decide a concession.
- It is students' responsibility to ensure that they meet the DP requirements for a course. If students realise that they cannot meet the DP, and they believe that they have a valid reason for not being able to meet the DP, they must apply for a concession immediately, as soon as the problem manifests.
- The application will as far as possible be considered and a decision taken within three working days after it has been received, and a decision taken about whether any special arrangements can be made to accommodate the students (e.g. to see if time missed can be made up elsewhere without students extending their period of study).
- The principles that govern the award of deferred examinations (by the central Deferred Examinations Committee) shall guide the staff responsible for considering the application. (See rule G28 in the General Rules and Policies Handbook). Key to these principles are the following:
- A concession can be approved only on the basis of sound medical or compassionate grounds. Such reasons may include illness, or a recurring medical complaint, or a history of illness, or a physical disability.

- A recurring medical complaint or a history of illness or a physical disability will be considered possible grounds for a concession only if the student has reported the complaint, the history or the disability to the Student Wellness Services at least three weeks before the application for a concession has been submitted and a documented effort has been made to avert a recurrence of the complaint or illness or overcome the disability.
- The production of a medical certificate will not necessarily be sufficient to secure approval of an application for a concession.
- The serious illness or death of a near relative may be accepted as good cause.
- Students must submit documentary evidence in support of their applications to prove that circumstances were beyond their control.
- Any pattern of poor attendance across courses and the student's academic performance to date may be considered in deciding on an application.
- Students who may qualify for leave of absence based on medical grounds should be referred to the Faculty Manager
- All finalised applications with documentary evidence shall be kept in a file in the Faculty Office (separate copy also to be placed in student file). The Faculty Office will track progress and do follow-up where required.

**Proposed SOP:**

**STEP 1:**

Student completes Section A of application form, attaches documentary evidence, submits to Course Convener, as soon as problem preventing achievement of DP manifests

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**STEP 2:**

Within 24 working hours (as far as possible), the Course Convener then completes Section B with conditions if approved or reason/s if not approved (this can first be discussed with the HoD or HoDivision or their nominee), and submits form to Year Convener

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**STEP 3:**

Within 24 working hours (as far as possible) the Year Convener

- Consults with the course convener if necessary (e.g. to get clarity about whether - if application is approved - the proposed concession arrangements will enable the students still to complete the studies in the minimum formal time)
- completes Section C, giving conditions / requirements (if approved) for the student to adhere to
- scans and sends the document to the relevant Programme Head for the final decision and signature (this can also be done by the relevant administrator)

↓

**STEP 4:**

Within 24 working hours (as far as possible) the Programme Administrator (or Programme Head)

- scans and sends the final completed document to the student and Year and Course Conveners
- submits all documents with the final decision to the Student Development and Support Administrator in the Faculty Office administration.

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**STEP 5**

Faculty Office administration

- diarises any follow-up required (e.g. obtain final mark after a future course)
- files a copy of all documentation in the student's file.

## **STANDARD OPERATING PROCEDURE (SOP) FOR DUAL/CONCURRENT REGISTRATION WITH INTERNAL (UG/PG, PG/PG DEGREE, FHS PG and Other Faculty PG) OR EXTERNAL INSTITUTION**

### **SCENARIO 1: EXTERNAL INSTITUTION: UG or PG/PG**

#### **STEP 1: Request the student to provide to the Faculty PG manager:**

1. A motivation from the student outlining why they want to undertake the two qualifications simultaneously and why they could not finish one and then continue with the second.
2. A letter of acceptance from the secondary institution.
3. A letter from the secondary institution confirming that they have no objection to the student being registered simultaneously with another tertiary institution.
4. A letter of support from the primary year convener to programme convener. This motivation should, furthermore, indicate whether the convener is of the opinion that the student has the capacity to undertake two programmes at the same time.
5. An interim progress report from the programme convener/supervisor
6. A workplan from the student outlining how they will handle the work (lectures, tutorials, assignments, tests, and exams) for two programmes at the same time.

#### **STEP 2: Approval**

1. On receipt of the above documentation the matter will be submitted by the PG manger to the Deputy Dean: PG Education, for consideration and support.
2. The Deputy Dean - PG indicates support for the application by sending through a signed letter of support to the PG Manager and Faculty Manager. The FM will submit the motivation to the senate secretariat to place on the next SEC agenda and send to the Task Team of SEC (this task team is chaired by the deputy registrar). FM send a copy of the recommended application pack to the Dean for his reference when presenting the requests at the respective SEC meeting.
3. The SEC task-team will then consider the application prior to the next SEC meeting and will make a recommendation to SEC for approval.
4. Once SEC has met and approved the submission, the Senate secretariat will inform the faculty manager. FM relays the approval information to the PG manager who will prepare the necessary approval documentation for submission to the secondary tertiary institution and communicate outcome to the student.

### **SCENARIO 2: INTERNAL FHS UG & PG QUAL**

#### **STEP 1: Request the student to provide to the UG Manager:**

1. A motivation from the student outlining why they want to undertake the two qualifications simultaneously and why they could not finish one and then continue with the second.
2. A letter of acceptance/proof of current registration from the respective faculty at UCT.
3. A letter of support from the primary year convener to programme convener. This motivation should, furthermore, indicate whether the convener is of the opinion that the student has the capacity to undertake two programmes at the same time.
4. An interim progress report from the respective programme convener.
5. A workplan from the student outlining how they will handle the work (lectures, tutorials, assignments, tests, and exams) for two programmes at the same time.

#### **STEP 2: Approval**

1. On receipt of the above documentation the UG manager will submit the documents to the Deputy Dean: UG Education, for consideration and support.
2. Once this is obtained, UG manager passes this information to PG manager to submit to the Deputy Dean: PG to recommend for approval.
3. The Deputy Dean - PG indicates support for the application by sending through a signed letter of support to the PG Manager and Faculty Manager.

The FM will submit the motivation to the senate secretariat to place on the next SEC agenda and send to the Task Team of SEC (this task team is chaired by the deputy registrar). FM send a copy of the recommended application pack to the Dean for his reference when presenting the requests at the respective SEC meeting.

4. A SEC task-team will then consider the application prior to the next SEC meeting and will make a recommendation to SEC for approval.
5. Once SEC has met and approved the submission, the Senate secretariat will inform the faculty manager. FM relays the approval information to the PG manager will communicate outcome to the respective departments and student and will facilitate registration.

**SCENARIO 3: INTERNAL FHS PG/PG**

**STEP 1: Request the student to provide to the Faculty PG manager with:**

1. A motivation from the student outlining why they want to undertake the two PG qualifications simultaneously and why they could not finish one and then continue with the second.
2. A letter of support from the primary programme convener/HODIV. This motivation should, furthermore, indicate whether the convener is of the opinion that the student has the capacity to undertake two PG programmes at the same time.
3. An interim progress report from the programme convener/ supervisor/ HODIV
4. A workplan from the student outlining how they will handle the work (lectures, tutorials, assignments, tests, and exams) for two programmes at the same time.

**STEP 2: Approval**

1. On receipt of the above documentation the matter will be submitted by the PG manger to the Deputy Dean: PG Education, for consideration and support.
2. The Deputy Dean - PG indicates support for the application by sending through a signed letter of support to the PG Manager and Faculty Manager. The FM will submit the motivation to the senate secretariat to place on the next SEC agenda and send to the Task Team of SEC (this task team is chaired by the deputy registrar). FM send a copy of the recommended application pack to the Dean for his reference when presenting the requests at the respective SEC meeting.
3. A SEC task-team will then consider the application prior to the next SEC meeting and will make a recommendation to SEC for approval.
4. Once SEC has met and approved the submission, the Senate secretariat will inform the faculty manager. FM relays the approval information to the PG manager will communicate outcome to the student and respective departments and will facilitate registration.

**SCENARIO 4: INTERNAL FHS PG/Other UCT Faculty PG**

**STEP 1: Request the student to provide to the Faculty PG manager with:**

1. A motivation from the student outlining why they want to undertake the two PG qualifications simultaneously and why they could not finish one and then continue with the second.
2. A letter of support from the primary programme convener/HODIV. This motivation should, furthermore, indicate whether the convener is of the opinion that the student has the capacity to undertake two PG programmes at the same time.
3. An interim progress report from the programme convener/ supervisor/ HODIV
4. A workplan from the student outlining how they will handle the work (lectures, tutorials, assignments, tests, and exams) for two programmes at the same time.

**STEP 2: Approval**

1. On receipt of the above documentation the matter will be submitted by the PG manger to the FHS Deputy Dean: PG Education, for consideration and support.
2. The Deputy Dean - PG indicates support for the application by sending through a signed letter of support to the PG Manager.

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3. The PG manager sends the application pack to the Deputy Dean-PG of the second faculty. The Deputy Dean-PG of the second faculty indicates support by sending through a signed letter to the FHS PG manager and Faculty Manager. The FM will submit the motivation to the senate secretariat to place on the next SEC agenda and send to the Task Team of SEC (this task team is chaired by the deputy registrar). FM send a copy of the recommended application pack to the Dean of FHS for his reference when presenting the requests at the respective SEC meeting.
4. A SEC task-team will then consider the application prior to the next SEC meeting and will make a recommendation to SEC for approval.
5. Once SEC has met and approved the submission, the Senate secretariat will inform FHS faculty manager. FM relays the approval information to the PG manager in the home faculty and the PG manager/FM of the second faculty. The outcome will be communicated to the student and respective faculties will facilitate registration.

## LEAVE OF ABSENCE (LOA) GUIDELINES: UNDERGRADUATE AND POSTGRADUATE STUDENTS

Senate may grant leave of absence to students for a specified period usually to the end of the semester or end of year. (Reasons for granting leave of absence are illness, compassion, maternity leave and external study opportunity other than a formal exchange.) Senate may grant leave of absence to a postgraduate student registered for a part-time, coursework postgraduate (diploma or master's degree) programme on the grounds of exceptional work commitments.

### PROCESS:

1. If a student approaches a department seeking LoA as described above, refer the student to the Faculty Manager (FM). A student obtains a leave of absence only if the necessary documentation (see details below) has been submitted via People Soft- These are automatically assigned to the FM, and the LoA is approved by the Dean, or the FM. Research (PG) students must consult with their supervisors to provide letter of support.

LoA is usually granted on the following grounds:

- For medical reasons - supporting documents required from treating health care practitioner/s  
*[NOTE: UG students who are in their clinical year of study who miss an academic clinical course/block due to medical reasons may apply for medical leave of absence (MLOA). Once the MLOA is approved, students will receive details about the Fit for Study Panel (FSP) who assess the application and substantiating medical reports to determine if a student is fit to return. Please refer to General rule FGU 7.1.]*
- For compassionate reasons- supporting docs e.g., death certificate
- As maternity leave - letter from relevant medical practice specifying expected delivery date and delivery plan
- External study opportunity - letter from supervisor and organisation
- Exceptional work-related commitments - letter from supervisor and organisation

2. The University uses the term "leave of absence" (LoA) to indicate leave for longer periods, usually to the end of the semester or the end of the year. Leave granted for shorter periods (see process on Concession to Miss Classes/Academic activities) are specific to the Faculty and not formally processed as LoA on PeopleSoft.
3. A student may not ordinarily be granted leave of absence if the student has already attended roughly two-thirds of the course. Exceptions are possible on receipt by the Faculty Manager of a sound motivation accompanied by evidence such as a medical report.

(The Faculty Manager (FM) may in extraordinary cases, after discussion with the Programme convener, HODIV, and/or supervisor grant late LoA)

4. Fee rebates may be made if students apply for leave of absence within certain periods. (please consult the current Student Fee Handbook for the rebate dates and rates).
  - Should LoA be granted before the due date for course withdrawals (see current Student Fees Handbook), the courses will be removed from the student's record. Should the LoA be granted after the due date for course withdrawals, the PeopleSoft system automatically enters an INC (incomplete) or AB (absent) on the student's academic record.
  - In exceptional circumstances, where the Dean believes there are compelling compassionate reasons for granting a fee rebate greater than is set out in the Fees rule 2.7 of the Student Fees Handbook, the Dean may recommend to the Director of Finance that a Technical Fee Waiver be implemented. The motivation should be accompanied by substantive supporting documents. This applies only to tuition fees.
  - The rule of fee liability applies also to students on NSFAS funding, and the fact that a student receives NSFAS funding does not constitute grounds for seeking a technical fee waiver. NSFAS funding is not automatically extended to cover LoA. The Financial Aid Appeals Committee will however consider applications for additional funding in cases where NSFAS students are granted LoA. The strength of the student's academic record may be a determining factor.
5. There is no retrospective LoA so students should be encouraged to contact the faculty manager immediately. The date on which the student uploads the LoA application form on the PeopleSoft self-service portal is the date on which the LoA becomes effective if the application is approved.
6. Where a student has been granted LoA, the student may not use any of the University facilities, stay in residence or receive supervision during the period of the LoA. Students do however retain access to their myuct email account while on LoA.
7. Students granted LoA on medical grounds are required to apply for return to studies via the Fit for Study Panel by writing to the email: ([fitforstudy@uct.ac.za](mailto:fitforstudy@uct.ac.za)). They need to complete the ACA43, the confidential self- report and submit the respective healthcare practitioner's report. Students are provided with the dates and timelines by which to submit their application to return from leave of absence (ACA43) including the reports from their treating health care professional/s.
8. Students who are found fit to return (FTR) will be communicated their outcomes by the Fit for Study Panel. Please note: Students in their clinical years of study, will be required to do a secondary assessment as part of the faculty requirement. An independent health care practitioner will conduct a secondary assessment and provide feedback to the Fit for Study Panel. The final outcome will be communicated to the student with a copy to the FM and Student Development and Support office in the faculty. The respective Head of Programme or convener will then be requested by the FM to provide an official letter with curriculum advice and probationary academic conditions if deemed necessary.
9. Should the Fit for Study Panel decide that the student is not ready to return, the student will be required to take extended LoA in consultation with the FM: Academic Admin, where extended LoA will be processed.
10. Note that an application for LoA is not allowed for two consecutive years unless advised by the Fit for study panel or in certain circumstances that may warrant this.

*NOTE: Only the Faculty Manager may approve LoA in terms of UCT policy.*

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### LOA GRANTED FOR MATERNITY AND COMPASSIONATE REASONS:

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#### GRANTED FOR MATERNITY REASONS

To apply for LoA:

- The student must obtain the LoA application form from the UCT website (ACA 37 for UG and ACA38 for PG) or email the faculty manager (FM): Academic Admin who will email the document to the student,
- The student must upload the application and the supporting documents via self-service on People Soft, the completed application form with a supporting document (including confirmation of delivery due date from the health care practitioner providing the student with professional care during the pregnancy).
- LoA is approved by the FM: Academic Admin, on recommendation by the healthcare professional.
- The letter granting the LoA will specify the condition/s for return, e.g., the student's confirmation to return at the end of the LoA.
- Once the LoA application process has been concluded, the FM: Academic Admin will inform the Student Development Support Office, Student Housing and the relevant programme convener.
- Students on maternity leave do not need to apply to the Fit for Study Panel to return\*. They need to contact the faculty office to indicate their intention to return.
- [\*Note: Any changes to the maternity/delivery plan on which the approval of the maternity LoA was based, needs to be communicated to the FM: Academic Admin as the LoA may need to be extended. FGU7.3 may apply depending on circumstances.]

#### GRANTED FOR COMPASSIONATE REASONS

To apply for LoA:

- The student must obtain the LoA application form from the UCT website (ACA 37 for UG and ACA38 for PG) or email the faculty manager (FM): Academic Admin who will email the document to the student.
- The student must upload the application and the supporting documents (e.g., a copy of death certificate of the deceased relative or other relevant document) via self-service on PeopleSoft.
- The letter granting the LoA will specify the condition/s for return,
- e.g., the student's confirmation to return at the end of the LoA.
- Once the LoA application process has been concluded, the FM: Academic Admin will inform the Student Development Support Office, Student Housing and the relevant programme convener.
- Students on compassionate leave do not need to apply to the Fit for Study Panel to return. They need to contact the faculty office to indicate their intention to return.

LoA granted for reasons related to external study opportunity and exceptional work-related commitments will follow similar process as outlined for maternity or compassionate. They need to provide the relevant supporting documents.

## MODULAR BLOCK SYSTEM: MBChB YEARS 4 TO 6

### RATIONALE FOR A MODULAR PROGRAMME

Some key advantages of a modular programme are the following:

- (a) Most final exams are written off at the end of a block, when training is still fresh in a student's mind; there will no longer be a long delay before final examinations are written at the end of the year.
- (b) Students who repeat a course will no longer repeat other courses that they have already passed.
- (c) Since it is no longer necessary to repeat a whole year when a failed course is repeated, a student who has repeated and passed a course can proceed to the courses for the next academic year, within the same calendar year once they have been informed so by the FHS Undergraduate Administration Office (*See 5b*). A student could, for example, proceed with fifth-year courses after repeating a fourth-year course at the start of the calendar year. A tailored academic plan (TAP) will be compiled for such a student by the relevant MBChB Year Convener and the Academic Administrator: FHS Undergraduate Office in an endeavour to complete their academic programme in the best time possible.

### 1. DEFINITIONS

- (a) An academic year is a suite of courses that must be completed at a specific academic level (for example fourth year MBChB, fifth year MBChB, final year MBChB). A student may progress from one academic year to the next only once all the courses at the previous level have been successfully completed. In a modular block system, a calendar year may contain courses from more than one academic year.

*[Note: The short and long (Primary Health Care) elective courses are the only courses a student may complete in either the fifth or sixth academic year, or one elective in the fifth academic year and the other elective in the sixth academic year. If done in the fifth academic year, an elective course is limited to the vacation period. Application must be made at least 2 months in advance to, and written approval received from the Electives Convener and the Year 5 Convener.]*

- (b) A calendar year starts in January and ends in December.
- (c) A course is a collection of teaching and learning events in a particular discipline that carries a unique course code and has a title (e.g., PPH4056W Health in Context), an NQF credit value and carries a result.
- (d) A clinical rotation is a sub-component of a course that does not carry its own code but, together with one or more other sub-component/s, falls under an umbrella course code (e.g., within MDN6000W there are rotations in Ambulatory Care, Internal Medicine (Ward Care) and Acute Care). A course may contain only one rotation (e.g., in CHM5005H Orthopaedic Surgery), or more than one rotation (as in MDN6000W, mentioned above).
- (e) A modular block is a period of teaching and learning of eight weeks, within which one or more courses are offered.
- (f) A formative assessment is an assessment that does not count towards the final mark for the course. The purpose of formative assessments is to enable students and conveners to gauge the students' progress in a course, with a view to introducing remediation before the final examinations are undertaken.
- (g) A summative assessment is any assessment within or at the end of a course that counts towards the final mark for the course.
- (h) A Year Convener chairs a Conveners' Group (consisting of all the course conveners for the courses within an academic year). The Conveners' Group collectively plans the administrative arrangements for the particular academic year, such as when assessments take place.

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- (i) The Faculty Examinations Committee has the final authority to decide a student's progression status.

### 2. FORMAT OF THE MODULAR PROGRAMME

- (a) All modular blocks within a particular academic year are multiples of a single unit of time; for example, an academic year based on an eight-week modular block system can accommodate courses of two (2), four (4) or eight (8) weeks.
- (b) A modular block may contain only one course or may contain more than one course.
- (c) A student may not swap course or block rotations without written confirmation from the Year or Programme Convener, the Academic Administrator: FHS Undergraduate Office and the conveners of the courses affected by such a swap.
- (d) A student may take courses from more than one academic year within a calendar year.
- (e) Two courses may not be undertaken simultaneously unless so timetabled within the academic year rotation (as in CHM5004H and CHM5005H which are both within a four-week rotation).

### 3. ASSESSMENT IN A MODULAR BLOCK SYSTEM

- (a) Summative assessments within a modular block system are as far as possible conducted at the end of the modular block, ideally on the last Thursday and/or Friday of the modular block, to prevent loss of training time.

*[Note: It is possible, however, that some assessments - for example for a two-week course within a modular block - may take place on a Wednesday afternoon, to enable discussion with external examiners by Friday; or, as in the case of the four-week Family Medicine and Psychiatry sixth year courses, at the end of each course within the modular block, rather than the end of a modular block; or, as in the case of a four-week Obstetrics sixth year course, at the end of the eight-week modular block.]*

- (b) The Conveners' Group will finalise the modular blocks and assessment schedules before the start of an academic year. These will be published on Vula. The timing of assessments at the end of a block will be guided by the number of assessments (timetable clashes) and the number of students undergoing assessments (capacity).
- (c) Assessment packages for courses should be rationalised to eliminate "assessment redundancy" and to reduce total time required for assessment.
- (d) There should be at least two, and ideally more than two, summative assessment components per course; a single final assessment is insufficient.
- (e) Before the final mark is uploaded, a re-evaluation may be offered to a student who fails a sub-minimum (*See 5.4*).
- (f) The final marks for a course shall be uploaded by the course administrator on PeopleSoft within two weeks of the final assessments. For students on a TAP, the final signed off marks must be forwarded as soon as possible (preferably within 2-3 days) to the Undergraduate Administration Office for upload on PeopleSoft in particular where the results determine the academic standing and progression status of the student. For courses with a written component requiring manual marking and external moderation, this may be delayed until up to four weeks after the assessment.
- (g) Students remain eligible for deferred examinations (contingent on approval from the Senate Deferred Examinations Committee) as well as supplementary examinations (*see 5.5 – 5.7*) for all courses in the modular block system.
- (h) Deferred examinations in final year may be offered as part of the standard set of examinations at the end of a subsequent modular block provided that the number of assessments (timetable clashes) and the number of students undergoing assessments (capacity) are considered and that approval is granted by both courses involved. The date then agreed upon in writing by the respective course conveners and student cannot be deferred for a second time.

- (i) Supplementary examinations are decided by the year-end Faculty Examinations Committee (FEC) and as such are only to be conducted as part of the set of examinations offered in the time set aside in January preceding the start of the next academic year and not at any other time. An exception may be considered for courses in final year on recommendation to the FEC Chair.

**4. FAILURE OF A COURSE OR DISCIPLINARY SUBCOMPONENT OF A COURSE**

- (a) A student who fails to obtain a DP (Due Performance certificate) fails the course (final result: DPR). A DP comprises the absolute minimum course requirements as stated in the Faculty Undergraduate Handbook and in the course manual that the student must meet to be permitted to sit the exam. A student with DPR or who is absent for an examination fails and must repeat the course (subject to the progression rules for the programme) at the start of the next academic year.

*[Note: In circumstances outside of a student's control, for example the availability of enough clinical cases in a particular month to enable the student to complete the minimum number of cases, a more flexible approach will be taken. This concession will be clearly detailed in the respective course manual/s.]*

- (b) There are instances where an otherwise well-performing student may risk missing one or more DP requirement/s due to circumstances beyond the student's control. In such instances a student must apply for a concession to miss classes/academic activities. If a concession is approved, the student will only be permitted to sit the exam once the outstanding DP requirement has been fulfilled.

*[Note: See 'Concession to miss classes/academic activities' SOP to assess applications from MBChB Students in Years 4 to 6.]*

- (c) Sub-minima apply in the case of courses containing more than one subcomponent (such as sixth year Medicine, which contains Ambulatory Care, Internal Medicine (Ward Care) and Acute Care). A student is therefore required to pass each sub-component with 50%, regardless of the overall course mark. Where a sub-minimum is not achieved, the result is UFSM.

- (d) Before the final mark is uploaded, a re-evaluation may be offered to a student who fails a sub-minimum with 48% to 49% but has attained an overall pass mark for the course. The re-evaluation is offered where a student has otherwise performed well in the remaining sub-minima as the purpose of this re-evaluation is to establish whether the student has the specific requisite knowledge/skill. A student who sits an exam offered as a re-evaluation may subsequently qualify for a supplementary examination should the Faculty Examinations Committee decide accordingly.

- (e) Should a student obtain an overall fail mark for a course of any duration that does not contain any sub-components, the student may, if the student has obtained 48% or 49% as the fail mark, be offered a supplementary examination. *[See notes on supplementary examinations below.]*

- (f) Should a student obtain an overall fail mark for a course of any duration that does contain sub-components, the student may, if the student has obtained 48% or 49% as the fail mark, be required to undergo additional training time before doing a supplementary examination. Such additional training and supplementary examination will take place in the time set aside in January before the start of the next academic year.

- (g) A student who fails a subcomponent of a course with less than 48% but has an overall course pass mark will be required to undergo additional training time before doing a supplementary examination.

- (h) A student who fails a course with less than 48% must re-register for, repeat and pass the course before starting the next academic year.

[Notes:

- *Supplementary examinations are offered at the discretion of the Faculty Examinations Committee (FEC).*

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*Supplementary examination requirements must be stipulated by each course consistent with the overall course or subcomponent results as stated above.*

- *The decision to offer supplementary examinations only on overall course results of 48% or 49% is based on the experience of course conveners that students who fail courses with less than 48% lack the knowledge and skills required to write off the course after a short burst of extra study. The consensus is that, for the student to be sufficiently prepared to proceed and eventually to practise in the discipline concerned, the student needs to repeat the course.*
- *Course-specific entries may stipulate further requirements for each course particularly regarding sub-minima and/or subcomponents.]*

### 5. APPROVAL OF RESULTS IN THE MODULAR BLOCK SYSTEM

- (a) Even though final examinations take place at the end of a course rotation or the end of the modular block and no longer at the end of an academic year, a MBChB Year 4/5/6 FEC Sub-committee will only meet at the end of each academic year to consider all course results for each student in accordance with the university Examinations Policy. The respective FEC Sub-committee shall consist of (at the minimum) the Deputy Dean: Undergraduate Education or nominee, the programme convener, the year convener, all the course convener/s (or qualified nominee/s) and the Academic Manager or Administrator: FHS Undergraduate Office.
- (b) Students who repeat failed courses from a previous academic year at the start of the following academic year cannot progress to the next academic year of study until their repeat course results have been approved by the Dean (or nominee) on behalf of FEC and they have been notified by Undergraduate Administration Office to register for and commence courses of the next academic year. To finalise this process, a two-week interval is usually required from the time a student completes one academic year to commencing the next academic year.

## FORMULAE FOR UNDERGRADUATE DEGREES WITH HONOURS AND DISTINCTION

*[Subject to review and approval at time of print]*

### Bachelor of Medicine and Bachelor of Surgery (MBChB):

Read in conjunction with FBA

### POINTS TOWARD HONOURS AND DISTINCTION

FIRST 75%+	UPPER 2ND 70-74%	LOWER 2ND 60-69%
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#### FIRST YEAR

CEM1011F	Chemistry for Medical Students	4	2	1
PHY1025F	Physics	4	2	1
PPH1001F	Becoming a Professional	4	2	1
PPH1002S	Becoming a Health Professional	4	2	1
FCE1006F	Integrated Health Sciences Part I	8	6	3
IBS1007S	Integrated Health Sciences Part II	8	6	3
	<b>Maximum points for first year examinations</b>	<b>32</b>		

#### SECOND YEAR

HUB2017H	Integrated Health Systems Part IA	12	10	5
PTY2002S	Integrated Health Systems Part IB	8	6	3
FCE2000W	Becoming a Doctor Part IA	10	8	4
SLL2002H	Becoming a Doctor (languages) Part IB	6	4	2
	<b>Maximum points for second year examinations</b>	<b>36</b>		

**THIRD YEAR**

PTY3009H	Integrated Health Systems Part II	12	10	5
FCE3000F	Becoming a Doctor Part IIA	6	4	2
SLL3002H	Becoming a Doctor(languages) Part IB	6	4	2
MDN3001S	Introduction to clinical Practice	14	12	6
Special Study Module		4	2	1
	<b>Maximum points for third year examinations</b>	<b>42</b>		

**FOURTH YEAR**

MDN4011W	Medicine: Ward Care	8	7	3
MDN4001W	Medicine: Ambulatory Care	4	3	2
AAE4002W	Anaesthesia Part I	3	2	1
OBS4003W	Obstetrics & Gynaecology	6	4	2
PED4016W	Neonatology	4	2	1
PED4049W	Child Health	4	2	1
PPH4056W	Health in Context	6	4	2
PRY4000W	Psychiatry	6	4	2
MDN4015W	Pharmacology& Applied Therapeutics	4	2	1
	<b>Maximum points for fourth year examinations</b>	<b>45</b>		

**FIFTH YEAR**

CHM5003W	Surgery	8	6	3
CHM5004H	Trauma	2	1	0.5
CHM5005H	Orthopaedic Surgery	2	1	0.5
MDN5008W	Dermatology	2	1	0.5
MDN5006W	Rheumatology	2	1	0.5
CHM5007W	Neurology and Neurosurgery	2	1	0.5
CHM5008W	Ophthalmology	2	1	0.5
CHM5009W	Otorhinolaryngology	2	1	0.5
CHM5010W	Urology	2	1	0.5
MDN5003H	Pharmacology & Applied Therapeutics	4	2	1
OBS5000W	Gynaecology	4	2	1
PED5001W	Caring for Children	10	8	4
	<b>Maximum points for fifth year examinations</b>	<b>42</b>		

**SIXTH YEAR**

AAE6000W	Anaesthesia Part II	3	2	1
MDN6000W	Medicine (including Allied Disciplines)	10	8	4
OBS6000W	Obstetrics	10	8	4
PED6000W	Paediatrics and Child Health	7	6	3
PED6004W	Neonatal Medicine	3	2	1
CHM6000W	Surgery	10	8	4
FCE6000W	Family Medicine and Palliative Medicine	6	4	2
PRY6000W	Psychiatry	6	4	2
PTY6012W	Forensic Medicine	4	2	1
FCE6001W	Long Elective	6	4	2
	<b>Maximum points for sixth year examinations</b>	<b>65</b>		

**Maximum points for examinations for years 1 to 3 110**

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<b>Maximum points for examinations for years 4 to 6</b>	<b>152</b>
<b>Maximum overall points for years 1 to 6</b>	<b>262</b>

<b>Award</b>	<b>Criteria</b>	<b>Minimum Point Score</b>
Distinction in the basic sciences	Student must score at least 80% of the maximum points for the examinations for years 1 to 3.	88 out of 110
Distinction in the clinical sciences	Student must score at least 75% of the maximum points for the examinations for years 4 to 6.	114 out of 152
Award of degree with honours	Student must achieve an overall point score of at least 75% of the maximum overall points.	197 out of 262
Award of degree with first class honours	Student must achieve an overall point score of at least 85% of the maximum overall points.	223 out of 262

### **Health and Rehabilitation Sciences:**

#### **BSc Audiology and BSc Speech-Language Pathology:**

Degree with distinction calculation is based on the average of the marks obtained for all courses from the first to the fourth year of study. Distinction is awarded for an average of 75% - 100%.

#### **BSc Occupational Therapy:**

Degree with distinction calculation is based on the average of the marks obtained for all courses from the first to the fourth year of study. Distinction is awarded for an average of 75% - 100%.

#### **BSc Physiotherapy:**

Degree with distinction calculation is based on the average of the marks obtained for all courses from the first to the fourth year of study. Distinction is awarded for an average of 75% - 100%.

## **POLICY ON INFECTIOUS DISEASES PREVENTION AND MITIGATION**

Refer to the Keep Safe handbook on the Faculty of Health Sciences Website: [www.health.uct.ac.za](http://www.health.uct.ac.za)

## **UCT HEALTH SCIENCES FACULTY E-LEARNING AND E-TEACHING POLICY**

*[Only appendices applicable to students are displayed below, for the full policy please see <http://www.healthedu.uct.ac.za/elearning/overview>.]*

### **Appendix A - Use of Electronic Devices**

#### **A.1 Definition**

Electronic devices include cell phones (including smart phones), computers (laptops, notebooks, netbooks, and handhelds), mp3 and other digital audio and video players (including DVD players), and analogue and digital audio and video recording devices (still and movie cameras). Recordings include any format which may be done by any electronic device including videos, images and sound.

## **A.2 Application**

This policy is applicable to students and other individuals who attend courses and lectures offered by the Faculty of Health Sciences. This also includes ward rounds, bed side teaching and interactions which happen in medical facilities. No part of this policy is intended to conflict with established policies of University of Cape Town or a student's right to due process as stated in the Code of Student Conduct or the Student Handbook.

## **A.3 Background**

There are a number of electronic devices which are available to students and which they bring where teaching happens and when they interact with patients. The Faculty considers teaching to be a special time for focused engagement between educators and students. This includes teaching which happens in lectures, tutorials and bed side teaching. Electronic devices are often an impediment to such focused engagement and under no circumstances should students use electronic devices to make unauthorised recordings without the necessary permission.

## **A.4 Rationale**

The usage of personal electronic devices in teaching can hinder instruction and learning, not only for the student using the device but also for other students. Usage of an electronic device for activities unrelated to teaching tends to distract the student using the device, and is distracting and disrespectful to his/her neighbours and the educator. Both teaching and learning are thus undermined. In addition it is unethical to record patients or information related to patients in any format, whether video, images or audio with explicit written consent.

## **A.5 Classroom teaching**

Electronic devices are allowed in the classroom only for the purposes of course instruction. The use of personal computers and other electronic devices in the classroom is a privilege which may be withdrawn at the discretion of the educator.

In all cases, when permission has been granted by an educator for the use of an electronic device in the classroom, the student shall employ such device solely in a manner appropriate to the coursework and avoiding distractions or interruptions to fellow students or the educator. For example where permission has been given for the use of a device for personal note-taking, it may only be used for this sole purpose and not noisily to the extent that others are distracted by it.

The educator has the discretion to grant either individual or a blanket approval or prohibition for the use of one or more types of electronic devices in the classroom. If the latter then it is each student's responsibility to ensure that all cell phones and electronic devices such as PDAs, pagers, instant message devices, games, other handheld devices and laptop computers are turned off and stowed in a secure place during class.

The educator reserves the right to withdraw a previously granted approval for the use of an electronic device, on an individual or blanket basis, if in the educator's best judgment continued use of such a device detracts from the effectiveness of the classroom learning environment.

A student with a diagnosed disability must present to the educator the appropriate paperwork from the Undergraduate Office so that special accommodation can be made for the use of an otherwise prohibited electronic device. Other exceptions are medically necessary assistive devices, approved emergency communications and warning devices operated by authorized law enforcement officers, fire-fighters, emergency medical personnel or other emergency personnel. Such individuals must present the educator or the Undergraduate Office with the necessary paperwork confirming such status or information.

The educator should include in each course syllabus a statement establishing under what conditions electronic devices may be used in the classroom, and the manner in which a violation of the

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educator's rules of use of such devices shall be addressed. In case of a change in status of an electronic device in the course of the semester, the educator should update the course syllabus as appropriate.

It is expected that access to the internet will be off during class unless the educator specifically authorizes it for class-related purposes. Use of cell/smart phones during class time is always prohibited, as is leaving the room to answer or make a call.

### A.6 Patient information

Under no circumstances should electronic devices be used when dealing with patients except for purposes of taking personal notes. Using such devices to record interviews of patients, images of patients whether still or video without explicit written consent is not allowed at all.

### A.7 Violations

Any behaviour determined as inappropriate use or distractions resulting from the use of electronic devices may result in a warning, dismissal from class for the day of the infraction, a reduction in the grade for the class, or referral to the Undergraduate Office. Violating the ethical, privacy and confidentiality rights of patients may result in more serious consequences.

## Appendix B - Appropriate use of Computing Facilities

### B.1 Introduction

Computing and networking play increasingly important roles in teaching, research, and administration. The Faculty anticipates many benefits from the use of information technology by students and staff. UCT maintains computing and networking facilities for the purpose of conducting and fostering the teaching, research and administration activities of the Faculty. To maximize the usefulness of Computer Facilities, UCT provides access in the most open manner permitted by the owners or providers of the Computing Facilities.

### B.2 Prohibited activities

The following activities involving use of Computer Facilities are prohibited:

- Transmitting unsolicited information which contains obscene, indecent, lewd or lascivious material or other material which explicitly or implicitly refers to sexual conduct.
- Transmitting unsolicited information which contains profane language or panders to bigotry, sexism, or other forms of discrimination.
- Transmitting information which threatens bodily harm or which intimidates another person or organisation.
- Communicating any information concerning any password, identifying code, personal identification number or other confidential information without the permission of its owner or the controlling authority of the computer facility to which it belongs.
- Creating, modifying, executing or retransmitting any computer program or instructions intended to gain unauthorized access to, or make unauthorized use of, a Computer Facility or Licensed Software.
- Creating, modifying, executing or retransmitting any computer program or instructions intended to obscure the true identity of the sender of electronic mail or electronic messages, collectively referred to as "Messages", including, but not limited to, forgery of Messages and/or alteration of system and/or user data used to identify the sender of Messages.
- Accessing or intentionally destroying software in a Computer Facility without the permission of the owner of such software or the controlling authority of the Facility.
- Making unauthorized copies of Licensed Software.
- Communicating any credit card number or other financial account number without the permission of its owner.

- Effecting or receiving unauthorized electronic transfer of funds.
- Violating the provisions of copyright, particularly on software, data and publications.
- Broadcasting email messages indiscriminately to all users of a computing facility, the broadcasting of messages concerning the use of a facility by the manager of a facility being a specific exception.

## Appendix C – Social Media

### C.1 Introduction

The growing popularity of social networks such as Facebook (FB) and Twitter provides increasing connectivity for Employees and Students in their personal and professional communications. Although there are clear benefits, frequently the potential risks are not fully appreciated. Information management ought to be introduced into curricula in the early years.

### C.2 Online identity and relationships

Online communication blurs the traditional professional and personal boundaries. Even when privacy is anticipated, the online environment needs to be considered as a public space. For instance conversations with Friends on FB remain in FB permanently and are retrievable by others. The permanence of postings provides a significant indication of a person's character. Social media contributions may have a positive or negative impact on future job applications.

Comments made online in social spaces can be detrimental to the person and to others. For example thoughts and behaviours may be appropriate in a social setting yet indicate unprofessional behaviour from a practitioner's perspective.

Information tends to be permanent and durable. Defamation of others or an institution may lead to detrimental consequences. A conscious awareness of the possible harm to the reputation of colleagues must be clarified. Links can be made even when there is no obvious connection. For instance a derogatory comment about a colleague may be tracked. Previous postings can provide clues to identify that person.

### C.3 Patient relationships

Confidentiality needs to be respected online too. Health professionals hold an implicit social contract with society to be leaders. Improper disclosure of information related to the health of individuals or quality of care in facilities can be harmful. Any images, video or audio clips need to be used with full consent.

### C.4 Refer to

- Social media and the medical profession: A guide to online professionalism for medical practitioners and medical students. <http://www.waikatodhb.govt.nz/file/fileid/37681>.
- British Medical Association. 2011. Using social media: practical and ethical guidance for doctors and medical students. Standing up for doctors.
- [http://www.bma.org.uk/images/socialmediaguidancemay2011\\_tcm41-206859.pdf](http://www.bma.org.uk/images/socialmediaguidancemay2011_tcm41-206859.pdf)
- Quote on a slideshare at <http://www.slideshare.net/SuzanneHardy/amee2011-workshop-3phardybrown-slides> "*Many medical students seem unaware of or unconcerned with the possible ramifications of sharing personal information in publicly available online profiles even though such information could affect their professional lives*".

## STUDENT TRANSPORT POLICY

### 1 Purpose

All students registered for professional degrees in the Faculty of Health Sciences (FHS) are required during the course of their studies to visit and to do work at a range of off-campus learning sites. These sites are mostly within greater Cape Town while some are further afield.

The purpose of this policy is to set out a framework for how students will travel between the FHS campus and the institutions and communities in which they are required to do work as part of their formal academic programme. Such a framework will clarify student responsibilities, FHS responsibilities and shared responsibilities.

### 2 Principles

The policy is informed by the following underlying principles:

- Academic need and relevant educational outcomes
- Equity (with reference to transformation)
- Duty of care (with reference to safety and security)
- Needs of the academic programme and relevant educational outcomes
- Time efficiency
- Cost-effectiveness
- Flexible transport solutions
- Shared responsibility (University/Faculty and students)
- Transport provided only if booked
- University-funded transport is a centrally coordinated Faculty function
- Accessibility to students with disabilities
- Social responsiveness
- Environmental responsibility

These principles have to be understood and applied within a context of necessarily limited funding available for student transport.

### 3 Transport options

Given that students' transport needs are highly variable and diverse, they can only be met by using a combination of different transport solutions within a flexible system.

Transport solutions that are potentially available to students and FHS include the following:

- Walking
- Cycling
- Public transport
- Own car
- Lift provided by a fellow student
- Lift provided by a staff member
- Partner-owned vehicle (partners including government and NGOs)
- UCT Shuttle
- FHS-owned vehicle driven by an FHS-employed driver
- FHS-owned vehicle driven by an FHS staff member other than a driver
- FHS-owned vehicle driven by a student (one of the group being transported)
- Hired vehicle driven by a staff member
- Hired vehicle driven by a student (one of the group being transported)
- Bus with a driver provided by an external ('outsourced') service provider
- Transport supplied by external service provider – Uber/Taxify

4

**Responsibilities**

In keeping with students' responsibility for their own learning, it is in the first instance individual students' responsibility to be where they are required to be for the purposes of both on-campus and off-campus learning activities. Where students elect – or, as in some cases, are required – to use Faculty transport, it is their responsibility to comply with the conditions under which such transport is provided – for instance, booking each trip needed, timeous arrival at the place from which the transport will depart, etc.

The Faculty for its part takes responsibility for giving students as much assistance with their programme-related transport needs as funding allows. In giving effect to this commitment the Faculty undertakes further to make whatever decisions and choices are required with reference to the principles listed in (2) above.

5

**Own transport arrangements**

Students are in general encouraged to make their own transport arrangements where this is practical, whether this involves walking, cycling, using public transport, driving their own car or accepting a lift from a fellow student or staff member.

Students who make their own transport arrangements are alone responsible for ensuring that they present themselves where they are required to be and do so on time.

Whatever mode of transport students use – including transport provided by the Faculty/University – it is at the individual student's own risk.

Students who use their own car, must note that at certain facilities there will not be sufficient on-site parking to enable them to park within the facility's premises. Students are expected to respect that those who work at such sites on a regular basis enjoy priority access to whatever on-site parking is available. At certain sites – e.g., Khayelitsha (Site B) Community Health Centre – this precludes the use of students' private cars because there is no suitable parking available outside the facility's premises either.

### 6 **Faculty-provided transport for fieldtrips and other non-routine purposes**

To enable the Faculty to plan optimal use of its transport budget, by the end of June each year conveners of courses that during the following year will involve students travelling to, from and/or within off-campus teaching/learning sites, will submit to the Faculty Transport Committee (see Section 10 below) a schedule of non-routine trips for which they request the provision of transport. With such a schedule Course Conveners will provide the following

- A motivation for how such off-campus teaching/learning adds value to the curriculum;
- The location of the sites where students will be required to present themselves;
- The target enrolment for the course;
- Estimated numbers of students who will require the transport requested where this is expected to differ from total enrolment.

The Faculty will respond to such requests, if possible, by the end of August of the year in which the request is made and draw up a provisional transport plan for the following year.

Where the transport requested is approved, the Course Convener will submit confirmation of all relevant details of such transport to the Faculty Transport Office by the end of the third week of January in the year that the transport is required. Such details must include confirmation of the precise destinations to which students will need to be transported, the dates or days of the week on which they need to be transported, by what time on those days they must reach the specified destinations and at what time they must be picked up and returned to campus.

Students planning to make use of Faculty-provided transport for fieldtrips and other non-routine purposes may be required to book their place on such transport as per the procedure set out in Section 7 below.

### 7 **Faculty-provided routine transport**

The Faculty will routinely provide the following transport as booked by students:

- on weekdays during the day to and from teaching sites along set routes determined by the Faculty as advised by the Faculty Transport Committee;
- every night including on weekends a single pick-up between 22h00 and 23h00 for students on-call at, Michell's Plain District Hospital, Mowbray Maternity Hospital, New Somerset, Red Cross Children's and Victoria Hospitals.

Students will be responsible for booking places on each trip for which they elect to utilise FHS-provided transport.

- In the case of weekday, daytime transport, bookings must be made in advance via the FHS Transport Vula site, before midnight on Wednesdays.  
This is for the following weeks transport requirements.
- In the case of night transport, bookings must be made – again in advance – by messaging the night transport cell phone 0789658408 before 12h00 midday on the day they require transport – Monday to Fridays. In case of weekend transport, bookings must be made- again in advance – by messaging the night transport cell phone before 12h00 midday on a Friday.

Places on the buses will be reserved exclusively for students who have booked a place for themselves following the procedures set out above. Students who neglect to book transport are responsible for finding their own way to and from the relevant learning site.

When travelling back to campus on FHS-provided buses, students will be responsible for ensuring that they are at the pre-arranged pick-up points on time. In the event of something beyond their control happening such that they are unable to make it to the pick-up point on time, it will be their responsibility to contact the driver concerned or, failing this, a relevant staff member on campus. Whenever possible, such contact should be made before the scheduled pick-up time.

Where students fail without good reason to present themselves on time at the relevant pick-up point, it will be their responsibility to find their own way back to campus.

Where students have not managed to present themselves on time at the relevant pick-up point through no fault of their own, a driver may be requested by an authorised FHS representative to fetch the students concerned, particularly in instances where the students' safety might be at risk. However, if this situation arises in the latter part of the afternoon such that the driver making a special trip to collect a student who has missed their bus, would arrive back on campus later than 17h00, a special trip will not as a rule be approved and the student concerned will be responsible for finding their own way home.

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### **Safety and personal physical integrity**

The University regards the safety and physical integrity of every student as of paramount importance.

The University recognises at the same time that there are inevitable and unavoidable occupational health and safety risks associated with training to be and practicing as a healthcare professional.

Thus, the FHS:

- will not require students to travel to and work within sites where the risk of physical harm is known to be unreasonably high;
- will provide students with clear directions to the sites where they are required to be present;
- will endeavour to prepare students with information and skills to keep themselves as safe as possible *en route* to and within all off campus learning sites;
- will seek to ensure that all University and University-commissioned vehicles used to transport students to and from, as well as within, off-campus learning sites – both those owned by the University and those hired for this purpose – are roadworthy and appropriately registered and licensed;
- will seek to ensure that the drivers of such vehicles – whether University employees, students or those whose services are hired for this purpose – have valid, unendorsed licenses;
- will in the event of an accident, hijacking or any other form of criminal assault or theft, provide affected students with whatever support it can within the means at its disposal;

## 40 IMPORTANT INFORMATION

- will in the event of FHS-provided transport being delayed or having to be cancelled as a result of a vehicle breaking down, an accident, roadworks, unanticipated traffic or an external service provider failing to arrive as contracted, communicate what has happened, to the staff members responsible for the affected students at the sites where they are being expected – this will be the responsibility of the driver concerned as assisted, when necessary, by the Faculty Transport Supervisor, the Faculty Operations Manager or another member of Faculty staff.

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### **Insurance**

The University does not have the financial resources to provide students with more than limited insurance cover.

The UCT Student Handbook No.3 states as follows:

“The University provides no cover for personal possessions, including motor vehicles, even when a student may be involved in compulsory academic activity. The University does not accept liability for any personal items that may be stolen or damaged”.

Regarding personal accident insurance, the same Student Handbook states:

“The University operates a Group and Funeral Cover Insurance Scheme, which aims to supplement students' private medical aid or insurance schemes in the event of UCT-related accidental injury. Participation is compulsory and the premium is included in the academic fee”.

The maximum benefits under the Group and Funeral Cover Insurance Scheme include R25 000 for medical expenses where the student is involved in an official field trip for academic purposes.

It is recommended that students arrange for their own medical aid cover as well as insurance cover for personal accidents, including motor vehicle accidents, and loss, theft or damage of personal possessions.

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### **Governance and implementation**

The organisation and funding of student transport in the FHS will be centralised Faculty functions. To ensure that its provision is as cost effective as possible, no transport for students that is to be paid for using university – that is, departmental or faculty – funds may be commissioned other than through, or with the written consent of, the Faculty Transport Office.

Implementation and monitoring of this policy will be the responsibility of the Deputy Dean: Undergraduate Education as advised by a Faculty Transport Committee constituted as a sub-committee of the Clinical Teaching Platform Committee.

The FTC will consider all proposals pertaining to the provision of transport by the Faculty and make recommendations in the light of this policy to the Clinical Teaching Platform Committee and the Deputy Dean: Undergraduate Education.

The Faculty Transport Office will keep statistics of student usage of the transport provided, with a view, in particular, to ensuring that HEQSF levels of transport provision are aligned as closely as possible with levels of actual usage.

Further, to inform regular reviews of this policy, detailed statistics will be kept of journeys made both by FHS and outsourced vehicles, destinations served, distances covered and numbers of students conveyed as identified by course. The coordination of the collection of these statistics and their analysis will be the responsibility of the Faculty Operations Manager.

**PRIZES, MEDALS AND DEAN'S MERIT LIST**

*[Note: Any student taking a course for a second time is ineligible for a prize or class medal.]*

**GENERAL PRIZES:**

- ZALMEN ATLAS MEMORIAL PRIZE** Best student in the first year of the MBChB programme.
- ZWARENSTEIN PRIZE** Best student in the first year of the MBChB programme.
- STANLEY PHILIP NEUMANN MEMORIAL AWARD** Overall outstanding student completing the courses prescribed for semesters 3 to 5 of the MBChB programme.
- BARNARD FULLER PRIZE** Final Year: Best student qualifying for MBChB with first class honours.
- FORMAN PRIZE** Final Year: Undergraduate student who has made a special contribution to student affairs.
- THE BONGANI MAYOSI MEDICAL STUDENT'S ACADEMIC PRIZE** Final Year: Recognise a final year medical student who epitomise the Academic Legendary and Altruistic life of Prof Bongani Mayosi.
- THE DEAN'S PRIZE** Final Year: Top final year MBChB student.
- MBCHB PROGRAMME** Final Year: Gold Medal for overall top performance throughout the six years

**DEPARTMENTAL PRIZES:**

**DEPARTMENT OF ANAESTHESIA**

- ANAESTHESIA PRIZE** Final Year: MBChB student with the highest overall aggregate in Anaesthesia, based on their combined performance in the fourth- and sixth-year end-of-block Anaesthesia examinations, weighted equally.
- SA SOCIETY OF ANAESTHETISTS' MEDAL** Best fifth year MBChB student in Anaesthesia.

**DEPARTMENT (SCHOOL) OF CHILD & ADOLESCENT HEALTH**

- DOWIE DUNN MEMORIAL PRIZE** Final Year: Best sixth year MBChB student in Paediatrics.
- DR I MIRVISH PRIZE** Awarded to the top student in fifth year MBChB Paediatrics.
- DR KATHY CHUBB MEMORIAL PRIZE** Final year MBChB student (preferably female) who has shown excellent overall performance in the fields of Paediatrics and Surgery, and recognised dedication to the practice of Medicine.

**DEPARTMENT OF CLINICAL LABORATORY SCIENCES**

- LAFRAS STEYN CLINICAL LABORATORY SCIENCES PRIZE** Awarded at the bi-annual research day for the best student oral presentation of the day.
- B J RYRIE BOOK PRIZE** Meritorious work in Anatomical Pathology in third year MBChB.
- R O C KASHULA PRIZE** Best Anatomical Pathology essay in semester five MBChB.

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### **RAYMOND ZETLER BOOK PRIZE**

### **DIVISIONAL PRIZE**

### **HS EBRAHIM MEMORIAL MEDAL**

### **MARK HORWITZ PRIZE**

### **SANTILAL PARBHOO PRIZE**

### **THE ARDERNE FORDER BOOK PRIZE**

### **GOLDA SELZER PRIZE**

MBChB student with the best examination results in third year Chemical Pathology.

Final Year: Top student in LAB5008H Forensic Pathology.

Final Year: Awarded on the results of the third, fourth and sixth year MBChB examinations on haematology, with the final result being decided by an oral examination if required.

Best MBChB student in Molecular Medicine (LAB3020W). Best Special Study module in Molecular Medicine.

Awarded to the MBChB student who has shown the most improvement in Medical Microbiology (semesters 3 to 5).

Achievement in Virology in second and third year MBChB Integrated Health Systems Parts IA, IB and II (HUB2017H, LAB2000S and LAB3009H).

## **DEPARTMENT OF HUMAN BIOLOGY**

### **AW SLOAN PRIZE**

Best performance in Integrated Health Sciences Parts 1 and 2 (HUB1006F and HUB1007S).

### **IONE SELLARS MEMORIAL PRIZE**

Best student in Anatomy & Physiology II for Health & Rehabilitation Sciences. (HUB2015W - Physiotherapy)

### **KURT GILLIS PRIZE**

Best performance in Fundamentals of Integrated Health Sciences Parts 2 (HUB1011F).

### **MR DRENNAN MEMORIAL PRIZE**

Best student in HUB2017F and LAB2000S Integrated Health Systems Parts IA and Part IB in second year MBChB.

### **RICHARD WILLIAM**

### **SPENCER CHEETHAM PRIZE**

Highest mark in the neuroscience component of LAB3009H Integrated Health Systems Part II.

### **W A AND GORDON JOLLY**

Best practical performance in each of the following:

### **PRIZES (3 awards)**

HUB2021S Integrated Anatomical and Physiological Sciences 2. HUB3006F General and Applied Physiology. HUB3007S Human Neurosciences.

## **DEPARTMENT OF MEDICINE**

### **DR FRANCOIS MAJOOS MEDAL**

Top MBChB student in the fourth year Medicine.

### **DR HELEN BROWN PRIZE**

Second-best final year student in Clinical Medicine.

### **JIM MacGREGOR PRIZE**

Medical undergraduate student who performs best in the Neurology course CHM5007W.

### **PROFESSOR NORMAN**

### **SAPEIKA AWARD**

Best fifth year MBChB Pharmacology student.

### **WILL-FRID EXNER**

### **BAUMANN MEMORIAL PRIZE**

Best results in final year Medicine in MBChB.

## **DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**

### **CUTHBERT CRICHTON**

Best student in Obstetrics in fourth year MBChB (OBS4003W).

### **OBSTETRICS PRIZE**

### **CUTHBERT CRICHTON PRIZE**

Final Year: Best student in Obstetrics & Gynaecology in the final MBChB examinations.

### **JAMES T LOUW PRIZE**

Best student in Gynaecology at the end of fifth year MBChB.

## **DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH**

### **SA SOCIETY OF**

### **PSYCHIATRISTS' AWARD**

Final Year: The most distinguished final year MBChB student in Psychiatry (PRY6000W).

**DEPARTMENT (SCHOOL) OF PUBLIC HEALTH AND FAMILY MEDICINE  
FAMILY PRACTICE/**

**PRIMARY CARE PRIZE** Best student in final year MBChB Primary Healthcare.

**SOUTH AFRICAN ACADEMY OF FAMILY PRACTICE** Top student in final year MBChB Family Medicine.

**ISADORE JACOB WALT PRIZE** Best student in Health in Context in fourth year MBChB (PPH4056W).

**JOHN FLEMING BROCK PRIZE** Best student in Health in Context in fourth year MBChB (PPH4056W).

**DEPARTMENT OF SURGERY**

**BERK-SILBER PRIZE** Best student in the final written Surgery examination – fifth year MBChB.

**DR KATHY CHUBB MEMORIAL PRIZE**  
*(listed under School of Child & Adolescent Health)*  
Final Year: MBChB student (preferably female) who has shown excellent overall performance in the fields of Paediatrics and Surgery, and recognised dedication to the practice of Medicine.

**FACULTY OF HEALTH SCIENCES SURGERY PRIZE** Final year: MBChB student who has shown the greatest promise in surgery in the final MBChB examination (the student with the second highest mark).

**MOFFATT MEMORIAL PRIZE** Fifth year MBChB student who has demonstrated excellence in Surgery and an interest in the Humanities.

**UCT SURGICAL SOCIETY PRIZE** Second year MBChB student with the highest score in the Anatomy sections of OSPE and SAQ examinations throughout the year.

**KAY DE VILLIERS PRIZE** Best performance in Neurosurgery in CHM5007W.

**JS DU TOIT MEMORIAL PRIZE** Winner of a competition in Ophthalmology open to fifth year MBChB students.

**SIDNEY CYWES AND JH LOUW PRIZE IN PAEDIATRIC SURGERY** Best achievement in Paediatric Surgery in the final year of the MBChB programme.

**DONAL BARNES PRIZE** Best performance in an end-of-block viva examination and the Urology case report.

**DEPARTMENT OF HEALTH AND REHABILITATION SCIENCES**

**DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS: AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY**

**GAIL JACKLIN MEMORIAL PRIZE** Third-year student in Audiology who has shown the most growth in communication, counselling and interpersonal skills over the course of the third year.

**AB CLEMONS AWARD** Final Year: Awarded by the South African Speech-Language-Hearing Association for the student who obtains the highest mark for the research report submitted in the final year of study, provided that a minimum of 75% is obtained.

**P DE V PIENAAR PRIZE** Final Year: Awarded by the South African Speech-Language-Hearing Association to the student who maintained the highest academic standard over four years, with a minimum average of 75% throughout the programme.

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##### **SUSAN SWART PRIZE**

Final Year: To the best Audiology student who has maintained the highest academic standard over four years, provided a minimum average of 75% has been obtained throughout the programme.

##### **SA ASSOCIATION OF AUDILOGISTS PRIZE**

Final Year: For the most improved final year performance in communication, counselling and interpersonal skills in the Audiology Programme.

##### **SA ASSOCIATION OF AUDILOGISTS PRIZE**

Final Year: For the most improved final year performance in communication, counselling and interpersonal skills in the Speech-Language Pathology Programme.

##### **THE SOUTH AFRICAN SPEECH-LANGUAGE- HEARING ASSOCIATION PRIZE**

Final Year: Awarded to the best final year student in Audiology: Clinical, provided an average of at least 75% has been obtained.

##### **THE SOUTH AFRICAN SPEECH-LANGUAGE- HEARING ASSOCIATION PRIZE**

Final Year: Awarded to the best final year student in Speech-Language Pathology: Clinical, provided an average of at least 75% has been obtained.

#### DIVISION OF OCCUPATIONAL THERAPY

##### **OCCUPATIONAL THERAPY ASSOCIATION OF SOUTH AFRICA (OTASA) FINAL YEAR RESEARCH PROJECT ANNUAL AWARD**

Final Year: The Occupational Therapy Association of South Africa (OTASA) Award is presented yearly to the student group who have generated the best performing research project within the final year BSc Occupational Therapy cohort of each University.

##### **VONA & MARIE DU TOIT FOUNDATION FINAL YEAR RESEARCH PROJECT ANNUAL AWARD**

Final Year: The Vona and Marie du Toit Foundation is presented yearly by the Occupational Therapy Association of South Africa (OTASA) to the final year BSc Occupational Therapy student group who have generated the best performing research project, countrywide.

##### **PRACTICE LEARNING MERIT AWARD**

Final Year: For the best final year BSc Occupational Therapy student/s in practice learning.

##### **WORK PRACTICE CLUSTER PRIZE**

Final Year: To the student who demonstrated innovation and excellence in the delivery of OT services within the area of work practice. They demonstrated an in-depth understanding of the South African labour context, the ability to engage and get buy-in from all stakeholders, to venture outside of the confines of the site, and to advocate for the rights of people with disabilities and marginalised communities to work.

##### **CHILD LEARNING, DEVELOPMENT & PLAY CLUSTER PRIZE**

Final Year: This prize is awarded to the student who has demonstrated a natural ability to engage with children, drawing on their understanding of the child as an occupational being, and using play as a means to promote their engagement in childhood occupations.

##### **COMMUNITY DEVELOPMENT PRACTICE CLUSTER PRIZE**

Final Year: Student who contributed substantially to facilitating change processes in collaboration with an organisation/group, demonstrating the capacity to critically reflect on their own positionality and engaging authentically with partners in addressing the health and social needs of a community.

**PHYSICAL HEALTH  
PRACTICE CLUSTER PRIZE**

Final Year: Student who demonstrated excellent reflection on the development of professional identity using a digital story in physical health practice.

**MENTAL HEALTH PRACTICE  
CLUSTER PRIZE**

Final Year: Student who demonstrated the ability to integrate personal, theoretical and professional dimensions towards recovery with persons who present with mental health challenges. The student is able to show the use of self as a therapeutic tool and the ability to act as an agent of change in the practice context.

**MARILYN AND TIM NOAKES  
AWARD  
JOHANNES KARL WILHELM  
BINNEWALD TROPHY  
PAGET PHYSIOTHERAPY  
SHIELD  
SOUTH AFRICAN SOCIETY  
FOR PHYSIOTHERAPY**

**DIVISION OF PHYSIOTHERAPY**

BSc Physiotherapy student with the overall highest marks During second and third year clinical practical courses.

Final Year: Best final year student in clinical Physiotherapy.

Final Year: Student achieving the highest academic standard during the four years of BSc Physiotherapy study.

Final Year: Best overall student in final year BSc Physiotherapy.

**MBChB:**

Class medal for best overall performance in:

PPH1001F Becoming a Professional, and  
PPH1002S Becoming a Health Professional  
HUB1006F Introduction to Integrated Health Sciences Part I,  
and

IBS1007S Introduction to Integrated Health Sciences Part II

HUB2017H Integrated Health Systems Part IA, and

LAB2000S Integrated Health Systems Part IB, and

LAB3009H Integrated Health Systems Part II

PPH2000W Becoming a Doctor Part IA, and

SLL2002H Becoming a Doctor Part IB, and

PPH3000F Becoming a Doctor Part IIA, and

SLL3002H Becoming a Doctor Part IIB

HUB2017H Integrated Health Systems Part IA, and

LAB2000S Integrated Health Systems Part IB, and

LAB3009H Integrated Health Systems Part II

Class medal for best overall performance in:

Pathology Components:

PRY6000W Psychiatry

OBS6000W Obstetrics and Gynaecology

MDN6000W Medicine (including Allied Disciplines)

CHM6000W Surgery

PED6000W Paediatrics and Child Health

PPH6000W Family Medicine and Palliative Medicine

Final Year: Class Medal for best overall performance in:

**HEALTH & REHABILITATION SCIENCES:**

**DIVISION OF COMMUNICATION SCIENCES & DISORDERS**

- (a) A class medal to be awarded for the best performance in each year of study provided an average of 75% or above is obtained.
- (b) A class medal to be awarded for the best clinical performance in the following courses, provided a result of 75% or above has been obtained in each case:
- (c) AHS3004H Clinical Speech Therapy II (third year BSc Speech-Language Pathology);
- (d) AHS3008H Clinical Audiology II (third year Audiology)
- (e) Final Year: Best performance in each year of study provided an average of 75% or above is obtained.

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- (f) Final Year: A class medal to be awarded for the best clinical performance at the end of the final year in the following professional courses, provided a result of 75% or above has been obtained in each case:
- (g) AHS4005H Clinical Speech Therapy IIIA and AHS4006H Clinical Speech Therapy IIIB (combined fourth year Speech-Language Pathology)
- (h) AHS4008H Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB (combined – fourth year Audiology).
- (i) Final Year: Distinction for the degree: Overall average of 75% throughout all four years of study.

### **DIVISION OF OCCUPATIONAL THERAPY**

- (a) A class medal to be awarded for the best performance in each year of study provided an average of 75% or above is obtained.
- (b) A class medal to be awarded for top performance in the following clusters provided an average of 75% or above is obtained
- (c) AHS3113W Foundation Theory for OT Practice I and AHS4119W Occupational Therapy Research & Practice Management.
- (d) AHS3113W Foundation Theory for OT Practice I and AHS4120W Foundation Theory for OT Practice II.
- (e) AHS3107W OT Theory and Practice in Physical Health, AHS3108W OT Theory and Practice in Mental Health, and AHS4121W Occupational Therapy Practice and Service Learning.
- (f) Final Year: Distinction for the degree: Overall average of 75% throughout all four years of study.

### **DIVISION OF PHYSIOTHERAPY:**

- (a) 1st Year class medal to be awarded for the best performance provided an average of 75% or above is obtained.
- (b) 1st Year medal to be awarded for the student who performed best in AHS1033F and AHS1034S (combined).
- (c) 2nd Year class medal to be awarded for the best performance provided an average of 75% or above is obtained.
- (d) 2nd Year class medal to be awarded in the following courses, provided a result of 75% or above has been obtained:
  - AHS2052H – Movement Science II
  - AHS2053H – Applied Physiotherapy I
- (e) 3rd Year class medal to be awarded for the best performance provided an average of 75% or above is obtained.
- (f) 3rd Year class medal to be awarded in the following courses, provided a result of 75% or above has been obtained:
  - AHS3069W – Clinical Physiotherapy II
  - AHS3070H – Becoming a Rehabilitation Professional I
  - AHS3076H – Movement Science III
  - AHS3077H – Applied Physiotherapy II
- (g) Final Year: Distinction for the degree: Overall average of 75% throughout all four years of study.

## DEAN'S MERIT LIST:

### MBChB:

- (a) All MBChB students in years 1 to 5 who have a full course load and with 75% or more for all courses will be acknowledged on the Dean's Merit List (each year).

### HEALTH & REHABILITATION SCIENCES:

- (a) All Health and Rehabilitation Science students in years 1 to 3 who have a full course load and 70% or more for all courses will be acknowledged on the Dean's Merit list (each year).
- (b) The name of the student in each discipline who is deemed to have made the most progress academically over the four years of study in each programme will be placed on the Dean's Merit list.

## DISTINGUISHED TEACHERS IN THE FACULTY

*Students may nominate (to the Registrar's office) academic staff for UCT's Distinguished Teacher Awards. Faculty of Health Sciences staff who have received Distinguished Teacher Awards are:*

- 2019 Professor A Argent (Paediatrics and Child Health)
- 2019 Associate Professor R Parker (Anaesthesia and Perioperative Medicine)
- 2017 Professor P Navsaria (Surgery)
- 2017 Professor R Dunn (Surgery)
- 2014 Professor D Kahn (Surgery)
- 2012 Associate Professor Z Woodman (Molecular and Cell Biology)
- 2010 Associate Professor R Eastman (Medicine)
- 2010 Professor Z van der Spuy (Obstetrics & Gynaecology)
- 2007 Dr I A Joubert (Anaesthesia)
- 2005 Dr M Blockman (Pharmacology)
- 2004 Associate Professor V Burch (Medicine)
  - (Also received the National Excellence in Teaching and Learning Award from the Council for Higher Education and the Higher Education Learning and Teaching Association of South Africa in 2009)
- 2003 Associate Professor G Louw (Human Biology)
- 2003 Dr P Berman (Chemical Pathology)
- 2002 Associate Professor J Krige (General Surgery)
- 2001 Dr C Slater (Human Biology)
- 2001 Emeritus Professor V Abratt (Molecular and Cellular Biology)
- 2000 Associate Professor A Mall (General Surgery)
- 2000 Professor D Knobel (Forensic Medicine)
- 1998 Professor MFM James (Anaesthesia)
- 1996 Emeritus Professor J Thomson (Molecular and Cellular Biology)
- 1993 Professor J de Villiers (Neurosurgery)
- 1989 Professor EJ Immelman (General Surgery)
- 1988 Associate Professor G R Keeton (Medicine)
- 1987 Dr C Warton (Anatomy & Cell Biology)
- 1985 Professor A Forder (Medical Microbiology)
- 1984 Dr AH Robins (Pharmacology)
- 1982 Professor W Gevers (Medical Biochemistry)
- 1981 Professor R Kirsch (Medicine)

## GENERAL INFORMATION

### Contact details of University and Faculty administrative offices dealing with student matters

*[Note: The Academic Administration section of the Faculty Office of Health Sciences is situated in the Wernher & Beit North building, one level down from the Dean's Office.]*

<b>Query:</b>	<b>Whom to approach:</b>	<b>Telephone:</b>
Academic transcripts/degree certificates	Records Office	(021) 650 3595
Admission: Postgraduate	Postgraduate Admission section of Faculty Office of Health Sciences	(201) 406 6340 / 6028
Admission: Undergraduate	Undergraduate Admission section of Faculty Office of Health Sciences	(021) 406 6634 / (021) 650 3020
Computer laboratory queries	ICTS, Anatomy Building, Health Sciences campus	(021) 406 6729
Deferred examinations	Records Office	(021) 650 3595
Fee problems/accounts	Central Fees Office (Kramer Law Building)	(021) 650 2142
Fee payments	Cashier's Office (Kramer Law Building) (09h30 to 15h30)	(021) 650 2207/ 2146
Financial assistance	Student Financial Aid Office (Kramer Law Building)	(021) 650 2125
Medical Library queries	Medical Librarian, Health Sciences Faculty Library	(021) 406 6130
Registration issues: Postgraduate	Postgraduate Administration section of Faculty Office of Health Sciences	(021) 650 3004
Registration issues: Undergraduate	Undergraduate Administration section of Faculty Office of Health Sciences	(021) 406 6634 / (021) 650 3020
Student health matters	Student Wellness	(021) 650 1020
Student support: Postgraduate (other than academic support)	Postgraduate Administration section of Faculty Office of Health Sciences	(021) 406 6327
Provision of non-academic support to FHS Undergraduate and Postgraduate students	Faculty of Health Sciences Student Development & Support Office (FHS SDS Office)	(021) 650 7189 / (021) 650 5393
Undergraduate Curriculum Matters	Undergraduate Administration section of Faculty Office of Health Sciences	(021) 406 6634 / (021) 650 3020

## Dean, Faculty Office, and Other Central Offices within the Faculty

### DEAN AND FACULTY OFFICE

L2, Barnard Fuller Building  
Tel: 021 406 6346

#### Associate Professor and Dean:

L Green-Thompson, MBBCh *DASA* PhD *FCASA*

#### Professor and Deputy Dean: Postgraduate Education:

C Dandara, BSc, BSc(Hons), PhD, HPCSA (Medical Biological Scientist), ASSAf Fellow, AAS Fellow

#### Doctor and Deputy Dean: Undergraduate Education:

K Begg, MBChB *Cape Town* DCH *CMSA* DipObs *CMSA* FCPHM *CMSA*

#### Associate Professor and Deputy Dean: Health Services:

T Naledi, MBChB FCPHM *SA*

#### Doctor and Acting Deputy Dean: Research:

Y Harley, BSc, BSc(Med) Hons, PhD

#### Transformation Co-ordinator:

M Fuma, BA Motion Picture, *AFDA*

#### Faculty Manager: Academic Administration:

KS Munesar, BA Social Work *UDW* PGDip (Personnel Management) *Durban*

#### Manager: Postgraduate Academic Administration:

TBC

#### Manager: Undergraduate Academic Administration:

C Cloete, LLB *UWC*

## Associated Teaching Hospitals

### Hospital:

2 MILITARY HOSPITAL

ALEXANDRA HOSPITAL

GEORGE HOSPITAL

GROOTE SCHUUR HOSPITAL

KINGSBURY HOSPITAL

KNYSNA HOSPITAL

LIFE VINCENT PALLOTTI

MITCHELLS' PLAIN DISTRICT HOSPITAL

### Chief Executive Officer:

Col (Dr) JJ Molomo

A/Prof Jason Phua

Mr Michael Vonk

Dr Bavna Patel

Mrs Christine Malan

Mr Gavin Pike (Hospital Manager)

Mr Evan Swart

## 50 GENERAL INFORMATION

### MOSSEL BAY PROVINCIAL HOSPITAL

NEW SOMERSET HOSPITAL

Dr Donna Stokes

OUTDSHOORN HOSPITAL

Dr Charles Dreyer (Medical Manager)

RED CROSS CHILDREN'S HOSPITAL

Dr Anita Parbhoo

TYGERBERG HOSPITAL

Dr Matodsi Mukosi

VALKENBERG HOSPITAL

Mrs Carol Dean

VICTORIA HOSPITAL

Prof Jonathan Vaughan

VREDENBURG HOSPITAL

Dr Silvio Morales-Perez

### CENTRE FOR BIOETHICS

*c/o Philosophy Department, 3.03 Neville Alexander Building, University Avenue, Upper Campus, University of Cape Town.*

*The Bioethics Centre, formally established in 1992, grew out of the Bioethics Unit, which has functioned informally in the (then) Faculty of Medicine since 1988. Since 2009, the Bioethics Centre has been a joint Centre of the Faculty of Health Sciences and the Department of Philosophy in the Faculty of Humanities. Bioethics Centre staff are actively engaged in bioethics teaching and research, and provide a consultation service. To arrange bioethics consultations please email: [bioethicsconsult@uct.ac.za](mailto:bioethicsconsult@uct.ac.za) (all emails to this address are confidential). For general enquiries to the Bioethics Centre please email: [bioethics@uct.ac.za](mailto:bioethics@uct.ac.za)*

#### **Professor and Director:**

D Benatar, BSocScHons PhD *Cape Town*

#### **Emeritus Professor:**

SR Benatar, MBChB DSc (Medicine) *Cape Town* FFA FRCP (Hon) FCP (Hon) SA

#### **Associate Professors:**

J Anthony, MBChB *Cape Town* FCOG SA MPhil *Stell*

J de Vries, MSc *Wageningen* MSc *European University Institute* PhD *Oxon*

T Burgess, BSc (Physiotherapy) BSCHons (Medicine) PhD *Cape Town* MHSc (Bioethics) *University of Toronto*

#### **Emerita Associate Professor:**

A Pope, LDipLib *Stell* BA LLB *Rhodes* PGDip (International Research Ethics) *Cape Town*

#### **Senior Lecturers:**

E Galgut, BAHons MA *Witwatersrand* MA *Cape Town* PhD *Rutgers*

G Hull, BAHons *Cantab* MPhil PhD *London*

#### **Honorary Senior Lecturer:**

L Henley, MSocSc MPhil (Bioethics) PhD *Cape Town*

#### **Post-doctoral fellow:**

A Hartford, BAHons *Cape Town* MA *New York* PhD *Cape Town*

**Senior Secretary:**

L Davison, BA(Hons) MPhil *Cape Town*

**Health Sciences Student Council**

Location: Ground Floor (Next to the Cafeteria), Barnard Fuller Building

Telephone: 021 650 3750

Email: [hssc@myuct.ac.za](mailto:hssc@myuct.ac.za)

Office Hours: 13h00-14h00 and 16h30-17h30

**Definitions of terms used in this handbook**

**Concession:** Formal Senate approval exempting a student from complying with a required rule.

**Curriculum:** Prescribed course of study for a degree or diploma.

**DP (Due Performance) requirement:** Required minimum level of performance during the year to qualify a student to do an examination in a particular course.

**Exemption and credit:** Exemption from a course means that a student need not complete this course since they have passed an equivalent course before. They are then also given credit towards the programme for the course they passed before.

**Health and Rehabilitation Sciences:** Physiotherapy, Occupational Therapy, Audiology, Speech-Language Pathology, Disability Studies and Nursing.

**HEQSF course level and NQF credits:** The University is required to align its qualifications with the Higher Education Qualifications Sub-framework or HEQSF (which forms part of the National Qualifications Framework). In terms of the Framework, the following criteria apply:

- A Bachelor's degree of four or more years is at HEQSF exit level 8 and must have a minimum of 480 credits. Minimum credits at HEQSF level 7: 120; minimum credits at HEQSF level 8: 96.
- Courses with content pitched at first year level are at HEQSF level 5; those at second year level at HEQSF level 6; those at third year level at HEQSF level 7; and those at fourth to six year at HEQSF level 8.
- NQF credits: 1 credit is 10 notional hours of learning.

**ISCE:** Integrated Structured Clinical Examination.

**Joint staff:** Staff employed jointly by the University and the Provincial Government of the Western Cape (PGWC).

**OSCE:** Objective Structured Clinical Examination.

**OSPE:** Objective Structured Practical Examination.

**Convener:** Academic staff member in charge of offering the degree or a course within the degree programme.

**Readmission requirements:** Requirements a student must meet to be permitted to continue with the programme. A student who fails to meet one or more of these requirements may be refused readmission.

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**Semester:** A half-year.

**Academic year of study (AYOS):** A suite of courses that must be completed at a specific academic level (e.g.: fourth year MBChB)

**Calendar year:** A year which starts in January and ends in December and may contain courses from more than one academic year.

### Programme, plan, and course codes

Each study programme has a code, indicating:

M = Faculty of Health Sciences

B = Bachelor's degree

+ a 3-digit number

Example: BSc Physiotherapy = MB004.

#### The undergraduate programme codes are as follows:

MB001	BSc (Medicine)
MB003	BSc Occupational Therapy
MB016	BSc Occupational Therapy Fundamentals of Health Sciences Programme
MB004	BSc Physiotherapy
MB017	BSc Physiotherapy Fundamentals of Health Sciences Programme
MB010	BSc Speech-Language Pathology
MB018	BSc Speech-Language Pathology Fundamentals of Health Sciences Programme
MB011	BSc Audiology
MB019	BSc Audiology Fundamentals of Health Sciences Programme
MB014	MBChB
MB020	MBChB Fundamentals of Health Sciences Programme
MZ010	Nelson Mandela Fidel Castro Medical Collaboration Training Programme
MU002	Higher Certificate in Disability Practice
MU003	Advanced Diploma in Cosmetic Formulation Science

*Note: This is to confirm that by virtue of inclusion on the Institution's DHET approved Programme and Qualification Mix (PQM), all qualifications included in this Handbook are **accredited** by the Council on Higher Education's permanent sub-committee - the Higher Education Quality Committee. Where a SAQA ID has not been provided, the qualification is awaiting the SAQA ID. The higher education sector has undergone an extensive alignment to the Higher Education Qualification sub-Framework and thus all institutions are awaiting the finalisation of the process and completion of the awarding of SAQA ID's. Affected qualifications are marked \**

*Please consult Handbook 2 or the HEQF's Programme and Qualification Mix (PQM) on the Institutional Planning Department's website, as approved by the Department of Higher Education and Training, for a list of all UCT's accredited qualifications.*

Every course has a **course title** and a **course code**.

The structure is:

AAA1nnnS, where:

AAA is a 3 alpha group identifying the department.

1 is a number identifying the year level at which the course is usually taken.

nnn is a three-character number that identifies the course uniquely.

S is a single alpha character, specifying the time period during which the course is offered.

In many cases, the only change is the addition of a zero as the first identifying number.  
For example: AHS373F becomes AHS3073F.

Courses use one of the following possible suffixes, which refer to the following time periods:

F First Semester

S Second Semester

W Full Year – First and Second Semesters

X Block Rotation in MBChB (years 4-6 and NMFC Programme)

*[Note: The course extension does not denote the volume of work in the course or the relative weighting of the course in that year of study. The volume of work is determined by the NQF credit value of the course.]*

## **Term Dates for 2022**

Please refer to the website: <https://www.uct.ac.za/main/calendar/terms>.

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## GENERAL RULES FOR UNDERGRADUATE STUDENTS

*[Note: All students must also familiarise themselves with the general rules for all students at UCT, contained in Handbook 3 of this series.]*

### **Applications and Admission**

FGU 1.1 The University welcomes applications from applicants with special needs. However, there are some disabilities that would prevent someone from completing a particular health sciences curriculum (for example, someone who is deaf may not be able to hear a heartbeat through a stethoscope). For this reason applicants with disabilities are urged to communicate with the Faculty, via the University's Disability Unit, to establish whether this would apply to them. The Faculty reserves the right to require an applicant (or an admitted student) to undergo a professional assessment to determine the extent and likely impact of a disability on his/her ability to meet the requirements of the curriculum, including such practical training and practice as is required in the health sciences discipline concerned. The University reserves the right to withdraw an offer to an applicant or cancel the registration of a student who fails to declare a disability that is found to be such as to make it impossible for them to meet the curriculum requirements in the health discipline concerned.

FGU 1.2 Applicants to this Faculty of Health Sciences who have been refused re-registration in this or another faculty will generally, not be accepted.

### **Registration dates and first-year orientation, late registration and attendance of non-registered students**

FGU 2.1 All first-year students are required to attend all academic orientation activities. Failure to do so without permission may prevent entry to first semester courses.

FGU 2.2 All students are required to renew their registration formally each year. No retrospective registration is allowed.

FGU 2.3 All students are required to adhere to the registration dates set out in this Handbook and/or notices sent to students by the University administration in the year preceding registration/re-registration. Students who register late are charged a penalty fine.

*[Note: Read in conjunction with general rule G8 in Handbook 3.]*

FGU 2.4 Except by permission of the Senate, a person who has not registered for the current year shall not be allowed to attend academic commitments and shall have no access to university, clinical and training facilities. Students who have not re-registered because they have fees outstanding may apply formally to the Deputy Vice-Chancellor concerned, via the Faculty Office, for a specified "grace period" (a grace period is granted only if there is documentary evidence that funds will become available) while they make arrangements to have their fees paid. In cases where students have been granted a grace period and allowed to attend despite not being registered, they may not be given results of any assessments.

**Hepatitis B Immunisation**

FGU 3 It is compulsory for all undergraduate students to have received a full course of Hepatitis B immunisation by the end of July of their first year of study. Students will not be permitted to register for the second year of study until they have submitted to the Faculty Office written proof that they have received a full course of such vaccination.

**Rules for degrees and diplomas, and changes to courses and curricula**

FGU 4.1 Every candidate for a degree or diploma must attend and complete such qualifying courses or perform such work as may be specified in the rules for that degree, diploma or certificate. The University reserves the right to revise its rules from time to time, and any alteration of or addition to the rules for any degree or diploma shall, on the date specified in the notice of promulgation of such alteration or addition, become binding upon all candidates for that degree or diploma. Courses offered within MBChB, BSc Physiotherapy, BSc Occupational Therapy, BSc in Audiology and BSc in Speech-Language Pathology are open ONLY to students enrolled within those respective programmes in the Faculty of Health Sciences.

FGU 4.2 The University has made every effort to ensure the accuracy of the information in its handbooks. However, it reserves the right at any time, if circumstances dictate, to:

- (a) make alterations or changes to any of the published details of the courses and curricula on offer; or
- (b) add to or withdraw any of the courses or curricula on offer.

**Registration of students with professional bodies**

FGU 5.1 All undergraduate students are required to register with the Health Professions Council of South Africa upon admission to their respective degree programmes and are bound by that Council's regulations.

- (a) Final year MBChB students are registered as student interns with the Health Professions Council of South Africa and are required to adhere to their regulations. Upon their qualification, they register as interns, and are bound by that Council's regulations. Qualified students are required to do two years' internship and one year's community service.
- (b) Upon qualifying in their final year of study, students in the BSc Audiology, BSc Speech-Language Pathology, BSc Occupational Therapy and BSc Physiotherapy degree programmes are required to register with the relevant professional board of the Health Professions Council of South Africa and do one year's community service before they may practise in their respective disciplines.

FGU 5.2 From the second year of study, BSc Physiotherapy students are required to subscribe to the South African Society of Physiotherapy in order to obtain student professional malpractice insurance.

**Ethical norms, professional behaviour, impairment and fitness to practise healthcare**

FGU 6.1 Students registered for degrees involving clinical work or work with clients are expected to act in accordance with the ethical norms laid down by the Health Professions Council of South Africa. Students who are found guilty of unprofessional conduct after a formal process to investigate reported unprofessional behaviour may be required to terminate their registration in the Faculty.

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Students who are found to be physically or otherwise impaired after a formal review impairment process has been undertaken may also be required to terminate their registration in the Faculty.

Where a student who qualifies for the award of the degree or certificate for which they are registered, or where a student, in the course of their studies, following professional assessment, is deemed unfit to practise healthcare, the Dean will report the outcome of such professional assessment to the relevant regulatory body and inform the student accordingly.

FGU 6.2 Students are expected to behave professionally and dress appropriately. Professional behaviour includes attendance of all scheduled academic activities and respectful behaviour towards teachers, patients and colleagues.

*[Note: A guide to professional behaviour and appropriate dress in the hospitals and on the Health Sciences Faculty campus, as well as the processes that are followed to consider possible cases of impairment or of professional misconduct, are given in the section Important Information at the front of this handbook.]*

*[Note: The Health Professional Council of South Africa requires faculties of health sciences to monitor a health science student's fitness to train or practise healthcare, and to report cases where a student is, following professional assessment, deemed unfit for practice.]*

The following definitions apply:

*Impaired: The Health Professions Council (HPCSA) defines impairment as "a condition which renders a practitioner incapable of practising a profession with reasonable skill and safety".*

*Unprofessional conduct: The HPCSA defines unprofessional conduct as "improper or disgraceful or dishonourable or unworthy conduct or conduct which, when regard is taken to the profession of a person who is registered in terms of this Act, is improper or disgraceful or dishonourable or unworthy".*

*In terms of the Medical Dental and Supplementary Health Service Professions Act, a student or practitioner is required to:*

- (a) report impairment in another student or practitioner to the Council if they were convinced that such other student or practitioner were impaired as defined in the Act;*
- (b) self-report their impairment to the Council if they were aware of their own impairment or have been publicly informed of being impaired or have been seriously advised by a colleague to act appropriately to obtain help in view of an alleged or established impairment.*

*The Faculty has a Student Development & Support Committee whose purpose in the first instance is to support students who experience health-related or other difficulties. The Committee strives to provide on-going support to students with medical (including mental health) problems. All possible attempts are made to assist students to get well before steps are taken to recommend a review of a student's suspected or reported impairment. (See Process to Investigate Reported student Impairment or Unprofessional Conduct at the front of this handbook.)*

*All matters relating to student health are treated in the strictest confidence, and the number of academic or support staff who by nature of their work have access to confidential student information is limited to the absolute minimum.*

*The rules below need to be read within this context.*

### **Leave of Absence, impairment and fitness to practise healthcare**

FGU 7.1 A student who has been granted leave of absence\* for a medical reason is required to apply to the UCT Fit for Study Panel (FSP) to return from leave of absence. The FSP convenes to consider these applications at the end of each semester. Students are provided with the dates and timelines by which to submit their application to return from leave of absence (ACA43) including the reports from their treating health care professional/s. For students within the clinical years of study, the Faculty requires, in addition to the Fit for Study Panel's initial decision, a secondary assessment by a health professional of the Faculty's choice with a view to establishing whether the student is fit to work with patients/clients. The Faculty's Student Development and Support Committee (SDSC) will ensure that the secondary assessment is expedited. Once the Fit for Study Panel has considered the secondary assessment report, the student will be informed of the final decision. The Faculty may set additional conditions for return which may include for example return to clinical shadowing to upgrade clinical skills and/or on-going monitoring of continued fitness for training/practice. If the Fit for Study Panel decides that the student is not fit to return, the student must apply for an extension of leave of absence, following which the student must again apply via the Panel to return.

*[\*Note: A student may only apply for LOA for a semester or a maximum of a full year.]*

FGU 7.2 A student who, in the course of training/clinical practice, is deemed by the Head of Division/Programme Convener (on advice of clinical teaching staff) to have become potentially unfit for continued training/practice (for example due to regular absence), may be required to undergo an assessment by a healthcare professional of the Faculty's choice to be considered by the Faculty's Impairment Review Committee. One of the recommendations from the Impairment Review Committee may be that the student will be requested to take a leave of absence and to apply to return to studies via the Fit for Study Panel.

FGU 7.3 A student who:

- (a) is admitted to a treatment facility without having been able to apply for leave of absence (LoA), or
- (b) has had a change in the management or treatment plan while on an approved LoA, or
- (c) is granted a concession to miss classes/academic activities by the Head of Division/Programme Convener on application and for a medical reason, may not return to academic activities/ training/practice until the student's treating healthcare professional has recommended to the Faculty in writing that the student is fit to return. The Faculty may, in addition, require the student to undergo an assessment by an independent healthcare professional of the Faculty's choice about the student's fitness to return. If the student is deemed not fit to return, the student will be required to take formal leave of absence or apply for an extension, after which they must apply to return via the Fit for Study Panel (as described in FGU7.1).

FGU 7.4 A student who applies for a deferred examination for a second time in one year for medical reasons may be required to undergo an assessment by a healthcare professional of the Faculty's choice and may be required, following consideration by the SDSC of the advice of such professional, to take leave of absence to address the medical problem.

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The student would then apply to the Fit for Study Panel to return in order to resume training.

### Assessment

FGU 8.1 The performance of each student is subject to continuous assessment in all courses prescribed for the study programme. The student's academic standard of work performed during any course and, where relevant, the student's attendance will be taken into account in determining the result obtained by them in that course and/or the student's progression to the next year of study in the programme for which they are registered.

FGU 8.2 The Senate may permit a student who fails a course if, in its judgement, they have performed adequately in the work of the course, to write a supplementary examination. To determine the final result for the course, the mark for the supplementary examination is either usually added to the class (or year-) mark or used as a stand-alone mark. Refer to the University Examinations Policy manual.

### Progression, readmission and re-registration of candidates

FGU 9.1 Applicants to this Faculty of Health Sciences who have been refused re-registration in this or another faculty will generally, not be accepted.

FGU 9.2 Except by permission of the Senate, a student shall not be admitted to register in the following academic year of study unless they have satisfactorily completed all the courses prescribed and satisfactorily performed all the work required for the preceding year.

- (a) A calendar year starts in January and ends in December. An academic year is a suite of courses that must be completed at a specific academic level (for example third year audiology or fourth year MBChB). A calendar year starts in January and ends in December. A calendar year may contain courses from more than one academic year. (For example, in years 4 to 6 of the MBChB programme: If a student has an outstanding 4th year course, a student can be registered for both 4th and 5th year within the same calendar year upon successful completion of the 4th year course. Such a student will have a tailored academic plan (TAP) compiled by the Year Convener/s and approved by the Programme Convener. A two-week interval is required from the time a student completes one academic year to commencing the subsequent academic year.
- (b) It is possible that a student can be registered for courses belonging to more than one academic year, but the student will officially be deemed to be a student of the lower year until all the courses for that year have been completed. This provision is applicable to all Faculty of Health Sciences students except those registered in the clinical years of MBChB qualification or on the NMFC programme.
- (c) In the clinical years case of the MBChB or in the NMFC programme, a student with a tailored rotation will only be allowed to register for the repeat or carry-over courses required to complete the relevant academic year. Once these courses are successfully completed, the student will then be permitted to register for courses for the next academic year of study.
- (d) A student on the MBChB or NMFC programme may not take courses from more than one academic year at the same time.

- FGU 9.3 A student in any undergraduate degree who fails one or more courses prescribed in any year of study may be required to repeat not only the course/s failed but also one or more other courses already passed, or, where required, repeat a full academic year to ensure maintenance of certain critical foundational skills and/or knowledge. In addition, for years 4 to 6 of the MBChB programme, if there has been an interruption of study exceeding one year, a student will upon readmission be required to repeat all courses previously passed. Students who are repeating courses which they have passed may be liable for fees for such courses.
- FGU 9.4 The Senate may refuse to admit an applicant to a study programme leading to registration as a health professional, or may cancel the registration of a student already admitted to such programme, or may refuse to readmit a student registered for such a programme, if they:
- (a) have not met the minimum admission or readmission requirements set for the course or qualification concerned which include, but are not limited to:
    - failure to attend academic or clinical service commitments;
    - failure to make sufficient academic progress;
    - failure to meet the academic probationary conditions
  - (b) have been found guilty of unethical behaviour or unprofessional conduct;
  - (c) have following professional assessment, been found unfit to practise healthcare.
- FGU 9.5 Except by permission of the Senate, an undergraduate student who fails the same course twice, or who fails a course in a year in which they are repeating this or another course (where this is allowed), may be required to withdraw from the programme for which they are registered.
- FGU 9.6 An undergraduate student who is repeating one or more courses in any academic year of study and who applies and is permitted to register for one or more courses from the next academic year of study in addition to the courses which they are repeating, will be subject to the readmission rules of the faculty in respect of the number of courses for which they are registered. The Faculty Examinations Committee is the delegated authority in this regard.
- FGU 9.7 A first-year undergraduate student who was admitted to an undergraduate programme in the Faculty subject to them obtaining conditional Matriculation Board exemption is required to submit proof of having applied for such exemption before they will be allowed to register for the second year of study.
- FGU 9.8 An undergraduate student who fails any course or courses may be permitted by the Senate to write a supplementary examination and/or may be required to spend additional clinical training time in one or more of the courses failed and repeat the examination/s in the course/s failed. Supplementary examinations are offered at the discretion of the Faculty Examinations Committee. A supplementary examination is not usually offered when a student:
- (a) has failed a course with less than 45%;
  - (b) has failed a course with less than 48% in years 4 - 6 of the MBChB programme and in the NMFC programme;
  - (c) has failed more than one component of a course that has subcomponents (e.g. failing both Ambucare and Acute Care in MDN4011W Medicine during the final examination);
  - (d) has performed poorly throughout the course, as opposed to only during the final examination;
  - (e) fails more than two courses;
  - (f) fails and has to repeat another course; or

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- (g) falls foul of the readmission rules for the programme for which they are registered.

Supplementary examinations are not offered in courses where this is specifically indicated (e.g., in some clinical courses).

FGU 9.9 A student who does not meet a specified Due Performance requirement for a course that has such requirements fails the course and has to repeat it. The Faculty of Health Sciences offers professional degrees. These require students to be professional, which includes attending all commitments and submitting all work by due dates. DP requirements for many courses therefore include full attendance and submission of all work by due dates. This includes fully completed logbooks, assignments, tasks and portfolios in the clinical years of study by specified due dates. A student who is absent for any reason must immediately report the reason for his/her absence to the course convener, who has the discretion to decide whether the reason is adequate and the DP should be allowed. Where the approved absence exceeds a maximum time, to be determined by the convener, the student will have to make up the time missed or repeat part or all of the course, as decided by the Faculty Examinations Committee.

### Examination dates and results

FGU 10 It is the responsibility of students themselves to check via PeopleSoft self-service the decisions that have been taken by the Faculty Examinations Committee regarding their academic progress (for example whether they are required to write supplementary examinations) and to check with the respective conveners and administrators of departments regarding the dates, times and venues of examinations and supplementary/deferred examinations (where this applies). It is expected by the Faculty Examinations Committees (FEC) that course conveners inform students of the FEC decisions in respect of supplementary examinations.

### Fieldwork and insurance cover

FGU 11.1 Undergraduate students receive clinical instruction in a variety of settings, which include community settings. The Faculty will take every precaution at its disposal to ensure the safety of students who are trained in community settings. While the University arranges professional indemnity and some personal accident insurance cover for all registered students, students who use their own vehicles to travel to fieldwork sites are advised to take out their own insurance cover for their vehicles. Unregistered students (except those on a formally approved grace period) are not covered by UCT insurance and are not allowed to engage in any academic activities (*see FGU2.4*).

FGU 11.2 In many cases, University transport is made available to enable groups of undergraduate students to attend fieldwork sites that are some distance from the Faculty's campus. Students who are required to attend fieldwork requirements for which Faculty transport is not available will be responsible for their own transport and transport costs to fieldwork sites. Students on financial aid or provincial bursaries may apply to the Student Development and Support office for transport funding assistance, if required.

*[Note: Refer to Student Transport Policy given in the section Important Information at the front of this handbook.]*

**Withdrawal from a programme or course**

FGU Students wishing to withdraw from a study programme for which they are registered must complete the required online forms and submit these via PeopleSoft self-service portal by the specified dates to avoid being charged the full year's fees (see current Student Fees handbook).

12.1

FGU Students wishing to change their curriculum must submit a motivation to the curriculum advisor and the Dean who must approve any curriculum changes. Fee adjustments will be processed according to rules published in the current Student Fees handbook.

12.2

**Leave of absence and readmission after absence**

FGU (a) A student may apply for concession to miss classes/academic activities on grounds of illness or bereavement, or in other exceptional cases at the discretion of the course conveners. To apply, they are required to submit a completed "Concession to miss classes/academic activities" form, which can be obtained from the course administrator. Supporting documents must be provided with the application.

13.1 (b) Students are required to obtain signed approval for the concession to miss classes/academic activities from all conveners of the courses for which they are registered.

(c) This concession should in no way compromise the attendance requirements of the course. It is important to note that concession to miss classes/academic activities, for whatever reason, is not automatically granted simply because a student has applied for it, and the application may be denied.

(d) Should a student choose to miss classes/academic activities without the required approval there may be serious consequences for the student upon their return; this could include being refused permission to write the final examinations (i.e., being refused a Due Performance certificate).

*[Note: Refer to the Standard Operating Procedure for a Concession to miss classes/academic activities given in the section Important Information at the front of this handbook.]*

*[Please note:*

- *In the case of a medical condition or illness, a medical certificate must be obtained. This application is usually retrospective, but may be submitted in advance, e.g. if the student is having an operation.*
- *A medical certificate offered retrospectively will be accepted only if it was submitted on the day the student returns and if it is clear that the consultation with the doctor took place while the student was sick. A certificate in which a medical practitioner states that the student reports that they were ill was not acceptable.*
- *In the case of bereavement, a student is required to submit a copy of the death certificate upon their return from the funeral. This application is usually made beforehand.*
- *In the case of illness for only a portion of a day, or any other exceptional situations of very short duration, an explanatory letter may be accepted. This application is usually retrospective.]*

FGU A student in clinical years of an undergraduate degree who misses any training time (with approval) and is unable to make up the time, may have to repeat the block (also see individual course requirements in this regard).

13.2

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FGU  
13.3

- (a) Students may be granted leave of absence for a specified period for medical, maternity, compassionate or external study opportunity reasons, usually to the end of the academic year.
- (b) A student who has been granted leave of absence until the end of the current year and fails to register in the following year will be required to reapply formally for admission to the programme. The student's academic record and period of absence will be taken into account in deciding whether the student may return.
- (c) The Faculty Examinations Committee will decide a student's progression on the basis of their performance at the time they took leave of absence. (If, for example, a student has transgressed readmission rules at the time they went on leave of absence, the Committee may at its next meeting decide to exclude the student.)

*[Note: Refer to Leave of Absence Policy given in the section Important Information at the front of this handbook.]*

FGU  
13.4

Save in exceptional circumstances, no leave of absence shall be granted in the last quarter of the year, or granted retrospectively, or granted more than once. (*See General Rules handbook.*)

FGU  
13.5

Unbroken registration is normally required to ensure that students' knowledge and/or clinical skills do not deteriorate. In the event that a student has interrupted their studies for more than a year, the delegated authority within the Faculty, if it has decided that a student may return, may require the student to repeat one or more courses or a full academic year which the student may already have passed. Each case will be considered on merit, and the student's academic record and period of absence will be taken into account before a decision is made. Students who are repeating courses which they have passed may be liable for fees for such courses.

# RULES AND CURRICULA FOR UNDERGRADUATE PROGRAMMES

## ADVANCED DIPLOMA IN COSMETIC FORMULATION SCIENCE [MU003MDN27]

**Programme Convener:**  
Professor NP Khumalo

*The purpose of this programme is to provide Bachelor of Science graduates with the scientific knowledge and skills to safely develop, formulate and test cosmetics. The qualification is an intensive, focused and applied specialisation that meets the requirements of a specific niche in the labour market through the development of knowledge in basic hair and skin anatomy; cosmetic ingredients; cosmetic formulation; product stability; efficacy assessment; product safety and quality management; and the regulation of cosmetic formulation.*

### Admission requirements

FGD1 To be considered for the programme, students must have obtained:

- a. a BSc or equivalent with Chemistry 3
- b. or a degree with Biochemistry 3 (students with Biochemistry 3 need to have at least Chemistry 2 be eligible for admission)
- c. or a partially completed/non-degree with Chemistry 2 and relevant work experience.

Offers in this programme are made subject to availability of space. All applicants should submit a CV and motivation letter with their application for the diploma. National Benchmark Test (NBT) not required.

FGD2 A non-degree applicant should submit a CV with evidence of running their own company or letter from an employer indicating relevant work experience.

### Structure and duration of the programme

FGD3 The programme comprises six courses and extends over one year. Participation in laboratory practicals, tutorials, and group projects is compulsory\*. Where all coursework cannot be completed in a minimum of one year, permission may be granted for the Diploma to be completed over a maximum of two years.

*[\*Note: Absence from courses or other commitments on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the academic staff of the Programme.]*

### Curriculum outline

**FGD4 The prescribed courses are:**

Code	Course	NQF Credits	NQF Level
<b>MDN3005W</b>	Scientific Principles of Cosmetic Formulations .....	30	7
<b>MDN3006W</b>	Cosmetic Formulation Technology .....	30	7
<b>MDN3007W</b>	Hair and Skin Biology for the Cosmetic Formulator.....	30	7
<b>MDN3008W</b>	Cosmetics: Claims, Regulation and Ethics.....	15	7
<b>MDN3009W</b>	Professional Communication & Project Management for Cosmetic Scientists.....	15	7
<b>MDN3010W</b>	Cosmetic Formulation Science Inservice Training.....	0	7
	<b>Total NQF credits .....</b>	<b>120</b>	

**Readmission and progression rules and supplementary examinations**

*[Note: These rules must be read in conjunction with the general rules for students in the Faculty in the relevant front section of this Handbook.]*

- FGD5.1 A student who fails a course may be permitted to write a supplementary examination. The year mark is added to the result of any such supplementary examination in determining the final result for the course.
- FGD5.2 Except by permission of the Senate, a student will not be permitted to renew their registration for the diploma or may have their registration cancelled, if they:
- fail more than one course;
  - fail a course which they are repeating;
  - are unable to successfully complete all the prescribed courses in two years; or
  - are found guilty of unprofessional behaviour.
- FGD5.3 To graduate with the Advanced Diploma in Cosmetic Formulation Science (MU003), a student will have to conduct an in-service training in a Research & Development laboratory of an approved registered company for a minimum period of six months with at least three months spent in one company.
- FGD5.4 The in-service training module will be passed on submission of two reports:
- Submission of in-service training report detailing formulation science work conducted in a Research & Development laboratory of an approved registered company and
  - Hosting company to submit a report on a company letterhead indicating regular work attendance by the student on in-service training and signed by the line manager.
- FGD5.5 The in-service training report is submitted before writing the final October / November exam of the current year. If the report does not reflect expected formulation science work, the student will be given a chance for a resubmission. If the report is resubmitted after the student final marks for the year have been submitted, the student would miss the current year graduation, but will graduate following the submission of a passed report.
- FGD5.6 A student that has not completed a minimum of six months in-service before the final October / November exam of the current year will write the exam and return to in-service training to complete the six months period. Thereafter the student will be required to submit the formulation science work and hosting company report, and graduate following the submission of a passed report.
- FGD5.7 The Diploma may be awarded with distinction (75% – 100% average with not less than 60% for any course). All courses must be passed at first attempt.

# BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

[MB014, MB020][SAQA ID:3195]

## Convener:

Dr P Wicomb (Department of Paediatrics and Child Health)

*This degree qualifies the holder thereof, after an internship, community service, and upon registration with the Health Professions Council of South Africa, to practise as a medical doctor.*

## Age limit

FBA1 The degree shall not be conferred until the student has attained the age of 21 years.

## Curriculum

*The curriculum for the MBChB aims to produce a competent, undifferentiated doctor with the attitudes, knowledge and skills to enter the healthcare field with confidence. This entails using a Primary Health Care approach with a balance between preventive, promotive, curative, palliative and rehabilitative healthcare. It promotes communication skills, teamwork, professional values and competent clinical practice, in the context of the primary, secondary and tertiary healthcare systems. The educational approach equips students with critical thinking and lifelong learning skills.*

## Duration of the degree programme

FBA2 The curriculum for the degree extends over at least six years of on a full-time study basis.

*[Intercalated BMedSc Honours NOTE: MBChB students have the opportunity to pursue the intercalated BMedScHons degree programme alongside the MBChB degree programme. Refer to FBA8 for detailed entry criteria and career planning.]*

## Curriculum outline

FBA3.1	First Year		
Code	Course	NQF Credits	NQF Level
PPH1001F	Becoming a Professional .....	15	5
PPH1002S	Becoming a Health Professional .....	15	5
HUB1006F	Introduction to Integrated Health Sciences: Part I.....	30	5
IBS1007S	Introduction to Integrated Health Sciences: Part II .....	35	5
CEM1011F	Chemistry for Medical Students .....	18	5
PHY1025F	Physics.....	18	5
SLL1044S	Beginners Afrikaans for MBChB.....	18	5
SLL1041S	Beginners isiXhosa for MBChB.....	18	5
	<b>Total credits for year 1 .....</b>	<b>167</b>	

FBA3.2 All first year MBChB students are required to register for and complete the Beginners' Afrikaans, SLL1044S, and Beginners' isiXhosa, SLL1041S, courses. Students requesting exemption from these course/s must notify the course convener/s by the end of the second week of the first semester. Exemption will only be granted once the student has undertaken and passed an oral proficiency assessment in the Beginners' Afrikaans, SLL1044S, and/or Beginners' isiXhosa, SLL1041S, language course/s done in the last assessment week of first semester before the course/s commence in the second semester. Where an exemption is granted, students will not be expected to make up the course/s credit/s and the transcript will reflect accordingly.

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FBA3.3 A student who fails a first or second semester course will be required to register for the Fundamentals of Health Sciences Semester Programme before continuing with the standard programme. [see FBA9 for details about the Fundamentals of Health Sciences programme].

### FBA3.4 Second Year

Code	Course	NQF Credits	NQF Level
PTY2000S	Integrated Health Systems Part 1B .....	47	6
FCE2000W	Becoming a Doctor Part 1A.....	21	6
SLL2002H	Becoming a Doctor Part 1B.....	18	6
HSE2000W	Becoming a Doctor Part 1C.....	22	6
HUB2017H	Integrated Health Systems Part 1A.....	57	6
<b>Total credits for year 2.....</b>		<b>165</b>	

### FBA3.5 Third Year

Code	Course	NQF Credits	NQF Level
FCE3000F	Becoming a Doctor Part IIA.....	10	7
MDN3001S	Introduction to Clinical Practice.....	68	7
SLL3002F	Becoming a Doctor Part IIB.....	30	7
HSE3000F	Becoming a Doctor Part IIC.....	15	7
PTY3009F	Integrated Health Systems Part II.....	59	7
MDN2001S	Special Study Modules.....	16	6
<b>Total credits for year 3.....</b>		<b>198</b>	

**Special Study Modules:** \*All third year MBChB students will at the start of third year enroll for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S. The course description for MDN2001S given in this handbook is generic to all these codes.

### FBA3.6 Fourth Year

Code	Course	NQF Credits	NQF Level
SLL3003W	Clinical Language.....	0	7
PRY4000W	Clinical Psychiatry.....	30	8
AAE4002W	Anaesthesia Part I.....	20	8
OBS4003W	Obstetrics.....	30	8
MDN4011W	Medicine: Ward Care.....	40	8
MDN4001W	Medicine: Ambulatory Care.....	20	8
MDN4015W	Pharmacology and Applied Therapeutics.....	20	8
PED4016W	Neonatology.....	10	8
PED4049W	Introduction to Child and Adolescent Health.....	10	8
PPH4056W	Health in Context.....	40	8
<b>Total credits for year 4.....</b>		<b>220</b>	

### FBA3.7 Fifth Year

Code	Course	NQF Credits	NQF Level
PED5005W	Caring for Children: Paediatric Surgery.....	10	8
PED5006W	Caring for Children: Paediatric Medicine.....	30	8
CHM5003W	Surgery.....	40	8
MDN5003H	Pharmacology and Applied Therapeutics.....	20	8
CHM5004H	Trauma for External Credit.....	10	8
OBS5005W	Gynaecology.....	20	8
CHM5005H	Orthopaedic Surgery.....	10	8

Code	Course	NQF Credits	NQF Level
MDN5005W	Dermatology.....	10	8
MDN5006W	Rheumatology .....	10	8
CHM5007W	Neurology and Neurosurgery .....	20	8
CHM5008W	Ophthalmology .....	10	8
CHM5009W	Otorhinolaryngology .....	10	8
CHM5010W	Urology.....	10	8
	<b>Total credits for year 5 .....</b>	<b>210</b>	

<b>FBA3.8 Sixth Year</b>			
Code	Course	NQF Credits	NQF Level
CHM6000W	Surgery (including Allied Disciplines).....	41	8
MDN6000W	Medicine (including Allied Disciplines) .....	41	8
OBS6000W	Obstetrics.....	41	8
PED6000W	Paediatrics and Child Health .....	30	8
PED6004W	Neonatal Medicine .....	10	8
FCE6000W	Family Medicine and Palliative Medicine.....	21	8
PRY6000W	Psychiatry and Mental Health .....	21	8
AAE6000W	Anaesthesia Part II.....	10	8
FCE6001W	Long Elective .....	19	8
FCE6005W	Short Elective .....	10	8
PTY6012W	Forensic Medicine .....	10	8
HSE6004W	Exit Examination on Procedural Competence.....	0	8
	<b>Total credits for year 6 .....</b>	<b>254</b>	
	<b>Total NQF credits for programme:.....</b>	<b>1214</b>	

**Programme Rules**

FBA4 Clinical instruction may be given in any of the agreed upon health facilities of the Western Cape Government: Department of Health, municipal clinics and at various fieldwork sites. Every student is expected to provide themselves with the required instruments for clinical work.

**Distinction Rules**

FBA5.1 This degree may be awarded with distinction, with first class honours or with honours.

FBA5.2 Students who transfer from other universities/faculties, will be eligible for the award of the degree with distinction, with first class honours or with honours. This will be calculated manually.

FBA5.3 A student who has been on leave of absence is eligible for award of the degree with distinction with first class honours or with honours. Repeat courses are not included in the formulae calculation.

**Attendance, completion of coursework, progression rules and Due Performance requirements**

FBA6.1 A student who has successfully completed the HSE1001F or HSE1001S, Fundamentals of Health Sciences Semester Programme, will register to repeat and pass first year semester one or semester two courses before they may proceed to either the second semester of the first year of the standard curriculum or to the second academic year of the standard curriculum.

FBA6.2 Students must meet the Due Performance (DP) requirements for a course that has such requirements in order to qualify to write the examination in that course.

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DP requirements reflect their importance in the development of professional attitudes. Continuous assessment, contribution to teamwork and group-work, responsibility for self-learning and respect amongst fellows are key features of the curriculum that are assessed in DP requirements.

FBA6.3 Students are required to obtain an overall pass mark of at least 50% for each course and (unless otherwise specified) if the course includes more than one sub-discipline, to pass each of the subcomponents of the course with at least 50%.

FBA6.4 Apart from continuous assessment throughout each course, students are also assessed and/or examined at the end of a course or clinical block, and are required to undergo such written, clinical and oral examinations at the end of the year as may be prescribed.

FBA6.5 Failure of a course in second and third academic years of study:

- (a) A student who fails any course in the second or third year MBChB may be required to repeat courses already passed.
- (b) Except by permission of the Senate, students who repeat the Special Study Module (SSM) will be required to pass the repeat SSM in the same year in which they are repeating other third year courses. They will also be required to complete the repeat SSM in a discipline other than that of their original SSM. The SSM must be passed before a student may progress to the fourth academic year.
- (c) A student must pass PTY3009F, FCE3000F and HSE3000F in the first semester of third year of the MBChB programme in order to proceed to register for MDN3001S in the second semester of third year. Failure of any of these three courses will prohibit continuation with MDN3001S.

FBA6.6 Failure of a course in fourth, fifth and final academic year of Study:

*Note: The courses for years 4, 5 and 6 of the MBChB programme are presented in modular blocks of equal length. A modular block may contain one or more courses, but all modular blocks within a particular AYOS are multiples of a single unit of time; for example, an AYOS based on an eight-week modular block system will accommodate courses of two (2), four (4) or eight (8) weeks. (See Modular Block System for MBChB Years 4 to 6 given in the section Important Information at the front of this handbook. A student who fails any courses in the clinical years (years 4 to 6) may, at the discretion of the Faculty Examinations Committee:*

- (a) be required to repeat the course if the student has obtained less than 48% for the overall course mark;
- (b) be required to do additional clinical training\* and (subject to the guidelines under General Rule FGU7.8) undergo a supplementary examination if the student has obtained 48% or 49% for the course;
- (c) (subject to the guidelines under General Rule FGU7.8) be offered a supplementary examination without additional training time, depending on the course requirements, provided the student obtained 48% or 49% for the course;
- (d) be required to undergo additional training time and a supplementary exam if the student has failed a sub-component of the course with less than 48% but passed the course overall;
- (e) be refused readmission if the student has fallen foul of the readmission rules under FBA7 below.

*(Note: \*Additional training and supplementary examination will take place*

*before the start of the next academic year.)*

FBA6.7 Students are required to complete and submit a logbook and portfolio for certain clinical year courses by a due date. Should these be incomplete, or should a student despite warning fail to complete the requisite amount of clinical work and/or coursework by the due date in the clinical years of study, the student may be refused access to the final examination in the course/s concerned.

FBA6.8 A student with a DPR (Due Performance Certificate Refused) or who is absent for an examination, fails and must repeat the course (subject to the progression rules for the programme.) *(Note: in cases outside of a student's control, for example the lack of availability of enough clinical cases in a particular month to enable the student to complete the minimum number of cases, a more flexible approach will be taken.)*

### Readmission Rules

FBA7.1 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree, or may have their registration cancelled, if they:

- (a) fail a course which the student is repeating;
- (b) in any one year fail more than half the number of courses for which they are registered;
- (c) in an academic year in which they are repeating a course, fail any course;
- (d) fail to complete the courses prescribed for first year by the end of their second year of study;
- (e) \*fail to complete the courses prescribed for years 1 to 3 by the end of their fourth year of study;
- (f) \*fail to complete the courses prescribed for years 1 to 4 by the end of their fifth of study;
- (g) are in the Fundamentals of Health Sciences Semester Programme and fail any course in it (no supplementary examinations are offered in the Fundamentals of Health Sciences Programme);
- (h) \*will be unable to complete the whole degree within seven years of study; (or, if the student has passed through the Fundamentals of Health Sciences Semester Programme, eight years of study);
- (i) have been found guilty of unprofessional behaviour or have been found to be impaired (*refer to processes of impairment and professional conduct given in the section Important Information at the front of this handbook.*)

*[\*Note: In order to comply with the N+1 senate rule on duration to complete a degree programme, the rules in (e), (f), and (h) are in place. N=minimum time to attain the qualification. N+1=maximum time allowed to complete the qualification]*

**Disclaimer:** *The Faculty Examination Committee may grant a concession for an additional year of study in order for a student to complete the MBCHB qualification; this will be decided on a case-by-case basis. Please note that the NSFAS funding model will not apply where these concessions have been granted. External funding sources will need to be sought.*

FBA7.2 A student who is permitted to renew their registration despite not having met the requirements set out above may be required to follow a specific curriculum and may be set specific performance and readmission criteria determined by the Senate.  
*[Note: To be read in conjunction with the general rules for students in the front*

*section of this handbook.]*

### **Intercalated BMedSc Honours, Concurrent or Fulltime Master's and PhD studies for MBChB students**

#### *Intercalated BMedSc Honours*

FBA8.1 MBChB students who wish to pursue the intercalated BMedScHons track alongside their MBChB studies shall be required:

- (a) to have successfully passed second year MBChB, and to have obtained an average of at least 70% in the courses listed below, with no less than 60% for any single course:
  - CEM1011F, Chemistry for Medical students,
  - PHY1025F, Physics for Medical students,
  - HUB1006F and IBS1007S, Introduction to Integrated Health Sciences Parts I&II,
  - HUB2017H, PTY2000S Integrated Health Systems I Parts A&B, AND
  - to have undergone a successful interview with a selection committee;
- (b) to have successfully passed third year MBChB and to have obtained an average of at least 70% in the courses listed below, with no less than 60% for:
  - MDN2001S, Special Study Module,
  - IBS30320W, Molecular Medicine,
  - PTY3009F, Integrated Health Systems Part II, AND
  - apply and be accepted to the BMedScHons programme; OR
- (c) if they have been accepted as a transfer student into the MBChB degree programme:
  - to have a Bachelor of Science degree passed with an average of 70%
  - to have passed the equivalent first, second and third year MBChB courses as listed above with an average of at least 70% with no less than 60% in any course, AND
  - have undergone a successful interview with a selection committee, AND
  - apply and be accepted to the BMedScHons programme.

*[Note: Students who entered first year of the MBChB programme in the 2018 cohort and were transferred into the ex-Intervention Programme, must refer to the equivalent FBA rule for Intercalated BMedSc Honours, Master's and PhD studies for MBChB students in the 2022 Faculty Handbook.]*

FBA8.2 MBChB students doing an intercalated honours degree who wish to continue with MBChB after completing the honours programme shall be required, whilst registered for the BMedScHons programme concerned, to also register for and pass MDN3003W Introduction to Clinical Practice II.

FBA8.3 The student is permitted to return to the respective remaining years of the MBChB programme after:

- (a) Completing the BMedScHons. within one year; and
- (b) successfully passing MDN3003W, Introduction to Clinical Practice II.

### **Intercalated BMedSc Honours, concurrent or fulltime Master's and PhD studies for MBChB students**

*Concurrent or Fulltime Master's and PhD studies for MBChB students*

FBA8.4

- (a) A student in the clinical years of the MBChB degree programme (years 4-6) may be admitted concurrently to either a research master's degree if they hold a BMedScHons with first class pass or to any other master's degree programme on recommendation of the Faculty and with approval of Senate Executive Committee. The Faculty may require the student to spread the load of the clinical years of the MBChB while registered for the research degree studies to enable progress on the master's degree.
- (b) A student thus enrolled for a concurrent master's degree programme may be eligible, on application and with special approval of the Senate, to change their candidature to a PhD depending on the quality and development of their master's dissertation. The student will then be formally registered with a topic and supervisor, approved by the Doctoral Degrees Board.
- (c) The student will graduate with the MBChB degree when the requirements for that degree have been met and will continue thereafter on the PhD for as many years as is required.

*[Note: Refer to the Standard Operating Procedure for a Concurrent registration given in the section Important Information at the front of this handbook.]*

FBA8.5

For students who are interrupting their MBChB studies to pursue a Master's and/or PhD fulltime (i.e., for a period longer than a year), the following applies to return to the remaining years of the MBChB programme:

- (a) Each student is required to obtain approval from the MBChB Programme Convener before applying for the fulltime Master's or PhD programme.
- (b) While undertaking the fulltime MSc/PhD, students are required to maintain their clinical knowledge and skills under the supervision of a clinician tutor and to submit reports as indicated by the MBChB programme convener.

In the year before the return to resume the MBChB programme, the student must apply for readmission to the MBChB programme via the online application system for this to be reviewed by Admissions Committee.

*[Note: The rules for intercalated, concurrent or fulltime registration must be read in conjunction with the rules contained in Handbook 3, General Rules and Policies, and with special reference to rule G5.4. Students who plan to apply for concurrent or fulltime registration must, in the first instance, refer to the Standard Operating Procedure for a concurrent or fulltime registration given in the section Important Information at the front of this handbook and then provide the relevant information to the Managers of both the undergraduate and postgraduate academic administration.]*

# BACHELOR OF SCIENCE IN MEDICINE (BSC MEDICINE)

[MB001DOM02]

## Convener:

Professor AA Katz

## Eligibility

**FBC1** This programme is available only to MBChB students currently registered at the University of Cape Town. A candidate who has successfully completed at least the second year of the MBChB curriculum (MB014 or MB020) at this University may, upon application, be allowed to register for this programme.

## Duration of the degree programme

**FBC2** The curriculum for the degree programme extends over one academic year of full-time study.

## Curriculum

**FBC3.1** The BSc (Medicine) shall have at least 360 credits, of which a minimum of 120 credits shall be at HEQSF level 7 (third year level) and a maximum of 96 credits at HEQSF level 5 (first year level). Credit may be given towards the BSc (Medicine) for specific MBChB courses passed (see FBC3.2) and for specific additional courses taken (see FBC3.3).

## FBC3.2 MBChB courses for which credit may be given towards BSc (Medicine):

Code	Course	NQF Credits	NQF Level
<b>HUB1006F</b>	Introduction to Integrated Health Sciences Part I.....	30	5
<b>IBS1007S</b>	Introduction to Integrated Health Sciences Part II or .....	35	5
<b>PHY1025F</b>	Physics.....	18	5
<b>PTY2000S</b>	Integrated Health Systems Part IB.....	47	6
<b>HUB2017H</b>	Integrated Health Systems Part IA .....	57	6
<b>MDN2001S</b>	Special Study Module*.....	16	6
<b>FCE2000W</b>	Becoming a Doctor Part 1A.....	21	6
<b>SLL2002H</b>	Becoming a Doctor Part 1B.....	18	6
<b>PTY3009F</b>	Integrated Health Systems Part IA .....	59	7

**FBC 3.3** In addition, the student shall enrol l for the following courses, with the proviso that the total number of credits (MBChB and other) meets the criterion given in FBC3.1 and provided the entry criteria for the courses below are met.

*[Note: There is a limit on the number of students that may enter some of the courses below and admission is competitive.]*

## Courses offered by Departments in the Faculty of Health Sciences:

Code	Course	NQF Credits	NQF Level
<b>HUB3006F</b>	Applied Human Biology.....	36	7
<b>HUB3007S</b>	Human Neurosciences .....	36	7
<b>IBS3020W</b>	Molecular Medicine.....	72	7
<b>AHS3078H</b>	Research Methods and Biostatistics I.....	10	7

*[\*Note: MBChB students who obtained 60% in PTY3009F Integrated Health Systems Part 2 may, at the discretion of the Dean, be granted exemption from HUB3007 Human Neurosciences.]*

**Progression and minimum requirement for re-registration**

FBC4 Except by permission of the Senate, a candidate who has not satisfactorily completed all of the courses prescribed for the degree within one year of full-time study shall not be permitted to renew their registration for the degree.

**Distinction**

FBC5 The degree may be awarded with distinction (75% to 100%).

# BACHELOR OF SCIENCE IN AUDIOLOGY AND BACHELOR OF SCIENCE IN SPEECH-LANGUAGE PATHOLOGY

[BSc Audiology: MB011 or MB019. BSc Speech-Language Pathology MB010 or MB018.]

**Convener:**

Dr L Petersen (Department of Health and Rehabilitation Sciences)

*These two-degree programmes lead to the registration of graduates with the Health Professions Council of South Africa as speech-language therapists or audiologists. Graduates are required by the HPCSA to complete one year of community service before they may practise their professions in South Africa. Speech-language Pathology is the discipline addressing the assessment and management of individuals who have difficulties with speech (including disorders of articulation, voice, and fluency) language, communication, and swallowing. Audiology is the discipline dealing with the assessment and management of hearing and balance, hearing impairment and deafness. Speech-language therapists and audiologists work with people of all ages. These professions require background knowledge of biological, physical, psychological, and behavioural sciences, which are all part of the learning programme. The field offers wide clinical and research opportunities.*

**Duration of programme**

FBD1 Each curriculum extends over four years of full-time study. Students who pass through the Fundamentals of Health Sciences Programme will take an additional year to complete the degree. (Refer Fundamentals of Health Sciences Programme Curricula for further information regarding rules.)

**Curriculum**

**FBD2.1 First year**

Code	Course	NQF Credits	NQF Level
PPH1001F	Becoming a Professional .....	15	5
PPH1002S	Becoming a Health Professional.....	15	5
AHS1003F	Speech and Hearing Sciences .....	18	5
PSY1004F	Introduction to Psychology Part 1 * .....	18	5
PSY1005S	Introduction to Psychology Part 2 * .....	18	5
HUB1014S	Anatomy for Communication Sciences .....	20	5
AHS1025S	Early Intervention .....	18	5
AHS1042F	Human Communication Development .....	18	5
ASL1300F	Introduction to Language Studies.....	18	5

*Course for Audiology students:*

Code	Course	NQF Credits	NQF Level
AHS1045S	Basis of Hearing and Balance.....	18	5

*Course for Speech-Language Pathology students:*

Code	Course	NQF Credits	NQF Level
ASL1301S	Introduction to Sociolinguistics.....	18	5
<b>Total NQF credits for year 1 .....</b>		<b>176</b>	

*Note: \*Some students may be required to do the following additional Psychology courses:*

Code	Course	NQF Credits	NQF Level
PSY1006F	Introduction to Psychology Part 1+ .....	10	5
PSY1007S	Introduction to Psychology Part 2+ .....	10	5

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SPEECH-LANGUAGE PATHOLOGY 75**

FBD2.2 A student who fails two or more of the following courses in the first semester may be required to enter the Fundamentals of Health Sciences Programme at the start of the second semester and then repeat the failed first semester courses before proceeding to the second semester courses.

Code	Course	NQF Credits	NQF Level
<b>AHS1003F</b>	Speech and Hearing Science .....	18	5
<b>PSY1004F</b>	Introduction to Psychology Part 1 .....	18	5
<b>AHS1042F</b>	Human Communication Development.....	18	5
<b>ASL1300F</b>	Introduction to Language Studies.....	18	5

FBD2.3 A student who fails two or more of the following courses at the end of semester 2 of the standard curriculum may be required to enter the Fundamentals of Health Sciences Programme at the start of the next year and then repeat the failed second semester courses before proceeding to the second academic year of study.

*In the case of BSc Audiology:*

Code	Course	NQF Credits	NQF Level
<b>PSY1005S</b>	Introduction to Psychology Part 2 .....	18	5
<b>AHS1025S</b>	Early Intervention.....	18	5
<b>AHS1045S</b>	Basis of Hearing and Balance .....	18	5

*In the case of BSc Speech-Language Pathology:*

Code	Course	NQF Credits	NQF Level
<b>PSY1005S</b>	Introduction to Psychology Part 2 .....	18	5
<b>AHS1025S</b>	Early Intervention.....	18	5
<b>ASL1301S</b>	Introduction to Sociolinguistics.....	18	5

*[Refer to the Fundamentals of Health Sciences Programme Curricula for FBD3 rule.]*

**FBD2.4 Second year**

Code	Course	NQF Credits	NQF Level
<b>SLL1028H</b>	Xhosa for Health and Rehabilitation Sciences* or.....	18	5
<b>SLL1048H</b>	Afrikaans for Health and Rehabilitation Sciences*.....	18	5
<b>PSY2015F</b>	Research in Psychology I .....	24	6
<b>PSY2014S</b>	Cognitive Neuroscience and Abnormal Psychology.....	24	6
<b>AHS2047S</b>	Paediatric Rehabilitative Audiology.....	18	6
<b>AHS2106F</b>	Child Language .....	21	6

*Courses for Audiology students:*

Code	Course	NQF Credits	NQF Level
<b>AHS2046F</b>	Diagnostic Audiology.....	18	6
<b>AHS2110W</b>	Clinical Audiology I.....	24	6
<b>AHS2111S</b>	Diagnostic Audiology in Special Populations.....	15	6

*Courses for Speech-Language Pathology students:*

Code	Course	NQF Credits	NQF Level
<b>AHS2107F</b>	Child Speech .....	18	6
<b>AHS2108W</b>	Clinical Speech Therapy I.....	24	6
<b>AHS2109S</b>	School-Based Interventions.....	21	6
	<b>Total NQF credits for year 2 .....</b>	<b>162/168</b>	

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[\*Students who speak Xhosa as home language will be required to register for Afrikaans; those who speak English or Afrikaans as a home language will register for Xhosa.]

### FBD2.5 Third year

Code	Course	NQF Credits	NQF Level
AHS1054W	South African Sign Language.....	8	5
AHS3078H	Research Methods and Biostatistics I.....	10	7

#### Courses for Audiology students:

Code	Course	NQF Credits	NQF Level
AHS3008H	Clinical Audiology II.....	30	7
AHS3062F	Rehabilitation Technology.....	22	7
AHS3065S	Adult Rehabilitative Audiology.....	18	7
AHS3075F	OAEs and Electrophysiology.....	22	7
AHS3104S	Vestibular Management.....	15	7
AHS3105F	Public Health Audiology.....	15	7

#### Courses for Speech-Language Pathology students:

Code	Course	NQF Credits	NQF Level
AHS3004H	Clinical Speech Therapy II.....	30	7
AHS3071F	Acquired Neurogenic Language Disorders.....	22	7
AHS3072S	Paediatric Motor Speech Disorders & Dysphagia.....	22	7
AHS3073F	Adult Dysphagia and Motor Speech.....	22	7
AHS3102S	Child Language II.....	15	7
AHS3103F	Voice.....	15	7
<b>Total NQF credits for year 3</b> .....		<b>140/144</b>	

### FBD2.6 Fourth year

Code	Course	NQF Credits	NQF Level
AHS4000W	Research Report.....	30	8
AHS4067S	Seminars in Communication Sciences.....	4	8

#### Courses for Audiology students:

Code	Course	NQF Credits	NQF Level
AHS4008H	Clinical Audiology IIIA.....	45	8
AHS4009H	Clinical Audiology IIIB.....	45	8

#### Courses for Speech-Language Pathology students:

Code	Course	NQF Credits	NQF Level
AHS4005H	Clinical Speech Therapy IIIA.....	45	8
AHS4006H	Clinical Speech Therapy IIIB.....	45	8
<b>Total NQF credits for year 4</b> .....		<b>124</b>	
<b>Total NQF credits for programme</b> .....		<b>602/612</b>	

[Note: If PSY1006F & PSY1007S are added total NQF Credits is 622/632]

### Attendance and DP (Due Performance) requirements

- FBD3
- Attendance at all academic activities (e.g., lectures, tutorials) is required.
  - A minimum of 80% attendance is required at clinics. If this attendance requirement is not met, the student may be required to repeat the course or block (clinical rotation).
  - Absence from clinics or other commitments on medical grounds requires a medical certificate. (refer to FGU11.1).

- (d) Validity of absence on grounds of personal or other problems will be considered on an individual basis by the staff of the Division.
- (d) All coursework must be completed.
- (e) Students who do not demonstrate professional conduct will receive a written warning. Thereafter, violations of professional conduct will result in DP being refused for the course in question. A formal investigation into reports of unprofessional conduct may be initiated (refer to FGU5.1).
- (f) For discipline specific courses in the BSc Audiology and BSc in speech-language pathology programmes a minimum coursework mark of 45% is required for entrance into the examination.
- (g) Students are required to demonstrate competency in donning/doffing of personal protective equipment (PPE) before commencing clinical rotations.

### Readmission Rules

FBD4.1 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree, or may have their registration cancelled:

- (a) if they fail a course which they are repeating;
  - (b) if in the first year of study, they fail two or more courses for which they are registered in semester one or in semester two
  - (c) if from the second year of study, they fail half or more of the courses for which they are registered for in that year;
  - (d) if they are in the Fundamentals of Health Sciences Programme and fail any course in it (no supplementary examinations are offered in the Fundamentals of Health Sciences Programme);
  - (e) \*if they fail to complete all the prescribed courses for any single year in two years;
  - (f) \*if they are unable to complete the whole degree within five years or if the student passed through the Fundamentals of Health Sciences Programme - six years;
  - (g) if they are found guilty of unprofessional behaviour or deemed to be impaired.
- [\*Note: In order to comply with the N+1 senate rule on duration to complete a degree programme, the rules in (e), (f), and (h) are in place. N=minimum time to attain the qualification. N+1=maximum time allowed to complete the qualification]*

FBD4.2 A student who has not fulfilled the required number of clinical hours, as prescribed by the HPCSA, will not be permitted to graduate.

*[Note: These rules must be read in conjunction with the general rules in the front section of this handbook.]*

### Distinction Rules

FBD5 The degree may be awarded with distinction (average of 75% or above for all courses from first to final year of study).

### Progression Rules

FBD6.1 Students may not proceed to courses which have prerequisites until they have successfully completed the prerequisite courses (see individual course outlines in the pages that follow).

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- FBD6.2 A student is required to pass AHS2106F Child Language and AHS2107F Child Speech in order to continue the second semester of the second-year clinical practical course AHS2108W Clinical Speech Therapy I. If a student should fail either course, they will have to deregister from the clinical course AHS2108W at the start of the second semester. The student will continue with the clinical course AHS2108W following successful completion of AHS2107F and/or AHS2106F in the following year, if permitted to repeat these courses.
- FBD6.3 A student is required to pass AHS2046F Diagnostic Audiology in order to continue the second semester of the second-year clinical practical course AHS2110W Clinical Audiology. If a student should fail the course, they will have to deregister from the clinical course AHS2110W at the start of the second semester. The student will continue with the clinical course AHS2110W following successful completion of AHS2046F in the following year, if permitted to repeat these courses. Students will retain credit for the clinical hours obtained in the first semester of AHS2110W.
- FBD6.4 A student is required to pass AHS3071F Acquired Neurogenic Language Disorders and AHS3073F Adult Dysphagia and Motor Speech in order to continue with the second semester of the third-year clinical practical course AHS3004H Clinical Speech Therapy II. If a student should fail these courses, he/she will have to deregister from the clinical course AHS3004H. The student will then continue with the programme following successful completion of AHS3071F and/or AHS3073F in the following year. Students will retain credit for the clinical hours obtained in the first semester of AHS3004H.
- FBD6.5 A student is required to pass AHS2047S Paediatric Rehabilitative Audiology in order to register for AHS3008H Clinical Audiology II. The student will then continue with the programme following successful completion of AHS2047S in the following year.
- FBD6.6 A student is required to pass AHS3062F Rehabilitation Technology in order to continue with second semester of AHS3008H Clinical Audiology II. If a student fails AHS3062F, they will have to deregister from the clinical course AHS3008H. The student will then continue with the programme following successful completion of AHS3062F in the following year. Students will retain credit for the clinical hours obtained in the first semester of AHS3008H.
- FBD6.7 First year students are expected to complete independently organised electives requiring observation of clinical work in a variety of settings, and professional activities as per programme requirements. Total elective hours are 20, to be completed prior to registration for the second year of study.
- FBD6.8 In the fourth-year clinical courses AHS4005H Clinical Speech Therapy IIIA, AHS4006H Clinical Speech Therapy IIIB, AHS4008H Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB, students are required to pass the final qualifying examinations in order to pass the course (i.e., obtain a minimum mark of 50% for each FQE).

If a student fails any section of the examination in each course, the student will fail the course, and a maximum mark of 49% will be awarded. In the first semester: If a student fails the final qualifying examination in a course in June, and the final examination mark is above 45%, they may be offered a re-examination of the section that has been failed. In the second semester:

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SPEECH-LANGUAGE PATHOLOGY 79**

If the student fails the November final qualifying examination in a course, and the final examination mark is above 45%, the student may be offered a re-examination.

- FBD6.9 In the fourth-year clinical course: AHS4005H, AHS4006H, AHS4008H and AHS4009H, the student must pass each clinic of each block (obtain a minimum mark of 50% for each clinic). If the student fails any clinic, they will be required to repeat and pass the clinic.
- FBD6.10 Following a supplementary examination (if awarded), the final mark in a course will be determined as follows: coursework: 60%; supplementary examination mark: 40%.
- FBD6.11 In the fourth-year clinical courses AHS4005H Clinical Speech Therapy IIIA, AHS4006H Clinical Speech Therapy IIIB, AHS4008W Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB, students are required to pass each clinic in order to qualify for the final examinations.
- FBD6.12 In the third-year clinical courses, AHS3004H Clinical Speech Therapy II and AHS3008H Clinical Audiology II, students are required to pass each clinic block in order to progress to fourth year clinics.
- FBD6.13 If a student fails AHS3102S or AHS3072S, the student may be permitted to participate in certain clinical blocks in AHS4005H which do not require the theoretical knowledge of these courses. The student will need to successfully repeat AHS3102S or AHS3072S before entering AHS4006H.
- FBD6.14 If a student fails AHS3065S, AHS3075S, or AHS3104S, the student may be permitted to participate in certain clinical blocks in AHS4008H which do not require the theoretical knowledge of these courses. The student will need to successfully repeat AHS3065S, AHS3075S, or AHS3104S before entering AHS4009H.
- FBD6.15 A student is required to pass AHS2047S Paediatric Rehabilitative Audiology in order to register for AHS3008H Clinical Audiology II. The student will then continue with the programme following successful completion of AHS2047S in the following year.

# BACHELOR OF SCIENCE IN OCCUPATIONAL THERAPY

[MB003AHS09 or MB016][SAQA ID:3497]

## Convener:

L Peters (Department of Health and Rehabilitation Sciences)

*Occupational Therapy is an applied discipline dedicated to the study of occupation and its relevance to health and well-being. The purpose of this programme is to educate students to become professionals who can help to change people's lives by facilitating their engagement in occupations that are appropriate to their environment, background and health needs. Lecturers are committed to preparing graduates to make a contribution to the practice needs in our country. Students are encouraged and enabled to become self-directed and life-long learners. The profession requires mature people with integrity who are creative and innovative thinkers, good communicators and committed to service. Students receive instruction in English, but Xhosa and Afrikaans will increasingly be used alongside English to enable students who are not familiar with an African language to communicate with persons who are unable to express themselves in English. The BSc in Occupational Therapy leads to registration with the Health Professions Council of South Africa (HPCSA) as an occupational therapist.*

## Duration of programme

FBE1 The degree programme extends over either four or (for students passing through the Fundamentals of Health Sciences Programme) five years of full-time study. (Refer *Fundamentals of Health Sciences Programme Curricula for further information regarding rules.*)

## Curriculum

FBE2.1		First year		
Code	Course		NQF Credits	NQF Level
PPH1001F	Becoming a Professional .....	15	5	
PPH1002S	Becoming a Health Professional.....	15	5	
PSY1004F	Introduction to Psychology Part I*.....	18	5	
PSY1005S	Introduction to Psychology Part 2 * .....	18	5	
HUB1019F	Anatomy and Physiology 1A.....	18	5	
HUB1020S	Anatomy and Physiology 1B.....	18	5	
AHS1032S	Occupational Perspectives on Health and Well-being.....	20	5	
AHS1035F	Human Occupation and Development.....	22	5	
<b>Total NQF credits in first year:</b> .....		<b>144</b>		

Note: \*Some students may be required to do the following additional Psychology courses:

Code	Course	NQF Credits	NQF Level
PSY1006F	Introduction to Psychology Part 1+ .....	10	5
PSY1007S	Introduction to Psychology Part 2+ .....	10	5

FBE2.2 A student who fails TWO or more of the following courses PSY1004F or PSY1006F, PPH1001F, HUB1019F, AHS1035F in the first semester of the first year of study WILL be required to transfer to the Fundamentals of Health Sciences Programme at the start of the second semester and then repeat the failed first semester course/s before proceeding to the second semester courses.

FBE2.3 A student who fails TWO or more of the following courses PSY1005S or PSY1007S, PPH1002S, HUB1020S, AHS1032S at the end of Semester 2 of the standard curriculum WILL be required to transfer to the Fundamentals of Health Sciences Programme at the start of the next year and then repeat the failed second semester course/s before proceeding to the second academic year.

*[See rule FBE3 below for the Fundamentals of Health Sciences Programme curriculum.]*

<b>FBE2.4</b>		<b>Second year</b>	
Code	Course	NQF Credits	NQF Level
<b>AHS2002W</b>	Clinical Sciences I.....	13	6
<b>PRY2002W</b>	Psychiatry for Occupational Therapists.....	14	6
<b>PSY2013F</b>	Social and Developmental Psychology .....	24	6
<b>HUB2015W</b>	Anatomy & Physiology II for Health & Rehabilitation Sciences..	36	6
<b>AHS2043W</b>	Occupational Therapy II.....	36	6
		<b>Total NQF credits in second year: .....</b>	<b>123</b>

<b>FBE2.5</b>		<b>Third year</b>	
Code	Course	NQF Credits	NQF Level
<b>SLL1028H</b>	Xhosa for Health and Rehabilitation Sciences .....	18	5
<b>SLL1048H</b>	Afrikaans for Health and Rehabilitation Sciences.....	18	5
<b>AHS3078H</b>	Research Methods and Biostatistics I.....	10	7
<b>AHS3107W</b>	Occupational Therapy Theory and Practice in Physical Health ....	38	7
<b>AHS3108W</b>	Occupational Therapy Theory and Practice in Mental Health .....	38	7
<b>AHS3113W</b>	Foundation Theory for Occupational Therapy Practice I.....	26	7
		<b>Total NQF credits in third year: .....</b>	<b>148</b>

<b>FBE2.6</b>		<b>Fourth year</b>	
Code	Course	NQF Credits	NQF Level
<b>AHS4119W</b>	Occupational Therapy Research and Practice Management .....	48	8
<b>AHS4120W</b>	Foundation Theory for Occupational Therapy Practice II.....	48	8
<b>AHS4121W</b>	Occupational Therapy Practice and Service Learning .....	48	8
		<b>Total NQF credits in fourth year: .....</b>	<b>144</b>
		<b>Total NQF credits for programme: .....</b>	<b>559</b>

*Note: If PSY1006F & PSY1007S are added, total NQF credits for programme is 603*

*[\*Note: A student may be exempted with credit from doing Xhosa in the third year under the following conditions:*

- a. *the language concerned was taken as a home language in the final school year. A copy of the NSC certificate stating the first language status is required as evidence and the student has to do a competency assessment; or*
- b. *the student is proficient in speaking the language and has to do a competency assessment prior to the exemption being granted.*

*A student may be exempted with credit from doing Afrikaans in the third year under the following conditions:*

- a. *the language concerned was taken as a home language in the final school year. A copy of the NSC certificate stating the first language status should be submitted as evidence.*
- b. *the student has to pass a competency assessment prior to the exemption being granted.]*

### **DP (Due Performance) requirements and Progression Rules**

FBE3

- (a) 100% attendance is required for practice learning. Absence from practice learning on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the relevant academic staff members. If this attendance requirement is not met, the student will be required to repeat the course or the practice learning block. In addition, if within a block, a student in third year is absent from practice learning for three (3) days or more and four (4) days or more for fourth year, the student will be required to work back the hours at a time agreed upon by the course convener and practice placement.
- (b) A minimum of 80% attendance is required for lectures and practicals in all modules and courses. Absence on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the academic staff in the Division.
- (c) To qualify for the summative assessment (final examinations) in all Occupational Therapy courses, students have to attend all compulsory educational activities listed in course booklets.
- (d) A student who fails a course may be permitted to write a supplementary examination if the mark attained is in the range of 45-49%. The class (or year-) mark is not added to the result of any such supplementary examination in determining the final result for the course.
- (e) Students are required to demonstrate competency in donning/doffing of personal protective equipment (PPE) before commencing clinical rotations.

### **Distinction Rule**

FBE4

The degree may be awarded with distinction (average of 75% or above for all courses from first to final year of study).

### **Readmission Rules**

FBE5.1

Except by permission of the Senate, a student will not be permitted to renew their registration for the degree, or may have their registration cancelled:

- (a) if they fail a course which they are repeating;
- (b) if in the first year of study, they fail two or more courses for which they are registered in semester one or in semester two
- (c) if from the second year of study, they fail half or more of the courses for which they are registered for in that year
- (d) if they are in the Fundamentals of Health Sciences Programme and fail any course in it (no supplementary examinations are offered in the Fundamentals of Health Sciences Programme);
- (e) \*if they fail to complete all the prescribed courses for any single year in two years;
- (f) \*if they are unable to complete the whole degree within five years or
- (g) if the student passed through the Fundamentals of Health Sciences Programme - six years;
- (h) if they are found guilty of unprofessional behaviour or deemed to be impaired.

*[\*Note: In order to comply with the N+1 senate rule on duration to complete a degree programme, the rules in (e), (f), and (g) are in place. N = minimum time to attain the qualification. N+1=maximum time allowed to complete the*

*qualification]*

FBE5.2 A student who has not fulfilled the required number of clinical hours will not be permitted to graduate.

# BACHELOR OF SCIENCE IN PHYSIOTHERAPY

[MB004AHS08 or MB017][SAQA ID:3345]

## Convener:

Associate Professor N Naidoo (Department of Health and Rehabilitation Sciences)

*Physiotherapy is an applied discipline dedicated to the study of human movement and function and its relevance to health and well-being. As such, physiotherapy involves the skilled use of physiologically based movement techniques, supplemented, when necessary, by massage, electrotherapy, and other physical means, for the prevention and treatment of injury and disease. It is used to assist the processes of rehabilitation and restoration of function, including the achievement of personal independence. Candidates for the degree programme should be interested in human relationships and have a strong commitment to service within the field of healthcare.*

*The Division of Physiotherapy strives to be a world-class, African Division of Physiotherapy and is committed to the primary healthcare approach of educating physiotherapists who will be well prepared to meet the health, rehabilitation and research needs of our country. The programme is designed to equip students both academically and professionally with the skills and clinical expertise required to practise competently and confidently within a variety of healthcare settings, including hospitals, clinics, community health centres, special schools, homes and other community-based facilities. Accordingly, students are required to carry out clinical practice in urban and peri-urban areas as well as informal settlements. Students are required to wear shorts and T-shirts for practical classes. As physiotherapy is a practical discipline, students are expected to disrobe for some of their practical classes. They are expected to wear suitable navy trousers and a prescribed white shirt for their clinical practice. The lecturers are committed to a philosophy of evidence-based teaching within the undergraduate programme.*

## Duration of programme

**FBF1** The curriculum for the degree extends over four years of full-time study. Students who pass through the Fundamentals of Health Sciences Programme will take an additional year to complete the degree. (*Refer Fundamentals of Health Sciences Programme Curricula for further information regarding rules.*)

## Curriculum

[*Note: See section on Definition of Terms used in this Handbook for explanatory notes about HEQSF levels and NQF credits.*]

<b>FBF2.1</b>	<b>First year</b>		
Code	Course	NQF Credits	NQF Level
<b>PPH1001F</b>	Becoming a Professional .....	15	5
<b>PSY1004F</b>	Introduction to Psychology Part 1 * .....	18	5
<b>HUB1019F</b>	Anatomy and Physiology IA .....	18	5
<b>HUB1022F</b>	Biosciences for Physiotherapy IA .....	9	5
<b>AHS1033F</b>	Movement Science I .....	18	5
<b>PPH1002S</b>	Becoming a Health Professional.....	15	5
<b>HUB1020S</b>	Anatomy and Physiology IB.....	18	5
<b>HUB1023S</b>	Biosciences for Physiotherapy IB.....	9	5
<b>AHS1034S</b>	Introduction to Applied Physiotherapy.....	22	5
	<b>Total NQF credits for year 1 .....</b>	<b>142</b>	

<b>FBF2.2</b>		<b>Second year</b>	
Code	Course	NQF Credits	NQF Level
<b>SLL1028H</b>	Xhosa for Health and Rehabilitation Sciences* or.....	18	5
<b>SLL1048H</b>	Afrikaans for Health and Rehabilitation Sciences*.....	18	5
<b>AHS2002W</b>	Clinical Sciences I.....	13	6
<b>HUB2015W</b>	Anatomy & Physiology II for Health & Rehab Sciences.....	36	6
<b>HUB2023W</b>	Biosciences for Physiotherapy II.....	9	6
<b>AHS2050H</b>	Clinical Physiotherapy I.....	18	6
<b>AHS2052H</b>	Movement Science II.....	38	6
<b>AHS2053H</b>	Applied Physiotherapy 1.....	32	6
	<b>Total NQF credits for year 2.....</b>	<b>164</b>	

*\*[Note: Students who speak an African language other than Xhosa as a home language will register for Afrikaans; students who speak English or Afrikaans as a home language will register for Xhosa.]*

<b>FBF2.3</b>		<b>Third year</b>	
Code	Course	NQF Credits	NQF Level
<b>AHS3004W</b>	Clinical Sciences II.....	10	7
<b>AHS3069W</b>	Clinical Physiotherapy II.....	62	7
<b>AHS3070H</b>	Becoming a Rehabilitation Professional I.....	22	7
<b>AHS3076H</b>	Movement Science III.....	24	7
<b>AHS3077H</b>	Applied Physiotherapy II.....	22	7
<b>AHS3078H</b>	Research Methods and Biostatistics I.....	10	7
	<b>Total NQF credits for year 3.....</b>	<b>150</b>	

<b>FBF2.4</b>		<b>Fourth year</b>	
Code	Course	NQF Credits	NQF Level
<b>AHS4065W</b>	Clinical Physiotherapy III.....	98	8
<b>AHS4066F/S</b>	Becoming a Rehabilitation Professional II.....	4	8
<b>AHS4071F/S</b>	Applied Physiotherapy III.....	20	8
<b>AHS4072H</b>	Research Methods and Biostatistics II.....	10	8
	<b>Total NQF credits for year 4:.....</b>	<b>132</b>	
	<b>Total NQF credits for programme:.....</b>	<b>588</b>	

\*AHS4066S will be offered if the student fails AHS4066F

\*\*AHS4071S will be offered if the student fails AHS4071F

### **DP (Due Performance) requirement**

**FBF3.1** Attendance at all academic activities (e.g., lectures, tutorials) is required. A minimum of 80% attendance is required for: lectures, practical and tutorials in all professional modules and courses. Attendance is monitored through the signing of an attendance register at each session. Absence on medical grounds requires a medical certificate. Students are required to submit all coursework as required in the different modules (where applicable) by the due dates. Consequence of failing the DP requirement for any course will follow GB9.4 a-c as published in the General handbook of Rules and Policies which is available on the UCT website for all students.

**FBF3.2** Clinical DP for courses AHS3069W and AHS4065W: Students needs to complete the required clinical hours as prescribed by the HPCSA. In addition, full attendance of and participation in all coursework activities and submission of clinical portfolio by due dates set. Where a student is absent for more than five (5) days in total for the calendar year, the student will be required to work the clinical hours back at a time agreed upon by the course convener and clinical placement. Absence on medical grounds requires a medical report.

Should a student miss two weeks (or 8 clinical days) or more of a clinical block rotation prior to entering the clinical block examination week, the student will not be eligible to do the end of block examination. Reasons for absence (including supporting documentation) must be submitted to the division within 5 days.

- FBF3.3 AHS4065W: An electronic pre-block test must be completed prior to the start of the ICU placement. Students who do not achieve a minimum of 60% for the ICU pre-block test will NOT be allowed to manage ICU patients and will be expected to shadow the clinician in ICU and only treat ward patients independently until they pass the additional test. A second opportunity to re-write the test will be arranged with the relevant students. If by the end of week 2 of the block the student fails to meet the 60% minimum pass in the pre-block test, the student will be removed from the block and will be required to re-do the test and the entire block at a time arranged by the course convener and the clinical placement. Similarly, all students on the paediatric block are required to complete a paediatric pre-block workbook, which must be completed and passed one week before the start of the paediatric clinical block. Students may be permitted to take as many attempts to complete the electronic workbook to achieve a pass of 70% or more in order to commence on the placement. Students will only be allowed to manage patients once they have achieved this.
- FBF3.4 DP requirements for service courses within each year of physiotherapy may be different to the general Physiotherapy DP requirement and it is the responsibility of each student to ensure that they are familiar with ALL DP requirements for each year of study.
- FBF3.5 Failure to meet DP requirement. Consequence of failing the DP requirement for any course will follow GB9.4 a-c as published in the General handbook of Rules and Policies which is available on the UCT website for all students.
- FBF3.6 As part of AHS3004W students will be required to complete an assignment related to COVID-19 and obtain a minimum of 50% before being allowed onto a clinical rotation.
- FBF3.7 All students who fail AHS4065W are required to register for AHS4065X in the following academic year. In addition, if during AHS4065W, a student fails 4 out of 6 examinations, they will Fail the course and register again for AHS4065W in the following academic year.
- FBF3.8 A student who obtains a final course mark of between 45-49% will be eligible for a supplementary examination at the discretion of the Faculty Examination Committee.

### **Distinction Rules**

- FBF4 The degree may be awarded with distinction (a credit-weighted average of 75% or above for all courses from first to final year of study).

### **Course Assessment**

- FBF5 Assessments for coursework will include but not be limited to written tests, oral tests, online quizzes, group and individual assignments and practical tests. Students must complete a course evaluation at the end of each semester online via VULA for all courses.

**Minimum requirements for progression and readmission**

*[Note: These rules must be read in conjunction with the general rules for students in the Faculty in the relevant front section of this Handbook.]*

**Readmission Rules**

- FBF6.1 Students may be required to do a nursing elective as part of AHS2050H. The elective must be for a total of 24 hours, at a facility recognised by the Divisional Board of Physiotherapy and must be completed before the start of the second semester. Students whose performance in the nursing elective is deemed unsatisfactory have to repeat the elective before progressing to the next year of study.
- FBF6.2 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree, or may have their registration cancelled:
- (a) if they fail a course which they are repeating;
  - (b) if in the first year of study, they fail two or more courses for which they are registered in semester one or in semester two
  - (c) if from the second year of study, they fail half or more of the courses for which they are registered for in that year;
  - (d) if they are in the Fundamentals of Health Sciences Programme and fail any course in it (no supplementary examinations are offered in the Fundamentals of Health Sciences Programme);
  - (e) \*if they fail to complete all the prescribed courses for any single year in two years;
  - (f) \*if they are unable to complete the whole degree within five years or
  - (g) if the student passed through the Fundamentals of Health Sciences Programme - six years;
  - (h) if they are found guilty of unprofessional behaviour or deemed to be impaired.
- [\*Note: In order to comply with the N+1 senate rule on duration to complete a degree programme, the rules in (e), (f), and (h) are in place. N=minimum time to attain the qualification. N+1=maximum time allowed to complete the qualification]*
- FBF6.3 A student who has not fulfilled the required number of clinical hours will not be permitted to proceed to the next year of study (or to graduate, if they are in their final year of study).

**Lecture Times**

- FBF7 Lecture times will be made available online via VULA sites for all courses at the start of the academic year for both service and profession specific physiotherapy courses.

**Carrying Over of Courses Across Years of Study**

- FBF8 Students who during their course of study in the programme are repeating a course and wish to bring down a course from a higher year/level will be allowed to do so if all pre-requisites for the course have been met DP requirements for the repeating and carried courses are also met and there are no timetable clashes with courses taken. \*\*Specifically pertaining to clinical course within the programme, students are required to obtain credits for ALL theoretical courses of the preceding year, to register for a clinical year.

# FUNDAMENTALS OF HEALTH SCIENCES SEMESTER PROGRAMME

**[MB020: Bachelor of Medicine and Bachelor of Surgery (MBChB) - MB019: BSc Audiology - MB018: BSc Speech-Language Pathology - MB017: Physiotherapy - MB016: Occupational Therapy]**

**Convener:**

Dr E Badenhorst (Department of MBChB) & Dr B Ige (Department of Health and Rehabilitation Sciences)

**First Year Bachelor of Medicine and Bachelor of Surgery (MBChB):**

- FBA9.1 A student who fails PPH1001F, HUB1006F, PHY1025F and/or CEM1011F in the first semester of the first year of study will be transferred to the Fundamentals of Health Sciences Semester Programme. They will then repeat the failed first semester MBChB courses at the start of the next year before proceeding to second semester MBChB courses.
- FBA9.2 A student who fails HUB1007S or PPH1002S in the second semester of the first year of study will be transferred to the Fundamentals of Health Sciences Programme at the start of the next year and then repeat the failed second semester MBChB course/s before proceeding to the second academic year.
- FBA9.3 No supplementary examinations are offered in the Fundamental of Health Sciences Semester Programme.
- FBA9.4 The student in the Fundamentals of Health Sciences Programme must register for, attend, and complete the following course:

Code	Course	NQF Credits	NQF Level
<b>HSE1001F/S</b>	Fundamentals of Health Sciences.....	60	5
	<b>Total NQF credits:.....</b>	<b>60</b>	

**Second Year Bachelor of Science in Physiotherapy:**

- FBA9.5 Students who pass through the Fundamentals of Health Sciences Programme will take an additional year to complete the degree.
- FBA9.6 A student who fails two or more courses in the first or second semester will be required to register for the Fundamentals of Health Sciences semester Programme before continuing with the standard Physiotherapy programme.
- FBA9.7 A student who has successfully completed the Fundamentals of Health Sciences Programme (will, in the next year, register to repeat the failed first semester or second semester courses of the first year of the standard Physiotherapy curriculum. Once the student has passed these failed first or second semester courses, they may proceed to either the second semester of the first academic year or the second academic year of the standard Physiotherapy curriculum.
- FBA9.8 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree if they do not meet the requirements for the Fundamentals of Health Sciences programme.
- FBA9.9 HSE1001S/F must be satisfactorily completed during the Fundamentals of Health Sciences semester programme:

Code	Course	NQF Credits	NQF Level
<b>HSE1001F/S</b>	Fundamentals of Health Sciences.....	60	5
	<b>Total NQF credits:.....</b>	<b>60</b>	

**Third Year Bachelor of Science in Audiology and Bachelor of Science in Speech-Language Pathology:**

- FBA9.10 Students who pass through the Fundamentals of Health Sciences Programme will take an additional year to complete the degree.
- FBA9.11 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree or may have their registration cancelled if the student passed through the Fundamentals of Health Sciences - seven years.
- FBA9.12 The following course must be satisfactorily completed during the Fundamentals of Health Sciences Programme by a student who enters the Fundamentals of Health Sciences Programme

Code	Course	NQF Credits	NQF Level
<b>HSE1001F/S</b>	Fundamentals of Health Sciences.....	60	5
	<b>Total NQF credits:.....</b>	<b>60</b>	

**Fourth Year Bachelor of Science in Occupational Therapy:**

- FBA9.13 The degree programme extends over either four or (for students passing through the Fundamentals of Health Sciences Programme) five years of full-time study.
- FBA9.14 A student who fails TWO or more of the following courses PSY1004F or PSY1006F, PPH1001F, HUB1019F, AHS1035F in the first semester of the first year of study WILL be required to transfer to the Fundamentals of Health Sciences Programme at the start of the second semester and then repeat the failed first semester course/s before proceeding to the second semester courses.
- FBA9.15 A student who fails TWO or more of the following courses PSY1005S or PSY1007S, PPH1002S, HUB1020S, AHS1032S at the end of Semester 2 of the standard curriculum WILL be required to transfer to the Fundamentals of Health Sciences Programme at the start of the next year and then repeat the failed second semester course/s before proceeding to the second academic year.
- FBA9.16 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree or may have their registration cancelled: if they are in the Fundamentals of Health Sciences Programme and do not meet the DP requirements for this course, or do not manage to show sufficient progress.
- FBA9.17 The following course must be satisfactorily completed by a student that enters the Fundamentals of Health Sciences Programme

Code	Course	NQF Credits	NQF Level
<b>HSE1001F/S</b>	Fundamentals of Health Sciences.....	60	5
	<b>Total NQF credits:.....</b>	<b>60</b>	

# HIGHER CERTIFICATE IN DISABILITY PRACTICE

[MU004AHS21][SAQA ID:93691]

## Convener:

TBC (Department of Health and Rehabilitation Sciences)

*The programme will be of benefit to current home-based carers, community-based workers and matriculants who have an interest in pursuing a career in the field of community-based disability practice. It will create foundational skills for disability prevention and care. This qualification is to provide students with the basic knowledge, cognitive and conceptual tools and practical techniques for application in the field of disability inclusive development. This qualification signifies that the student has attained a basic level of higher education knowledge and competence in their role as community development workers. The Higher Certificate includes theoretical and practical work integrated learning components.*

## Admission requirements

- FGC1.1 An applicant may be considered for admission to this Higher Certificate on the basis of:
- having obtained a matric certificate or National Senior Certificate for Adults (NASCA) or HEQSF level 4 equivalent qualification; or
  - RPL (Recognition of Prior Learning), in which case applicants will be required to submit a personal portfolio reflecting, amongst others, their experience in the field of disability and/or development; any relevant work experience; past attendance of relevant courses for which they may have obtained certificates or diplomas; assessments related to evidence of critical thinking skills in writing and reading; and
  - evidence that they are proficient in English.
- FGC1.2 An applicant is also recommended to submit two letters of support from their employer, granting the applicant study leave for the weeks requiring block attendance, and undertaking to provide support to enable the applicant to complete assigned tasks and assignments within the work context.

## Structure and duration of programme

FGC2 The programme comprises four taught courses and one practical course. The curriculum extends over one year either from January to December OR from July to June, to be determined by the Department of Health and Rehabilitation Sciences. There are three theoretical teaching blocks per year of a maximum of four weeks each and 15 weeks of practice (maximum total of 24 weeks). Participation in tutorials and group projects is compulsory. All coursework must be completed in a minimum of one year and a maximum of two years.

## Programme outline FGC3: The prescribed courses are:

Code	Course	NQF Credits	NQF Level
HSE4010Q/R	Navigating COVID-19 Higher Certificate in Disability Practice....	0	5
AHS1060F/S	Disability Info Management & Communication Systems I .....	7	5
AHS1061F/S	Disability Info Management & Communication Systems Part II....	8	5
AHS1062F/S	Promoting Healthy Lifestyles.....	10	5
AHS1063F/S	Health, Wellness and Functional Ability Part I.....	15	5
AHS1064F/S	Health, Wellness and Functional Ability Part II.....	15	5
AHS1065F/S	Inclusive Development and Agency.....	15	5
AHS1066F/S	Work-Integrated Practice Learning Part I .....	25	5
AHS1067F/S	Work-Integrated Practice Learning Part II .....	25	5
	<b>Total NQF credits:</b> .....	120	

**Duly Performance (DP), Readmission and progression rules and supplementary examinations**

FGC4.1 In order to undergo the final examinations, students have to meet the following DP requirements:

- (a) A minimum of 90% attendance for all lectures, practicals and tutorials in all courses. Attendance will be monitored through signing of an attendance register at each session.
- (b) A minimum of 100% attendance for the work-integrated practice learning. Where a student is absent for more than 5 days in total in a calendar year, the student will be required to work the practice learning hours back at a time agreed upon by the course convener and the practice learning site. If this attendance requirement is not met, the student will be required to repeat the course or the practice learning block (clinical rotation).
- (c) All coursework, assignments and tests must be completed within the prescribed time period, unless otherwise approved by the programme convener. Participation in tutorials and group projects is compulsory in all courses and will be monitored.
- (d) Assessments for coursework will include but not be limited to written tests, oral tests, group and individual assignments and practical tests. A year mark of at least 50% is required for examination entrance to each course, unless approved otherwise by the programme convener.
- (e) Students are required to complete the Navigating COVID-19 short online course including submission of the current Western Cape PACK COVID-19 training module (Knowledge Translation Unit, KTU) certificate of completion and demonstration of personal protective equipment (PPE) donning/doffing competency before commencing work practice learning blocks in the Higher certificate programme.

*[Note: Absence from courses or the practice learning block or other commitments on medical grounds requires a medical certificate. Validity on absence on grounds of personal or other problems will be considered on an individual basis by the staff of the Programme.]*

FGC4.2 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree, or may have their registration cancelled:

- (a) if they fail a course which they are repeating;
- (b) unless they successfully complete all the prescribed courses for any single year in two years;
- (c) if they are unable to complete the standard programme in two years; or
- (d) if they are found guilty of unprofessional behaviour.

FGC4.3 A student who has not fulfilled the required number of clinical hours for practice learning will not be permitted to graduate.

FGC4.4 A student who fails a course may be permitted to write a supplementary examination. The class (or year) mark is not added to the result of any such supplementary examination in determining the final result for the course.

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# NELSON MANDELA FIDEL CASTRO MEDICAL TRAINING PROGRAMME (NMFCMTP)

[MZ010]

**Convener:**

JK Marcus (Department of Obstetrics and Gynaecology) and Dr P Wicomb (Department of Paediatrics and Child Health)

*This programme is offered to South African students studying toward the Doctor of Medicine degree from the Medical University of Villa Clara, in Cuba. Admission to the programme is limited to medical students who have been placed at the University of Cape Town by the South African National Department of Health (NDoH). This degree qualifies the holder thereof, after an internship, community service, and upon registration with the Health Professions Council of South Africa, to practise as a medical doctor.*

**Curriculum**

The curriculum for the Nelson Mandela Fidel Castro Medical Collaboration Training Programme focusses on a clinical-oriented problem and concomitant guideline-driven patient management approach. It aims to provide a platform to ensure that the student has the required attitudes, knowledge and skills to enter particularly the primary and secondary South African healthcare field with confidence.

**Duration of the programme**

FBB2 The programme extends over three semesters (18 months) of full-time study.

**First Year Curriculum outline**

Code	Course	NQF Credits	NQF Level
AAE4003W	Anaesthesia (Part I) for External Credit.....	8	8
MDN4017W	Medicine for External Credit .....	15	8
PED4017W	Neonatology for External Credit.....	7	8
OBS4006W	Obstetrics for External Credit .....	15	8
PRY4001W	Psychiatry for External Credit .....	15	8

**Second Year Core Modules**

Code	Course	NQF Credits	NQF Level
AAE5000W	Anaesthesia (Part II) for External Credit.....	10	8
PTY5012W	Forensic Medicine for External Credit .....	10	8
OBS5006W	Gynaecology for External Credit.....	27	8
MDN5000W	Medicine for External Credit .....	24	8
OBS5007W	Obstetrics for External Credit.....	41	8
CHM5005W	Orthopaedic Surgery for External Credit.....	10	8
PED5004W	General Care of the Child for External Credit.....	40	8
PRY5001W	Psychiatry and Mental Health for External Credit.....	30	8
CHM5011W	Surgery for External Credit .....	19	8
CHM5004W	Trauma for External Credit.....	10	8
HSE6004W	Exit Examination on Procedural Competence .....	0	8

**Clinical Instruction for NMFCMTP sStudents**

FBB4 Clinical instruction may be given in any of the agreed upon health facilities of the Western Cape Government: Department of Health, municipal clinics and at various fieldwork sites.

Every student is expected to provide themselves with the required instruments for clinical work.

**Attendance, Completion of Coursework, Progression Rules and Due Performance Requirements**

*(Note: The external credit courses are aligned with the courses in years 4, 5 and 6 of the MBChB programme and are presented in modular blocks of equal length. A modular block may contain one or more courses, but all modular blocks within a particular semester are multiples of a single unit of time; for example, a semester based on an eight-week modular block system will accommodate courses of two (2), four (4) or eight (8) weeks. See Modular Block System for MBChB Years 4 to 6 under 'Additional Information'.)*

FBB5.1 A student who has successfully completed Semester 1 of the programme will proceed to Semesters 2 and 3.

FBB5.2 Students must meet the Due Performance (DP) requirements for a course that has such requirements in order to qualify to write the examination in that course. DP requirements reflect their importance in the development of professional attitudes. Continuous assessment, contribution to teamwork and group-work, responsibility for self-learning and respect amongst fellows are key features of the curriculum that are assessed in DP requirements. A student with a DPR (Due Performance Certificate Refused) result will fail the course and will be required to repeat it (subject to approval of the student's progression by the National Department of Health, NDoH).

*(Note: in cases outside of a student's control, for example, the lack of availability of enough clinical cases in a particular month to enable the student to complete the minimum number of cases, a more flexible approach will be taken.)*

FBB5.3 Students are required to obtain an overall pass mark of at least 50% for each course and (unless otherwise specified) if the course includes more than one sub-discipline, to pass each of the subcomponents of the course with at least 50%.

FBB5.4 Apart from continuous assessment throughout each course, students are also assessed and/or examined at the end of a course or clinical block.

FBB5.5 A student who fails any course in semester 1 will be required to repeat that course before being permitted to proceed to semesters 2 and 3.

FBB5.6 A student who fails any course in semesters 2 and 3 will not be permitted to write the final examination required for the completion of the Doctor of Medicine degree of the University of Villa Clara.

FBB5.7 A student who fails any courses in semesters 1 to 3 may, at the discretion of the Faculty Examinations Committee:

- (a) be required to repeat the course if the student has obtained less than 48% for the overall course mark;
- (b) be required to do additional clinical training\* and (subject to the guidelines under General Rule FGU9.8) undergo a supplementary examination if the student has obtained 48% or 49% for the course;
- (c) (subject to the guidelines under General Rule FGU7.8) be offered a supplementary examination without additional training time, depending on the course requirements, provided the student obtained 48% or 49% for the course; or

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- (d) be required to undergo additional training time and a supplementary exam if the student has failed a sub-component of the course with less than 48% but has passed the course overall.

\*Additional training and supplementary examination(s) will take place before the start of the next semester.

FBB5.8 Students are required to complete and submit a logbook, assignments, tasks and/or a portfolio for certain clinical year courses by a due date. Should these be incomplete, or should a student fail to complete the requisite amount of clinical work and/or coursework by the due date in the clinical semester of study, the student may be refused access to the final examination in the course(s) concerned.

FBB5.9 The Doctor of Medicine degree is not conferred by the University of Cape Town (UCT) but by the University of Villa Clara. UCT does not implement the readmission rules applicable to its own programmes to the NMFCMTP. The final results of all students registered on the NMFCMTP will be submitted to the NDoH at the end of every semester. A student may not continue studying on the NMFCMTP if the NDoH determines that the student is not eligible to do so. Should the NDoH require a recommendation from UCT regarding the progression of any student on the NMFCMTP, such recommendations will be made but are not limited to instances where a student:

- (a) fails a course which has been repeated;
- (b) fails to complete the courses prescribed for semester 1 within 12 months of the commencement of the programme;
- (c) fails to complete the courses prescribed for semesters 2 and 3 within 24 months of the commencement of the programme
- (d) in any one semester fails more than half the course load for which the student is registered;
- (e) in a semester in which the student is repeating a course, fails any course;
- (f) will be unable to complete the whole programme within 24 months of the commencement of the programme;
- (g) has been found guilty of unprofessional behaviour or has been found to be impaired.

Students who do not complete the programme within the minimum of 18 months will be required to write a letter of motivation to the NDoH for consideration for further funding. Leave of absence (LOA) for short periods on health or compassionate grounds may be granted by UCT, but the University will have to inform the NDoH of any LOA approved. If a LOA is to extend up to a year, applications will have to be made through the NDoH and the Cuban University for consideration and approval.

A student who is permitted to renew their registration despite not having met the requirements set out above (FBB5.9 a-g) may be required to follow a specific curriculum and may be set specific performance and readmission criteria determined by the NDoH. Appeals for readmission to the NMFCMTP programme are not considered by UCT and must be referred to the NDoH for consideration.

# DEPARTMENTS IN THE FACULTY

## LIST OF DEPARTMENTS, DIVISIONS and UNITS

Department	Division/Unit
Anaesthesia & Perioperative Medicine	N/A
Family, Community, and Emergency Care	Primary Health Care Directorate Family Medicine Interdisciplinary Palliative Care and Medicine Emergency Medicine Sports and Exercise Medicine
Health & Rehabilitation Sciences	Communication Sciences & Disorders Disability Studies Nursing & Midwifery Occupational Therapy Physiotherapy
Health Sciences Education	Clinical Skills Unit Intervention Programme Unit Education Development Unit
Human Biology	Biomedical Engineering Cell Biology Clinical Anatomy & Biological Anthropology Exercise Science & Sports Medicine Human Nutrition Physiological Sciences
Integrative Biomedical Sciences	Medical Biochemistry & Structural Biology Chemical & Systems Biology Computational Biology
Medicine	Allergology & Clinical Immunology Cardiology Clinical Haematology Clinical Pharmacology Critical Care Medicine Dermatology Endocrinology & Diabetic Medicine General Internal Medicine Geriatric Medicine Hepatology Infectious Disease & HIV Medicine Lipidology Medical Gastroenterology Nephrology & Hypertension Neurology Occupational Medicine Pulmonology Rheumatology
Obstetrics & Gynaecology	General Obstetrics & Gynaecology Gynaecological Oncology Maternal-Foetal Medicine Reproductive Medicine Urogynaecology

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Paediatrics & Child Health	Allergology (Paediatric) Associated Paediatric Disciplines Child & Adolescent Psychiatry Child Nursing Practice Cardiology (Paediatric) Child Health Unit Critical Care (Paediatric) Dermatology (Paediatric) Developmental Paediatrics Endocrinology (Paediatric) Gastroenterology (Paediatric) General Paediatrics Haematology/Oncology (Paediatric) Infectious Diseases (Paediatric) Medicine (Paediatric) Neonatology Nephrology (Paediatric) Neurology (Paediatric) Neuropsychology (Paediatric) Pulmonology (Paediatric) Rheumatology (Paediatric)
Pathology	Anatomical Pathology Chemical Pathology Forensic Medicine Haematology Human Genetics Immunology Medical Microbiology Medical Virology Paediatric Pathology
Psychiatry & Mental Health	Addiction Psychiatry/Psychology Child & Adolescent Psychiatry Consultation/Liaison Psychiatry Forensic Psychiatry General Psychiatry Intellectual Disability Psychiatry Neuropsychiatry Psychopharmacology Psychiatric Intensive Care Psychotherapy Public Mental Health
Public Health & Family Medicine	Environmental Health Epidemiology & Biostatistics Family Medicine Health Economics Health Policy & Systems Occupational Medicine Public Health Medicine Social & Behavioural Sciences
Radiation Medicine	Medical Physics Nuclear Medicine Paediatric Radiology Radiation Oncology Radiology

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Surgery

Cardiothoracic Surgery

Emergency Medicine

General Surgery

Neurosurgery

Ophthalmology

Orthopaedic Surgery

Otorhinolaryngology

Paediatric Surgery

Plastic, Reconstructive & Maxillo-facial Surgery

Surgical Gastroenterology

Urology

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## ANAESTHESIA AND PERIOPERATIVE MEDICINE

*D23, New Groote Schuur Hospital*

**Professor and Head:**

JLC Swanevelder, MBChB MMed *Stell DA SA FCA SA FRCA UK*

**Professor and Deputy Head:**

BM Biccard, MBChB *Cape Town FFARCSI FCA SA MMedSc PhD UKZN*

**Prof and Director of Pain Management Unit:**

RE Parker, BSc BScHons (Medicine) PGDip (Health Professional Education) Cape Town MSc (Pain) PhD Queen Margaret University

**Emeritus Professor and Senior Scholar:**

RA Dyer, BScHons *Stell MBChB PhD Cape Town FCA SA*

**Associate Professors:**

MR Hofmeyr, MBChB *Stell Dip (Primary Emergency Care) SA DA SA FCA SA*

IA Joubert, MBChB *Witwatersrand DA SA FCA SA*

**Senior Lecturers Full-time:**

C Alphonsus, MBChB *Transkei DA SA FCA SA*

K Bergh, MBChB *Pret DA SA FCA SA*

K Bester, MBChB *Stell DA SA FCA SA*

KH Bhagwan, MBChB *Cape Town DA SA FCA SA*

A Bhattay, MBChB *Cape Town FCA SA*

T Biesman-Simons, MBChB *Cape Town FCA SA*

B Brennan, MBChB *Cape Town DA SA FCA SA*

M Casey, MBChB *Pret Dip PEC SA DA SA FCA SA*

E Cloete, MBChB *Pret DA SA FCA SA*

E Coetzee, MBChB *Pret DA SA FCA SA*

M Crowther, MBChB *Pret Dip Obst SA DA SA MMed (Anaes) Cape Town FCA SA*

A de Vaal, MBChB *UFS DA SA FCA SA*

LD Dougall, MBChB *Witwatersrand DA SA MMed (Anaes) Cape Town FCA SA*

R Duys, MBChB MMed *Cape Town MRCP UK FCA SA*

A Ernst, MBChB *Pret DA SA FCA SA*

NL Fernandes, MBChB *Cape Town FCA SA*

MW Gibbs, MBChB *Stell MMed Cape Town DA SA FCA SA*

RM Gray, MBChB *Cape Town DA SA FCA SA*

RA Haylett, MBChB *Cape Town DA SA FCA SA*

WM Jagga, MBChB *Free State FCA SA*

K Kemp, MBChB *Stell DA SA FCA SA*

L Lambrechts, MBChB *Stell DA SA Dip Pec SA Cert Critical Care SA FCA SA*

RL Llewellyn, MBChB *Cape Town FCA SA*

B Mashanda-Tafaune, MBChB *Limpopo DA SA MMed (Anaes) Cape Town FCA SA*

H Meyer, MBChB *London FRCA UK*

MGA Miller, MBChB *Stell FCA SA Cert (Critical Care) SA*

A Moabelo, MBChB *Witwatersrand DA SA MMed (Anaes) Cape Town FCA SA*

LF Montoya-Pelaez, MBChB *Zimbabwe FCA SA*

AL Myburgh, MBChB *Pret DA SA FCA SA*

MB Nejthardt, BScHons (Physiology) MBChB *Witwatersrand DA SA FCA SA*

M Nock, MBChB *Free State DA SA FCA SA*

JL Piercy, BScHons MBBS *London FCA SA Cert (Critical Care) SA*

AR Reed, MBChB *Cape Town DA SA FRCA UK*  
 C Simons, MBChB *Cape Town DA SA FCA SA*  
 KJ Timmerman, MBChB *Cape Town DA SA FCA SA*  
 D van Dyk, MBChB *Cape Town DA SA FCA SA*  
 J van Nugteren, MBBCh *Witwatersrand DA SA FCA SA*  
 A Vorster, MBChB *Stell DA SA FCA SA*  
 GS Wilson, MBChB *Cape Town FCA SA*

**Lecturer:**

K Limakatso, BSc(Phys) MSc(Phys) Cape Town

**Lecturer Part-time:**

DJB Batty, MBChB *Cape Town FCA SA*

**AAE2001S SPECIAL STUDY MODULE**

*Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully completed all second year MBChB courses.

**AAE4002W ANAESTHESIA PART I**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: AAE4102X, AAE4202X, AAE4302, AAE4402X, AAE4502X*

20 NQF credits at NQF level 8

**Convener:** Dr A Ernst

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Objective:** The student is expected to acquire the basic knowledge and skills required for safe clinical anaesthesia, including the ability to perform pre-operative assessments and render appropriate postoperative care. There is an emphasis on safe anaesthesia practice with a focus on professional behaviour appropriate to the role of the anaesthetist as a peri-operative physician.

**Course outline:**

Anaesthesia is formally taught in the fourth year of study with an additional clinical component in sixth year. The fourth- and sixth-years' learning in anaesthesia are complementary. The four-week, foundational fourth year course is integrated with Ambulatory and Acute Care Medicine in an eight-week rotation. Learning is based on understanding the essential physiology, pharmacology, clinical medicine, and techniques required to provide safe perioperative care and appropriate pain management. Clinical teaching consists of practical training in operating theatres covering various disciplines of surgery, guided by the completion of a logbook. Formal teaching consists of seminars combining interactive teaching, group-based activities, airway skills practice, and tutorials grounded in clinical scenarios for which students must prepare in advance. In addition, students attend a symposium dedicated to understanding pain and its management in order to render appropriate care in the setting of both acute and chronic pain.

**DP requirements:** Appropriately completed logbook (including airway simulation training), satisfactory attendance of seminars (4 out of 6), attendance of a Pain Workshop.

**Assessment:** One computer-based exam comprising multiple choice questions (single best answer) and matching items format.

**AAE4003W ANAESTHESIA PART I FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: AAE4103X, AAE4203X, AAE4303X, AAE4403X, AAE4503X*  
8 NQF credits at NQF level 8

**Convener:** Dr A Ernst

**Course entry requirements:** None

**Co-requisites:** None

**Course outline:**

This is a three-week block in which students will rotate in theatre to acquire the basic skills necessary for the conduct of safe anaesthesia. Formal teaching consists of seminars with a mixture of case-based, interactive, and didactic learning, as well as attendance of workshops in airway management and anaesthesia simulation in the skills laboratory. There is an emphasis on safe anaesthesia practice and professional behaviour appropriate to the role of the anaesthetist as a perioperative physician. Core knowledge comprises the core physiology and pharmacology relevant to anaesthesia, basic knowledge of anaesthesia techniques, drugs, and equipment, and understanding the interaction of surgery, anaesthesia and pre-existing disease in various clinical scenarios. A logbook of clinical skills is to be completed.

**DP requirements:** Full completion of all anaesthesia skills listed in the logbook (including airway and simulation workshops) and attendance of at least 5 of the 6 seminars.

**Assessment:** One computer-based exam comprising multiple choice questions (single best answer) and matching items format.

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**AAE4012W ANAESTHESIA PART I FOR EXTERNAL CREDIT**

*This course is taken by South African students who are studying toward the Doctor of Medicine degree from the University of Villa Clara, Faculties of Medicine, in Cuba.*

0 NQF credits at NQF level 8

**Convener:** Dr E Cloete

**Course entry requirements:** Prior courses as required by the relevant Cuban medical training programme.

**Course outline:**

Students follow a condensed course in Anaesthesia over a period of three weeks. Teaching consists of a series of tutorials with clinical teaching and practical training in the operating theatres. Core learning outcomes: The student is expected to acquire the basic knowledge and skills required for safe clinical anaesthesia, including the ability to perform pre-operative assessments and render appropriate postoperative care. There is an emphasis on safe anaesthesia practice with a focus on professional behaviour appropriate to the role of the anaesthetist as a perioperative physician. Core knowledge: Basic knowledge of anaesthesia techniques and equipment. Learning in the fourth year is based on developing an understanding of the academic basis for anaesthesia and of the related physiology and pharmacology.

**DP requirements:** None

**Assessment:** An end-of-block examination consisting of a theoretical examination (50%) and a practical assessment (50%).

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**AAE5000W ANAESTHESIA PART II FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: AAE5100X, AAE5200X, AAE5300X, AAE5400X, AAE5500X*  
10 NQF credits at NQF level 8

**Convener:** Dr J Purcell-Jones

**Course outline:**

This is a course taken by South African students studying towards a Cuban medical degree. The course builds on the fundamental skills and knowledge acquired in AAE4003W, and is a two-week course of practical clinical instruction aimed at solidifying clinical skills and decision-making necessary for the conduct of safe clinical anaesthesia and optimal perioperative patient care. The student is expected to demonstrate essential knowledge of clinical anaesthesia and skills in the preoperative, intra-operative and postoperative care of patients necessary for safe anaesthetic practice; and professional behaviour appropriate to the pivotal role of the anaesthetist as a peri-operative physician. Formative assessments are conducted by the anaesthetists who supervise the student's administration of a series of anaesthetics and their interaction during in-theatre discussions. A logbook of discussions on core topics in clinical anaesthesia is to be completed. Summative assessment includes an end-of-block examination (weighting 60%), and the scores from the best four supervised anaesthetics the student conducted (weighting 40%). The student must obtain a pass-mark of 50% or more in the end-of-block examination in order to pass.

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**AAE6000W ANAESTHESIA PART II**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: AAE6100X, AAE6200X, AAE6300X, AAE6400X, AAE6500X*  
10 NQF credits at NQF level 8

**Convener:** Dr J Purcell-Jones

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Objective:** The student will demonstrate knowledge of clinical anaesthesia; skills in the pre-operative, intra-operative and postoperative care of patients necessary for safe anaesthetic practice; and professional behaviour appropriate to the pivotal role of the anaesthetist as a peri-operative physician.

**Course outline:**

Anaesthesia is formally taught during the fourth and sixth years of study. In sixth year a two week course of practical clinical instruction is presented during the combined 4 week Anaesthesia and Forensic medicine rotation. The fourth and sixth years' learning in anaesthesia are complementary. Learning in sixth year is based on a series of anaesthetics which the student administers under supervision, including the preoperative assessment of the patient and their postoperative management. Students are expected to perform a minimum of two spinal anaesthetics and two general anaesthetics under specialist supervision. These assessments are 'open' and known to the student. During the rotation the student is expected to complete 12 core knowledge discussion topics, both online and as in-person discussions. There is an 'in theatre' simulation session to provide the students with an opportunity to learn and apply their knowledge in a simulated scenario. Core knowledge: Basic knowledge of anaesthesia techniques and equipment.

**DP requirements:** Completion and submission of minimum required number of supervised and assessed anaesthesia cases as stipulated in the course manual. Completion of 12 core knowledge discussion topics.

**Assessment:** An EOB computer based SBA exam. This must be passed with a minimum of 50% in order to pass the block. A mark of 48% or 49% for the EOB exam may qualify the student to be considered for a supplementary exam without needing to repeat the block. The EOB exam contributes 60% to the final anaesthesia mark. The 4 clinical cases contribute 40% to the final anaesthesia mark.

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## FAMILY, COMMUNITY AND EMERGENCY CARE

### Primary Health Care Directorate

*Old Main Building, Groote Schuur Hospital, E47-25, Observatory 7925 (Tel: 021 406 6761/6031)*

### Chair and Director:

S Reid, BSc (Medicine) MBChB *Cape Town* MFamMed *Medunsa* PhD *UKZN*

### Senior Lecturers:

I Datay, MBChB *Cape Town* DPhil *Oxon* FCP *South Africa* MMed (Internal Medicine) *UCT*

J Irlam, BSc (Medicine)(Hons) MPhil (Epidemiology) *Cape Town* MSc (Climate Change & Development) *Cape Town*

### Lecturer:

S Crawford-Browne, MSocSc *Cape Town*

### Honorary Associate Professor:

L Jenkins, MBChB *Stell* MFamMed *UKZN* PhD *Stell* Dip (Anaesthesia)(Obstetrics & Gynaecology)(Health Services Management) *CMCA*

### Honorary Lecturers:

K du Pré le Roux, MBChB *Cape Town* MA *Sweden*

B Gaunt, MBChB *Cape Town* MSc *London* Dip (Anaesthesia)(Obstetrics & Gynaecology) *SA*

### Honorary Research Associate:

J Corrigan, MBChB *Johannesburg* DMH *South Africa* MMed *Cape Town* FCPHM *SA*

### Clinical Teaching Platform Manager:

D Swart, BScHons (Medicine) HDE (Postgraduate) *Cape Town* MPhil *UWC*

### CBE Coordinator Garden Route District:

H Reuter, HDE *Rhodes* MBChB Dip (Addictions Care) *Stell*

### Academic Coordinator Garden Route District:

F Marais, MBChB *Stell*

### Senior Research Officer:

T Assegai, MPH *Pretoria* PHD (PubHlth) *UWC*

### Operations Manager:

To be advised

### Site Facilitators:

C Beuzac, BAHons MA PhD *UWC*

F Jordaan

P Ncamile, BA (HumSci) *Unisa* Dip (DisStudies) *UCT*

T Xapa, Dip (Adult Education) (Business Planning) *Cape Town*

B Najaar, MNutrit *Stell* BSc (Diet) *UWC*

### Site Coordinators:

N Daniels

Z Geyer, BA *Cape Town* BSc (Medical Bioscience) *UWC*

F Le Roux

A Solomons, Dip (Human Resource Management) *Unisa*

L Felix

**Administrative Officer & PA to Director:**

C Johnston, BA *Wits*

**Assistant Administrator:**

M Swartland FETC (BusAdmin) Certificate

**Senior Secretary:**

E Kennell, PDS *Cape Town*

**Family Medicine**

*Level 2, Falmouth Building South*

**Associate Professor and Head:**

K von Pressentin, MBChB *Stell* MMed (Family Medicine) *Stell* FCFP SA PGDip (Health Professions Education and Leadership) *FPD* PhD *Stell*

**Associate Professor:**

M Namane, MBChB *Cape Town* MPhil *Cape Town* BSc MSc *UNIN* Cert (Community Rheum) *Pret* MSc (Medical Science) *Stell*

**Senior Lecturers Full-time:**

K Adamson, MBChB *Stell* FCFP SA MMed (Family Medicine) *Stell*

N Beckett, BSc *Rhodes* BSc (Hons) *Stell* MBChB *Stell* PGDip (Family Medicine) *Cape Town* SAFRI Fellow SA

R Christoffels, MBChB *Stell* Dip (Mental Health) SA Dip (Anaesthesia) SA FCFP SA MMed (Family Medicine) *Stell*

N David, MBChB *Witwatersrand* MFGP SA

A de Sa, MBChB *Cape Town* MCFP SA

R Holdman, MBChB *Cape Town* PGDip (Family Medicine) *Stell*

A Isaacs, MBChB *Cape Town* MFamMed *Stell*

D Matthews, MBChB *Witwatersrand* PGDip (Family Medicine) PGDip (Health Professions Education) PGDip (Obstetrics) *Cape Town*

L Morales-Perez, MBChB *Stell* MMed (Family Medicine) *Stell* PGDip (Health Professional Education) *Cape Town*

J Morgan, MBChB *Cape Town* MMed (Family Medicine) *Cape Town* FCFP SA PGDip (Palliative Medicine) *Cape Town*

J Porter, MBChB *Cape Town* MMed (Family Medicine) *Cape Town* FCFP SA

T Ras, MBChB *Cape Town* MFamMed *Cape Town* MFGP SA

B Schweitzer, MBChB *Witwatersrand* Dip (Anaesthesia) SA MFGP SA MPraxMed *Medunsa*

AA Ugoagwu, MBBS *Ibadan* Dip (Child Health) SA Dip (HIV Management) SA MMed (Family Medicine) *Stell*

**Senior Lecturer Part-time:**

S Mathew, MBChB *Witwatersrand* MMed (Family Medicine) *Stell* FCFP SA

MS Saban, MBChB *Cape Town* MFamMed *Stell* FCFP SA

**Lecturers Part-time:**

C Kalombo, MBChB *Kasapa* PGDip (Family Medicine) *Cape Town* Dip (HIV Management) SA

H Salie, MBChB *Cape Town*

M Visser, MBChB *Witwatersrand* Dip (Primary Emergency Care) SA Dip (Mental Health) SA

## 104 DEPARTMENTS IN THE FACULTY

### **Emeritus Associate Professors:**

D Hellenberg, MBChB *Cape Town MFamMed Stell FCFP SA*

### **Honorary Associate Professors:**

E de Vries, MBChB *Stell MFamMed Medunsa FCFP SA*

S Mazaza, BSc MBChB *Manchester MLB MFamMed Cape Town PGDip Cape Town FCFP SA*

S Prasad, MBBS *Mysore Medical College and Research Institute MPH University of Minnesota*

### **Honorary Adjunct Associate Professor:**

G Bresick, MBChB *Cape Town DCH SA MPH Cape Town*

### **Honorary Senior Lecturers:**

F Christians, MBChB *Cape Town MCFP SA MPH Sweden MFamMed Cape Town FCFP SA Dip (HIV Management) SA*

A Mendelsohn, BA *Brandeis University MD/MPH Tufts University School of Medicine, Boston Dip (HIV Management) SA*

S Naidoo, MBChB *Natal MBA Cape Town*

A Razak, MBChB MMed (Family Medicine) FCFP SA

A Smith, MBChB *Cape Town Dip (Child Health) SA Dip (Geriatric Medicine) RCGP MSc (Medical Anthropology) UCL MFamMed Cape Town Fellow of the European Committee of Sexual Medicine FECSM*

J Te Riele, MBBCh *Witwatersrand MMed Fam Med Cape Town*

J Venter, MBChB *UFS Higher Diploma in General Surgery SA*

### **Honorary Lecturers:**

S Craven, MBChB *Oxon LRCP PhD Oxford*

S Jacobs, MBChB *Cape Town*

MA Jardine, MBChB *Cape Town*

G Petros, Cert (Adult Education) NDip (Public Health) MPH PhD *Cape Town*

N Wellington, MBChB *Cape Town DCH SA PGDD Cardiff*

### **Registrars:**

AC Anele

B Baheir

T Davids

S Dladla

S Engelbrecht

C Ezulu

A Fakir

O Ferndale

M le Roux

J Moolman

L Proffitt

R Jansen

A Saunders

J Ribeiro

T Rubler

J Weenink

## **Interdisciplinary Palliative Care and Medicine**

*Level 2 Falmouth Building*

### **Acting HODiv:**

R Krause, MBChB MFamMed UFS MPhil (Palliative Medicine) PGDip (Health Professional Education) *Cape Town*

### **Senior Lecturers Full-time:**

M De Swart, MBChB (UFS) MMED (Family Medicine) SUN, PGDip (Palliative Medicine)

### **Senior Lecturer Part-time:**

L Farrant, MBBCh *Wits* Dip HIV Man (SA), MPhil Pall Med

### **Lecturers Part-time:**

S Odell, Dip (Child Health) Dip (Obstetrics) SA MPhil (Pall Med) *Cape Town*

K Payne, BSocSc (Psych & Eng) BCur (Nursing) PG Dip (Pall Med) *Cape Town*

M Venter, MBChB MMed (Radiation Oncology) PG Dip (Pall Med) *Cape Town*

AJ Barnard, MBChB Dip (Anaesthesia) MFGP SA MPhil *Cape Town*

J Cunningham, MBBCh *Wits* PG Dip (Pall Med) *Cape Town* Good Clinical Practice *Wits Health Consortium* DTM&H SA Dip (HIV Management) SA

A Karki, BSc Biology *University of the East* MD *University of the East Ramon Magsaysay Memorial Medical Center*

### **Emeritus Associate Professors:**

E Gwyther, MBChB MFGP *Cape Town* Dip (Pall Med) MSc *Wales* PhD *Cape Town*

### **Honorary Professors:**

R Harding, BSc (Hons) *Brunel University* MSc (Social Policy & Social Work Studies) *London School of Economics* PhD *Kings College London*

M Chasen, MBChB UP MPhil (Pall Med) *Cape Town* FCP Internal Medicine SA FCP Medical Oncology SA

### **Honorary Lecturers:**

K Stammer, MD

### **Research Officer:**

J Hunter, BA Psychology and Communication Science MPhil in Palliative Medicine *Cape Town*

## **FCE2000W BECOMING A DOCTOR PART 1A**

21 NQF credits at NQF level 6

**Convener:** J Muller-Stuurman

### **Course outline:**

The three strands of the BaDr course aims to integrate family medicine, clinical skills and languages. Students learn and practise interviewing skills. They are exposed to primary, secondary and tertiary care in both the public and private sectors. The family medicine strand develops understanding of delivery of healthcare including palliative care and its management and aspects of health promotion and disease prevention. Students gain practical experience of the doctor-patient relationship, of a bio-psycho- social approach to patient care and the consultation process within a community setting. Learning takes place on campus in small tutorial groups, in community health centres, clinics and other centres where students interact with patients. Activities include but are not limited to tutorials, clinical skills training, languages sessions, site visits. Total clinical hours per student: 20

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**FCE3000F BECOMING A DOCTOR: PART IIA (FAMILY MEDICINE)**

10 NQF credits at NQF level 7

**Convener:** Sr G Edelstein

**Course outline:**

The three strands of the Ba Dr course aim to integrate family medicine, clinical skills and languages. Students learn and practise interviewing skills. They are exposed to primary, secondary and tertiary care in both the public and private sectors. The family medicine strand develops understanding of delivery of healthcare including palliative care and its management and aspects of health promotion and disease prevention. Students gain practical experience of the doctor-patient relationship, of a bio-psycho- social approach to patient care and the consultation process within a community setting. Learning takes place on campus in small tutorial groups, in community health centres, clinics and other centres where students interact with patients.

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**FCE6000W FAMILY MEDICINE & PALLIATIVE MEDICINE**

21 NQF credits at NQF level 8

**Convener:** Dr N Beckett and L Ganca

**Course outline:**

The four-week rotation emphasises the theoretical and clinical integration of clinical, public health and behavioral science knowledge, and skills required for family and community-orientated primary care. Students consolidate prior learning by applying the knowledge, skills and professional values gained in all clinical disciplines (particularly family medicine, palliative care and public health) to the diagnosis, management and continuing care of patients presenting to primary care services. Learning materials used in prior learning provide the theoretical basis for practice, research and continuing professional development. The clerkship aims to provide students with a basis for postgraduate training in the practice of family medicine and palliative care and to enter the four-month family medicine internship with the necessary confidence and competence. During the block, all students are based at community health centres (CHCs) within the district health system in the Cape Town metropolitan area for three weeks, and spend one week in Vredenburg, within the rural district health services in the Western Province. Palliative care learning focuses on clinical aspects such as pain management and introduces paediatric palliative care. Palliative care activities include visits to a hospice, patient's home, intermediate care facility, CHC, paediatric health care facilities and district hospital exposure. Activities include, but are not limited to, seminars, tutorials, community site supervised clinical placements and SHAWCO sessions. Total clinical hours per student: 114

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**FCE6001W LONG ELECTIVE**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PPH6101X, PPH6201X, PPH6301X, PPH6401X, PPH6501X*

19 NQF credits at NQF level 8

**Convener:** J Irlam

**Course entry requirements:** Students are eligible to take this course once in the fifth academic year of study (upon application to and with written permission from the Elective Convener and year or MBChB years 4-6 Convener and limited to the vacation period) or in the sixth year of study.

**Objective:** To provide students with an opportunity over four weeks to enhance their clinical competence and understanding of the social context of disease and health, and/or their skills in clinical or public health research.

**Course outline:**

Students are eligible to take this course once in the fifth academic year of study (upon application to and with written permission from the Electives Convener and year 5 or MBChB years 4-6 Convener and limited to the vacation period) or in the sixth academic year.

**DP requirements:** An evaluation form and activity form (if applicable) signed by the elective supervisor.

**Assessment:** A written report on the elective for 100 marks within four weeks of the elective. A penalty of one mark per day applies for late submission. The marking rubrics are available on the VULA Electives site. Students who fail (i.e. obtain less than 50% for the elective report) will be given one opportunity to amend the report and re-submit, otherwise they may be required to repeat the elective in the following year.

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**FCE6005W SHORT ELECTIVE**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PPH6105X, PPH6205X, PPH6305X, PPH6405X, PPH6505X*  
10 NQF credits at NQF level 8

**Convener:** Mr J Irlam

**Course entry requirements:** Student are eligible to take this course once in the fifth academic year of study (upon application to and with written permission from the Electives Convener and year 5 or MBChB years 4-6 Convener and limited to the vacation period) or in the sixth year of study.

**Objective:** To provide students with an opportunity over two weeks to enhance their clinical competence and understanding of the social context of disease and health.

**Course outline:**

Students are required to undertake a self-funded clinical elective anywhere they choose. Students formulate and submit their learning objectives as motivation for their elective at least two weeks prior to the elective. Students identify a supervisor on site at their elective to direct and supervise their elective activities and to evaluate their performance on completion.

**DP requirements:** A completed student evaluation of the elective using the standard template provided, as well as an evaluation form and activity form signed by the elective supervisor.

**Assessment:** A Pass/Not Pass assessment is made by the electives convener. No mark is awarded for the report. Students who do not pass (i.e. who do not submit a report) will be given one opportunity to re-submit, otherwise they may be required to repeat the elective in the following year.

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## HEALTH AND REHABILITATION SCIENCES

*F45, F56 Old Main Building, Groote Schuur Hospital*

**Professor and Head of Department:**

R Galvaan, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD (Occupational Therapy) *UCT*

### Communication Sciences and Disorders

*F45, F56 Old Main Building, Groote Schuur Hospital*

**Head of Division:**

L Petersen, B (Speech & Audiology) *Stell* MSc (Audiology) *Cape Town*

**Professor:**

H Kathard, B (Speech and Hearing Therapy) M (Speech Pathology) *DEd Durban*

**Associate Professors:**

SA Singh, B (Speech and Hearing Therapy) *Durban-Westville* MA PhD *Northwestern*

**Senior Lecturers:**

V Norman, BSc (Logopaedics) *Cape Town* M (Communication Pathology) *Pret*

M Harty, B (Communication Pathology) MA (Augmentative & Alternative Communication) PhD *Pret*

C Rogers, MSc (Audiology) *Cape Town*, PhD *Cape Town*

**Lecturers Full-time:**

V-G Hlayisi, BSc (Audiology) MSc (Audiology) *Cape Town*

S Segoneco, BSc (Audiology) MSc (Audiology) *Cape Town*

**Lecturers Part-time:**

C Legg, BA (Speech and Hearing) MA (Speech Language Pathology) PhD *Witwatersrand*

**Senior Clinical Educators Part-time**

F Camroodien-Surve, BSc (Speech-Language Pathology) *Cape Town* M (Early Childhood Intervention) *Pret*

J le Roux, BSc (Logopaedics) *Cape Town* M (Early Childhood Intervention) *Pret*

**Clinical Educators Part-time:**

K Abrahams, BSc (Speech-Language Pathology) MSc (Speech-Language Pathology) PhD *Cape Town*

G Gonsalves, BSc (Audiology) *Cape Town*

T Kuhn, BSc (Logopaedics) *Cape Town*

N Luwaca, BSc (Audiology) *Cape Town*

K Murray, BSc (Speech-Language Pathology) *Cape Town*

M Orrie, BSc (Speech-Language Pathology), MSc (Speech-Language Pathology) *Cape Town*

N Mbele BSc (Speech-Language Pathology) *Cape Town*

M Benjamin BSc (Audiology) *Cape Town*

## Disability Studies

*F45, F56 Old Main Building, Grootte Schuur Hospital*

### Professor:

T Lorenzo, BSc (Occupational Therapy) HDEdAd *Witwatersrand* MSc (Communication Disorders) *London* PhD *Cape Town*

### Professor:

J McKenzie, BSc (Logopaedics) BA *Cape Town* PGCE *Unisa* MA *York* PhD *Rhodes*

### Honorary Lecturer:

J Weber, (PhD) Senior Global Advisor CBID for CBM Honorary Research Affiliate IDEA research unit

### Lecturer:

I Nwanze, B (Business Systems) BHons (Computing) *Monash* MPhil *Cape Town*  
S Gabriels, BSc (Physiotherapy) *UWC* MEd *Cape Town*

## Nursing and Midwifery

*F45, F56 Old Main Building, Grootte Schuur Hospital*

### Senior Lecturer and Head:

T de Villiers, BSc (Nursing) MSc (Nursing) PhD *Cape Town* Dip (Nursing Education) *UNISA* PGDip (Nursing Administration) *UNISA* PGDip (Paediatric Nursing Science) *Nico Malan Nursing College* Cert (HIV/AIDS Care and Counselling) *UNISA*

### Associate Professor:

SE Clow, BSocSc (Nursing) MSc (Nursing) *Durban Natal* AUDNEd PhD *Cape Town* RN RM CHN

### Emeritus Associate Professor:

U Kyriacos, Fellow (Academy of Nursing of SA) MSc BCur IetA Oph N Crit Care RN RM PhD *Cape Town*

### Senior Lecturer:

NA Fouche, PhD (Education) *Cape Town*, MSc(Nursing) *Cape Town*, AUDNE *Cape Town* Dip Int Nurs Sc *Carinus Nursing College* Diploma in General Nursing Andrew Fleming Hospital, Diploma in Midwifery *Mowbray Maternity Hospital* RN RM

### Lecturers:

L Rees, MSc(Nursing) *Witwatersrand*. BScNursing) *Cape Town* Dip Child Nursing *BG Alexander Nursing College* Dip Comm Health Nursing *Cape Technikon* Certificate Primary Health Care Clinical Skills *Witwatersrand* RN RM Reg. Nurse Educator

Y van der Nest, MSc(Nursing) *Cape Town* BCur (IetA) *Johannesburg* PGDipNursing (Med & Surgical:Nephrology Nursing) *NMMU* Dip OHN *Witwatersrand*, Dip Nursing (General, Community & Psychiatric) *Coronation Hospital*

S Walker, MCur (Advanced Midwifery & Neonatology) *UWC* Dip Nursing Education *Stellenbosch*, Dip Nursing (General, Community & Psychiatric) and Midwifery *Sarleh Dollie Nursing College*

## Occupational Therapy

*F45, F56 Old Main Building, Groote Schuur Hospital*

### Head of Division:

H Buchanan, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD (Occupational Therapy) *UCT*

### Professors:

R Galvaan, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD (Occupational Therapy) *UCT*

### Associate Professor:

H Buchanan, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD (Occupational Therapy) *UCT*

A Sunday, BSc (Occupational Therapy) *UWC* MSc (Early Childhood Intervention) *Pret* PhD (Occupational Therapy) *UCT*

### Senior Lecturers:

P Gretschel, BSc (Occupational Therapy) US MSc (Early Childhood Intervention) *Pret* PhD (Occupational Therapy) *UCT*

L Peters, BSc (Occupational Therapy) MSc (Occupational Therapy) *UCT*

### Lecturers:

I Abbas, BSc (Occupational Therapy) *UCT* MSc (Occupational Therapy) *UWC*

S Pillay, BSc (Occupational Therapy) *UWC* MSc (Occupational Therapy) *UWC*

### Senior Clinical Educators Part-time:

A Ebrahim, BSc (Occupational Therapy) *UCT* BSocSc *UCT* MEd *CPUT* PhD (Disability Studies) *UCT*

H Flieringa, BArb *Stell* MSc (Occupational Therapy) *UCT* PGDip (Health Professional Education) *UCT*

F Gamieldien, BSc (Occupational Therapy) MSc (Occupational Therapy) *UCT* Dip (Business Management) *Varsity College*

T Mohamed, BSc (Occupational Therapy) *UWC*

L Richards, BSc (Occupational Therapy) *UCT*

### Clinical Educators Part-time:

S Damonse, BSc (Occupational Therapy) *UWC* MSc (Occupational Therapy) *UCT*

M Francke, BSc (Occupational Therapy) *UCT*

R Hassam, BSc (Occupational Therapy) *UWC*

M Hannington, BSc (Occupational Therapy) *WITS* MSc (Occupational Therapy) *WITS* PGDip (Health Professional Education) *UCT*

Z Syed, BSc (Occupational Therapy) *UWC* M (Occupational Therapy) *UWC* PGDip (Addiction Care) *SU*

### Ad hoc Staff Part-time:

MLM Krenzer, BSc (Occupational Therapy) *UCT* MSc (Occupational Therapy) *UCT*

F Cassim, BSc (Occupational Therapy) *UCT*

R Makan, BSc (Occupational Therapy) *UCT*

L Jacobs, B. Occ Ther *UP* MSc *Brunel* PhD *WITS*

S Ncgobo, BSc (Occupational Therapy) *UCT*(py) *UCT*

## **Physiotherapy**

*F45, F56 Old Main Building, Groote Schuur Hospital*

### **Associate Professor and Head:**

N Naidoo, BSc (Physiotherapy) *UDW MMedSci Natal MED Nata DipMan UKZN PhD UCT*

### **Associate Professor:**

S Maart, BSc (Physiotherapy) MPH *UWC PhD UCT*

T Burgess, BSc (Physiotherapy) BScHons (Medicine) PhD *UCT MHS (Bioethics) University of Toronto*

G Ferguson, BSc (Physiotherapy) MSc *UCT PhD Katholieke Universiteit Leuven*

### **Senior Lecturer:**

S Manie, BSc (Physiotherapy) *UWC MSc Stell PhD UCT*

### **Lecturers:**

C Hendricks, BSc (Physiotherapy) MSc *UWC PhD UCT*

M Naidoo, BSc (Physiotherapy) MSc *UWC PhD UWC*

N Edries-Khan, BSc (Physiotherapy) MSc *UCT*

H Talberg, BSc (Physiotherapy) MPhil (Education) *UCT*

N Ntinga, BSc (Physiotherapy) *UKZN MSc Wits*

N Arends, BSc (Physiotherapy) MPh *UWC*

### **Senior Clinical Educators:**

L Rustin, BSc (Physiotherapy) *UWC MSc Cape Town*

I Du Plessis, BSc (Physiotherapy) MSc *Pret*

F Harris, BSc (Physiotherapy) *UWC MSc UCT*

### **Clinical Educators:**

F Solomons, BSc (Physiotherapy) *UWC*

K Kabongo, BSc (Physiotherapy) *UCT MPhil (Ex and Sports Physiotherapy) UCT*

L Hector, BSc (Physiotherapy) *UWC*

C Sebata, BSc (Physiotherapy) *UCT*

T Sebulele, BSc (Physiotherapy) *UCT*

### **Assistant Director, Department of Physiotherapy, Groote Schuur Hospital:**

C Davids, BSc (Physiotherapy) *UWC*

### **Honorary Professor:**

B Smits-Engelsman, BA *Polytechnic Nijmegen MA Utrecht MED Maastricht MSc MA Avansplus Breda PhD Nijmegen*

**AHS1003F SPEECH AND HEARING SCIENCES**

18 NQF credits at NQF level 5

**Convener:** Associate Professor L Ramma and S Segoneco

**Course entry requirements:** None

**Course outline:**

The aim of this course is an understanding of the nature of sound, how sound is perceived by humans and how speech is produced. Content also includes the dimensions and parameters of sound; transmission of sound; analysis of sound; resonance; measurement of sound; range of hearing; the concept of threshold; concepts of loudness and pitch; masking as well as binaural hearing; speech production; nature of speech; vocal anatomy, the vocal tract articulators and resonators; linguistic function of speech sounds; as well as spectra and spectrograms. Skills taught include basic numeracy, the interpretation of graphs, as well as ability to relate physical concepts of sound to speech and hearing. Students should develop an appreciation of the physical nature of sound as well as an appreciation of the fact that perception of sound is an individual experience. Teaching and learning activities comprise lectures; practical demonstrations; assigned activities, self-directed study (websites), and group discussions.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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**AHS1025S EARLY INTERVENTION**

18 NQF credits at NQF level 5

**Convener:** V Norman

**Course entry requirements:** None

**Course outline:**

The course aims to develop an understanding of the need for the speech-language therapist's/audiologist's role in early intervention in the South African context; of risk populations; and of principles and approaches to screening, assessment and intervention. Content includes early intervention within the primary healthcare framework; an introduction to hearing, communication and feeding difficulties in specific risk populations; specific approaches to early intervention (asset-based, family-centred); and basic assessment and management of communication in children up to the age of three. Teaching and learning activities include lectures, small group discussions, literature searches and reviews and observation of interactions with young children. Themes underpinning the course are primary healthcare and contextual relevance; working in a multilingual, multicultural society; ethics and human rights; and developing agents for change.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark

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**AHS1032S** OCCUPATIONAL PERSPECTIVES ON HEALTH AND WELL-BEING

20 NQF credits at NQF level 5

**Convener:** Mrs M Krenzer

**Course entry requirements:** AHS1035F or AHS1044F

**Objective:** Students will be able to describe the link between human occupation, health and well-being; discuss forms of occupational risk/dysfunction focusing on environmental determinants; describe their understanding of the lived experience of a person with a disability; discuss various means of enabling occupational performance; understand the role of an OT and other role-players within practice learning settings; use reflection and reasoning as crucial for taking control of own learning; and learn how to turn an art form into a possible business venture.

**Course outline:**

This course analyses and explores the relationship between what people do and their health and well-being. By engaging with people of different ages in various practice learning contexts, students gain an appreciation of how dimensions of occupational performance in self-care, productivity and leisure unfold across the lifespan in relation to culture, context and ability. They also develop an appreciation of the lived experience of disability, and how dimensions of occupational performance in self-care, productivity and leisure are affected by disability. They engage with issues of diversity and explore the role of an OT as a transformative agent. They explore how art can serve as an income-generating activity and the role that the environment plays in facilitating or hindering people's occupational aspirations and capabilities.

**Lecture times:** Tuesdays, Thursdays and Fridays 11h00-12h45; and Wednesdays 09h00-12h45.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials and completion of all coursework by due dates.

**Assessment:** Coursework assessments contribute 50% to the final mark and comprises a micro-enterprise assignment (20%); a Human Development and Occupation assignment (30%); journal 1 (20%); and journal 2 (30%). The final examination contributes 50% of the final mark and comprises a written paper. The final mark calculated as follows: Coursework mark (50%) and Examination mark (50%).

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**AHS1033F** MOVEMENT SCIENCE I

18 NQF credits at NQF level 5

**Convener:** N Ntinga

**Objective:** At the end of this course, students will be able to understand the concepts of movement as it relates to the body and across the lifespan.

**Course outline:**

Course content comprises basic terminology, surface anatomy, joint movement, goniometry, human development across the lifespan and the scientific principles associated with human movement analysis and basic principles of assessment. This course is taught through lectures, practical demonstrations, workshops, self-study sessions and tutorials.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials.

**Assessment:** The course mark is weighted 50% and comprises tutorial tasks (weighted 15%); a theory test (20%); and a structured practical test (15%). The final examination mark is weighted at 50% and comprises a written examination (25%) and a structured practical examination (25%). Students who fail the course maybe required to register for the Fundamentals of Health Science programme or will repeat the course in the following academic year.

**AHS1034S INTRODUCTION TO APPLIED PHYSIOTHERAPY**

22 NQF credits at NQF level 5

**Convener:** Dr M Naidoo

**Course entry requirements:** All first semester courses in the BSc Physiotherapy programme.

**Objective:** At the end of this course students will be able to apply the concepts of movement as relates to basic assessment of mobility and exercise.

**Course outline:**

This course builds on the foundational concepts covered in Movement Science 1 and will consolidate the principles of application to health promotion and well-being. The course is taught through lectures, practical demonstrations and workshops, self-study sessions and tutorials. Where possible, exposure to the clinical platform is provided

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** The coursework mark is weighted 50% and comprises tutorial tasks (weighted 15% towards final mark); a theory test (15%); a structured practical test (15%) and an assignment (5%). The final exam is weighted 50% and comprises of a written examination (25%) and a structured practical exam (25%).

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**AHS1035F HUMAN OCCUPATION AND DEVELOPMENT**

22 NQF credits at NQF level 5

**Convener:** M Krenzer

**Course entry requirements:** None

**Objective:** By the end of this course, students are able to describe the concept of “occupation” and begin to understand its dimensions; discuss occupational therapy values and their influence on understanding people and approaches for practice; discuss the place of activity analysis in occupational therapy and begin to use macro activity analysis; discuss the experience and the doing of an occupation; describe the role that the environment plays in an occupation; describe and discuss human development in relation to the occupational human; and discuss issues of diversity in relation to the self.

**Course outline:**

This course introduces students to the basic concepts that underlie occupational therapy principles, values and modes of practice. These concepts include foundational theories in the study of human occupation and development. Students develop procedural and critical thinking by exploring the occupational human and occupational behaviour in various contexts. By exploring art forms engaged in by people in urban as well as rural or informal settlements, students begin to appreciate the relationship between human occupation and the environment. Students also engage with issues of diversity through open and constructive dialogue that aims to facilitate an understanding of inter-group relations, conflict and community.

**Lecture times:** Tuesdays, Thursdays and Fridays 11h00-12h45 and Wednesdays 09h00-12h45.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials and completion of all coursework by due dates.

**Assessment:** Coursework assessments contribute 50% to the final mark and comprises of an art forms report (30%); art forms presentation (30%); and test (40%). The final exam contributes 50% to the final mark and comprises a written paper. The final mark is calculated as follows: Coursework mark (50%) and examination mark (50%).

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**AHS1042F HUMAN COMMUNICATION DEVELOPMENT**

18 NQF credits at NQF level 5

**Convener:** Associate Professor M Pascoe

**Course entry requirements:** None

**Course outline:**

The purpose of this course is to enable the student to understand the communication chain and difficulties when breakdown occurs; and key aspects of communication development in children up to the age of six and school-age children. Content also includes general principles of development; typical communication (speech, language and auditory) development; and a framework for language development. Students develop the skills of observation and interaction with children; profile a child's development in relation to expected milestones; and develop materials. The course emphasises an appreciation of the influence of culture and individual differences on communication development. Teaching and learning activities comprise lectures, small group discussions, class presentations, and observation of and interaction with young children. Themes underpinning the course include primary healthcare and contextual relevance; a multilingual, multicultural society; ethics and human rights.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** Mid-term test (20%); an assignment (30%); and a final summative examination (50%).

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**AHS1045S BASIS OF HEARING AND BALANCE**

18 NQF credits at NQF level 5

**Convener:** Dr C Rogers and S Segoneco

**Course entry requirements:** None

**Course outline:**

This course aims to develop an understanding and knowledge of the anatomy, physiology and pathology of hearing and balance underpinning audiology diagnoses; the impact of hearing and balance difficulties; and prevention and health promotion strategies. Content includes the anatomy and physiology of hearing and balance and the patho-physiology of hearing and vestibular disorders. Students learn to appreciate that a thorough knowledge of the anatomy, physiology and pathology is fundamental to an audiology diagnosis. They acquire a holistic view of clients and appreciate the need to exercise duty of care. Teaching and learning activities include lectures, web-based learning, case studies and group learning. Themes underpinning the course include primary healthcare, the burden of disease, and a bio-psycho-social model of healthcare.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

**AHS1054W SOUTH AFRICAN SIGN LANGUAGE**

8 NQF credits at NQF level 5

**Convener:** F Camroodien-Surve

**Course entry requirements:** None

**Course outline:**

The aim of this course is to acquire South African Sign Language (SASL) at a basic level to obtain case history, give instructions (plus diagnostic testing), feedback and informational counselling, and to demonstrate use of appropriate communication strategies for sign language. Content includes greetings, basic communication, finger-spelling and numbers, hand-shape, location, orientation, movement and non-manual features, production and reception of signs, dominant and passive hands, how to change the language structure from SASL into English and English into SASL, specific sign vocabulary relating to audiology and speech and language therapy, and general sign vocabulary. Students learn to conduct a case history using basic sign language. They acquire an attitude of empathy and respect for multilingual and multicultural diversity. Teaching and learning activities include modelling, lectures, group-work, role-play, and videos/DVDs. Students have interactions with members of the Deaf community.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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**AHS1060F/S DISABILITY INFORMATION MANAGEMENT AND COMMUNICATION SYSTEMS PART I**

7 NQF credits at NQF level 5

**Convener:** I Nwanze

**Course entry requirements:** None

**Co-requisites:** AHS1063S, AHS1065S and AHS1066S

**Course outline:**

Students learn the importance of information management and how adequate and inadequate application of the principles of record keeping affect the overall quality of client quality of care. Student learn skills in adult learning, group management and giving appropriate feedback depending on the audience. Students demonstrate skills in communicating information appropriately to clients while observing the verbal and non-verbal modes of communication. Students learn how to prepare and use appropriate visual aids for information dissemination to the appropriate audience. Students then learn how to search and record and use available resources in the community as support structures for the quality of care provided to clients.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of portfolio by the due dates.

**Assessment:** Practical test 15%; Portfolio assessment 10%; and Examination 25%.

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**AHS1061F/S** DISABILITY INFORMATION MANAGEMENT & COMMUNICATION SYSTEM PART II

8 NQF credits at NQF level 5

**Convener:** I Nwanze

**Course entry requirements:** AHS1060S

**Co-requisites:** AHS1064F, AHS1062F and AHS1067F

**Course outline:**

The students will learn basic information and communication systems in relation to care pathways and referral systems for people with disabilities. By the end of this course, students should appreciate critical enquiry; know how to use a variety of participatory rural appraisal methods; be able to apply ethical principles in research ethics work with DPOs; know the components of an information system; understand the principles and practice of record-keeping; know how to use a variety of different tools to gather information (WHO checklist, ICF, PRA); and know how to identify relevant support service and care pathways for effective referral across sectors.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of portfolio by the due dates.

**Assessment:** Practical test 15%; Portfolio assessment 10%; and Examination 25%.

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**AHS1062F/S** PROMOTING HEALTHY LIFESTYLES

10 NQF credits at NQF level 5

**Convener:** S Gabriels

**Course entry requirements:** None

**Co-requisites:** AHS1064F, AHS1061F and AHS1067F

**Course outline:**

By the end of the course, students will be able to define health promotion; identify social determinants of health; enable community participation in active health promotion campaigns; mediate between health services and families/persons with disabilities; advocate for access to education, health or community facilities; liaise with NGOs/community structures; and promote participation of persons with disabilities.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Coursework mark counts 50% and comprises assignments, written tests and practical tests. Exam mark counts 50% and comprises written and structured practical examinations.

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**AHS1063F/S** HEALTH, WELLNESS AND FUNCTIONAL ABILITY PART I

15 NQF credits at NQF level 5

**Convener:** S Gabriels

**Course entry requirements:** None

**Co-requisites:** AHS1060S, AHS1065S and AHS1066S

**Course outline:**

Students learn to screen for impairments and provide basic interventions to improve participation of clients in the life areas of living, learning, working and socialising. By the end of the course, students will be able to discuss and describe normal development and wellness in children and adults; identify clients with selected disorders and difficulties; demonstrate appropriate kinetic handling and positioning skills; demonstrate appropriate use of assistive devices; identify risk factors for emotional distress in carers, clients and self; apply basic counselling and support methods to carers, clients and self; recognise when referral is required; demonstrate appropriate referral patterns; and work in a multidisciplinary team. This course will prepare students for work integrated practice learning in the community and intermediate care facilities.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

## 118 DEPARTMENTS IN THE FACULTY

**Assessment:** A total of 45% which includes a coursework of 20% from AHS1063S (and a coursework mark of 25% from AHS1064F). The summative exam will take place in AHS1064F and is weighted 55%.

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### **AHS1064F/S HEALTH, WELLNESS AND FUNCTIONAL ABILITY PART II**

15 NQF credits at NQF level 5

**Convener:** S Gabriels

**Course entry requirements:** AHS1063S

**Co-requisites:** AHS1061F, AHS1062F and AHS1067F

**Course outline:**

Students learn to screen for impairments and provide basic interventions to improve participation of clients in the life areas of living, learning, working and socialising. By the end of the course, students will be able to discuss and describe normal development and wellness in children and adults; identify clients with selected disorders and difficulties; demonstrate appropriate kinetic handling and positioning skills; demonstrate appropriate use of assistive devices; identify risk factors for emotional distress in carers, clients and self; apply basic counselling and support methods to carers, clients and self; recognise when referral is required; demonstrate appropriate referral patterns; and work in a multidisciplinary team. This course will prepare students for Work integrated practice learning in the intermediate care facilities.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** A total of 45% which includes a coursework of 20% from AHS1063S and a coursework mark of 25% from AHS 1064F. The summative exam takes place in AHS1064F and is weighted at 55%.

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### **AHS1065F/S INCLUSIVE DEVELOPMENT AND AGENCY**

15 NQF credits at NQF level 5

**Convener:** Professor T Lorenzo

**Course entry requirements:** None

**Co-requisites:** AHS1063S, AHS1060S and AHS1066S

**Course outline:**

By the end of this course, students should be able to explain the concepts of disability, inclusion development, identity, agency and power; explain the purpose of disability rights policies; identify and negotiate factors influencing access and participation across sectors; implement strategies to enable participation and access to services; mobilise local resources; and work with relevant experts and stakeholders.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Coursework mark counts 50% of the year mark and comprises assignments (essay writing and oral presentations). The examination mark counts 50% of the year mark and comprises a structured practical examination.

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**AHS1066F/S WORK INTEGRATED PRACTICE LEARNING PART I**

25 NQF credits at NQF level 5

**Convener:** TBC

**Course entry requirements:** None

**Co-requisites:** AHS1060S, AHS1063S and AHS1065S

**Course outline:**

By the end of this course, students should be able to demonstrate an understanding of the disability issues within a wider context and in relation to the community in which they practice; be able to apply essential methods, procedures and techniques to address the difficulties and disorders experienced by people in the community; demonstrate ability to solve problems as required; demonstrate efficient information-gathering, analysis and decision-making abilities; demonstrate ability to evaluate and reflect in and on action; and demonstrate appropriate written and verbal communication skills.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Coursework includes weekly task submission and a Portfolio of evidence which contributes 50% and the examination contributes 50% toward the final course mark.

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**AHS1067F/S WORK INTEGRATED PRACTICE LEARNING PART II**

25 NQF credits at NQF level 5

**Convener:** TBC

**Course entry requirements:** None

**Co-requisites:** AHS1064F, AHS1062F and AHS1061F

**Course outline:**

By the end of this course, students should be able to demonstrate an understanding of the disability issues within a wider context and in relation to the community in which they practice; apply essential methods, procedures and techniques to address the difficulties and disorders experienced by people in the community; demonstrate ability to solve problems as required; demonstrate efficient information-gathering, analysis and decision-making abilities; demonstrate ability to evaluate and reflect in and on action; and demonstrate appropriate written and verbal communication skills.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Coursework (weekly task submission and Portfolio of Evidence) contributes 50% and the examination contributes 50%.

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**AHS2002W CLINICAL SCIENCES I**

13 NQF credits at NQF level 6

**Convener:** Dr MA De Souza

**Course entry requirements:** Pre-requisites for course: HUB1019F and HUB1020S

**Course outline:**

The course covers the aetiology, clinical signs and symptoms, assessment and medical and surgical treatment of patients of all age groups suffering from conditions encountered by occupational therapists and physiotherapists during their work. The lecture series has been designed to integrate information about pathology and the clinical management of a range of conditions across the previously demarcated areas of medicine, surgery, orthopaedics and paediatrics. The topics covered include pathology, oncology, orthopaedics, child health, neurosurgery, spinal cord injuries, cardiothoracic surgery, medicine and palliative care. At the end of the course, students will have a basic understanding of the physiology, pathology, clinical presentation and management of the conditions presented; will be able to recognise and deal with the clinical emergencies that may impair or result in loss of function; will understand the role of the various disciplines in managing these conditions; and will recognise the importance of a multidisciplinary team in managing patients they are likely to encounter.

## 120 DEPARTMENTS IN THE FACULTY

**DP requirements:** Eighty per cent attendance of Face-to-face lectures, synchronous online lectures, and online forum tasks. Full participation in all learning activities and completion of all coursework and three assignments by the due dates. However, the module covering COVID will need to have 100% attendance in order for the student to be allowed onto the clinical platform. If this is not achieved and extra Assignment task will need to be completed and passed. Assignment 1 will cover the COVID course and has to be passed with a pass rate of 50%. If the student fails, this assignment it has to be repeated and passed before the student is allowed onto any clinical platform.

**Assessment:** There are three term assessments, in March, June and September. Each of these is a one-hour online test and counts 10% each towards the year mark. 6% of the year mark is made up from forum tasks during the year. Each of the three assignments is worth 7% to the final year mark. There is an examination at the end of the year (a two-hour exam) which accounts for 43% of the total mark. A supplementary assessment (a two-hour exam) may be offered for students obtaining an overall mark between 45 and 49%. 80% attendance and to complete 3 assignments. Assessments: Test 1 = 10%; Test 2 -10%; Test 3 - 10%; Forum tasks = 6%; Assignment 1 - 7%; Assignment 2 - 7%; Assignment 3- 7%; Final exam =43%; Total = 100%.

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### AHS2043W OCCUPATIONAL THERAPY II

36 NQF credits at NQF level 6; Lectures (54, including pracs/OSPE) and two site visits. No tutorials, except for student support tutorials approximately every second Friday.

**Convener:** S Pillay

**Course entry requirements:** PSY1005S or PSY1007S, HUB1020S, AHS1035F and AHS1032S

**Objective:** At the end of the year students will be able to identify, conduct, interpret and record appropriate assessments of the occupational human including sensory-motor, psycho-social and context-related dimensions.

**Course outline:**

This course focuses on the assessment of occupational performance, interests, needs and capacities in different life tasks/roles within the contexts of play, work, self-care and leisure. Students learn occupational therapy processes and assessment techniques for identifying individual health and occupational needs, interests and capacities. Content includes disability in primary healthcare, occupational performance assessment, occupational assessment of human beings and professional practice.

**Lecture times:** Lectures are on a Monday (08h00 – 10h45, 14h00 – 16h45) and Thursday (14h00 – 16h45).

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of all coursework by the due dates.

**Assessment:** Coursework contributes 60% and comprises class tests, assignments, small group projects, presentations and practicals. Summative assessment contributes 40% toward the final course mark and comprises a written theory exam, an objective standardised practical examination, and a written report.

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### AHS2046F DIAGNOSTIC AUDIOLOGY

18 NQF credits at NQF level 6

**Convener:** L Petersen

**Course outline:**

This course aims to enable students to devise an appropriate audiology case history interview; describe and discuss a comprehensive diagnostic audiology process; describe audiology tests; and reflect on and communicate assessment outcomes to the client. Content includes case history; fundamentals of the audiology diagnostic process; audiology test battery; pure tone, speech and immittance audiometry; functional hearing loss; principles of masking; clinical reasoning; differential diagnosis; and clinical report writing. Students start to acquire the skills of jargon-free written communication, appropriate test selection, analysis and interpretation, and knowing when and how to refer. They learn that information and personal adjustment counselling are key in the empowerment of clients, and learn an appreciation of the role of the team; they also cultivate an awareness of professional boundaries.

Teaching and learning activities include lectures, case studies, self-directed study, role-play, experiential learning, simulations, and group-work. Themes underpinning course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio-psycho-social models of health, developing agents for change, and equity and affirmation of diversity.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

### **AHS2047S PAEDIATRIC REHABILITATIVE AUDIOLOGY**

18 NQF credits at NQF level 6

**Convener:** Dr C Rogers

**Course entry requirements:** AHS2106F

**Course outline:**

This course aims to enable the student to describe and discuss the paediatric population with hearing impairment; analyse and apply theoretical frameworks relating to communication; and devise comprehensive assessment and management for children with hearing impairment. Content includes the impact of hearing loss on children, families and society; local and international perspectives of the importance of early intervention; philosophical approaches to habilitation (auditory and visual); literacy and spoken language facilitation; collaborating with families; management of infants, toddlers, school-age children and adolescents with hearing loss; and multi-lingual and multi-cultural considerations for paediatric aural habilitation. Teaching and learning activities include lectures, case studies, guided self-study, videos, an interview of a parent with a child with a hearing impairment, and role-play. Themes underpinning the course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio-psycho-social models of disability, developing agents for change, and equity and affirmation of diversity.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

### **AHS2050H CLINICAL PHYSIOTHERAPY I**

18 NQF credits at NQF level 6

**Convener:** I Du Plessis

**Course entry requirements:** All 1st year courses. AHS1033F, AHS1034S, PPH1001F, PPH1002S, HUB1019F, HUB1020S, PSY1004F, HUB1022F, HUB1023S

**Co-requisites:** All 2nd year courses. AHS2052H, AHS2053H, AHS2002W, HUB2015W, HUB2023W, AHS1028H OR AHS1048H

**Course outline:**

This course is comprised of two parts; a theoretical component and a clinical component: The theoretical component includes introductory modules on International Classification of Functioning and how to relate these concepts to assessment, Ethics of patient care as well as a module on Communication and Counselling. The clinical component integrates these modules and addresses the theory and practical application of development and wellness across the lifespan paediatric neurology, respiratory, orthopaedic, and musculoskeletal therapy. There are two clinical blocks and students spend a portion of the week in various clinical areas, working with patients under supervision. Clinical reasoning sessions are included. Students may be required to do a nursing elective of 24 hours at an approved facility. The course also includes an interprofessional education approach where students learn about the multidisciplinary team.

## 122 DEPARTMENTS IN THE FACULTY

It integrates vertically with the Becoming a Professional/Becoming a Health Professional multidisciplinary courses at first year level.

**DP requirements:** Full attendance and participation in all coursework. Student attendance at clinical sessions is monitored in accordance with HPCSA regulations.

**Assessment:** The course is assessed via continuous in course assessment. The theoretical modules are assessed through integrated written or clinical assessment and an online component. Clinical modules are assessed through end of block clinical submissions (including but not limited to block performance, case study presentation) and skill testing. The pass mark for the course is 50%. Should a student obtain between 45-49% an opportunity for re- assessment will be provided. The re-assessment will replace the previous lowest clinical block mark and the course average will be recalculated using the re-examination mark. A student must achieve a minimum of 50% to pass the re-assessment. If the student does not obtain 50%, they will fail the course.

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### AHS2052H MOVEMENT SCIENCE II

38 NQF credits at NQF level 6

**Convener:** Dr C Hendricks

**Course entry requirements:** All 1<sup>st</sup> year courses.

**Co-requisites:** AHS2002W, HUB2015W, HUB2023W

**Course outline:**

This course covers orthopaedics and neuromusculoskeletal conditions. The orthopaedic component covers the scope of physiotherapy assessment and management of traumatic orthopaedic conditions of the lumbar spine and the lower quadrant (ankle, knee and hip). In addition, it covers the physiotherapy assessment and management of people with amputations and paediatric orthopaedic conditions. The neuromusculoskeletal component covers basic principles of assessment and management, injury prevention and rehabilitation. In addition, this component will cover the physiotherapy assessment and treatment of neuromusculoskeletal (NMS) conditions, focusing on the lumbar spine and lower quadrant. At the end of this course, students will be able to assess orthopaedic and NMS conditions of the lumbar spine and the lower quarter according to the International Classification of Functioning (ICF); apply joint and soft tissue mobilization techniques to treat NMS conditions of these areas; prescribe progressive exercises to appropriately rehabilitate both NMS and orthopaedic conditions of these areas.

**DP requirements:** Students are expected to attend and participate in 80% of all lectures and practical sessions and attend all tutorials. Attendance is monitored through the signing of an attendance register at each session. Students are required to submit all coursework as required.

**Assessment:** Formative online quizzes throughout the year (15%); Term 1 tests (5%); Term 2 tests (theory: 20%; structured practical evaluation: 10%); Term 3 assignment (10%); and Final Term 4 examination (theory: 25% and structured practical evaluation: 15%). The pass mark of the course is 50%. Students who obtain between 45-49% in the final year mark, will be eligible for a supplementary exam. If the student should obtain a mark below 50% and fail the supplementary exam, the student will need to repeat the course the following year.

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### AHS2053H APPLIED PHYSIOTHERAPY I

32 NQF credits at NQF level 6

**Convener:** N Ntinga

**Course entry requirements:** All 1<sup>st</sup> year courses.

**Co-requisites:** AHS2002W, HUB2015W, HUB2023W,

**Course outline:**

This course covers modules in paediatric neurology, cardiopulmonary rehabilitation, electrotherapy, women's health and care of the older person. The ICF framework tool is used in all modules in the course. The paediatric neurology component covers the foundation of neurological techniques of child development and assessment and treatment techniques used by physiotherapists in paediatric neurology. The cardiopulmonary rehabilitation component covers the theory, manual techniques and assistive devices required for the holistic assessment and treatment of cardiopulmonary clients.

The emphasis is on primary healthcare and problem-solving, using the ICF. The electro-physical agent's module includes the theoretical and practical application of such agents, including the application of electro-physical modalities in the management of patients. The women's health component focuses on the physiotherapy management during pregnancy, birth and breastfeeding. The care of the older person component covers the process of ageing and the assessment and treatment techniques used by physiotherapists in the field of gerontology. At the end of this course students should be able to apply theoretical knowledge, pathological knowledge and physiotherapy practical assessment and treatment skills in cardiopulmonary physiotherapy, paediatric neurology, electrotherapy, woman's health and geriatrics physiotherapy.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Coursework mark contributes 65% and is made up of the following: Term 1: 13%; Term 2: 35% (25% theory, 10% SPE); and Term 3: 17%. Assessments for coursework will include but not be limited to written tests, oral test, online quizzes, group and individual assignments and practical tests. Specifics regarding assessment will be provided for each module within the course by the course convenor. Individual weighting that makes up the coursework mark will be provided to the student at the start of term by the course convenor. The final examination mark in Term 4 will contribute 35% (25% for theory and 10% SPE) for the course. The pass mark of the course is 50%. Students who obtain between 45-49% in the final year mark, will be eligible for a supplementary exam. If the student should obtain a mark below 50% and fail the supplementary exam, the student will need to repeat the course the following year.

#### **AHS2054S SPECIAL STUDY MODULE**

*NOTE: Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully completed all second year MBChB courses.

#### **AHS2106F CHILD LANGUAGE**

21 NQF credits at NQF level 6

**Convener:** Dr M Hartly

**Course entry requirements:** AHS1042F or HSE1005S

**Course outline:**

This course aims to enable the student to compare and contrast child language delay, difference and disorder; and to describe and critically discuss the principles and nature of assessment and comprehensive management of child language. Content includes the nature, assessment and management of child language difficulties. Students learn to profile a child's general development in relation to expected milestones. They acquire knowledge and skills in the transcription and analysis of child language; clinical reasoning; and strategies for working with child language difficulties in multilingual, multicultural environments. They acquire an appreciation of a multilinguistic, multicultural society in the assessment and management of child language difficulties and a willingness to problem-solve when clients and clinicians do not share a common language. Teaching and learning activities include lectures, small group discussions, class presentations and case discussions (video and paper). Themes underpinning the course are a multilingual, multicultural society, provision of contextually relevant services, and developing agents for change.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

## 124 DEPARTMENTS IN THE FACULTY

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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### AHS2107F CHILD SPEECH

18 NQF credits at NQF level 6

**Convener:** Associate Professor M Pascoe

**Course entry requirements:** AHS1042F or HSE1005S

**Course outline:**

This course aims to enable students to compare different speech difficulties in children, describe and discuss speech assessment and principles of speech intervention and apply principles of intervention to special populations. Content includes the nature of articulation and phonological difficulties, and assessment of and therapy for children with articulation and phonological difficulties. Students learn skills of observation and interaction with children, learn to profile a child's development in relation to expected milestones, and learn transcription and analysis of child speech, as well as knowledge translation and clinical reasoning skills. They acquire an awareness that culture and individual differences influence children's speech and acquire an ability and willingness to problem-solve when clients and clinicians do not share a common language. Teaching and learning activities include lectures, small group discussions, class presentations, and observations of and interaction with young children. Themes underpinning the course are a multilingual, multicultural context; provision of contextually relevant services; and developing agents for change.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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### AHS2108W CLINICAL SPEECH THERAPY 1

24 NQF credits at NQF level 6

**Convener:** K Murray

**Course entry requirements:** AHS1025S; AHS2106F and AHS2107F (see FBC 5.2).

**Course outline:**

This course aims to enable the student to demonstrate professional conduct; promote communication development and prevent communication delays in children; and assess and manage children with speech and language delays, disorders and differences. Students have the opportunity to work with children of different ages and within different clinical settings. Project Design and Management includes a needs and situation analysis; planning and implementing an appropriate project; monitor and evaluate project. Students learn the skills of knowledge translation, effective written and verbal communication, and operational clinic management. They learn the need for respectful interpersonal relationships and professionalism and acquire an appreciation of ethical behaviour. Teaching and learning activities include observation of experienced clinicians, clinical practice, promotion and prevention activities, and assessment and management of children. Themes underpinning the course are primary healthcare, equity and affirmation of diversity, developing agents for change, evidence-based practice, ethical and professional practice, and a client- and family-centred approach.

**DP requirements:** Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

**Assessment:** Continuous assessments during each clinical block contributes to the final course mark. Refer to AHS2108W clinic descriptor document for specific assessment details.

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**AHS2109S SCHOOL-BASED INTERVENTIONS**

21 NQF credits at NQF level 6

**Convener:** J le Roux**Course entry requirements:** AHS2106F**Course outline:**

This course aims to enable the student to compare and contrast the range of communication challenges experienced by learners in school settings, including preschool, and to describe appropriate assessment and intervention strategies for managing these in the SA educational context. Content includes the nature, assessment and management of children with communication challenges, including language learning delays, difficulties and disorders (LLDs); fluency; and auditory processing/attention difficulties in the school context. Students acquire the skills of knowledge translation, assessment and analysis of language and literacy profiles of school-age children, clinical reasoning, as well as strategies for working in a multilingual, multicultural educational environment. They acquire an appreciation of a multilingual, multicultural society in the assessment and management of school-age children. They learn to develop a willingness to problem-solve when clients and clinicians do not share a common language; teaching and learning activities. Teaching activities include lectures, guided self-study, internet learning, role-play, case discussions (video and paper) and presentations. Themes underpinning the course are a multilingual, multicultural society, provision of contextually relevant services and developing agents for change.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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**AHS2110W CLINICAL AUDIOLOGY I**

24 NQF credits at NQF level 6

**Convener:** T Kuhn**Course entry requirements:** AHS2046F (see FBC 5.3).**Course outline:**

This course aims to enable the student to demonstrate professional conduct, to screen communication development in children aged 0 – 5yrs, and to assess peripheral auditory function in adults. Content includes neonatal hearing screening, school-based hearing screening, prevention and promotion, and diagnostic audiology in adults. There are five clinical blocks, which include Project Design and Management. Students have the opportunity to work with children of different ages and adults, within different clinical settings. Students acquire skills of ethical and professional practice, professional communication, clinic management, and assessment and management of the client. Students learn to develop a willingness to engage professionally and ethically, begin to accept responsibility for clinical service provision, acquire sensitivity to cultural diversity, and develop respect for client autonomy. Teaching and learning activities include clinical practice, clinic workshops, modelling (by clinical educators) and guided observation, simulations (e.g. Otis), clinic preparatory worksheets, as well as tutorials and reflective tasks. Themes underpinning the course are primary healthcare, evidence-based practice, ethical and professional practice, and a client- and family-centred approach.

**DP requirements:** Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

**Assessment:** Continuous assessments during each clinical block contributes to the final course mark. Refer to AHS2110W clinic descriptor document for specific assessment details.

### **AHS2111S** DIAGNOSTIC AUDIOLOGY IN SPECIAL POPULATIONS

15 NQF credits at NQF level 6; Weekly lectures and tutorials.

**Convener:** L Petersen

**Course entry requirements:** AHS2046F

**Course outline:**

This course aims to enable the student to understand and discuss the nature, assessment and management of central auditory processing disorders (CAPD); and the hearing assessment of (a) the paediatric population (0-6 years), and (b) individuals who require modified assessment strategies. Content includes CAPD – its nature, assessment, differential diagnosis, management, as well as modified assessment strategies for paediatric and difficult-to-test populations. Students also learn the design and interpretation of test protocol, communication of results, and further management. Students acquire the ability to select an appropriate diagnostic test battery; analyse test results and integrate these results to inform decisions about the patient diagnosis and management plan. They design a management plan for further testing/referral/therapy (CAPD). They learn that early diagnosis and management of CAPD and hearing disorders in special populations is critical to a successful outcome and that holistic management and exercising duty of care are important. Teaching and learning activities include lectures, self-study, test demonstrations and case-based learning. Themes underpinning the course are disability and the burden of disease; equity and affirmation of diversity; and ethical conduct.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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### **AHS3004H** CLINICAL SPEECH THERAPY II

30 NQF credits at NQF level 7

**Convener:** F Camroodien-Surve

**Course entry requirements:** AHS2108W, AHS2109S, AHS3071F and AHS3073F (see FBC 5.4)

**Course outline:**

This course aims to enable students to (i) assess, manage and support children (of all ages) with a range of communication difficulties, and their caregivers/teachers, in a variety of settings; and (ii) assess, manage and support adults with acquired communication difficulties and dysphagia. Project Design and Management includes identification, design, implementation and monitoring and evaluation of an appropriate community-based project. Students acquire skills of knowledge translation, effective written and verbal communication, operational clinic management, and clinical reasoning. They learn the need for an appreciation and respect for cultural and linguistic variability, empathy, and the need for ethical and professional practice. Teaching and learning activities include observation of experienced clinicians, clinical practice, promotion and prevention activities, assessment and management of children and adults, and team-work. Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

**DP requirements:** Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

**Assessment:** Continuous assessments during each clinical block contributes 90% of the course mark; examination in November contributes 10% of the course mark. Refer to AHS3004H clinic descriptor document for specific assessment details.

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**AHS3004W CLINICAL SCIENCES II**

10 NQF credits at NQF level 7

**Convener:** Dr MA De Souza**Course entry requirements:** Pre-requisites for course: AHS2002W and HUB2015W**Course outline:**

The course covers the aetiology, clinical signs and symptoms, assessment and medical and surgical treatment of patients of all age groups suffering from conditions encountered by physiotherapists during their work. The lecture series has been designed to integrate information about pathology and the clinical management of a range of conditions across the previously demarcated areas of medicine, surgery, orthopaedics and paediatrics. Topics covered include microbiology, pain, nutrition, introduction to pharmacology, pathology, orthopaedics, medicine, cardiothoracic surgery, obstetrics and gynaecology, mental health, and neurosurgery. At the end of the course, students will have a basic understanding of the physiology, pathology, clinical presentation and management of the conditions presented; will be able to recognise and deal with the clinical emergencies that may impair or result in loss of function; will understand the role of the various disciplines in managing these conditions; and will recognise the importance of a multidisciplinary team in managing patients they are likely to encounter.

**DP requirements:** Eighty per cent attendance of face-to-face lectures, synchronous online lectures and online forum tasks. Full participation in all learning activities and completion of all coursework and three assignments by the due dates.

**Assessment:** There are three term assessments, in March, June and September. Each of these is a one-hour online test and counts 9% each towards the year mark. A microbiology module test in counts a further 9% towards the end of year mark (6% of the year mark is made up from forum tasks during the year. Each assignment is worth 6% to the final year mark. There is an examination at the end of the year (a two-hour exam) which accounts for 40% of the total mark. A supplementary assessment (a two-hour exam) may be offered for students obtaining an overall mark between 45 and 49%. Assessments: Test 1 = 9%; Test 2 = 9%; Test 3 = 9%; Microbiology test = 9%; DP tasks = 6%; Assignment 1 = 6%; Assignment 2 = 6%; Assignment 3 = 6%; Final exam = 40%.

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**AHS3008H CLINICAL AUDIOLOGY II**

30 NQF credits at NQF level 7

**Convener:** N Luwaca**Course entry requirements:** AHS2046F; AHS2047S, AHS2110W AHS2111S; see FBD 5.5; FBD**Course outline:**

This course aims to enable the student to assess and manage hearing impairment with paediatric and adult clients; assess peripheral and central auditory function with guidance, plan and implement management with support. Project Design and Management includes identification, design, implementation and monitoring and evaluation of an appropriate community-based project. Students acquire skills of ethical and professional practice and reflective practice. They learn to design and implement an assessment and management plan based on a holistic view of the client; they learn to operate a multidisciplinary practice; and they acquire clinical reasoning skills. They learn an appreciation of diversity, the need to embrace rehabilitation and to own their role as a rehabilitative audiologist. Teaching and learning activities include experiential learning (clinical practice), written reports, and guided and structured reflection. Themes underpinning the course: a holistic and a client-/family-centred approach, primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

**DP requirements:** Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

**Assessment:** Continuous assessments during each clinical block contribute 90% of the course mark; examination in November contributes 10% of the course mark. Refer to AHS3008H clinic descriptor document for specific assessment details.

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### AHS3062F REHABILITATION TECHNOLOGY

22 NQF credits at NQF level 7

**Convener:** L Petersen

**Course entry requirements:** None

**Course outline:**

The aim of this course is to enable students to compare the roles of professionals and technology in the rehabilitation process, to assess and analyse the client's need for rehabilitation technology, to design and discuss comprehensive management, and to debate relevant legal rights and ethical issues. Content includes the role of technology in the rehabilitation process, speech perception with hearing loss, hearing aids, frequency modulation (FM) systems, cochlear implants, features of amplification technology, and the verification and validation of technology fitting. Students acquire the skills of linking patient factors with technology and effective listening. They learn attitudes of client-centeredness and a respect for diversity. Teaching and learning activities include case-based learning, demonstrations, hands-on practice, and role-play. Themes underpinning the course are primary healthcare and contextual relevance, disability and the burden of disease, ethics and human rights, bio-psycho-social models of health, developing agents for change, and equity and affirmation of diversity.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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### AHS3065S ADULT REHABILITATIVE AUDIOLOGY

18 NQF credits at NQF level 7

**Convener:** Dr C Rogers

**Course entry requirements:** AHS2047S

**Course outline:**

This course aims to enable students to understand the role of the rehabilitative audiologist, to learn about auditory dysfunction and its impact, to analyse and apply frameworks guiding aural rehabilitation, to assess and establish candidacy for aural rehabilitation, and to design and implement aural rehabilitation plans. Content includes stigmatisation, self-assessment and quality of life, optimisation of hearing technologies, role of motivation and self-efficacy, auditory training, audio-visual speech perception, vocational support, communication strategies and management of conversational fluency, group aural rehab, musical perception and enjoyment, counselling and tinnitus management. The acquisition of the following skills is facilitated: critical thinking, adapting to cultural context, selection and administration of appropriate assessments, interpretation of results, clinical reasoning, and the creation of client profiles to guide management. Sensitivity to cultural and contextual diversity, respect and sensitivity to issues of disability, and recognising the need for individualised management plans and being agents for change are addressed. Teaching and learning activities include lectures, brainstorming and snowball, case studies, guided self-study, and role-play. Themes underpinning the course include primary healthcare and contextual relevance, disability and the burden of disease, ethics and human rights, bio-psycho-social models of disability, developing agents for change, and equity and affirmation of diversity.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

### **AHS3069W CLINICAL PHYSIOTHERAPY II**

62 NQF credits at NQF level 7

**Convener:** TBC

**Course entry requirements:** All second-year courses. Registration with the South African Society of Physiotherapists is encouraged.

**Co-requisites:** AHS3077H, AHS3076H, AHS3004W, AHS3070H

**Course outline:**

The course provides clinical exposure to the areas of paediatrics, cardiopulmonary conditions, orthopaedics, musculoskeletal conditions, neurology and care of the elderly. Students work under supervision with patients in various clinical settings. This course is taught through practical sessions, group teaching and clinical practice.

**DP requirements:** Students are obliged to complete all the required hours for the year as per HPCSA regulations. Further requirements are full attendance of and participation in all coursework activities and completion of clinical requirements by the due dates. If a student is absent 8 days (2 weeks) or more on a particular block, the student would be required to re-do the entire block before being eligible to do the end of block exam. Supporting documentation needs to be submitted together with the concession to miss class form to support the application to the Division for a deferred block.

**Assessment:** This course is assessed via continuous assessment conducted at the end of each clinical module/block. The pass mark for the course is 50%. This is calculated as an average of all 4 clinical module/block marks. Each clinical module comprises of a clinical performance mark (40%) and either a patient assessment or treatment examination (60%). Opportunities exist for remediation and re-examination, if a student receives 50% but has failed 2 out of 4 clinical modules/blocks. The remediation and re-examination will be in the clinical area in which the student received their lowest mark. If a re-examination (re-assessment) is awarded, this mark will replace the previous lowest mark and the final course mark will be re-calculated. A subminimum of 50% applies for this additional assessment. If a student receives below 50% for this assessment, the course will still be failed, and this mark will reflect as "Unclassified fail (UF)." If a student obtains a final course score of between 46 and 49% they will be offered an opportunity for remediation and additional re-examination, in the area in which they received their lowest assessment mark. The additional period for remediation will be after the November examination period. If a re-examination is awarded, the mark will replace the previous lowest mark and the final course mark will be re-calculated. A subminimum of 50% applies for the re-examination. If student receives below 50% for the re-examination, they fail the course and must repeat the course. Students who are unable to complete the clinical course within the academic year, will not be able to defer components into the next year, and will need to register again for the course.

### **AHS3070H BECOMING A REHABILITATION PROFESSIONAL I**

22 NQF credits at NQF level 7

**Convener:** Associate Professor S Maart

**Course entry requirements:** AHS2050H

**Course outline:**

In this course student's ability to think critically about South African health challenges is developed, to enable them to embed clinical reasoning within a contextual frame when working with populations and patients. During the course students focus on the health system within South Africa, to understand the context of service delivery and, in the module. Critical Health and Humanities (CHH), students interrogate identity-based systems of privilege and power as well as identify and work with psychological cues that offer the health professional valuable insights to the complex systems that shape health, illness and recovery.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** This course assessment will comprise of two components namely CHH and Physiotherapy in Context, each weighted at 50%. Details pertaining to the type of assessments for each component will be provided at the beginning of the academic year. Students who obtain between 45-49% will be offered the opportunity of a supplementary examination.

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### **AHS3071F ACQUIRED NEUROGENIC LANGUAGE DISORDERS**

22 NQF credits at NQF level 7

**Convener:** Dr C Legg

**Course entry requirements:** AHS2106F

**Course outline:**

This course aims to enable students to describe and critically discuss the consequences of an adult neurogenic language disorder with reference to the international classification of functioning, disability and health (ICF) and from a disability perspective. They learn the aetiologies and nature of adult neurogenic language disorders and the nature of assessments and comprehensive management of adults with neurogenic language disorders. Content includes the nature and prevalence of CVA, TBI and degenerative diseases; principles and the nature of assessment and management; the role of SLP and multidisciplinary management; and evidence-based practice. Students acquire skills of knowledge translation, critical and analytical thinking, and differential diagnosis. They acquire attitudes of empathy, ethical principles of respect and a holistic view of individuals. Teaching and learning activities include lectures, case discussions and presentations, videos, observation, and construction of assessment materials. Themes underpinning the course include management within a multilingual and multicultural context, the need for a holistic view of clients, developing agents for change, and materials development.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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### **AHS3072S PAEDIATRIC MOTOR SPEECH DISORDERS AND DYSPHAGIA**

22 NQF credits at NQF level 7

**Convener:** V Norman

**Course entry requirements:** AHS3073F

**Course outline:**

This course aims to enable the student to describe and discuss aetiologies, the nature and consequences of (i) dysphagia; (ii) cleft palate in infants and children; and (iii) dysarthria in children. It addresses the nature of assessments and comprehensive management. Content includes anatomy, physiology, pathology, the aetiology of swallowing, resonance and motor speech disorders; principles and nature of clinical and objective assessments (video-fluoroscopic swallow study for dysphagia); differential diagnosis; evidenced-based management; teamwork; and working with special populations and families. Students learn to have a holistic view of individuals and acquire an appreciation of the infant/child within the family context. They learn about their role in improving participation, about client-centred interventions, advocacy, responsiveness to diversity, the need for an asset-based approach, and the importance of evidence-based practice. Teaching and learning activities include lectures, videos, case discussions, video analyses, literature reviews and critiques, group-work and presentations.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The final course mark is made up of a coursework mark (weighted 60%) and an examination mark (weighted 40%). If a supplementary examination is awarded it will count 40% of the final mark, as the coursework mark will still be included in the final mark

### **AHS3073F ADULT DYSPHAGIA AND MOTOR SPEECH**

22 NQF credits at NQF level 7; Lectures 64, 16 practicals, 16 tutorials.

**Convener:** Associate Professor S Singh

**Course entry requirements:** HUB1014S

**Course outline:**

The aim of this course is to enable the student to describe and critique the nature, assessment, and management of swallowing and motor speech disorders in adults. Content includes relevant neurology, anatomy, physiology, pathology, aetiology; principles and nature of clinical and objective assessments, differential diagnosis, evidenced-based management, and palliative care within an ICF framework. Skills developed include knowledge translation, critical and analytical thinking, effective communication and group-work. Values including empathy, respect, a holistic view of individuals, appreciation of challenges to participation and inter-professional practice are developed as key to client-centred interventions. Teaching and learning activities include lectures, case discussions, video analysis, review and critique of the literature. Through communal constructivism, students devise, administer and interpret culturally and linguistically relevant materials (in Xhosa and Afrikaans). Themes underpinning the course include clinical management within a multilingual and multicultural context, developing agents for change, disability and burden of disease, equity, and affirmation of diversity.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

### **AHS3075F OAES AND ELECTROPHYSIOLOGY**

22 NQF credits at NQF level 7; Weekly lectures and tutorials. Five Practical test demonstration sessions.

**Convener:** S Segoneco

**Course entry requirements:** AHS2046F

**Course outline:**

This course aims to enable the student to justify, implement, and interpret oto-acoustic emissions (OAEs) and electro-physiological measures in adults and children. Content includes oto-acoustic emissions and auditory evoked potentials in relation to auditory anatomy and physiology, specificity and sensitivity of these tests, test parameters and set-up, analysis and interpretation of results, and management decisions. Students acquire skills of clinical reasoning and the effective communication of results. They learn the need for a client-centred approach and respect for diversity. Teaching and learning activities include case-based learning, demonstrations, hands-on practice, and guided group-work. Themes underpinning the course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio-psycho-social models of health, developing agents for change, and equity and affirmation of diversity

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

### **AHS3076H MOVEMENT SCIENCE III**

24 NQF credits at NQF level 7

**Convener:** H Talberg

**Course entry requirements:** AHS2052H, AHS2002W, HUB2015W, HUB2023W

**Course outline:**

This course covers orthopaedics and neuromusculoskeletal conditions. The orthopaedic component covers the scope of physiotherapy assessment and management of non-traumatic orthopaedic conditions of the spine and upper quarter, including rheumatological conditions, joint replacements, peripheral nerve and tendon injuries. The neuromusculoskeletal component covers the physiotherapy assessment and treatment of neuromusculoskeletal (NMS) conditions, focusing on the upper quarter and Spine. At the end of this course, students will be able to assess orthopaedic and NMS conditions of the upper quarter and spine according to the International Classification of Functioning (ICF); apply joint and soft tissue mobilization techniques to treat NMS conditions of these areas; prescribe progressive exercises to appropriately rehabilitate both NMS and orthopaedic conditions of these areas.

**DP requirements:** Students are expected to attend and participate in 80% of all lectures and practical sessions, and all tutorials. Attendance is monitored through the signing of an attendance register at each session. Students are required to submit all coursework as required.

**Assessment:** The course will be assessed through a combination of written tests (40%), two OSPEs (Term 2 OSPE 15% and final Term 4 OSPE 15%); an assignment (15%) and formative revision MCQ's (15%) which form part of the continuous assessment process. The pass mark of the course is 50%. Students who obtain between 45-49% in the final year mark, will be eligible for a supplementary exam. If the student should obtain a mark below 50% and fail the supplementary exam, the student will need to repeat the course the following year.

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### **AHS3077H APPLIED PHYSIOTHERAPY II**

22 NQF credits at NQF level 7; Adult Neurology: Weekly throughout the academic year. Cardiopulmonary rehabilitation: Block teaching in term 1, 2 and 3. Women's Health: Block teaching in term 1 and 2. Burns: Block teaching in term 4.

**Convener:** Dr M Naidoo

**Course entry requirements:** AHS2053H, AHS2002W, HUB2015W, HUB2023W

**Co-requisites:** AHS3004W

**Objective:** By the end of the course, students will be able to accurately assess and effectively manage patients with neurological and cardiopulmonary conditions, women's health issues and burns according to the International Classification of Functioning framework.

**Course outline:**

By the end of the course, students will be able to accurately assess and effectively manage patients with neurological and cardiopulmonary conditions, women's health issues according to the International Classification of Functioning framework. This course covers modules on adult neurology, cardiopulmonary rehabilitation, women's health, designed to develop clinical reasoning and creative problem-solving skills within the South African health care context. The adult neurology module equips the student with knowledge and skills to enable management of a variety of adult neurological conditions. The cardiopulmonary rehabilitations module equips the student with knowledge and skills to enable management of a variety of common adult and Paediatric pulmonary conditions, including adult cardiothoracic surgery and cardiopulmonary rehabilitation. The emphasis is on primary healthcare and clinical reasoning. The women's health module equips the student with knowledge and skills to enable management of women's health conditions, including stress incontinence, mastectomy, and pelvic floor dysfunction.

**DP requirements:** Students are expected to attend and participate in 80% of all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. Students are required to submit all coursework as required in the different modules by the due dates.

**Assessment:** Coursework contributes 60% toward the final mark. The coursework comprises tests and assignments in Women's Health (6%), tests, assignments and OSPES in Neurology (30%) and tests, OSPE's and assignments in CPR (24%). The final examination contributes 40% and consists of assignments, OSPEs and written tests in CPR, Neurology and Women's Health

### **AHS3078H RESEARCH METHODS AND BIostatISTICS I**

10 NQF credits at NQF level 7

**Convener:** Dr P Gretschel, Associate Professor G Ferguson and Dr L Petersen

**Course entry requirements:** None

**Course outline:**

The course provides students with the necessary skills and conceptual knowledge to conduct research in health and rehabilitation sciences. Students participate in lectures, workshops and online assignments which cover the theory of qualitative and quantitative research, the ethics of research, epidemiology and basic biostatistics. Students learn how to analyse research articles critically and to develop a research proposal.

**Lecture times:** Thursday 14h30 - 16h30

**DP requirements:** Students are expected to attend 80% of all lectures. Attendance is monitored through the signing of an attendance register at each session. Students must complete all six online assessments and an online ethics module. The completion of the online quizzes and ethics module will be monitored via dashboard review.

**Assessment:** Students will take part in continuous assessment which will contribute to a 100% course work mark for the course. They will complete six online assessments in the form of quizzes which will contribute 10% each, totalling a 60% contribution to the course mark. Students will need to pass four out of the six quizzes to progress to the 400-level research course. One additional opportunity for reassessment will be created should they not meet this requirement. The division specific research protocol will contribute the remaining 40% to the course mark. The final mark for the protocol consists of a group project mark which is combined with an individual peer review mark. Students will need to obtain a minimum of 50% for their research protocol. If their protocol does not meet this requirement it needs to be revised and resubmitted for a maximum grade of 50%.

### **AHS3102S CHILD LANGUAGE II**

15 NQF credits at NQF level 7

**Convener:** Dr M Harty

**Course entry requirements:** AHS2109S

**Course outline:**

This course aims to build on basic knowledge of child language acquired in AHS2106F and AHS2109S. In this course students learn to assess and manage the communication of children who have a range of special education needs such as cerebral palsy, autism spectrum disorders, and traumatic brain injury. Students learn to implement Augmentative and Alternative Communication (AAC) strategies to assist children to participate within the home and school context. Content includes the nature, assessment and management of child language difficulties linked to a range of different aetiologies. Students develop clinical reasoning skills and strategies for working with child language difficulties in a multilingual, multicultural environment. Teaching and learning activities include lectures, small group discussions, class presentations and case discussions (video and paper). Themes underpinning the course are a multilingual, multicultural society; provision of contextually relevant services; and developing agents for change.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

### **AHS3103F VOICE**

15 NQF credits at NQF level 7

**Convener:** Dr M Harty and A Jensen

**Course entry requirements:** None

**Course outline:**

This course aims to apply the International Classification of Functioning, disability and health (ICF) framework to voice disorders and adult dysfluency. It develops the ability to describe and critically discuss the nature and aetiology of voice disorders and adult dysfluency; imparts knowledge of the principles and methods of voice and adult dysfluency assessment; and enables students to conduct a comprehensive management of the client with voice difficulties and adult dysfluency. Content includes laryngeal anatomy and physiology; nature, signs and symptoms of voice disorders and adult dysfluency; principles and nature of assessment; and differential diagnosis and management. Students learn skills of critical and analytical thinking and clinical reasoning. They learn the importance of empathy and respect and of a client-/caregiver-centred approach. Teaching and learning activities include lectures, case analyses and presentations, journal article reviews, observation of multi-professional management (stroboscopy clinic), and an analysis of audio and video recordings. Themes underpinning the course include disability and burden of disease, ethics and human rights, and bio-psycho-social models of health.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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### **AHS3104S VESTIBULAR MANAGEMENT**

15 NQF credits at NQF level 7

**Convener:** C Rogers

**Course entry requirements:** None

**Course outline:**

This course aims to enable the student to discuss the nature and impact of dizziness and vertigo, and to assess and manage vestibular disorders. Content includes the anatomy, physiology and pathology of vestibular and related balance disorders; clinical and technological assessments of vestibular disorders; and vestibular rehabilitation therapy. Students acquire skills of analysis and the interpretation of results of clinical and objective evaluation, as well as the ability to select the appropriate management paradigm. They learn that balance disorders are multifactorial in nature, that management is possible at all levels of care, and that the audiologist is an integral part of management. Teaching and learning activities include lectures, web-based learning, case study and group learning. Themes underpinning the course include disability and burden of disease, the bio-psycho-social model, and ethical conduct.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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**AHS3105F PUBLIC HEALTH AUDIOLOGY**

15 NQF credits at NQF level 7

**Convener:** Associate Professor L Ramma

**Course entry requirements:** None

**Course outline:**

This course aims to enable students to describe and discuss frameworks for audiology service delivery in the public health sector; and to plan, implement and manage audiology services for the health of the public. Content includes noise and the health of the public, ototoxicity monitoring, cerumen management, and the management of hearing screening programs. Students acquire skills of critical and analytical thinking, knowledge translation, health communication, effective communication with key stakeholders, skills in training of other health workers, and the ability to critique literature. They learn the importance of empathy, the ethical principle of respect, an appreciation of and willingness to address challenges, social responsibility, an appreciation of the value of prevention measures, and to promote healthy and safe acoustic environments. Teaching and learning activities include lectures, case studies, class debates, self-guided study and group learning. Themes underpinning the course are primary healthcare, the burden of disease, developing agents for change, equity and affirmation of diversity, and ethics and human rights.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

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**AHS3107W OCCUPATIONAL THERAPY THEORY AND PRACTICE IN PHYSICAL HEALTH**

38 NQF credits at NQF level 7; Lectures (51), tutorials (19), practice learning (20 weeks), site visits (2).

**Convener:** Dr A Sunday

**Course entry requirements:** AHS2043W, AHS2002W, HUB2015W, PRY2002W and PSY2013F

**Objective:** By the end of this course, students are able to select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of physical health conditions; develop and justify a client-centered occupational therapy plan to address performance enablers, performance components and occupational performance as appropriate; demonstrate skill in selecting, implementing and applying change modalities (including activity as means and occupation as an end) to enable performance and remediate performance component deficits; and begin to understand how policies inform service delivery and facilitate participation of people with a range of physical health conditions at an individual level.

**Course outline:**

This course enables students to demonstrate knowledge about and skills in promoting physical health and well-being through human occupation, and in addressing occupational implications of specific physical health conditions. It focuses on developing a client-centered occupational therapy plan that assists people with physical health concerns to participate in life through the everyday things that they need and want to do. Students learn to select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of 'physical' health conditions. Students develop skills in selecting, implementing and applying change modalities which enable performance and/or remediate performance component deficits. Students begin to understand how policies inform service delivery and facilitate participation of people with a range of 'physical' health conditions at an individual level.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and completion of all coursework by the due dates.

**Assessment:** Coursework assessments contribute 50% and comprise a written paper, an objective standardised practical examination (OSPE), practice learning demonstrations, student performance reports and case studies. The final examinations contribute 50% to the final mark and comprise a written paper, an objective standardised practical examination and practice learning demonstration, as well as student performance reports.

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**AHS3108W OCCUPATIONAL THERAPY THEORY AND PRACTICE IN MENTAL HEALTH**

38 NQF credits at NQF level 7; Lectures (51), tutorials (19), practice learning (20 weeks), site visits (2).

**Convener:** I Abbas

**Course entry requirements:** AHS2043W, AHS2002W, HUB2015W, PRY2002W and PSY2013F

**Course outline:**

This course focuses on promoting mental health and well-being through human occupation and addresses occupational implications of specific mental health disorders. Students develop a client-centred occupational therapy plan to assist people with mental health concerns to participate in everyday life. They select, apply and interpret appropriate assessment methods for psycho-social performance impairments and occupational performance enablers and apply change modalities that address psycho-social impairments and promote people's engagement in valued life tasks and roles. They learn how policies inform mental health service delivery and their role in addressing psychiatric disability. By the end of this course, students have knowledge about mental health and the occupational performance implications of mental disorders; can implement an occupational therapy process with individuals and groups of mental health service users; can use and interpret standardised and non-standardised OT assessments; and can apply knowledge, skill and attitudes in client-centred, professional interactions with individuals who have a psychiatric illness. They also have skill in altering, adapting and creating optimal environments that support participation and occupational performance during and following an emotional crisis or mental health episode or when structural risks exist that impact adversely on people's mental health.

**Lecture times:** Monday – Friday 09h00-16h45 when there is no Practice Learning. Mondays only during Practice Learning blocks.

**DP requirements:** Full attendance at and participation in practice learning; and completion of all course requirements by the due dates.

**Assessment:** Coursework assessments contribute 50% and comprise a written paper, an objective standardised practical examination, practice learning demonstrations, student report forms and case studies, and a mental health assignment. The final examinations contribute 50% to the final mark and comprise a written paper, an objective standardised practical examination, practice learning demonstrations and student report forms.

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**AHS3113W FOUNDATION THEORY FOR OCCUPATIONAL THERAPY PRACTICE I**

26 NQF credits at NQF level 7; 85 Lectures.

**Convener:** Dr M Ramafikeng

**Course entry requirements:** AHS2043W, AHS2002W, HUB2015W, PRY2002W and PSY2013F

**Course outline:**

This course includes occupational therapy models and philosophy, theories of empowerment and development, equity and diversity, and disability in primary healthcare. Themes underpinning the course are primary healthcare and contextual relevance and developing agents for change. Course objectives include skills of knowledge translation, problem-solving, professional writing and presentation, ethical reasoning and an attitude of professionalism. Teaching and learning activities include lectures, small group discussions, class presentations, and visits to service sites. By the end of this course, students will be able to understand the philosophy of client-centered practice; demonstrate competence in following the occupational therapy process; demonstrate skill in selecting, implementing and applying activity as a means and occupation as an end;

understand and work effectively with diversity in context; understand professional and ethical use of self in relationships with individuals, groups, and other stakeholders; demonstrate an ability to select and apply an appropriate OT practice model matched to the client; demonstrate skill in documenting OT plans; demonstrate skill in using the five modes of clinical reasoning; and demonstrate a multidisciplinary approach.

**DP requirements:** Attendance at all lectures; completion of all coursework by the due dates.

**Assessment:** Coursework assessments contribute 50% to the final mark and comprise a written paper, assignments and small group projects. The final examination contributes 50% to the overall mark and comprises a written paper.

### **AHS4000W RESEARCH REPORT**

30 NQF credits at NQF level 8

**Convener:** T Cloete

**Course entry requirements:** None

**Course outline:**

This course is designed to familiarize groups of students with the research process. At the end of this course the student should be able to: formulate a research question; develop a research proposal; plan and conduct appropriate research in an ethical manner; analyse, interpret and discuss research findings; critically evaluate own and other's research; write a research report; present and discuss research findings. Content includes topic definition, quantitative and qualitative research methods, proposal writing, literature review, data management, research ethics, and referencing. Students learn skills of working in teams; identifying, reviewing and critiquing appropriate literature; academic writing; succinct reporting and the interpretation of results. They learn the importance of appreciating individual and group contributions, develop awareness of personal bias, and acquire a willingness to accept feedback. Teaching and learning activities include workshops, lectures, group-work, supervision sessions, written feedback on drafts, and oral presentations. Themes underpinning the course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio- psycho-social models of health, developing agents for change, and equity and affirmation of diversity.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** Minimum of five formative assessments; presentations: 20% and a written research report: 80%.

### **AHS4005H CLINICAL SPEECH THERAPY IIIA**

45 NQF credits at NQF level 8

**Convener:** J Le Roux

**Course entry requirements:** AHS3004H; see FBD 5.13

**Course outline:**

This course aims to enable the student to demonstrate professional conduct; to conduct independent assessment and comprehensive evidence-based management of speech, language, communication, feeding and swallowing in children and adults across the continuum of care (prevention, promotion, curative, rehabilitation) in a variety of contexts and levels of care (primary, secondary, tertiary); and to learn skills enabling the independent planning and management of service delivery at sites. Students rotate through a number of clinical blocks and sites during the year. They learn to problem-solve, communicate effectively; engage in clinical reasoning; and to plan, implement, manage and evaluate service delivery programmes. They learn the skill of reflection; of needs analysis; of community engagement; and of competent clinical practice. They learn that ethical practice is vital and that collaborative, client- and family-centred intervention is key to best practice. Teaching and learning activities include the observation and modelling of experienced clinicians, service provision, clinical practice, team-work, tutorials and workshops, and written reports.

Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

**DP requirements:** Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convenor. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

**Assessment:** Continuous assessments during each clinical block contribute to 60% of course mark; final qualifying examination in June contributes 40% of course mark. Refer to AHS4005H clinic descriptor document for specific assessment details.

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### **AHS4006H CLINICAL SPEECH THERAPY IIIB**

45 NQF credits at NQF level 8

**Convener:** J Le Roux

**Course entry requirements:** AHS3004H, AHS3072S and AHS3102S (see FBC 5.13).

**Course outline:**

This course aims to enable the student to demonstrate professional conduct; to conduct independent assessment and comprehensive evidence-based management of speech, language, communication, feeding and swallowing in children and adults across the continuum of care (prevention, promotion, curative, rehabilitation) in a variety of contexts and levels of care (primary, secondary, tertiary); and to learn skills enabling the independent planning and management of service delivery at sites. Students rotate through a number of clinical blocks and sites during the year. They learn to problem-solve, communicate effectively, engage in clinical reasoning, and to plan, implement, manage and evaluate service delivery programmes. They learn the skill of reflection, of needs analysis, of community engagement, and of competent clinical practice. They learn that ethical practice is vital and that collaborative, client- and family-centred intervention is key to best practice. Teaching and learning activities include the observation and modelling of experienced clinicians, service provision, clinical practice, team-work, tutorials and workshops, and written reports. Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change; disability and burden of disease, and evidence-based practice.

**DP requirements:** Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convenor. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

**Assessment:** Continuous assessments during each clinical block contribute to 60% of course mark; final qualifying examination in November contributes 40% of course mark. Refer to AHS4006H clinic descriptor documents for specific assessment details.

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### **AHS4008H CLINICAL AUDIOLOGY IIIA**

45 NQF credits at NQF level 8

**Convener:** G Gonsalves

**Course entry requirements:** AHS3008H, AHS3065S, AHS3075S and AHS3104S

**Course outline:**

The key focus of this clinical course is paediatric and adult assessment and management. Teaching takes place at a variety of clinical sites which may include secondary and tertiary hospitals, community clinics, university clinics, schools for children who are deaf/hard-of-hearing, and occupational settings. Each student is exposed to each of the major rotations although sites may differ.

The course descriptors reflect learning across all four clinical blocks. Intended learning outcomes include a demonstration of professional conduct, an independent assessment and evidence-based management of adults and children with hearing and vestibular difficulties across the continuum of care (prevention, promotion, curative, rehabilitation) in a variety of contexts and levels of care (primary, secondary, tertiary). Teaching and learning activities include observation and modelling of experienced clinicians, service provision, clinical practice, teamwork, tutorials and workshops, and written reports. Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

**DP requirements:** Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convenor. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

**Assessment:** Continuous assessments during each clinical block contribute to 60% of course mark; final qualifying examination in June contributes 40% of course mark. Refer to AHS4008H clinic descriptor document for specific assessment details.

### AHS4009H CLINICAL AUDIOLOGY IIIB

45 NQF credits at NQF level 8

**Convener:** G Gonsalves

**Course entry requirements:** AHS3008H, AHS3065S, AHS3075S and AHS3104S (see FBC 5.14).

**Course outline:**

The key focus of this clinical course is paediatric and adult assessment and management. Teaching takes place at a variety of clinical sites which may include secondary and tertiary hospitals, community clinics or university clinics, schools for children who are deaf/hard of hearing, and/or occupational settings. Each student is exposed to each of the major rotations, although sites may differ. Intended learning outcomes include a demonstration of professional conduct; and of independent assessment and the evidence-based management of adults and children with hearing and vestibular difficulties across the continuum of care (prevention, promotion, curative, rehabilitation), in a variety of contexts and levels of care (primary, secondary, tertiary). Teaching and learning activities include observation and modelling of experienced clinicians, service-provision, clinical practice, teamwork, workshops and written reports. Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

**DP requirements:** Minimum 80% attendance at all clinics; completion of all coursework by the due dates; and professional conduct.

**Assessment:** Continuous assessments during each clinical block contribute to 60% of course mark; final qualifying examination in November contributes 40% of course mark. Refer to AHS4009H clinic descriptor document for specific assessment details

### AHS4065W CLINICAL PHYSIOTHERAPY III

98 NQF credits at NQF level 8

**Convener:** N Edries-Khan

**Course entry requirements:** All third-year courses. Registration with the South African Society of Physiotherapy is encouraged).

**Co-requisites:** AHS4071F, AHS4066F

**Course outline:**

This course provides clinical exposure to the areas of cardiopulmonary, Paediatrics, Orthopaedic, Neurological, musculoskeletal, and other tertiary level skills as well as a community placement. Students will rotate between 5 clinical placements (i.e. ICU, Musculoskeletal out-patient clinics, Paediatric, Rehabilitation Centre and Community). Each rotation will be 5 weeks in duration.

## 140 DEPARTMENTS IN THE FACULTY

Students spend approximately 26-30 hours per week in clinical areas, working under supervision with patients/clients. This course is taught entirely through clinical practice and small group teaching sessions.

**DP requirements:** An electronic pre-block test must be completed prior to the start of the ICU placement. Students who do not achieve a minimum of 60% for the ICU pre-block test will NOT be allowed to manage ICU patients and will be expected to shadow the clinician in ICU and only treat ward patients independently until they pass the additional test. A second opportunity to re-write the test will be arranged. If by the end of week 2 of the block the student hasn't passed the pre-block test, the student will be removed from the block and will be required to re-do the entire block at a time arranged by the course convener and the clinical placement. If a student is absent 8 days (2 weeks) or more on a particular block, the student would be required to re-do the entire block before being eligible to do the end of block exam. Supporting documentation needs to be submitted together with the concession to miss class form to support the application to the Division for a deferred block.

**Assessment:** This course is assessed via Continuous assessment on five clinical modules/blocks and one additional unseen examination. Each module/block comprises of a block performance mark (40%) and an end of block patient examination (60%). In some placements the end of block patient examination may be replaced by a patient-based presentation. The final course grade is calculated as an average of all the clinical block marks plus the additional patient exam. If a student obtains 50% or more by the end of the course, they will have passed. Students will be offered opportunities for remediation and reassessment under the following circumstances 1. If a student has obtained a final course mark of 50% or more but has failed 2 of the 6 examinations 2. If a student obtains a final course mark of between 46-49%. This new assessment mark will replace the previous lowest patient examination mark and the final course mark will be re-calculated. If the student receives below 50% for this assessment, the course will still be failed, and this mark will reflect as "Unclassified fail (UF)." The student will then need to register for a further semester Clinical Course (AHS4065X) in the following academic year

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### AHS4065X CLINICAL PHYSIOTHERAPY IIIA

98 NQF credits at NQF level 8

**Convener:** N Edries-Khan

**Course entry requirements:** All 3<sup>rd</sup> year courses

**Course outline:**

This course provides additional clinical exposure to the core areas of Physiotherapy (including but not limited to Cardiorespiratory, Musculoskeletal Outpatients and Neurological Rehabilitation), for students who have failed the AHS4065W Clinical Physiotherapy III course. Students spend approximately 26-30 hours per week in clinical areas, working under supervision with patients/clients. This course is taught entirely through clinical practice and small group teaching sessions aimed at improving students clinical reasoning and problem-solving skills.

**DP requirements:** Full attendance at all clinical days If a student is absent 8 days (2 weeks) or more on a particular block, the student would be required to re-do the entire block before being eligible to do the end of block exam. Supporting documentation needs to be submitted together with the concession to miss class form to support the application to the Division for a deferred block.

**Assessment:** This course is assessed via Continuous assessment on the three clinical blocks and one additional unseen patient examination. Each block comprises of a block performance mark (40%) and a patient examination (60%). In some placements the patient examination may be replaced by a patient-based presentation. The final course grade is calculated as an average of all the clinical block marks plus the additional exam. If a student obtains 50% or more by the end of the course, they will have passed. Students will be offered opportunities for remediation and reassessment under the following circumstances: 1. If a student receives a minimum of 50% but has failed 1 of the 4 patient assessments or patient presentations, they will be provided remediation and an additional assessment. This new assessment mark will replace the previous lowest mark and the final course mark will be re-calculated. If the student receives below 50% for this assessment, the course will still be failed, and the final course mark will reflect as "Unclassified fail (UF)."

2. If a student obtains a final course score of between 46 and 49%, they will be offered an opportunity for remediation and additional assessment, in the area in which they received their lowest assessment mark. This mark will replace the previous lowest mark and the final course mark will be re-calculated. A minimum of 50% applies for the re-assessment. If student receives below 50% for the re-assessment, they fail the course. Should a student fail the AHS4065X course their case will be referred to the FEC for review and conditions for continuation discussed

### **AHS4066F/S BECOMING A REHABILITATION PROFESSIONAL III**

4 NQF credits at NQF level 8

**Convener:** Associate Professor S Maart

**Course entry requirements:** AHS3070H

**Course outline:**

This course is for students who have failed AHS4066F and covers aspects of both professional ethics and practice management. The course is offered through tutorials, workshops and small group lecturer engagement.

**DP requirements:** All course activities.

**Assessment:** The course will be assessed through course components and final examination at the of the year. Students who obtain an examination mark of 45-49% will be offered a re-assessment opportunity. Should a mark below 50% be obtained for the reassessment, the student will re-register for the AHS 4066F course in the first semester of the following academic year.

### **AHS4067S SEMINARS IN COMMUNICATION SCIENCES**

4 NQF credits at NQF level 8

**Convener:** Professor H Kathard

**Course entry requirements:** None

**Course outline:**

The aims of this course are: To enable students to review and critique discipline specific knowledge; develop and present integrated and coherent oral and written arguments; and facilitate academic discussion and debate. Content includes topical and professional issues in audiology and speech-language pathology (SLP). Students acquire the skill of knowledge translation and learn the skill of self-directed learning for continuing professional development. They acquire an appreciation of the professions in context. Teaching and learning activities may include guided self-study, small group discussions, tutorials and class presentations. Themes underpinning the course include the provision of contextually relevant services in a multilingual, multicultural society, evidence-based practice and developing agents for change.

**DP requirements:** Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

**Assessment:** The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

### **AHS4071F/S APPLIED PHYSIOTHERAPY III**

20 NQF credits at NQF level 8

**Convener:** Dr S Manie

**Course entry requirements:** AHS3077H, AHS3004W

**Course outline:**

The course comprises of components on Cardiopulmonary, Musculoskeletal and Neurological physiotherapy; Chronic Pain and Pharmacology. The course will be delivered via lectures, workshops and tutorials.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

## 142 DEPARTMENTS IN THE FACULTY

**Assessment:** Continuous evaluation (CE) will be weighted at 60%, while the June exam weighted at 40%. The modules within the course will be weighted according to the contact hours given to each module and will be provided to students at the start of the year. The Final theory examination will contribute (40%) to the final mark. A student who obtains between 45 - 49% will be offered a written supplementary opportunity. A student who fails the course or supplementary examination will register for AHS4071S in the second semester

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### **AHS4072H RESEARCH METHODS AND BIOSTATISTICS II**

10 NQF credits at NQF level 8

**Convener:** Associate Professor G Ferguson

**Course entry requirements:** AHS3078H

**Course outline:**

Students, working in groups, prepare a 3500-word literature review and will conduct a research project that will be documented as a scientific article of no more than 3500 words.

**Assessment:** The allocation of marks is as follows: Literature review (35%), Thesis submission (50%) and thesis presentation (15%). Individual student's contribution to the project will be peer evaluated and this mark will contribute 10% to each of the above allocated marks.

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### **AHS4119W OCCUPATIONAL THERAPY RESEARCH AND PRACTICE MANAGEMENT**

48 NQF credits at NQF level 8

**Convener:** A Ebrahim

**Course entry requirements:** AHS3113W, AHS3107W, AHS3108W and AHS3078H

**Course outline:**

This course equips students with the knowledge, skills and attitudes required for learning through research, effective management and leadership, and a sound appreciation of OT philosophy and ethics. Students enter with a completed research proposal developed in AHS3078H. They implement and document a research project and acquire skill in writing and presenting findings to professional and stakeholder audiences. Content includes organisational development, practice management and service administration. Core functions include marketing, human resources, project and financial management and the theory of planning, implementing and evaluating health and development programmes across a range of public and private sectors. At the end of this course, students can demonstrate knowledge, skills and attitudes required for rigorous and ethical OT; are able to implement evidence-based OT interventions; appreciate relationships between management functions of controlling, leading, planning and organising in OT practice contexts; describe organisational development; recognise dynamics within an organisation; and identify strategies for working within the limitations imposed by these dynamics. They also understand core principles of operations management, financial management, project management, strategic management and marketing in OT.

**DP requirements:** Attendance at all lectures; completion of all coursework by the due dates.

**Assessment:** Coursework assessments contribute 50% to the final mark and comprise a group research project and a June test. The final examinations contribute 50% to the overall mark and comprise a policy brief and a written paper.

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### **AHS4120W FOUNDATION THEORY FOR OCCUPATIONAL THERAPY PRACTICE II**

48 NQF credits at NQF level 8

**Convener:** L Peters

**Course entry requirements:** AHS3113W, AHS3107W and AHS3108W

**Course outline:**

This course focuses on occupation-based approaches to human and social development appropriate for the health needs of individuals, groups and populations across the life span within the South African context.

The application of OT for the promotion of well-being and full participation of people with disabilities and people at risk of health and social marginalisation is explored. Disability and diversity politics, legislation and policies lay the foundation for understanding the contribution of occupational therapy to social change. Content also includes OT principles of promotive, preventive, therapeutic and rehabilitative practice, as these relate to the primary healthcare philosophy. Clinical, population and professional reasoning is developed, as is an occupation-focused understanding of contexts in which people play, learn, live, work and socialise. Students learn how policy applies to OT practice and how OT practice can promote social inclusion and participation. They analyse health, education/labour and social development policies in relation to occupational needs; influences shaping the world of work, play, learning and development; learn to appreciate the value of play as to promote development and health; learn to understand the occupational therapist's role in promoting occupational engagement; learn to identify actions promoting occupational justice; and learn to design appropriate interventions.

**DP requirements:** Attendance at all lectures; completion of all coursework by the due dates.

**Assessment:** Coursework assessments contribute 50% to the final mark and comprise a work practice strategies assignment, a child learning development and play assignment, a community development practice assignment and a June test paper. Final assessment contributes 50% to the course mark and comprises a written examination paper.

### AHS4121W OCCUPATIONAL THERAPY PRACTICE AND SERVICE LEARNING

48 NQF credits at NQF level 8; Lectures (4), tutorials (9), practice learning (21 weeks).

**Convener:** L Peters and T Mohomed

**Course entry requirements:** AHS3113W, AHS3107W, AHS3108W.

**Co-requisites:** AHS4120W must be completed at the same time or prior to completing AHS4121W.

**Course outline:**

This course applies OT learning theory and processes in direct and indirect service to individuals, groups and communities to attain health and development objectives through occupation. An OT perspective of public health and the primary healthcare approach forms the basis of practice. Students acquire skills in the design and implementation of appropriate, comprehensive OT programmes, in collaboration with role-players. Knowledge, skills and attitudes, including clinical and population-based reasoning and reflection, are developed. The course provides learning environments across health and socio-economic conditions, age groups, settings and sectors for each individual student within available resources. At the end of this course, the student can identify occupational injustice; facilitate co-operation between government sectors; promote inclusive environments within policy frameworks; interpret limitations in or barriers to occupational performance; select, use and justify conceptual frameworks and change modalities to promote play, learning and development informed by evidence-based practice; contribute to children's development from an OT perspective; recommend enhancing opportunities for work entry/re-entry; implement a community-based OT programme or project using a developmental approach; and apply occupation-based methods that support social action.

**DP requirements:** Attendance at all practice-learning placements and practice-learning tutorials.

**Assessment:** Coursework assessments contribute 55% which will be converted to 50% to the final mark and comprise practical demonstrations and a practice-learning student performance report. The final examinations contribute 50% to the overall mark and comprise a portfolio, a video and oral of students' work with a client, group or organisation, as well as an objective standardised practical examination.

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**AHS4122X OCCUPATIONAL THERAPY PRACTICE AND SERVICE LEARNING  
ADJUSTED ONE**

32 NQF credits at NQF level 8

**Convener:** L Peters and T Mohomed

**Course entry requirements:** To enter this course, students will need to meet all the existing pre-requisites for AHS4121W.

**Co-requisites:** AHS4120W must be completed at the same time or prior to completing AHS4123X.

**Course outline:**

This course is one of two courses which represent an adjusted format of the course AHS4121W. In this course the student applies OT learning theory and processes in direct and indirect service to individuals, groups and communities to attain health and development objectives through occupation. An OT perspective of public health and the primary healthcare approach forms the basis of practice. Students acquire skills in the design and implementation of appropriate, comprehensive OT programmes, in collaboration with role-players. Knowledge, skills and attitudes, including clinical and population-based reasoning and reflection, are developed. The course provides learning environments across health and socio-economic conditions, age groups, settings and sectors for each individual student within available resources. At the end of this course, the student can identify occupational injustice; facilitate co-operation between government sectors; promote inclusive environments within policy frameworks; interpret limitations in or barriers to occupational performance; select, use and justify conceptual frameworks and change modalities to promote play, learning and development informed by evidence-based practice; and where relevant contribute to children's development from an OT perspective; recommend enhancing opportunities for work entry/re-entry; implement a community-based OT programme or project using a developmental approach; and apply occupation based methods that support social action.

**DP requirements:** Attendance of all practice learning placement activities and practice learning tutorials linked to two practice learning blocks.

**Assessment:** Coursework assessments contribute 30% to the final mark and comprise practical demonstration, a practice-learning student performance report and an OSPE. Coursework assessment Block 1: Demonstration Report (5%), Block Performance Report (5%). Block 2: Demonstration Report (7.5%), Block Performance Report (7.5 %), OSPE (10%) Coursework assessment total: 35% (to be converted to 30 % and then to % to get to final year mark). The final examinations contribute 40% to the overall mark and comprise of two of the following assessments, a portfolio, or a video or a poster of students' work with a client, group or organisation, as well as an OSPE. Summative assessment OSPE (10 %). Two out of the following three: Video/ Poster/ Portfolio (15% per exam event) = 30%. Summative assessment total: 40%. **TOTAL COURSE MARK:** 70 % (to be converted to 100% for final course mark). This course needs to be completed together with AHS4123X to gain full credit weighting.

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**AHS4123X OCCUPATIONAL THERAPY PRACTICE AND SERVICE LEARNING  
ADJUSTED TWO**

16 NQF credits at NQF level 8

**Convener:** L Peters and T Mohomed

**Course entry requirements:** Successful completion of AHS4122X. Completion of all existing pre-requisites for AHS4121W.

**Co-requisites:** AHS4120W must be completed at the same time or prior to completing AHS4123X.

**Course outline:**

This course is one of two courses which represent an adjusted format of the course AHS4121W. In this course the student applies OT learning theory and processes in direct and indirect service to individuals, groups and communities to attain health and development objectives through occupation. An OT perspective of public health and the primary healthcare approach forms the basis of practice. Students acquire skills in the design and implementation of appropriate, comprehensive OT programmes, in collaboration with role-players. Knowledge, skills and attitudes, including clinical and population-based reasoning and reflection, are developed.

The course provides learning environments across health and socio-economic conditions, age groups, settings and sectors for each individual student within available resources. At the end of this course, the student can identify occupational injustice; facilitate co-operation between government sectors; promote inclusive environments within policy frameworks; interpret limitations in or barriers to occupational performance; select, use and justify conceptual frameworks and change modalities to promote play, learning and development informed by evidence-based practice; and where relevant contribute to children's development from an OT perspective; recommend enhancing opportunities for work entry/re-entry; implement a community-based OT programme or project using a developmental approach; and apply occupation based methods that support social action.

**DP requirements:** Attendance of all practice learning placement activities and practice learning tutorials.

**Assessment:** Formative assessments contribute 15% to the final mark and comprise practical demonstrations and a practice-learning student block performance report. Coursework Assessment: Demonstration Report (7.5%), Block Performance Report (7.5%), Formative assessment: 15%. The final examinations contribute 15% to the overall mark and will comprise a portfolio or a video or a poster of students' work with a client, group or organisation. Summative Assessment: Video or Poster or Portfolio (15% per exam event), Summative assessments: 15%. **TOTAL COURSE MARK:** 30% (to be converted to 100% for final course mark). This course needs to be completed together with AHS4122X to gain full credit weighting.

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## HEALTH SCIENCES EDUCATION

*E52, Old Main Building, Groote Schuur Hospital*

**Professor and Head of Department:**

JM van Wyk, PhD (UKZN) MEd (UKZN) BEd (UND) BSC[Ed] (UWC)

**Administrative Assistant and PA to HoD:**

S Basterman, NDip Office Management and Technology (CPUT)

**Programme Administrator (Postgraduate):**

S Nutt, BA PGCE PGDip (HIV/AIDS Management) *Stell*

### Clinical Skills Unit

*G13, New Groote Schuur Hospital*

**Head of Division:**

M Jansen, NDip (Emergency Medical Care) *CPUT* B (Emergency Medical Care) *CPUT* MPhil (Emergency Medicine) *Cape Town* PhD (UCT)

**Senior Lecturer:**

R Weiss, MBChB MPhil PhD *Cape Town*

**Lecturer:**

J Muller-Stuurman BCur(Hons) *UWC* – RGN RCHN RPN RA MCur (N.Education) *UWC* PGDip (Paediatric Critical Care) *UCT* PGDip (Health Service Management & Administration) *Stellenbosch* PG (Specialist) Cert. (Paediatric Cardio-Thoracics) *Net. Ed* Cum Laude

**Clinical Educators:**

S Buthelezi, BNurs MNurs (Nursing Education) *UWC*

**Technical Assistants:**

F Adams

A Gelderbloem

**Clinical Skills Senior Secretary:**

N Marais

### Education Development Unit

*E52, Old Main Building, Groote Schuur Hospital*

**Senior Lecturer and Director: Education Development Unit:**

E Badenhorst, BAHons *Stell* MPhil *Cape Town*, PhD *Erasmus University Rotterdam*

**EDU Fundamentals of Health Sciences:**

S Simpson

**Lecturer:**

BO Ige, BAHons *Ilorin Nigeria* PGDip (Health Professional Education) *Cape Town* MA PhD *UKZN*

L Pienaar, BSc (Physiotherapy) *UWC* MSc (Physiotherapy) *Stell, PhD, UCT.*

L McNamee, PhD, *UKZN*

FJ Cilliers, MBChB BScHons (Medical Science) MPhil *Stell* PhD *Maastricht*

**IT Education Manager:**

G Doyle, BScHons HDE *Rhodes MSc (Information Technology) Cape Town*

**E-Learning Technologists:**

S Mandyoli, BAHons *UWC*

F van Breda, ND *CPUT BA (Communication Science) UNISA*

**Web developer (e-learning):**

F Hendricks, BA *UNISA*

**The Writing Lab**

*E53 – 27, Old Main Building, Groote Schuur Hospital*

**Lecturer and Coordinator:**

N Muna, *Bsc UCT BScHons (Zoology) Stellenbosch MSc PhD (Molecular and Cell Biology) UCT*

**Lecturer:**

T Goolam Hoosen BSc *UKZN BScHons (Medicine) PGCE MSc (Medicine) UCT*

**Consultants:****S Ngcobo**

N Mkwanzazi

V Samuels

N Mthembu

**HSE1001F/S FUNDAMENTALS OF HEALTH SCIENCES**

*This course is offered in a blended format.*

60 NQF credits at NQF level 5

**Convener:** Dr E Badenhorst and Dr B Ige

**Course outline:**

This course is designed for students who failed any first-year course in the following programmes: MBChB, Physiotherapy, Occupational Therapy, Audiology and Speech Therapy. Students will enter the Fundamentals of Health Sciences semester to revisit content covered in first year semester one courses of the programmes. The aim of the course is to strengthen and develop foundational building blocks in courses students were unsuccessful in, in semester one, and to further equip students with learning strategies to successfully navigate their undergraduate studies in the health sciences. The course will be presented as content modules and academic skills workshops. The content modules will be revisiting content from semester one, but with the aim of addressing the necessary building blocks for successful transitioning from school subjects to first year health sciences courses. The academic skills workshops will address learning skills students need to develop and strengthen to successfully navigate the content modules. Academic skills will therefore continuously be developed and integrated into the content modules. Further objectives include creating a safe environment where students can develop and refine study skills, competencies and knowledge in order to successfully continue with their studies; allowing for opportunities to promote more effective learning for subsequent years; and aspiring to improve self-confidence, in order to contribute to students' academic and personal growth and development. The course aims at familiarising students with the modes of learning that will be required of them when they return to semester one courses the following year, as well as the style of instruction they will encounter in the rest of their studies. Learning activities in the programme are designed to enhance students' capacity to transfer skills and knowledge between different aspects and components of their studies

**DP requirements:** Students are required to attend all learning and assessment opportunities which form the basis for this course as scheduled.

**Assessment:** Assessment is continuous and formative. Students need to demonstrate competencies and milestones. There will be no summative assessment at the end of the course. Students who have completed this course, will be allowed to register and repeat first year failed semester one or semester two courses.

### **HSE1014S FUNDAMENTALS OF MOVEMENT SCIENCE AND APPLIED PHYSIOTHERAPY IA**

*There is no summative assessment for this course and therefore there are no NQF credits. The credits are included in those for AHS1040F.*

0 NQF credits at NQF level 5

**Convener:** Dr B Ige and Dr N Naidoo

**Course entry requirements:** None

**Course outline:**

This foundation (Intervention Programme) course builds on the foundational concepts, terminology and science covered in AHS1033F Movement Science I. It re-visits aspects of the basic assessment and mobilisation of joints, muscle and soft tissue structure and function, and principles of muscle strengthening and theories on soft tissue healing. The principles and rationale underpinning the evaluation and treatment of movement dysfunction as covered in Movement Science I are re-emphasised. Teaching/learning strategies include lectures, practical demonstrations and workshops, tutorials, supervised site visits and self-directed learning sessions. At the end of this course students will be able to apply techniques of joint mobilisation (passive movements); measure and record joint range of motion; evaluate muscle strength and apply the principles of strengthening as indicated; discuss soft tissue healing; and apply techniques to treat soft tissue dysfunction.

**DP requirements:** Students must attend all lectures and tutorial sessions, participate in lectures and practical sessions, and submit homework, self-study tasks and assignments by the due dates.

**Assessment:** In-course assessments contribute 50% towards the final mark and consist of term tests (15%); OSPE tests (15%); and assignments (20%). The final test contributes 50% and consists of a written theory paper (25%) and a structured practical test (25%). These assessments contribute 40% towards the final year mark for AHS1040F at the end of IP2. There is no summative examination for this course after IP1. The final assessment takes place in AHS1040F.

### **HSE2000W BECOMING A DOCTOR PART 1C**

*The BaDr (Becoming A Doctor) theme is comprised of three Courses, each of which have their own Course Codes. Becoming a Doctor part 1A- Family Medicine (PPH2000W); Becoming a Doctor part 1B- Clinical Skills (HSE2000W); and Becoming a Doctor part 1C- Languages (SLL2002H), are all integrated but separate course codes and course outlines are given in this book.*

22 NQF credits at NQF level 6

**Convener:** J Muller-Stuurman

**Course entry requirements:** Registration in MBChB Year2 and having successfully completed all first-year courses.

**Co-requisites:** All DP requirements must be met. The three courses of the BaDr theme (Clinical Skills, Languages, Family Medicine and Languages) are integrated and must be completed concurrently but be passed independently. If one course is failed, that failed Course must be repeated, however, students may be required to repeat a course already passed.

**Course outline:**

The three Courses of the BaDr theme aims to integrate Family Medicine, Clinical Skills and Languages. The aims of the Clinical Skills (HSE2000W) course are to: (a) Gain a theoretical understanding of and practical competence in how to conduct a biopsychosocial history, perform a general and focused clinical examination of a patient pertaining to the cardiovascular, respiratory, and abdominal systems, and perform certain non-invasive procedural skills; (b) To develop a foundation for clinical reasoning. The course draws on online modules and assignments and skills lab practice sessions.

**DP requirements:** (a) Compulsory attendance of face-to-face clinical skills contact sessions; (b) Compulsory online seminars as indicated on the timetable. (c) Participate and complete all mid & end semester activities. Students to consult the online weekly planner that will provide detailed information regarding teaching and assessment activities.

**Assessment:** An integrated, Objective Structured Clinical Examination (OSCE) covers the three Courses of the BaDr theme, that is Clinical Skills (HSE2000W), Family Medicine (PPH2000W) and the Languages (SLL2002H). **Coursework:** 40% in-course assessments, 60% end of semester assessments (MCQ and OSCE). Each of the Courses within the BaDr theme must be passed independently. A final mark of less than and equal to 45% in any of the Courses, constitutes a fail for that Course(s). If a student scores between 46% and 49%, they will be recommended to FEC for a supplementary examination for the failed Course(s).

### **HSE2001S SPECIAL STUDY MODULE**

*NOTE: Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully completed all second year MBChB.

### **HSE3000F BECOMING A DOCTOR PART IIC (CLINICAL SKILLS)**

*The BaDr (Becoming A Doctor) theme is comprised of three Courses, each of which have their own Course Codes. Becoming a Doctor part 2A- Family Medicine (PPH3000F); Becoming a Doctor part 2B- Clinical Skills (HSE3000F); and Becoming A Doctor part 2C- Languages (SLL3002H), are all integrated but separate Course Codes and Course outlines are given in this book*

15 NQF credits at NQF level 7

**Convener:** Sr G Edelstein

**Course entry requirements:** Must have successfully completed all MBChB second year courses including HSE2000W Becoming a Doctor: Part 1C (Clinical Skills: Blended and Contact Learning).

**Co-requisites:** The three courses of the BaDr theme (Clinical Skills, Languages, Family Medicine and Languages) are integrated and must be completed concurrently but be passed independently. If one course is failed, that failed Course must be repeated, however, students may be required to repeat a course already passed.

**Course outline:**

The three Courses of the BaDr theme aims to integrate Clinical Skills Family Medicine, and Languages. The aim of the course is to develop students' clinical reasoning skills towards constructing a differential diagnosis, to expand their history-taking and examination skills to the neurological system and to develop professional bedside skills through clerking ward patients. The course draws on classroom tutorials, bedside learning, encounters with patients and the theoretical knowledge. Students develop a portfolio of patient cases to demonstrate clinical reasoning. The course builds on the techniques and skills learnt during BaDr1C.

**DP requirements:** All DP requirements must be met, including compulsory attendance of all ward tutorials, patient-linked activities, and assessments. DP requirements are stipulated on the Clinical Skills Vula site.

**Assessment:** An integrated, Objective Structured Clinical Examination (OSCE) covers the three Courses within the BaDr theme, that is, Family Medicine (PPH3000F), Clinical Skills (HSE3000F) and the Languages (SLL3002H). **Coursework:** 30% in-course assessment, 70% end of semester assessments. Assessments comprises of OSCE, MCQ and written reflective portfolio (marked). Each of the Courses must be passed independently. A final mark of less than and equal to 45% in any of the Courses, constitutes a fail for that Course(s). If a student scores between 46% and 49%, they will be recommended to FEC for a supplementary examination for the failed Course(s).

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**HSE4010Q/R** NAVIGATING COVID-19 FOR HIGHER CERTIFICATE IN  
DISABILITY PRACTICE

0 NQF credits at NQF level 5

**Convener:** N Pasqualle

**Course entry requirements:** Compulsory course to be taken by all health sciences clinical training students before commencing clinical rotations.

**Course outline:**

This short online course comprises 8 units encompassing the different dimensions of the COVID-19 pandemic. The course prepares clinical training students to be within the health care setting by focussing on acquiring knowledge of the disease, its epidemiology and transmission; the response to the pandemic and the management of different kinds of patients on the different clinical rotations; preparation on the use of personal protective equipment (PPE) and conduct within the multidisciplinary and interprofessional clinical environment; and preparation on healthcare provider and personal coping strategies. This course is run primarily as self-directed, asynchronous learning.

**DP requirements:** Completion and submission of certification of the current Western Cape PACK COVID-19 training module (Knowledge Translation Unit, KTU). Complete the 'mock' virtual OSCE and attain 90% in the assessments

**Assessment:** OSCE assessment – virtual or physical

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**HSE6004W** EXIT EXAMINATION ON PROCEDURAL COMPETENCE

0 NQF credits at NQF level 8

**Convener:** Dr R Weiss

**Course outline:**

This is an integrated, exit-level examination for MBChB students on procedural competence. The examination takes place in the form of an Objective Structured Clinical Examination (OSCE) conducted in the Clinical Skills Centre, consisting of eight to ten stations, of a maximum of ten minutes each. Students are required to show competence in skills which include but are not limited to performance of venepuncture, IV cannulation or blood culture; insertion of a nasogastric tube; performance of bladder catheterization; endotracheal intubation of an adult or infant; CPR of an adult or infant; IM or IC or SC injection with dose calculation; completion of a death certificate or discharge letter; suturing a wound; writing a prescription; performance of a complicated delivery or another obstetric emergency; setting up an intraosseous infusion; and umbilical vein catheterisation.

**DP requirements:** None

**Assessment:** None

## HUMAN BIOLOGY

*Room 5.14, Level 5, Anatomy Building, Health Sciences Campus, and Sports Science Institute of South Africa Building, Newlands. (This incorporates the disciplines of anatomy, biokinetics, biological anthropology, biomedical engineering, cell biology, exercise science, health technology and infrastructure management, physiology, and sport and exercise medicine).*

### Professor and Head:

S Prince, BScHons HDE PhD *Cape Town*

### Professors:

MR Collins, BScHons *Stell* PhD *Cape Town* FECSS

T Franz, PhD *Bremen*

EV Lambert, BA MSc *South Carolina* PhD *Cape Town*

E Meintjes, BScHons MSc *UKZN* MS PhD *Oregon State*

M Senekal, BScHons (Dietetics) MSc PhD *Stell*

AV September, BScHons (Medicine) MSc (Medicine) PhD *Cape Town*

S Sivarasu, B.Eng (Electronics & Instrumentation Engineering), M.Eng (Biomedical Engineering)

PhD *VIT University India*

### Emeritus Professors:

LA Kellaway, BScHons MSc PhD *Cape Town*

MI Lambert, BSc (Agriculture) *UKZN* BAHons *Rhodes* MSc *South Carolina* PhD *Cape Town*

GJ Louw, BVSc DVSc *Pret* MPhil *Cape Town*

AG Morris, BSc *WLU* PhD *Witwatersrand*

TD Noakes, OMS MBChB MD DSc (Medicine) *Cape Town* FACSM(Hon) FFSEM *UK*

VA Russell, BScHons MSc *Cape Town* PhD *Stell*

S Kidson, BScHons MSc PhD *Wits* H Dip Ed *Jhb College of Education*

CL Vaughan, BScHons *Rhodes* PhD *Iowa* DSc (Medicine) *Cape Town*

### Emeritus Associate Professors:

EL van der Merwe, BScHons (Med) MSc (Med) PhD *Cape Town*

### Honorary Professors:

V Burdin, BS, MS *Saint Etienne*, PhD *Rennes*

LV Costa-Lotufo, PhD *University of São Paulo*

JH Goedecke, BScHons (Medicine) PhD *Cape Town* RD *SA*

JL Jacobson, MA PhD *Harvard*

SW Jacobson, BA *Brandeis* MA PhD *Harvard*

RP Lamberts, BSc MSc *Netherlands* PhD *Cape Town* FECSS

Y Pitsiladis, BA (Hons) *Rhodes* MMedSci *Sheffield University* PhD *Aberdeen University* FACSM

W van Mechelen, MD PhD *VU Amsterdam* FACSM

S Weiss, BSc *Bielefeld University* MSc PhD *Ruprecht-Karls-University Germany*

### Associate Professors:

AN Bosch, BSc *UKZN* BAHons MA *Rhodes* PhD *Cape Town*

J Friedling, MSc (Medicine) PhD *Cape Town*

VE Gibbon, BA *Manitoba* PhD *Wits*

G Gunston, MBChB MPhil *Cape Town*

A Gwanyanya, MBChB DA *SA* MMed *Zimbabwe* PhD *Leuven*

DM Lang, Dr rer nat *Konstanz Germany*

T Mutsvangwa, BSc (Engineering) (Electrical Engineering) MSc (Medicine) PhD *Cape Town*

JV Raimondo, MBChB *Cape Town* DPhil *Oxon*

D Shamley, BSc PhD *Wits* EMBA *Cape Town*

## 152 DEPARTMENTS IN THE FACULTY

J Swart, MBChB MPhil PhD *Cape Town*

### **Adjunct Associate Professor:**

J Gray, BSc (Med)(Hons) PhD *Cape Town*

M Posthumus, BScHons (Medicine) PhD *Cape Town*

W van der Merwe, MBChB *UFS* Social Studies *Oxon* BScHons (Medicine) *Cape Town* FCS *SA*  
Ortho

### **Honorary Associate Professors:**

B Borotikar, BEng *Kolhapur* MBA *Mumbai* MSc *Arlington* PhD *Cleveland*

RC Carter, MD *Johns Hopkins* MMSc *Harvard*

T Kolbe-Alexander, BAPhysEd *Western Cape* BScMed(Hons) MPubHlth PhD *Cape Town*

G Lambert, BSc MSc *Toulouse* MPhil *Bordeaux* PhD *Southampton* CEng FIMechE

F Marais

LC Roden, BSc(Hons) *JHB* PhD *Cambridge*

A van der Kouwe BEng MEng *Pret* PhD *Ohio State*

### **Senior Lecturers:**

A Abrahams, BScHons PhD *Cape Town*

Y Albertus, BScHons (Medicine) PhD *Cape Town*

A Bhagwandin, BScHons PhD *Witwatersrand*

K Bugarith, BScHons *UKZN* PhD *Washington State*

T Calvey, BSc, BSc Hons (Human Biology), PhD *Wits*

C D'Alton, MBChB *Stell* MSc SEM *Bath*

J Harbron, BSc (Dietetics) MSc PhD *Stell*

S Hendricks, *BSc BSc Hons (Medicine) PhD Cape Town* *FECS*

D Hockman, MSc *Cape Town* PhD *Cantab*

J Kroff, BSc BHons (Biokinetics) MSc (Medical Physiology) PhD *Stell*

D Rae, BA (Human Movement Studies) *AUS* BScHons (Medicine) PhD *Cape Town*

### **Honorary Senior Lecturers:**

JB Fortuin-Abrahams, MSc *Queensland* PhD *Western Cape*

L Gordon, MBChB *Cape Town* MPhil (Sports & Exercise Medicine) *Cape Town* Diplomas in  
Obstetrics *SA* Paediatrics and Reproductive Health *MRCGP* *London*

L Rauch, BSc BScHons (Medicine) PhD *Cape Town*

J Scholefield, BScHons PhD *Cape Town*

J Suter, MBCh *Witwatersrand* M.Phil (SEM) *Cape Town* Certificate of competence in Travel  
Medicine *Wits*

S Taliep, PhD *Cape Town*

### **Lecturers:**

N Conrad, PhD *Cape Town*

R Dangarembizi, (BSc Hons *NUST* MSc (Med) *Wits* PhD *Wits*

L du Plessis, BEng(Chemical) *Stell* MSc PhD *Cape Town*

M Goolam, BScHons MSc *Cape Town* PhD *Cantab*

J Luckrajh, BMedScHons, MMedSc *UKZN*

S Mentor, BSc BScHons MSc PhD (Medical Biosciences) *Western Cape*

KS Mpolokeng, BSc BMedScHons *MMedSc* *UFS*

L Pio De Paulo, MA *Psych* *Cape Town*

### **Adjunct Lecturers:**

N Hopkins

K Murphy Bellairs

A Pursad

A Smith

**Honorary Lecturers:**

MG Kiessig MBChB MPhil (Exercise Science) *Cape Town*

A Mendham, B.Ed, B.Ex Sc.Hons, PhD *Sydney*

T Oosthuysen

MK Patrick, MA *Cape Town*

A Rotunno

**Senior Research Officers:**

M Holmes, BS *Western Washington* MS PhD *Vanderbilt*

F Robertson, BSc (Engineering) (Electrical Engineering) MSc PhD *Cape Town*

**Research Officers:**

M Nglazi, BSc *Zambia* MPH *Cape Town*

**Honorary Research Associates:**

T Abdalrahman, BSc *Tanta* MSc *Alexandria* PhD *Torino*

R Ballo, MSc (Medicine) PhD *Cape Town*

MA Dove, BScHons (Medicine) PhD *Cape Town*

D Finaughty, MSc (Med), PhD *Cape Town*

B Jones, PhD *Leeds Beckett University United Kingdom*

K Lakha, MSc (Med) *Wits*, PhD *Cape Town*

KL Sack, BScHons MSc PhD *Cape Town*

MS Sirry, BSc *Khartoum* MSc PhD *Cape Town*

C Readhead, BSc *Physio Cape Town*

EALM Verhagen

W Viljoen, BSc *Stell* BAHons (Biokinetics) *Pret* PhD *Cape Town*

**Junior Research Fellows:**

J Fan, MSc (Chemical Eng) PhD *Cape Town*

S Jermy, MSc *Cape Town*

MJN Laguette, BScHons (Medicine) PhD *Cape Town*

B Malila, MSc PhD *Cape Town*

**Principal Technical and Scientific Officers:**

DA Bowers, BScHons *Cape Town* MSc *Stell*

M Cassar

C Harris, NTC *Athlone Technical College*

P Samuels, BTech (Radiography) MTech *CPUT*

P Steyn, BScHons MSc PhD *Stell*

**Chief Technical and Scientific Officers:**

MI Fakier, ND (Electrical Engineering) *CPUT*

AW Isaacs, BSc (Hons) MSc PhD *Stell*

**Senior Technical and Scientific Officers:**

N Kariem

T Mkatazo, BSc BMedScHons *Cape Town*

M Petersen, MSc (Medicine) *Cape Town*

**Senior Radiographers:**

M Jaftha, National Diploma Radiography *CPUT* BSc *Queen Elizabeth*

P Maishi, BTech (Radiography) *CPUT*

**Radiographers:**

J Lewis  
Z Mdiza

**Scientific Officers:**

S Biswas, MSc PhD *India*

**Technical Officers:**

S Benjamin

**Technical and Laboratory Assistants:**

N Ismail  
J Jacobs  
M Masha  
AK Samuels  
W Van Niekerk

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**HUB1006F** INTRODUCTION TO INTEGRATED HEALTH SCIENCES PART I

30 NQF credits at NQF level 5

**Convener:** Dr K Bugarith and L de Paulo

**Course entry requirements:** Attendance at and participation in all HUB1006F-related activities in the orientation programme, such as “Introduction to Life Cycle,” “Introduction to PBL” and the “Health and Safety” seminar.

**Course outline:**

The theme of the course is the human life cycle. Students are introduced to the key physical, psychological, social and developmental factors and issues that shape the human life cycle from conception to death. Problem-based learning (PBL) is the central learning activity of the course. Each student is allocated to a PBL group that meets regularly to discuss and analyse a number of carefully designed cases illustrating the key objectives of the course using the biopsychosocial approach. In addition to PBL, students are provided with a range of activities (including lectures, tutorials and practical sessions) to support their learning. Some of the learning activities might be delivered online where possible at the discretion of the course convener to support and enhance face-to face-learning. At the conclusion of this course, students will have gained an introductory overview of the human lifespan as well as the necessary core knowledge and skills from a range of disciplinary domains (e.g. anatomy, physiology, psychology and sociology). The course is open only to students registered for the MBChB programme.

**DP requirements:** A blended approach to academic activities may be used to support and enhance face-to face-learning. Attendance at and/or participation in all academic activities, where official registers are circulated or online monitoring is available, including problem-based learning sessions, tutorials, workshops, and BHS practical sessions are a requirement for DP. Submission of all written and online assignments on time and completion of all in-course assessment activities are also a requirement for DP. Students may not miss any scheduled activities without the written permission of the academic staff responsible for these activities. Students are required to apply for a concession to miss classes/academic activities and submit appropriate supporting documentation should they miss a scheduled activity due to illness or approved non- medical reasons. If students miss Teaching and Learning Activities without appropriate permission, then students will not be awarded a DP certificate for the course. If students are not awarded a DP certificate, they will not be allowed to write the examinations and therefore will not pass the course and will not be able to progress to the second semester. Refer to the HUB1006F Course Handbook for further details regarding DP requirements and the course.

**Assessment:** Both in-course and end-of-course assessments may include written, computer-based and practical components. All components of in-course and end-of-course assessments must be written to pass the course. When students are unable to write an assessment for what is deemed a legitimate reason, a deferred assessment may be given. Students who miss a component of an in-course assessment must apply for a concession to miss classes/academic activities to write a deferred in-course assessment. Students who miss a component of the end-of-course assessment must apply for a deferred assessment via the Deferred Examinations Committee. All components of an assessment must be completed to pass that assessment. A medical certificate on ground of illness, or appropriate supporting documentation for all approved non-medical reasons, must be submitted when applying for a deferred assessment. Should a student fail to provide legitimate reasons, with supporting documentation, for being unable to complete an assessment activity, or fail to take a scheduled deferred assessment; a mark of zero will be given for that assessment. A student will not be allowed to have more than one opportunity to take a deferred assessment. In-course assessments account for a maximum of 40% and end-of-course assessments account for a minimum of 60% of the final course mark. Sub-minima may apply. Students who achieve a course result of 45-49% and pass at least one class test or the final examination will be eligible for a supplementary examination. Students who are granted a supplementary examination will have their final course results calculated using the same weightings as their original course mark. The marks from the supplementary examination will substitute for the original examination mark. The year mark will be retained in calculating the final course results. Refer to the HUB1006F Course Handbook for further details regarding assessments and the course.

### **HUB1014S ANATOMY FOR COMMUNICATION SCIENCES**

20 NQF credits at NQF level 5

**Convener:** K Mpolokeng

**Course entry requirements:** None

**Course outline:**

This course gives an overview of the anatomy relevant for the practice of the communication sciences. It covers the morphological anatomy of the head and neck and relevant parts of the thorax, neuro-anatomy, and the areas of embryology relating to these subjects. The course consists of five lectures and one practical per week for one semester. The practical involves the examination of pre-dissected specimens of the related body parts.

**DP requirements:** Completion of all coursework by the due dates.

**Assessment:** Continuous assessment involves written and practical tests. The in-course assessments carry 45% of the marks and the final written and practical examinations the remaining 55%.

### **HUB1019F ANATOMY AND PHYSIOLOGY IA**

18 NQF credits at NQF level 5

**Convener:** J Luckrajh

**Course entry requirements:** None

**Objective:** This course consists of five lectures and one practical/tutorial per week. It includes an introduction to anatomy and the structure of the upper limb. It also includes an introduction to the cellular basis of physiology, tissue, and body systems, with emphasis on nerve, muscle, and body fluids.

**Course outline:**

This course consists of five lectures and one practical/tutorial per week. It includes an introduction to anatomy and the structure of the upper limb. It also includes an introduction to the cellular basis of physiology, tissue, and body systems, with emphasis on nerve, muscle, and body fluids.

**DP requirements:** Attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due date. Both the anatomy and physiology components of the course must be passed with a subminimum of at least 45% for each component in the course mark and final examination.

**Assessment:** The course comprises written and on-going practical assessments, which make up 45% of the course mark. The other 55% comprises marks for the final written and practical exams. Both the anatomy and physiology components of the course must be passed with a subminimum of at least 45% for each component in the course mark and final examination.

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### HUB1020S ANATOMY AND PHYSIOLOGY IB

18 NQF credits at NQF level 5

**Convener:** Dr C D'Alton

**Course entry requirements:** HUB1016F or HUB1019F

**Course outline:**

This course consists of five lectures and one practical/tutorial per week. It focuses on human body systems and includes both the anatomy and physiology of the musculoskeletal system. It includes an introduction to anatomy and structure of the lower limb. It also includes an introduction to the physiology of the muscle, nervous and integumentary systems and further includes an overview of basic principles of embryology. The main aim is to integrate anatomical and physiological knowledge in order to understand the human body as a complete organism.

**DP requirements:** A blended approach to academic activities may be used to support and enhance face to face learning. Attendance of, and or participation in all learning activities, including lectures, practical sessions, workshops and tutorials, and submissions of assignments by the due date are required for DP. Please refer to assessment requirements for additional information.

**Assessment:** The course comprises written and on-going practical assessments, which make up 45% of the course mark. The other 55% comprises marks for the final written and practical exams. Both the anatomy and physiology components of the course must be passed with a subminimum of at least 45% for each component in the course mark and final examination.

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### HUB1022F BIOSCIENCES FOR PHYSIOTHERAPY IA

9 NQF credits at NQF level 5

**Convener:** Associate Professor T Mutsvangwa

**Course entry requirements:** None

**Objective:** Physics: To equip students with basic skills to assess simple problems involving forces and torques in systems; predict what forces and torques are required to cause motion. Chemistry: To provide students with a basic understanding of the chemical principles and how they relate to the physiology of the body.

**Course outline:**

This introductory course provides first year physiotherapy students with the fundamental aspects of chemistry, biochemistry and fundamental physical science related to biomechanics. Topics have been selected to promote the integration of theoretical and practical knowledge. Content for physical science includes measurement, units, conversion of units, review of trigonometry; vectors, vector algebra and resolution of vectors; displacement, velocity and acceleration; free-body diagrams; forces and Newton's laws in linear systems; torques and angular systems; and lever systems. Content for chemistry includes physical chemistry; principles of atoms and elements; basic stoichiometry of reactions in solutions, with an emphasis on molar concentrations and the principle of osmosis; an introduction to physiological enzyme structure and kinetics; the basics of cellular metabolism; chemical equilibrium, acids and bases and biological buffering systems. The course is taught through lectures, weekly tutorials and assignments. By the end of the course, students should be able to assess simple problems and determine forces and torques in systems; predict what forces and torques are required to cause motion; and understand basic chemical principles and how they relate to body physiology.

**DP requirements:** Students must attend 75% of tutorials, hand-ins and mini tests and must obtain a combined class mark of at least 40%.

**Assessment:** The course mark contributes 60% and comprises assignments (10%); class tests (30%); and ad hoc mini tests (20%). The examination contributes 40% and consists of a three-hour written examination in June. Both the physics and chemistry components of the course must be passed, with a subminimum of at least 40% for each component in the final examination.

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**HUB1023S BIOSCIENCES FOR PHYSIOTHERAPY IB**

9 NQF credits at NQF level 5

**Convener:** Associate Professor T Mutsvangwa

**Course entry requirements:** HUB1022F or HSE1013F

**Objective:** Physics: To equip students to analyse basic biomechanical issues involving movement, forces, torques and stresses on the body. Chemistry: To provide students with a foundation for pharmacology, physiology and metabolism.

**Course outline:**

This course builds on the foundational concepts, terminology and science covered in Biosciences for Physiotherapy IA. The course content for physical science includes centre of gravity; body-segment parameters; Hooke's law; work, energy and power; momentum and impulse; static and dynamic systems; buoyancy; friction and stress analysis. Students learn how to assess journal articles. The course content for chemistry includes basic organic chemistry, covering fundamental aspects of structure and bonding, acids and bases, amines, carbohydrates, lipids and nucleic acids. Integrated with the chemistry principles, aspects of fat and protein metabolism are covered. The course is taught through lectures, weekly tutorials and assignments. By the end of the course, students should be able to assess simple problems and determine how forces and torques affect the work, energy and power in systems; determine whether certain types of loading are safe; and understand organic chemical principles and how they relate to body physiology.

**DP requirements:** Students must attend 75% of tutorials, hand-ins, and mini tests and obtain a combined class mark of at least 40%.

**Assessment:** The course mark contributes 60% and consists of assignments (10%), class tests (30%) and ad hoc mini tests (20%). The examination contributes 40% and consists of a three-hour written paper in November. Both the physics and chemistry components must be passed with a subminimum of 40% for each component in the final examination.

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**HUB2005F INTRODUCTION TO MEDICAL ENGINEERING**

*This course is intended as an introduction to the field of Biomedical Engineering and for students with an interest in applying for their engineering skills to the solution of problems in healthcare. This course is offered by the Division of Biomedical Engineering in the Department of Human Biology, and is particularly valuable for students considering postgraduate studies in Biomedical Engineering. Entrance may be limited.*

8 NQF credits at NQF level 6

**Convener:** Dr T Mutsvangwa

**Course entry requirements:** None

**Objective:** To provide an introduction to biomedical engineering in particular to undergraduate students.

**Course outline:**

This course provides an introduction to the field of biomedical engineering to undergraduate students in the Faculty of Engineering and the Built Environment and others. Topics include an overview of medical technology and innovation, medical imaging, image processing, and biomechanics of the musculoskeletal system.

**DP requirements:** None

**Assessment:** Class test: 20%; Group presentation: 30%; June examination: 50%.

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**HUB2015W ANATOMY AND PHYSIOLOGY II FOR HEALTH AND REHABILITATION SCIENCES**

36 NQF credits at NQF level 6

**Convener:** Associate Professor J Friedling and Dr Y Albertus

**Course entry requirements:** HUB1020S

**Objective:** To understand and obtain an integrative knowledge of the human body and its systems from an anatomical and physiological perspective.

**Course outline:**

This year-long course forms the second half of a two-year programme covering aspects of human anatomy and general physiology. Subjects include systems physiology such as respiratory, cardiovascular and reproductive physiology which are aligned with the anatomical teaching of these systems. Included in the syllabus is also aspects of endocrinology and nutrition and diet. It is a full course of lectures, interactive weekly tutorials, practicals and demonstrations. Special emphasis is placed on neuro-anatomy and neurophysiology.

**DP requirements:** A blended approach to academic activities may be used to support and enhance face-to face-learning. Attendance at, and/or participation in all academic activities, including lectures, practical sessions, workshops and tutorials, and submission of assignments on time.

**Assessment:** To pass, a sub-minimum of 45% in each of the physiology and anatomy sections of the course is required. Final examinations contribute 50% (Theory 40%, Practical 10%), Tests (35%) and Practical's (15%).

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**HUB2017H INTEGRATED HEALTH SYSTEMS PART IA**

57 NQF credits at NQF level 6; A blended approach to academic activities may be used to support and enhance face-to face-learning.

**Convener:** Dr G Gunston and Dr A Bhagwandin

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The integrated courses HUB2017H, PTY2000S and PTY3009F extend across MBChB years two and three and provide the student with a detailed understanding of the normal structure and function of the human body and how these are affected when the body suffers from disease. Students learn core material in the basic sciences (gross anatomy, embryology, histology, cell biology, medical biochemistry, molecular biology and physiology); infectious diseases (medical microbiology, virology and immunology); changes in normal structure and function caused by disease (anatomical pathology, chemical pathology and haematology); and the principles of pharmacology/therapeutics and early management. Students are also introduced to skills such as critical thinking, reading, and analysis. Emphasis is placed on psychosocial matters relating to each case, drawing in relevant aspects of family medicine, primary healthcare principles, public health, and mental well-being. Students also learn clinical skills, interpretation of data, professional values and ethics, and certain procedural skills directly related to the cases studied. They study the impact of disease on the individual, family and society, and the role of the healthcare services in alleviating illness. Case-based group learning is supported by lectures, practical sessions and stand-alone modules. Students learn key life skills required of an effective healthcare professional, including a multidisciplinary team approach. The cases all have relevance to healthcare issues regionally and nationally.

**DP requirements:** Attendance at and/or participation in all problem-based learning sessions, tutorials, and practical's and completion and submission of all set assignments, quizzes, tasks and assessment activities by the due dates. Public Health specifically requires all exercises on Vula to be completed as part of HUB2017H and PTY2000S DP requirements.

**Assessment:** HUB2017H and PTY2000S are assessed together in a final examination at the end of second year. Students must achieve an overall pass in semesters 3 and 4 (year 2) in order to progress to year 3. Students are required to complete a series of in-course assessments and portfolio tasks during semesters 3 and 4 that contribute 60% of the total mark for the year. Learning exercises, and quizzes contribute to the portfolio mark.

A summative assessment is held at the end of the year that assesses work from semesters 3 and 4 and contributes 40% of the total mark for Integrated Health Systems in year 2. Students thus receive identical marks at year end for HUB2017H and PTY2000S. In order to be considered eligible for a supplementary examination, students are required to have achieved a total mark for year two of 45-49%, and to have passed at least one class test or the final examination. Students who are granted a supplementary examination will have their results calculated using the same weightings as the original total mark for the year, and the mark achieved in the supplementary exam will be substituted for the final examination mark.

## **HUB2019F** INTEGRATED ANATOMICAL AND PHYSIOLOGICAL SCIENCES PART A

*Entrance is limited to 80 students.*

24 NQF credits at NQF level 6; 60 lectures, 10 practicals.

**Convener:** Dr J Harbron and Assoc Professor D Lang

**Course entry requirements:** BIO1000F, BIO1004S and CEM1000W (or equivalent courses).

**Co-requisites:** An average grade of 60% or more for these two courses is recommended.

### **Course outline:**

*This course is under review and the content may change as a result.*

The course introduces the concept of integrating human physiology, anatomy, cell biology and histology. It includes the study of cells and tissues, the basic anatomy and histology of the musculoskeletal, endocrine and digestive systems, and an introduction to embryology and osteology. Physiological concepts include fluid balance, cell signalling, hormone regulation, digestion, absorption and metabolism. The course consists of lectures, practical sessions and tutorials. In the practicals, students work in small groups using computers and specialised equipment to study the physiology and histology of the abovementioned organ systems. At the end of the course, students will be able to describe structure-function relationships of body systems covered in the course; apply concepts and principles taught in lectures and practical sessions to solve theoretical or real-life problems posed in tutorials, tests and examinations; follow and implement instructions in computer-simulated physiology experiments and interpret result; identify micro-anatomical organisation of organs under a microscope or in monographs; identify and name structures in anatomical specimens; and design simple experiments to determine physiologic parameters such as blood type, fluid compartment volumes, enzyme activities etc.

**Lecture times:** Lectures: Monday to Friday (08h00-08h45); Practical: Mondays or Tuesdays (14h00-17h00).

**DP requirements:** Attendance at all practical sessions, 40% average in class tests and an average of 50% for all assignments.

**Assessment:** The breakdown of course marks is as follows: Class tests 30%, practical write-up 15%, assignments or tutorials 5%. Final examinations (50%) as follows: Theory examination 30%, practical examination 20%. A subminimum of 40% is required for the theory and practical examination to pass this course. Supplementary examinations, in the form of written, practical or oral assessment, may be offered to students whose overall score is 45-49%. An oral examination may be required in the case of selected students.

## **HUB2020S** SPECIAL STUDY MODULE

*NOTE: Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully completed all second year MBChB courses.

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**HUB2021S INTEGRATED ANATOMICAL AND PHYSIOLOGICAL SCIENCES**

**PART B**

*Entrance is limited to 80 students*

24 NQF credits at NQF level 6; 60 lectures; 10 practicals.

**Convener:** Assoc Professor A Gwanyanya

**Course entry requirements:** HUB2019F (or approved equivalent) and CEM1000W (or approved equivalent).

**Course outline:**

*This course is under review and the content may change as a result*

The course integrates aspects of human physiology, anatomy and histology of organ systems, including cardiovascular, respiratory, nervous, reproductive, urinary and immune systems. The concept of integrating homeostasis and regulation forms the golden thread throughout this course. Homeostatic concepts covered include thermoregulation, acid-base balance, neural transduction, cardiac output and regulation, and respiration. Students are introduced to anthropology and to concepts of ageing and disease. In the practicals, students work in small groups using computers and specialised equipment to study the physiology of the nervous system, the electrical events in the contraction of cardiac muscle and the mechanics of the respiratory system. Students also examine human anatomical specimens of various organs and examine the histology of the organ systems. At the end of the course, students will have a thorough grounding in the physiological mechanisms of the nervous, urinary, cardiovascular, respiratory, reproductive, and immune systems. They will have an understanding of the basic anatomy and microanatomical organisation (histology) of key organs within the above bodily systems; will be able to integrate the concepts above in terms of understanding structure-function relationships, so as to understand the basic key elements that impact on the physiology of organs during ageing which leads to disease processes; and will be able to interpret data obtained from the various practicals.

**Lecture times:** Lectures: Monday to Friday (08h00-08h45); Practicals Mondays or Tuesdays (14h00-17h00).

**DP requirements:** Attendance at all practicals, 40% average in class tests and an average of 50% for all assignments.

**Assessment:** The final mark comprises class tests (30%); practicals, assignments and tutorials (20%); and final examinations (50%), consisting of a written theory exam (30%) and a practical (20%). A subminimum of 40% is required for the theory and practical examination to pass this course. Supplementary examinations, in the form of written, practical or oral assessment, may be offered to students whose overall score is between 45% and 49%. An oral examination may be required in the case of selected students.

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**HUB2023W BIOSCIENCES FOR PHYSIOTHERAPY II**

9 NQF credits at NQF level 6

**Convener:** Professor T Franz

**Course entry requirements:** HUB1023S, AHS1033F or AHS1040F

**Course outline:**

This course builds on the concepts taught in HUB1022F and HUB1023S Biosciences for Physiotherapy IA and IB. The course content includes principles in orthopaedics; biomechanics of bone; fractures of the femur and the pelvis; joint biomechanics; of e.g., ankle, knee, hip and pelvis; waves and basic electricity relevant to the principles of electrotherapy; using e.g., laser, ultrasound, shortwave diathermy, interferential stimulation; gait analysis; and electromyography. By the end of the course, students should understand joint mechanics, modes of bone fracture and the influence of forces and torques on bones and joints; select the appropriate treatment modality for electrotherapy, with an understanding of the physics involved; understand human movement and gait analysis and demonstrate an understanding of EMG as a predictor for muscle activity.

**DP requirements:** Completion of 80% of the class tests.

**Assessment:** For PDL mode: Continuous assessment with a minimum of three class tests and a minimum of four mini tests per semester. Composition of course mark: 90% class tests, 10% mini tests. For standard teaching mode:

The course mark contributes 60% and comprises mini tests (5%) and class tests in April, June and September (55%). There is a three-hour written examination in November (40%). The final exam must be passed with a subminimum of 40%.

### **HUB3006F APPLIED HUMAN BIOLOGY**

36 NQF credits at NQF level 7

**Convener:** Associate Professor AN Bosch and Dr D Rae

**Course entry requirements:** HUB2019F; and HUB2021S or equivalent. Entry into this course requires a subminimum of 40% average for the Physiology component of HUB2017H and PTY2000S.

**Objective:** Understanding the physiology pertaining to exercise and performance with a view to furthering study at the Honours level.

**Course outline:**

*This course is under review and the content may change as a result.*

The semester theme is "Living, working and playing". Topics dealt with include metabolism and homeostasis, sports nutrition and metabolism, obesity and diabetes, muscle physiology, cardio-respiratory physiology, sporting performance, exercise physiology, thermoregulation, and physiology in extreme environments. At the end of the course students should have a good understanding of the physiology related to movement, sport and exercise. They should understand physiological control, the basics of the physiological components underlying athletic performance, and energy balance and key components of sports nutrition. In addition, they should have a good understanding of the cardiovascular system, muscle function, and the effect of exercise on health, particularly diabetes and obesity. Students will prepare a seminar topic which will be presented as a PowerPoint presentation towards the end of the semester, during the "practical" time slot.

**DP requirements:** Attendance at all practicals, (including tutorials and seminar presentations held during the "practical" time slot), 40% average in class tests and an average of 50% for all assignments.

**Assessment:** Class tests (30%); practicals including assignments/seminar presentation (20%) and examinations (written theory and practical theory) (50%). A subminimum of 40% is required for the theory and practical examinations to pass this course. A subminimum of 40% is required for the theory and practical examination to pass this course. Supplementary examinations in the form of written, practical or oral assessment, may be offered to students whose overall score is 45 - 49%. An oral examination may be required in the case of selected students.

### **HUB3007S HUMAN NEUROSCIENCES**

36 NQF credits at NQF level 7

**Convener:** Dr R Dangarembizi

**Course entry requirements:** HUB3006F (or approved equivalent). Exceptions are at the discretion of the convener.

**Objective:** To obtain a good grasp of core theoretical and practical concepts of human neurophysiological function.

**Course outline:**

*This course is under review and the content may change as a result.*

This course offers theoretical and practical instructions on advanced concepts in neuroscience, such as embryological development and repair of the nervous system, histological and gross anatomical appearances of the brain, electrophysiology, principles of electrical and morphological brain imaging, neuronal signalling, signal transduction in sensory, motor and autonomic nervous systems, vision and pain perception, eating disorders, mechanisms of learning and the development of memory. At the end of the course, students should be able to apply knowledge gained and practical skills acquired to solve problems in neurophysiology; read and critically evaluate neuroscience literature; apply knowledge of human physiology in medical fields in the general market place; use acquired skills in assisting with undergraduate practical demonstrations; and teach the basics of human physiology.

**Lecture times:** Five 45-minute lectures per week, 1<sup>st</sup> period, Monday to Friday.

**DP requirements:** Attendance at all practicals, 40% average mark for class tests and an average of 50% for all assignments.

**Assessment:** Class tests (30%); practicals including assignments/seminar presentation (20%) and examinations (written theory and practical theory) (50%). A subminimum of 40% is required for the theory and practical examinations to pass this course. A subminimum of 40% is required for the theory and practical examination to pass this course. Supplementary examinations in the form of written, practical or oral assessment, may be offered to students whose overall score is 45 - 49%. An oral examination may be required in the case of selected students.

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### **HUB4071F APPLIED ELECTROPHYSIOLOGY**

12 NQF credits at NQF level 8

**Convener:** Dr LR John

**Course entry requirements:** Equivalent of Mathematics II and Physics II. Suitable for all graduate Engineering streams.

**Course outline:**

This course provides an introduction to electrical activity in the human body from an engineering perspective. As such, it is located between cellular electrophysiology and the design of non-invasive electrophysiological equipment. Lecture topics are selected from cellular membrane potentials, electrocardiology (ECG), cardiac fibrillation, pacemakers, electromyography (EMG), electrical stimulation (FES, TES) of muscles and nerves, electroencephalography (EEG), brain-computer interfacing (BCI), electrooculography (EOG), electrical bioimpedance, heart-rate variability (HRV) and galvanic skin response (GSR). This course is taught through lectures and practical demonstrations including visits to electrophysiological clinics at Groote Schuur Hospital and research laboratories at UCT by arrangement. At the end of this course, students will understand electrical processes in the heart, muscles, and brain; the relationship between cellular membrane potentials and electrical voltages measured non-invasively on the surface of skin; and how cellular membrane potentials can be changed using surface and implantable electrical stimulators.

**DP requirements:** Students are expected to attend and participate in all lectures and practical demonstrations. Attendance is monitored through the signing of an attendance register at each session.

**Assessment:** Course mark contributes 40% and comprises attendance and participation (10%); assignments and class test (30%). The final examination contributes 60% and comprises a written theory examination.

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## INTEGRATIVE BIOMEDICAL SCIENCES

### Associate Professor and Head of Department:

DT Hendricks, BScHons (Medicine) PhD *Cape Town*

### Medical Biochemistry and Structural Biology

*Level 6, Falmouth Building, and Level 2, Wernher and Beit Building North*

#### Professor and Head:

V Leaner, BScHons (Medicine) PhD *Cape Town*

#### Professors:

PN Meissner, BScHons (Medicine) PhD *Cape Town*

#### Emeritus Professors:

W Gevers, MBChB DSc *Cape Town* MA DPhil *Oxon* DSc *UPE CMSA*

RP Millar, PhD *Liverpool* FRCPath (Chemistry) FRSE

MI Parker, BScHons PhD *Cape Town* MASSAf

BT Sewell, MSc *Witwatersrand* PhD *London*

AA Katz, PhD *Rehovot*

#### Honorary Professors:

CGP Mathew, BScHons *UPE* PhD *London* FRCPath *Royal College of Pathologists*

WD Schubert, BScHons MSc *Cape Town* PhD *Berlin*

#### Associate Professors:

DT Hendricks, BScHons (Medicine) PhD *Cape Town*

Z Woodman, BScHons (Medicine) PhD *Cape Town*

#### Emeritus Associate Professor:

LR Thilo, MSc *Pret* Dr rer Nat *Heidelberg*

#### Honorary Senior Lecturer:

KJ Sales, BScHons (Medicine) MSc PhD *Cape Town*

#### Honorary Research Associate:

G Schäfer, PhD *Berlin*

#### Research Officer:

P van der Watt, PhD *Cape Town*

#### Chief Scientific Officer:

J Woodward, PhD *Cape Town*

## Chemical and Systems Biology

*Levels 2 & 3, Wernher and Beit Building North*

#### Professor and Head:

J Blackburn, BScHons DPhil *Oxon*

#### Professors:

S Barth, PhD *Bonn* DMSc *Cologne*

ED Sturrock, BScHons (Medicine) PhD *Cape Town* FRSSAF

**Honorary Associate Professor:**

L Zerbinì, MSc PhD *São Paulo Brazil*

**Senior Lecturer:**

HH Ndlovu, BScHons *Natal PhD Cape Town*

## **Computational Biology**

*Level 1, Wernher and Beit Building North, IDM*

**Professor and Head:**

NJ Mulder, BScHons PhD *Cape Town*

**Honorary Professor:**

S Bergmann, PhD *Rehovot*

**Associate Professors:**

D Martin, PhD *Cape Town*

N Tiffin, MPH *Cape Town PhD London*

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### **IBS1007S INTRODUCTION TO INTEGRATED HEALTH SCIENCES PART II**

35 NQF credits at NQF level 5

**Convener:** Associate Professor Z Woodman and Dr R Ebrahim

**Course entry requirements:** PPH1001F, HUB1006F, CEM1011F and PHY1025F

**Course outline:**

The course introduces students to key principles and concepts of the basic sciences of histology, anatomy, immunology, biochemistry and physiology, and of public health and family medicine. The Primary Health Care (PHC) approach is at the centre of the health care system in South Africa and hence the PHC approach is emphasised throughout the course. Problem-based learning (PBL) is the central learning activity of the course. Each student is allocated to a PBL group that meets regularly to discuss and analyse a number of carefully designed cases illustrating the key objectives of the course. In addition, students are provided with a range of activities to support their learning (including lectures, practical sessions, tutorials and workshops). At the conclusion of this course, students will have acquired an integrated understanding of key South African health challenges within a broader social and environmental context; the epidemiology of the major causes of disease in South Africa; the basic structure and function of all organ systems of the human body; and the basic structure and function of the biochemical components of the human body. A blended approach to learning may be used where academic activities will be delivered online and face-to-face, if feasible. This will be at the discretion of the course convener.

**DP requirements:** Irrespective of whether online or face-to-face, attendance of all academic activities, where official registers are circulated, including problem-based learning sessions, tutorials, Family Medicine OPD visits, workshops, and BHS practical sessions are a requirement for DP. Submission of all written assignments on time and completion of all in-course assessment activities are also a requirement for DP. Students may not miss any scheduled activities without the written permission of the academic staff responsible for these activities. Students are required to apply for concession to miss classes and submit appropriate supporting documentation should they miss a scheduled activity due to illness or approved non-medical reasons. If a student miss teaching and learning activities without appropriate permission, the student will not be awarded a DP certificate for the course. If a student is not awarded a DP certificate, they will not be allowed to write the examinations and therefore not pass the course and will not be able to progress to second year.

**Assessment:** Assessments include in-course and end-of-course assessments. Regular self-assessment activities provide feedback to students on their progress. Assessments include written, computer-based and practical components. Written components use a case-based format.

When students are unable to write an assessment for what is deemed a legitimate reason, a deferred assessment may be given. A medical certificate on ground of illness, or appropriate supporting documentation for all approved non-medical reasons, must be submitted when applying for a deferred assessment. Should a student fail to provide legitimate reasons, with supporting documentation, for being unable to complete an assessment activity, or fail to take a scheduled deferred assessment, a mark of zero will be given for that assessment. A student will not be allowed to miss more than one assessment or have more than one opportunity to take a deferred assessment. In-course assessments and end-of-course assessments are weighted as stipulated in the course handbook and count towards the final course mark. Sub-minima may apply. Students are required to achieve a course result of 45-49% and to pass at least one class test or the final examination in order to be eligible for a supplementary examination. Should students be granted a supplementary examination, the same weighting as the original examination mark will be used to calculate the final mark.

### **IBS2001S SPECIAL STUDY MODULE**

16 NQF credits at NQF level 6

**Convener:** Dr J Klopper

#### **Course outline:**

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

### **IBS3020W MOLECULAR MEDICINE**

72 NQF credits at NQF level 7

**Convener:** Professor AA Katz

**Course entry requirements: For students admitted to the intercalated BMedScHons-MBChB track:** Students wishing to do the intercalated BMedScHons must have passed second year MBChB, must generally have obtained an average of at least 70% in the courses listed below, with no less than 60% for any single course (exceptions to be considered on merit by the course admission committee): CEM1011F or (for Intervention Programme Students) CEM1111S and CEM1011X, Chemistry; PHY1025F, HUB1006F and HUB1007S or (for Intervention Programme Students) HUB1010S and HUB1011F, HUB2017H, LAB2000S and MDN2001S (exceptions to be considered on merit by the course selection committee). **For students wishing to exit with a BSc (Medicine):** Students must have passed second year MBChB with an average of at least 60% and with no less than 55% for any of the courses mentioned above (exceptions to be considered on merit by the course Convenor).

#### **Course outline:**

The course includes lectures, tutorials and practical work that cover core and advanced topics on the molecular basis of disease. Core topics include DNA, RNA and protein structure, function, and how these are integrated to control normal cellular process such as signalling, proliferation, apoptosis, development and differentiation. Fundamentals of molecular and cellular immunology and molecular genetics are introduced. Advanced topics include stem cells, their biology and application, cancer biology, and infectious agents, infectious diseases and inherited diseases.

These topics are presented in a multidisciplinary fashion, integrating principles of genetics and genomics, eukaryotic gene regulation, and cell signalling. Basic bioinformatics of DNA and proteins are introduced. Practical laboratory work covers theoretical and practical aspects of molecular, cellular and biochemical laboratory techniques, with emphasis on recombinant DNA techniques. There is also an introduction to genomic, proteomic and computational approaches to study molecular systems.

**DP requirements:** Attendance of all practicals and an average mark of 50% in tests and assignments/laboratory reports combined.

**Assessment:** Two tests and assignments/laboratory reports that are written during the course and one examination at the end of the course. Tests contribute 60%, assignments/laboratory reports contribute 5% and the end-of-year examination contributes 35% to the course final mark.

## MEDICINE

*J46, Old Main Building, Groote Schuur Hospital*

*The Department of Medicine is a large academic and clinical department which plays a leading role in medical education and research, and provides clinical services to the communities of the Western Cape and, in the case of our highly specialised services, to patients throughout Southern Africa.*

### Professor and Head:

NBA Ntusi, BScHons MBChB MD *Cape Town* FCP SADPhil Oxon Certificate (Cardiology) SA

### Emeritus Professors:

ED Bateman, MBChB MD *Cape Town* DCH FRCP UK  
 SR Benatar, MBChB DSc (Medicine) *Cape Town* FFA FRCP  
 PJ Commerford, MBChB *Cape Town* FCP SA FACC  
 S Saunders, MBChB MD *Cape Town*  
 JL Seggie, BScHons MBChB MD *Birmingham* FRCP London FCP SA  
 G Todd, BSc UKZN MBChB PhD *Cape Town* FC Derm SA

### Emeritus Associate Professors:

RW Eastman, MBChB *Cape Town* FRCP UK  
 SR Ress, MBChB *Pret* FCP SA  
 R Scott Millar, MBBCh *Witwatersrand* FCP SA  
 CR Swanepoel, MBChB *Cape Town* MRCP FRCP UK  
 R van Zyl-Smit, MBBCh *Witwatersrand* MD *Cape Town* FRCP  
 PA Willcox, BScHons MBChB *Birmingham* FRCP UK

### Honorary Professors:

M Badri, BScHons MSc *India* MSc (Medicine) PhD *Cape Town*  
 JP Bassand, MD FESC FACC  
 TG Clark, BCom MSc *New Zealand* DPhil Oxon  
 T Forrester, DM (Medicine) MBBS MSc PhD *West Indies*  
 BJ Gersh, MBChB *Cape Town* DPhil Oxon FCP SA FRCP UK FACC  
 P Heering, MD FASN  
 AP Kengne, MD PhD *Sydney*  
 MC Kew, MRCP UK MBBCh MD *Witwatersrand* PhD FCP SA FRCP London  
 VJ Louw, MBChB *Stell* MMed (Internal Medicine) *Stell* FCP SA PhD UFS  
 C Masimirembwa, BScHons DPhil *Zimbabwe* PhD *Sweden*  
 GA Mensah, MD FACC FESC FAHA FACP FCP SA Hon  
 A Nel, MBChB PhD *Cape Town*  
 MGN Pai, MD PhD  
 G Pillai, PhD  
 PJ Schwartz, MD PhD  
 S Stewart, PhD *Glasgow* NFESC FAHA FCSANZ  
 VK Somers, MBChB *Natal* DPhil Oxon  
 RJ Wilkinson, BMBCh MA PhD DTM&H FRCP UK  
 DM Yellon, PhD FESC FRCP UK

### Visiting Professors:

B Keavney, BSc BM BCh *Oxon* MRCP DM FRCP UK  
 L Thabane, BSc *Lesotho* MSc (DipSci) *England* PhD London

**Visiting Associate Professors:**

FS Hellig, BSc MBChC *Witwatersrand*  
JR Hoffman, BAHons DPhil *Oxon*  
F Thienemann, MD DTMPH PhD MScIH *Germany*

**Associate Professors:**

ME Engel, BScHons MPH PhD *Cape Town*

**Honorary Associate Professors:**

G Cotter, MD FACC FESC *Israel*  
R Dawson, MBChB *Cape Town* FCP Cert (Pulm Phys) *SA*  
LR Fairall, MBChB PhD *Cape Town*  
T Gumbo, MD *Zimbabwe*  
AP Kengne, MD PhD *Sydney*  
M Khati, BSc BScHons (Medicine) *Cape Town* MSc (Medicine) DIC DPhil *UK*  
R McNerney, PhD *UK*  
RN van Zyl-Smit, MBChB MMed *Cape Town* FCP Cert (Pulm Dip) (HIV Management) *SA* MRCP *UK*  
K Wilkinson, MSc PhD *Budapest*

**Senior Lecturers Part-time:**

NP Gina, MBChC *Witwatersrand* FCP Dip (HIV Management) *SA*  
CA Viljoen, MBChB *Pret* FCP *SA*

**Honorary Senior Lecturers:**

M Abelson, MBChB *Witwatersrand* FCP *SA* MRCP *UK*  
L Acquah, MD MSc FACP *USA*  
AJ Brink, MBChB MMed *Pret*  
J Butler, MBChB *Pret* FCP Neurology *SA*  
E Danso, MBChB FCP *SA*  
R Davidson, MBChB MD *Cape Town* MRCP DTM&H FRCP *UK*  
CA de Jager, BScHons HDE *Natal* PhD *Cape Town*  
JMG du Toit, MBChB *Cape Town* FCP *SA*  
RJ Freercks, MBChB MPhil *Cape Town* FCP Cert (Neph Phys) *SA*  
T Gould, MBChB *Witwatersrand* FCP *SA*  
L Geffen, MBChB *Cape Town* FCFP *SA*  
M Gneccchi, MD PhD  
C Kenyon, MBChB *Cape Town* FCP *SA*  
J Kuehne, MBChB *Cape Town* MPhil *Stell* Dip (HIV Management) *SA*  
MA Latib, MBChB FCP Cert (Cardiol Phys) *SA*  
S Mathee, MBChB *Cape Town* MMed *Stell*  
AG Parrish, MBChB *Cape Town* FCP DA *SA*  
M Pascoe, MBChB FCP *SA*  
K Rebe, MBChB *Cape Town* FCP *SA* DTM&H  
A Robins, MBChB *Cape Town* MD *Witwatersrand* DPM RCP *London* RCS *England*  
G Smit, MBChB MMed (Med) *Stell*  
A Tooke, MBChB *Cape Town* FCP *SA*  
J Turner, MBChB PGDip (Palliative Medicine) MD MMed *Cape Town* FCP *SA* FCCP  
D Woolf, MBChB FCP *SA*

**Lecturers Part-time:**

A Barnard, MBChB *Cape Town*

**Honorary Lecturers:**

A Bruning, MBBCh *Witwatersrand FCP SA*  
 R Cornick, MBChB MPhil *Cape Town*  
 KD Ebrahim, MBChB *Cape Town FCP SA*  
 J Hitzeroth, MBChB *Stell DA FCP Cert (Cardiol Phys) SA*  
 J Hugo, MBChB *Pret MMed UFS FCA SA*

**Honorary Research Affiliate:**

P Howlett, BSc MBChB *Bristol MRCP UK*

**Honorary Research Associates:**

A Binder, PhD *Germany*  
 M Carrington, BA PGDip (Psychology) PhD *Australia*  
 A Davis, BSc MBBS MRCP *UK*  
 R Hendricks, BChD MChD *Cape Town*  
 V Ives-Deliperi, PhD *Cape Town*  
 A Orren, MBChB MD *Cape Town*  
 N Peer, MBChB *Natal MPH PhD Cape Town*  
 M Rangaka, MBChB *Cape Town MSc MPhil PhD UK*  
 C Stek, MD *Netherlands*  
 H Struthers, BSc BScHons MSc MBA *Witwatersrand*  
 D Watkins, MD MPH *USA*

**Senior Research Officers Full-time:**

J de Vries, BSc MSc *Netherlands DPhil Oxon*  
 G Shaboodien, BScHons PhD *Cape Town*

**Clinical Educator:**

F Drummond, SRN *UK*

**Allergology and Clinical Immunology**

*Allergy Diagnostic and Clinical Research Unit, UCT Lung Institute, George Street, Mowbray E16 and Allergy Diagnostic and Clinical Research Unit, UCT Lung Institute*

**Associate Professor and Head of Division:**

JG Peter, MBChB MMed PhD *Cape Town FCP SA*

**Emeritus Professors:**

PC Potter, BScHons MBChB MD *Cape Town DCH FCP (Paediatrics) SA FACAIAI*  
 E Weinberg, MBChB FCP *SA FAAAAI*

**Emeritus Associate Professor:**

SR Ress, MBChB *Pret FCP SA*

**Lecturer Part-time:**

R Leaver, MBChB FCP *SA*  
 J Holtzhausen, MBChB Dip (Allergology)

**Honorary Lecturer:**

S Emanuel, MBChB *Cape Town*

**Medical Officer:**

D Hawarden, BSc MBChB *Cape Town Dip (Medical Technology) SA*

## 170 DEPARTMENTS IN THE FACULTY

### Research Medical Officers:

K Coovadia, MBChB Dip (Allergology) *SA*

C Holmgren, MBChB *Cape Town*

R Mistry, MBBS *New Delhi* Dip (Allergology) (HIV Management) *SA MBA Cape Town*

A Le Roux, MBChB

### Honorary Research Associate:

A Orren, MBChB MD *Cape Town*

### Research Nurses:

S Baker, BSc (Nursing) MSc Dip (Asthma) NAEP *UK*

G Poggenpoel, CNP BTech Dip (Asthma) NAEP *SA*

D Van der Walt, CNP

### Technical Staff:

B Fenemore

S Salie

## Cardiology

*E17/25, New Grootte Schuur Hospital*

### Full Time Consultant Staff:

#### Helen and Morris Mauerberger Professor of Cardiology and Head:

M Ntsekhe, BA *Brown* MD *Columbia* FCP *SA* Cert (Cardiol Phys) *SA* MPhil PhD *Cape Town*

FACC

### Associate Professor

A Chin, MBChB FCP *SA* Cert Cardio *SA* MPhil CEPS CCDS *IBHRE*

### Senior Lecturers Full-time:

BJ Cupido, MBChB *Cape Town* FCP Cert (Cardiol Phys) *SA*

J Hitzeroth, MBChB *Stell* DA FCP Cert Cardio *SA*

### Part Time Consultant Staff:

#### Professors:

N Ntusi, BSc *Haverford* MBChB *Cape Town* FCP *SA* Cert Cardio *SA* DPhil *Oxon* MD *Cape Town*

K Sliwa-Hahnle, MD *Germany* PhD *Witwatersrand* FESC FACC FAHA DTM&H

L. Zuhlke MD, *Cape Town* FCP Paeds *SAMPH Cape Town* MSc *London* PhD *Cape Town*

#### Emeritus Professor:

PJ Commerford, MBChB *Cape Town* FCP *SA* FACC

#### Emeritus Associate Professor:

RN Scott Millar, MBBCh *Witwatersrand* FCP *SA*

#### Senior Lecturer Part-time:

JE Stevens, MD FRCP *UK*

#### Honorary Professors:

B Gersh, MBChB DPhil *Oxon* FCP *SA* FRCP *UK*

PJ Schwartz, MD PhD *Italy*

#### Visiting Associate Professor:

FS Hellig, BSc MBBCh *Witwatersrand*

**Lecturer Part-time:**

M De Andrade, MBChB *Cape Town* MRCGP *UK*

**Honorary Senior Lecturers:**

MJ Abelson, MBChB *Witwatersrand* MRCP *UK* FCP *SA*

AM Latib, MBChB FCP Cert (Cardiol Phys) *SA*

**Fellow in Electrophysiology:**

P Mkokko, MBChB *Medunsa* FCP *SA* Cert Cardio *SA*

**Fellow in Interventional Cardiology:**

A Mutyaba, MBChB *Cape Town* FCP *SA* Cert Cardio *SA*

**Fellows in General Cardiology:**

ZV Jama, MBChB *Medunsa* MMED *Cape Town* FCP *SA*

T Auala, MBChB *Cape Town* FCP *SA*

CA Viljoen, MBChB *Pretoria* MMED *Cape Town* FCP *SA*

MM Al-Naili, MBChB *Libya* MMED *SUN* FCP *SA*

ET Gambahaya, *Zimbabwe* MMED *Zimbabwe*

J September, MBChB *Stell* MMED *Cape Town* FCP *SA*

MC deVilliers, MBChB *Free State* MMED *Cape Town* FCP *SA*

**Clinical Haematology**

*New Main GSH E5*

**Professor and Head:**

VJ Louw, MBChB *Stell* MMed *Stell* PhD (HPE) *UFS*

**Senior Lecturers Full-time:**

C du Toit, MBChB MMed *UFS*

E Verburgh, MBChB *UP* MMed *UFS* FCP *SA* FCPI PhD *Kuleuven*

**Senior Registrars / Fellows:**

E Poulet, MBChB MMED *UCT* FCP *SA*

P Loebenberg, MBChB MMED *UCT* FCP *SA*

K Simba, MBChB MMED *UCT* FCP *SA*

Y Kheir, MBBS MD MRCP *UK*

**Medical Officer:**

M Joubert, MBChB

**Unit Operational Managers:****E5 Clinic:**

Sr S Croy, PRN (Acting Ops Man)

Sr T Weber, PRN (Acting Ops Man)

**Ward F4:**

Sr Carelse, PRN

Sr Francis, PRN (Acting Ops Man)

**Ward G7:**

Sr Oliver, PRN

## 172 DEPARTMENTS IN THE FACULTY

### **Ward G8:**

Sr Faro, PRN

### **BMT Co-ordinator:**

KG Bing, PRN *Cape Town*

### **Haemophilia Nurse Co-ordinator Western Cape:**

AL Cruickshank, PRN *Cape Town*

### **Medical Technologist:**

C Seaton, NDip (Medical Technology) *SA*

### **Quality Manager:**

Y Kramer

### **Research Co-ordinator:**

J Oosthuizen

### **Research Assistants:**

Z Martins

K Michaels

### **Secretary:**

M Davids

## **Clinical Pharmacology**

*K Floor, Old Main Building, Groote Schuur Hospital*

### **Associate Professor and Head:**

PZ Sinxadi, MBChB MMed PhD *Cape Town DA SA Certificate in Human Pharmacology (RCoP UK)*

### **Professors:**

KI Barnes, MBChB MMed *Cape Town*

M Blockman, MBChB BPharm, PG Dip Int Res Ethics; MMed *Cape Town*

H McIlleron, MBChB PhD *Cape Town*

### **Honorary Professors:**

MJ Bockarie, MSc (Zoology) MSc (Applied Parasitology and Medical Entomology) *Sierra Leone PhD UK*

G Pillai, BPharm MPharm PhD

### **Associate Professors:**

K Cohen, MBChB MMed *Cape Town* MSc (Epid) LSHTM MCFP Dip (HIV Management)(Obstetrics & Gynaecology) *SA*

P Denti, MEng PhD *Italy*

PZ Sinxadi, MBChB PhD *Cape Town DA SA*

L Wiesner, PhD *Cape Town*

### **Honorary Associate Professor:**

AG Parrish MBChB *Cape Town FCP SA DA SA*

### **Emeritus Associate Professor:**

PJ Smith, BScHons PhD *Cape Town*

G Maartens, MBChB MMed *Cape Town* FCP SA DTM&H LSTMH UK

**Senior Lecturer:**

HM Gunter, MBChB *Stell* MMed (Clin Pharmacol) FCCP(SA)

**Lecturer:**

S Allie, MBChB *Stell*

**Honorary Senior Lecturer:**

A Robins, MBChB *Cape Town* MD *Witwatersrand* DPM RCP *London* RCS *Eng*

**Research Officer:**

Chriselda Pillay MBChB

R Wasmann, PharmD PhD *the Netherlands*

**Registrars:**

RT Mpofo, MBChB *UCT* DipHIVman SA

JH Taylor, MBChB *Stell* DipHIVman DipPEC SA

G Tatz, MBChB *UCT* DipHIVman SA

**Study Managers:**

Clinical: E Allen, MPH *Cape Town*

Analytical: S Castel, PhD *Cape Town*

**Medicines Information Centre Manager:**

A Swart, BSc (Pharmacy) *Stell*

**Medicines Information Centre Pharmacists:**

BS Chisholm, BPharm *Rhodes*

J Jones, BPharm *Cape Town*

E Tommy, BPharm *Rhodes*

A Uys, MSc (Pharmacology) BPharm *PU for CHE*

M Ariefdien, BPharm *UWC* PharmD *Nova Southeastern University*

F Abrahams, BPharm *UWC*

**South African Medicines Formulary (SAMF) Editor:**

D Rossiter, Dip (Pharmacology) *Pret* MPharm PhD *Medunsa*

**Principal Technical Officer:**

AC Evans, NDip (Medical Laboratory Technology) *CPUT*

**Principal Scientific Officers:**

A Joubert, BScHons *UFS*

**Critical Care Medicine**

*New Groote Schuur Hospital*

**Associate Professor and Head:**

IA Joubert, MBBCh *Witwatersrand* DA FCA (Critical Care) SA

**Professor:**

PL Semple, MBChB *Cape Town* MMed FCNeurosurg SA PhD

## 174 DEPARTMENTS IN THE FACULTY

### **Emeritus Professor:**

WL Michell, MBChB *Cape Town* DA FFA (Critical Care) SA

### **Associate Professor:**

MGA Miller, MBChB *Stell* FCA SA Cert Crit Care(Anaes)

### **Professors Part-time in Critical Care:**

K Dheda, MBBCh *Witwatersrand* FCP SA FCCP PhD FRCP *London*

T Pennel, MBChB *Stell* FC Cardio SA PhD *Cape Town*

RN van Zyl-Smit, MBChB *Cape Town* MMed FCP Cert (Pulm) SA Dip HIV(Man) SA MRCP UK  
PhD *ATSF*

### **Associate Professor Part-time in Critical Care:**

GL Calligaro, MBChB *Cape Town* BScHons *Witwatersrand* FCP SA

J Scherman, MBChB *Pretoria* DipOccMed *Stellenbosch* MMed *Cape Town* FC Cardio SA

### **Honorary Associate Professor Part-time in Critical Care:**

R Dawson, MBChB *Cape Town* FCP Cert (Pulm Phys) SA

### **Senior Lecturers Full-time:**

C Arnold-Day, MBChB *Witwatersrand* MMed(Neurosurg) FCNeurosurg SA MPhil(Crit Care) Cert  
Crit Care(Neuro)

DL Fredericks, MBChB *Cape Town* FCEM SA Cert Crit Care(Emer Med)

JL Piercy, BScHons MBBS *London* FCA SA Cert Crit Care(Anaes)

DA Thomson, MBChB *Kwa Zulu-Natal* Dip PEC MMed FCS SA Cert Crit Care(Surg)

### **Senior lecturers Part-time in Critical Care:**

G Symons, MBChB Dip PEC *Cape Town* FCP Cert (Pulm) SA

### **Fellows in training:**

B Pandaram MBBCh *Witwatersrand* BMedSci(Anatomy) DipPEC FCS(Neurosurg) SA

NL Fernandes MBChB *Cape Town* DA MMed(Anaes) FCA SA

### **Senior Technology Staff:**

G Strathie, BTech *Durban*

## **Dermatology**

*G23, New Groote Schuur Hospital*

### **Professor and Head:**

NP Khumalo, MBChB *UKZN* FC Derm SA PhD *Cape Town*

### **Emeritus Professor:**

G Todd, BSc *UKZN* MBChB PhD *Cape Town* FC Derm SA

### **Senior Lecturers Full-time:**

C Hlela, MBChB MMed *UKZN* FC Derm SA PhD *Oxon*

T Isaacs, MBChB *Cape Town*

R Ngwanya, MBBCh *UKZN* DTM&H *Witwatersrand* MFGP FC DERM SA

### **Senior Lecturers Part-time:**

F Esmail, MD *Dar-es-Salaam* FC Derm SA

SJ Jessop, MBChB *Cape Town* FC Derm SA

R Lehloenya, BSc *Lesotho* MBChB *Medunsa* FC Derm SA

MH Omar, MBChB *Cape Town FCP SA*

**Senior Research Officer:**

H Adeola, BDS *Nigeria PhD Cape Town*

**Research Officer:**

J van Wyk, BScHons MSc PhD *Cape Town*

**Registrars Full-time:**

A Dhana, MBBCh *Witwatersrand*

L Knight, MBChB *Cape Town*

N Spengane, MBChB *Cape Town*

K York, MBBCh *Witwatersrand*

Endocrinology

*J47, Old Main Building, Groote Schuur Hospital*

**Associate Professor and Head:**

JA Dave, MBChB FCP SA PhD *Cape Town Cert Endocrinology & Metabolism FRCP London*

**Associate Professor:**

IL Ross, MBChB FCP SA Cert Endocrinology & Metabolism PhD *Cape Town*

**Senior Lecturer:**

W Toet, MBChB MBA FCP SA Cert Endocrinology & Metabolism

**Honorary Professor:**

NS Levitt, MBChB FCP SA MD *Cape Town*

**Clinical Educator:**

BC Majikela-Dlangamandla, Dip (Nursing & Midwifery)(Community Nursing Science) BA *Unisa*

**General Internal Medicine**

*G8, New Groote Schuur Hospital*

**Chief Specialist and Head:**

PJ Raubenheimer, MBChB *Witwatersrand FCP SA*

**Associate Professors:**

B Hodkinson, MBChB *Witwatersrand FCP Cert (Rheum Phys) SA PhD*

JG Peter, MBChB FCP SA MMed PhD *Cape Town*

M Setshedi, MBChB UKZN FCP SA MPhil MPH Cert (Gastro Phys) PhD *Cape Town*

M Sonderup, MBChB *Cape Town FCP SA*

**Senior Lecturers Full-time:**

T Bana, MBChB *Natal FCP SA*

NA Gogela, MBChB *Medunsa FCP SA*

A Kropman, MBChB *Cape Town FCEM SA*

F Moosajee, MBChB *Cape Town FCP SA*

G Parolis, MBChB *Cape Town FCP SA*

G Symons, MBChB Dip (Primary Emergency Care) *Cape Town FCP Cert (Pulm Phys) SA*

PZ Szymanski, MBChB MMed *Cape Town FCP SA*

**Senior Lecturer Part-time:**

S Botha, MBChB *Stell* PhD *LUMC*

**Lecturer Part-time:**

W Latief, MBChB *Cape Town*

**Geriatric Medicine**

*L-51 Old Main Building, Groote Schuur Hospital*

*The Albertina and Walter Sisulu Institute of Ageing in Africa (IAA) conducts interdisciplinary research in Geriatric Medicine, Neurosciences, Neuropsychology, Old Age Psychiatry and Social Gerontology. Current research interests include physical, cognitive and social functioning in old age: quality of life; vascular risk factors and stroke; falls in older persons; quality of care; dementia and cognitive disorders; and social and economic well-being.*

**William P Slater Chair of Geriatric Medicine and Professor:**

MI Combrinck, MBChB BSc(Med)(Hons) PhD *Cape Town* FCP SA (Neurol) DTM&H FRCP *London*

**Associate Professor and Director of the Albertina and Walter Sisulu Institute of Ageing in Africa:**

SZ Kalula, BSc MBChB *Zambia* MMed MPhil PhD *Cape Town* FRCP *London*

**Professor:**

JA Joska, MBChB MMed PhD *Cape Town* FC Psych SA

**Visiting Associate Professor:**

JR Hoffman, BA(Hons) DPhil *Oxon*

**Professor:**

KGF Thomas, BA *Harvard* MA *Southern California* PhD *Arizona*

**Honorary Senior Lecturers:**

CA de Jager, BScHons HDE *Natal* PhD *Cape Town*

L Geffen, MBChB *Cape Town* FCFP SA

F Parker, MBChB *Stell* FCP SA Cert Geriatric Medicine (SA)

K Ross, MBChB *Stell* FCP SA Cert Geriatric Medicine (SA)

**Hepatology**

*K-Floor, Old Main Building, Groote Schuur Hospital*

**Professor and Head:**

CWN Spearman, MBChB MMed PhD *Cape Town* FCP SA FRCP *London*

**Associate Professor:**

M Sonderup, MBChB MMed *Cape Town* FCP SA FRCP *London*

**Senior Lecturer:**

NA Gogela, MBChB *Medunsa* FCP SA

**Medical Technologist:**

G Abdullah, NDip (Biomedical Technology) SA PhD

B Davidson

**Divisional Secretary**

F Francis

**Infectious Diseases and HIV Medicine**

*G16 Floor, New Grootte Schuur Hospital*

**Professor and Head:**

M Mendelson, BSc MBBS PhD *Cantab* FRCP *London* DTM&H

**Professors:**

G Maartens, MBChB MMed *Cape Town* FCP *SA* DTM&H

G Meintjes, MBChB PhD *Cape Town* MRCP *UK* FCP Dip (HIV Management) *SA* MPH *Johns Hopkins*

LG Bekker, MBChB PhD *Cape Town* DCH DTM&H FCP *SA* Phd

**Honorary Professor:**

RJ Wilkinson, MA *Cantab* BM BCh PhD *Oxon* DTM&H FRCP *London*

CC Butler, BA MBChB DCH CCH MD FRCGP FFPH(Hon) FMedSci

**Associate Professors:**

S Dlamini, MBChB FCP Cert (ID Phys) *SA*

S Wasserman, MBChB MMed FCP *SA* Cert (ID Phys) *SA*

**Honorary Associate Professor:**

K Wilkinson, MSc PhD *Budapest*

**Senior Lecturer Full-time:**

Nil

**Honorary Senior Lecturers:**

J Black, MBChB FCP Dip (HIV Management) *SA*

K Rebe, MBChB *Cape Town* FCP *SA* DTM&H

D Van Den Bergh, BPharm MSc EngD

**Senior Registrar:**

N Papavarnaras, MBChB *Pret* Dip HIV Man *SA* PgDip Derm *CF* DTM&H *LSTM* Dip Int Med *SA*  
MMed *SA* FCP *SA*

**Honorary Research Associate:**

H Struthers, BSc BScHons MSc MBA *Witwatersrand*

S Parker, BSc MBChB

**Research Fellows:**

O Mbamalu, BPharm MPharm Phd

C Bonaconsa, MSc in Nursing *Cape Town*

## **Lipidology**

*Sixth Floor, Chris Barnard Building*

### **Associate Professor and Head:**

DJ Blom, MBChB MMed PhD *Cape Town FCP SA*

### **Medical Officers Part-time:**

BC Brice, MBChB *Cape Town*

KH Wolmarans, MBChB *Pret*

### **Trial Co-ordinator Part-time:**

S Surtie, RN *Groote Schuur Hospital*

## **Medical Gastroenterology**

*E23, New Groote Schuur Hospital*

### **Professor and Head:**

M Setshedi, MBChB *UKZN FCP CMSA Cert Gastroenterology CMSA MPH UCT PhD UCT*

### **Senior Lecturers Full-time:**

S Hlatshwayo, MBChB FCP *SA MPH Cert Gastroenterology*

D Levin, MBChB MBA FCP Cert (Gastro Phys) *SA*

G Watermeyer, MBChB *Cape Town FCP Cert (Gastro Phys) SA*

### **Senior Lecturers Part-time:**

JEC Botha, MBChB *Stell MPraxMed Pret*

AK Cariem, MBChB *Cape Town FCP SA*

### **Senior Registrars:**

CBI Coccia, MBChB *Pretoria FCP SA*

T Kahn, MBChB FCP *UCT*

## **Nephrology and Hypertension**

*E13, New Groote Schuur Hospital*

### **Head:**

KCZ Ndlovu, MBChB *Cape Town FCP SA Cert (Nephrol Phys) SA PhD KwaZulu-Natal*

### **Emeritus Professor:**

LH Opie, MD DPhil DSc (Medicine) FRCP DMed (Hon)

BL Rayner, MBChB MMed PhD *Cape Town FCP SA*

### **Honorary Professor:**

P Heering, MD

### **Associate Professors:**

I Okpechi, MBBS FWACP Cert (Nephrol Phys) *SA PhD Cape Town*

N Wearne, MBChB BMedSciHons *Sydney FCP SA Cert (Nephrol Phys) SA PhD*

### **Emeritus Associate Professor:**

CR Swanepoel, MBChB *Cape Town MRCP FRCP UK*

**Senior Lecturers:**

Z Barday, MBChB FCP SA

B Davidson, MBChB *Cape Town* FCP SA

E Jones, MBBCh FCP Cert (Nephrol Phys) SA PhD *Cape Town*

**Honorary Senior Lecturer:**

R Freercks, MBChB MPhil *Cape Town* FCP Cert (Nephrol Phys) SA

**Honorary Lecturer:**

JL Ensor, MBChB *Cape Town* FCP SA

**Senior Registrars:**

Z Barday

L Mzingeli

A Sheikh

M Khuweldi

I Banderker

**Neurology**

*E8, New Groote Schuur Hospital*

*The Division of Neurology provides clinical and neurophysiological services to the population of Cape Town and surrounding communities in the Western Cape. It also conducts research in the fields of myasthenia gravis, motor neuron disease, stroke, epilepsy and neuroinfections, while at the same time playing a leading role in neurological education institutionally, nationally and across sub-Saharan Africa*

**Emeritus Professor:**

A Bryer, MBBCh *Witwatersrand* MMed PhD *Cape Town* FC Neurol FCP SA

**Emeritus Associate Professor:**

RW Eastman, MBChB *Cape Town* FRCP UK

**Professor Full Time:**

J Heckman, MBChB *Witwatersrand* MMed PhD *Cape Town* FC Neurol FCP SA

**Associate Professor Full Time**

S Marais MBChB *Free State* FCN SA PhD *Cape Town*

**Senior Lecturers Full-time:**

KJ Bateman, MBChB MRCP UK FC Neurol SA

EB Lee Pan, MBChB *Cape Town* MMed Neurol *Stell*

**Chief Registrar and Clinical Fellow**

MV Gule MBChB *Cape Town* FCP SA FCN SA

**Clinical Fellows:**

A Ganesh MBChB *Witwatersrand* MMed *Witwatersrand* FCN SA (Stroke)

M Asukile BSc *Zambia* MBChB *Zambia* MMed *Cape Town* FCP SA (Epilepsy)

**Honorary Senior Lecturer:**

J Butler, MBChB *Pret* FCP Neurol SA

## 180 DEPARTMENTS IN THE FACULTY

### **Honorary Lecturer:**

K McMullen MBChB *Cape Town* MSc *Cape Town* MMed *Cape Town* FCN *SA*

### **Honorary Research Associates:**

V Ives-Deliperi, PhD *Cape Town*

S Nightingale MBChB *London* MRCP *London*

### **Senior Registrars:**

T Europa MBChB *Cape Town*

D Koffie MBChB *Ghana* FCWA

K Oosthuizen MBChB *Stellenbosch*

A Soni MBChB *Witwatersrand*

E Assey MBChB *Tanzania*

B Basant Rai MBChB *Mauritius*

Y Rugbeer MBChB *UKZN*

S Ssemmanda MBChB *Uganda*

### **Post-Doctoral Researcher**

M Nel MBChB *Cape Town* PhD *Cape Town* (*myasthenia gravis*)

### **Research Coordinator**

F Drummond, SRN *UK*

## **Occupational Medicine**

*E16, Occupational Medicine Clinic, New Groote Schuur Hospital\**

*The Division of Occupational Medicine is concerned with the study, diagnosis, treatment, rehabilitation, incapacity management and prevention of disease and ill-health attributable to work. Our Occupational Medicine Clinic at New Groote Schuur Hospital is one of the few referral clinics in the country offering specialist services in the diagnosis and management of occupational disease and hazardous occupational exposures.*

### **Professor and Head:**

MF Jeebhay\*\*, MBChB *UKZN* DOH MPhil (Epi) *Cape Town* MPH (Occupational Medicine) PhD *Michigan*

### **Emeritus Professor and Senior Scholar:**

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (Occupational Medicine) *SA*

### **Emeritus Professor:**

G Todd, BSc *UKZN* MBChB PhD *Cape Town* FCDerm *SA*

### **Associate Professor:**

S Adams\*\*, MBChB DOH MMed PhD *Cape Town* MFamMed *Stell* FCPHM (Occupational Medicine) *SA*

### **Senior Lecturer Part-time:**

ADH Burdzik, MBChB MMed *Cape Town* DipOccMed *UK* FCPHM (Occupational Medicine) *SA*

*[\* Run jointly with Divisions of Pulmonology and Dermatology]*

*[\*\* Jointly appointed with Department of Public Health and Family Medicine]*

## **Pulmonology**

*Respiratory Clinic, Ward E16, Groote Schuur Hospital, and University of Cape Town Lung Institute*

### **Professor and Head:**

K Dheda, MBBCh *Witwatersrand* FCP SA PhD *London* FRCP UK FCCP

### **Emeritus Professors:**

ED Bateman, MBChB MD *Cape Town* DCH FRCP UK

SR Benatar, MBChB DSc (Medicine) *Cape Town* FFA FRCP (Hon) FCP (Hon) SA

### **Associate Professors:**

RN van Zyl-Smit, MBChB MMed *Cape Town* FCP Cert (Pulm) SA Dip HIV(Man) SA MRCP UK  
*PhD ATSF*

G Calligaro, MBChB *Cape Town* BScHons *Witwatersrand* FCP SA (Cert Pulm) SA

### **Emeritus Associate Professor:**

GM Ainslie MBChB *Cape Town* FRCP UK

### **Honorary Associate Professors:**

R Dawson, MBChB *Cape Town* FCP Cert (Pulm Phys) SA

LR Fairall, MBChB PhD *Cape Town*

### **Senior Lecturers:**

RI Raine, MBChB MMed *Cape Town* FCP SA

G Symons, MBChB Dip (Primary Emergency Care) *Cape Town* FCP (Cert Pulm) SA

R Perumal

L Mottay

### **Senior Registrars:**

TBA

### **Research Officers Full-time:**

D Carter, Dip (Nursing)

R Cornick, MBChB MPhil *Cape Town*

G Faris, AdvCert (Adult Education) *Cape Town*

D Georgeu, Dip (Nursing)

J Gershman, NDip (Pharmacy)

HJ Golakai, BSc *Zululand* BScHons *Cape Town* MScMed *Stell*

B Green, Dip (Nursing)

J Holborn, Dip (Nursing)

N James, BTech (Clinical Technology)

K Narunsky, MBChB *Cape Town*

MB Ngobese, Dip (Clinical Technology)

A Olkers, Dip (Clinical Technology)

J Philips, Dip (Nursing)

A Smith, Dip (Nursing)

V Timmermann, MSc *Pret*

K Uebel, BScMed MBBS *Australia* DCH DO MFamMed *UFS*

C Whitelaw, NDip (Pharmacy)

### **Senior Research Officer:**

M Tomasicchio, BSc BScHons MSc PhD *Rhodes*

## 182 DEPARTMENTS IN THE FACULTY

### **Research Officers Part-time:**

A Esmail, MD FCP SA FCP Cert (Pulmonology) SA  
L Semple, BScHons MSc PhD Cape Town

### **Laboratory Technologist:**

R Meldau, BScHons (Medicine) Cape Town

## **Rheumatology**

*J-Floor, Old Main Building, Groote Schuur Hospital*

### **Professor and Head:**

B Hodgkinson, MBChB *Witwatersrand* PhD FCP Cert (Rheum Phys) SA

### **Senior Lecturer Full-time:**

A Gcelu, MBChB Cape Town FCP Cert (Rheum Phys) SA MPH

### **Senior Lecturers Part-time:**

R Breeds, MBChB Cape Town FCP SA  
T Bana, MBChB Cape Town FCP SA  
C Draper, MBChB Cape Town FCFP SA

### **Senior Registrar:**

P Singh, MBChB Natal FCP SA

## **Staff in associated hospitals who teach undergraduate and postgraduate students**

### **BROOKLYN CHEST HOSPITAL**

#### **Senior Lecturer and Head:**

P Spiller, MBChB Cape Town

### **GEORGE HOSPITAL**

#### **Senior Lecturer and Head:**

TJ Gould, MBChB MMed *Witwatersrand*

### **KHAYELITSHA COMMUNITY CENTRE**

#### **Honorary Senior Lecturers Part-time:**

J Kuehne, MBChB Cape Town MPhil *Stell* Dip (HIV Management) SA  
S Mathee, MBChB Cape Town MMed *Stell*

### **II MILITARY HOSPITAL**

#### **Senior Lecturer and Head:**

G Smit, MBChB MMed *Stell*

#### **Senior Lecturer Full-time:**

A Tooke, MBChB Cape Town FCP SA

**MITCHELL'S PLAIN HOSPITAL****Senior Lecturer and Head:**

T Credé, MBChB Dip (HIV Management) FCP SA

**Senior Lecturer:**

DF Maughan, MBChB *Cape Town* FCP SA

**NEW SOMERSET HOSPITAL****Senior Lecturer and Head:**

Y Vallie, MBChB *Cape Town* FCP SA

**Senior Lecturers Full-time:**

MS Moosa, MBChB *Natal* FCP SA

I Banderker, MBChB *Cape Town* FCP SA

**Senior Lecturer Part-time:**

H Spilg, FCS SA

**VICTORIA HOSPITAL****Senior Lecturer and Head:**

N van der Schyff, MBChB *Cape Town* FCP SA

**Senior Lecturers Full-time:**

B Brink, (Head of Unit) FCS SA

C Cupido, MBChB *Cape Town* FCP SA

**Senior Lecturers Part-time:**

H Allison, FCS SA

S Cullis, FCS SA

L de Villiers, MBChB *Cape Town* FCP SA

N Fuller, MBChB *Cape Town* FCP SA

K Goldberg, FCS SA

A Lachman, MBBCh *Witwatersrand* FCP SA

K Michalowski, FCS SA

J Turner, MBChB MD MMed PGDip (Palliative Medicine) *Cape Town* FCP SA FCCP

**Honorary Lecturer:**

KD Ebrahim, MBChB *Cape Town* FCP SA

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**MDN2001S SPECIAL STUDY MODULES**

*All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S. The course description for MDN2001S given here is generic to all these codes.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully completed all second year MBChB courses.

**Objective:** The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

**Course outline:**

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. A SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM or SSM projects involve patient files or interviews with students and/or staff, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants. This is further outlined in the SSM course information booklet.

**DP requirements:** Attendance of the library training session and the appropriate Writing Centre seminar. Completion of the Ethics on-line short course by the stipulated due date. Attendance and completion of specified learning objectives decided upon by the student and supervisor at the start of the SSM.

**Assessment:** Assessment in SSMs is based on a referenced, written report of 2500 – 3000 words, relating to the field of work and subject to a formative process throughout the SSM. Performance is marked using a criterion-based marking schedule, which is described in the SSM information booklet. A random selection of all SSM reports (and those with borderline or very high or low marks), is double marked by the convener and a second marker (either another member of staff in that unit, and/or the overall convener, or the external examiner). The SSM Moderating Board decides the final mark. Students who fail the SSM are required to re-submit an improved written report at the end of the year. A student who fails the SSM after resubmission of the second written report will be required to repeat the SSM in a discipline other than that of their original SSM. The SSM must be passed before a student may progress to fourth year.

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**MDN3001S INTRODUCTION TO CLINICAL PRACTICE**

68 NQF credits at NQF level 7

**Convener:** Dr B Mbena

**Course entry requirements:** Successful completion of courses PTY3009F, PPH3000F, SLL3002F and HSE3000F.

**Course outline:**

This course is designed to allow students to consolidate and broaden the clinical skills, knowledge and behaviours acquired in the Becoming a Doctor courses and to apply the principles learnt in the Integrated Health Systems courses to clinical practice. Students start acquiring professional life skills and behaviours while in the wards. They rotate through five clinical blocks of three weeks each, covering the domains of adult health, women's health, mental health, perinatal health and clinical skill. Student's interview, examine and assess patients in hospitals and healthcare institutions. These clinical blocks are complemented by an online lecture and tutorial programme introducing the principles of ethics and therapeutics.

**DP requirements:** Attendance of clinical tutorials and activities and all clinical skills training sessions; Demonstration of competence in key resuscitation skills; Ability to identify, interview, examine, assess and present cases to the satisfaction of the convener in charge of each clinical attachment; Attendance of ethics and all other tutorials, unless one is ill and submission to miss lectures is presented; A satisfactory portfolio of clinical learning as is referred to in the DP requirements of the blocks below.

**Adult Health:** Submission of clerking notes of 6 patients including a mind map of the presenting complaint and a completed summary sheet from the following disciplines: 2 cardiovascular, 2 respiratory, 1 abdominal/liver, 1 abnormal urine. Completion of all learning tasks and attendance of all tutorials as stipulated in the block orientation Clinical Skills: Attendance of all face-to-face and online clinical skills sessions as monitored by attendance register. Mental Health: Attendance of all online sessions and submission of social portfolio case and geriatric group presentation. Women's Health: Attendance of all face-to-face and online teaching. Achieve greater than 80% on all online quizzes. Perinatal Health: Attendance at all face-to-face and online sessions as monitored by attendance register. In case of PDL (2021), attendance at all face-to-face bedside and online tutorials sessions as monitored by an attendance register; An end-of-block Perinatal quiz. Students have multiple attempts but must achieve a minimum of 80%. In case of a full return to campus, the standard curriculum would be 4 antenatal case reports, 4 neonatal case reports, completion of a DP list of observed and performed practical tasks as described in the course manual, Friday topic presentation with accompanying background research, and a reflective commentary.

**Assessment:** Assessment includes all of the following components: 1) Theory exam (50%). This will be in the form of a MCQ exam which will cover all of the clinical blocks (Adult, Mental, Women's, Perinatal Health and Clinical Skills) covered in semester 6 as well as lectures on Ethics and Therapeutics. 2) Portfolio examination on the following 3 clinical attachments (10% each) based on a selected number of cases from your portfolio: a. Adult Health: Marked portfolio exam. Two of the submitted cases will be marked. b. Mental Health: marked social case and group geriatric presentation, both at the end of the block; c. Women's Health: 3 family planning cases assignment; 3). Perinatal Health: End of block case orientated MCQ exam (focused on assessing application of knowledge. Students must attain a minimum of 50%) (10%) 4). Clinical Skills: End of block OSCE exam. (10%). The overall pass mark for the course is 50%. Students must pass all components of the course: theory, portfolio assessments of clinical blocks, Clinical Skills OSCE with 80% and Perinatal MCQ exam with 50%. Reassessment may be granted when a student obtained between 45 - 49% in a single component (portfolio assessment of clinical attachments blocks or Perinatal MCQ exam) of the assessment but has obtained 50% or more in all the other components individually. A student can thus only fail one component to be eligible for a re-assessment. The student will only be required to do the reassessment on the component (portfolio assessment of clinical blocks or Perinatal MCQ exam) which was failed. If a student fails the supplementary exam, or one or more components in the original exam with less than 45%, they must repeat the course. Mental health: Reassessment of social case will entail resubmission of another case. If student fails, there will be no supplementary and the student must return the next year to repeat the semester course. Women's Health: Should a student obtain less than 50% for the family planning cases assignment they will be reassessed within the block with another family planning assignment. If they fail the reassessment, a supplementary will not be offered, and the student will have to return the next year to repeat the course. Clinical Skills: No reassessment will be offered. Perinatal Exam: Reassessment will consist of an exam in the same format. Adult Health: Reassessment will be in the form of an additional case being marked if the student fails. Students granted a supplementary examination are required to do a clinical attachment of 1 week and completion of a portfolio of 5 cases in January followed by an oral examination of the new portfolio.

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### **MDN3003W INTRODUCTION TO CLINICAL PRACTICE PART II**

10 NQF credits at NQF level 8

**Convener:** Dr D Erwee

**Course entry requirements:** Students must be in the third year of the the MBChB.

**Course outline:**

This course is designed for medical students completing the intercalated BMedScHons programme. The course aims to build on the clinical skills and knowledge acquired in the Introduction to Clinical Practice course offered in the third year of the MBChB programme. Students will attend two bedside tutorials and clerk one patient per week for the duration of the course (25 weeks).

Students will be expected to further develop their skills in history-taking, physical examination, and diagnostic reasoning by interviewing and examining patients with medical problems commonly encountered in clinical practice in South Africa. Students will be able to conduct a full medical consultation and write a comprehensive set of clinical notes documenting the clinical encounter. They will also be expected to develop a clinical assessment of the medical problem including a differential diagnosis. A basic understanding of the treatment required for the medical problem will also be expected.

**DP requirements:** Students will be required to attend 90% of their bedside tutorials and complete a portfolio of 15 patients which must be handed in to the convener on the dates stipulated in the course manual. If students are unable to see their allocated patients for the second and third term, they must apply for a concession to miss classes. The number of cases required from each strand is as follows: Adult health: 10; Perinatal Health: 2; Women's Health: 1; and Mental Health: 2.

**Assessment:** Portfolio's exam will be a marked exam. Re-assessments will be offered if a student achieves less than 50% but no supplementary exam will be offered.

### **MDN3005W** SCIENTIFIC PRINCIPLES OF COSMETIC FORMULATIONS

30 NQF credits at NQF level 7

**Convener:** Dr N Sishi and Dr N Vorster

**Course entry requirements:** (a) B Sc or equivalent with Chemistry 3, or(b) A degree with Biochemistry 3 (with at least Chemistry 2 to be eligible for admission)

**Course outline:**

The aim of this course is to provide the student with a fundamental knowledge and understanding of the physical chemistry at the surface of phase interfaces in a multi-phase system such as is found in most cosmetic formulations, as well as a working knowledge of raw materials, their structure, reactivity, interaction, safety, and their function within a cosmetic formulation. This knowledge and understanding will equip the student to solve formulation problems and/or formulation stability issues in real-life situations. Content includes a study of raw materials such as fats, oils and waxes, gums, thickeners and resins, polymers, pigments and dyes, surfactants, preservatives and antioxidants, fragrance, extracts and oils; and principles of formulation science, including colloids and interfaces, colloid stability theory, rheology, solubility parameters and polymer-plastics technology.

**DP requirements:** A minimum of 90% attendance of all lectures; a year mark of at least 50%, unless approved otherwise by the programme convener.

**Assessment:** The course mark contributes 70% to the final mark. The final examination contributes 30% to the final mark. The course mark includes tests (multiple-choice questions, open-ended questions, case-studies); assignments (written report or oral presentation) on topical issues and practical reports.

### **MDN3006W** COSMETIC FORMULATION TECHNOLOGY

30 NQF credits at NQF level 7

**Convener:** Dr N Sishi and Dr N Vorster

**Course entry requirements:** (a) B Sc or equivalent with Chemistry 3, or(b) A degree with Biochemistry 3 (with at least Chemistry 2 to be eligible for admission)

**Course outline:**

The aim of this course is to enhance the student's understanding of the physical chemistry concepts learned in MDN3005W by them carrying out practical work demonstrating these concepts. The student gains hands-on experience and skills in preparing various types of cosmetic formulations and in selecting and carrying out appropriate testing protocols to determine efficacy, safety and stability of cosmetic formulations and product packaging. Practical work in the laboratory includes properties of surfactants (including surface tension and wetting behaviour, HLB value determination); viscosity and rheology; and the preparation of formulation types, including emulsions, microemulsions, foam, dispersions and suspensions, solid forms microcapsules, aggregates, powders and organic formulations.

Various testing protocols include product efficacy tests, such as allergy tests; toxicological tests; product assays; formulation stability testing protocols; product packaging compatibility; claim substantiation; preservative challenge test, safety and product protocol; and art-work development, such as barcodes, symbols, consumer language, regulatory and export requirements; and protocols in foreign language.

**DP requirements:** A minimum of 90% attendance of all lectures; a year mark of at least 50%, unless approved otherwise by the programme convener.

**Assessment:** The course mark contributes 70% to the final mark. A final examination contributes 30% to the final mark. The course mark includes tests (multiple-choice questions, open-ended questions, case-studies) - assignments (written report or oral presentation) on topical issues; and practical reports.

### **MDN3007W HAIR AND SKIN BIOLOGY FOR THE COSMETIC FORMULATOR**

30 NQF credits at NQF level 7

**Convener:** Dr J van Wyk

**Course entry requirements:** (a) B Sc or equivalent with Chemistry 3, or(b) A degree with Biochemistry 3 (with at least Chemistry 2 to be eligible for admission)

**Course outline:**

The course aims to generate knowledge and understanding of the basic anatomy of skin and hair as substrates for cosmetic application and the interaction thereof with cosmetic raw materials and products. At the end of the course, students are required to demonstrate basic knowledge and understanding of hair anatomy and structure; hair curvature and the biochemical properties of hair; chemical hair straighteners; skin anatomy; basic cell physiology; skin biology and disorders associated with pigmentation; and the interaction of cosmetics with skin and hair.

**DP requirements:** A minimum of 90% attendance of all lectures; a year mark of at least 50%, unless approved otherwise by the programme convener.

**Assessment:** The course mark contributes 70% to the final mark. A final examination contributes 30% to the final mark. The course mark includes tests (multiple-choice questions, open-ended questions, case-studies); assignments (written report or oral presentation) on topical issues; and practical reports.

### **MDN3008W COSMETICS: CLAIMS, REGULATION AND ETHICS**

15 NQF credits at NQF level 7

**Convener:** Dr J van Wyk

**Course entry requirements:** (a) B Sc or equivalent with Chemistry 3, or(b) A degree with Biochemistry 3 (with at least Chemistry 2 to be eligible for admission)

**Course outline:**

This course provides insight into the ethics of manufacturing, product testing and advertising. The legislative and regulatory structures guiding the South African and global cosmetic industry are outlined. Consumer complaints and cosmetic industry disputes are utilised to teach the protocols exercised by the Advertising Standards Association of South Africa. Students are taught the regulatory framework within which business is conducted by their exposure to real-life examples and manufacturing site visits. The course also includes an introduction to the modern approach of life-cycle assessment and sustainable cosmetic product design.

**DP requirements:** A minimum of 90% attendance of all lectures; a year mark of at least 50%, unless approved otherwise by the programme convener.

**Assessment:** The course mark contributes 70% to the final mark. A final examination contributes 30% to the final mark. The course mark includes tests (multiple choice questions, open-ended questions, case-studies); assignments (written report or oral presentation) on topical issues; and practical reports.

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**MDN3009W** PROFESSIONAL COMMUNICATION AND PROJECT MANAGEMENT FOR COSMETIC SCIENTISTS

15 NQF credits at NQF level 7

**Convener:** Dr N Sishi**Course entry requirements:** (a) B Sc or equivalent with Chemistry 3, or(b) A degree with Biochemistry 3 (with at least Chemistry 2 to be eligible for admission)**Course outline:**

The aim of the course is to teach students appropriate information retrieval and processing skills as well as to equip them with the ability to present data and communicate in an appropriate academic and professional manner by using a range of genres appropriate to the context of cosmetic formulation science. At the conclusion of this course, students will demonstrate the ability to use critical analysis and synthesis to independently evaluate quantitative and qualitative data to engage with current research and scholarly or professional literature in the field to manage a project from conception to implementation to communicate and present data; and to work as part of a real-life multidisciplinary team.

**DP requirements:** None**Assessment:** The course mark contributes 100% to the final mark. The course mark includes tests (multiple choice questions, open-ended questions, case-studies); assignments (written report or oral presentation) on topical issues; and practical reports.

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**MDN3010W** COSMETIC FORMULATION SCIENCE INSERVICE TRAINING

0 NQF credits at NQF level 7

**Convener:** Dr N Sishi**Course entry requirements:** Registered for Advanced Diploma in Cosmetic Formulation Science (MU003)

**Objective:** Advanced Diploma in Cosmetic Formulation Science (MU003) is a blended program where students spend three months of the academic year in an academic setting learning scientific principles of cosmetic formulation. Students are thereafter offered in-service training which is the practical workplace learning experience of cosmetic formulation science in a workspace setting of a registered approved company to apply the knowledge gained in academic study for a period of minimum and maximum six and eight months respectively. In-service training makes up 80% of learning time. Academic study is made up of five modules with a total credit value of 120. The in-service training appears in the brochure advertising the program. The agreement for in-service training between the division of dermatology and students is formalized as a signed agreement. The in-service training is a requirement for passing and graduating with the cosmetics diploma but is not registered as a module. The absence of a module could result in students graduating with an advanced diploma with only three months of learning. Hence there is a need to register a module called cosmetic formulation science in-service training and develop a progression rule around this important component of the program.

**Course outline:**

The opportunity for practical experience culminates in a certified employer's report showing regular work attendance and time keeping and evidence of completion of suitable work in formulation science practice. The module serves to give a student practical learning experience for cosmetic formulation in a registered company where the student will be exposed to "formulation science" activities for a minimum period of six months. The six months period could be spent at more than one company with at least one block of three months spent at one company. The cosmetic formulation science student is expected to function in product, process, and quality specification development of cosmetic products that comply with regulations for consumer safety. The experience is designed for the student to apply the knowledge gained in academic study, to work under supervision.

**Lecture times:** None**DP requirements:** None

**Assessment:** The student must submit a report to the course convener or his/her assignee, which shall include a description of formulation science work in a Research & Development laboratory of an approved company. The company will submit a report on a company letterhead indicating time spent by the student on in-service training and signed by the line manager. (1) Student to submit a report to the course convener, which shall include a description of formulation science work aligned to learning outcomes conducted in a Research & Development laboratory of an approved company. (2) Hosting company to submit a report on a company letterhead indicating regular work attendance by the student on in-service training and signed by the line manager. Progression code: PASSED (on submission of two reports). The report is submitted before writing the final October / November exam of the current year. If the report does not reflect expected formulation science work, the student will be given a chance for a resubmission. If the report is resubmitted after the student final marks for the year have been submitted, the student would miss the current year graduation, but will graduate following the submission of a passed report. A student that has not completed a minimum of six months in-service before the final October / November exam of the current year will write the exam and return to in-service training to complete the six months period. Thereafter the student will be required to submit the formulation science work and hosting company report, and graduate following the submission of a passed report.

### **MDN4001W MEDICINE: AMBULATORY CARE**

*Including MDN4101X-MDN4501X*

20 NQF credits at NQF level 8

**Convener:** Dr R Gill (Ambulatory Care), Dr H Zayman (Acute Care), Professor S Reid (Primary Health Care), Dr R Kraus (Palliative Care), Associate Professor M Engel (Evidence-based Medicine)

**Course entry requirements:** Successful completion of all courses within the preceding academic year of study (MBChB year 3)

**Course outline:**

Medicine in fourth year is composed of two separate courses: MDN4011W, an 8-week block of Ward Care and MDN4001W, a 4-week block of Ambulatory Care. The aim of these two courses is to build clinical skills and diagnostic reasoning. Course objectives are to build a foundation of knowledge and clinical skills that will be added to in further clinical years. Ambulatory Care is a 4-week course with two rotations. Two weeks are spent in Acute Care where students complete Emergency Department shifts, with clerking of acutely ill patients and attendance of Skills Laboratory simulation teaching. The remaining weeks are spent in the Medical Outpatients Department (Ambucare) with exposure to the investigation and management of stable medical patients in an outpatient setting. Ambucare is based largely on PACK (Practical Approach to Care Kit) principles and students are encouraged to integrate these principles into the management of the outpatients they assess. Students also receive tutorials in Primary Health Care (PHC), Palliative Care and Evidence Based Medicine (EBM) and are required to submit an EBM assignment. There are also two afternoon seminars covering clinical teaching. Assessment of this block is done through an MCQ exam covering Acute Care, Ambucare and Palliative Care questions, as well as PHC and EBM assignments and an online PACK exam, in addition to workplace assessments for Acute Care and Ambucare.

**DP requirements:** (i) Acute Care: attendance of acute care shifts (one of which must be a triage shift) and completion of miniCEX cases, GSH Skills Lab sessions and all online SDL learning tasks as stipulated in the course manual. (ii) Ambulatory care: attendance of Medical Outpatient clinics with completion of differential diagnosis charts and mind-maps as stipulated in the course manual. (iii) attendance of two Palliative Care tutorials (iv) attendance of 1 Diabetic Clinic tutorial and 1 Diabetic Clinic session. (v) attendance of Evidence Based Medicine tutorial and completion of an EBM task by due date as stipulated in the course manual. (vi) attendance of two PHC tutorials and completion of a PHC task as stipulated in the course manual. (viii) Attendance of PACK tutorials.

**Assessment:** (i) Theory Assessment (90%): MCQ exam from Acute Care, Ambucare and Palliative Care (65%); EBM task (10%), PHC task (10%) and PACK MCQ (5%). (ii) Workplace assessment (10%): Professionalism, Knowledge, and Clinical Skill (PKC) assessment from AmbuCare (5%) and Acute Care miniCEXs (5%). Subminimum requirement: (i) MCQ pass mark of  $\geq 50\%$ . If a student fails to meet any of the requirements stated above, they may be offered a supplementary examination at the discretion of the UCT Faculty Examination Committee (FEC) as per the scenarios: (i) If the MCQ examination is NOT passed: the student may be offered a supplementary examination at the beginning of the following year, (ii) If the student fails the PHC task they will be required to write a 2000 – 3000-word academic essay (making use of multiple academic sources), as directed by the PHC Directorate, within a time period stipulated in the course manual, (iii) If the UCT Faculty Examination Committee does not grant the supplementary examination the student will be expected to repeat the 4-week course.

### **MDN4011W MEDICINE: WARD CARE**

*Including MDN4111X, MDN4211X, MDN4311X, MDN4411X, MDN4511X*

40 NQF credits at NQF level 8

**Convener:** Dr R Gill (Ward Care), Dr I van Rooyen (Clinical Languages), Dr T Isaacs (Dermatology)

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

#### **Course outline:**

Medicine in fourth year is composed of two separate courses: MDN4011W, an 8-week block of Ward Care and MDN4001W, a 4-week course of Ambulatory Care. The aim of these two courses is to build clinical skills and diagnostic reasoning. Course objectives are to build a foundation of knowledge and clinical skills that will be added to in further clinical years. Ward Care begins with a week-long 'Boot Camp' orientation week at Groote Schuur Hospital, which exposes the students to high quality presentations, bedside teaching and an overview of the course expectations, including details about DP requirements and end of block examinations. Students then spend six weeks on the clinical platform as part of the medical team assessing and treating patients. The final week of the rotation is dedicated to examinations. Students are expected to work as part of a clinical team, complete medical intakes and post-intake ward rounds, attend bedside tutorials, watch online seminars and complete multiple choice tests. Practical teaching is done on-call, during post-intake ward rounds and during bedside tutorials. Students are also given language training in Afrikaans and isiXhosa and must complete a number of language assignments. Dermatology teaching is done during the orientation week and using online lectures. The rotation is an excellent example of blended learning in the form of digital seminars and practical bedside instruction by experienced clinicians. By making digital seminars available via the Vula webpage, students are allowed to dedicate more time to honing their diagnostic skills in the clinical environment of the four hospitals which form part of the complex. The end of block assessment is based on an MCQ exam of theory, clinical exam, two continuous assessment submissions by members of the medical firm to which each student is attached, and an online portfolio exam which examines diagnostic reasoning.

**Lecture times:** Seminars Monday - Friday afternoons

**DP requirements:** (i) Attendance of bedside tutorials, medical intakes, post-intake ward rounds, and completion of miniCEX patient presentations and a Portfolio of Medicine (patient assessments with attached clinical notes and follow up notes) - the numbers required will be stipulated in the course manual. (ii) All online seminars and multiple-choice question tests to be completed as stipulated in the course manual. (iii) Attendance and completion of Languages (Afrikaans and isiXhosa) tutorials and tasks as stipulated in the course manual. The Medicine Logbook of Procedures must be handed in by the due date, as stipulated by the course administrator.

**Assessment:** Clinical examination (25%) and Clinical Languages (5%). Theory of Medicine: multiple-choice question test including Dermatology (35%). Portfolio of Medicine (15%). Workplace Assessment (20%) – combination of two continuous assessments and miniCEX patient assessments.

Pass mark overall of 50% for the course. Subminimum requirements: (i) must pass 2 out of 3 clinical examination stations (pass is  $\geq 50\%$ ), (ii) combined final mark for clinical exam of  $\geq 50\%$ , (iii) MCQ exam pass of  $\geq 50\%$ , (iv) must pass 2 out of 3 stations of Medicine Portfolio exam (pass is  $\geq 50\%$ ) with an overall mark for the portfolio of  $\geq 50\%$ , (v) must get a combined mark of  $\geq 50\%$  for the continuous assessment component of the Workplace Assessment. The course convenor will recommend to the UCT Faculty Examination Committee that students who achieve an overall course mark of  $\geq 48\%$  but  $< 50\%$  be offered a supplementary examination (as per item 4 of the Modular Block System Rules). If a student fails to meet any of the requirements stated above, they may be offered a supplementary examination at the discretion of the UCT Faculty Examination Committee. (i) If the clinical examination is NOT passed: the student will be required to do 2 further weeks of Medicine during the extra time / supplementary period in January of the following year, including medical intakes, post-intake ward rounds, miniCEXs, a medicine portfolio and continuous assessment, the numbers of each will be stipulated in the course manual. The student will also have to do a repeat clinical examination, (ii) If the Medicine portfolio is NOT passed: the student will be required to do 2 further weeks of Medicine during the extra time / supplementary period in January of the following year, including medical intakes, post-intake ward rounds, miniCEXs, a medicine portfolio and continuous assessment, the numbers of each will be stipulated in the course manual. The student will also have to do an online portfolio examination, (iii) If the MCQ examination is NOT passed: the student may be offered a supplementary examination at the beginning of the following year. These students are encouraged (but not expected) to take part in the full 2-week program as well, (iv) If the UCT Faculty Examination Board does not grant the supplementary examination the student will be expected to repeat the entire 8-week course.

#### **MDN4015W PHARMACOLOGY AND APPLIED THERAPEUTICS**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN4115X, MDN4215X, MDN4315X, MDN4415X, MDN4515X*

20 NQF credits at NQF level 8

**Convener:** Dr S Allie

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Objective:** The objective of training in Clinical Pharmacology and Applied Therapeutics is to enable students to develop the skills required to prescribe essential medicines rationally in the acute and chronic management of common conditions.

**Course outline:**

During the course students develop a foundation in clinical pharmacology which provides them with an understanding of basic pharmacology (pharmacokinetics and pharmacodynamics) and the principles of prescribing rationally in the management of common acute and chronic conditions. Students are expected to apply these skills when considering the management of each patient they see, regardless of which rotation they are in.

**DP requirements:** Completion of all assignments submitted by the deadline/s as stipulated in the course manual and on the timetable; Participation in and equal contribution to group-work; Attendance at the group presentations. All requirements to be fulfilled prior to the end-of-block assessment unless approved otherwise by the course convenor in writing.

**Assessment:** Assessment: The pass mark for the course is a final mark of 50% and above. The final mark is made up of in-course assessments (30%) and an end-of-block examination (70%). Students who achieve 48-49% for the final mark will be offered supplementary examination. Students who achieve 47% or less will be required to repeat the course.

**MDN4016W MEDICINE FOR EXTERNAL CREDIT**

*This course is taken by South African students studying towards a Cuban medical degree.*

32 NQF credits at NQF level 8

**Convener:** Dr B Hodgkinson

**Course entry requirements:** Prior courses as required by the relevant Cuban medical training programme

**Course outline:**

The first two weeks of the rotation are dedicated to teaching and revising basic clinical interview and examination skills, basic life support and basic invasive procedures – blood cultures, venepuncture and catheterisation. During these two weeks, students also participate in patient-based tutorials emphasising correct clinical techniques and the principles of clinical reasoning. For the remaining six weeks of the rotation students are attached to a firm in one of the university-affiliated teaching hospitals where they are expected to become an integrated member of the clinical team participating in all the weekly clinical activities including intakes, ward rounds, x-ray meetings, clinical meetings and bedside tutorials. As part of their clinical training, they are expected to clerk and manage at least two patients per week during their six-week clinical attachment. These 12 clinical cases are written up as patient cases in a portfolio of learning which forms part of the course assessment.

**DP requirements:** Attendance at all intakes and post-intake ward rounds as well as all bedside tutorials and departmental academic meetings, including x-ray meetings. Students are also required to complete a portfolio of learning for which they are required to collate at least 12 patient case records reflecting the in-hospital course and management they have provided.

**Assessment:** The final mark is made up of an end-of-block clinical examination based on four patient encounters (50%), an end-of-block oral examination (30%) based on the portfolio of cases managed during the clerkship and an in-course assessment (20%) of clinical competence, theoretical knowledge and professional behaviour.

**MDN4017W MEDICINE FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN4117X, MDN4217X, MDN4317X, MDN4417X, MDN4517X*

15 NQF credits at NQF level 8

**Convener:** Associate Professor S Wasserman and Dr N Vorajee

**Course outline:**

The course aims to provide a period of clinical training for the Nelson Mandela-Fidel Castro students to gain practical experience with a range of illnesses that are commonly managed in South Africa. The curriculum is mainly clinical presentation-based and aims to: 1) Ensure clinical and technical competence in a real-life clinical setting; 2) Ensure Guideline-based management using the Essential Drug List for district hospitals, SA Medical Formulary and Adult Primary Care or PACK; 3) Empower students to learn on their own. The student will be proficient in the following areas: 1) Clinical skills: Competently take a full history and conduct a complete physical examination; 2) Diagnostic reasoning: Formulate a concise clinical assessment of the patient's problems; 3) Demonstrate an understanding of the impact of illness on the lives of patients and their families; 4) Communication skills: Conduct themselves in a professionally appropriate manner when interacting with patients, their families and all categories of healthcare workers.

**DP requirements:** (a) Attendance of 8 Bedside Tutorials, (b) Attendance of three Pack Tutorials, (c) Complete and submit 8 Medicine portfolio cases with assessment templates by due dates, (d) Complete and submit eight MiniCEX cases by due dates, (e) Attendance of 10 Masterclasses, (f) Attendance of three ECG tutorials, (g) Attendance of 3 Clinical Intakes, (h) Attendance of 3 Post Intake Ward Rounds and (j) Completion and submission of logbook of technical procedures by due dates.

**Assessment:** (a) Clinical examination (3 clinical cases to be examined): 40%, (b) Portfolio of Medicine (online examination – 3 cases): 50% Workplace, Assessment: 10%, Ward Mark (5%) and MiniCEX (5%).

The student must: (a) Complete all the DP requirements; (b) Complete and submit the Logbook of all the required procedures; (c) Achieve an overall pass mark of 50% or more, and must obtain 50% or more for each component of assessment (Clinical exam, workplace assessment, portfolio exam) and must pass two of the three clinical cases. Subject to approval by the Faculty Examinations Committee, a supplementary examination may be granted when a student has obtained a mark between 48% and 49% in only one component of assessment but has passed the others and has obtained 50% or more overall. For students who fail two cases in the clinical exam there are the following possibilities:(a) Pass overall; (b) Average mark 48-49%; (c) Below 48% overall. For scenarios #1 and #2 the case will be reviewed by the Faculty Examinations Committee for consideration for a supplementary clinical exam following an additional 2-week block of medicine. For scenario #3 the student will be required to repeat the course. Students who are granted a supplementary examination for the Portfolio component will be required to complete an additional 2 week block of medicine and find 4 new cases to add to the best 4 of their old cases (making a total again of 8 cases) prior to repeating the portfolio exam. Students who fail the course or a supplementary examination will have to repeat the course.

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### **MDN5000W MEDICINE FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5100X, MDN5200X, MDN5300X, MDN5400X, MDN5500X*

24 NQF credits at NQF level 8

**Convener:** Associate Professor S Wasserman

**Course outline:**

The final year Nelson Mandela-Fidel Castro Internal Medicine Programme is a 6 week block that builds on the MDN4017W course. It involves a 4 week Ward Care rotation, during which students clerk and present 8 patients from intake to discharge. These patients must be included in the written portfolio for medicine. They complete 8 miniCEXs whilst in the ward. Students attend practical bedside teaching sessions. They must complete their logbok of required technical procedures. At the end of the Ward Care rotation, the students should be able to recognise and manage or initiate management of Level T, L1 and selected L2 medical conditions in the National Core Curriculum (Non-acute). During the 2 week Acute Care rotation, the students learn the importance of triaging, assessing and managing acutely unwell patients, as well as managing undifferentiated patients. The students clerk and manage patients within the Emergency Centre and write up 8 patient encounters in their portfolio of learning for Medicine. They complete 8 miniCEXs whilst in the Emergency Centre. They attend 3 Skills Laboratory sessions. At the end of the Acute Care rotation, the students should have covered the E1 and selected E2 topics in the National core curriculum (Acute).

**DP requirements:** WARD CARE: Requires the daily presence in routine working hours (8h00 to 16h00), except on intake days (8h00-22h00) to participate in clinical service delivery. Attend 9 Bedside Tutorials, Attend 3 Ward Intakes, Attend 3 Post Intake Ward Rounds (PIWRs), Complete 8 Medicine portfolio cases with assessment templates, Complete 8 MiniCEX cases, Complete a discharge letter, Complete a VULA referral, Complete and submit the logbook of technical procedures. ACUTE CARE: Attend 8 hour shifts in the Emergency Centre working as part of the team during their shift (this includes weekend and public holiday shifts). This rotation requires participation in all activities in the Emergency Centre including pre- and post-shift ward rounds, Attend 65 hours in the allocated EC during the module, Attend all 4 Skill lab's sessions, 10 Mini-CEXs and Complete all self-directed learning (SDL) tasks. Complete procedures listed in the Department of Medicine logbook

**Assessment:** WARD CARE: (a) Work-place based assessment (20%): Ward care (10%) and Acute Care (10%): Ward Care: Ward Mark (5%) and MiniCEX (5%), Acute Care: Ward Mark (5%) and MiniCEX (5%) (b) End of Block Assessment (80%): Clinical examination: 30%, Portfolio of Medicine (Oral): 50% This mark accurately reflects the behavior of a young professional, whilst also offering an idea of the strength of the student's clinical skills (at this mature student internship level) and knowledge base.

As part of the medical team (Registrar, Consultants and Interns) students are expected to assume responsibility for the care of a cohort of patients who they will clerk and manage throughout their hospital stay as part of the clinical programme. (c) Exit Skills OSCE: Must pass all stations To pass the course, the student must: i. Complete all the DP requirements, ii. Complete and submit the Logbook of all the required requirements, iii. Achieve an overall pass mark of 50% or more, and must obtain 50% or more for each component of assessment (Clinical assessment, work place assessment, portfolio) and must pass two of the three clinical cases. Subject to approval by the Faculty Examinations Committee, a supplementary examination may be granted when a student has obtained a mark between 48% and 49% in only one component of assessment but has passed the others and has obtained 50% or more overall. Before doing the supplementary examination, the student will be required to spend two weeks in Ward Care and add a further four cases to their portfolio of written cases.

### **MDN5003H PHARMACOLOGY AND APPLIED THERAPEUTICS**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5103X, MDN5203X, MDN5303X, MDN5403X, MDN5503X*

20 NQF credits at NQF level 8

**Convener:** Dr HM Gunter

**Course entry requirements:** Successful completion of all courses within the preceding academic year

**Objective:** The objective of training in pharmacology and therapeutics is to enable students to develop the skills required to prescribe essential medicines rationally in the management of common conditions.

**Course outline:**

The fifth-year course is integrated through rotations in mixed specialities (dermatology, ENT, neurology and neurosurgery), and builds on the foundation of Clinical Pharmacology and Applied Therapeutics learnt in fourth year. The course focuses on applying an understanding of pharmacokinetics and pharmacodynamics to the management of common conditions. It aims to equip students with the skills for critically appraising evidence and judging the risk-benefit profiles of available treatment options and promotes rational drug prescribing to ensure optimal patient care.

**Lecture times:** Lectures, workshops, and clinical case presentations take place as stipulated in the course outline.

**DP requirements:** Completion of all in-course assignments submitted by the deadline/s as stipulated in the course manual and on the timetable, and participation in and satisfactory contribution to peer work. Compulsory attendance of the following: the introduction and orientation session, Guideline Critical Appraisal workshop, and both clinical case presentation sessions. In total, 80% of all lectures are to be attended. A register for attendance is kept. All requirements are to be fulfilled by the end of week 7, unless approved otherwise by the course convener in writing. Eligibility for sitting for the end of block exam will be determined by the end of week 7. Students who do not meet DP requirements will not be allowed to sit for the end of block exam and will be required to repeat the 8-week Therapeutics course.

**Assessment:** The final end of block mark includes the in-course assessments (30%) and an end-of-block examination (70%). Students who achieve 48-49% for the final mark may be recommended to the FEC for supplementary examination. Students who achieve 47% or less will be required to repeat the 8-week Therapeutics course.

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**MDN5004W PHARMACOLOGY AND THERAPEUTICS EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5104X, MDN5204X, MDN5304X, MDN5404X, MDN5504X. This course is taken by South African students who are studying toward the Doctor of Medicine degree from the University of Villa Clara, Faculties of Medicine, in Cuba.*

20 NQF credits at NQF level 8

**Convener:** Associate Professor P Sinxadi

**Course entry requirements:** MDN4015W

**Objective:** The objective of training in pharmacology and therapeutics is to enable students to develop the skills required to prescribe essential medicines rationally in the management of common conditions.

**Course outline:**

The 5<sup>th</sup> year course is integrated through rotations in mixed specialties (dermatology, ENT, neurology and neurosurgery), and builds on the foundation of Pharmacology and Applied Therapeutics learnt in 4<sup>th</sup> year. The course focuses on applying understanding of pharmacokinetics and pharmacodynamics to the management of common conditions. It aims to equip students with the skills for critically appraising evidence and judging the risk-benefit profiles of available treatment options, and promotes rational drug prescribing to ensure optimal patient care.

**Lecture times:** Lectures take place on Wednesday and Friday afternoons, with bedside presentations on selected Thursday mornings.

**DP requirements:** None.

**Assessment:** The final end of block mark includes the in-course assessments (30%), and an end of block examination (70%).

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**MDN5005W DERMATOLOGY**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5105X, MDN5205X, MDN5305X, MDN5405X, MDN5505X*

10 NQF credits at NQF level 8; 15 face-to-face lectures and 23 Vula modules.

**Convener:** Dr T Isaacs

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Objective:** To master approach to patient with skin disorder in primary care.

**Course outline:**

This course provides students with the knowledge and clinical skills to treat skin problems commonly encountered in primary care, based on a list of core topics. Students learn about life-threatening conditions they may encounter in clinical practice. Clinical topics have been stratified into “Must know”: the student is expected to have a detailed knowledge of the clinical presentation, laboratory investigation and management, including procedural hands on skills; “must recognize”: the student is expected to have a basic understanding of the clinical features suggestive of diagnosis; a few basic appropriate investigations to assist in the diagnosis; and the management and treatment of these important conditions; and “nice to know”: additional topics/procedures to broaden knowledge and competency, but which do not form part of the assessment. Learning outcomes include clinical skills, clinical reasoning, professional behaviour and personal attributes. Teaching methods include small-group classroom tutorials and inter-active electronic tasks. Clinical teaching takes place in the OPD clinic, where students clerk and present patients to a staff member and peers. Clerked cases are included in the student’s Portfolio of Learning. Cases are described in terms of principles of Primary Health Care that relate to skin diseases, their management, possible psycho-social impact and human rights.

**Lecture times:** A full timetable is provided at orientation.

**DP requirements:** At least 75% attendance at tutorials and teaching exercises, and completion of compulsory on-line Vula tasks.

A student who for any reason is or has been unable to attend an activity or submit a requirement by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Approved absence beyond a specified maximum may require the student to repeat the course.

**Assessment:** The final mark is made up of an in-course assessment (information pamphlet for patient), to be presented to and marked by peer assessment and facilitator (20%). Total mark will be calculated as 50% from peer assessment and 50% from facilitator and an end-of-block MCQ (based on core clinical topics) (80%).

### MDN5006W RHEUMATOLOGY

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5106X, MDN5206X, MDN5306X, MDN5406X, MDN5506X*

10 NQF credits at NQF level 8

**Convener:** Dr A Gcelu

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

Rheumatology is a two-week rotation and students are placed at Groote Schuur Hospital for the entire block. During the two weeks they are exposed to a series of patient encounters that cover the broad scope of common conditions such as gout, fibromyalgia and osteoarthritis. The patient encounters take place mostly in the outpatient department and other times in the hospital wards. This course covers the common entities in adult and paediatric rheumatology. Core learning outcomes comprise of knowledge of common musculoskeletal diseases and conditions; skills in examination of the musculoskeletal system; application of treatments specific to the speciality; carrying out procedures specific to the speciality; and radiological assessment; as well as professional behaviour appropriate to clinical practice.

**DP requirements:** Attendance of all activities and completion of the following coursework requirements: Eight Rheumatology clinics; four seminars; two portfolio cases; all academic departmental activities; and nine tutorials. A student who for any reason is or has been unable to meet the above requirements by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Activities will need to be made up where required. Where they cannot be made up the student may have to repeat the course.

**Assessment:** In-course-assessment (10%); end-of-block clinical examination (30%); and an end-of-block OSCE (60%). If a student fails the course with 48% or 49% a recommendation will be made to the Faculty Examinations Committee that the student spend two weeks in rheumatology before undergoing a supplementary examination.

### MDN6000W MEDICINE (INCLUDING ALLIED DISCIPLINES)

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN6100X, MDN6200X, MDN6300X, MDN6400X, MDN6500X*

41 NQF credits at NQF level 8; Nine bedside tutorials in ward care; three Pharmacology tutorials; two ECG tutorials; three skills lab sessions in acute care.

**Convener:** Dr A Gcelu (MDN6000W); Dr S Ebrahim (Ward Care); Dr H Zaayman (acute care); Dr T Freeth (Ambucare); Dr S Ebrahim (Evidence Based Medicine (EBM))

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The eight-week course includes a four-week rotation in Internal Medicine (Ward Care) at Mitchell's Plain District (MPDH), New Somerset (NSH), Victoria (VHW) or George (GH) Hospitals, two weeks in Ambucare at GSH and two weeks in Acute Care at either GSH, MPDH or NSH.

In the Eden district students spend two weeks of Acute/Ambucare in George followed by another two weeks in Oudtshoorn Hospital. During Ward Care students undertake compulsory clinical clerkship attachments where they interview and examine or clerk patients and writing patient reports. There are compulsory after-hours clinical duties. They develop a portfolio of learning in which they collate all the case records of patients. During Ambulatory Care students attend the outpatient department clinic from Monday to Thursday where they clerk two new patients under supervision. They make diagnostic maps on at least 12 other patients attending the clinic. During Acute Care students learn the importance of triaging, assessing and managing acutely unwell patients and managing undifferentiated patients. They are allocated to an Emergency Centre and attend shifts in that centre working as part of the team during their shift. They clerk and manage patients and write up the patient encounters in their portfolio of learning.

**DP requirements:** Attendance of all activities and completion of all coursework stipulated below: Ward care module: Four admission intakes as scheduled; four post-intake ward rounds (PIWRs); nine bedside tutorials; 12 mini-CEX cases; write-up of at least 12 patient encounters during the module, to be included in portfolio of learning; completion of portfolio compiled in 5<sup>th</sup> year comprising Rheumatology, Neurology and Dermatology cases, with two cases from each of these courses; completion of procedures listed in the Department of Medicine logbook by due date. Ambucare module: Presentation and write-up of at least 12 patients evaluated in the OPD during the module; compilation of 12 diagnostic maps of patients discussed in the OPD during the module; completion of 12 Mini-CEXs by due date/s; attendance of eight OPD clinics during the module; attendance of all Friday morning academic meetings in the Department of Medicine conference room; and completion of procedures listed in the Department of Medicine logbook. Acute Care module: Attendance of 70 hours in the allocated EC during the module; attendance of three Skill Lab sessions; 12 patient encounters and completion of 12 Mini-CEX cases; completion of all self-directed learning (SDL) tasks and of procedures listed in the Department of Medicine logbook by due date/s. Evidence-based Medicine module: Attendance at workshop and completion of an individual assignment by due date/s.

**Assessment:** The final course mark is made up of the following: (i) Work place based assessment (WPBA) (30%), made up of Ward Care Assessment (10%); Ambucare Assessment (10%); and Acute Care Assessment (10%); (ii) Evidence Based Medicine (5%); (iii) End of course assessment (65%), made up of a clinical examination (30%); an oral portfolio examination (20%); and a theory (MCQ) examination (15%); (iv) Exit Skills Osce (must pass all stations) (This is assessed under MDN6004W Exit Examination on Procedural Competence). A subminimum of 50% is required for each of the following: Clinical assessment, work place assessment, portfolio oral and theory assessment. Subject to approval by the Faculty Examinations Committee, a supplementary examination may be granted when a student has obtained 48% or 49% in only one component of assessment but has passed the others and has obtained 50% or more overall. The student will be required to spend two weeks in Ward Care and collect a new set of portfolio cases.

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### **MDN6003W MEDICINE EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN6103X, MDN6203X, MDN6303X, MDN6403X, MDN6503X. This course is taken by South African students studying towards a Cuban medical degree.*

16 NQF credits at NQF level 9; 4 weeks minimum of 12 clinical tutorials over this time.

**Convener:** Associate Professor B Hodkinson

**Course entry requirements:** All 5th year MBChB courses.

**Objective:** Proficiency in clinical medicine.

**Course outline:**

Students complete a four-week rotation in general medicine attached to an acute general medicine firm at one of the UCT-affiliated teaching hospitals. They are expected to become an integrated member of the clinical team participating in all the weekly clinical activities including intakes, ward rounds, x-ray meetings, clinical meetings and bedside tutorials.

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As part of their clinical training they are expected to clerk and manage at least three patients per week during their four-week clinical attachment. These 12 clinical cases are written up as patient cases in a portfolio of learning which forms part of the course assessment.

**DP requirements:** Attendance at all intakes and post-intake ward rounds as well as all bedside tutorials and departmental academic meetings, including x-ray meetings. These activities are monitored by completion of a logbook. Students are also required to complete a portfolio of learning for which they are required to collate at least 12 patient case records reflecting the in-hospital course and management they have provided.

**Assessment:** The final mark is made up of an end-of-block clinical examination based on three patient encounters (40%), an end-of-block oral examination (40%) based on the portfolio of cases managed during the clerkship and an in-course assessment (20%) of clinical competence, theoretical knowledge and professional behaviour.

## OBSTETRICS AND GYNAECOLOGY

*H-Floor, Old Main Building, Groote Schuur Hospital*

### **Professor and Head:**

M Matjila, BSc MBChB *UKZN FCOG SA PhD Cape Town*

### **Deputy Head:**

NH Mbatani, MBChB *Medunsa FCOG SA*

### **Professor:**

SJ Dyer, MBChB *Munich PhD Cape Town MMed FCOG SA*

### **Professor and Special Projects in Department of Obstetrics and Gynaecology:**

LA Denny, MBChB PhD *Cape Town MMed FCOG SA*

### **Emeritus Professors and Senior Scholars:**

SR Fawcus, MA MBBS *London MRCOG FRCOG UK*

ZM van der Spuy, MBChB *Stell PhD London FRCOG FCOG SA*

### **Honorary Professors:**

I Meinhold-Heerlein

JPWR Roovers

P Steer, MBBS *London MRCS LRCF MD MRCOG FRCOG*

### **Honorary Associate Professors:**

SW Lindow, MBChB *Sheffield MMed MD FRCOG FCOG SA*

PS Steyn, MBChBMMed *FCOGSA DFFP London MPhil Stell*

### **Emeritus Associate Professors:**

EJ Coetzee, MBChB *Cape Town FRCOG FCOG SA*

A Kent, MBChB MPhil *Cape Town FRCOG*

HA van Coeverden de Groot, MBChB *Cape Town FRCOG (Community Obstetrics)*

J Anthony, MBChB *Cape Town FCOG SA MPhil Stell TO BE CONFIRMED*

### **Associate Professor, Chief Specialist Level Two Service and Head New Somerset Hospital:**

GA Petro, MBChB *Cape Town FCOG SA*

### **Head Clinical Unit Mowbray Maternity Hospital (Specialist Level Two Service):**

CJM Stewart, BA MBChB MMed *Cape Town FCOG SA MRCOG*

### **Senior Lecturers Full-time:**

T Adams, MBChB MMed *Cape Town FCOG SA Cert (Gynaecol Oncol) SA*

C Gordon, MBChB *Cape Town, DMH (CMSA), Dip. HIV (CMSA), MPhil Stell*

TA Horak, MBChB *Stell FCOG SA MMed Cape Town*

JK Marcus, MPhil *Stell PGDip (Adv.Mid) Cape Town RM RPN RCN RPsychN Fellow SAFRI (FAIMER)*

A Osman, MBChB MMed MPhil *Cape Town FCOG SA Cert (Maternal Fetal Medicine) SA*

M Patel, MBChB MMed *Cape Town FCOG SA Cert (Reproductive Medicine) SA*

D Richards, MBChB *Stell MMed Cape Town FCOG, Cert (Gynaecol Oncol) SA*

L Schoeman, MBChB *Cape Town MMed FCOG SA*

H van Zyl

## 200 DEPARTMENTS IN THE FACULTY

### Senior Lecturers Part-time:

C Elliott, MBChB FCOG SA  
BR Howard, MBChB *Cape Town* FCOG SA  
JO Olarogun, MBBS *Ilorin* Dip (Obstetrics & Gynaecology) FCOG SA MMed *Cape Town* Cert (Rep Med) SA  
LJ Rogers, MBChB MMed *Cape Town* DCH SA FCOG SA Cert (Gynaecol Oncol) SA RCOG

### Lecturers Full-time:

T Ahmed-Rajjie, MBChB *Cape Town* DipObst SA, FCOG SA, MMed *Cape Town*  
S Allie, MBChB *Cape Town* FCOG SA  
KJ Brouard, MBChB *Cape Town* FCOG SA  
A Fakier, MBChB *Cape Town* FCOG SA  
K Kadwa, MBChB *UKZN* Dip Obs (SA) MMed *Cape Town*, FCOG SA  
D Kennedy, MBChB *Stell* FCOG SA MMed *Cape Town*  
L Ras, MBChB MMed *Cape Town* FCOG SA Urogyn SAT Spence FCOG SA

### Lecturers Part-time:

U Botha, MBChB *Stell* MMed *Cape Town* FCOG SA  
G Breeds, MBChB *Cape Town* FCOG SA  
K Chambers, MBChB *Cape Town* FCOG DCH MMed  
C Floweday, MBChB *Cape Town* Dip Obs  
L Jansen, MBChB *Cape Town* FCOG SA  
A Koomkaran, MBChB *Cape Town*, Advanced Diploma in Aesthetic Medicine (cum laude).  
W Mkhombe, MBChB *Wits*, FCOG SA, MMed *Cape Town*  
Z Momberg, MBChB MMed *Cape Town* FCOG SA Certificate (Maternal Fetal Medicine) SA  
E Richardson, MBChB *Cape Town*  
JR Robinson, MBBS *Perth* MRACOG FCOG SA MRCOG  
LF Van Straten, RN, RM, RCommN, RPsychN  
M Wasserman, MSocSc *UFS* DHS *San Francisco*  
H Wright, MBChB *Cape Town*

### Doctorate:

R Saidu, MBBS *Nigeria* FMCOG MPH

### Fellows Full-time:

JP de Campos, MBChB *Medunsa*, FCOG SA, MMED *UP*.  
DN Emvula, MBChB *Pretoria*, MMed *Pretoria*, FCOG SA  
AK Ghunney, MBChB *Ghana* MWACS West Africa, MGCPS *Ghana*  
A Kama, MBChB *WSU* FCOG SA MMed *WSU*  
F Loggenberg, MBChB *OFS* FCOG SA MMed *UCT*  
EW Maro, MD, MMed *OBGYN*, *KCUM* Uco, TZ.  
A Moore MBChB *UCT* FC UROL SA MMed Urology *UCT*

### Fellows Part-time:

T Spence, MBChB *Cape Town*, DA (SA), FCOG SA, MMed *Cape Town*

### Honorary Senior Lecturers:

M Mbenge, MBChB *Pret* MMed FCOG SA  
CP Nel, MBChB *Cape Town* MRCOG FRANZCOG FRCOG

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**OBS2001S SPECIAL STUDY MODULES**

*NOTE: Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully complete all second year MBChB courses.

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**OBS4003W OBSTETRICS**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS4103X, OBS4203X, OBS4303X, OBS4403X, OBS4503X*

30 NQF credits at NQF level 8; 32 lectures comprising of 30 obstetrics lectures and two languages (IsiXhosa) lectures. Two Obstetric skills training sessions. A minimum of seven tutorials. Clinical placement at secondary level hospitals (Mowbray Maternity or New Somerset) x 3 weeks clinical placement at Midwife Obstetric Unit (Mitchell's Plain or Vanguard) x 1 week. Midwife Obstetric Unit day visits (Retreat or Hanover Park) x 5 days.

**Convener:** Dr C Floweday

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Co-requisites:** PED4016W. The obstetrics and neonatal components of the course must be passed individually.

**Objective:** The purpose of the course is to acquaint the student with regionalised perinatal care; and to develop the knowledge, skills, and attitudes to provide safe, effective, and compassionate maternal care in primary and secondary perinatal care settings.

**Course outline:**

Obstetrics runs within an eight-week block using a blended learning approach. It builds on the introduction provided in the third year programme and forms part of a progressive spiral curriculum that runs through to the final year. During this time, students acquire the knowledge, skills and professional conduct required for medical practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to primary (or community-based) and secondary (hospital-based) levels of care. Practical experience for Obstetrics (and Neonatology - see PED4016W) is recorded in a logbook, and includes at least 10 deliveries under supervision and caring for at least eight women in the first stage of labour. Further details are specified in the logbook. Students are encouraged to develop professional behaviour, as well as to develop empathic and caring attitudes through compassion tutorials. The programme is supplemented by a series of online lectures, virtual and in vivo tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other disciplines, in order to provide an integrated, multidisciplinary approach to common perinatal problems. The knowledge and skills acquired during the 4th year programme form the foundation of Obstetric and Neonatal medicine.

**Lecture times:** All lectures will be delivered online for access by students at recommended times and days. Skills training will be provided in a simulated setting.

**DP requirements:** Deliver at least 10 patients; perform at least 10 vaginal examinations in labour; monitor and care for at least eight patients during the first stage of labour; do at least seven-night calls during the block; perform 5 abdominal examinations under supervision; access at least 80% of the online learning activities. Additionally, students will need to prepare two typed case reports, which must include a discussion of at least 300, but no more than 400 words, and include three references. These case reports must be submitted via the Vula platform by the end of the secondary hospital attachment. If the student has six or seven deliveries by the start of the assessment week, DP may be granted provided the minimum of seven calls has been completed during the block. If DP has not been met early in the block, for example in week 1, the entire block must be repeated.

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If DP has not been met by the end of week eight, regardless of circumstances, the block must be repeated. If DP has not been met by Monday of week eight due to certified illness, the student may sit for the exam provided DP is met by the end of week eight of the current block. If assessment is missed due to illness or other valid reason the student may apply for a deferred exam, which will be supported only if DP was met by end of week eight.

**Assessment:** The assessment for Obstetrics will comprise of an OSCE which will both take place during the last week of the block. OBS4003W Obstetrics and PED4016W Neonatology (informally called a joint perinatal medicine rotation) will be jointly examined during these examinations. Each student must achieve an OSCE mark of > 50% in order to pass the Obstetrics and Neonatology components of the two examinations. Additionally, each student must achieve a minimum of  $\geq 50\%$  for the Obstetric and Neonatal components individually in order to pass the joint perinatal rotation as a whole. Any student who obtains  $\leq 47\%$  for Obstetrics or Neonatology will need to repeat the full joint perinatal medicine rotation – i.e. both OBS4003W and PED4016W. Should a student obtain a mark of between 48% or 49%, a recommendation will be made to the Faculty Examinations Committee that the student be offered a supplementary assessment (OSCE)

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### **OBS4006W OBSTETRICS FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS4106X, OBS4206X, OBS4306X, OBS4406X, OBS4506X*  
15 NQF credits at NQF level 8

**Convener:** JK Marcus

**Objective:** The purpose of the course is to acquaint the student with regionalised perinatal care and to develop the knowledge, skills, and attitudes to provide safe, effective and compassionate maternal care in primary and secondary perinatal care settings.

**Course outline:**

Obstetrics runs within an eight-week block using a blended learning approach. During this time, students acquire the knowledge, skills and professional conduct required for medical practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to primary (or community-based) and secondary (hospital-based) levels of care. Practical experience for Obstetrics (and Neonatology - see PED4016W) is recorded in a logbook and includes at least 10 deliveries under supervision and caring for at least eight women in the first stage of labour. Further details are specified in the logbook. Students are encouraged to develop professional behaviour, as well as to develop empathic and caring attitudes through compassion tutorials. The programme is supplemented by a series of online lectures, virtual and in vivo tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other disciplines, in order to provide an integrated, multidisciplinary approach to common perinatal problems. The knowledge and skills acquired during the 4th year programme form the foundation of Obstetric and Neonatal medicine.

**Lecture times:** All lectures will be delivered online for access by students at recommended times and days. Skills training will be provided in a simulated setting.

**DP requirements:** (a) Do at least 5 calls at a secondary hospital; (b) Deliver at least 6 patients under supervision; (c) Perform at least 5 vaginal examinations in labour; (d) Perform at least 5 abdominal examinations; (e) Care for at least 5 patients in the first stage of labour; (f) 3 case reports submitted via Vula portal. The cases must typed-up and must include a discussion of +-300 words with at least 3 references. One of the cases must be presented to the convener via an online meeting application. (g) Analyse and interpret at least 5 Cardiotocograph (CTG) tracings; (h) Record intrapartum examination findings on at least 5 partograms. Marks will not be released until all DP requirements are met.

**Assessment:** Objective Structured Clinical Examination (OSCE) when all clinical rotations have been completed. Each student must achieve a minimum mark of 50% in order to pass the course. Any student who obtains 47% or less for Obstetrics will need to repeat the full rotation. Should a student obtain a mark between 48% to 49%, a recommendation will be made to the Faculty Examinations Committee that the student be offered a supplementary assessment on a subsequent opportunity.

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**OBS5005W GYNAECOLOGY**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS5105X, OBS5205X, OBS5305X, OBS5405X, OBS5505X. This course is also taken by South African students studying towards a Cuban medical degree. Students join the same course as UCT students.*

20 NQF credits at NQF level 8

**Convener:** Dr C Gordon and Dr C Annor

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The course consists of six weeks of Gynaecology. The Gynaecology course builds on the prior three weeks of learning in Women's Health during Semester Six. Students have already learnt to take histories from patients and to examine women using models and have been exposed to the broader issues about women's health; and have been introduced to the role of gender in health promotion. In this course they learn about common gynaecological problems, contraception, issues of sexuality, and abuse of women, at the same time gaining clinical experience in gynaecology and women's health. Teaching takes place in a variety of clinical venues where students learn how to perform a gynaecological examination on patients, mostly in an outpatient setting, which is most appropriate for their future practice. The gynaecology clinical teaching is complemented by tutorials and clinical skills sessions, as well as further teaching in the relevant basic sciences. *Core learning outcomes:* Students are required to build on their basic *knowledge* of gynaecology practice; to formulate *professional attitudes and behaviours* by being involved in primary and tertiary gynaecologic care; to develop *empathetic attitudes* towards patients; to become *reflective* health care practitioners; to explore their attitudes and beliefs about controversial issues such as sexuality, intimate partner violence and termination of pregnancy; and to continue along the road of *self-directed learning*.

**DP requirements:** Students are required to attend and participate in all wards, clinic and theatre activities, as per the programmes of the individual firms. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Skills training sessions are compulsory. The LGBT, TOP and intimate partner violence workshops are compulsory, as are post-workshop reflective commentaries. Students must attend 5 out of 7 whole group lectures (synchronous/ asynchronous/ blended), Professionalism is assessed, which includes punctuality, attendance, and conscientiousness. These are monitored by the consultants, and registrars in these firms, and form part of the in-course assessment. Should the in-course assessment be below average, students may be required to do extra time. Completion of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the six week course. Failure to complete the logbook by the end of the course will mean the student is not allowed to write the end-of-course exams. The submission of two portfolio case reports is also a DP requirement. Portfolio and logbook hand-in dates are stated in the course manual. A student absent for under three days will not have to repeat that time but will still be expected to follow the Concession to miss classes guidelines and have a completed logbook in order to sit the exam. A student absent for more than three days will also have to follow the Concession to miss classes guidelines and meet with the convener urgently to decide on the available options, which could include extra time, or repeating the block, depending on the reason for and duration of absence. The course manual contains details.

**Assessment:** Pass marks for all examination modalities is 50%. There are three components to the summative assessment. 1) Portfolio exam (20%). This must be passed to pass the block. This takes place during the course. Students must write up and submit by the due date the stipulated minimum number of patient cases as stated in the course manual for a written mark. Should the student fail a case, they will be reassessed during the block. 2) End-of-course OSCE (40%): A student must pass this to pass the course. 3) MCQ (40%): A student must pass this to pass the course. The overall course pass mark is 50%. A mark of <50% for the OSCE or MCQ constitutes a fail. The consequence of this fail will depend on the course mark. A course mark of < 48% with either exam failed will mean that the student repeats the entire course.

A course mark of greater than or equal to 48% with either exam failed will mean that a supplementary exam will be recommended to the exam board for the exam that they failed. If the student gets less than 50% for the course overall, they will have to repeat the course.

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### **OBS5006W GYNAECOLOGY FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS5106X, OBS5206X, OBS5306X, OBS5406X, OBS5506X*  
27 NQF credits at NQF level 8

**Convener:** Dr C Gordon and Dr K Kadwa

#### **Course outline:**

In this four-week Gynaecology course students learn about common gynaecological problems, contraception, issues of sexuality, and abuse of women, while at the same time gaining clinical experience in gynaecology and women's health. Teaching takes place in a variety of clinical venues where students learn how to perform a gynaecological examination on patients, mostly in an outpatient setting, which is most appropriate for their future practice. The gynaecology clinical teaching is complemented by tutorials and clinical skills sessions, as well as further teaching in the relevant basic sciences. Core learning outcomes: Students are required to build on their basic knowledge of gynaecology practice; to formulate professional attitudes and behaviours by being involved in primary and tertiary gynaecologic care; to develop empathetic attitudes towards patients; to become reflective health care practitioners; to explore their attitudes and beliefs about controversial issues such as sexuality, intimate partner violence and termination of pregnancy; and to continue along the road of self-directed learning.

**Lecture times:** Lecture times are stipulated in the course manual. (synchronous/ asynchronous/ blended). Note: though students are in Gynaecology for 4 weeks, they spend the other 4 weeks in Obstetrics, and are released at stipulated times to attend Gynaecology teaching.

**DP requirements:** All DP requirements must be fulfilled in order to write the exams. Students are expected to attend and participate in all wards, clinic and theatre activities, as per the programmes of the individual firms. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Skills training sessions are compulsory. The LGBT, TOP and intimate partner violence workshops are compulsory, as are post-workshop reflective commentaries. Students must attend 5 out of 7 whole group lectures (synchronous/ asynchronous/ blended). Professionalism will be assessed, which includes punctuality, attendance and conscientiousness. These are monitored by the consultants, and registrars in these firms, and form part of the in-course assessment. Should the in-course assessment be below average, students may be required to do extra time. Completion of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the 4-week course. Failure to complete the logbook by the end of the course will mean the student will not be allowed to write the end of course exams. The submission by the due date of the stipulated minimum number of portfolio case reports is also a DP requirement (details to be found in the course manual). A student absent for under three days will not have to repeat that time but will still be expected to follow the Concession to miss classes guidelines and have a completed logbook in order to sit the exam. A student absent for more than three days will also have to follow the Concession to miss classes guidelines and meet with the convener urgently to decide on the available options, which could include extra time, or repeating the block, depending on the reason for and duration of absence. The course manual contains details.

**Assessment:** Pass marks for all examination modalities is 50%. There are two components to the summative assessment. 1) Portfolio exam (30%). This takes place during the course. Students must write up and submit by the due date the stipulated minimum number of patient cases as stated in the course manual for a written mark. Hand-in dates are to be found in the course manual. Each case must be passed to pass the course. Should a student obtain <50% for a case, they will be reassessed during the block. 2) End of block OSCE (70%): A student must pass this to pass the course. The overall course pass mark is 50%.

A course mark of < 48% with either exam failed, means the student will be required to repeat the course. For a course mark of greater than or equal to 48% with either exam failed, a supplementary exam will be recommended for the student to repeat the exam that they failed.

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### **OBS5007W OBSTETRICS FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS5107X, OBS5207X, OBS5307X, OBS5407X, OBS5507X*  
41 NQF credits at NQF level 8

**Convener:** Dr C Floweday and Dr C Gordon

**Course outline:**

This is a four-week Obstetrics Course. Teaching is practical and involves patient assessment and management under supervision in clinics, antenatal and postnatal wards, labour wards, and theatre. Students are expected to monitor and follow up their patients throughout labour or ward admission. All clinical and teaching activities are compulsory. There are whole group tutorials (synchronous/asynchronous/blended), according to the schedule stipulated in the course handbook – also compulsory. At the end of the course, students will be expected to be competent in obstetric history taking and examination, including speculum examination, vaginal examinations in labour, labour monitoring and delivery and assisting at common operations. Students are required to clerk and present 10 Obstetric cases during their course. Students are expected to consolidate and build on their core obstetric knowledge, actively participate in patient care at their allocated hospitals and to demonstrate professional attitudes and behaviours, while also learning empathy and care towards their patients and colleagues.

**DP requirements:** All DP requirements must be fulfilled in order to write the exams. Students are required to attend and participate in all wards, clinic, and labour ward duties, as per the programmes of the individual hospitals to which they have been allocated. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Attendance on whole group tutorials (synchronous/ asynchronous/ blended), according to the schedule stipulated in the course handbook, is compulsory. At least 10 patients must be clerked and presented to ward doctors during the course. These cases must be signed off by the doctor. Professionalism is assessed, which includes punctuality, attendance, and conscientiousness. These are defined in the course manual. These are monitored by the consultants, midwives, and registrars in these firms at the hospitals, and form part of both the DP requirements and the in-course formative assessment. Should the in-course assessment be below average, students may be required to do extra time. Completion of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the course. Failure to complete the logbook by the date stipulated in the course handbook will mean the student will not be allowed to write the end of course examination. Finally, students must pass a skills station- part of the Multi-Disciplinary Exit OSCE. In order to pass the skills station, students must attain at least 70% for that skill demonstration. Should the student fail the skills station they will be remediated until they pass. During the Obstetric Course, a student absent for under three days will not have to repeat that time but will still be expected to follow the Concession to miss classes guidelines and have a completed logbook in order to sit the exam. A student absent for more than three days will also have to follow the Concession to miss classes guidelines and meet with the convener urgently to decide on the available options, which could include extra time, or repeating the course, depending on the reason for and duration of absence. The course manual contains details.

**Assessment:** Pass marks for all examination modalities is 50%. End-of-block assessment will depend on whether Physically distanced Learning (PDL) or Standard Learning (SL). For PDL, there are two components to the summative assessment. 1) 2 formal bedside case presentation (10% each); and 2) an MCQ examination (80%). In order to qualify for the end-of-course exam, all time must be completed, and all DP requirements met. For SL: One bedside case counting 15%; portfolio cases (35%); MCQ (50%). The overall course pass mark is 50%. All components of the assessment must be passed. A mark of <50% for the case presentations, portfolios or MCQ constitutes a fail. A student who fails a case presentation or portfolio will be reassessed during the course. The consequence of a failed MCQ will depend on the course mark.

A course mark of < 48% with the MCQ failed, will mean that the student repeats the entire course. A course mark of greater than or equal to 48% with the MCQ exam failed will mean that a supplementary exam will be recommended to the exam board for the exam that they failed. If the student gets less than 50% for the course overall, they will have to repeat the course.

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### **OBS6000W OBSTETRICS**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS6100X, OBS6200X, OBS6300X, OBS6400X, OBS6500X*  
41 NQF credits at NQF level 8

**Convener:** Dr C Floweday and Dr C Gordon

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

This is a four-week Obstetrics Course. Teaching is practical and involves patient assessment and management under supervision in clinics, antenatal and postnatal wards, labour wards, and theatre. Students are expected to monitor and follow up their patients throughout labour or ward admission. All clinical and teaching activities are compulsory. There are whole group tutorials (synchronous/asynchronous/ blended) according to the schedule stipulated in the course handbook – also compulsory. At the end of the course, students will be expected to be competent in obstetric history taking and examination, including speculum examination, vaginal examinations in labour, labour monitoring and delivery and assisting at common operations. Students are required to clerk and present 10 Obstetric cases during their course. Students are expected to consolidate and build on their core obstetric knowledge, actively participate in patient care at their allocated hospitals and to demonstrate professional attitudes and behaviours, while also learning empathy and care towards their patients and colleagues.

**DP requirements:** All DP requirements must be fulfilled in order to write the exams. Students are required to attend and participate in all wards, clinic, and labour ward duties, as per the programmes of the individual hospitals to which they have been allocated. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Attendance on whole group tutorials (synchronous/ asynchronous/ blended), according to the schedule stipulated in the course handbook, is compulsory. At least 10 patients must be clerked and presented to ward doctors during the course. These cases must be signed off by the doctor. Professionalism is assessed, which includes punctuality, attendance, and conscientiousness. These are defined in the course manual. These are monitored by the consultants, midwives, and registrars in these firms at the hospitals, and form part of both the DP requirements and the in-course formative assessment. Should the in-course assessment be below average, students may be required to do extra time. Completion of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the course. Failure to complete the logbook by the date stipulated in the course handbook will mean the student will not be allowed to write the end of course examination. Finally, students must pass a skills station- part of the Multi-Disciplinary Exit OSCE. In order to pass the skills station, students must attain at least 70% for that skill demonstration. Should the student fail the skills station they will be remediated until they pass. During the Obstetric Course, a student absent for under three days will not have to repeat that time but will still be expected to follow the Concession to miss classes guidelines and have a completed logbook in order to sit the exam. A student absent for more than three days will also have to follow the Concession to miss classes guidelines and meet with the convener urgently to decide on the available options, which could include extra time, or repeating the course, depending on the reason for and duration of absence. The course manual contains details.

**Assessment:** Pass marks for all examination modalities is 50%. End-of-block assessment will depend on whether Physically distanced Learning (PDL) or Standard Learning (SL). For PDL, there are two components to the summative assessment. 1) 2 formal bedside case presentation (10% each); and 2) an MCQ examination (80%). In order to qualify for the end-of-course exam, all time must be completed, and all DP requirements met. For SL: One bedside case counting 15%; portfolio cases (35%); MCQ (50%). The overall course pass mark is 50%.

All components of the assessment must be passed. A mark of <50% for the case presentations, portfolios or MCQ constitutes a fail. A student who fails a case presentation or portfolio will be reassessed during the course. The consequence of a failed MCQ will depend on the course mark. A course mark of < 48% with the MCQ failed, will mean that the student repeats the entire course. A course mark of greater than or equal to 48% with the MCQ exam failed will mean that a supplementary exam will be recommended to the exam board for the exam that they failed. If the student gets less than 50% for the course overall, they will have to repeat the course.

## PAEDIATRICS AND CHILD HEALTH

*ICH Building, Red Cross War Memorial Children's Hospital, Rondebosch*

### Professor and Head:

R Muloiwa, MBChB UKZN DCH FCPaed SA MSc LSHTM

### Professors:

A Davidson, MBChB *Cape Town* DCH FCP Cert (Med Onc Paed) SA  
 K Donald, MBChB *Cape Town* DCH FCPaed SA MRCPCH UK MPhil(Paed Neuro) PhD  
 BS Eley, BScHons (Medicine) MBChB *Cape Town* FCP SA  
 J Lawrenson, MBChB *Witwatersrand* MMed *Cape Town* FCP SA  
 ME Levin, MBChB MMed *Cape Town* FCPaed Dip (Allergology) SA PhD  
 McCulloch, MBChB *Witwatersrand* DTM&H FRCPCH London DCH FCPaed SA  
 B Morrow, BSc (Physiotherapy) PhD *Cape Town*  
 S Mathews, BSocSc BSocScHons (Social Work) *Cape Town* PhD *Witwatersrand*  
 J Wilmshurst, MBBS London MRCP UK FCPaed SA MD *Cape Town*  
 HJ Zar, MBChB *Witwatersrand* FAAP BC Paed BC Paed Pulm USA PhD *Cape Town* FCPaed SA  
 FRCP  
 L Zühlke, MBChB *Cape Town* DCH SA FCPaed SA Card Cert SA MPH *Cape Town* FESC UK

### Emeritus Professors:

F Bonnici, MBChB MMed *Cape Town* FCP SA ADE  
 G Swingler, MBChB PhD *Cape Town* DCH SA FCP SA  
 AC Argent, MBChB MMed *Witwatersrand* MD *Cape Town* DCH FCPaed Cert (Critical Care) SA  
 FRCPCH UK

### Honorary Professors:

S Andronikou, MBChB *Witwatersrand* FCRad Diag FRCR London PhD *Cape Town*  
 A Custovic, MBChB MSc MD PhD London MRCP  
 JR Carapetis, BMedSc MBBS FRACP Paeds FRACP Inf Dis FAFPHM PhD FAHMS  
 T Doherty, PhD Sweden MPH *Havard* MSc (Med) *Cape Town* BNursing *Cape Town*  
 P Hardien, FRCP London MRCP UK Dip in Geriatric Medicine MBChB NSc(Hons) Pharmacology  
 P Moons, BNursing MMedSocSc PhD  
 N Silverman, MBChB DSc *Witwatersrand* MD UCSF Warner, BSc PhD London  
 J Warner, MBChB DCH MRCP UK MD FRCP UK FRCPCH UK DMedSci AAAAAI

### Associate Professors:

HA Buys, MBChB *Zimbabwe* LRCP LRCS *Edinburgh* MRCP UK FCP SAM Coetzee,  
 BSocScHons UFS Dip (Paediatric Nursing) PhD *Cape Town*  
 M Coetzee, PhD (Nur) Paed Dip Comm Health Dip RN  
 R De Decker, MBChB MSc *Cape Town* DCH London FCPaed Cert (Medical Genetics Paed) SA  
 C Gray, MBChB *Cape Town* MRCPCH London MSc Surrey DipAllergy Southampton Dip  
 (Paediatric Nutrition)  
 W Hanekom, MBChB *Stell* DCH FCP (Paediatrics) SA  
 MC Harrison, MBChB *Cape Town* MRCP FRCPCH UK  
 M Hendricks, MBChB *Cape Town* Dip PEC DCH FCPaed CMO (Paediatrics) SA  
 A Horn, MBChB *Cape Town* FCPaed DCH CertNeon SA MRCP (Paediatrics) UK PhD *Cape Town*  
 C Hlela, MBChB FCDerm MSc GHS MMed PhD Oxon  
 P Nourse, MBChB MMed *Cape Town* FCP SA Cert (Paed Nephrol) SA  
 L Tooke, MBChB MMed *Cape Town* FCPaed Dip (Obstetrics & Gynaecology) (Primary  
 Emergency Care) SA  
 M Zampoli, MBChB *Cape Town* DCH FCPaed Cert (Pulm Paed) SA

**Associate Professors Part-Time:**

D Gray, MBChB PhD *Cape Town* FCPaed SA  
 A Vanker, MBChB MMed *Stell* FCPaed Cert (Pulm Paed) SA

**Honorary Associate Professor:**

P Hardien, FRCP *London* MRCP UK MBChB BSc Dip (Geriatric Medicine)  
 C Hugo-Hamman, MBChB *Cape Town* MA USA DCH FCP SA  
 E McCollum, BS *Durham* MD *Virginia* FCP Ped Pulm Fellowship MPH *Baltimore*  
 T Meguid, MD (*Maasricht*) DTM&H (*London*) MPhil-MCH (*Cape Town*) LL.B (HONS) MST-IHRL (*Oxford*)  
 V Luychx, MBChB *Witswaterandss* MSc *London* PhD *Zurich*

**Emeritus Associate Professors:**

VC Harrison, MBChB *Cape Town* DCH (RCP & S) MMED Paed UCT MD UCT  
 P Hartley, MBChB *Cape Town* FCPaed SA SAMDC  
 CD Karabus, MBChB MMed *Cape Town* DCH RCP&S FRCP *Edinburgh* FRCP *London*  
 AF Malan, MBChB MMed MD *Cape Town* Dip (Obstetrics & Gynaecology) SA  
 M Mann, MBChB PhD MMed *Cape Town*  
 J Wiggelinkhuizen, MBBCh MMed FCP SA  
 DL Woods, MBChB MD *Cape Town* FRCP DCH RCP&S UK  
 EG Weinberg, MBChB FCP SA

**Senior Lecturers Full-time:**

J Ahrens, MBChB *Cape Town* DA DCH FCPaed CIC (Paediatrics) SA  
 J Alt, MBChB *Cape Town* DCH SA ATLS APLS FCP  
 I Appel, MBChB, DCH, FCPaed SA  
 W Breytenbach, MBChB *Stell* FCP SA  
 A Brink, MBChB *Pret* MMed *Cape Town* FCNP DCH SA  
 M Carrihill, MBChB MPhil *Cape Town* FCPaed Cert (Endo & Metab) SA  
 G Comitis, MBChB *Cape Town* DCH Dip (Anaesthesia) FCPaed SA, Card Cert SA  
 L Cooke, MBChB PCPaed SA  
 A Coetzee, MBChB FCPaed Cert (Paediatric Neph)  
 S Chippendale, MBChB, DipPEC, DipHIVMan, FCPaed, MMED (Paed), DGDIP (Community Paed)  
 R Dunkley, MBChB *Cape Town* FCPaed SA  
 Y Joolay, MBChB *Stell* FCPaed SA, Cert Neonatology SA, MPhil UCT  
 T Kerbelker, MBChB ATLS ACLS BLS PALS *Cape Town* DCH FCPaed SA Dip (HIV Management) *Griffiths* Neuro Dip (Allergy) Cert (Paed Rheum) *Australia*  
 SM Kroon, MBChB *Cape Town* FCPaed SA DTM&H *London* MRCP UK  
 R de Lacey, MBChB MMed *Cape Town*, FCPaed SA, Cert (Paed Gastro) SA  
 D le Roux, MBChB n Dip (Obstetrics & Gynaecology) FCPaed SA, MMed, MPhil (Paed ID) PhD Cert. Paed ID, DTM&H *Witwaterstrand*, MPH *Baltimore*  
 S Naidoo, MBChB *Cape Town* DCH SA FCPaed SA Dip (Allergology) SA  
 AP Ndondo, MBChB *Medusa* FCPaed SA  
 P Nongena, MBChB, DCH SA, FCPaed SA, MDres *London*  
 JC Nuttall, MBChB *Cape Town* Dip (Obstetrics & Gynaecology) DCH FCPaed SA DTM&H *Witwatersrand*  
 C Procter, MBBS, DCH SA, MMed, FC Paed SA, MPhil, Cert Critical Care (Paed)  
 S Pillay, MBChB *Witwatersrand* DCH FCPaed SA Cert (Neonatology) SA MMED (Paediatrics)  
 MT Richards, MBChB *Cape Town* Cert DCH FCPaed SA NR Rhoda FCPaed SA Cert (Neonatology) (Dev Paed) SA  
 L Radebe, MBChB (UKZN), DCH SA, FCPaed SA, Cer )Paed Gastro) SA  
 S Salie, MBChB *Cape Town* DCH *London* PCPaed Cert (Critical Care) SA  
 G Scherbrucker, MBChB *Cape Town* DCH FCP SA

## 210 DEPARTMENTS IN THE FACULTY

A Spitaels, MBChB *Cape Town* DCH FCPaed SA  
A Sallo, MBChB (Wits), FCPaed (SA), Cert. Critical Care (SA); Paediatric Critical Care Fellowship – U of Toronto, ECMO/ECLS Specialiy Fellowship – sick kids  
L Swanson, MBChB Cape Twon, FCPaed SA, Card Cert.SA  
P Wicomb, MBChB *Cape Town* DCH FCPaed SA  
M Zampoli, MBChB *Witwatersrand* DCH FCP (Paediatrics) SA

### Senior Lecturers Part-time:

G Riordan, MBChB *Cape Town* DCH MMed FCP SA

### Senior Researcher

N North, MSc(Paed), RN  
K Hall, BMus UCT, MSocSci UCT, PhD *Witwatersrand*  
P Proudlock, BA:LLB *Stellenbosch*, MA:LLM UCT  
L Jamieson, BA in Arts & Social Sciences, *Strathclyde*, Hon Politics & European studies  
*Strathclyde*, Masters in Democratic Governance UCT  
M Orgill, BA (B.Admin) Honours (B.Admin) Masters Public Policy UCT

### Researcher:

N Titi, B.Psych UWC Masers Research Psychology UWC PhD DPsy UNISA  
M Nyathi, BA:LLB *Wits* MA:LLM *Wits*  
L October, BA International Studies *Stell* BA Hons International Studies *Stell* BA Health Sciences and Social Services Psychology counselling UNISA MA Political Science *Stell*  
M Gwele, BA Social Science UWC Hon Development Studies UWC Masters Social Science UCT

### Communication and Education Specialist:

L Lake, BA (Hons) BS PGDip

### Clinical Educator:

A Amos, MNCH PG Dip(Crit Care Child) RN  
B Jama, MNCH PG Dip(Child) RN  
L White, BSc(Nur)(Hons) Paed Dip RN

### Honorary Senior Lecturers:

J Buckley, MBChB FCPaed BSc Cert (Paed Neph) SA  
B Cheema, MPP, Master of Philosophy, DTM&H(UK), BSc, GHD  
B Cullis, Cert in Nephrology UK Cert in Intensive Care Medicine UK Certi in Internal Medicine UK Dip in Intensive care Medicine UK MRCP *London*  
A de Sousa Andrade, MBBCH Dip in Child Health FCPaed SA MMed(Paed) Cert.Med Onc SA  
R Dippenaar, Diploma in Child Health SA MMed *Stell* FCP SA Cert in Neonatology SA  
P Gajjar, MBChB, DCH FCPaed SA Cert. in Paed Nephro Diploma in Paed Palliative Care UCT  
A Greyling; MBChB MRCPCH UK FCPaed SA Cert. Cardiology SA ECDS ECES  
B Fourie, MBChB, FCPaed, Cert Cardo Paeds  
F Kritzinger, MBChB *Stell* FCPaed SA MMed *Stell* Cert Paed Pulmonology  
N McKerrow, BA *Unisa* MBChB MMed *Cape Town* FCPaed SA DCH S  
E McCollum, BS Biology *Durham MD Virginia* Ped Pulm Fellowship Baltimore MPH *Baltimore*  
S Moodley, MBChB *Cape Town*, DCH, FCPaed, Cert (Dev Paed) SA  
R Petersen, MBChB UCT SA Diploma in Child Health SA FCPaed SA Cert. (Dev Paed) SA MSC Clin Epi SA  
H Pribut, MBChB *Cape Town* FCPaed SA  
V Ramanjam, MBChB *Cape Town* DCH FCP SA  
B Rossouw, MBChB Dip (Tropical Medicine Paed) MSc (Sports Medicine) *Pret* Cert (Critical Care) SA PJ Sinclair, MBChB *Cape Town* DCH FCP SA  
P Sinclair, MBChB DCH FcPaed SA

GM Walsh, MSc, BSc(Hons) DipHE (Nurs.) RN RSCN  
 AJ Wright, MBChB *Witwatersrand* MRCP *UK* MRCPC *UK* MSc *UCL* BPharmHons *Rhodesia*  
 M Wege, MBChB FCPaed Paed SACrit Care

**Lecturers Full-time:**

C Afonso, MBChB, DCH, MPhil, MCN  
 A Barker, MBChB *Cape Town*  
 H de Quintal, MBChB DCH FCPaed  
 I Hendry, MNCH, PG Dip(Child) Dip(Forensic Nur), HDE, RN  
 N Mtolo, MNCH, Bcur(nurs EducAdmin), Paed Dip RN  
 A Ramcharan, MBBCH *Witwatersrand* DCH *SA* FCPaed *SA* Cert (Endocrinology & Metabolism *SA*)  
 A Radloff-Kingston, MBChB *Cape Town*  
 S Raga, MBChB *Wits* FCP (Paediatrics) *SA* MPhil (Paediatric Neurology)  
 K Reichmuth, MBChB DipHIVMan *SA*  
 J Shea, MPhil (MCH) MPhil (CRA) PG Dip (MCH)  
 B van Stormbroek, BSc MBChB MMed *Cape Town* DCH *SA* PCPaed *SA*  
 M Wiggelinkhuizen, MBChB *Cape Town*  
 I Webber, MNCH PG Dip(Crit Care Child) RN

**Lecturers Part-time:**

C Davis, MSc(Nur), PG Dip(Crit Care Child), RN  
 WR Mathiassen, MBChB *Cape Town* MRCP *UK*  
 MA Meiring, MBChB *Pret* FCPaed *SA* Mmed *Witwatersrand*  
 M Wessels MBChB MMed

**Honorary Lecturers:**

LA Calvert, MBChB Dip in Comm&Gen  
 L Ferguson, MBChB MMed Paeds, PhD  
 MT Groenewald, MBChB (UCT) PGDip HPE  
 S Karabus, MBChB *Cape Town* DCH Dip (Allergology) FCPaed *SA* MRCPC *UK*  
 T Murray, MBChB DCH *SA* FCPaed *SA* Cert. Pulmonogy *SA*  
 D Reddy, MBChB DCH FCPaed *SA* Mmed Cert (Paed Neph) *SA*  
 V Kander, Mtech *UFS* BTech DCNT  
 R Sher Msc (Med) Dip HIV DCH(SA) MBBCH *Witwatersrand* BA(Hons)*Witwatersand* BA *Witwatersrand*  
 K van Niekerk, MBChB *Stell*  
 D Zieff, FCFP Dip (HIV Management)

**Allergology (Paediatric)**

**Professor and Head:**

ME Levin, MBChB MMed PhD *Cape Town* FCPaed Dip (Allergology) *SA*

**Honorary Professors:**

J Warner, BSc PhD *London*  
 JA Warner, BSc, PhD *London*

**Honorary Senior Lecturers:**

S Karabus, MBChB *Cape Town* DCH Dip (Allergology) FCPaed *SA* MRCPC *UK*

**Associate Professor Part-time:**

C Gray, MBChB *Cape Town* MRCPC *London* MSc *Surrey* Dip (Allergology) (Paed Nutr) *Southampton*

## **Associated Paediatric Disciplines**

### **Physiotherapy Department:**

*S13 Ground Floor OPD, Red Cross Children's Hospital, Rondebosch*  
(Sameer.rahim@uct.ac.za or Sameer.rahim@westerncape.gov.za) 021 658 5033/5130

### **Head of Department:**

S Rahim, BSc (Physiotherapy) *Cape Town*

### **Occupational Therapy Department:**

*S10 Ground Floor OPD, Red Cross Children's Hospital, Rondebosch*  
(Mereille.pursad@westerncape.gov.za) 021 658 5038/5609

### **Head of Department:**

M Pursad, BSc (Occupational Therapy) *Stell*

### **Speech and Language Therapy Department:**

*S24 1<sup>st</sup> Floor OPD, Red Cross Children's Hospital, Rondebosch*  
(Lezanne.leroux@westerncape.gov.za) 021 658 5264

### **Head of Department:**

L le Roux, BSc (Speech and Audiology) *Stell*

### **Nutrition and Dietetics Department:**

*S14 Ground Floor OPD, Red Cross Children's Hospital, Rondebosch*  
(Shihaam.cader@westerncape.gov.za) 021 658 5471

### **Head of Department:**

S Cader, BScHons (Medicine) *Cape Town*

### **Audiology Department:**

*S24 1<sup>st</sup> Floor OPD, Red Cross Children's Hospital, Rondebosch*  
( ) 021 658 5406 (silva.kuschke@westerncape.gov.za)

### **Head of Department:**

Dr Silva Kuschke, PhD (Audiology) *University of Pretoria*

### **Social Work Department:**

*B8 B Floor Main Hospital, Red Cross Children's Hospital, Rondebosch*  
(Carla.brown@westerncape.gov.za) 021 658 596

### **Head of Department:**

C Brown, BSocSci (Social Work) *UCT*

## **Child and Adolescent Psychiatry**

*[See Department of Psychiatry and Mental Health.]*

### **Children Institute:**

S Mathews, BSocSci BSocScHons (Social Work) *Cape Town PhD Witwatersrand*

### **Senior Researcher Full-time:**

K Hall, BMus *UCT* MSocSci *UCT* PhD *Witwatersrand*  
P Proudlock, BA:LLB *Stell* MA:LLM *UCT*

L Jamieson, BA in Arts & Social Sciences *Strathclyde* Hon Politics & European studies *Strathclyde*  
 Masters in Democratic Governance *UCT*  
 M Orgill, BA (B.Admin) Honours (B.Admin) Masters Public Policy *UCT*

**Researcher Full-time:**

N Titi, B.Psych *UWC* Masers Research Psychology *UWC* PhD DPsy *UNISA*  
 M Nyathi, BA:LLB *Wits* MA:LLM *Wits*  
 L October, BA Internaional Studies *Stell* BA Hons International Studies *Stell* BA Health Sciences  
 and Social Services Psychology counselling *UNISA* MA Political Science *Stell*  
 M Gwele, BA Social Science *UWC* Hon Development Studies *UWC* Masters Social Science *UCT*

**Communication and education Specialist:**

L Lake, BA (Hons) BS PGDip

**Honorary Professors:**

R Reis BA (Hons) MA PhD

**Harry Crossley Children's Nursing Development Unit**

**Associate Professor:**

M Coetzee, PhD (Nur) Paed Dip Comm Health Dip RN

**Senior Researcher:**

N North, MSc (Paed) RN

**Lecturers Full-Time:**

I Hendry, MNCH PG Dip(Child) Dip(Forensic Nur) HDE RN  
 N Mtolo, MNCH Bcur (Nur Educ, Admin) Paed Dip RN  
 I Webber, MNCH PG Dip (Crit Care Child) RN

**Lecturers Part-time:**

C Davis, MSc(Nur) PG Dip(Crit Care Child) RN

**Clinical Educator:**

A Amos, MNCH PG Dip(Crit Care Child) RN  
 B Jama, MNCH PG Dip(Child) RN  
 L White, BSc(Nur)(Hons) Paed Dip RN

**Programme Facilitator:**

J Vos, Dip (Nursing) RN

**Cardiology (Paediatric)**

**Associate Professor and Head:**

J Lawrenson, MBCh *Witwatersrand* MMed *Cape Town* FCP *SA*

**Professor Part-time:**

L Zuhlke, MBChB MPH *Cape Town* DCH *SA* FCPaed *SA* Card Cert *SA* FESC *UK*

**Associate Professor Full-time:**

R de Decker, MSc MBChB *Cape Town* DCH *London* Cert (Med Genet Paed) FCPaed *SA*

## 214 DEPARTMENTS IN THE FACULTY

### Senior Lecturer Full-time:

G Comititis, MBChB *Cape Town* DCH Dip (Anaesthesia) FCPaed SA Card Cert SA  
L Swanson, MBChB *Cape Town* FCPaed SA Card Cert SA

### Senior Lecturers Part-time:

WR Mathiassen, MBChB *Cape Town* MRCP UK

### Honorary Associate Professor:

C Hugo-Hamman, MA *Oxon* MBChB *Cape Town* DCH *London* FCPaed SA

### Honorary Senior Lecturer:

H Pribut, MBChB *Cape Town* FCPaed SA  
A Greyling, MBChB MRCPCH UK FCPaed SA Cert. Cardiology SA ECDS ECES  
B Fourie, MBChB FCPaed Cert Cardio Paeds

## Child Health Unit

### Acting Head and Lecturer:

J Shea, MPhil (MCH) MPhil (CRA) PG Dip (MCH)

## Critical Care (Paediatric)

### Head of Department:

S Salie, MBChB *Cape Town* DCH *London* FCPaed Cert (Critical Care) SA

### Professors Full-Time:

B Morrow, BSc (Physiotherapy) PhD *Cape Town*

### Senior Lecturers Full-time:

J Ahrens, MBChB *Cape Town* DA DCH FCPaed Cert (Critical Care) SA  
I Appel, MBChB DCH FCPaed SA  
C Procter, MBBS DCH SA MMed FC Paed SA MPhil Cert Critical Care (Paed)  
A Sallo, MBChB (Wits) FCPaed (SA) Cert. Critical Care (SA) Paediatric Critical Care Fellowship –  
U of Toronto ECMO/ECLS Speciality Fellowship – sick kids

## Dermatology (Paediatric)

### Associate Professor and Head:

C Hlela, MBChB FCDerm MSc GHS MMed PhD *Oxon*

## Developmental Paediatrics

### Professor and Head:

K Donald, MBChB MPhil *Cape Town* DCH FCPaed Cert (Paed Neuro) SA MRCPCH UK

### Senior Lecturers Full-time

MT Richards, MBChB *Cape Town* Cert DCH FCPaed SANR Rhoda FCPaed SA Cert  
(Neonatology) (Dev Paed) SA  
S Moodley, MBChB *Cape Town* DCH FCPaed Cert (Dev Paed) SA

### Honorary Senior Lecturer:

V Ramanjam, MBChB *Cape Town* DCH FCPaed Cert (Dev Paed) SA

**Lecturers Part-time:**

S Warner, MBChB *Cape Town DCH SA*

**Endocrinology (Paediatric)****Head of Department:**

M Carrihill, MBChB MPhil *Cape Town FCPaed Cert (Endocrinology & Metabolism SA (Paed Endo)*

**Senior Lecturers Full-time:**

A Ramcharan, MBBCh *Witwatersrand DCH SA FCPaed SA Cert (Endocrinology & Metabolism SA Paed*

A Spitaels, MBChB *Cape Town DCH FCPaed SA*

**Gastroenterology (Paediatric)****Head of Department:**

RJ de Lacy, MBChB *UCT FC Paeds SA Cer (Paed Gastro) SA*

**Senior Lecturer Full-time:**

L Radebe, MBChB *UKZN DCH SA FCPaed SA Cer (Paed Gastro) SA*

**Lecturers Part-time:**

M Ledger, MBChB BSc BScHons (Medicine) *Cape Town DCH FCPaed SA*

RA Brown, MBChB *Cape Town MPhil Stell DCH FCS SA FRCS Edinburgh*

**General Paediatrics****Professor**

R Muloiwa, MBChB *UKZN DCH FCPaed SA MSc LSHTM*

**Associate Professors:**

HA Buys, MBChB *Zimbabwe LRCP LRCS Edinburgh MRCP UK FCP SA*

M Hendricks, MBChB *Cape Town Dip (Primary Emergency Care) DCH FCPaed CMO (Paediatrics) SA*

**Senior Lecturers Full-time:**

L Cooke, MBChB *Cape Town FCPaed SA*

S Chippendale, MBChB DipPEC DipHIVMan FCPaed MMED (Paed) DGDIP (Community Paed)

R Dunkley, MBChB *Cape Town FCPaed SA*

T Kerbelker, MBChB ATLS ACLS BLS PALS *Cape Town DCH FCPaed SA Dip (HIV Management) Griffiths Neuro Dip (Allergy) Cert (Paed Rheum) Australia*

D le Roux, MBChB Dip (Obstetrics & Gynaecology) FCPaed SA MMed MPhil (Paed ID) PhD Cert. Paed ID DTM&H *Wits MPH Baltimore*

S Naidoo, MBChB *Cape Town DCH SA FCPaed SA Dip (Allergology) SA*

G Schermbrucker, MBChB *Cape Town DCH FCP SA*

**Lecturer Full-Time:**

B van Stormbroek, BSc MBChB MMed *Cape Town DCH SA PCPaed SA*

**Honorary Senior Lecturer:**

B Cheema, MPP, Master of Philosophy DTM&H *UK BSc GHD*

K van Niekerk, MBChB *Stell*

## Haematology/Oncology (Paediatric)

**Professor and Head:**

A Davidson, MBChB MPhil *Cape Town* DCH FCPaed Cert (Med Onc Paeds) *SA*

**Senior Lecturers Full-time:**

MG Hendricks, MBChB *Cape Town* DCH Dip (Primary Emergency Care) FCPaed Cert (Med Onc Paeds) *SA*

**Lecturer Full-time:**

H de Quintal, MBChB DCH FCPaed

**Honorary Senior Lecturer:**

A de Sousa Andrade, MBBCh Dip in Child Health FCPaed *SA* MMed (Paeds) Cert.Med Onc *SA*

## Infectious Diseases (Paediatric)

**Professor and Head:**

BS Eley, BScHons (Medicine) MBChB *Cape Town* FCP *SA*

**Senior Lecturer Full-time:**

JC Nuttall, MBChB *Cape Town* Dip (Obstetrics & Gynaecology) DCH FCPaed *SA* DTM&H *Witwatersrand*

## Neonatology

**Associate Professor and Head:**

MC Harrison, MBChB *Cape Town* MRCP FRCPCH *UK*

**Emeritus Associate Professors:**

VC Harrison, MBChB *UCT* DCH (RCP & S) MMED *Paed UCT* MD *UCT*

AF Malan, MBChB MMed MD *Cape Town* Dip (Obstetrics & Gynaecology) *SA*

DL Woods, MBChB MD *Cape Town* FRCP DCH RCP&S *UK*

**Associate Professor Full-time:**

A Horn, MBChB *Cape Town* FCPaed DCH Cert (Neonatology) *SA* MRCP (Paediatrics) *UK* PhD *Cape Town*

L Tooke, MBChB *Cape Town* FCPaed MMed Dip (Obstetrics & Gynaecology) (Primary Emergency Care) *SA*

**Senior Lecturers Full-time:**

Y Joolay, MBChB *Stell* FCPaed *SA*, Cert Neonatology *SA*, MPhil *UCT*

SM Kroon, MBChB *Cape Town* FCPaed *SA* DTM&H *London* MRCP *UK*

S Pillay, MBChB *Witwatersrand* DCH FCPaed *SA* Cert (Neonatology) *SA* MMED (Paediatrics)

NR Rhoda, MBChB *Cape Town* FCPaed *SA* Cert (Neonatology) *SA*

AM van Niekerk, MBBCh *Witwatersrand* DCH FCPaed Cert (Paediatric Cardiology) *SA*

**Lecturers Full-time:**

C Afonso, MBChB DCH MPhil *MCN*

**Honorary Lecturer:**

LA Calvert, MBChB Dip in Comm&Gen

MT Groenewald, MBChB *UCT* PGDip *HPE*

## Nephrology (Paediatric)

### Professor and Head:

M McCulloch, MBChB *Witwatersrand* DCH FCPaed SA

### Associate Professor:

P Nourse, MBChB MMed *Cape Town* FCP SA Cert (Paed Nephrol)

### Honorary Associate Professor:

P Hardien, FRCP *London* MRCP UK MBChB BSc Dip (Geriatric Medicine)

V Luychx, MBChB *Witswaterandss* MSc *London* PhD *Zurich*

### Honorary Senior Lecturer:

J Buckley, MBChB FcPaed BSc Cer (Paed Neph) SA

B Cullis, Cert in Nephrology UK Cert in Intensive Care Medicine UK Certi in Internal Medicine UK

Dip in Intensive care Medicine UK MRCP *London*

P Sinclair, MBChB DCH FcPaed SA

AJ Wright, MBChB *Witwatersrand* MRCP UK MRCPCCH UK MSc UCL BPharm Hons *Rhodesia*

### Honorary Lecturer:

D Reddy, MBChB DCH PcPaed MMed Cert (Paed Neph) SA

### Senior Lecturer Full-time:

A Coetzee, MBChB FCPaed Cert (Paed Neph)

## Neurology (Paediatric)

### Professor and Head:

J Wilmshurst, MBBS *London* MRCP UK FCPaed SA MD *Cape Town*

### Senior Lecturer Full-time:

AP Nondo, MBChB *Medunsa* FCPaed Cert (Paed Neuro) SA

### Senior Lecturers Part-time:

G Riordan, MBChB MMed *Cape Town* DCH CPaed SA

S Raga, MBChB *Witwatersrand* FCP (Paediatrics) SA MPhil (Paediatric Neurology) FCPaed Cert (Paed Neuro) SA

### Honorary Lecture:

V Kander, MTech UFS BTech DCNT

## Pulmonology (Paediatric)

### Professor and Head:

HJ Zar, MBChB *Witwatersrand* FAAP BCPaed USA BCPaed (Pulmonology) USA PhD *Cape Town* FCPaed SA FRCP

### Associate Professor:

M Zampoli, MBChB *Cape Town* DCH FCPPaed Cert (Pulm Paed) SA

### Associate Professors Part-Time:

D Gray, MBChB PhD *Cape Town* FCPaed Cert (Pulm Paed) SA

A Vanker, MBChB MMed *Stell* FCPaed Cert (Pulm Paed) SA

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### Honorary Senior Lecturer:

F Kritzinger, MBChB *Stell* FCPaed SA MMed *Stell* Cert Paed Pulmonology

### Honorary Associate Professor:

E McCollum, BS Biology *Durham* MD *Virgina* Ped Pulm Fellowship Baltimore MPH *Baltimore*

### Honorary Lecturer

L Ferguson, MBChB MMed Paeds PhD

## Rheumatology (Paediatric)

### Head:

K Webb, MBBCH *Wits* FCPaed SA Cert Paed Rheum SA MMed *UCT* PhD *UCL*

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### PED2001S SPECIAL STUDY MODULE

*Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully completed all second year MBChB courses.

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### PED4016W NEONATOLOGY

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PED4116X, PED4216X, PED4316X, PED4416X, PED4516X*

10 NQF credits at NQF level 8; 44 Lectures comprising of 30 obstetrics lectures, 12 neonatal lectures and two languages (IsiXhosa) lectures. Two Obstetric skills training sessions. One neonatal resuscitation skills training session. A minimum of 10 tutorials (five Obstetric and five Neonatal). Placement at secondary level hospitals (Mowbray Maternity or New Somerset) x 2-weeks Placement at Midwife Obstetric Unit (Mitchell's Plain or Vanguard) x 1-week. Midwife Obstetric Unit day visits (Retreat or Hanover Park) x 2-days. .

**Convener:** Dr NR Rhoda

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Co-requisites:** The obstetrics and neonatal components of the course must be passed individually.

**Objective:** The purpose of the course is to acquaint the student with regionalized perinatal care; and to develop the knowledge, skills, and attitudes to provide safe, effective, and compassionate maternal/newborn care in primary and secondary perinatal care settings.

#### **Course outline:**

Obstetrics (OBS4003W) and Neonatology (PED4016W) are taught jointly in a eight-week perinatal medicine block rotation. The joint rotation builds on the introduction provided in third year MBChB, and forms part of a progressive spiral curriculum that runs through to the final year. During this time, students acquire the knowledge, skills and professional conduct required for medical practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to primary (or community-based) and secondary (hospital-based) levels of care. Practical experience for both Obstetrics and Neonatology is recorded in a logbook, and includes at least eight deliveries under supervision, as well as assessment and care of the newborn as detailed in four neonatal case reports. Further details are specified in the logbook.

Students are encouraged to develop professional behaviour, as well as to develop empathic and caring attitudes through compassion tutorials and a Health and Human Rights workshop. The rotation is supplemented by a series of online lectures, bedside tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other disciplines, in order to provide an integrated, multidisciplinary approach to common perinatal problems. The knowledge and skills acquired during the fourth year of the MBChB programme form the foundation of Obstetric and Neonatal medicine.

**Lecture times:** Lectures are all online and scheduled for completion in the first week.

**DP requirements:** Students must: (a) attend the neonatal resuscitation training in the Introductory Week; (b) complete all the online lecture materials; (c) examine the newborns of the mothers delivered by their clinical partners on at least five-night calls during the block; (d) have one of their four neonatal case reports completed before the start of the assessment week; (e) *attend* all six of the neonatal clinical bedside tutorials; f) Complete the two online quizzes; g) Complete and submit the skills logbook (details in course outline).

**Assessment:** The Obstetrics (OBS4003W) and Neonatology (PED4016W) courses are assessed concurrently at the end of the 8-week block. The PED4016W assessment comprises an MCQ [40% of the total mark for PED4016W], OSCE [20% of the total mark for PED4016W], case reports [20% of the total mark for PED4016W], and in-course assessment [20% of the total mark for PED4016W]. For PED4016W, each student must achieve an overall mark of 50% or more. Any student who obtains 47% or less may need to repeat the 2-week neonatology course and its assessment in full. Should a student obtain a mark of 48% to 49% inclusive, a recommendation will be made to the Faculty Examinations Committee that the student be offered a supplementary assessment\* as detailed in the course handbook. Should the student fail (achieve <50%) or not attend the supplementary assessment, the 2-week neonatology course will need to be repeated in the next academic year. \*All supplementary assessments will take place in the supplementary time period scheduled at the start of the next calendar year.

### **PED4017W NEONATOLOGY FOR EXTERNAL CREDIT**

7 NQF credits at NQF level 8

**Convener:** Dr N R Rhoda

**Objective:** To impart skills to equip the student for newborn resuscitation, newborn examination and assessment, and provision of routine care for the well and sick newborn.

**Course outline:**

Neonatology (PED4017W) is taught as a three-week block. This forms part of a progressive spiral curriculum that runs through to the final year. Students acquire the skills and professional conduct required for neonatal medical practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to community-based and hospital-based levels of care. Practical experience for Neonatology is recorded on a logsheet. It includes observation and performance under supervision of newborn examination and newborn procedures as stipulated on the log sheet, as well as assessment and care of the newborn as detailed in four neonatal case reports. Students are encouraged to develop professional behaviour, as well as to develop and become skilled in empathic and caring attitudes through perinatal bereavement seminars and tutorials. The rotation is supplemented by a series of lectures, tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other disciplines, in order to provide an integrated, multidisciplinary approach to common neonatal problems. The neonatal knowledge and skills acquired during this course form the foundation of Neonatal Medicine.

**DP requirements:** Students must: (a) attend the neonatal resuscitation training in the Introductory and Orientation two week period; (b) Complete all of the online lecture materials; (c) examine a minimum of four newborns of the mothers delivered by their clinical partners during the block (will be included in obstetric logbook); (d) Complete four neonatal case reports and provide a discussion (1 page) on only one of these 4 cases, complete and submit all case reports at the end of the three week neonatal block online on Vula (electronically); (e) attend six neonatal clinical bedside tutorials;

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and (f) Complete the skills logbook and submit the hard copy of the completed neonatal log sheet by 15h00 on the last Friday of the 3 week neonatal rotation; (g) Complete the two online quizzes.

**Assessment:** The Obstetrics (OBS4006W) and Neonatology (PED4017W) courses are assessed concurrently at the end of the year. The PED4017W assessment comprises an OSCE [60% of the total mark], case reports [20% of the total mark], and in-course assessment [20% of the total mark]. For PED4017W, each student must achieve an overall mark of 50% or more. Any student who obtains 47% or less will need to repeat the 2-week neonatology course and repeat end of course assessment in full. Should a student obtain a mark of 48% to 49% inclusive, a recommendation will be made to the Faculty Examinations Committee that the student be offered a supplementary assessment\* as detailed in the course handbook. Should the student fail (achieve <50%) or not attend the supplementary examination, the 2-week neonatology course will need to be repeated in the next academic year. \*All supplementary assessments will take place in the supplementary time period scheduled at the start of the next calendar year.

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### **PED4049W INTRODUCTION TO CHILD AND ADOLESCENT HEALTH**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PED4149X, PED4249X, PED4349X, PED4449X, PED4549X. 10 NQF credits at NQF level 8*

**Convener:** Dr J Nuttall and Dr K Reichmuth

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The discipline of child and adolescent health seeks to promote the health of children and adolescents, prevent illness, and minimize the consequences of illness when it does occur. This course focuses on the health issues of children and adolescents, including services for well individuals and an approach to the management of child and adolescent health problems commonly seen at a primary care level. Students are encouraged to apply the community-oriented primary care model of individual, family, community, and population factors to critically examine health issues affecting children and adolescents.

**DP requirements:** Students must fulfil all of the following: (a) Attendance at all face-to-face teaching and learning activities and (b) Completion of all online quizzes by the deadline stipulated on the course site.

**Assessment:** The summative assessment comprises the following: (a) an end-of-block multiple choice/ extended matching item (MCQ/EMI)-format examination (60% of the overall course mark); (b) assessment of case-based written assignments [20% of the overall course mark] and (c) assessment of an oral presentation and contribution to the discussion at the cross-cutting seminars [20% of the overall course mark]. The overall course pass mark is 50%. In addition, a subminimum of 50% must be achieved for the end-of-block MCQ/EMI examination. Supplementary examinations: Students who attain 48-49% as the overall course mark or in the end-of-block MCQ/EMI examination will do a repeat MCQ/EMI examination in the following academic year. Students who attain <48% as the overall course mark or in the end-of-block MCQ/EMI examination fail, and must repeat the course in full, with a full summative assessment in the following academic year. Students who do not meet the Duly Performed requirements fail, and must repeat the course in full, with a full summative assessment in the following academic year

**PED5004W GENERAL CARE OF THE CHILD FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PED5104X, PED5204X, PED5304X, PED5404X, PED5504X*  
40 NQF credits at NQF level 8

**Convener:** Dr K Reichmuth

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

This eight-week course comprises neonatology and general paediatrics. The two-week neonatology rotation will take place at either Mowbray Maternity, New Somerset, or Groote Schuur Hospital. Students will sit an end-of-rotation neonatology examination. The six-week general paediatric rotation will take place at New Somerset Hospital or Red Cross War Memorial Children's Hospital. It comprises a series of tutorials on clinical methods and examination techniques, seminars on common paediatric topics relevant to the South African health care environment with a focus on guideline-based management, and placement in a general paediatric ward. Students will undergo a full day of compulsory Paediatric Life Support training. The curriculum is composed of common presentations (which students address in terms of history taking, examination, assessment, and management plans, as well as during bedside tutorials and in assembling their portfolio and completing their Due Performance logbook) and core topics. Students who pass this course will be able to recognize and provide appropriate treatment / management of level 1 conditions presenting in a neonate, infant, child, and adolescent, and will be able to recognize, provide emergency treatment/ management of, and ensure appropriate and safe referral of neonates, infants, children, and adolescents presenting with level  $\geq 2$  conditions. In addition, students will have developed professional behaviour and attitudes appropriate to handling children and their caregivers, and awareness of the rights of children and the doctor's role as an advocate for child health.

**DP requirements:** To qualify for the end-of-block assessment, students must fulfil all of the following: (1) Achieve at least 50% for both the paediatric and neonatal in-course assessments; (2) successfully complete the paediatric procedure and resuscitation training; (3) successfully complete the neonatal procedure and resuscitation training; (4) submit their Due Performance (DP) requirement logbook (completed, signed, and dated appropriately) to the course administrator by the stipulated deadline; (5) complete a portfolio of the minimum required number of cases; and (6) achieve a minimum of 80% attendance\* in each rotation (monitored by signed attendance). \*Any student missing ward attendance without a valid and approved reason will not be allowed to do the end-of-block examination. In the event of a student being absent from the ward for whatever reason, permission will need to be granted by the convener. If the period of absence is seven days or more working days over the six-week paediatric rotation or two working days or more during the two-week neonatal rotation, time will need to be made up. If for whatever reason time cannot be made up to meet the minimum attendance requirements the rotation has to be repeated (Faculty of Health Sciences leave of absence rules apply).

**Assessment:** The general paediatric summative assessment comprises an in-course assessment [30% of the overall course mark]; an end-of-block short-case clinical assessment [20% of the overall course mark]; an oral portfolio assessment [10% of the overall course mark]; and an online assessment [20% of the overall course mark]. The neonatal summative assessment comprises an in-course assessment [10% of the overall course mark] and a neonatal medicine clinical case assessment [10% of the overall course mark]. While the overall course pass mark is 50%, a subminimum of 50% must be achieved for each of the following: (1) the paediatric end-of-block clinical assessment; (2) the paediatric end-of-block portfolio assessment; (3) the end-of-block online assessment; and (4) the neonatal clinical assessment. In addition, students must obtain an exempt pass in the exit examination on procedural competence (MDN6004W). Students who attain 48–49%: (1) as the overall course mark will be required to do 2 weeks of supplementary time and undergo a supplementary clinical and oral portfolio assessment; (2) in the paediatric short cases clinical assessment will be required to do a supplementary clinical assessment; (3) in the oral portfolio assessment will be required to do a supplementary oral portfolio assessment using existing portfolio cases;

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(4) in the neonatal clinical case assessment will be required to do a supplementary neonatal case assessment. Students who attain  $\leq 47\%$ : (1) as the overall course mark, fail and have to repeat the course; (2) in the paediatric clinical short-case assessment will be required to do 2 weeks of supplementary time and a repeat clinical assessment; (3) in the oral portfolio assessment will be required to do 2 weeks of supplementary time, collect a stipulated number of new portfolio cases, and do a repeat portfolio assessment on new or existing cases; (4) in the neonatal clinical case assessment will be required to do 1 week of supplementary time in neonatology and a repeat neonatal case assessment. The timing of all supplementary assessments will be determined by the Faculty of Health Sciences: Undergraduate Office. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in the supplementary examination or who do not attend or fail the deferred examination must repeat the full course and its end-of-block summative assessment in the next academic year. \*All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University or at a time agreed to by all of the following: the Faculty of Health Sciences Undergraduate Office, the Department of Paediatrics and Child Health, any other affected department, and the student.

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### **PED5005W CARING FOR CHILDREN: PAEDIATRIC SURGERY**

10 NQF credits at NQF level 8

**Convener:** Professor S Cox, Dr T Siyotula and Dr K Reichmuth

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Co-requisites:** If taking this course for the first time, it must be taken together with Caring for Children: Paediatric Medicine during the same eight-week modular block.

**Course outline:**

Caring for Children comprises two courses (Caring for Children: Paediatric Medicine [PED5006W] and Caring for Children: Paediatric Surgery [PED5005W]) that are fully integrated and must thus be taken during the same eight-week modular block. As this course forms the theoretical basis for final year, it incorporates considerable, structured online and face-to-face teaching and learning activities. Caring for Children: Paediatric Medicine comprises two weeks of ambulatory paediatrics and four weeks of inpatient care. Students will be placed at Red Cross War Memorial Children's Hospital, New Somerset Hospital, or Groote Schuur Hospital. Caring for Children: Paediatric Surgery comprises two weeks of exposure to paediatric surgery in- and out-patient care, and surgical theatre; it takes place at Red Cross War Memorial Children's Hospital. The curriculum is composed of core topics and common presentations which students address in terms of history taking, examination, and clinical reasoning; during bedside tutorials; in assembling portfolios; and engaging with online content. Students who pass these courses will have knowledge of common core childhood medical and surgical diseases and conditions; skill at taking a history from children and their caregivers; examining children and adolescents; the ability to define an appropriate problem list and formulate an appropriate management plan; awareness of basic procedures; professional behaviour and attitudes appropriate to handling children and their caregivers; and awareness of the rights of children and the doctor's role as an advocate for child health.

**DP requirements:** To qualify for the end-of-block examination, students must fulfil ALL of the following: (a) Achieve a minimum of 80% attendance\* at ward, ambulatory, and scheduled activities, monitored by signed attendance; (b) complete all online quizzes within the time stipulated in the course handbook; and (c) produce and submit an original portfolio of the stipulated number of cases as outlined in the course handbook. Students who do not meet DP requirement (a) or (c) above fail the course and must repeat it in full in the next academic year. Students who do not meet DP requirement (b) above must do an additional week of online time and complete all quizzes stipulated by the course convener by the deadline set. \*Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook. If a student is absent with permission for more than two working days during the two-week paediatric surgery course, the time missed will need to be made up to attain the minimum attendance criterion - this may or may not be possible to do, given the time and/or activities missed. DP concession rules apply.

**Assessment:** The courses PED5005W and PED5006W will be examined together in the last week of the eight-week modular block. The overall pass mark for PED5005W is 50%. The assessment comprises an MCQ/EMI-type online examination. The following will be recommended to the Faculty Examinations Committee, that students who:(a) fail the assessment with a mark of 47% or less will be required to complete one week of additional time and undergo a supplementary examination\* in paediatric surgery or (b) fail the assessment with a mark of 48–49% will be offered a supplementary examination. For students who do not meet the DP requirements for the course, recommendation to the Faculty Examinations Committee will be according to what is stated in the DP Requirements section above. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in any component of the supplementary exam or who do not attend or fail any component of the deferred exam must repeat the course and the end-of-block summative assessment in full in the next academic year. \*All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the Faculty of Health Sciences.

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### **PED5006W CARING FOR CHILDREN: PAEDIATRIC MEDICINE**

30 NQF credits at NQF level 8

**Convener:** Associate Professor H Buys, Dr A Ramcharan and Dr K Reichmuth

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Co-requisites:** If taking this course for the first time, it must be taken together with Caring for Children: Paediatric Surgery during the same eight-week modular block.

**Objective:** Build knowledge, skills and attributes needed to promote health amongst, prevent disease in and provide holistic medical and surgical care to children and adolescents.

**Course outline:**

Caring for Children comprises two courses (Caring for Children: Paediatric Medicine [PED5006W] and Caring for Children: Paediatric Surgery [PED5005W]) that are fully integrated and must thus be taken during the same eight-week modular block. As these courses form the theoretical basis for final year, they incorporate considerable structured online and face-to-face teaching and learning activities. Caring for Children: Paediatric Medicine comprises two weeks of ambulatory paediatrics and four weeks of inpatient care. Students will be placed at Red Cross War Memorial Children's Hospital, New Somerset Hospital, or Groote Schuur Hospital. Caring for Children: Paediatric Surgery comprises two weeks of exposure to paediatric surgery in- and out-patient care, and surgical theatre; it takes place at Red Cross War Memorial Children's Hospital. The curriculum is composed of core topics and common presentations which students address in terms of history taking, examination, and clinical reasoning; during bedside tutorials; in assembling portfolios; and engaging with online content. Students who pass these courses will have knowledge of common core childhood medical and surgical diseases and conditions; skill at taking a history from children and their caregivers; examining children and adolescents; the ability to define an appropriate problem list and formulate an appropriate management plan; awareness of basic procedures; professional behaviour and attitudes appropriate to handling children and their caregivers; and awareness of the rights of children and the doctor's role as an advocate for child health.

**DP requirements:** To qualify for the end-of-block examination, students must fulfil ALL of the following: (a) Achieve a minimum of 80% attendance\* at ward, ambulatory, and scheduled activities, monitored by signed attendance; (b) complete the online quizzes within the time stipulated in the Vula site; (c) produce and submit an original and honest portfolio of the required minimum number of original case writeups of patients seen in the ward and outpatient clinics by the deadline stipulated in the Vula site; and (d) submit the hard copy completed, signed, and dated PED5006W logbook by the deadline stipulated in the Vula site. Students who do not meet DP requirement (a), (c) or (d) fail PED5006W and must repeat the course in full in the next academic year. Students who do not meet DP requirement (b) above must do an additional week of online time and complete all quizzes stipulated by the course convener by the deadline set. \*Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook.

If a student is absent with permission for more than five working days in the six-week course, the time missed will need to be made up to attain the minimum attendance criterion - this may or may not be possible to do, given the time and/or activities missed. DP concession rules apply.

**Assessment:** The courses PED5005W and PED5006W will be examined together in the last week of the eight-week modular block. The end-of-block summative assessment comprises a portfolio assessment [25% of the overall mark], a clinical assessment [25% of the overall mark], and an online MCQ and Extended Matching items (EMI) assessment [50% of the overall mark]. Coursework from PED4049W Introduction to Child and Adolescent Health can also be assessed. The overall pass mark for PED5006W is 50%. In addition, students are required to achieve 50% or more in each of the following components: (a) the portfolio assessment, (b) the clinical assessment and (c) the online MCQ/EMI assessment. The following will be recommended to the Faculty Examinations Committee, that students who: (a) achieve less than 50% overall fail, and must repeat the course and its summative assessment in full in the next academic year; (b) fail any component of the end-of-block summative assessment with 48–49% will be required to undertake a supplementary examination\* in that component; or (c) fail any component with a mark of 47% or less will be required to complete two weeks of additional time and undergo a supplementary examination\* in that component. For students who do not meet the DP requirements for the course, recommendation to the Faculty Examinations Committee will be according to what is stated in DP Requirements section above. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in any component of the supplementary exam or who do not attend or fail any component of the deferred exam must repeat the course and the end-of-block summative assessment in full in the next academic year.\*All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the Faculty of Health Sciences.

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### **PED6000W PAEDIATRICS AND CHILD HEALTH**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PED6100X, PED6200X, PED6300X, PED6400X, PED6500X*  
30 NQF credits at NQF level 8

**Convener:** Dr J Ahrens (paediatrics) and Dr K Reichmuth (co-ordinator)

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

This is a four-week course during which students are placed at George Provincial, Red Cross War Memorial Children's, Victoria, Groote Schuur or New Somerset Hospital. where they are integral members of the clinical team. They participate fully in the academic and clinical activities of the firm including after-hours cover. Learning outcomes include demonstration of core knowledge of common paediatric diseases and conditions; history-taking skills; emergency management and resuscitation; defining problem lists; formulating appropriate management plans; performing basic procedures; professional behaviour and attitude; and advocacy of the rights of children. The core curriculum focuses on common paediatric conditions. During the paediatric attachment students attend procedure and resuscitation training and are exposed to opportunities to acquire a prescribed list of necessary procedural skills

**DP requirements:** To qualify for the end-of-block examination, students must fulfil all of the following: (a) Achieve at least 50% for the paediatric in-course assessment; (b) successfully complete the procedure and resuscitation [Paediatric Life Support] training; (c) complete a written portfolio of the required minimum number of original case write-ups of patients seen during the time in PED6000W - this portfolio must be brought to the end-of-block clinical examination; (d) submit the hard copy completed, signed, and dated PED6000W logbook by the deadline stipulated in the course handbook; and (e) achieve a minimum of 80% attendance\* \*Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook. If a student is absent with permission for five or more working days, the time missed will need to be made up to attain the minimum attendance criterion; DP concession rules apply.

**Assessment:** Formative assessment covering all aspects of the student's performance is given during the block. The end-of-block summative assessment is made up as follows: (a) An in-course assessment [40% of the overall mark]; (b) short-cases clinical examination [30% of the overall mark]; (c) an oral portfolio exam [15% of the overall mark] and (d) a computer-based MCQ/EMI assessment [15% of the overall mark]. While the overall pass mark is 50%, a subminimum of 50% must be met for each of the following components: (a) the end-of-block paediatric short-cases clinical examination [average of the two cases], (b) the oral portfolio examination, and (c) the computer based MCQ/EMI assessment. In addition, students must obtain an exempt pass in the exit examination on procedural competence (MDN6004W). The following will be recommended to the Faculty Examinations Committee, that students who: (a) achieve 48–49% in the end-of-block clinical or portfolio assessment are required to undertake a supplementary examination\* in the failed component; (b) achieve 47% or less in the end-of-block clinical or portfolio assessment are required to complete two weeks of additional clinical time and undergo a supplementary examination\* in the failed component; (c) achieve less than 50% in the computer based MCQ/EMI assessment are required to do a supplementary MCQ/EMI examination; (d) fail the course overall with a mark of 48–49% are required to complete two weeks of additional time and undergo a full supplementary examination\*; (e) fail the course overall with a mark of 47% or less are required to repeat the full course in the following academic year; (f) do not meet the Due Performance requirements fail the course and are required to repeat it and its end-of-block summative assessment in full in the next academic year. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in the supplementary examination or who do not attend or fail the deferred examination must repeat the full course and its end-of-block summative assessment in the next academic year.\*All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University or at a time agreed to by all of the following: the Faculty of Health Sciences Undergraduate Office, the Department of Paediatrics and Child Health, any other affected department, and the student.

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### **PED6004W NEONATAL MEDICINE**

10 NQF credits at NQF level 8

**Convener:** Dr L Tooke

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Co-requisites:** If taking this course for the first time, it must be taken together with Paediatrics and Child Health (PED6000W) and the Short Elective (PPH6005W) during the same eight-week modular block

**Course outline:**

This is a two-week course in neonatal medicine which, together with the two-week short elective course (PPH6005W), constitutes a four-week modular block. Students are placed in neonatal units at Groote Schuur, New Somerset, Mowbray Maternity or George Provincial Hospital where they function as integral members of the clinical team. They participate fully in the academic and clinical activities of the firm including after-hours cover. Learning outcomes include demonstration of core knowledge of common neonatal diseases and conditions; history-taking skills; emergency management and resuscitation; defining problem lists; formulating appropriate management plans; performing basic procedures; professional behaviour and attitude; and advocacy of the rights of neonates. The core curriculum focuses on common neonatal conditions. Students attend procedure and resuscitation training and are exposed to opportunities to acquire a prescribed list of necessary procedural skills.

**DP requirements:** To qualify for the end-of-block examination, students must fulfil all of the following: (a) Achieve at least 50% for the neonatal in-course assessment; (b) successfully complete the neonatal procedure and resuscitation training; (c) submit the hard copy of the completed, signed, and dated course logbook by the deadline stipulated in the course handbook, and (d) achieve a minimum of 80% attendance\*. \*Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook.

If a student is absent with permission for two or more working days in the two-week course, the time missed will need to be made up to attain the minimum attendance criterion; DP concession rules apply.

**Assessment:** Formative assessment covering all aspects of the student's performance is given during the block. The end-of-block summative assessment comprises a neonatal in-course assessment [40% of the overall mark], a neonatal clinical case assessment [30% of the overall mark] and an oral examination [30% of the overall mark]. In addition, students must obtain an exempt pass in the exit examination on procedural competence. To pass the course, students must meet the DP requirements and achieve 50% or more overall and, in the end-of-rotation clinical case and oral assessment combined. The following will be recommended to the Faculty Examinations Committee, that students who: (a) achieve 48–49% in the neonatal case and oral assessment combined will be offered a supplementary assessment\* without having to do extra clinical time. \*; (b) achieve 47% or less in the neonatal case and oral assessment will be required to do a week of extra time and a supplementary neonatal case and oral assessment combined\* and (c) do not meet the Due Performance requirements fail and are required to repeat the full course and its assessment in the following academic year. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in the supplementary examination or who do not attend or fail the deferred examination must repeat the full course and its end-of-block summative assessment in the next academic year. \*All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University or at a time agreed to by all of the following: the Faculty of Health Sciences Undergraduate Office, the Department of Paediatrics and Child Health, any other affected department, and the student.

## **PATHOLOGY**

### **Professor and Head (UCT/NHLS joint staff):**

RS Ramesar, BScHons MSc *UKZN* PhD MBA *Cape Town*

### **Anatomical Pathology**

*Level 4, Falmouth Building North/D7, Groote Schuur Hospital/1<sup>st</sup> Floor ICH Building, Red Cross Children's Hospital*

### **Professor Full-time:**

K Pillay, MBChB *UKZN* MMed *Cape Town* FCPATH *SA* FRCPath *UK*

### **Associate Professor Full-time:**

R Naidoo, BScHons *UDW* MMedSc PhD *UKZN*

### **Emeritus Professor:**

D Govender, MBChB MMed PhD *UKZN* FCPATH (Anat Path) *SA* FCPATH *ECSCA* FRCPath *London* IFCAP FAMM

### **Emeritus Associate Professor:**

HC Wainwright, MBChB *Cape Town* FCPATH (Anat Path) *SA*

### **Honorary Lecturer:**

M Duffield, MBChB *Rhod* LRCP&S *Edin & Glas* MMed (Anat Path) *Cape Town* MRCPATH  
A Aldera, MBChB MMed *UCT* FCPATH (Anat Path) *SA* DipRCPath *UK*

### **Senior Lecturers Full-time:**

R Roberts, MBChB MMed *Cape Town* FCPATH (Anat Path) *SA*  
D Chetty, MBBCh *Witwatersrand* MMed *Cape Town* FCPATH (Anat Path) *SA*  
J Chokoe, MBChB *SMU* MSc (Anat Path) *Stell*

### **Lecturers Full-time:**

L Govender, MBChB *Pret*  
B Price, MBBCh *Witwatersrand* MMed *Cape Town* FCPATH (Anat Path) *SA* PhD *UKZN*  
A Ramburan, BScHons MMedSc *SA* PhD *Stell*  
S Singh, MBChB MMed *UKZN* FCPATH (Anat Path) *SA*  
W Mudini, MBChB *UZ* MMed *WITS* FCPATH (Anat Path) *SA*

### **Assistant Lecturers / Registrars:**

NM da Costa, MBChB *UFS*  
JL de Stadler, MBChB *Cape Town*  
M du Toit, MBChB *Pretoria*  
C Dittrich, MBChB *Cape Town*  
N Gericke, MBChB *UFS*  
A Gyan, MBChB *Stell*  
WD Rocher, MBChB *Pretoria*  
T Solomon, MBChB *Cape Town*  
W-J Tsai, MBBCh *Witwatersrand*  
RJ Wessels, MBChB *Stell*  
G Fakier, MBChB *Cape Town*  
J Lunn, MBChB *Cape Town*  
S Likumbo, MBChB *Botswana*  
R Chimatira, MBChB *Zimbabwe*

## 228 DEPARTMENTS IN THE FACULTY

K Ragnuth, MBChB *Mauritius*

### **Chief Scientific Officer/Research Laboratory Manager:**

R Kriel, NDip (Medical Technology) *CPUT* Dip (Prof Photography) PGDip (Business Management) *UKZN*

### **Senior Technical Officer:**

J Geitner, BSc Comm (Info Syst) *UCT* BSc (Computing) *SA*

### **Laboratory Managers (NHLS):**

S Davids, (Cytopathology-Groote Schuur Hospital) NDip (Medical Technology) *CPUT*

J Fortuin, (Histopathology-Groote Schuur Hospital) NDip (Medical Technology) *CPUT*

E Dollie, (Histopathology-Red Cross Hospital) NDip (Medical Technology) BTech (Biomedical Technology) *CPUT*

## **Chemical Pathology**

*Level 6, Entrance 4, Falmouth Building*

*C17 New Main Building, Groote Schuur Hospital;*

*Red Cross War Memorial Children's Hospital*

### **Head:**

TBC

### **Associate Professor:**

GF Van der Watt, MBChB *Pret* MMed *Cape Town* FCPATH *SA*

### **Emeritus Professor:**

AD Marais, MBChB *Cape Town* FCP *SA*

### **Honorary Professors:**

DB Sacks, MBChB NIH *Bethesda MD USA*

TS Pillay, MBChB *UKZN* PhD *Cambridge* MRCPATH *UK*

### **Senior Lecturers:**

H Vreede, (Principal Specialist) MBChB MMed *Cape Town*

### **Senior Scholar:**

DM Blackhurst, PhD *Cape Town*

### **Lecturers Full-time:**

JA Rusch, BSc Physio MBBCh *Witwatersrand* MMed *Cape Town* FCPATH *SA*

S Meldau, BSc Genetics *Free State* BSc Hons Med MSc Med *Cape Town*

J Pillay, BSc Biochem/Micro BSc Hons Biochem *KZN* MSc Forensic *London*

B Southon BSc Biochem/Hum Phys *JHB* BHSc Hons Forensic MSc Forensic/Path *Witwatersrand*

### **Honorary Lecturers:**

JC Stanfliet, MBChB *Cape Town* FCPATH *SA*

F Omar, MBChB *Stell* MMed *Cape Town* FCPATH *SA*

PH Fortgens, MBBCh *Witwatersrand* MMed *Cape Town* FCPATH *SA* PhD *UKZN*

C Hudson, MBChB *Cape Town* MMed *Stellenbosch* FC Path *SA*

### **Registrars:**

TA Gcingca, MBChB *Cape Town*

M Mahomed, MBChB *Cape Town*

CA Francis, MBChB *Free State*  
 R Singh-Gansan, MBChB *KwaZulu-Natal*  
 KTR Magolego, MBChB *Pretoria*

## Forensic Medicine

*Level 1, Entrance 3, Falmouth Building*

### Professor and Head:

LJ Martin, MBBCh *Witwatersrand* MMed *Cape Town* Dip (Forensic Medicine) FCFORPath SA

### Senior Lecturers Full-time:

LJ Heathfield, BSc UCT BSc(Med)Hons UCT MSc *Strathclyde* PgDip UCT PhD UCT  
 GM Kirk, MBBCh *Witwatersrand* Dip (Forensic Medicine) FCFORPath SA  
 Y van der Heyde, BSc MBChB MMed *Cape Town* Dip (Forensic Medicine) SA  
 I H Alli, MBBS (*Mysore*) FC For Path (*CMSA*), Dip For. Path. /Clin. Path (*CMSA*) Cert. (Medical Law)(*Unisa*) PG. Dip. For. Odon. UWC BA (Hons.) Islamic Studies (*IPSA*)

### Lecturers Full-time:

C De Vaal, MBChB *Stell* Dip (Forensic Medicine Pathology) MPhil SA  
 M Date-Chong, MBChB *Cape Town* Dip (Forensic Medicine) FCFORPath SA  
 B Davies, PGDip (Med Tox) *Stell* BScHons *Cape Town* MSc *George Washington*  
 CG Mole, BSc UCT BSc Hons *Stell* MPhil UCT  
 S Abrahams, BSc UCT BSc(Med)Hons UCT PhD UCT  
 IJ Molefe, MBChB *Cape Town* Dip (Forensic Medicine Pathology) FCFORPath SA  
 L Taylor, MBChB UCT DipForMed SA Path MMed Path (Foren) FCFORPath SA  
 BA Inglis, MBC(h)B UCT Dip for Med SA Path. FC For Path SA MMed (Forens Path) *Stell*  
 V Bachan, MBChB UCT Dip for Med SA Path FC for Path SA MMed Path (Foren)  
 AM Reeve, MBChB *Stell* Dip for Med (Path)  
 A.Awath-Behari, MBChB *Natal* PGDipBusMgt *Natal* PGDipPracDERM *CARDIFF*  
 MScPracDERM *CARDIFF* Dip for Med SA PATHTL Cook MBChB UCT Dip For Med SA Path  
 L Clegg, MBChB Dip for Med SA Path

### Medical Technologists:

Y Davies, NDip (Medical Technology) *CPUT*  
 M Perrins, NHDip (Medical Technology) *CPUT*

### Scientific Officers:

Y Vandayar, BSc *UKZN* BSc Hons *UKZN* MPhil UCT

## Haematology

*Chris Barnard Building*

### Associate Professor and Head:

J Opie, MBChB *Cape Town* MRCP UK FRCPA (Haematology) *AUS*

### Associate Professor:

K Shires, PhD *Cape Town*  
 S Mowla, PhD *Cape Town*

### Lecturers (Full Time) and Haematology Pathologists:

J Bailly, MBChB *UFS* FCPATH SA  
 D Oelofse, MBChB *UFS* MMed *UFS* PhD *NMU*  
 M Kriel, MBChB *Stell* MCLinEpi *Stell* FCPATH SA MMed *Cape Town*

## 230 DEPARTMENTS IN THE FACULTY

### **Honorary Lecturer:**

T Gerdener, MBChB *UP FCPATH SA Cert in Clin Haem Cape Town*

### **Honorary Associate Professor:**

G Davison, PhD *Cape Town*

### **Assistant Lecturers / Registrars:**

D Richardson, MBChB Hons *Cape Town*

A Kema, MBChB *Cape Town*

R Shein, MBChB *Wits*

V Parker, MBChB *Cape Town*

K De John, MBChB *Cape Town*

M du Toit, MBChB *Walter Sisulu*

## **Human Genetics**

*Room 3.14, Level 3, Wernher and Beit North, IDM*

### **Professor and Head:**

RS Ramesar, BScHons MSc *UKZN PhD MBA Cape Town*

### **Professor/Senior Specialist:**

A Wonkam, MBChB *Cameroon MD Dip (Medical Genetics) Switzerland PhD Cape Town*

### **Professor:**

C Dandara, BScHons PhD *Zimbabwe*

### **Emeritus Professors:**

PH Beighton, MD *London PhD Witwatersrand FRCP UK FRCPC FRS SA*

LJHL Greenberg, BSc *Stell PhD Cape Town*

### **Honorary Professors:**

W James, BAHons *UWC MSc PhD Madison Wisconsin*

MJA Wood, MBChB *Cape Town MA DPhil Oxon*

### **Senior Specialist/Associate Professor:**

ER Chimusa, BScHons MSc PhD *Cape Town*

K Fieggen, MBChB *Cape Town FCPaed Cert (Med Genet) SA*

C Spencer, MBChB *Stell DCH FCMG MMed Cape Town*

### **Senior Lecturers:**

T Wessels, MSc PhD *Witwatersrand*

GM Kuzamunu, BScHons MSc *Stell PhD Cape Town*

### **Sessional Specialist and Honorary Senior Lecturer:**

S Zieff, MBChB MMed *Cape Town FCP SA*

### **Laboratory Manager (Cytogenetics NHLs):**

T Ruppelt, NDip BTech (Biomedical Technology) *UPE MSc Cape Town*

## **Immunology**

*Level 3, Entrance 2, Falmouth Building, and Wernher and Beit Building South, IDM*

### **Professor and Head of Division:**

E Mayne, BA SA MBBCH Wits MMED Wits FCPATH haem

### **Professors:**

F Brombacher, PhD *Freiburg*

M Jacobs, PhD *Cape Town*

M Hatherill, MBChB MMed MD *Cape Town*

T Scriba, PhD *Cape Town*

### **Honorary Professor:**

GD Brown, PhD *Cape Town*

### **Associate Professors:**

W Horsnell, PhD *UK*

R Guler, PhD *Switzerland*

### **Visiting Professor:**

G Ferrari, MD *Genoa*

### **Senior Lecturer:**

S Hadebe, PhD *Aberdeen*

### **Honorary Senior Lecturer:**

J Dorfman, PhD *Berkeley*

### **Honorary Research Associate:**

MJ Marakalala, PhD *Cape Town*

H Jaspan, BSc USA MD PhD *Tulane FAAP PaedsID Washington*

F Kirstein, PhD *Cape Town*

### **Research Scientists:**

J Hoving, PhD *Cape Town*

N-J Hsu, PhD *Cape Town*

NC Tsikiwa, PhD *Cape Town*

E Nemes, PhD *Italy/France*

### **NHLS Staff:**

Z Vallie-Moosa, Medical Scientist

J Banks, Dip (Medical Technology)

L Johnson, Dip (Medical Technology)

K Jonas, Dip (Medical Technology)

S Maart, (Lab Manager) Dip (Medical Technology)

B Pillay, Dip (Medical Technology)

N Semela, Dip (Medical Technology)

G Sheba, Dip (Medical Technology)

M Watkins, MSc (Medicine) PhD *Cape Town*

### **Chief Medical Technologist:**

L Fick, Dip (Med Technology) *CPUT*

**Manager FACS Facility:**

R Dreyer

**Falmouth Laboratory Manager:**

B Allinde

**Wernher Beit South Laboratory Manager:**

Z Sunday, (ICGEB affiliated)

**Medical Microbiology**

*Level 5, Entrance 2/3, Falmouth Building, Faculty of Health Sciences Campus*

**Professor and Head:**

AJ Brink, MBChB MMed *University of Pretoria*

**Professor and Director (MRC/NHLS/UCT Molecular Mycobacteriology Research Unit):**

V Mizrahi, BScHons PhD *Capetown OMS MASSAFRSSAF AAM*

**Professors:**

H Cox, BSc MPH PhD *UM Australia*

DF Warner, BCom BScHons PhD *Witwatersrand*

**Senior Lecturers Full-time:**

A Khumalo, MBChB FCPATH (Microbiology) *SA*

E Prentice, BA MBBCh *Witwatersrand* DTM&H FCPATH (Microbiology) *SA*

N Samodien, MBBCh *Witwatersrand* FCPATH (Microbiology) *SA*

H Tootla, MBChB *Capetown* FCPATH (Microbiology) *SA*

**Lecturers:**

C Moodley, PhD *Capetown*

L Paul, PhD *Capetown*

S Parihar, PhD *Capetown*

**Honorary Lecturers:**

JSN Govender, MBBCh FCPATH (Microbiology) MMedPATH *Witwatersrand*

DA Lewis, FRCP *UK* PhD Dip (GUM) DTM&H

MP Nicol, MBChB MMed *Witwatersrand* DTM&H FCPATH (Microbiology) *SA* PhD *Capetown*

C Bamford, MBChB *Capetown* MMedPATH (Microbiology) *Capetown* FCPATH (Microbiology)

*SA MPH MCH Capetown* DipCH

P Naicker, MBBCh *UKZN* DTM&H *Witwatersrand* FCPATH (Microbiology) *SA*

S Budree, MBChB *Capetown* FCPaed & Cert Paeds Gastro *SA*

O Majdi, MBBS DTM&H *London* MPH *UK*

A Coussens, BSc (Hons) PhD *Queensland*

E Mohr-Holland, BA *NY* MPH *MA*

RPH Peters, MD MSc PhD *LSTM* Dip HIV Man *SA*

R Muller, PharmD PhD *Bonn* Hab *TU*

AM von Gottberg, MBBCh DTM&H *Witwatersrand* FCPATH (Microbiology) *SA* PhD *Witwatersrand*

R Chen, MD *Virginia Commonwealth* MSPH (Epidemiology) *Alabama*

**Registrars:**

AJ Overmeyer, MBChB *Capetown*

CY Chu, MBChB *Capetown*

M van der Westhuyzen, MBChB *Stell*

**Medical Virology**

*Werner and Beit Building South (IDM), Faculty of Health Sciences Campus*

**Professor and Head (UCT/NHLS joint staff):**

C Williamson, PhD *Cape Town*

**Professor and SARCHI Chair in Vaccinology (UCT):**

AL Williamson, PhD *Witwatersrand*

**Associate Professors (UCT):**

W Burgers, PhD *Cantab*

**Associate Professors (NHLS/UCT joint staff):**

DR Hardie, MBChB MMed *Cape Town*

JS Passmore, PhD *Cape Town*

M Hsiao, MBChB DTM&H *Witwatersrand* MMed *Cape Town* FCPATH (Virology) *SA*

**Senior Lecturers/Clinical Virologists (NHLS/UCT joint staff):**

S Korsman, MBChB *Pret* MMed *Stell* FCPATH (Virology) *SA*

**Senior Lecturer/Scientist (UCT/NHLS joint staff):**

Ziyaad Valley-Omar PhD *Cape Town*

**Lecturers:**

MR Abrahams, PhD *Cape Town*

**Registrars:**

M Naidoo, MCBhB *UKZN*

M Maseko MBChB *Cape Town*

T Smith MBChB *Cape Town*

**Honorary Professor:**

DA Lewis, PhD *FRCP(UK), FACHSHM*

**Honorary Senior Lecturers:**

E Andersen-Nissen, PhD *USA*

A Bere, PhD *Cape Town*

G Chege, PhD *Cape Town*

L Masson, PhD *Cape Town*

**Senior Research Officers:**

R Chapman, PhD *Cape Town*

C Riou, PhD *Lyon*

**Research Officer:**

N Douglass, PhD *Cape Town*

A Yssel, PhD *KU Leuven*

**Junior Research Fellow:**

R Keeton, PhD *Cape Town*

**Chief Medical Technologist:**

H Gamielidien, NDip (Medical Technology) *CPUT* MSc *Cape Town*

**Senior Scientific Officers:**

C Adams, MSc *Cape Town*  
R Thebus, NDip (Medical Technology) *CPUT*  
T York, MSc *UKZN*  
N Ndabambi, MSc *UWC*

**Scientific Officers:**

B Kullin, PhD *Cape Town*  
L Tyers, MSc *Cape Town*  
A Gwashu-Nyangiwe, MSc *Stellenbosch*

**Project Managers/Administrators:**

B Galvao, PhD *Cape Town*

**Senior Secretary**

Z Hartley

**Paediatric Pathology**

*Red Cross War Memorial Children's Hospital*

**Senior Lecturer Full-time and Acting Head:**

MHG Shuttleworth, BScHons MBChB MMed *Cape Town*

**Senior Lecturers Full-time:**

K Pillay, MBChB FC Path (Anat Path) *SA* FRC Path *UK* MMed *Cape Town*  
G van der Watt, MBChB FCPATH (Chem Path) *DA SA*

**Medical Technologists (Chemical Pathology):**

B Bergstedt, NDip (Clinical Pathology) (Chemical Pathology) *BTech*  
R Brown, BSc NDip (Chemical Pathology)  
P Joseph, NDip (Clinical Pathology)  
I Kamaar, NDip (Clinical Pathology)  
S Kear, NDip (Clinical Pathology)  
P Mangala, NDip (Clinical Pathology)  
R Manuel, NDip (Clinical Pathology)  
C Seaton, NDip (Clinical Pathology) (Haematology) *NHDip*  
L Ungerer, NDip (Chemical Pathology)  
J van Helden, NDip (Chemical Pathology)  
V West, NDip (Chemical Pathology)

**Medical Technologists (Haematology):**

Z Abrahams, NDip (Clinical Pathology) *BTech Cape Tech*  
K Benjamin, NDip (Haematology) *BTech Cape Tech*  
A Bertscher, NDip (Blood Transfusion) (Haematology) *Jhb Tech*  
C Booysen, NDip (Clinical Pathology) (Haematology) *Cape Tech*  
S Brink, NDip (Clinical Pathology) *BTech Cape Tech*  
L de Wet, NDip (Clinical Pathology) *CPUT*  
H Hendricks, NDip (Clinical Pathology) *Pen Tech*  
M Pickard, NDip (Haematology) *Cape Tech*  
M Prins, NDip (Clinical Pathology) *BTech Cape Tech*  
G Tappan, NDip (Blood Transfusion) *NDip (Haematology) Cape Tech*  
E van der Heyde, BSc NDip (Haematology) (Clinical Pathology) *Cape Tech*  
T Zbodulja, NDip (Haematology) *Cape Tech*

**Medical Technologists (Histopathology):**

E Dollie, NDip (Histopath Techniques) BTech

S Ford, NDip (Histopath Techniques)

C Jackson, NDip (Microbiology) (HistopathTechniques) NHDip

**PTY2000S INTEGRATED HEALTH SYSTEMS PART IB**

47 NQF credits at NQF level 6; Lectures, PBL tutorials, Practical's. A blended approach to academic activities may be used to support and enhance face-to face-learning.

**Convener:** Dr J Ramesar and Dr J Jayakumar

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The integrated courses HUB2017H, PTY2000S and PTY3009F extend across years 2 and 3 and provide a detailed understanding of normal structure and function of the human body and consequences of disease. Students learn core material in the basic health sciences (gross anatomy, embryology, histology, cell biology, medical biochemistry, molecular biology and physiology) and infectious diseases (medical microbiology, virology and immunology); they study changes in normal structure and function due to disease (anatomical pathology, chemical pathology and haematology) and learn principles of pharmacology/therapeutics and early management. Emphasis is placed on psycho-social matters relating to each case, drawing in relevant aspects of family medicine, primary healthcare, public health, and mental well-being. Students also learn clinical skills, interpretation of data, professional values and ethics, and procedural skills related to the cases studied. They learn about the impact of illness and disease on the individual, family and society, and the role of the healthcare services in alleviating illness. Case-based, group learning is supported by lectures, practical sessions and stand-alone modules. Students are guided to develop key life skills required for an effective healthcare professional, including a multidisciplinary team approach. Cases have relevance to healthcare issues regionally and nationally.

**DP requirements:** Attendance at and/or participation in all problem-based learning sessions, tutorials, and practicals and completion and submission of all set assignments, quizzes, tasks and assessment activities by the due dates. Public Health specifically requires all exercises on Vula to be completed as part of HUB2017H and PTY2000S DP requirements.

**Assessment:** HUB2017H and PTY2000S are assessed together in a final examination at the end of second year. Students must achieve an overall pass in semesters 3 and 4 (year 2) in order to progress to year 3. Students are required to complete a series of in-course assessments and portfolio tasks during semesters 3 and 4 that contribute 60% of the total mark for the year. Learning exercises, and quizzes contribute to the portfolio mark. A summative assessment is held at the end of the year that assesses work from semesters 3 and 4 and contributes 40% of the total mark for Integrated Health Systems in year 2. Students thus receive identical marks at year end for HUB2017H and PTY2000S. In order to be considered eligible for a supplementary examination, students are required to have achieved a total mark for year two of 45- 49%, and to have passed at least one class test or the final examination. Students who are granted a supplementary examination will have their results calculated using the same weightings as the original total mark for the year, and the mark achieved in the supplementary exam will be substituted for the final examination mark.

**PTY2001S INFECTIOUS DISEASE AND VACCINES (FACULTY OF SCIENCE)**

*Entrance is limited to 30 students.*

24 NQF credits at NQF level 6

**Convener:** Assoc Prof W Burgers and Dr S Hadebe

**Course entry requirements:** BIO1000F, BIO1004S, CEM1000W, MAM1004F and STA1007S or MAM1000W (or equivalent)

**Course outline:**

The course aims to introduce students to the burden of infectious disease in South Africa and Africa, foundational epidemiological concepts (including epidemics and outbreaks) and public health, the micro-organisms (including bacteria, viruses, fungi and parasites) of importance to human health and disease, and their classification, as well as the prevention, control and treatment of infectious disease, with a focus on vaccines, integrated with an introduction to the human immune system.

**Lecture times:** Lectures: Monday to Friday, 2nd period; Practical's: Fridays (14h00-17h00)

**DP requirements:** Attendance at all practical and tutorial sessions, 40% average in class tests and an average of 50% for all assignments.

**Assessment:** The breakdown of course marks is as follows: the class record counts 60% (consisting of practicals, quizzes and assignments; and one 3-hour final examination written in November (40%). The class record consists of weekly quizzes (20%), practical write-ups (20%) and assignments (20%). Supplementary examinations, in the form of written assessment, may be offered to students whose overall score is 45-49%.

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**PTY3009F INTEGRATED HEALTH SYSTEMS PART II**

59 NQF credits at NQF level 7

**Convener:** Dr J Ramesar and Dr J Jayakumar

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The integrated courses HUB2017H, PTY2000S and PTY3009F extend across year 2 and 3 and provide a detailed understanding of normal structure and function of the human body and consequences of disease. Students learn core material in the basic sciences (gross anatomy, embryology, histology, cell biology, medical biochemistry, molecular biology and physiology) and infectious diseases (medical microbiology, virology and immunology); they study changes in normal structure and function due to disease (anatomical pathology, chemical pathology and haematology); and learn principles of pharmacology/therapeutics and early management. Emphasis is placed on psycho-social matters relating to each case, drawing in relevant aspects of family medicine, primary healthcare, public health, and mental well-being. Students also learn clinical skills, interpretation of data, professional values and ethics, and procedural skills related to the cases studied. They learn about the impact of illness and disease on the individual, family and society, and the role of the healthcare services in alleviating illness. Case-based, group learning is supported by lectures, practical sessions and stand-alone modules. Students are guided to develop key life skills required for an effective healthcare professional, including a multidisciplinary team approach. Cases have relevance to healthcare issues regionally and nationally.

**DP requirements:** Attendance at and/or participation in all problem-based learning sessions, tutorials, stand-alone units and practical sessions; completion and submission of all set assignments, quizzes, tasks and assessment activities by the due dates. Public Health specifically requires all exercises on Vula to be completed as part of PTY3009F DP requirements.

**Assessment:** Assessment tasks include written papers, computerised tests, practical examinations and a portfolio of work that comprises written assignments, computerised EMI and MCQ tests, oral assessments and practical book work. Regular self-assessment activities provide feedback to students on their progress. In year 3, all the in-course assessments comprise 60% of the total final mark. The final examination at the end of year 3 constitutes 40% of the total final mark. In order to be considered eligible for a supplementary examination, students are required to have achieved a total mark for year three of 45-49%, and to have passed at least one class test or the final examination.

Students who are granted a supplementary examination will have their results calculated using the same weightings as the original total mark for the year, and the mark achieved in the supplementary exam will be substituted for the final examination mark

### **PTY3010F PATHOGENESIS AND TREATMENT OF INFECTIOUS DISEASES** (FACULTY OF SCIENCE)

36 NQF credits at NQF level 7

**Convener:** Dr MR Abrahams (Division of Medical Virology) and Dr C Moodley (Division of Medical Microbiology)

**Course entry requirements:** PTY2001S (or equivalent). This course is offered only in the 1<sup>st</sup> semester, therefore students who fail the course will need to repeat the following year.

**Course outline:**

The course aims to provide the conceptual basis for understanding pathogenic bacteria, fungi, viruses and parasites, and particularly address the fundamental mechanisms of how they cause disease in humans. A successful pathogen is able to invade the host and escape its immune defences. Building on PTY2001S, the parts of the immune system that are important in resisting infection will be covered. Examples of the wide range of ways in which pathogens evade immune responses will be discussed. Another important way in which we combat pathogens is through antimicrobial therapy for bacterial, viral, fungal and parasitic infections. Knowledge of the life cycles of pathogens enables us to identify targets for developing treatments. Antimicrobial resistance is an emerging threat. Students will learn about the mechanisms of antimicrobial resistance and novel approaches to combat this, as well as the role of antimicrobial stewardship. Students will be able to describe fundamental process that drive how pathogens cause disease and immune evasion, and how understanding pathogen life-cycles enables us to target treatment and control infections. Through blended learning, practical sessions, field visits and interaction with experts in public health and infectious diseases, this course aims to introduce students to a variety of different career avenues.

**DP requirements:** 40% average in class tests or quizzes, and an average of 50% for assignments. Attendance at all practicals, field trips and tutorials. Submission of at least 80% of assignments.

**Assessment:** The breakdown of course marks is as follows: the class record counts 60%; and one 3-hour final examination written in June counts 40%. The class record consists of class tests and/or quizzes (20%), practical reports and tutorials (20%) and assignments (20%). Supplementary examinations, in the form of written assessment, may be offered to students whose overall score is 45-49%.

### **PTY4008S MEDICINA FORENSIS**

*This course is offered by Division of Forensic Medicine and Toxicology in Department of Pathology. The maximum intake is 30 students.*

9 NQF credits at NQF level 8; 15 lectures.

**Convener:** Dr Y van der Heyde

**Course entry requirements:** None

**Course outline:**

This course covers the South African legal system and statutory obligations of doctors and healthcare workers; introduction to human anatomy and physiology; introduction to medico-legal concepts of life and death; the changes which occur in the body after death; the mechanisms of injury and death causation; identity and disputed parenthood; sexual offences and violence against women; choice on termination of pregnancy; child abuse and other forensic aspects of paediatric forensic medicine; iatrogenic disorders; alcohol intoxication and drunken driving; drug addiction and poisoning as cause of death; pathology of head injury; anoxic mechanisms as cause of death and domestic violence.

**Lecture times:** Monday double lecture from 10h00 to 11h45.

**DP requirements:** None.

**Assessment:** A two-hour written examination in October/November (100%). A supplementary written examination is offered in January the following year to students who have obtained 45-49%.

### **PTY5012W FORENSIC MEDICINE FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PTY5112X, PTY5212X, PTY5312X, PTY5412X, PTY5512X*

10 NQF credits at NQF level 8

**Convener:** Dr I Molefe

**Course outline:**

This course is four weeks in duration starting with only Wednesday afternoon lectures during the two weeks of the Anaesthesia/Forensic Medicine block, followed by 2-week full rotation in the Division of Forensic Medicine and Toxicology. The course comprises eight (8) large group face to face lecture seminars, (2) online lecture seminars and four (4) practical tutorials at the Salt River Forensic Pathology Laboratory of at least four hours' duration each. The core curriculum has been designed to highlight the forensic pathology and clinical forensic medicine problems and topics encountered by generalist medical practitioners. Students are expected to be able to complete medico-legal documentation, recognise, and correctly refer cases needing expert medico-legal opinions in preparation for potential expert testimony in criminal court cases and inquest hearings for the Department of Justice & Constitutional development. Learning outcomes are based on the core knowledge and practical skills on selected topics presented in large group seminars, small group sessions and tutorials, as well as the four topics covered in the four tasks presented during the 2-week block.

**DP requirements:** As a DP requirement, students are expected to attend of all 4 practical sessions at the Salt River Forensic Pathology Laboratory as stipulated in the course guide, attendance of and/or participation in 60% of plenary sessions and completion of 4 tasks which comprise the in-course assessment. In addition, students must achieve a subminimum of 50% in their coursework to be eligible to write the final Forensic Medicine exam.

**Assessment:** The final mark is made up of in-course task assignments (40%), practical skill task/procedure (10%) and the final written short answer question (SAQ) examination (50%). Competency in Forensic Medicine requires achievement of a subminimum of the 50% in the in-course, 50% in the written exam and 50% in the practical skill task/procedure.

### **PTY6012W FORENSIC MEDICINE**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PTY6112X, PTY6212X, PTY6312X, PTY6412X, PTY6512X*

10 NQF credits at NQF level 8; Lectures (10); tutorials (7).

**Convener:** Dr C De Vaal

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Co-requisites:** None

**Objective:** The course is designed to equip students with skills to practice medicine according to South African medical laws and ethical rules, to complete medico-legal documentation encountered in general patient care, recognise medico-legal cases (clinical and pathological) that need referral to centres of expertise; to recognise what immediate steps should be taken to prevent loss of evidence before referral; and to ensure preservation of any pathology and evidence before referral.

**Course outline:**

This course is two weeks in duration during a four-week block with Anaesthesia. It comprises a blended learning approach. The synchronous activities include group tutorials, practical skills lab session on the examination of sexual assault victim and practical autopsy demonstrations at the Forensic Pathology Laboratory of at least four hours' duration each. There are also task related feedback sessions. The rest of the time is spent in self-directed learning using the Vula online platform with various materials from course notes, to related videos and self-assessment quizzes with feedback mechanisms.

Learning outcomes are based on the core knowledge and topics presented in pre-recorded lectures and narrated PowerPoints available on Vula, large tutorial sessions, small group sessions and autopsy demonstrations. The learning outcomes are categorised broadly into core knowledge, core skills and professional/ethical behaviour. The core curriculum has been designed to highlight the forensic pathology and clinical forensic medicine problems and topics encountered by generalist medical practitioners. Students are expected to be able to complete medico-legal documentation, recognise, evaluate, appropriately assess and offer expert opinions on core subjects, in preparation for potential expert testimony in criminal court cases and inquest hearings for the Department of Justice.

**DP requirements:** As a DP requirement, students are expected to attend all practical sessions at the Forensic Pathology Laboratory as stipulated in the course guide, attendance of and/or participation in 80% of plenary sessions, completion of five tasks and deliver a presentation during the attachment. The tasks and presentation comprise the in-course assessment, as stipulated in the course guide. In addition, students must achieve a subminimum of 50% in their coursework to be legible to write the final Forensic Medicine exam. Competency in Forensic Medicine requires achievement of three aspects: a subminimum of the 50% in the in-course assessment, a subminimum of the 50% in the final examination, and passing the final exit OSCE.

**Assessment:** The final mark is made up of in-course assessments (40%) and the final examination (60%). The exit OSCE component forms part of the overall final MBChB clinical assessment.

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## PSYCHIATRY AND MENTAL HEALTH

*Neuroscience Institute, E-Floor, Groote Schuur Hospital*

**Professor and Head:**

DJ Stein, BSc (Medicine) MBChB *Cape Town* FRCPC PhD DPhil *Stell*

**Sue Struengmann Professor of Child & Adolescent Psychiatry:**

PJ de Vries, MBChB *Stell* FRCPsych *London* PhD *Cantab*

**Vera Grover Professor of Intellectual Disability:**

S Kleintjes, MA MPhil PhD *Cape Town*

**Professors:**

J Hoare, MBChB MPhil *Cape Town* MRCPsych FCPsych *SA*

J Joska, MBChB MMed PhD *Cape Town* FCPsych *Cert Neuropsychiatry SA*

K Sorsdahl, PhD *Cape Town*

J van Honk, PhD *Utrecht*

**Associate Professors:**

G Sibeko, MBChB *UKZN* PhD *Cape Town*

A Marais, MA *Stell* PhD *Cape Town*

S Honikman, MBChB MPhil *Cape Town*

**Professors Emeritus /Associate Professors:**

CM Adnams, BSc *UKZN* BScHons (Medicine) MBChB *Cape Town* FCPaed *SA*

A Berg, MBChB *Pret* MPhil *Cape Town* FCPsych *SA*

CD Molteno, MBChB MMed MD *Cape Town* BAHons PhD *Unisa* DCH RCP *UK*

BA Robertson, MD *Cape Town* Dip (Psych) *McGill* FCPsych *SA*

T Zabow, MBChB DPM *Cape Town* FCPsych *SA* MRCPsych *UK*

**Lecturers/Senior Lecturers:**

M Abbas, BA *Unisa* MPsych *UWC*

T Abrahams, MA

I Akpabio, MBChB *UP*, DMH *SA* & FC Psych *CMSA* MMed Psych *Cape Town*

N Alie, BSocSci *UKZN* BScHons *Unisa* MA *Rhodes*

S Allie, BA (Hons) Psychology *UWC*

F Ashburner, MA *UJ*

A Benjamin, MA (Clin Psych) *Cape Town* PhD *Stell*E Benjamin, MA *Cape Town*

J Bouwer, MBChB *UP* MMed Psych *Wits* FCPsych *SA*

N Cader-Mokoa, MA *Stell*

O Coetzee, MA *PU for CHE*

Q Cossie MBChB FCPsych *MPhil Cape Town*, MSc HEPM *LSE*

L Dannatt, MBBCh *Witwatersrand* DMH *SA* DCH *SA* MMed *Stell* FCPsych *SA*

JJ Dawson-Squibb, MA PhD *Cape Town*

C de Clercq, MBChB *Pret* FCPsych *SA*

S de Vaal, MBChB *SU*, MMed(Family Medicine) *SU* MMed(Psychiatry) *Cape Town* FCPsych *SA*

C Dean, MPsych *UWC* MBA *Milpark/Oxford Brookes*

N Dyakalashie, MBChB *WSU* FCPsych *SA* Cert Forensic Psych *SA*

A Fakroodien, MBChB *UKZN*, FCPsych *SA*, *MMED Cape Town*

EC Garman, BSc *Reading* MSc *Durham*

P Gasela, MBChB *Cape Town* FCPsych Cert (Child & Adol Psych) *SA*

N Groenewold, PhD *Groningen*

T Henderson, MBChB *Cape Town* FCPsych Cert (Child & AdolPsych) MPhil *Cape Town*

I Hoosen, MBChB *Cape Town* MRCPsych *UK* Dip (Occupational Health) *UK* Dip (Cognitive Behavioural Therapy) *Birmingham*  
 J Ipsier, MSc (Epidemiology) *Columbia* PhD *Cape Town* F Ismail, MPsych *UWC*  
 H Julius, BAHons *UWC* MA *Cape Town*  
 K Kamaloodien, BSocSc *Cape Town* MPsych *UWC*  
 M Karjiker, MBChB *Witwatersrand* FCPsych *SA*  
 A Kibi,  
 M Knight, PhD *NMU*  
 N Koen, MBChB PhD *Cape Town*  
 N Lagerstrom, MD *Zagreb* MMed (Forensics) *Witwatersrand* MMed (Psychiatry) *Cape Town* FC for Path *SA* FCPsych *SA*  
 N Lalkhen, MA *Stell*  
 I Lewis, BSc MBChB MMed *Cape Town* FCPsych *SA*  
 D Liedeman-Prosch, MPsych *UWC* PGDip (Addictions Care) *Cape Town*  
 K Moloto  
 J Moolman, MBChB *Stell* FCPsych *SA*  
 B Mpinda, BSc *SLU* MBChB *Cape Town* MMed *Stell* FCPsych *SA* Cert. Child and Adol *SA*  
 C Mtati. MPsych *UWC*  
 P Naude, MSc *UPE* PhD *Groningen*  
 R Ori, MBChB *Natal* DMH FCPsych Cert Neuropsychiatry *SA* MMed (Psych) *Cape Town*  
 Z Parker, MA *Cape Town* MPsych *UWC*  
 D Pieterse, MBChB *Stell* DCH DMH FCPsych *SA* MMed *Cape Town*  
 E Reid, MBChB *UP* FCPsych *SA*  
 B Robson, MA *Rhodes*  
 B Romburgh, MBChB MMed *Cape Town* FCPsych DMH *SA*  
 T Roos, MBChB *Cape Town* DMH *SA* MMed *Stell* FCPsych *SA* RCPsych *London*  
 M Roffey, MBChB *Cape Town* FCPsych *SA*  
 L Schlebusch BSc *Stell* PhD *Pretoria*  
 NG Sibeko, MBChB *UKZN* PhD *Cape Town*  
 P Smith, MBChB *Cape Town* FCPsych *SA*  
 T Swart, BSc *Cape Town* MSc *UKZN* PhD *Cape Town*  
 I Tayob  
 H Temmingh, MBChB MMed *Stell* FCPsych *SA* MPH PhD *Cape Town*  
 H Thornton, MA *Rhodes* PhD *Stell*  
 T Timmermans, MBChB *Cape Town* FCPsych *SA*  
 C van der Westhuizen MBChB *Stell*, PhD *Cape Town*  
 Y Vava, MBChB *WSU* DMH *SA* MMED *Stell* FCPSYCH *SA*  
 PF Williams-Ashman, MBBCh *Witwatersrand* FCPsych *SA*  
 J Yako, MA *Cape Town*

**Honorary Professors/Associate Professors:**

C Allgulander, MD PhD *Karolinska Institutet*  
 BL Atwoli, MBChB *Moi univ* PhD *Cape Town*  
 D Baldwin, DM *Southampton* FRCPsych MRCPsych MB BS *London*  
 D Castle, MBChB MD *Cape Town* MRCPsych FRCPSYCH MSc *London* DLSHTM  
 EL Davids, PhD *UWC* MPH *Cape Town*  
 AW Carrico, PhD *Cape Town*  
 L Cluver, DPhil *Oxon*  
 D Edwards, Psych (Hon) *Oxon* MA PhD *Rhodes*  
 L Franz, MBChB *Stell* MPH *Duke*  
 H Gouse, PhD *Cape Town*  
 SL Halligan, BA (Hons) *Cambridge* DPhil *Oxford*  
 A Hamilton, PhD *California univ* MPH *UCLA*  
 SW Jacobson, MA *Brandeis* MA PhD *Harvard*

## 242 DEPARTMENTS IN THE FACULTY

JL Jacobson, MA PhD *Harvard*  
C Kuo, BA *Virginia DPhil Oxon*  
J Leff, MBBS *London MRCP UK MD London FRCPsych UK*  
C Lund, BA *UKZN BAHons MSocSci Rhodes MA PhD Cape Town I Marks, MBChB MD Cape Town DPM MRCPsych FRCPsych London*  
C Mathews, BA *Natal MSc PhD Cape Town*  
N Milburn, Ph.D *Michigan*  
B Myers, MSocSc *Natal PhD Cape Town*  
CR Newton, MBChB *Cape Town MRCP London MD Cape Town FRCPCH London M Robertson, MBChB MD DSc Cape Town DPM FRCPsych FRCP FRCPCH MRCPsych London*  
O Shisana, BA *UNIN MA Loyola PhD South Florida ScD Johns Hopkins*  
SJ Shoptaw, PhD *Los Angeles*  
L Simbayi, BSc *Zambia MSc Utah DPhil Sussex*  
K Sikkema, PhD *Cape Town*  
G Thornicroft, MA *Cambridge MBBS London MRC Psych FRC Psych Royal College of Psychiatrists PhD London*  
M Tomlinson, BA *Rhodes BAHons Witwatersrand MA Cape Town PhD Reading*  
J van Honk, PhD *Utrecht D Williams, BThHons Southern Caribbean MDiv Andrews PhD Michigan*  
G Wyatt, PhD *UCLA*  
C Zlotnik, MA *Witwatersrand PhD Rhode Island*

### **Honorary Lecturers/Senior Lecturers:**

SE Baumann, MBChB BA *Cape Town FCPsych SA MRCPsych UK*  
J Campion MBBS FRCPsych  
T Carney PhD *Cape Town*  
S Dalvie, PhD *Cape Town*  
I Daniels, PhD *Cape Town R De Jager, MBChB Cape Town DMH SA*  
B Dickman, PhD *Cape Town*  
A Gevers, BA *Grinnell College MA Missouri St. Louis PhD Cape Town*  
NR Horn, MBChB *Cape Town PGDip (CogTher) Manchester MRCPsych UK*  
R Kader, MPsych *UWC PhDCape Town*  
A Mason-Jones, BAHons MA (Public Health) PhD *Nottingham*  
I McCallum, BA BSocSc MBChB *Cape Town FCPsych SA*  
U Meys, MBChB MPhil *Cape Town FCPsych SAA Muller, BCur NMMU MCur (Psychology) UJ*  
SD Pickstone-Taylor, MBChB *Cape Town*  
M Retief, MBChB *SU FCPsych SA MMed SU*  
A Robins, MBChB *Cape Town MD Witwatersrand DRM England MRC Psych London*  
D Rosenstein, MPsych cum laude *Witwatersrand PhDSU*  
D Terburg, PhD cum laude *Utrecht*  
J Torline, MBBCH *Witwatersrand MMed Cape Town*

### **Research Officers/Senior Research Officers:**

NJ Chambers BAHons MA *Witwatersrand PhD Florida*  
SD Cooper, BAHons MPH *Cape Town*  
BL Evans, MA *Unisa*  
R Jacobs, MA Research Psychology, *UWC*  
S. Nightingale, MBChB MRC Neurol *UK PhD Liverpool*  
S Rabie, PhD *Stell*  
A Roos, PhD *Stell*  
N Seris BA HdiEd *Bed Witwatersrand BA(Hons) Johannesburg MA Witwatersrand*  
N Shabalala PhD *UWC*  
M Viljoen BOcc *Stell MSc (Med) Neurosci Cape Town*

**Research Fellows:**

J-P Fouche, MSc *Stell* PhD *Cape Town*  
 N A Groenewold, PhD *Groningen*  
 A Hartford, PhD  
 S Heany, PhD *Cape Town*  
 S Koopowitz, PhD *Cape Town*  
 L Majara PhD *Cape Town*  
 A C Palk  
 T Williams

**Addiction Psychiatry:**

G Sibeko, MBChB *UKZN* PhD *Cape Town*  
 H Temmingh, MBChB MMed *Stell* FCPsych *SA MPH Cape Town*

**Child and Adolescent Psychiatry:**

P Gasela, MBChB *Cape Town* FCPsych Cert (Child & Adol Psych) *SA*

**Consultation-Liaison Psychiatry:**

E Benjamin, MA *Cape Town*  
 J Hoare, MBChB MPhil *Cape Town* MRCPsych FCPsych *SA*

**Forensic Psychiatry:**

N Dyakalashé, MBChB *WSU* FCPsych *SA* Cert Forensic Psych *SA*

**General Adult Psychiatry:**

Q Cossie, MBChB FCPsych MPhil *Cape Town*, MSc *HEPM LSE*

**Intellectual Disability Psychiatry:**

S Kleintjes, MA MPhil PhD *Cape Town*

**Neuropsychiatry:**

J Joska, MBChB MMed PhD *Cape Town* FCPsych *SA* Cert Neuropsychiatry *SA*

**Psychopharmacology and Biological Psychiatry:**

N Koen, MBChB PhD *Cape Town*

**Psychotherapy:**

W Hawa

**Public Mental Health:**

K Sorsdahl, PhD *Cape Town*

**PRY2001S SPECIAL STUDY MODULE**

*NOTE: Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully completed all second year MBChB courses.

### **PRY202W PSYCHIATRY FOR OCCUPATIONAL THERAPISTS**

14 NQF credits at NQF level 6; Lecture based course with lectures from 14h00-16h00pm on a Wednesday afternoon. All the teaching is done online. 28 lectures. One clinical case assignment.

**Convener:** Dr M Karjiker and Dr C Vlotman

**Course entry requirements:** PSY1005S or PSY1007S

**Objective:** To prepare OTs for professional work with people suffering from psychiatric disorders and intellectual disability.

**Course outline:**

This course aims to teach about the definitions, aetiology, clinical signs and symptoms, assessment and management, and prognosis of the major psychiatric conditions as classified in the ICD10/11 and DSMV. It is designed on the Blended Learning model. The intentions are to equip the students with a sound theoretical knowledge of psychiatric symptomatology and conditions, to enable them to recognize a condition clinically and to comprehend management procedures and options, and to appreciate the role of occupational therapy in the multidisciplinary clinical management team. It also intends to foster an awareness of legal, ethical, and cultural considerations that arise in the field of mental health, and to provide a basic knowledge of the mental healthcare service structure and available mental health resources.

**DP requirements:** Attendance at 95% of the academic connection cafes and timeous submission of the clinical case assignment. There is an electronic record of online attendance.

**Assessment:** Three written exams of two hours duration which count 30% each towards the final mark. The first two exams are after eight and sixteen lectures respectively. The third exam is at the end of the academic year. The work tested in each exam is not retested in the next exam. The clinical case assignment counts 10% towards the final mark. A student must achieve a combined mark of 50% to pass the course. There is a supplementary exam offered in the university appointed period for candidates who may need it and have met all the DP requirements for the course. There is a supplementary exam for students who qualify for it and have attained their DP.

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### **PRY400W CLINICAL PSYCHIATRY**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PRY4100X, PRY4200X, PRY4300X, PRY4400X, PRY4500X*  
30 NQF credits at NQF level 8

**Convener:** Dr M Karjiker and Dr K Moloto

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The course is structured on a blended learning model. The students on the course are assigned to four clinical sites, Valkenberg, Groote Schuur, Lentegeur and New Somerset hospitals. Students are assigned clinical placements at these sites with their clinical partners. They must be in their clinical placement units from 08h30 – 13h00 on Mondays, Wednesdays, Thursdays, and Fridays. On those days there are online lectures from 14h00-16h00. The whole of Tuesday is devoted to online learning and the students do not go to the wards. In the wards students are expected to behave and dress professionally, be punctual, engage empathically with patients, and follow the supervision instructions of the qualified professional staff. All levels of staff must be treated with respect. The students must clerk patients with their clinical partners, attend and present on ward rounds and follow up the management of their patients wherever possible. They spend the bulk of their time under the supervision of the interns, community service doctors, medical officers, and registrars. The consultant is seen only on ward rounds. The students must compile a clinical portfolio of four cases and record a portfolio of learning. It is in the wards that clinical learning and clinical reasoning is learnt. Students must endeavour to engage fully with all the learning opportunities which they encounter in the wards. Our educational philosophy is that we are all continuously learning together. The online teaching is designed on the Flipped Classroom model. Students will receive Teams invites via email for these sessions. All online teaching sessions are recorded. The teaching covers the major psychiatric conditions and diseases seen in our clinical services. Students must engage with the online lecture notes before the session.

The session is to deepen conceptual understanding, discuss clinical cases and answer questions. It is also the space where we can explore the multiple complex global and personal relational systems which impact on mental health outcomes. In the online space, students are assigned into groups to prepare a seminar for the teaching of the whole group. They also present clinical cases in the online space.

**DP requirements:** Students must attend 90% of all the ward clinical days and online sessions. There is an electronic record of the attendance of online sessions, and the ward staff will be aware of the attendance of the students in the clinical units. Should the ward consultant and the course convener feel that the student needs to make up clinical time for days missed, and days cannot be made up, then the student will have to repeat the course. A portfolio of four cases must be submitted by the due date before the exams in the last week of the block. If this is not done, then the student will not be allowed to write the exams. Students must contribute academically to their group seminar task.

**Assessment:** There are four components to the course assessment: 1) Portfolio – this contributes 25% to the final mark. 2) Ward assessment – this is the combined impression that the clinical team in the ward has about a student's performance and contributes 15% to the final mark. 3) SAQ exam – this takes place on the last Friday of the block and contributes 40% to the final mark. 4) MCQ exam – this takes place on the last Thursday of the block and contributes 20% to the final mark. A student must achieve 50% overall to pass the course. There is no supplementary exam for the course. A student who fails the course will need to repeat the course in the next academic year. There is no supplementary exam for the course. A student who fails the course will need to repeat the course in the next academic year.

#### **PRY4001W PSYCHIATRY FOR EXTERNAL CREDIT**

15 NQF credits at NQF level 8

**Convener:** Dr Q Cossie and Dr Karjiker

**Course entry requirements:** A student will be registered to one of the following equivalent courses, to be determined by the group the student is allocated to: PRY4101X, PRY4201X, PRY4301X, PRY4401X, PRY4501X

**Co-requisites:** None

#### **Course outline:**

Students learn about psychiatric signs, symptoms, disease classification, phenomenology, and the management of patients in a bio-psych-social model. They learn to take patient histories and recognize the major psychiatric conditions which come into hospital. They see the multidisciplinary team in a clinical setting and clerk clinical cases to facilitate their clinical learning. They are expected to conduct themselves in a professional manner and engage with patients in a respectful and empathic manner. We have a blended learning model and students are expected to engage with the online learning content.

**DP requirements:** 90% attendance of all ward rounds and clinical learning session as well as online tutorials which will be monitored by an attendance register. Completion and timeous submission of two portfolio cases. Should a student need to make up clinical time, and they cannot make up the time for whatever reason, then they will need to repeat the course.

**Assessment:** The assessment is made up of three components. 1) SAQ written paper which counts 50% of the final mark and in which the student must attain 50% to pass. 2) Portfolio which counts 30% of the final mark and for which the student must score 50% to pass. 3) Ward assessment which counts 20% of the final mark. This is assessed by the clinical team based on the student's engagement in clinical teaching, ward rounds and tutorials. The assessment takes place in the last week of the block. The student needs to achieve an overall mark of 50% to pass the course. There is no supplementary exam for the course. A student who fails the course will be required to repeat the course in the next calendar year and join the PRY4000W CLINICAL PSYCHIATRY course. There is no supplementary exam for the course and students who fail the course will need to repeat it in the next academic year.

**PRY5001W PSYCHIATRY AND MENTAL HEALTH FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PRY5101X, PRY5201X, PRY5301X, PRY5401X, PRY5501X*  
30 NQF credits at NQF level 8

**Convener:** Dr M Karjiker and Dr E Reid

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The course is designed on a blended learning model. Students on the course are assigned to three clinical sites, Valkenberg, Grootte Schuur and Lentegeur hospitals. They are assigned clinical placements at these sites with their clinical partners. It is a student internship block where students are expected to integrate fully into the clinical team and take clinical direction and supervision from the clinical team. They must behave and dress in a professional manner, engage empathically with patients and their families and show respect to all levels of staff. They work as student interns, clerk patients, attend ward rounds and follow up the clinical management of their patients. They also do whatever clinical work is expected of them by the clinical team. Each placement has unique opportunities and challenges, and students are expected to engage fully with these to facilitate their learning. The online teaching component includes the Cape Town and the Eden district students. The students are in the wards for the entire working day from Mondays to Thursdays under the supervision of the clinical team. There are no after hour calls for the block. Friday's students are not in the wards and engage with online learning sessions. They will get Teams invites via email for these sessions. The first Friday covers Psychiatry core topics, the second Friday covers the Psychology teaching, and the third Friday covers the Child Psychiatry teaching. Two to four students per block are selected to do counselling at a Day Hospital for three Tuesdays of the block. They will get input on this on the first Friday of the block. Students are expected to collate a clinical teaching portfolio of four cases. They must also collaborate in groups to do academic presentations for the whole group on the core topics of the psychiatry curriculum.

**DP requirements:** Students must attend 90% of the ward clinical days and engage fully with clinical work from Mondays to Thursdays. They must attend all three Friday teaching sessions. The Friday sessions has an electronic record of attendance, and the clinical team will supervise the attendance of students in the wards. Students must participate academically in their group academic presentation. Students must submit their four portfolio cases by midnight on the last Thursday of the block. Failure to do so will mean that the student is not eligible to write the exam on the Friday. Should the ward consultant and the course convener feel that a student needs to make up time for clinical days missed, and the time cannot be made up, then the student will need to repeat the course.

**Assessment:** There are four components to the course assessment: 1) Portfolio – this contributes 20% to the final mark. 2) Academic Presentation – This contributes 10% to the final mark. 3) Ward Assessment – this contributes 20% to the final mark. 4) SAQ written exam – this contributes 50% to the final mark. This exam is written on the last Friday of the block. A student must achieve a total of 50% to pass the course. There is no supplementary exam for this course. A student who fails the course will need to repeat the course in the following academic year.

**PRY6000W PSYCHIATRY AND MENTAL HEALTH**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PRY6100X, PRY6200X, PRY6300X, PRY6400X, PRY6500X*  
21 NQF credits at NQF level 8

**Convener:** Dr M Karjiker and Dr E Reid

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The course is designed on a blended learning model. Students on the course are assigned to three clinical sites, Valkenberg, Grootte Schuur and Lentegeur hospitals. They are assigned clinical placements at these sites with their clinical partners.

It is a student internship block where students are expected to integrate fully into the clinical team and take clinical direction and supervision from the clinical team. They must behave and dress in a professional manner, engage empathically with patients and their families and show respect to all levels of staff. They work as student interns, clerk patients, attend ward rounds and follow up the clinical management of their patients. They also do whatever clinical work is expected of them by the clinical team. Each placement has unique opportunities and challenges, and students are expected to engage fully with these to facilitate their learning. The online teaching component includes the Cape Town and the Eden district students. The students are in the wards for the entire working day from Mondays to Thursdays under the supervision of the clinical team. There are no after hour calls for the block. Friday's students are not in the wards and engage with online learning sessions. They will get Teams invites via email for these sessions. The first Friday covers Psychiatry core topics, the second Friday covers the Psychology teaching, and the third Friday covers the Child Psychiatry teaching. Two to four students per block are selected to do counselling at a Day Hospital for three Tuesdays of the block. They will get input on this on the first Friday of the block. Students are expected to collate a clinical teaching portfolio of four cases. They must also collaborate in groups to do academic presentations for the whole group on the core topics of the psychiatry curriculum.

**DP requirements:** Students must attend 90% of the ward clinical days and engage fully with clinical work from Mondays to Thursdays. They must attend all three Friday teaching sessions. The Friday sessions has an electronic record of attendance, and the clinical team will supervise the attendance of students in the wards. Students must participate academically in their group academic presentation. Students must submit their four portfolio cases by midnight on the last Thursday of the block. Failure to do so will mean that the student is not eligible to write the exam on the Friday. Should the ward consultant and the course convener feel that a student needs to make up time for clinical days missed, and the time cannot be made up, then the student will need to repeat the course.

**Assessment:** There are four components to the course assessment: 1) Portfolio – this contributes 20% to the final mark. 2) Academic Presentation – This contributes 10% to the final mark. 3) Ward Assessment – this contributes 20% to the final mark. 4) SAQ written exam – this contributes 50% to the final mark. This exam is written on the last Friday of the block. A student must achieve a total of 50% to pass the course. There is no supplementary exam for this course. A student who fails the course will need to repeat the course in the following academic year.

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## PUBLIC HEALTH AND FAMILY MEDICINE

*Level 3, Falmouth Building South*

**Professor, Director and Head of Department:**

S Cleary, BA *Rhodes* BAHons MA PhD *Cape Town*

### Environmental Health

*Level 4, Falmouth Building South*

**Professor and Head:**

HA Rother, BA MA PhD *Michigan State*

**Professors:**

A Dalvie, BSc BScHons (Physiology) MSc (Public Health) PhD (Public Health) *Cape Town*

L London, MBChB MMed MD *Cape Town* BScHons (Medicine) *Stell DOH Witwatersrand*

**Senior Lecturer:**

J Irlam, BSc (Med)(Hons) MPhil (Epidemiology) MSc (Climate Change and Development) *Cape Town*

**Lecturer:**

M Jagarnath, BSc Hons MSc PhD *UKZN*

**Assistant Lecturer:**

R Mlelwa, BSc MSc *Tanzania* PhD candidate *Cape Town*

**Visiting Professors:**

T Arcury, BA *Duquesne* MA PhD *Kentucky*

S Quandt, BA *Lawrence* MA PhD *Michigan*

**Honorary Professor:**

K Ahmed, BSc MSc *Karachi* BSPHD *Minnesota*

**Honorary Senior Lecturers:**

E. Euripidou, B.Tech(Hons) MSc *LSHTM London* | MSc *UoN Nottingham*

AA Halpaap, BA MA PhD *Yale University New Haven*

G Manuweera, BSc MPhil *Peradeniya* PhD *Missouri*

M Miller, BSc BSc (Nursing) *Ohio* MSc (Nursing) *Seattle*

WR Utembe, BSc (Hons) *Malawi* master's in environmental sciences *Malaysia* PhD (Public Health) *JHB*

S Willis, BScHons *Newcastle* DPhil *Oxford*

## Epidemiology and Biostatistics

*Level 5, Falmouth Building South*

**Professor and Head:**

L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

**Professor and AXA Chair in Non-Communicable Disease Epidemiology:**

L Dugas, BSc PhD *Cape Town* MPH *Loyola*

**Associate Professor:**

M Lesosky, BSc MSc PhD *Guelph PGDip (Health Professional Education) Cape Town*

**Senior Lecturers:**

T Phillips, BSc *UJ MPH PhD Cape Town*

H Madlala, BSc PhD *UKZN MPH Cape Town*

A de Voux, BSc MSc Cape Town PhD *Emory*

**Clinical Research Officer:**

J Odayar, MBChB MPH *Cape Town*

**Lecturers/Research Officers:**

T Malaba, BSc *Zimbabwe MPH Cape Town*

E Mukonda, BSc *Zimbabwe MPhil Cape Town*

F Honwana, BSc MSc *UKZN*

**Honorary Professors:**

D Bradshaw, BSc *UKZN MSc Cape Town PhD Oxon*

S Delaney-Moretlwe, MBBCh *Witwatersrand MSc PhD LSHTM*

J McIntyre, MBChB *Zimbabwe FRCOG*

C Wiysonge, MD *Cameroon MPhil Cambridge PhD Cape Town*

**Honorary Associate Professors:**

L Dodd, BSc *Utah MSc PhD Washington*

M Rangaka, MBChB *Cape Town MSc MPhil PhD London*

S Reynolds, BSc *Toronto MD McGill MPH Johns Hopkins*

**Adjunct Associate Professor:**

T Tucker, MBChB PhD *Cape Town*

**Honorary Senior Lecturers:**

A Cois, BSc MSc *Caligiari MPH PhD Cape Town*

DJ Davey, BA *Colorado MPH Columbia PhD UCLA*

N Ford, BSc *Warwick MPH Cape Town PhD Simon Fraser*

K Kelly, BA MA *UKZN PhD Rhodes*

M Wallace, BA *Cape Town MSc UCL PhD West England*

**Honorary Research Associate:**

J Ncaiyana, BSc *UKZN MSc Witwatersrand PhD North Carolina*

**Project Co-ordinators:**

R Mvududu BSc *MPH UCT*

S Dadan BSc *UKZN*

N Mashele BSc PhD *Northwest*

P Zwane BSc MPH *UCT*

P Mogoba, BSc Venda MPH *UCT*

**Laboratory Managers:**

N Hu, BSc MSc MPH *UCT*

S Matyeseni, BSc MSc *Stellenbosch*

**Data Analysts:**

D Nyemba BSc *Zimbabwe MPH Cape Town*

H Geffin BSc MSc *Cape Town*

N Gawler BSc MSc *Pretoria*

## **Health Economics**

*Falmouth Annex*

### **Professor and Head:**

E Sinanovic, BSc *Zagreb* PG Dip (Financial Management) *Maastricht* MCom *Cape Town* PGDip  
PhD *London*

### **Professor:**

S Cleary, BA *Rhodes* BAHons MA PhD *Cape Town*

### **Senior Lecturers:**

OA Alaba, BScHons MSc PhD *Ibadan*

L Cunnama, BSc (Physiotherapy) MPH PhD *Cape Town*

### **Honorary Associate Professor:**

V Govender, BCom *UKZN* MCom *Cape Town* MPH *Boston* PhD *Cape Town*

### **Research Officers:**

A Obse, BA MSc *Addis Ababa* PhD *Dublin*

## **Health Policy and Systems**

*Level 1, Falmouth Building South*

### **Professor and Head:**

L Gilson, BAHons *Oxon* MA *East Anglia* PhD *London*

### **Associate Professors:**

J Olivier, BA MPhil PhD *Cape Town*

M Shung King, MBChB *UKZN* DPhil *Oxon*

### **Honorary Professors:**

I Aygepong, MBChB *Ghana* MCommH *Liverpool* DRPH *North Carolina*

U Lehmann, PhD *Hanover*

H Schneider, MBChB *Cape Town* DCH DTMH MMed *Witwatersrand*

### **Adjunct Associate Professor:**

EH Engelbrecht, MBChB MFamMed DCH DHA *Free State*

### **Honorary Senior Lecturers:**

M Moodley, MBChB *UKZN* MBA *Cape Town*

### **Honorary Research Associate:**

B Cakorous, DrPH *California* MPH *Pittsburgh*

## Occupational Medicine

*Level 4, Falmouth Building South*

### Professor and Head:

MF Jeebhay, MBChB *Natal* DOH MPhil (Epidemiology) *Cape Town* MPH (Occupational Medicine) PhD *Michigan* FCPHM (Occupational Medicine) *SA*

### Associate Professor:

S Adams, MBChB DOH MMed PhD *Cape Town* MFamMed *Stell* FCPHM (Occupational Medicine) *SA*

### Senior Lecturer:

I Ntatamala MBChB Dip Public Health *UNISA* MMed *Cape Town* MSc OH *Birmingham* Dip HIV Man FCPHM (Occupational Medicine) *SA*

### Research Co-ordinator:

R Baatjies, BTech MTech *CPUT* MPH *Witwatersrand* PhD *Cape Town*

### Emeritus Professor and Senior Scholar:

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (Occupational Medicine) *SA*

### Emeritus Professor:

G Todd, BSc *UKZN* MBChB PhD *Cape Town* FCDerm *SA*

### Adjunct Professor:

S Kisting-Cairncross, MBChB DOH *Cape Town* MFamMed *Witwatersrand* MCFP *SA*

### Honorary Senior Lecturers:

B Andrews, MBChB *Cape Town*, DOH MMed *Stell* FCPHM (Occupational Medicine) *SA*

AH Burdzik, MBChB MMed *Cape Town* Dip Occupational Medicine *UK* FCPHM (Occupational Medicine) *SA*

G Kew, MBChB DA *SA* DOH *Cape Town*

S Manjra, MBChB *Natal* MMedSc *Birmingham* BScHons (Medicine) DOH *Cape Town*

A Raynal, MBChB *Cape Town* MSc *LSHTM* MPH M FOM *UK*

J te Water Naude, MBChB MPhil *Cape Town* FCPHM *SA*

J van Zyl, MBChB MMed Dip (Medicine) (Occupational Health) *Stell* FAADEP CIME *USA* FCPHM *SA*

### Honorary Lecturers:

B Cloete, MBChB DOH MMed *Cape Town* FCPHM (Occupational Medicine) *SA*

H de Wet, MBChB MMed *NUS*

S Fakie, MBChB DOH *Cape Town*

D Knight, MBChB MMed *Cape Town*

M Mothemela, MBChB *Medunsa*, MMed *Cape Town*, FCPHM (Occupational Medicine) *SA*

H Mwangi, MD *Tanzania*, MMed PhD *Cape Town*, FCPHM (Occupational Medicine) *SA*

D Ngajilo, MD *Tanzania*, MMed *Cape Town*, FCPHM (Occupational Medicine) *SA*

H Williams, MBChB DOH MMed *Cape Town* FCPHM (Occupational Medicine) *SA*

### Registrars:

P Mfuno

V Ng'oma

Z Sunday

Y Williams-Mohamed

## Public Health Medicine

*Levels 2 and 4, Falmouth Building South*

### Professor and Head:

L London, MBChB MMed MD *Cape Town* BScHons (Medicine) *Stell DOH Witwatersrand*

### Professors:

A Boulle, MBChB PhD *Cape Town* MSc *London* FCPHM *SA*

M Davies, MBChB MMed PhD *Cape Town* FCPHM *SA*

### Associate Professor:

V Zweigenthal, BSc DTM&H DPH *Witwatersrand* BSocScHons MBChB PhD *Cape Town* FCPHM *SA*

### Senior Lecturers Full-time:

J Irlam, BScHons (Medicine) MPhil *Cape Town* (Joint School-Directorate of Primary Healthcare appointment)

N Jacob, MBChB MMed *Cape Town* FCPHM *SA*

NO Mapukata, ND BTech (Medical Technology) *CPUT/DUT* MSc (Health Management) *UK*  
MSc Medicine (Bioethics and Law) *Witwatersrand* Cert (HIV/AIDS Care & Counselling) *Unisa* Cert (Introduction to Theory of Change) PhD *Witwatersrand*

### Senior Lecturers Part-time:

K Begg, MBChB *Cape Town* DCH DipObs FCPHM (Deputy Dean: Joint Faculty-Department appointment)

T Naledi, MBChB *Cape Town* FCPHM (Deputy Dean: Joint Faculty-Department appointment)

### Lecturers Full-time:

F Amien, BChD MChD *Cape Town*

I Datay, MBChB *Cape Town* DPhil *Oxon* (Joint School-Directorate of Primary Healthcare appointment)

S Toto, BSc MSc (Occupational Therapy) *Cape Town*

### Lecturer Part-time:

R Morar, MBChB *Natal* DHMEF MMed *Cape Town* FCPHM *SA*

### Senior Research Officer:

E Kalk, MBBCh *Witwatersrand* PhD *Birmingham* MRCP *London* Dip (HIV Management) *SA MPH Cape Town*

U Mehta, BPharm *Witwatersrand* PharmD *Albany* DrPH *James Cook*

### Medical Natural Scientist:

N Zinyakatira, BScHons *Zimbabwe* MPhil Cer(Project Management) *Cape Town*

### Post-Doctoral Research Fellow:

H Haricharan, MA *Cape Town* MJournalism *Canada* PhD *Cape Town*

### Honorary Professors:

N Morojele, PhD *Kent*

R Matzopoulos, BBusSci MPhil PhD *Cape Town*

### Honorary Associate Professors:

N Harker-Burnhams, PhD *Cape Town* BAHons MPhil *UPE*

S Moyo, MBChB MPH Dip MSHS PhD

T Oni, BSc *London* MBBS *UCL* MPH MMed *Cape Town* MD *Imperial* MRCP DFPH *UK* FCPHM *SA*

**Adjunct Associate Professor:**

R Foster, PhD *Cape Town*

**Honorary Senior Lecturers:**

E Goemare, MSc MD DTMH *Belgium* DSc *Cape Town*

D Pienaar, MBChB MMed *Cape Town*

**Honorary Lecturers:**

G Denicker, MSc *Oxford* BChD *UWC*

V Shaw, PhD *Norway*

E Morden, BSc MPH *Cape Town*

S Peters, MBChB *Cape Town* FCPHM *SA*

Z Mgugudo-Sello MBChB *Cape Town* FCPHM *SA*

**Honorary Research Associates:**

A Cassidy, MPH *Cape Town*

J McLoughlin, MBChB MPH *Cape Town*

CJ Seebregts, BSc BScHons (Medicine) PhD *Cape Town* BScHons *Unisa*

M Richter, PhD

**Visiting Professors:**

S Whittaker, MBChB MMed PhD *Cape Town* FFCH *SA*

T Rehle, MD *Munich* MPH *LSHTM* PhD *Antwerp*

**Facilitators:**

B Adebiji, MSocSc PhD *UWC*

I Amanquarnor, MSc (*Occupational Therapy*) *Cape Town*

F Bennis, BSc (*Honors*) *Occupational Therapy* + MPH *Cape Town*

A Cariem, BSc (*Honors*) *Occupational Therapy* *UWC*

M Chidavaeni, BSocSc *Cape Town*

N Chikte, BScHons (*Biokinetics*) *Cape Town*

G Cook, BScHons *UK* Dip (*Careers Guidance*) *Kent*

K Fataar, BSocScHons *Cape Town*

M Isiagi MSc (*Medicine*) *Cape Town*

N Jaffer M *Nutrition and Dietetics* *US*

A Lehloa, BSc *Audiology (Honors)* *Cape Town*

A Lukwa, *Bcomm Econ (Hon) (MSU) M.P.H (Health Economics) (UCT) Ph.D. Candidate (Public Health)-(UCT)*

S Makumire, PhD *Biochemistry* *Cape Town*

S Mguzulwa, MSocSc *Cape Town*

N Mini, BA *Cur Nursing PGDip Pall Care* *Cape Town*

P Mosala, PhD *Clinical Sciences & Immunology* *Cape Town*

L Mpoysa, MScSc *Cape Town*

C Ncube, BA *SocSc* *Cape Town*

E Nwosu PhD (*Med*) *Cape Town*

T Nyamndaya MSocSc *UNISA*

M Sekhesa BSc *Audiology* *Cape Town*

A Timol, BSc *Audiology (Honors)* *Cape Town*

E Tsetse, MSc (*Medical Biochem*) *Cape Town*

**Registrars:**

L Mureithi  
G Ngubane  
A von Delft  
Y Tembo  
M Ismail  
N Berkowitz  
V Mudalay  
H Hussey  
J Gammon  
M Hunter  
M Jose  
H Moolla  
M Tlali

**Social and Behavioural Sciences**

*Level 3, Falmouth Building South*

**Associate Professor and Head:**

L Knight, *BSc Cape Town MPS UKZN PhD LSHTM*

**Lecturer:**

J Githaiga, *Bed (Arts) Kenya MA (Communication) MA (Counselling Psychology) Kenya PhD Cape Town*

**Assistant Lecturer:**

N Kannemeyer, *BA (Psychology) New Zealand MPH Cape Town*

**Research Co-ordinator:**

M Majola

**Honorary Professors:**

D Cooper, *BSocSc BAHons PhD Cape Town*  
C Morroni, *BA Harvard MSc Columbia MPH MBChB Cape Town PhD Columbia*  
N Abrahams, *MPH PhD Cape Town*

**Honorary Associate Professors:**

A Harrison, *BA Penn MA MPH Johns Hopkins PhD LSHTM*  
M Lurie, *BA Boston MA Florida PhD Johns Hopkins*  
C Mathews, *BAHons UKZN BSocScHons MSc (Medicine) PhD Cape Town*

**Adjunct Associate Professor:**

C Colvin, *BA VirginiaTech MA PhD Virginia MPH Cape Town*

**Adjunct Senior Lecturers:**

A Swartz, *BSocScHons MPH PhD Cape Town*  
D Constant, *BSc (Physiotherapy) BScHons MSc (Medicine) MPH PhD Cape Town*  
M Endler, *MD PhD Karolinska*

**Honorary Senior Lecturer:**

E Stern, *MPH PhD Cape Town*

**Honorary Research Associates:**

S Cooper, *MPH Cape Town PhD LSHTM*

Z DUBY, MPH PhD *Cape Town*  
 E Venables, PhD *Edinburgh*  
 J Harries, BA MPhil MPH PhD *Cape Town*

### **PPH1001F** BECOMING A PROFESSIONAL

15 NQF credits at NQF level 5

**Convener:** S Toto

**Course entry requirements:** None

**Course outline:**

This course introduces first year students in all health science professions to professionalism and appropriate professional conduct. The course aims to promote the conduct, knowledge, attitudes and values associated with being a professional and a member of a professional team. Students learn interpersonal skills, including being non-judgemental, empathetic, ethical and respectful of human rights when working with colleagues, clients, patients and community members who may have different values and traditions. Students learn theory on interviewing and interpersonal skills which are applied in simulated and real interviews; theory related to group and social roles applied in simulated experiences to build team membership and leadership skills; and critical analysis of and reflection on professional conduct, diversity, health and human rights. The educational approach is participatory and experiential and all students are required to engage actively in facilitator-lead small learning groups. Academic, digital and information literacies are systematically integrated from the outset. The course also includes a workshop on HIV-AIDS, designed to introduce students to the relevance of HIV-AIDS issues in their private and professional lives.

**DP requirements:** Attendance of all small group learning sessions and other academic commitments, including the HIV-AIDS workshop; completion of all set assignments and assessment activities.

**Assessment:** Continuous, performance-based in-course assessments provide students with regular feedback. Those students who achieve an average of 60% or above for these in-course assessments are not required to write the final written examination. Those students who average below 60% for their in-course assessments are required to write a final examination and must achieve a minimum of 50% in this examination in order to pass the course.

### **PPH1002S** BECOMING A HEALTH PROFESSIONAL

15 NQF credits at NQF level 5

**Convener:** N Mapukata

**Course entry requirements:** PPH1001F

**Course outline:**

This course builds on the knowledge and skills gained in PPH1001F Becoming a Professional. Focus is on the primary healthcare approach and disability. The course equips students to work collaboratively on a community-oriented project based on the primary healthcare principles and approach, including comprehensive health care (promotive, preventive, curative, rehabilitative and palliative care within the primary, secondary and tertiary levels of care), intersectoral collaboration, community involvement, and accessibility of and equity in healthcare. Students are required to apply the knowledge, skills and values from PPH1001F to develop an appreciation of the contribution of all healthcare professionals to the promotion, maintenance and support of health and the healthcare of individuals, families and communities within the context of disability. The educational approach is participatory and project-based and all students are required to engage actively in the project and in facilitator-lead small learning groups. Academic, digital and information literacies are systematically integrated from the outset. The course includes a basic life support skills workshop.

**DP requirements:** Attendance of all group sessions, community and health service site visits and the life support skills workshop; completion of all assignments and assessment activities.

**Assessment:** Continuous, performance-based in-course assessments provide students with regular feedback. Those students who achieve an average of 60% or above for these in-course assessments are not required to write the final written examination.

Those students who average below 60% for their in-course assessments are required to write a final examination and must achieve a minimum of 50% in this examination in order to pass the course.

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### PPH2002S SPECIAL STUDY MODULE

*NOTE: Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** TBA

**Course entry requirements:** Successfully completed all second year MBChB courses.

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### PPH4056W HEALTH IN CONTEXT

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PPH4156X, PPH4256X, PPH4356X, PPH4456X, PPH4556X*  
40 NQF credits at NQF level 8; 20 Lectures; 25 Tutorials and 11 Community visits.

**Convener:** Dr N Jacob

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Co-requisites:** All third-year MBChB courses.

**Objective:** The overall aim of the course is to introduce students to the practice of community-oriented primary care through theoretical and experiential learning. Specific objectives are to a) understand the impact of socio-economic and environmental factors on quality of an individual's life and health, so that appropriate clinical and social management decisions can be made; b) to enable students to assess and become involved in initiatives that address socio-economic and environmental causes of ill health within communities and c) to refine teamwork skills through participation in group projects and activities.

**Course outline:**

This integrated course comprises public health, family medicine, palliative care and health promotion. The six-week course introduces students to community-oriented primary care, where the care and determinants of health of individuals and communities are studied. Clinical experience in family medicine and palliative care at a primary care level is integrated with a public health research project, followed by a health promotion intervention. In public health, students study epidemiology, biostatistics, research methods, human rights, research ethics, demography, occupational and environmental health, communicable disease control, health economics, and health needs of vulnerable groups. In health promotion, during projects at community sites and during home visits, students learn skills such as networking, advocacy, communication, organising, facilitation, planning and negotiation, reflection, teamwork, community participation and empowerment. Family medicine and palliative care include clinical attachments in primary care settings and an intermediate healthcare facility, during which students conduct and review video-taped patient consultations and home visits.

**DP requirements:** (a) Completion of all assignments submitted by the deadline/s as stipulated in the course manual; (b) Completion of summative and formative assessments by the stipulated deadlines, with a sub- minimum of 46% for in-course assignments/assessments; (c) Participation in and equal contribution to group- work; and (d) Attendance at all clinical and community teaching and group presentations; and 90% attendance of in-class sessions, including online sessions, prior to the end-of-block assessment.

**Assessment:** The following components contribute to the overall mark: (a) An epidemiology research protocol (group mark) (12.5%); (b) A health promotion project report (group mark) (12.5%); (c) A combined epidemiology and health promotion oral presentation (group mark) (5%); (d) A motivational interview assessment (4%); (e) A family medicine patient case study (8%); (f) A biostatistics assessment (8%); (g) The end-of-course written examination is weighted at 50%.

This comprises of Public Health, Health Promotion, Family Medicine and Palliative Care. Penalty for late submission of assignments is 5% per day, to a maximum of five days, following which a student will get zero. Students must obtain an overall aggregate of 50% for the course, as well as 50% overall for the in- course assessments and 50% for the end-of-block assessment in order to pass the block. Accordingly, the criteria for failure are: (a) Failure to achieve an overall course mark of 50% (b) Failure to achieve 50% for coursework as above. (c) Failure to achieve 50% for the end of block EOB assessment. Students who achieve 48-49% in any of the above components, will be offered a supplementary examination. Students who achieve 47% or less in any of the above components will be required to repeat the course.

## **RADIATION MEDICINE**

**Professor and Head:**

**Rotating Head Currently:**

J Parkes, MBBCh *Witwatersrand* FCRad Onc SA

### **Medical Physics**

*L-Block, Groote Schuur Hospital*

**Head:**

N Joubert, BMedScHons PGDip MMedSc *UFS*

**Lecturers:**

JD Bruwer, BScHons MSc *Stell*

H Mac Gregor, BScHons *Stell*

A Groenewald, BScHons PGDip MScMedSc PhD *Stell*

B Smith, BMedScHons *UCT*

J Mbewe, BScHons *UNAM*

### **Nuclear Medicine**

*C4/C3, New Groote Schuur Hospital*

**Head of Division and Senior Lecturer Full-time:**

TBC

**Consultants:**

Stuart More, MBBCh *Wits* FCNP SA MMed *Cape Town*

**Red Cross Hospital:**

A Brink, MBChB *Pret* DCH FCNP SA MMed *Cape Town, PhD Uct*

K Hlongwa MBChB *Pretoria* FCNP SA MMed Nuclear Medicine *Pretoria*

### **Paediatric Radiology**

*Red Cross Children's Hospital*

**Lecturer Full-time:**

E Banderker, MBChB *Cape Town* FCRadDiag SA

A Rajkumar, MBChB *Cape Town* FCRadDiag SA

### **Radiation Oncology**

*L-Block, Groote Schuur Hospital*

**Professor and Head:**

J Parkes, MBBCh *Witwatersrand* FCRad Onc SA

**Senior Lecturers Full-time:**

AJ Hunter, BScHons (Medicine) PhD *Cape Town*

Z Mohamed, MBChB *Stell* MMed *Cape Town*

**Lecturers Full-time:**

S Dalvie, MBChB *Cape Town* FCRadOnc SA

N Fakie, MBChB *Cape Town* FCRadOnc SA

T Naiker, MBBCh *Witwatersrand* FCRadOnc SA  
 B Robertson, MBChB *Cape Town* FCRadOnc SA  
 J Wetter, MBChB *Cape Town* FCRadOnc SA MMedRadOnc UFS  
 L Punt, MBChB *Stell* MMed(Rad Onc) *Cape Town*  
 V.Santhurani, MBChB (UKZN), FC Rad Onc (SA)

## Radiology

*C16, New Grootte Schuur Hospital*

### Associate Professor and Head:

SEI Moosa, MBChB MPhil *Cape Town* BScHons *Stell* FFRadDiag SA

### Emeritus Associate Professor:

SE Candy, BSc HED MBChB FCRadDiag SA  
 SJ Benningfield, MBChB FFRad(D) SA

### Senior Lecturers Full-time:

N Ahmed, MBChB *Cape Town* FCRadDiag SA  
 QM Said-Hartley, MBChB *Cape Town* FCRadDiag SA  
 R Gamielidien, MBChB *Cape Town* FCRadDiag SA

### Senior Lecturers Part-time:

AT Scher, MBChB *UCT DMRD (RCP&S)(London)* FCRad(D) SA

### Lecturers Full-time:

FM Oompie, *UCT* FC RadDiag SA MMed *UCT* PG Dip Diagnostic RadDiag, *CPUT* MBChB  
 MEDUN SA  
 GP Human MBChB *Free State*, FC Rad (SA) Diag, MMed *UCT*  
 RM Wessels, MBChB *Stellenbosch* SA, FC Rad (SA) Diag, MMed (Rad D) *Wits*

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## RAY2001W RADIOBIOLOGY

*For students in Faculty of Science; not offered every year.*

48 NQF credits at NQF level 6

**Convener:** Dr AS Hendrikse and Dr AJ Hunter

**Course entry requirements:** At least two full courses or the equivalent chosen from: MTH105W, MAM100W, H101F/S, MAM104F, MAM105S/H, BIO100F/S, BOT102S, ZOO103S, ZOO104F, BIO101F, BIO104S, CEM100W, CEM101W, CEM102W, CEM109S, CEM110H, PHY100W, PHY104W, PHY106S, PHY107F/S.

**Objective:** To be introduced to the basic concepts of radiobiology including its application in radiotherapy.

### Course outline:

This course examines the biological effects of ionizing radiation (x-rays, gamma-rays, alpha particles, beta particles and neutrons) on mammalian systems, including radiation-induced cell death, DNA and chromosome damage, mutations and carcinogenesis as well as the mechanisms of radioprotectors and sensitisers. Medical aspects including the radiobiology of radiation therapy of cancer forms a significant part of this course. The radiation pathology of normal tissues and a basic introduction to cancer biology will also be presented. Students who perform well in the course may apply to do the BMedScHons (Radiobiology) once they have completed their undergraduate degrees.

**DP requirements:** Attendance at all lectures and tutorials and completion of all practicals. Satisfactory marks in tests during the year.

**Assessment:** Essays, tests and practicals count 50%. Two three-hour examinations written in November count 50%.

**RAY2004S** SPECIAL STUDY MODULE

*NOTE: Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** To be confirmed

**Course entry requirements:** Successfully completed all second year MBChB courses.

## SURGERY

*J Floor, Old Main Building, Groote Schuur Hospital*

### **Professor and Head:**

AG Fieggan, BSc (Medicine) MBChB *Cape Town* MSc *London* MD *Cape Town* FCS *SA*

### **Emeritus Professors:**

PC Bornman, MMedSurg FRCS *Edinburgh* FCS *SA* FRCS *Glasgow*

DM Dent, MBChB ChM *Cape Town* FCS *SA* FRCS *UK* FRCPS *Glasgow* (Hon)

JEJ Krige, MBChB MSc (Medicine) *Cape Town* FRCS *Edinburgh* FCS *SA*

J Terblanche, MBChB ChM *Cape Town* FCS *SA* FRCS *UK* FRCPS *Glasgow* FACS (Hon) FACP

(Hon) FRCS *UK* (Hon) FRCSC (Hon) FRCS *Edinburgh* FMC *SA* FRCSI (Hon)

D Kahn, MBChB CRM FCS *SA*

A Murray, MBChB *Witwatersrand* FRCS *Edinburgh* FRCOphth

AB van As, MBChB *Netherlands* FCS *SA* PhD *Cape Town* MBA *SA*

### **Emeritus Associate Professor:**

JG Brink, MBChB *Cape Town* FC Cardio *SA*

J Hewitson, MBChB *Cape Town* FC Cardio *SA*

DA Hudson, MBChB MMed *Cape Town* FCS *SA* FRCS *Edinburgh* FACS

## **Cardiothoracic Surgery (Chris Barnard Division of Cardiothoracic Surgery)**

*Groote Schuur Hospital; Red Cross Children's Hospital; Cape Heart Centre, Health Sciences Campus*

*The Division of Cardiothoracic Surgery provides clinical cardiac and thoracic surgery services for the community of Cape Town and the Western Cape region at both Groote Schuur Hospital and Red Cross Children's Hospital. In addition to being the only academic unit that provides heart and lung transplantation in South Africa. The Chris Barnard Division targets innovative solutions for cardiovascular health care. The Cardiovascular Research Unit housed within the division focuses on the development of a myocardial regeneration, restenosis and angiogenesis in tissue engineering.*

### **Chris Barnard Chair of Cardiothoracic Surgery and Head:**

T Pennel, MBChB *Stell* MMed *Cape Town* FC Cardio *SA* PhD *Cape Town*

### **Professor:**

D Bezuidenhout, PhD *Cape Town*

### **Emeritus Professor:**

P Zilla, MD *Zurich* PD *Vienna* PhD *Cape Town*

### **Associate Professors Full-time:**

J Scherman, MBChB *Pret* Dip (Occupational Medicine) *Stell* FC Cardio *SA* MMed *Cape Town*

N Davies, PhD *Cape Town*

P Human, PhD *Cape Town*

### **Associate Professors Part-time:**

A Linegar, MBChB *Cape Town* PhD *UFS* FC Cardio *SA*

JG Brink, MBChB *Cape Town* FC Cardio *SA*

### **Senior Lecturers Full-time:**

A Brooks, MBChB *Stell* FCS *SA*

## 262 DEPARTMENTS IN THE FACULTY

C Ofoegbu, MBBS(Ibadan) FWACS FC Cardio SA MMed Cape Town  
R Manganyi, MBChB Cape Town FC Cardio SA  
N Da Silva, MBChB Pret FC Cardio SA

### Senior Lecturers Part-time:

L Moodley, MBBS India FC Cardio SA  
J Rossouw, MBChB PhD Stell MMed Thorax Stell SA

### Senior Scientific Officer:

A Oosthuysen, MSc Stell  
H Ilsley, NDip CPUT

## Emergency Medicine

*F51 Old Main Building, Groote Schuur Hospital, and Bellville Health Park, Karl Bremer Hospital  
Groote Schuur Hospital; Red Cross War Memorial Childrens Hospital; New Somerset Hospital;  
Victoria Hospital, Mitchells Plain District Hospital; Emergency Medical Services*

*The Division of Emergency Medicine is the academic division supporting the emergency care platform of the Western Cape and specifically supporting emergency care clinical services at the UCT training institutions. The Division has a broad clinical and research training footprint, from undergraduate MBChB, PG Dip, Mphil, MMed, MSc to PhD programs. The Division is uniquely multidisciplinary which mirrors the emergency care team encompassing paramedics, doctors and nurses; and encompasses out of hospital care through to hospital emergency centres and critical care. A good deal of the research focus of the division is on strengthening and developing emergency healthcare systems in SA and across the continent.*

### Professor and Head:

L Wallis, MBChB FRCS (A&E) Edinburgh MD DIMCRCS Dip (Sport Medicine) Glasgow FRCS Ed FCEM UK FCEM SA FIFEM

### Honorary Professor:

P Brysiewicz, BSocSc (Nursing) UKZN BA MCur PhD UKZN

### Associate Professor:

P Hodgkinson, MBChB Witwatersrand MPhil PhD Cape Town Dip (Primary Emergency Care) DA Dip (Obstetrics & Gynaecology) SA DTM&H Witwatersrand PGDip (HPE)

### Honorary Associate Professor:

S Bruijns, MBChB Pret MPhil PhD Cape Town Dip (Primary Emergency Care) SA FCEM UK FCEM SA

### Honorary Senior Lecturer:

H Bergquest, MD (Pennsylvania) MSc London UK  
S Rambharose, BTech KZN BTechHons KZN MSc KZN PhD KZN

### Senior Lecturers Full-time:

C Saunders, BScHons PhD Cape Town  
W Khan, MBChB Witwatersrand MMED Cape Town FCEM SA PGDip (HPE)  
W Stassen, BTEMC UJ MPhil Cape Town PhD Karolinska & Stell

### Lecturers Full-time:

C Cunningham, BSocSc (Nursing) UFS PhD Cape Town BTech AdvDip (Management) MBA Sunderland  
W Craig, BEMC MSc(EMC) (CPUT)

A Kropman, MBChB *Cape Town* Dip (FEC) FCEM SA  
 C Hendrikse, MBChB *Stell* FCEM SA MMed *Cape Town*  
 C van Koningsbruggen, MBChB *UKZN* Dip (Primary Emergency Care) SA MMed *Cape Town* FCEM SA  
 D Fredericks, MBChB *Cape Town* FCEM SA  
 K Cohen, MBChB MMed MPhil *Cape Town*  
 K Evans, MBChB *Cape Town* FCEM SA MMed *Cape Town*  
 M De Man, MBChB PGDip (Family Medicine) *Stell* MMed *Cape Town* FCEM SA  
 P Cloete, MBChB *Pret* FCEM SA MMed *Cape Town*  
 P Xafis, MBBCh *Witwatersrand* MMed *Stell* FCEM SA  
 R Dickerson, MBBCh *Witwatersrand* Dip (Primary Emergency Care) DA SA FCEM SA Cert (Critical Care) SA ATCL UK  
 S De Haan, MBChB *Cape Town* FCEM SA  
 S De Vries, MBChB *Cape Town* Dip (Primary Emergency Care) MPhil *Cape Town*  
 W Jooste, MBChB BMedSci MMed *Stell* FCEM SA  
 W Smith, BSc MBChB *Cape Town* EMDM FCEM SA

#### **Honorary Lecturers:**

A Parker, MBChB FCEM SA MMed *Cape Town*  
 C Ylie, BTech *DUT* MPhil *Cape Town*  
 L van Rensburg NDip *Bloemfontein* BTech EMC *CPUT* MPhil *Cape Town*  
 P D'Andrea, MBChB *Stell* Dip *Stell* FCEM *Stell* MMed(EM) *Stell*  
 TE Mabasa, MBChB *Wits*, FCEM *Cape Town* MMED *Stell*

#### **Honorary Research Affiliate/Associate:**

A Lourens, NDip *CPUT* BTech *CPUT* MScMed *Stell* PhD *Cape Town*  
 E Callachan, NDip AECT *UJ* MHealSc *Otago* PhD *Cape Town*  
 E Dippenaar, NDEMC BTEMC MScMed PhD *Cape Town*

## **General Surgery**

*J-Floor, Old Main Building, Groote Schuur Hospital*

*The Division of General Surgery services Groote Schuur Hospital, Victoria Hospital, New Somerset Hospital, Mitchells Plain District Hospital and Red Cross War Memorial Childrens Hospital.*

*The Division offers Undergraduate teaching, Post Graduate teaching and has a reputation for innovative surgical methods and a strong research infrastructure. The Division is made up of 8 sub specialist Units and Firms and is the largest division within the Department of Surgery.*

#### **Professor and Head:**

To be appointed in 2021

#### **Professors:**

P Navsaria, MBChB MMed *Cape Town* FCS SA  
 E Jonas, MBChB MMed FCS SA PhD  
 AJ Nicol, (Head: Trauma Unit) MBChB *Cape Town* FCS SA

#### **Emeritus Professors:**

PC Bormman, MMedSurg FRCS Ed FCS SA FRCS *Glasgow*  
 DM Dent, MBChB ChM *Cape Town* FCS SA FRCS UK FRCPS *Glasgow* (Hon)  
 JEJ Krige, MBChB MSc *Cape Town* FRCS *Edinburgh* FCS SA  
 J Terblanche, MBChB ChM *Cape Town* FCS SA FRCS UK FRCPS *Glasgow* FAC (Hon) FACP (Hon) FRCS UK (Hon) FRCSC (Hon) FRCS *Edinburgh* FMC SA FRCSI (Hon)  
 D Kahn, MBChB CRM FCS SA

**Associate Professors:**

E Panieri, (Head: Oncology, Endocrinology) MBChB MMed *Cape Town FCS SA*  
L Cairncross, MBChB *Cape Town FCS SA*  
JC Kloppers, MBChB *Stell Dip (Primary Emergency Care) FCS SA MRCS FRCS GenSurg Edinburgh*

**Adjunct Professor:**

RJ Baigrie, BSc MD *Cape Town FRCS UK*

**Honorary Full Professors:**

E Muller, MBChB *Pret MMed Cape Town MRCS FCS*  
V N. Nfonsam, MD MS FACS FASCRC

**Senior Lecturers Full-time:**

M Bernon, MBBCh *Witwatersrand FCS SA Cert (Gastro)*  
ABT Boutall, MBBCh *Stell FCS SA Cert (Gastro)*  
H Bougard, MBChB *FCS SA*  
S Burmeister, MBChB *Cape Town FCS SA Cert (Gastro)*  
G Chinnery, MBChB *Witwatersrand MMed FCS SA Cert (Gastro)*  
JM du Toit, MBChB *Stell MMed Cape Town FCS SA FEBS*  
S Edu, Dip (Medicine) *Romania FCS SA*  
F Gool, MBChB *DA SA FCS SA CertGastro*  
F Malherbe, MBChB *FCS SA*  
F Noor, MBBCH *Witwatersrand FCS SA NG*  
NG Naidoo, (Head: Vascular Unit) MBChB *UKZN FCS SA*  
DA Thomson, MBChB *UKZN FCS SA MMed Cape Town*  
C Warden, MBChB *Cape Town MMed FCS SA*  
J Plaskett, MBChB *MMed FCS SA*  
M Mihalik, MBChB *MMed FCS SA*

**Senior Lecturers Part-time:**

M Forlee, MBChB *FCS SA Cert (Vascular Surgery)*  
B Natha, MBChB *FCS SA Cert (Vascular Surgery)*  
JA Tunnicliffe, MBChB *Cape Town FCS SA*  
ME Dalwai, MBChB *FCS SA Cert (Surgical Gastroenterology)*  
M Madden, MBChB *FCS SA FRCS England Edinburgh*  
H Molabe, MBChB *MMed FCS SA*  
A Sander, MBChB *FCS SA Cert (Vascular Surgery)*

**Honorary Senior Lecturer:**

S Rayamajhi, MBChB *MMed Cape Town*

**Neurosurgery**

*F Floor Neuroscience Institute , Groote Schuur Hospital*

*The Division of Neurosurgery is responsible for the neurosurgical management of patients at the two internationally-renowned teaching hospitals affiliated with the University of Cape Town (UCT), treating patients from across the Western Cape as well as elsewhere in South Africa and abroad. Our clinical platform enables us to teach students, train specialists and pursue cutting-edge research into conditions relevant to our clinical practice. We treat various diseases of the brain and spinal cord including traumatic brain injury, brain tumours, vascular diseases of the brain and various types of strokes, spinal disorders, congenital abnormalities, hydrocephalus, and functional disorders such as epilepsy.*

**Helen & Morris Mauerberger Professor and Head:**

AG Fieggen, BSc (Medicine) MBChB *Cape Town* MSc *London* MD *Cape Town* FCS *SA*

**DST/NRF Research Chair in Clinical Neuroscience Research:**

AA Figaji, MBChB MMed PhD *Cape Town* FCNeuroSurg *SA*

**Professors:**

PL Semple, MBChB MMed PhD *Cape Town* FCS *SA*

**Honorary Professors:**

MJA Wood, MBChB *Cape Town* DPhil *Oxon*

WJ Peacock, BSc *Stell*, MBChB *Cape Town* FRCS *Edin*

**Associate Professors:**

DEJ Le Feuvre, MBChB MMed *Cape Town* MSc *Paris/Mahidol* FCS *SA*

AG Taylor, MBBCh *Witwatersrand* MMed *Cape Town* MSc *Paris/Mahidol* FCS *SA*

**Senior Lecturers:**

JMN Enslin, BPhysT *Pret* MBChB *Pret* MMed *Cape Town* FCNeuroSurg *SA*

NG Langerak, BSc (Physiotherapy) *Utrecht* MSc *Nijmegen* PhD *Cape Town*

AC Mathole, MBChB *Cape Town* MMed *Cape Town* FCNeuroSurg *SA*

UK Rohlwink, BA *Bosphorus* MSc (Medicine) PhD *Cape Town*

SJ Røthemeyer, MBBCh *Witwatersrand* FCNeuroSurg *SA*

NS Thango, MBChB *UKZN* MMed *Cape Town* FCNeuroSurg *SA*

**Senior Lecturers Part-time:**

ND Fisher-Jeffes, MBChB *Stell* FCS *SA*

CF Kieck, MBChB *Stell* MD *Cape Town* FCS *SA*

A Mbatha, MBChB *UKZN* MMed *UKZN* FCNeuroSurg *SA*

RL Melvill, MBChB *Cape Town* FCS *SA*

SA Parker, MBChB *Cape Town* FCS *SA*

C Thompson, MBChB MMed *Cape Town* FCNeuroSurg *SADG* Welsh MBChB *Cape Town* FRCS *London* FCS *SA*

DG Welsh, MBChB *Cape Town* FRCS *London* FCS *SA*

GA White, MBChB *Cape Town* FCS *SA*

**Research Enterprise Manager:**

JC Bracher, BSc(Med) Hons PhD *Cape Town*

**Chief Scientific Officer:**

J Combrinck, BSc(Med) Hons PhD *Cape Town*

**Laboratory Manager:**

L Ungerer, ND Med Tech (Chem Path) Med Technician: Clin Path

**Honorary Research Associate:**

R Balchin, BSocScHons MA PhD *Cape Town*

## **Ophthalmology**

*H52, Old Main Building, Groote Schuur Hospital*

*The Division of Ophthalmology (Dept of Surgery) provides eye care services at Groote Schuur Hospital, Red Cross Children's and across the metropole at Victoria, Somerset, and Mitchell's Plain hospitals, with cataract surgery lists also taking place at False Bay and Eerste River Hospitals. Teaching and training of undergraduates, postgraduates and subspecialty fellows is offered, with skill development and transfer taking place both locally and regionally in sub-Saharan Africa. We are involved in research activities, which includes the South African Ophthalmology Journal being edited from within our division. We also run a UCT Community Eye Health unit in collaboration with the Kilimanjaro Centre for Community Ophthalmology; a Simulated Surgery unit; and we have almost completed the setting up of a Clinical Research unit as well.*

### **Morris Mauerberger Professor of Ophthalmology and Head:**

N Du Toit, MBChB MMed PhD *Cape Town Dip (Ophthalmology) SA FRCS Edinburgh FCOPhth SA*

### **Emeritus Professor:**

A Murray, MBChB *Witwatersrand FRCS Edinburgh FRCOPhth*

### **Senior Lecturers Full-time:**

J Rice, MBChB *Witwatersrand FCOPhth SA MPH*

J Steffen, MBChB *Stell FCOPhth SA MMed*

N Freeman, MBChB *Stell FCOPhth SA MMed*

S Mustak, MBChB MMed *Cape Town Dip (Ophthalmology) SA FCOPhth SA*

### **Senior Lecturers 5/8:**

J de Villiers, MBChB *Witwatersrand FCOPhth SA*

T van der Lecq, MBChB MMed *Pret FCOPhth SA*

### **Director Community Eye Health Programme:**

D Minnies, NHDMT (Haematology) *SA MPH Cape Town*

### **Senior Lecturers Part-time:**

E Albrecht, MBChB *Stell FCOPhth SA*

R Grötte, MB BS *Newcastle FRCS Edinburgh DO RCP London RCS UK*

K Suttle, MBChB *Cape Town FCS (Ophthalmology) SA*

H van Velden, MBChB *Stell FCOPhth SA*

M Lenake, MBChB *Witwatersrand FCOPhth SA MMed*

D Steven, MBChB *Franzco*

J van der Merwe, MBChB *Stell MMed Dip (Ophthalmology) SA FCOPhth SA*

L Heydenrych, MBChB *FCOPhth SA MMed*

D McClunan, MBChB *Stell Dip (Ophthalmology) SA FCOPhth SA MMed*

C Tinley, MBChB *Cape Town FRCOPhth*

## Orthopaedic Surgery

*H49 Old Main Building, Groote Schuur Hospital*

*The Orthopaedic surgical division offers a clinical service across the western metropole platform at all three level two hospitals (VHW, NSH and MPH), Red Cross Children's and Groote Schuur Hospital with outreach to surrounding areas. This facilitates teaching of both under- and postgraduate students and research for the local environment resulting in locally appropriate skill development and transfer. We continue to run post-specialist qualification sub-discipline fellowships and collaborate internationally in research and academic activities.*

### **Pieter Moll & Nuffield Professor of Orthopaedic Surgery and Head:**

R Dunn, MBChB MMed Cape Town FCSOrth SA

### **Full Professors:**

S Roche, MBChB Cape Town LMCC Canada FCSOrth SA

### **Associate Professors:**

M Held, Med Cert *Heidelberg MD Munich MMed PhD Cape Town FC Orth SA*

S Maqungo, MBChB *Natal FCSOrth SA*

M Solomons, MBChB *Cape Town FCSOrth SA*

M Laubscher, MBChB Dip (Primary Emergency Care) *FCOrth SA MMed Cape Town*

G McCollum, MBChB MMed *Cape Town Dip (Primary Emergency Care) FCSOrth SA*

### **Honorary Associate Professor:**

BC Vrettos, MBChB *Zimbabwe FRCS England MMed Cape Town FCSOrth SA*

### **Adjunct Associate Professors:**

G Grobler, MBChB MMed *Cape Town FRCS Edinburgh FCS (Orth) SA*

WM van der Merwe, MBChB *UFS Social Studies Oxon BMedScHons Cape Town FCSOrth SA*

B Bernstein, MBChB *Witwatersrand FCSOrth SA*

*K.Hosking MBChB Cape Town FCSOrth SA*

### **Senior Lecturers Full-time:**

S Dix-Peek, MBBCh *Witwatersrand FCSOrth SA MMed Cape Town*

T Hilton, MBChB MMed *Cape Town FCSOrth SA*

A Horn, MBChB *Pret MMed Cape Town FCOrth SA*

J Kauta, MBChB MMed *Cape Town*

N Kruger, MBChB *Cape Town FCSOrth SA*

F Louw, MBChB *Stell MMed Cape Town FCS (Orth) SA*

T Munting, MBChB *Cape Town MMed FCSOrth SA*

M Nortje, MBChB MMed *Cape Town FCOrth SA Dip (Primary Emergency Care) SA*

P Rowe, MBBCh *Witwatersrand FCSOrth SA*

S Swanepoel, MBChB MMed *Cape Town FC Ortho SA*

*R.Magampa MBChB Cape Town FCOrth SA*

*J.McCaul MBChB Cape Town FCOrth SA*

### **Senior Lecturers Part-time:**

JP Du Plessis, MBChB *Cape Town MMed Cape Town FCSOrtho SA*

Y Hassan, MBChB MPhil *Cape Town FCOrth SA*

I Koller, MBChB *Pret FC Orth SA MMed Cape Town*

P Hardcastle, MBChB *Stell MMed FCOrth SA*

M Maree, MBChB MMed *Cape Town FCSOrth SA*

B Gray, *FCOrth SA HDip (Orth) SA MBChB Pret*

D McGuire, MBChB *Witwatersrand MMed Cape Town FCOrth SA*

**Honorary Senior Lecturers:**

D Engela, MBChB *Pret FCSOrth SA*

**Otorhinolaryngology**

*H53, Old Main Building, and Ward F8, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital and New Somerset Hospital*

*The Division of Otorhinolaryngology (ENT) provides a world class comprehensive clinical service to the Western Cape community, as well as for complex cases referred from other provinces. It also runs the only clinical fellowships in Africa in head and neck surgery, rhinology and anterior skull base surgery, paediatric otolaryngology, and otology.*

**Leon Goldman Professor of Otorhinolaryngology and Head:**

JJ Fagan, MBChB MMed *Cape Town FCS SA*

**Senior Lecturers Full-time:**

V Pretorius, MBChB *Stell FCS Otol SA*

T Harris, MBChB *Cape Town, MMed, FCS Otol SA*

DE Lubbe, MBChB *Stell MMed FCS Otol SA*

J McGuire, MBChB MMed FCS Otol SA

S Peer, MBChB MMed, FC *SOtol SA*

M White, MBChB MMed FCS Otol SA

**Lecturers Part-time:**

MD Broodryk, MBBCh *Stell FCSOtol SA*

A van Lierop, MBChB *Stell FCSOtol SA*

M Molyneaux, MBChB *Univ of Free State, FCSOtol SA*

CJ Hofmeyr, MBChB *UCT, FCSOtol SA*

N Goncalves, MBChB *Witwatersrand FCSOtol SA*

**Paediatric Surgery**

*Institute of Child Health, Red Cross War Memorial Children's Hospital, Rondebosch*

*Division of Paediatric Surgery in the Department of Surgery (UCT) is a nationally recognised resource and based at the Red Cross War Memorial Children's Hospital. In addition to the regional drainage area, it receives patients from other provinces for certain tertiary care conditions. Fields such as Oncological Surgery, Trauma, Burns, Colorectal, Hepatobiliary and Upper GIT are offered to the patients. There is a well-designed undergraduate training program and highly successful postgraduate program training colleagues in Paediatric Surgery. Research output predominantly derives from conditions that are relevant to our setting and has been an important factor in us providing best care possible to our patients. Surgical Skills Training Centre is also situated in the Division, which is a national resource and has been functioning for over 10 years. Outreach is an important component of our mission and regular high-quality sessions are offered using online teaching methods since 2010.*

**Charles F M Saint Professor of Paediatric Surgery and Head:**

A Numanoglu, MBChB *Turkey FCS SA*

S Cox, MBChB *Cape Town FCS SA Cert (Paediatric Surgery) SA*

**Emeritus Professors Part-Time:**

AJW Millar, MBChB *Cape Town FRCS UK FRCS Edinburgh FRACS DCH (RCP&Seng) FCS SA*

H Rode, MBChB *Pret MMed Surg FRCS Edinburgh FCS SA*

AB van As, MBChB *Netherlands FCS SA PhD Cape Town MBA SA*

**Adjunct Professor Part-time:**

RA Brown, MBChB *Cape Town MPhil Stell DCH SA FRCS Edinburgh FCSSurg SA*

**Senior Lecturers:**

M Arnold, MBChB *Pret DCH SA FC Paed Surg SA MMed Stell*

D von Delft, MBChB *UFS MRCS Edinburgh FC Paed Surg*

G Dos Passos, MBChB *Witwatersrand FC Plast Surg SA MMed Cape Town*

Y Gamiet, MBChB *Stell, MMed Witswatersrand FC Paed Surg SA*

**Child Accident Prevention Foundation of Southern Africa (Childsafe):**

P Nyakaza, BA *UWC*

**Senior Medical Technologist:**

J Raad, D (Medical Technology) *UJ*

**Surgical Skills Training Centre:**

C van Geems

**Plastic, Reconstructive and Maxillo-facial Surgery**

*F26, New Grootte Schuur Hospital*

*The Division of Plastic and Reconstructive Surgery is based at Grootte Schuur and Red Cross War Memorial Children's hospitals. We offer the whole range of surgery, in many cases via a combined approach. The combined Breast, Skin and the Head and Neck service at GSH, and the Cleft, Craniofacial and Burn service at RXH deserve special mention. We also offer surgical management of pressure wounds at Eerste River hospital via Cape Rehab and have specialised access to Advanced Wound Care. At RXH we have the only laser scar resurfacing service on the continent since 2016. We offer undergraduate and post graduate teaching catering for both local and foreign elective students. The division trains supernumerary registrars from the African continent and is currently involved in strategic research partnerships in the UK (Bristol) and the Netherlands (AMC). The division has a long history of publishing in the most prestigious plastic surgery journals. We are also involved in community outreach both locally since partnering with the Smile Foundation of South Africa in 2009, and abroad since our collaboration with Operation Smile in 2008 and the Smile Train in 2015.*

**Associate Professor and Head:**

S Adams, MBChB *Cape Town FC Plast (Plastic & Reconstructive Surgery) SA*

**Senior Lecturers Full-time:**

KG Adams, MBChB *Cape Town FC Plast (Plastic & Reconstructive Surgery) SA*

B Lelala, MBChB *Cape Town FC Plast (Plastic & Reconstructive Surgery) SA*

**Senior Lecturers Part-time:**

G Dos Passos, MBChB *Witwatersrand FC Plast Surg SA MMed Cape Town*

DB Fernandes, MBChB *FRCS Edinburgh*

S Geldenhuys, MBChB *FCS SA*

A Landau, MBChB *Cape Town FCS SA*

C Pienaar, MBChB *UOFS FCS SA*

JE van Zyl, MBChB *Stell FCS SA*

M van der Velde, MBChB *FCS SA*

**Part-time Dental Surgeon and Acting Head of Oral and Dental Surgery:**

GJ Hein, BSc, BChD MChD *UWC*

**Dentists:**

J Thompson

**Maxillo-facial Part-time consultants:**

S Aniruth, BChD *UWC*

S Singh, BChD *UWC* BSc *UKZN*

**Full Professors Part Time:**

DA Hudson, MBChB MMed *Cape Town* FCS *SA* FRCS *Edinburgh* FACS

R Hendricks, PhD

**Surgical Gastroenterology**

*E23, New Main Building, Groote Schuur Hospital*

**Professor and Head:**

E Jonas, MBChB MMed FCS *SA* PhD

**Head Colorectal Clinic:**

ABT Boutall, MBBCh *Stell* FCS *SA* Cert (Gastroenterology)

**Senior Lecturers:**

M Bernon, MBBCh *Witwatersrand* FCS *SA* Cert (Gastroenterology)

S Burmeister, MBChB *Cape Town* FCS *SA* Cert (Gastroenterology)

G Chinnery, MBChB *Witwatersrand* MMed FCS *SA* Cert (Gastroenterology)

C Warden, MBChB *Cape Town* MMed FCS *SA*

**Urology**

*E26, New Groote Schuur Hospital*

**Professor and Head:**

JM Lazarus, MBChB *Cape Town* FCSUrol *SA*

**Emeritus Associate Professor:**

RD Barnes, MBChB *Cape Town* FCSUrol *SA*

**Senior Lecturers Full-time:**

J Howlett, FC Urol *SA* MMed Urol *UKZN* MBChB *Cape Town*

L Kaestner, MBChB *Stell* FCSUrol *SA* MMed *Cape Town*

AS Salukazana, MBChB *WSU* FCSUrol *SA* MMed *Cape Town*

**Senior Lecturers Part-time:**

TM Borchers, MBChB *Cape Town* FCSUrol *SA*

MJ Dewar, MBChB *Cape Town* FCSUrol *SA* MMed *Cape Town*

JH Wicht, MBChB *Stell* FCSUrol *SA* MMed *Cape Town*

CE De Wet, MBChB *UFS* FCSUrol *SA* MMed *Cape Town*

SG de Jager, MBChB *UP* FCSUrol *SA* MMed *Cape Town*

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**CHM2001S SPECIAL STUDY MODULE**

*Refer to the generic Special Study Module (SSM) course description under MDN2001S in this handbook. All third year MBChB students will at the start of third year enrol for MDN2001S as the default Special Study Modules (SSM) course code. Once students have been allocated to their specific SSM module project, they will be reassigned to the relevant departmental course code of either: AAE2001S, AHS2054S, CHM2001S, HSE2001S, HUB2020S, OBS2001S, PED2001S, PPH2002S, PRY2001S, PTY2000S or RAY2004S.*

16 NQF credits at NQF level 6

**Convener:** TBC

**Course entry requirements:** Successfully completed all second year MBChB courses.

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**CHM5003W SURGERY**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5103X, CHM5203X, CHM5303X, CHM5403X, CHM5503X*

40 NQF credits at NQF level 8

**Convener:** Dr S Burmeister and Associate Professor DA Hudson

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The general surgery component is taught over eight weeks at Groote Schuur Hospital within the units dealing with acute care and with hepatobiliary, upper gastro-intestinal vascular, colorectal, breast and endocrine medicine units. Daily seminars present common important clinical presentations and their initial management. Students attend regular interactive, patient-based tutorials where they develop and enhance clinical proficiency and diagnostic skills. They are exposed to theatre and procedural cases as an introduction to interventional management and produce a portfolio of at least six cases as a starting point for case-/problem-based learning. Core curriculum topics are divided into “must know” (detailed knowledge); and “must recognise” (awareness of topic and its inclusion in a differential diagnosis). Core learning outcomes include recognition of urgent, life-threatening clinical scenarios; ability to recognise common surgical diseases and less common but dangerous problems, initiate primary or emergency care as appropriate, initiate appropriate investigation(s), identify conditions requiring specialised services and understand therapeutic procedures in surgical conditions. In plastic surgery, core learning outcomes comprise knowledge of the important conditions requiring treatment by a plastic surgeon (e.g. skin cover, grafts and flaps, trauma, cosmetic surgery, burns) and skills of examination, initiating treatment and selecting patients for referral to a specialist centre.

**DP requirements:** Attendance of a minimum of 37 out of the 44 seminars; completion of six portfolio cases. Attendance is required at all tutorials. A student who for any reason is or has been unable to attend an activity or submit a requirement by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Approved absence beyond a certain maximum may require the student to repeat the course.

**Assessment:** Students are provided with continuous feedback from their tutors informally during their block. This is not recorded and does not form part in the final mark. The final mark is made up of an end-of-block MCQ (33,3%); end-of-block clinically-based MCQ (33,3%); and an end-of-block oral and portfolio assessment (33,3%). The general surgery component of the course must be passed with 50%. Both tutorials and witnessed procedures are signed off in a logbook, which may be reviewed during the end-of-block assessment. A recommendation will be made that students who fail the course with 48% or 49% be granted a supplementary examination.

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**CHM5004H TRAUMA**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5104X, CHM5204X, CHM5304X, CHM5404X, CHM5504XA*

10 NQF credits at NQF level 8; Lectures (5 Zoom lectures, 11 Vula lectures), Skills Laboratory modules (suturing and intercostal simulation insertion) (2), on-site calls (4), on-site bedside teaching.

**Convener:** Dr S Edu, Professor P Navsaria, Professor AJ Nicol and Dr McPherson

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Objective:** Build knowledge and basic skills necessary to manage common trauma problems.

**Course outline:**

The four-week block, which is shared with Orthopaedic Surgery, comprises a series of lectures incorporating the “Advanced Trauma Life Support” (ATLS) format. Lectures are provided on the Vula Trauma Site, F2F (Zoom) lectures will consist of clinical scenarios. The course will combine online learning (VULA) with face-to-face teaching (either physical or Zoom) clinical skills will be taught during “on call time”, skills courses will resume once labs are functional and logistics permit. Students are rostered for duties in the Trauma Centre at Groote Schuur Hospital in order to gain first-hand experience in managing trauma patients under the supervision of the on-call surgical registrars and consultants. Core learning outcomes include the initial assessment and management of the trauma patient; an approach to specific injuries; skills in resuscitation and basic life-saving techniques; application of splints and plasters; and debridement and suturing of wounds. A core curriculum has been divided into; “must know”, “must recognise”, “may hear or see” and “must be aware of”. Face to face (Zoom) lectures will be announced at beginning of the block.

**DP requirements:** Completion of online lectures and quizzes (80% correct answers), 100% attendance of F2F lectures (Zoom), participate in a minimum of 4 “calls” in C14 Trauma Centre GSH (signed off by consultant on call) A student who for any reason is or has been unable to attend an activity must supply reasons to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. The maximum amount a student may miss with permission (maximum DP concession allowed) before becoming ineligible to write the examination is one week, 2 face to face (Zoom) lectures and 1 C14 call, 1 skills course.

**Assessment:** The end-of-block examination comprises an MCQ (80%) and an OSCE (20%). The minimum pass mark is 50%. A student who fails the course with 48% of 49% may be required by the Faculty Examinations Committee to undergo additional training time before writing a supplementary examination.

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**CHM5004W TRAUMA FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5104X, CHM5204X, CHM5304X, CHM5404X, CHM5504XA*

10 NQF credits at NQF level 8

**Convener:** Dr S Edu, Professor P Navsaria, Professor AJ Nicol and Dr McPherson

**Objective:** Build knowledge and basic skills necessary to manage common trauma problems.

**Course outline:**

The four-week block, which is shared with Orthopaedic Surgery, comprises a series of lectures incorporating the “Advanced Trauma Life Support” (ATLS) format. Lectures are provided on the Vula Trauma Site, F2F (Zoom) lectures will consist of clinical scenarios. The course will combine online learning (VULA) with face-to-face teaching (either physical or Zoom) clinical skills will be taught during “on call time”, skills courses will resume once labs are functional and logistics permit. Students are rostered for duties in the Trauma Centre at Groote Schuur Hospital in order to gain first-hand experience in managing trauma patients under the supervision of the on-call surgical registrars and consultants. Core learning outcomes include the initial assessment and management of the trauma patient; an approach to specific injuries; skills in resuscitation and basic life-saving techniques; application of splints and plasters; and debridement and suturing of wounds.

A core curriculum has been divided into; “must know”, “must recognise”, “may hear or see” and “must be aware of”. Face to face (Zoom) lectures will be announced at beginning of the block.

**DP requirements:** Completion of online lectures and quizzes (80% correct answers), 100% attendance of F2F lectures (Zoom), participate in a minimum of 4 “calls” in C14 Trauma Centre GSH (signed off by consultant on call) A student who for any reason is or has been unable to attend an activity must supply reasons to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. The maximum amount a time a student may miss with permission (maximum DP concession allowed) before becoming ineligible to write the examination is one week, 2 face to face (Zoom) lectures and 1 C14 call, 1 skills course.

**Assessment:** The end-of-block examination comprises an MCQ (50%) and an OSCE (50%). The minimum pass mark is 50%. A student who fails the course with 48% of 49% may be required by the Faculty Examinations Committee to undergo additional training time before writing a supplementary examination.

### **CHM5005H ORTHOPAEDIC SURGERY**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5105X, CHM5205X, CHM5305X, CHM5405X, CHM5505X*

10 NQF credits at NQF level 8; 30 tutorials, 14 practical's, one course assignment.

**Convener:** Dr A Horn

**Course entry requirements:** Successful completion of all courses within the preceding academic years.

**Co-requisites:** None

**Objective:** Competency in basic orthopaedic knowledge and skills at a general practitioner level.

**Course outline:**

This course aims to cover the common entities in adult and paediatric orthopaedic surgery. Core learning outcomes include knowledge of common musculoskeletal trauma and pathological conditions; skills in examination of the musculoskeletal trauma and pathological conditions, application of treatments and carrying out procedures specific to the specialty; x-ray assessment; and professional behaviour appropriate to clinical practice. The curriculum has been organised into core clinical problems students are expected to be able to evaluate clinically and core clinical topics students are expected to be knowledgeable about. The topics have been further stratified into “must know” (have a detailed knowledge of the clinical presentation, laboratory investigation and management of these important, common conditions); “must recognise” (have a basic understanding of the clinical features suggestive of this diagnosis, appropriate investigations that would assist in making the diagnosis and a limited understanding of the principles of treatment of these important conditions, all of which have serious implications if missed); “must be aware of” (the student should be aware of the condition but is not expected to accurately diagnose or manage the condition) and “may hear of or see” (rare conditions that the student should refer for specialist opinion and management). The blended learning course has an E-learning component and a clinical contact component. The E-learning component, comprised of lecture videos and the New Student Textbook for Primary care Orthopaedics, are expected to be completed online during the block. The clinical contact component includes rostered attendance in clinics, ward rounds, orthopaedic tutorials, and theatre.

**DP requirements:** Full and punctual attendance of all ward rounds, clinics, and tutorials as per timetable. Completion of 2-week firm attachment, signed off by registrar or consultant. Attendance of ASCI tutorial, hand clinic, hand theatre and Red Cross fracture clinic. Students should apply for concession to miss classes, should they not be able to attend for any reason, including illness. Three or more days of absence will be considered a DPR and the student will be required to repeat the course.

**Assessment:** End-of-course examination consists of an invigilated 50 SBA MCQ's exam and OSCE counting 40% each towards the course mark. An infographic submission counts further 20% to the overall course mark. The minimum overall pass mark is 50%. Subminimum pass mark for the MCQ and OSCE is 45%.

Failure to achieve the subminimum of 45% for the MCQ and OSCE will require the student to repeat the course. Supplementary exam will be granted if overall mark is above 48% and a subminimum of 45% have been achieved for the OSCE and the MCQ. If the overall mark is 50% or above, but the student failed to achieve a minimum of 45% in one of the exam components, a supplementary exam will be granted.

### **CHM5005W ORTHOPAEDIC SURGERY FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5105X, CHM5205X, CHM5305X, CHM5405X, CHM5505X*

10 NQF credits at NQF level 8

**Convener:** Dr A Horn and Dr N Kruger

**Course entry requirements:** Completion of semester 1 of NMFC program.

**Co-requisites:** None

**Course outline:**

This course aims to cover the common entities in adult and paediatric orthopaedic surgery. Core learning outcomes include knowledge of common musculoskeletal trauma and pathological conditions; skills in examination of the musculoskeletal trauma and pathological conditions, application of treatments and carrying out procedures specific to the specialty; x-ray assessment; and professional behaviour appropriate to clinical practice. The curriculum has been organised into core clinical problems students are expected to be able to evaluate clinically and core clinical topics students are expected to be knowledgeable about. The topics have been further stratified into “must know” (have a detailed knowledge of the clinical presentation, laboratory investigation and management of these important, common conditions); “must recognise” (have a basic understanding of the clinical features suggestive of this diagnosis, appropriate investigations that would assist in making the diagnosis and a limited understanding of the principles of treatment of these important conditions, all of which have serious implications if missed); “must be aware of” (the student should be aware of the condition but is not expected to accurately diagnose or manage the condition) and “may hear of or see” (rare conditions that the student should refer for specialist opinion and management). The blended learning course has an E-learning component and a clinical contact component. The E-learning component comprised of lecture videos and the New Student Textbook for Primary care Orthopaedics are expected to be completed online during the block. The clinical contact component includes rostered attendance in clinics, ward rounds, Orthopaedic tutorials, and theatre.

**DP requirements:** Full and punctual attendance of all ward rounds, clinics, and tutorials as per timetable. Completion of 2-week firm attachment, signed off by registrar or consultant. Attendance of ASCI tutorial, hand clinic, hand theatre and Red Cross fracture clinic. Students should apply for concession to miss classes, should they not be able to attend for any reason, including illness. Three or more days of absence will be considered a DPR and the student will be required to repeat the course.

**Assessment:** End-of-course examination consists of an invigilated 50 SBA MCQ exam and an OSCE. The OSCE and MCQ will count 80% and 20% respectively to the overall course mark. The minimum overall pass mark is 50%. Subminimum pass mark for the MCQ and OSCE is 40%. Failure to achieve the subminimum of 40% for the MCQ and OSCE will require the student to repeat the course.

### **CHM5006W SURGERY EXTERNAL CREDIT**

*[Note: A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5106X, CHM5206X, CHM5306X, CHM5406X, CHM5506X. This course is taken by South African students studying towards a Cuban medical degree.]*

41 NQF credits at NQF level 8

**Convener:** Dr S Burmeister

**Course entry requirements:** Fourth year MBChB courses.

**Course outline:**

The general surgery component is taught over eight weeks at Groote Schuur Hospital within units dealing with acute care and hepatobiliary, upper gastro-intestinal vascular, colorectal, breast and endocrine medicine. Daily seminars present common important clinical presentations and their initial management. Students attend regular interactive, patient-based tutorials to develop and enhance clinical proficiency and diagnostic skills. They are exposed to theatre and procedural cases to introduce interventional management and encouraged empathy and communication competence. They produce a portfolio of at least six cases as a starting point for case-/problem-based learning. Core curriculum topics are divided into “must know” (detailed knowledge); and “must recognise” (awareness of the topic and its inclusion in a differential diagnosis). Core learning outcomes include recognition of urgent and life-threatening clinical scenarios; ability to recognise common surgical diseases and less common but dangerous problems, initiate primary or emergency care as appropriate, initiate appropriate investigation(s), identify conditions requiring specialised services and to understand therapeutic procedures in surgical conditions. In plastic surgery, core learning outcomes comprise knowledge of the important conditions requiring treatment by a plastic surgeon (e.g. skin cover, grafts and flaps, trauma, burns); and skills of examination, initiating treatment and in selecting patients for referral to specialist centres.

**DP requirements:** Students are expected to attend a minimum of 33 out of the 41 seminars. This and the six portfolio cases represent the DP requirements. Tutorials are however considered compulsory. Both tutorials and witnessed procedures are signed off in a logbook, which may be reviewed during the end-of-block assessment.

**Assessment:** Students are provided with continuous feedback from their tutors informally during their block. This is not recorded and does not form part in the final promotion mark. The final mark is made up of an end-of-block written paper (33,3%), end-of-block clinically-based MCQ (33,3%), end-of-block oral and portfolio assessment (33,3%). The general surgery component of the course must be passed with 50%.

**CHM5007W NEUROLOGY AND NEUROSURGERY**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5107X, CHM5207X, CHM5307X, CHM5407X, CHM5507X*

20 NQF credits at NQF level 8

**Convener:** Dr S Rothemeyer (Neurosurgery) and Associate Professor S Marais (Neurology)

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Objective:** The objective of this course is to give students an understanding of the presentation, assessment, investigation and management of common disorders of the nervous system.

**Course outline:**

This course aims to cover common entities in adult neurosurgery in a mixed rotation where teaching takes place in both disciplines. In this way, the student develops an understanding of how patients with neurological disorders present. Core learning outcomes include knowledge of common neurological diseases and conditions, skill in examining the nervous system, in applying treatments and carrying out procedures specific to the speciality and in radiologic assessment, as well as professional behaviour appropriate to clinical practice. The core curriculum comprises core clinical problems that students are able to evaluate clinically and core clinical topics they are expected to know. The latter includes content the student “must know” (detailed knowledge of the clinical presentation, laboratory investigation and management of important, common conditions); “must recognise” (a basic understanding of the clinical features suggestive of this diagnosis, and appropriate investigations that assist in making the diagnosis and understanding the principles of treatment of these important conditions, all of which have serious implications if missed); and “must be aware of” (be aware of but not expected to accurately diagnose or manage). Students become familiar with rare conditions that they should refer for specialist opinion and management.

**Lecture times:** Blended teaching format. Tutorials and bedside teaching are offered, some sessions are optional others are required as stipulated in the teaching program. Time is also allocated for self-directed learning

**DP requirements:** Minimum 75% attendance of scheduled teaching sessions. If a student fails to meet 75% attendance, they must complete a concession to miss academic activities form and meet with the convenor to discuss reasons for not attending else risk DPR.

**Assessment:** Formative assessment occurs throughout the course/block. The summative assessment consists of: (a) a Participation Cards (15%): Each student will receive a card at the start of the course/block. During tutorials, clinical teaching or other interactive sessions, the lecturer will ask a series of questions (clinical or theory related) of a student, or of the group where any student can volunteer to answer. Participation in the short interaction around the teaching point will be marked off on the card. Any student who does not complete this activity despite reminder will receive 0 for this. (b) a 45-question, 90-minute end-of-block MCQ examination (85%).

### CHM5008W OPHTHALMOLOGY

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5108X, CHM5208X, CHM5308X, CHM5408X, CHM5508X*

10 NQF credits at NQF level 8; 10 tutorials.

**Convener:** Dr T Van der Lecq and Associate Professor C Tinley

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

#### **Course outline:**

This course covers common entities in adult and paediatric ophthalmology. Students undergo experiential learning in the outpatient clinics at Groote Schuur Hospital over a 10-day period. Core learning outcomes are categorised into core knowledge; skills, including clinical, clinical reasoning and procedural skills; and professional behaviour and personal attributes. The core curriculum comprises core clinical problems which students are expected to be able to evaluate clinically and core clinical topics students are expected to be knowledgeable about. Clinical topics are stratified into “must know” (have a detailed knowledge of the clinical presentation, limited management and appropriate referral); and “must recognise” (have a basic understanding of the clinical features suggestive of this diagnosis, take appropriate steps in the treatment of the condition and an understanding which needs to be referred to an ophthalmologist). As key outcomes, students should be able to diagnose and manage common, primary care eye problems, recognise and initiate the treatment of emergencies and know when to refer. Students’ mastering of a problem-orientated approach and their plan of management for every patient manifest in the necessary 30 cases that form part of each student’s portfolio.

**DP requirements:** In order to qualify to write the end of course assessment, students must have completed the clinical component of the course to achieve a ‘Duly Performed’ certificate. The requirements include full attendance and a completed portfolio of cases as is stipulated in the course document. Attendance at all clinic and tutorial sessions is vital – students must attend all sessions and an attendance register will be kept. Any student missing a session without a valid reason will not be allowed to do the exam at the end of the course. If any days are missed, then the student must submit an application for a concession to miss classes. Should more than 2 days be missed, then the student will not be able to meet the DP requirement and will need to catch up on work lost to complete the end of course exam. In this case, a recommendation will be made to the Faculty Examinations Committee (FEC) for the student to spend an extra week of time in ophthalmology before completing a supplementary exam. Any students not having the required number of cases to present to the portfolio exam will fail the end-of-course assessment and fail the course. A recommendation will be made to the FEC for the student to repeat the course and the end of course assessment.

**Assessment:** The final ophthalmology mark will be made up of the following components: a) An invigilated online MCQ exam (contributing 40%); b) An invigilated online OSCE exam (contributing 40%); c) A Portfolio exam (contributing 20%).

Any students obtaining less than 50% as a final ophthalmology mark will fail the course. In the case of students who achieve marks of 48% and 49% a recommendation will be made to the FEC that the student spends an extra week in ophthalmology at a time to be decided before a supplementary exam. Students achieving 47% or less will be classified as an outright fail. A recommendation will be made to the FEC for them to repeat the course.

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### CHM5009W OTORHINOLARYNGOLOGY

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5109X, CHM5209X, CHM5309X, CHM5409X, CHM5509X*

10 NQF credits at NQF level 8

**Convener:** Dr J McGuire and Dr V Pretorius

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

This course aims to cover the common entities in adult and paediatric ear, nose and throat (ENT) diseases. Students undergo experiential learning in ENT wards, outpatient clinics and theatres, they also attend afternoon lectures and watch DVDs. The core curriculum comprises content categorised as “must know” (have a detailed knowledge of the clinical presentation, assessment and management of these important, common conditions); and “must recognise” (recognise features suggestive of these conditions, have knowledge of appropriate examination and investigation to assist in confirming/excluding the conditions and have an understanding of the principles of treatment of the conditions which may have serious implications if missed). Students will become familiar with the spectrum of diseases/disorders managed by an ENT division, the examination techniques, investigations and management methods employed to refer and counsel patients appropriately.

**DP requirements:** Clinical skills competency, 3 clinic sessions, 1 theatre session and the problem-based learning session.

**Assessment:** The students’ clinical skills and history taking ability will be evaluated during the block. Students are to achieve competency in these evaluations. The final mark for the block will be from both the clinical skills assessment and the computer-based, single best answer, multiple choice end-of-block examination.

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### CHM5010W UROLOGY

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5110X, CHM5210X, CHM5310X, CHM5410X, CHM5510X*

10 NQF credits at NQF level 8

**Convener:** Associate Professor JM Lazarus

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

The Urology apprenticeship lasts two weeks and includes video tutorials and attendance and work at urology wards, clinics and in theatre. The curriculum has been organised into core clinical problems students are expected to be able to evaluate clinically and core clinical topics students are expected to be knowledgeable about. The course work is made up of the video tutorials and the textbook, “A handbook of Urology” which is available at Ward E26.

**Lecture times:** Activities start daily at 07h15.

**DP requirements:** Full attendance and completion of all requisite coursework/clinical work. A student who for any reason is or has been unable to meet the above requirements by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Activities will need to be made up where required. If this is not possible, the student may have to repeat all or a portion of the course.

**Assessment:** The final mark is made up of a case report. This comprises a case report (20%) a logbook/ward performance (30%) and an end-of-block MCQ examination (50%).

### **CHM5011W SURGERY FOR EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5211X, CHM5311X, CHM5411X, CHM5511X*

19 NQF credits at NQF level 8

**Convener:** Dr S Burmeister

**Course outline:**

The course incorporates a hands-on, practical, four-week rotation during which students implement the clinical and management components of their previous training. The course consolidates and refines clinical examination, diagnosis and management of the major symptom complexes in surgery. Students are placed within a secondary level unit based at one of Victoria, Mitchell's Plain, Somerset or Groote Schuur Hospitals where it is felt they will have greater exposure to common general surgical conditions. They are involved in all aspects of their units' activities, including ward rounds, patient management and academic activities. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Students present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. They accompany their patients to interventional procedures and present at least two cases per week to attending consultants; this is signed off in a logbook. Students produce a portfolio of at least six cases which provides a starting point for case / problem-based learning. Additional weekly interactive tutorials and seminars by consultant staff review core theoretical knowledge. Students keep a logbook documenting their presentation of cases to consultants, and this may be reviewed during at the end-of-block assessment.

**DP requirements:** Completion of the six portfolio cases and a completed logbook of eight presented cases comprise the DP for the course. However, full attendance and participation in unit is considered compulsory.

**Assessment:** The end-of-block assessment comprises a clinical, scenario-based and portfolio oral assessment (50%); a patient-based oral examination (50%).

### **CHM6000W SURGERY (INCLUDING ALLIED DISCIPLINES)**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM6100X, CHM6200X, CHM6300X, CHM6400X, CHM6500X*

41 NQF credits at NQF level 8

**Convener:** Dr S Burmeister

**Course entry requirements:** Successful completion of all courses within the preceding academic year.

**Course outline:**

Final year Surgery incorporates a hands-on, practical, four-week rotation during which student interns implement the clinical and management components of their previous training. The course consolidates and refines clinical examination, diagnosis and management of the major symptom complexes in surgery. Student interns are placed within one of the secondary level units based at Victoria, Mitchell's Plain, Somerset and Groote Schuur Hospitals where they have greater exposure to common general surgical conditions. They are involved in all aspects of their units' activities, including ward rounds, patient management and academic activities. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Students present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. They accompany their patients to interventional procedures and present at least two cases per week to attending consultants; this is signed off in a logbook. Students produce a portfolio of at least six cases which provides a starting point for case / problem-based learning. Additional weekly interactive tutorials and seminars by consultant staff review core theoretical knowledge. Students keep a logbook documenting their presentation of cases to consultants, and this may be reviewed at the end-of-block assessment.

**DP requirements:** Completion of the six portfolio cases and a completed logbook of eight presented cases comprise the DP for the course. Full attendance and participation in unit are considered compulsory.

**Assessment:** The end-of-block assessment comprises a clinical, scenario-based and oral assessment (25%); a patient-based oral examination (25%); a computerised, clinically-based MCQ (25%); and a theoretically-based MCQ (25%). A supplementary examination will be recommended for students who fail the course with 48% or 49% (subject to supplementary examination guidelines).

### **CHM6020W SURGERY EXTERNAL CREDIT**

*A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM6120X, CHM6220X, CHM6320X, CHM6420X, CHM6520X*

19 NQF credits at NQF level 8

**Convener:** Dr S Burmeister

**Course entry requirements:** Fifth year MBChB courses.

**Course outline:**

Final year Surgery incorporates a hands-on, practical, two-week rotation during which student interns implement the clinical and management components of their previous training. The course consolidates and refines clinical examination, diagnosis and management of the major symptom complexes in surgery. Student interns are placed within a secondary level unit based at Victoria, Mitchell's Plain, Somerset and Groote Schuur Hospitals where it is felt they will have greater exposure to common general surgical conditions. They are involved in all aspects of their units' activities, including ward rounds, patient management and academic activities. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Students present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. They accompany their patients to interventional procedures and present at least two cases per week to attending consultants; this is signed off in a logbook. Students produce a portfolio of at least six cases which provides a starting point for case / problem-based learning. Additional weekly interactive tutorials and seminars by consultant staff review core theoretical knowledge. Students keep a logbook documenting their presentation of cases to consultants, and this may be reviewed during at the end-of-block assessment.

**DP requirements:** Completion of the six portfolio cases and a completed logbook of eight presented cases comprise the DP for the course. However, full attendance and participation in unit is considered compulsory.

**Assessment:** The end-of-block assessment comprises a clinical, scenario-based and portfolio oral assessment (25%); a patient-based oral examination (25%); a computerised, clinically-based MCQ (25%); and a computerised theoretical knowledge-based MCQ (25%).

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## FACULTIES AND DEPARTMENTS OFFERING COURSES TO THE FACULTY

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### ASL1301S INTRODUCTION TO SOCIOLINGUISTICS

18 NQF credits at NQF level 5

**Convener:** J Brown

**Course entry requirements:** None

**Course outline:**

This course focuses on the study of language in its social context, a branch of Linguistics that is referred to as sociolinguistics. The course includes topics such as: introduction (basic concepts and issues in sociolinguistics); regional variation; social variation; language change, language and social media; multilingualism; language and interaction; gender and language; language contact; pidgins, creoles and new Englishes; language planning and policy; language and education; the sociolinguistics of sign language.

**Lecture times:** 3<sup>rd</sup> period, Monday – Wednesday.

**DP requirements:** All written work to be handed in and at least 75% attendance at lectures and tutorials.

**Assessment:** Continuous assessment (essays, projects, tests, etc.) counts 100%.

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### ASL1302S LINGUISTICS FOUNDATION

18 NQF credits at NQF level 5

**Convener:** Dr B Ige

**Course entry requirements:** None

**Course outline:**

This foundational course revisits core areas of ASL1300F. It aims to: move students beyond a lay person's understanding of the nature of language; generate a clear, basic understanding of the kinds and purposes of enquiry in linguistics and selected sub-disciplines, and indicate how they are related to the study of communication sciences and disorders; ensure that students have a solid grounding in key concepts in phonetics, phonology, morphology, syntax and semantics, and that they have the skills to use these concepts in the analysis of data. Others are pragmatic rule, regional and social dialectology, elements of neurolinguistics and language families. Upon successful completion, students will understand the nature and interrelationship of language systems; grasp and work with the levels of abstraction involved in phonology, morphology, syntax and semantics; and describe, analyse and explain selected linguistic processes and types of data and use appropriate conventions to present these descriptions, analyses and explanations.

**Lecture times:** Monday and Thursday (11h00-13h00), Tuesday (self-study) (14h00-16h00).

**DP requirements:** Full attendance of and participation in all lectures, tutorials and self-directed learning sessions.

**Assessment:** In-course assessment contributes 60% and comprises tutorial tasks (10%); and two tests (weighted at 25% each). The examination contributes 40% of the final mark. Students who fail the final assessment may be allowed to register for a summer term course and write another examination in the same year.

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### ASL1303F SOCIOLINGUISTICS FOUNDATION

18 NQF credits at NQF level 5

**Convener:** Dr B Ige

**Course outline:**

This course forms part of the (foundational) Intervention Programme. It aims to prepare students for what they will encounter in ASL1301S when they re-enter the standard curriculum, and will ensure that students understand the ways in which social context affects all aspects of language use.

The course will give students a solid grounding in key areas of sociolinguistics: language in interaction; language variation and change; language and identity; language contact; and multilingualism and language policy, particularly in South Africa. It helps to: prepare students for phenomena and problems they are likely to encounter in their profession; assist students to learn to read and understand graphs, tables and other modes of data presentation in sociolinguistic texts; and develop students' ability to present their own descriptions and explanations of sociolinguistic phenomena appropriately in essays. At the end of the course students will be able to identify the attitudinal, aspirational, and other social factors which commonly have an impact on who speaks (or writes) to whom, about what, under what circumstances, and how these factors could shape aspects of actual and desired language use among the communities and individuals with whom they will engage in their clinical training and professional work. Students draw on the work they did in the previous semester (particularly phonetics, phonology, morphology and syntax).

**Lecture times:** Monday (10h00-12h00); Tuesday (self-study/fieldwork -14h00-16h00); and Thursday (11h00-13h00).

**DP requirements:** Full attendance of and participation in all lectures, fieldwork and self-directed learning sessions.

**Assessment:** In-course assessment contributes 60% and comprises fieldwork and self-directed learning tasks (10%), a test (25%) and an assignment (25%). The final examination contributes 40% to the final mark. These assessments and examination contribute 60% towards the final year mark at the end of Intervention Programme 2.

## CEM1011F CHEMISTRY FOR MEDICAL STUDENTS

*(Faculty of Science)*

18 NQF credits at NQF level 5

**Convener:** Dr S Wilson

**Course entry requirements:** None

**Course outline:**

This introductory course is designed to provide first year medical students with knowledge of the fundamental aspects of chemical theory. The course also serves as a diagnostic tool to explore students' scientific knowledge and the possible need for intervention. Topics in physical and organic chemistry relevant to biochemistry, physiology, pharmacology, chemical pathology and medical microbiology are covered and have been selected to equip students with the basic understanding of those key chemical principles they require for the medical programme. Lecture material is augmented by a practical course and weekly tutorials. The practical course seeks to expose students to a variety of laboratory techniques and to the methods used in the acquisition, recording and manipulation of scientific data and expects students to derive inferences from such data. A blended approach to learning will be used where some academic activities will be delivered online and others face-to-face, where appropriate. This will be at the discretion of the course convener.

**Lecture times:** Monday - Friday, 1st period. Tutorial/practical: Friday, 2<sup>nd</sup>-5<sup>th</sup> period.

**DP requirements:** Irrespective of whether learning activities are delivered online or face-to-face, attendance and/or participation in all scheduled academic activities, completion of all set written course activities (i.e., practical reports, course tests and tutorial exercises).

**Assessment:** The class record counts 45% and comprises a practical record (8%); tutorial exercises (5%); two class tests (20%); and a practical test (12%). The final examination counts 55%. A subminimum of 45% is required in the final examination.

### **PSY1004F INTRODUCTION TO PSYCHOLOGY PART 1**

*Preference will be given to students who list Psychology as a major in a Humanities degree (BA or BSocSc), and students in one of the following programmes: Social Work, Physiotherapy, Occupational Therapy, Speech and Communication Disorders (Speech Therapy and Audiology) or any other approved Health Sciences service programme, and student majoring in Organisation Psychology.*

18 NQF credits at NQF level 5

**Convener:** Dr R Makama

**Course outline:**

The course aims to introduce the student to some of the areas of specialisation within psychology. These include history of psychology, biopsychology and memory, genetics and evolutionary psychology, health psychology, developmental psychology, psychopathology and psychotherapy, and learning. Students are taught a great deal about plagiarism and develop skills necessary to write essays and prepare other submissions to the Psychology department.

**Lecture times:** Tuesday to Friday 1<sup>st</sup> or 5<sup>th</sup> period.

**DP requirements:** Satisfactory completion of all assignments by due date, attend at least 80% of tutorials, complete both class tests. In addition, obtain three Student Research Participation Programme (SRPP) point or equivalent.

**Assessment:** Coursework (term assignments and tests) counts 50%; one two-hour examination in June counts 50%. Students are expected to complete the June examination as well as all coursework before being awarded a pass in this class.

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### **PSY1005S INTRODUCTION TO PSYCHOLOGY PART 2**

18 NQF credits at NQF level 5

**Convener:** Dr R Makama

**Course entry requirements:** PSY1004F

**Course outline:**

This course builds on the content covered in Introduction to Psychology Part 1. There is emphasis on research methods, both quantitative and qualitative methods. The student is also introduced to other areas of specialisation, including intelligence, consciousness, emotion and motivation, personality and social psychology. With a focus on research methods, students develop skills necessary to write a research report and prepare other submissions to the Psychology department and to carry out conceptual analyses of research materials and results.

**Lecture times:** Tuesday to Friday 1<sup>st</sup> or 5<sup>th</sup> period.

**DP requirements:** Satisfactory completion of all assignments by due date, attend at least 80% of classroom tutorials, submit all statistics lab-based exercises, complete both class tests. In addition, obtain 3 Student Research Participation Programme (SRPP) points or equivalent.

**Assessment:** Coursework (term assignments and tests) counts 50%; one two-hour examination in November counts 50%. Students are expected to complete the November examination as well as all coursework before being awarded a pass in this class.

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### **PSY1006F INTRODUCTION TO PSYCHOLOGY PART 1 +**

10 NQF credits at NQF level 5

**Convener:** M Koloko

**Course entry requirements:** None (extended programme students only).

**Co-requisites:** PSY1004F.

**Course outline:**

The purpose of this course is to augment and support its co-requisite course: PSY1004F INTRO TO PSYCHOLOGY PART 1. It aims to improve students' performance by enhancing their grasp of key ideas and concepts, and by developing their mastery of the disciplinary discourse. It provides additional pedagogic enrichment in the form of regular Plus Tuts that extend into Writing Hub exercises and consultations. In these tutorials, students will receive explicit support around the co-requisite course assignments and detailed feedback on their written work.

**Lecture times:** Tutorial times by sign-up with the department.

**DP requirements:** There are no DP requirements for this course. Pass or fail grade will be awarded.

**Assessment:** Coursework 100% comprising of tutorial assessments and other written work. 100% tutorial attendance plus successful completion of all coursework assignments required to pass this course.

### **PSY1007S INTRODUCTION TO PSYCHOLOGY PART 2 +**

10 NQF credits at NQF level 5

**Convener:** M Koloko

**Course entry requirements:** None (extended programme students only).

**Co-requisites:** PSY1005S.

**Course outline:**

The purpose of this course is to augment and support its co-requisite course: PSY1005S INTRO TO PSYCHOLOGY PART 2. It aims to improve students' performance by enhancing their grasp of key ideas and concepts, and by developing their mastery of the disciplinary discourse. It provides additional pedagogic enrichment in the form of regular Plus Tuts that extend into Writing Hub exercises and consultations. In these tutorials, students will receive explicit support around the co-requisite course assignments and detailed feedback on their written work.

**Lecture times:** Tutorial times by sign-up with the department.

**DP requirements:** There are no DP requirements for this course. Pass or fail grade will be awarded.

**Assessment:** Coursework 100% comprising of tutorial assessments and other written work. 100% tutorial attendance plus successful completion of all coursework assignments required to pass this course.

### **PSY2013F SOCIAL AND DEVELOPMENTAL PSYCHOLOGY**

*Was previously PSY2003S (Social Psychology and Intergroup Relations) and PSY2009F (Developmental Psychology)*

24 NQF credits at NQF level 6

**Convener:** Associate Professor L Wild

**Course entry requirements:** PSY1004F and PSY1005S or equivalent.

**Co-requisites:** None

**Course outline:**

This course provides an introduction to two major areas of psychological research and theory. Social Psychology is taught in one half of the course. The social psychology module introduces students to some basic concepts and theories in social psychology, exposes students to current research within the field, and provides an opportunity for students to engage critically with existing theories and their relevance to the South African context. Some of the major topics covered will include race and racism, social identity and social change, intergroup contact, and social influence. Developmental psychology is taught in the other half of the course. The developmental psychology module focuses on understanding the changes and continuities that occur in children from conception through adolescence. The sessions will cover central theoretical issues and research strategies in developmental psychology, prenatal development, cognitive and language development, social and emotional development, and contexts of development.

**Lecture times:** Tuesday to Friday, 7<sup>th</sup> period.

**DP requirements:** Completion of all coursework, and 80% attendance at tutorials.

**Assessment:** Coursework will be weighted at 50%, and will include completion of tutorial assignments, essays and tests as required. An exam at the end of the semester will be weighted 50%.

**PSY2014S COGNITIVE NEUROSCIENCE AND ABNORMAL PSYCHOLOGY**

*Was previously PSY2010S (Cognition and Neuroscience) and PSY2011F (Clinical Psychology I)*

24 NQF credits at NQF level 6

**Convener:** TBA

**Course entry requirements:** PSY1004F and PSY1005S

**Course outline:**

This course aims to introduce students to a variety of topics relevant to normal cognitive functioning as well as psychopathology. While one half of the course takes a neuroscientific approach, the other half of the course draws on psychological, sociocultural, cognitive and biological perspectives.

**Lecture times:** Tuesday to Friday, 7<sup>th</sup> period.

**DP requirements:** Completion of all coursework, attendance at all tutorials, and obtaining 3 points through the Student Research Participation Programme (SRPP).

**Assessment:** Coursework: 70% (*assignment submissions = 40% and class test = 30%*) Exam: 30%.

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**PSY2015F RESEARCH IN PSYCHOLOGY I**

*Was previously PSY2006F (Research in Psychology I)*

24 NQF credits at NQF level 6

**Convener:** Professor C L Ward

**Course entry requirements:** PSY1004F, PSY1005S; and meeting mathematics criterion for entrance into PSY1004F.

**Co-requisites:** None

**Course outline:**

This course introduces students to research in Psychology. We will cover four major approaches to research in Psychology, namely quantitative research methods, qualitative research methods, statistical analysis of data, and psychometrics.

**Lecture times:** Tuesday and Wednesday, Meridian.

**DP requirements:** Completion of all coursework, 80% attendance at tutorials, and obtaining 3 points through the Student Research Participation Programme (SRPP).

**Assessment:** Coursework will be weighted at 50%, and will include completion of tutorial assignments, and tests as required. An exam at the end of the semester will be weighted 50%.

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**SLL1028H XHOSA FOR HEALTH AND REHABILITATION SCIENCES**

*For students registered in the School of Health and Rehabilitation Sciences only.*

18 NQF credits at NQF level 5; 25 lectures.

**Convener:** S Deyi

**Course entry requirements:** None

**Course outline:**

This course introduces students to communication skills required for a successful interaction between a healthcare professional and a client. The course takes an integrated approach to language learning through incorporation of clinical experiences related to the disciplines of physiotherapy, occupational therapy, and communication and speech disorders. The main focus of this course is on pronunciation, grammar and interaction with clients. Interaction is used as a means of exposing students to Xhosa ways of expression, as well as to issues of cross-cultural and inter-cultural communication. At the end of this course students will be able to communicate with a speaker of Xhosa about common everyday topics; be able to elicit and understand information from a client using terminology specific to the fields of physiotherapy, occupational therapy and communication orders; and will have an awareness of some cultural issues that emanate from cross-cultural communication.

**DP requirements:** Attendance of at least 80% of the lectures; completion by the due dates of all assessments and projects.

**Assessment:** Coursework (vocabulary and oral assessments based on topics covered in the course) counts 50% and comprises four tests (two weighted at 15% each, and two weighted at 10% each); and examinations (June examination – simulated client interviews: 20%; and November examination – simulated client interviews: 30%).

**SLL1041S BEGINNERS' XHOSA FOR MBChB**

*Offered in the Faculty of Health Sciences*

18 NQF credits at NQF level 5

**Convener:** Dr I van Rooyen

**Course entry requirements:** This course is offered to 1st year students who are registered for the MBChB degree. Students seeking exemption from this course are required to pass an oral proficiency test prior to the commencement of the course in Semester 2.

**Course outline:**

An introduction to the noun class system of Xhosa and how this generates the concords used in creating sentences. A treatment of the tense system of Xhosa, positive and negative, including the stative (which is used extensively in talking about medical conditions). The development of relevant vocabulary banks and skills to manipulate the lexicon to form prepositions, pronouns and possessives. A simple explanation of Xhosa moods: indicative (making a statement), subjunctive (giving advice and making suggestions), participial (used in a wide range of contexts). An explanation of the difference between the active and passive voice in Xhosa, and a focus on how these are used in medical dialogues and patient interviews.

**DP requirements:** Attendance of all tutorials.

**Assessment:** One oral summative assessment, for which students receive a PA (pass) or F (fail) grade.

**SLL1044S BEGINNERS' AFRIKAANS FOR MBChB**

*Offered in the Faculty of Health Sciences*

18 NQF credits at NQF level 5

**Convener:** Dr M Lewis

**Course entry requirements:** This course is offered to 1st year students who are registered for the MBChB degree. Students seeking exemption from this course are required to pass an oral proficiency test prior to the commencement of the course in Semester 2

**Course outline:**

This is a course on the basic grammar of Afrikaans. It prepares students with limited or no prior knowledge in Afrikaans for the SLL2002H (Becoming a Doctor Part IB) course and is taken a year prior to SLL2002H registration. By the end of the course, students are ready to apply the acquired grammatical knowledge in a medical context.

**Lecture times:** Arranged internally.

**DP requirements:** Attendance of all lectures AND students are required to complete all in-course vocabulary and listening comprehension tests.

**Assessment:** In-course assessments (50%) and one oral summative assessment (50%). The students receive a PA (pass) or F (fail) grade at the end of the course.

**SLL1048H AFRIKAANS FOR HEALTH AND REHABILITATION SCIENCES**

*For students registered in the School of Health and Rehabilitation Sciences only.*

18 NQF credits at NQF level 5

**Convener:** Dr I van Rooyen

**Co-requisites:** Students must be registered for a degree in physiotherapy, occupational therapy, speech and language pathology or audiology.

**Course outline:**

The content of the course is based on case studies covered in the streams of physiotherapy, occupational therapy and communication sciences and speech disorders.

## 286 FACULTIES AND DEPARTMENTS OFFERING COURSES TO THE FACULTY

The focus of the Afrikaans course is on communication skills, and specifically on those skills that may be required for an interaction between a healthcare professional and a client. Other skills include skill in asking questions and the ability to enter effectively into dialogue with a client. The course focuses on the unique pronunciation stylistic variants of individual clients and culture-specific words and expressions.

**Lecture times:** Arranged internally.

**DP requirements:** At least 80% class attendance and completion of all assessments.

**Assessment:** Continuous assessment will occur through a blend of asynchronous in-course and oral summative assessments. The cumulative Semester 1 and 2 marks count 50% each. The elected form of assessment will be aligned with the mode of content delivery.

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### **SLL2002H BECOMING A DOCTOR: PART IB**

*Offered to students registered for the MBChB degree only.*

18 NQF credits at NQF level 6

**Convener:** S Deyi

**Course entry requirements:** SLL1044S and SLL1041S or passing the corresponding SLL1044S and SLL1041S oral proficiency tests.

**Co-requisites:** PPH2000W

**Course outline:**

The course teaches basic Afrikaans and Xhosa communication skills for doctors. The content of the languages course is synchronized with the content of PPH2000W (*Becoming a Doctor Part IA*). The focus of the course is on communication skills and specifically on those skills required for a doctor-patient interaction, including skill in asking questions and in effectively entering into dialogue with the patient. The course also deals with the unique pronunciation and stylistic variants of individual patients, culture-specific words and expressions, and the possible 'indigenisation' of language.

**Lecture times:** 6<sup>th</sup> – 8<sup>th</sup> period, Tuesdays to Fridays.

**DP requirements:** Completion of all in-course assessments. Students may not miss more than two class attendance sessions per language.

**Assessment:** Continuous assessment will occur through a blend of asynchronous in-course and oral summative assessments. The cumulative Semester 3 and 4 marks count 50% each. The elected form of assessment will be aligned with the mode of content delivery.

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### **SLL3002F BECOMING A DOCTOR: PART 2B**

*Offered to students registered for the MBChB degree only.*

30 NQF credits at NQF level 7

**Convener:** S Deyi

**Course entry requirements:** SLL2002H

**Course outline:**

This course comprises "Afrikaans and Xhosa Communication Skills for Doctors" and further develops the skills learnt in the second year. Attention is given to history-taking within a clinical context and responses to individual speech acts. At the end of this course, students should be able to communicate with a speaker of Afrikaans or Xhosa about common everyday topics and elicit and understand information from a patient using case-specific terminology; and should have an awareness of some cultural issues that emanate from cross-cultural communication.

**Lecture times:** Arranged internally.

**DP requirements:** Completion of all in-course assessments. Students may not miss more than two sessions per language.

**Assessment:** Continuous assessment will occur through a blend of asynchronous in-course and oral summative assessments. Cumulative mid-term and end-of term assessments count 50% each. The elected form of assessment will be aligned with the mode of content delivery.

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**SLL3003W CLINICAL LANGUAGE**

*Offered to students registered for the MBChB degree only. (Not offered in 2023)*

0 NQF credits at NQF level 7

**Convener:** Dr I van Rooyen (Afrikaans) and T Jacobs (Xhosa)

**Course entry requirements:** SLL3002F

**Course outline:**

The aim of this course is to develop oral proficiency in Afrikaans and isiXhosa within a clinical environment, so that students will be proficient in Afrikaans and isiXhosa relating to the history-taking pertaining to a patient's primary presenting complaint and other relevant details. By the end of the course, students are able to obtain the main points of history from a patient in English, isiXhosa and Afrikaans.

**Lecture times:** Arranged internally.

**DP requirements:** 100% class attendance. Students who miss a session will be required to write a case report of a patient interviewed and present this to a facilitator for oral discussion in Afrikaans/Xhosa.

**Assessment:** One summative assessment, which includes an interview in Afrikaans as well as an interview in Xhosa. The marks contribute towards the MDN4011W end-of-block clinical exam mark.

## RESEARCH STRUCTURES

### Alan J Flisher Centre for Public Mental Health

*Department of Psychiatry and Mental Health, University of Cape Town, and Department of Psychology, Stellenbosch University*

*The Alan J Flisher Centre for Public Mental Health (CPMH, [www.cpmh.org.za](http://www.cpmh.org.za)), based in the Department of Psychiatry and Mental Health, Health Sciences Faculty at UCT, was established in April 2010, through approval by the UCT Senate Executive Committee and a Memorandum of Understanding signed between UCT and Stellenbosch University. CPMH is also home to the Perinatal Mental Health Project ([www.pmhp.za.org](http://www.pmhp.za.org)). Since its establishment the Centre has grown substantially, has been appointed as a World Health Organization Collaborating Centre and now conducts research in 13 countries in sub-Saharan Africa, South America, south Asia, and southeast Asia with a research budget of over US\$14 million. It is one of the leading international research centres in Public Mental Health based in a developing country. The Centre is currently involved in three major mental health research consortia and two multi-country research capacity-building programmes: the NIHR-funded Health System Strengthening in sub-Saharan Africa (ASSET, [www.healthasset.org](http://www.healthasset.org)), the Research Council UK-funded Strengthening responses to dementia in developing countries (STRiDE, [www.stride-dementia.org/](http://www.stride-dementia.org/)), the Wellcome Trust-funded 'Improving Adolescent mental health by reducing the Impact of poVErty (ALIVE), the Wellcome Trust-funded African Mental health Research Initiative (AMARI, [www.amari-africa.org](http://www.amari-africa.org)) capacity building programme and the Fogarty International-funded African mental health Researchers InSpired and Equipped (ARISE) capacity building programme. CPMH also runs a blended learning Postgraduate Diploma (PGDip) programme and a distance learning Masters (MPhil) programme in Public Mental Health, with students from several African countries, as well as a PhD programme. CPMH employs a multi-disciplinary team dedicated to undertaking high quality research and teaching in the areas of public mental health, and mental health policy and services.*

C van der Westhuizen, MBChB *Stell* PhD *Cape Town*

### Biomedical Engineering Research Centre

*Room 514, Anatomy Building*

*The Biomedical Engineering Research Centre has the goal of conducting research that supports and leads to technological innovation for improved health and wellbeing, particularly in developing contexts. At the same time, it aims to generate scholarship that has global value. The Centre is underpinned by postgraduate programmes in Biomedical Engineering, Health Innovation, and Healthcare Technology Management, and integrates UCT's strengths in these areas into a synergistic whole. The broad research mandate of the Centre spans a range of disciplines, including engineering, computing and physical sciences, health and life sciences, and social sciences. The Centre incorporates the Medical Imaging Research Unit.*

#### **Professor and Director:**

T Douglas, BScEng MBA *Cape Town* MS *Vanderbilt* MPhil *Stell* PhD *Strathclyde*

### Brain and Behaviour Unit (BBU)

*Dept of Psychiatry, Groote Schuur Hospital*

*The Brain and Behaviour Unit is a multi-disciplinary hub for psychiatric neuroscience research based in the Division of Psychopharmacology and Biological Psychiatry of the Dept of Psychiatry & Mental Health. The Brain and Behaviour Unit focuses on psychiatric neuroscience (i.e. psychiatric neurogenetics, psychiatric neuroimaging, translational neuroscience relevant to mental disorders),*

and provides a mechanism for supporting postgraduate students and postdoctoral fellows; for psychiatric neuroscience education; and for multi-disciplinary collaborative relationships. It comprises three groups; the Psychiatric Neurogenetics Group, the Psychiatric Neuroimaging Group, and the Translational Neuroscience Group. The Brain and Behaviour Unit aims to contribute to issues that are particularly relevant to the South African and African contexts, such as psychological trauma, substance use, and neuroHIV. Members of the Brain and Behaviour Unit employ a range of methods in this work, including phenotyping, cognotyping, genotyping, brain imaging and characterizing molecular signatures.

DJ Stein, BSc (Medicine) MBChB Cape Town FRCPC PhD DPhil *Stell*

### **Cancer Research Initiative**

*Room 3.45 Falmouth Building, FHS, UCT and J52-12, Old Main Building, Groote Schuur Hospital*

*The Cancer Research Initiative (CRI) was established in 2013 with the aim of facilitating integrated, interdisciplinary cancer research in the Faculty. Through collaborative research, the CRI pursues innovative, effective and relevant approaches to the prevention, diagnosis, and treatment of cancer. The CRI connects world-class researchers conducting basic, clinical and population-oriented cancer research in the Faculty and supports partnerships with national and international research institutions, NGO's and funders. Explore our website for information on current news, cancer projects, recent publications and research funding opportunities.*

***<http://www.health.uct.ac.za/fhs/research/groupings/cri>***

#### **Professor and Director:**

J Moodley, MBChB MMed PhD *Cape Town*

### **Cape Heart Institute**

*Christiaan Barnard Building, Faculty of Health Sciences*

*This combined research entity is the largest heart research group in South Africa. The synergism between its two components, the Medicine-based "Hatter Institute for Cardiovascular Research in Africa" (HICRA) and the Surgery-based "Cardiovascular Research Unit" (CVRU) allows a holistic research focus on neglected yet dominant African health problems such as Rheumatic Heart Disease (RHD). The Hatter Institute is involved in the study of the molecular and cellular biology of ischaemic heart disease, as well as the molecular and cellular pathophysiology of cardiac hypertrophy and heart failure. The goals of the research programme are to contribute to the fundamental understanding of the mechanisms in the development of ischaemic heart disease, cardiac hypertrophy and heart failure including lipid and lipoprotein disorders in patients and novel treatment strategies for these disorders. The Cardiovascular Research Unit's focus is on replacement heart valves for the young patients with RHD, from tissue regeneration to the search for biocompatible materials. The University of Cape Town's start-up company "Strait Access Technologies"(SAT) is embedded in the CVRU. It is in its year of developing long-lasting, easily insertable heart valve replacements and repairs for the young patients in Africa with Rheumatic Heart Disease who have no access to open heart surgery.*

#### **Professors and Co-Directors:**

K Sliwa, MD *Berlin* PhD *Johannesburg* FESC FACC

P Zilla, MD *Vienna* PD *Vienna* DMed *Zurich* PhD *Cape Town* FCS(Cardio)

## **Cardiovascular Research Unit**

*Second, Third and Fifth Floor, Cape Heart Institute, Chris Barnard Building, Faculty of Health Sciences*

*The Cardiovascular Research Unit is an integral part of the Cape Heart Institute. It provides postgraduate training in the disciplines of Cardiovascular Biomaterials and Cardiothoracic Surgery Research. Both MSc (Medicine) and PhD degrees by dissertation are offered in these disciplines.*

*Laboratory-based research is carried out in the fields of bioprosthetic and polymeric heart valves, biomaterials research, myocardial regeneration, regenerative vascular grafts and tissue engineering.*

### **Professor and Director:**

P Zilla, MD PD Vienna DMed Zurich PhD Cape Town

### **Deputy Director:**

P Human, PhD Cape Town

### **Professor:**

D Bezuidenhout, PhD US

### **Associate Professor:**

N Davies, PhD Oxon

### **Associate Members:**

J Scherman, MBChB FCS (Cardio)

TPennel, MBChB PhD Cape Town FCS (Cardio)

### **Financial Officer:**

J Brooks

## **Centre for Environmental and Occupational Health Research (CEOHR)**

*Level 4, Falmouth Building South*

*The Centre, a WHO collaborating centre in occupational health between 2005 – 2014 and an MRC research entity between 2001-2005, was upgraded in 2009, following its initial establishment as a research unit in 1993. The SA Swiss Bilateral Research Chair in Global Environmental Health is based in the Centre. The core objectives of the Centre are:*

*To be a principal Centre of environmental and occupational health research, teaching and training, occupational medical clinical services, policy advisory, technical consultancy services, advocacy and a source of supportive outreach activities in South Africa, in the Southern and Eastern regions of Africa, Africa more generally, and internationally;*

*To conduct multidisciplinary research, teaching and service provision integrating laboratory, clinical, epidemiological and policy skills in relation to environmental and occupational health problems that have high priority in Southern Africa in order to facilitate identification and improved characterisation of these and other problems and to better understand the determinants of these problems and their solution;*

*To explore and develop means of maintaining the health of individuals and the environment, especially in relation to environmental health risks and the work environment, and of preventing the development of health problems in those exposed to injurious environments at work or more generally.*

*To conduct public policy research into issues ranging from toxic or injurious exposures through to health surveillance, the functioning of relevant health services including promotive, preventive, curative and rehabilitative/ compensation aspects;*

*To foster inter-institutional research, teaching and service (including outreach) collaboration with United Nations and other agencies;*

*To foster inter-institutional research, teaching and service (including outreach) collaboration and capacity development; and*

*To translate and implement the results of research in teaching, training, policy, service provision and outreach.*

**Associate Professor and Director:**

S Adams, MBChB DOH PhD *Cape Town* MFamMed Stell FCPHM (Occupational Medicine) SA

**Professor and Deputy Director:**

MA Dalvie, BSc BScHons (Medicine) MSc (Medicine) PhD *Cape Town*

**Professors:**

MF Jeebhay, MBChB *Natal* DOH MPhil *Cape Town* MPH PhD *Michigan* FCPHM (Occupational Medicine) SA

L London, MBChB MMed MD *Cape Town* BScMedHons Stell DOH *Witwatersrand*

HA Rother, BA MA PhD *Michigan State*

**Emeritus Professors:**

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (Occupational Medicine) SA

JE Myers, BSc MBChB MD *Cape Town* DTM&H MFOM UK

ML Thompson, BScHons *Natal* PhD *Gottingen*

**Research Co-ordinator:**

R Baatjies, BTech MTech *CPUT* MPH *Witwatersrand* PhD *Cape Town*

**Honorary Professor:**

R Matzopoulos, BBusSc MPhil PhD *Cape Town*

**Post-Doctoral Research Fellow:**

B O Fagbayigbo, BSc MSc PhD

**Research Associate:**

T Olaniyan, BSc *Nigeria*, MSc *Northampton*, PhD *Cape Town*

## **Centre for Infectious Disease Epidemiology and Research (CIDER)**

*Level 5, Falmouth Building South, & Standard Bank Building, Mowbray*

*The Centre for Infectious Disease Epidemiology and Research is a World Health Organization (WHO) Collaborating Centre in HIV Epidemiology and Research) and conducts multidisciplinary research on priority infectious diseases in Southern Africa, in order to improve disease prevention and management. The Centre has strong links to service providers at provincial and national level, and a long track record of conducting operations research around service delivery challenges. Staff includes epidemiologists, biostatisticians, mathematical modellers, data scientists, social scientists and public health specialists.*

### **Professor and Director:**

M Davies, MBChB MMed PhD *Cape Town FCPHM SA*

### **Centre Manager:**

C Sylvester, BA *Unisa AIM Cape Town*

### **Professors Full-time:**

A Boulle, MBChB PhD *Cape Town MSc London FCPHM SA*

L Myer, AB *Brown MA MBChB Cape Town MPhil PhD Columbia*

### **Senior Clinical Research Officers Full-time:**

E Kalk, MBChB *Witwatersrand PhD Birmingham MRCP London Dip (HIV Management) SA MPH Cape Town*

M Tlali, BA MBChB *Cape Town MSc DTMH LSHTM*

### **Senior Research Officers Full-time:**

L Johnson, BBusSc PGDip (Actuarial Science) PhD *Cape Town*

R Kassanjee, PhD *Witwatersrand*

M Cornell, MPH PhD *Cape Town*

M Osler, BS *Colorado MPH Cape Town*

C Morrow, BSc(Hons); PhD *Cape Town*

### **Senior Research Officers Part-time:**

U Mehta, BPharm *Witwatersrand DPharm Albany DrPH James Cook*

### **Clinical Research Officers Part-time:**

R de Waal, MBChB MPH *Cape Town Dip (Pharm Medicine) UK*

### **Clinical Research Officers Full-time:**

K Anderson, MBChB MPH *Cape Town Dip (HIV Management) SA*

### **Research Officers Full-time:**

P Nyakato, BSc *Makarere MSc LSHTM*

G Patten, BSc *Cape Town MSc LSHTM*

J Euvrard, BA MA *Rhodes*

### **Research Officer Part-time:**

K Hilderbrand, BSc *Sussex MSc London*

### **Project Managers:**

N Tena-Coki, BScHons *UWC MSc PhD Cape Town*

W Wiemers, BCom *Unisa BSocScHons Cape Town*

**Data Managers:**

A Heekes, BSc *Cape Town*  
 T Mutemaringa, BSc MSc *Zimbabwe MPhil Cape Town*  
 M Smith, BSc *Stell MSc Erasmus*  
 N Maxell, RN *UK*

**Software Managers:**

M Bosland, BSc *Stell*  
 R Burley, BSc *Unisa*

**Honorary Senior Lecturers:**

D Pienaar, MBChB MMed *Cape Town*  
 M Schomaker, Dip (Statistics) Dr.rer.nat. *Munich*

**Honorary Research Associate:**

G van Cutsem, BSc *FNDP Namur MD UCL Brussels DTM ITM Antwerp MPH Cape Town*  
 L Wilkinson, LLB *Witwatersrand MSc London*

**Children's Institute**

*46 Sawkins Road, Rondebosch*

*Universities play an important role in contributing to strategies that address the circumstances of children. As one of the duty-bearers responsible for intervention to improve children's lives, universities are increasingly being called upon to exercise their social responsibility towards this important sector of society. Against this background, the Children's Institute aims to harness the collective academic capability in the University to promote enquiry into the situation of children, to share this capacity through teaching and training programmes, and to present evidence to guide the development of laws, policies and interventions for children. In addition, in positioning itself as an independent broker of evidence, the Institute is also able to provide evidence to those who are advocating on behalf of children. The work of the Children's Institute is aimed at promoting the principle of taking the best interest of the child into account, and at ensuring that children are given primary consideration by society. In particular, the Institute pays special attention to promoting child participation in its work, and advocates for their voices to be heard, and their opinions to be taken seriously.*

*The Children's Institute is a multi-disciplinary institute aiming to contribute to policies, laws and interventions that promote equality and realise the rights and improve the conditions of all children in South Africa, through research, advocacy, education and technical support.*

**Research**

- *defining research questions in specific child policy areas*
- *conducting quality policy research*
- *stimulating inter-disciplinary research*
- *collating and analysing secondary research and data sets*

**Education**

- *conducting policy research training for graduate students from different disciplines*
- *contributing child policy modules to existing programmes*
- *delivering short courses or other appropriate training to child practitioners and policy makers*

**Technical assistance and support**

- *providing technical assistance to policy makers and practitioners*
- *supporting child policy role players with information, training and practice guidelines*

*Advocacy*

- *using evidence-based communication with government decision-makers*
- *producing publications directed at the policy, service provider, academic and popular fields*
- *information dissemination through a range of platforms*
- *participating in and supporting social movements that prioritise and promote children's well-being*
- *increasing the cadre of practitioners, scholars and researchers versed in evidence-based approaches to child-focused policies and practice.*

**Director and Associate Professor:**

S Mathews, MPH PhD

**Chronic Disease Initiative for Africa (CDIA)**

J47/86 Old Main Building, Groote Schuur Hospital

*The CDIA is unique in South Africa, as well as in the region. It strives to connect a wide range of experts in NCD public health, clinical medicine, epidemiology, lifestyle modification, health economics, health behaviour, and implementation research and health service management in an expanding collaborative network. CDIA supports the World Health Organisation's model for innovative, integrated care for chronic conditions (ICCC) and focuses on underprivileged patients attending public sector primary health care facilities. Consequently, CDIA is committed to the development, evaluation and dissemination of methods and programmes to prevent NCD and to improve the quality of care for people with these diseases and their risk factors. This commitment has already impacted on practice in South Africa and other African countries. Further, the initiative is developing the next generation of NCD researchers, by mentoring postgraduate students, as well as developing clinical capacity for NCD in health care providers who participate in CDIA research projects. Many CDIA network members have been actively involved with the Departments of Health in contributing to NCD policy development in South Africa.*

*Originally, CDIA research network members were drawn from three major tertiary academic institutions in Cape Town: (the University of Cape Town (UCT), Stellenbosch University (US) and the University of the Western Cape (UWC), as well as the South African Medical Research Council (MRC) and Harvard University (HU), USA. Since 2012, the membership has expanded to include members from Malawi, Kenya, Botswana, the Universities of Witwatersrand, North-West and Pretoria. In addition, Western Cape and National Departments of Health representatives sit on our management committee and governing board respectively.*

**Professor and Director:**

N Levitt, MBChB MD FCP SA

**Collaborating Centre for Optimising Antimalarial Therapy (CCOAT)**

UCT Division of Clinical Pharmacology, K Floor, Old Main Building, Groote Schuur Hospital

*UCT's Collaborating Centre for Optimising Antimalarial Therapy (CCOAT, [www.ccoat.uct.ac.za](http://www.ccoat.uct.ac.za)) serves to bring together the expertise of clinical and laboratory researchers, working together to improve malaria treatment. Our strong track record of successful malaria research initiatives has led to our being selected to lead the Pharmacology module of WorldWide Antimalarial Resistance Network (WWARN) and as one of three South African Medical Research Council Collaborating Centres for Malaria Research. CCOAT Director, Prof Barnes participates actively in national, regional and global policy bodies. She is co-chair of the South African Malaria Elimination Committee.*

*CCOAT conducts translational research on the clinical pharmacology of antimalarials in vulnerable target populations (young children, pregnant women, those with prevalent co-morbidities such as HIV and malnutrition) and comprehensive evaluations of changes in malaria treatment policy, including from monotherapy to artemisinin-based combination therapy (ACT's) for treating uncomplicated malaria, from injectable quinine to injectable artesunate for the treatment of severe malaria and single low dose primaquine for malaria transmission blocking. We support the development of much-needed novel antimalarials through the conduct of clinical trials including the Phase 1 First-in-Human study on MMV048 and drug-drug interaction studies.*

*WWARN ([www.wwarn.org](http://www.wwarn.org)) aims to provide the information necessary to prevent or slow antimalarial drug resistance and therefore reduce malaria morbidity and mortality. Through WWARN, our data is combined with those contributed by research groups globally, to conduct pooled individual patient data analyses to answer pivotal questions to inform the best use of available antimalarials to prolong their useful therapeutic life and develop regulatory-compliant data standards for malaria clinical trials. Building on WWARN's experience in collating and curating individual patient data from >400 clinical trials in >135,000 malaria patients, we have facilitated the development of CDISC standards for malaria (<https://www.cdisc.org/>).*

*We also have an interest in finding optimal methods to evaluate the efficacy and safety of malaria treatments. The world-class quality of all our research is driven by our research staff, who also serve as members of The Global Health Network ([www.tghn.org](http://www.tghn.org)). Our staff contribute to and work with both local and global clinical research communities to use Global Health Network eLearning and other resources to enhance clinical research standards in low and middle income settings, while internal resources developed for our clinical research studies are shared with the broader Global Health Network community.*

**Professor and Director:**

K Barnes, MBChB MMed *Cape Town*

**Project Manager:**

M Solomons

**Desmond Tutu HIV/AIDS Research Centre**

*IDM, Wernher & Beit Building North*

**Professor and Head:**

R Wood, MBChB *Cape Town* DCH DTM&H FCP *SA*

**Professor:**

LG Bekker, MBChB PhD *Cape Town* DCH DTM&H FCP *SA*

**Associate Professor:**

C Orrell, MBChB *Cape Town* MSc DCH *SA*

**Senior Research Officers:**

K Middelkoop, MBChB PhD *Cape Town*

B Mkhize, MBChB *Natal* ADOH *UFS*

**Affiliate Member:**

L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

**Principal Scientific Officer:**

C Morrow, PhD *Cape Town*

**Research Officers:**

S Arnolds, MBChB *Stell*

F Bango, MBChB *UFS*

N Chigorimbo-Tsikiwa, BSc *Rhodes* BScHons (Medicine) MSc PhD *Cape Town*

L Fleurs, MBChB *Cape Town*

D J Onwumeh, MBBS *Nigeria*

T Radzilani, MBCh *Witwatersrand*

S Sattar, MBChB *Cape Town*

GW Skinner, MBChB *Witwatersrand*

**Academic Facilitator:**

M May, BEd MEd *NMMU*

**Gender, Health and Justice Research Unit**

*Room 1.01, Entrance 1, Level 1, Falmouth Building*

*e-mail: [Lillian.Artz@uct.ac.za](mailto:Lillian.Artz@uct.ac.za) or [Melissa.Meyer@uct.ac.za](mailto:Melissa.Meyer@uct.ac.za)*

*The GHJRU is an interdisciplinary research unit that unites scholars, NGOs and practitioners to develop and implement innovative, interdisciplinary research and social interventions on social exclusion and violence in a range of social, political and institutional settings. We have a proven history of empirical, evaluation and monitoring projects, many of which are well cited in the literature and are foundational studies in the areas of gender-based violence, sexual and gender minority rights, and reproductive rights. We use our empirical research to develop well-informed, evidence-based advocacy positions to support legal and policy reform in South Africa and similarly situated countries. Our research is almost exclusively conducted in interdisciplinary teams, frequently including NGOs and government departments. The Unit also has a well-established history of providing technical assistance to a wide range of implementing partners including government and NGOs.*

*The mission of the Gender, Health and Justice Research Unit is to improve service provision to victims of crime, violence and human rights violations, to facilitate violence prevention, and to promote access to justice in Southern and Eastern Africa through interdisciplinary research, advocacy and education.*

**Director and Professor:**

LM Artz, BAHons *SFU* MA *University of Cape Town* PhD *Queens University Belfast*

**Legal Researchers:**

H Gihwala, LLB *University of Cape Town*

N Solomons, LLB *University of Cape Town*

**Junior Research Fellow:**

Leoba Nyathi, PhD *Gender Studies, MPH University of Venda*

**Researcher:**

M Ngubane, BSS *UKZN*, BSocSci Hons *Industrial Psychology UKZN*

**Administration and Research Support:**

M Meyer

**Research Affiliates:**

H Liebling, PhD *Women and Gender, University of Warwick*

M Thobane, Department of Criminology and Security Science at the University of South Africa (UNISA)

A Muller, Dr Med Georg August University Gottingen, Germany  
 T Meer, BAHons UKZN MA Dalhousie University, Halifax

### **Geriatric Medicine and the Albertina and Walter Sisulu Institute of Ageing in Africa**

*L-51 Old Main Building, Groote Schuur Hospital*

*The Albertina and Walter Sisulu Institute of Ageing in Africa conducts interdisciplinary research in Geriatric Medicine, Neurosciences, Neuropsychology, Old Age Psychiatry and Social Gerontology. Current research interests include physical, cognitive and social functioning in old age: quality of life; vascular risk factors and stroke; falls in older persons; quality of care; dementia and cognitive disorders; and social and economic well-being; Covid-19 and older persons*

#### **William P Slater Chair of Geriatric Medicine and Professor:**

MI Combrinck, MBChB BSc(Med)(Hons) PhD *Cape Town* FCP SA (Neurol) MRCP UK  
 DTM&H FRCP *London*

#### **Professor:**

JA Joska, MBChB MMed PhD *Cape Town* FC Psych SA

#### **Associate Professor and Director Institute of Ageing in Africa**

SZ Kalula, BSc MBChB *Zambia* MRCP UK MMed MPhil PhD *Cape Town* FRCP *London*

#### **Professor:**

KGF Thomas, BA *Harvard* MA *Southern California* PhD *Arizona*

#### **Honorary Senior Lecturers:**

CA de Jager, BSc Hons HDE *Natal* PhD *Cape Town*

L Geffen, MBChB *Cape Town* MCFP SA

F Parker, MBChB *Stell* FCP SA Cert Geriatric Medicine (SA)

K Ross, MBChB *Stell* FCP SA Cert Geriatric Medicine (SA)

#### **Visiting Associate Professor:**

JR Hoffman, BA Hons DPhil *Oxon*

#### **Honorary Research Associate:**

M Chait, BA *Cape Town* MSc *London* DPhil *Oxford*

## **Hatter Institute for Cardiovascular Research in Africa (HICRA)**

*4<sup>th</sup> and 5<sup>th</sup> floor of the Chris Barnard Building, Faculty of Health Sciences*

*The Hatter Institute for Cardiovascular Research in Africa (HICRA), within the Department of Medicine, is an active and productive arena for the training of both clinician-scientists and biomedical scientists with a focus on condition common in Africa. HICRA is comprised of several groups, namely the Cardiac Disease and Maternity Group, Cardioprotection Group, Cardiovascular Genetics and Heart of Africa Projects. Our state-of-the-art Translational Research hub provides a vibrant and stimulating space for interaction between members from the different research groups. A major focus is on translational research and to serve as a centre of training for post-graduate students from South Africa and other African countries. We are linked with the Institute of Infectious Diseases and Molecular Medicine, University of Cape Town. The vision of HICRA is to facilitate national and international collaborations in its fields of expertise.*

### **Aims and Objectives**

- *To investigate cardiac disease interlinked with pregnancy (Cardiac Disease in Maternity Group, led by Prof K Sliwa);*
- *To study ways of protecting the heart against insults such as lack of blood flow (ischaemia) (Cardiac Protection Group, led by Prof S Lecour);*
- *To study the genetic basis of cardiomyopathy and other forms of heart disease (Cardiovascular Genetics Group, led by Dr G Shaboodien);*
- *To undertake African population studies, with a focus on translational research (Heart of Africa projects, led by Prof K Sliwa).*
- *To develop awareness projects linked to health education in South Africa and Africa*
- *In order to achieve research excellence, we strive to produce work that is published in high impact factor journals and that relevant to the society in which we live.*
- *A major focus is on translational research and serving as a centre of training for post-graduate students from South Africa and other African countries.*

### **Professor and Director:**

K Sliwa, MD *Germany* PhD DTM&H *Witwatersrand* FESC FACC

### **Emeritus Professor:**

LH Opie, DPhil *Oxon* MD DSc (Medicine) *Cape Town* FRCP *UK*

### **Professor:**

S Lecour, PharmD PhD *Dijon*

### **Senior Research Officer:**

G Shaboodien, BScHons PhD *Cape Town*

### **Honorary Professors:**

PJ Schwartz, MD PhD *Pavia*

S Stewart, PhD *Glasgow* NFESC FAHA FCSANZ

DM Yellon, PhD FESC FRCP *UK*

### **Honorary Associate Professor:**

G Cotter, MD FACC FESC *Israel*

### **Honorary Research Associate:**

M Carrington, BA PGDip (Psychology) PhD *Australia*

## Health Economics Unit

*The Health Economics Unit (HEU) works to improve the performance of health systems by informing health policy and enhancing technical and managerial capacity in sub-Saharan Africa. Its foundation is academic excellence in research in health economics and related health systems issues. The four core objectives of the HEU are:*

- *To conduct high-quality research in health economics and health systems.*
- *To train at the postgraduate level to improve technical research and health systems capacity;*
- *To develop capacity in health economics and related health systems research in South Africa and Africa; and*
- *To provide technical support to facilitate the translation of health policies into practical programmes.*

### **Professor and Director:**

E Sinanovic, BSc Zagreb PGDip (Financial Management) Maastricht MCom Cape Town PhD London

### **Associate Professors:**

S Cleary, BA Rhodes BAHons MA PhD Cape Town

### **Senior Lecturer:**

OA Alaba, BScHons MSc PhD Ibadan

L Cunnama, BSc (Physiotherapy) MPH PhD Cape Town

### **Research Officers:**

A Obse, BA MSc Addis Ababa PhD Dublin

### **Honorary Research Associate:**

G Solanki, BChD Western Cape MSc London BAHons Western Cape DrPH Berkeley

JE Ataguba, BScHons Nigeria MPH PhD Cape Town

### **Emeritus Professor:**

D McIntyre, BCom BAHons MA PhD Cape Town

## HIV Mental Health Unit

*Neuroscience Institute, Groote Schuur Hospital*

*The HIV Mental Health Research Unit is involved in neurobehavioral (specifically adherence and psycho-therapeutic interventions) and neuro-biological (specifically brain imaging, genetic, neurocognitive aspects, as well as drug interventions) research in HIV-associated neuropsychiatric disorders. Our work includes both adults and adolescents affected by HIV. The Unit is funded by the NIMH, MRC and NRF, as well as the University. It is collaborating with senior investigators from leading international and local groups. Further information may be found at [www.hivmentalhealth.uct.ac.za](http://www.hivmentalhealth.uct.ac.za)*

### **Director and Professor:**

J Joska, MBChB MMed PhD Cape Town FCPsych SA, Cert Neuropsychiatry (SA)

### **Co-director and Professor:**

J Hoare, MBChB MPhil Cape Town PhD Cape Town MRCPsych UK FCPsych SA

**Psychologist and Associate Professor**

A. Marais, PhD *Cape Town*

**Senior Research Officers:**

N Phillips, PhD  
B Mtukushe, Mphil  
S Rabie, PhD  
S Nightingale, MBBS PhD

**Research Officers**

A Dreyer, MA  
N. Steenkamp, MA

**Sub-specialist Clinical Fellow**

L. Mgweba-Bewana, MBChB, MMed (psych), FC Psych (SA)

**Honorary Professors:**

A. Carrico, PhD  
L Cluver, PhD *Oxford*  
H. Gouse, PhD *Cape Town*  
C Kuo, PhD *Brown*  
K Sikkema, *Columbia*  
L Simbayi, *HSRC*

**Administrative Assistant:**

K Poggenpoel, B Admin *UWC*

**Institute of Infectious Disease and Molecular Medicine**

*Wolfson Pavilion Building*

*The Institute of Infectious Disease and Molecular Medicine (IDM) is a trans-faculty, multidisciplinary postgraduate research enterprise that operates in the fields of infectious disease and molecular medicine research. It is situated on the health sciences campus of the University of Cape Town (UCT) in a 7 100m<sup>2</sup> state-of-the-art facility.*

*The IDM is distinguished by the ability to drive world-class research at the laboratory-clinic-community interface by engaging a wide range of scientific and clinical disciplines.*

*These include medical biochemistry; chemical biology; genetics; clinical and experimental immunology; paediatrics; microbiology; molecular and cell biology; virology; infectious diseases; vaccinology; epidemiology; medicinal chemistry; pre-clinical pharmacology; structural biology; bioinformatics and computational biology.*

*Established in 2004, the IDM has become the largest research entity at UCT and a national leader in research and human capital development in the field of health sciences.*

*Web address: <http://www.idm.uct.ac.za/>*

**Professor and Director:**

V Mizrahi, BSc (Hons) PhD *Cape Town* OMS MASSAf FRSSAf FAAM (Fellow of UCT)

**Full Members and Professors:**

S Barth, BSc MSc *Bonn* PhD *Bonn* DMSc *Cologne*  
LG Bekker, MBChB DCH DTM&H FCP PhD *SA*

J Blackburn, BA MA DPhil *Oxon*  
 F Brombacher, PhD *Freiburg* K Chibale BSc *Zambia* PhD *Cantab* FRSC FRSSAF  
 K Chibale, BSc.Ed *Zambia* PhD *Cantab* FRSC FRSSAf MASSAf FAAS (Fellow of *UCT*)  
 C Dandara, PhD *University of Zimbabwe*  
 J Hapgood, BSc (Hons) PhD *Cape Town*  
 M Hatherill, MBChB DCH MMed MRCP FCPaed MD *Cape Town*  
 G Hussey, MBChB MMed *Cape Town* MSc (Clinical Tropical Medicine) *London* DTM&H *UK*  
 FFCH *SA*  
 M Jacobs, BSc (Hons)(Medicine) PhD *Cape Town*  
 AA Katz, PhD *Weizmann Institute*  
 G Meintjes, BSc (Hons) MBChB PhD *Cape Town* FRCP UK FCP Dip (HIV Management) *SA* MPH  
*Johns Hopkins*  
 R Millar, BSc (Hons) MSc *London* PhD *Liverpool* MRCP FRCP  
 N Mulder, BSc (Hons) PhD *Cape Town*  
 RS Ramesar, BSc (Hons) MSc *UKZN* PhD *Cape Town*  
 EP Rybicki, BSc (Hons) MSc PhD *Cape Town* MASSAf FRSSAf (Fellow of *UCT*)  
 T Scriba, BSc (Hons) MSc *Stell* DPhil *Oxon*  
 ED Sturrock, BSc (Hons) (Medicine) PhD *Cape Town* MASSAf FRSSAf (Fellow of *UCT*)  
 DF Warner, BCom BSc (Hons) PhD *Witwatersrand*  
 A Williamson, BSc (Hons) PhD *Witwatersrand* MASSAf FRSSAf (Fellow of *UCT*)  
 C Williamson, BSc (Hons) PhD *Cape Town* MASSAf FRSSAf (Fellow of *UCT*)  
 A Wonkam, MBChB *Cameroon* MD Dip (Medical Genetics) *Switzerland* PhD *UCT*  
 R Wood, BSc (Hons) BMBCh *Oxon* MMed DSc FCP *SA* (Fellow of *UCT*)

**Full Members and Associate Professors:**

W Burgers, BSc (Hons) MSc *Cape Town* PhD *Cantab*  
 H Cox, BSc (Hons) MPH PhD *UniMelb*  
 W Horsnell, BSc (Hons) *Leeds* PhD *London*  
 H Jaspán, BSc *USA* MD PhD *Tulane* FAAP PaedsID *Washington*  
 D Martin, BSc (Hons) MSc *UKZN* PhD *Cape Town*  
 E Nemes, PhD *Modena (Italy)*  
 C Orrell, MBChB MSc MMed PhD *Cape Town*  
 JA Passmore, BSc (Hons) *UKZN* PhD *Cape Town* BSc (Hons)

**Full Member and Honorary Professor:**

RJ Wilkinson, MA *Cantab* BM BCh *Oxon* PhD DTM&H FRCP FMed Sci Group Leader *Francis Crick Institute* *London* Wellcome Trust Senior Fellow in Clinical Science and Professor of Infectious Diseases *Imperial College London*

**Affiliate Members and Professors:**

K Barnes, MBChB MMed (Clinical Pharmacology) *Cape Town*  
 A Boulle, MBChB PhD *Cape Town* MSc *London* FCPHM *SA*  
 K Dheda, MBBCh *Witwatersrand* FCP *SA* FCCP PhD FRCP *London*  
 T Egan, PhD *Cape Town*  
 BS Eley, MBChB FCP (Paediatrics) *SA* BSc (Hons) (Medicine) *Cape Town*  
 G Maartens, MBChB MMed FCP *SA* DTM&H  
 H McIlleron, MBChB PhD *Cape Town*  
 L Myer, BA *Brown* MBChB MA *Cape Town* MPhil PhD *Columbia*  
 K Naidoo, BSc (Hons) MSc *Cape Town* PhD *Michigan* FRSSAf  
 M Ntsekhe, MD PhD FCP *SA* FACC  
 MI Parker, BSc (Hons) PhD *Cape Town* MASSAf FIAS fTAS  
 K Sliwa-Hahnle, MD PhD FESC FACC  
 DJ Stein, BSc (Medicine) MBChB *Cape Town* FRCPC PhD *Stell* DPhil

HJ Zar, MBBCh *Witwatersrand* BCPaed BCPaed Pulmonology USA PhD FCPaed SAFRCP  
*Edinburgh*

**Affiliate Member and Associate Professor:**

D Coetzee, BA *Cape Town* MBBCh DPH DTM&H DOH *Witwatersrand* FCPHM SA MS *Columbia*  
L Zuhlke, MBChB DCH MPH PhD *Cape Town* FC Paeds FESC FACC  
DJ Davey, BA *University of Colorado* MPH *Columbia University* PhD *University of California Los Angeles*

**Associate Members and Associate Professors:**

E Chimusa, BSc (Hons) BSc (Hons) PhD *Cape Town*  
A Coussens, BSc (Hons) *Adelaide* PhD *Brisbane*  
R Guler, BSc (Hons) MSc PhD *Geneva*

**Associate Members and Researchers:**

FS Dube, BSc (Hons) PhD *Cape Town*  
J Hoving, BSc (Hons) BSc (Hons) MSc (Med) PhD *Cape Town*  
L Masson, BSc (Hons) MSc (Med) PhD *Cape Town*  
K Middelkoop, MBChB MPH PhD *Cape Town*  
S Parihar, PhD *Cape Town*  
J Raimondo, MBChB *Cape Town* DPhil *Oxon*  
C Riou, PhD *Lyon*  
G Schafer, PhD *Humboldt*  
M Shey, BSc *Yaounde I (Cameroon)* BSc(Med)Hons PhD *Cape Town*  
S Wasserman, MBChB MMed *Cape Town* FCP SA CertID(Phys)SA

**Kidney and Hypertension Research Unit**

*E13, Groote Schuur Hospital*

*The Kidney and Hypertension Research Unit is a group of approximately 40 staff and students, who through their academic and clinical activities seek to reduce death rates and improve the quality of health of people with kidney disease and hypertension particularly in the Black population of South Africa. This would be in keeping with the strategic goal of the University of Cape Town namely expanding and enhancing South Africa's Development Challenges.*

*The focus areas of research will concentrate on aspects of hypertension and kidney disease in African (Black) people of our country, who are prone to excess morbidity and mortality from both hypertension and chronic kidney disease. For example, HIV associated nephropathy is an almost exclusive disease of Blacks. The thrust of the research will explore the underlying causes and translate this into preventive and treatment strategies. The specific focus areas are resistant hypertension in indigenous people, genetics of salt sensitive hypertension, genetics of hypertensive kidney disease, therapeutic drug monitoring, physiological treatment of hypertension, classification of HIV and the kidney or HIVAN, effects of antiretroviral treatment of blood pressure and vascular stiffening, MRI findings in HIVAN, effects of tenofovir on renal function, kidney biopsy finding in HIV+ve to HIV+ve kidney transplants, outcomes and genetics of systemic lupus erythematosus (SLE), bioinformatics of SLE and glomerulonephritis in Africa. In the past 5 years, the unit has published 84 peer reviewed publications.*

*From the capacity point of view the Unit has at least 16 post graduate students registered for Master's degrees and 1 intended PhD candidate, and is involved in the teaching of post graduate students through degrees, lectures, seminars, and courses. Teaching and training of nephrologists from Sub-Saharan Africa through the International Society of Nephrology is a major component of our programme. Acquisition of a state of the art ultrasound machine has resulted in upskilling of post graduate registrars in the insertion of vascular access and performance of renal biopsies.*

*Two major NRF research grants to the value of nearly R3 million were awarded to Brian Rayner and Ike Okpechi.*

**Head:**

KCZ Ndlovu, MBChB *Cape Town* FCP SA Cert (Nephrol Phys) PhD *KwaZulu-Natal*

**Honorary Professor:**

P Heering, MD Fellow of the *American Society of Nephrology*

**Associate Professor:**

N Wearne, MBChB BMedSciHons *Sydney* FCP SA Cert (Nephrol Phys) SA PhD

**Emeritus Professor:**

BL Rayner, MBChB MMed *Cape Town* FCP SA PhD *Cape Town*

**Emeritus Associate Professors:**

CR Swanepoel, MBChB *Cape Town* MRCP FRCP *UK*

I Okpechi, MB BS FWACP Cert (Nephrol Phys) SA PhD *Cape Town*

**Senior Lecturers:**

Z Barday, MBChB FCP Cert (Nephrol Phys) SA

E Jones, MBBCh FCP Cert (Nephrol Phys) SA PhD *Cape Town*

B Davidson, MBBCh FCP Cert (Nephrol Phys) SA

**Honorary Senior Lecturer:**

M Pascoe, MBChB FCP SA

**Surgeons (Transplants and Dialysis Access):**

JM Du Toit, MBChB *Stell* FCS SA

D Kahn, MBChB *Birmingham* ChM *Cape Town* FCS SA

E Muller, MBChB *Pret* MMed *Cape Town* MRCS FCS SA

DA Thomson, MBChB *UKZN* FCS SA MMed *Cape Town*

**Social Worker:**

L Hlakudi

**Transplant coordinators:**

F McCurdie

L Steenkamp

**Transplant Clinic/Unit Nursing Staff:**

K Goliath

R Solomon

F Du Plessis

**Administrative and Clerical Staff:**

M Appolis

A Oosthuizen

A Daniels

## **MRC/UCT unit on Child & Adolescent Health**

*Red Cross War Memorial Children's Hospital, University of Cape Town,*

*The MRC Unit on Child & Adolescent Health undertakes translational research focused on priority childhood diseases including TB, pneumonia, HIV and the intersection of infectious diseases and non-communicable diseases such as asthma. Research integrates perspectives from basic, clinical and population science. Studies are conducted at several hospital or community based sites in the Western and Eastern Cape, with many local, African and global collaborations. A flagship study is a longitudinal birth cohort study, the Drakenstein Child Health study, to investigate the early life determinants of child and adolescent health and the intersection of infectious exposures with development of non-communicable diseases. This unique study integrates comprehensive measurements of maternal factors, environmental exposures and childhood exposures, with underlying mechanisms and measures of child and adolescent health in a low and middle-income country context.*

### **Professor and Director:**

HJ Zar, MBBCh FCPaed SA BC Pediatr BC Pediatr Pulm USA FRCP Edinburgh PhD

## **MRC/UCT Drug Discovery and Development Research (DDD) Unit**

*Institute of Infectious Disease and Molecular Medicine (IDM), Wernher & Beit Building North*

The MRC/UCT Drug Discovery and Development Research (DDD) Unit, amongst other things, focuses on executing drug discovery projects while also undertaking the following:

- *Becoming a principal integrated Drug Discovery and Development Research (DDD) Unit in South Africa, in Africa and internationally;*
- *Attracting young South African scientists, and scientists from elsewhere on the African continent, and in doing so to make a concerted effort at transformation and capacity building;*
- *Providing career development opportunities for mid-career researchers;*

### **Professor and Director:**

K Chibale, BScEd Zambia PhD Cantab FRSSAf FRSC MASSAf FAAS

### **Senior Research Officer:**

V Singh, PhD Central Drug Research Institute Lucknow

### **Research Officers:**

J Woodland, PhD Cape Town

K Wicht, PhD Cape Town

### **Post-Doctoral Fellows:**

J Hlozek, BSc MSc PhD Cape Town

D Redhi, BSc MSc PhD Cape Town

T Motlhalamme, PhD Stellenbosch

K Mogwera, PhD Stellenbosch

M Mmonwa, PhD UNISA

C Korkor, BSc Ghana PhD Cape Town

### **PhD Students:**

N Shakela, BSc Namibia

C Hikaambo, BSc Zambia, MSc Korea

C Cloete, BSc UWC MSc Cape Town

F Ndubi, BSc *Nairobi* MSc *Cape Town*  
 F.-Z. Ishmail, BSc MSc *Cape Town*

MRC/UCT Immunology of Infectious Diseases Research Unit  
*Room SI.27, Wernher and Beit Building South*

*The control and eradication of infectious diseases, leading cause of childhood and adult morbidity and mortality, is a high priority area for South Africa and the African continent. The unit investigates the underlying cellular and molecular immunological mechanisms for host protection or failure thereof in experimental murine models for human diseases like:*

- *Tuberculosis*
- *Leishmaniasis*
- *Helminth diseases (bilharziosis)*
- *African trypanosomiasis (sleeping sickness)*
- *Allergy*
- *Ulcerative colitis*

*The Unit's mission is to be relevant as an excellent multidisciplinary and international team, embracing both basic and applied research, in order to improve capacity, teaching and training in Immunology.*

**Professor and Director:**

F Brombacher, PhD *Freiburg*

**Neurosciences Institute (NI)**

*UCT Faculty of Health Sciences and Groote Schuur Hospital*

*The Neurosciences Institute (NI) was established in 2016 as a flagship interdisciplinary research in initiative of the University. The NI's mission is to create a vibrant environment where clinicians, basic scientists and colleagues from other disciplines can share ideas about the human brain in health and disease, thereby accelerating scientific discovery and innovation.*

**Professor and Interim Director:**

AG Fieggen, MSc MD FCS

*Suite 3.14 Werner and Beit Building North*

The SAMRC/UCT Precision and Genomic Medicine Research Unit (PGMRU) is interested in using the exciting developments in the field of genomic sciences to investigate human biodiversity. This quest will contribute to a more proactive and preventive approach to health. Tied closely to this quest is the expansion of research to cover genome-wide investigations pertaining to the burden of disease in Southern Africa and to assess the impact of genomic variants on the health of the indigenous populations of Africa.

Key focus areas:

- To identify the ancestral groupings detectable in the current populations of Southern Africa, and to compare the genetic lineages/composition of populations of Southern Africa, with those already characterised in Africa, and elsewhere in the world.
- To identify low frequency, possibly functional genetic variants, in the populations of Southern Africa.
- To collate allele frequencies of sample data in order to identify sub-populations and to relate this to susceptibility and resistance to disease.

- To provide a genetic dimension towards understanding the heterogeneity of practically all disorders, and the biology underlying this heterogeneity, towards devising improved clinical management.
- To create an attractive research environment comprising well characterised disease resources.
- To establish a state-of-the-art health ecosystem which has a knowledgeable subject/patient/client at its centre
- To enhance public understanding of genetics and genomics

**Professor and Director:**

RS Ramesar, BScHons MSc UKZN PhD Cape Town MBA

**Research Centre for Adolescent and Child Health (REACH)**

*Red Cross Children's Hospital*

*REACH is a paediatric clinical research unit based at Red Cross War Memorial Children's Hospital (RCH) in the Department of Paediatrics & Child Health, Faculty of Health Sciences, University of Cape Town. It was opened in October 2013, following a decade of successful clinical research at RCH. From 2015, the South African Medical Research Council (SAMRC) Unit on Child & Adolescent Health has also been part of the unit. The Centre comprises 74 clinical and research support staff members (29 on-site) funded through grant support and is involved in the training of 46 postgraduate students (18 masters, 19 doctoral and 9 post-doctoral). Further, the Centre collaborates with many African and international healthcare professionals, building clinical and research capacity to improve child health across Africa. The research program addresses national and global priorities such as TB, HIV, RSV, childhood pneumonia and includes a flagship study, the Drakenstein Child Health study, a birth cohort to investigate the early life determinants of child and adolescent health. The unit's work involves numerous international, national, and local collaborations and has received substantial national and international funding. Directed by Prof Heather Zar, this Centre is a partnership between RCH, the Western Cape Health Department and the Department of Paediatrics and Child Health, UCT.*

**Professor and Director:**

HJ Zar, MBBCh FCPaeds BC Pediatr BC Pediatr Pulm USA PhD

**SA Medical Research Council (MRC) Unit on Risk & Resilience in Mental Disorders**

*Department of Psychiatry & Mental Health, University of Cape Town, and Department of Psychiatry, University of Stellenbosch.*

*The Medical Research Council (MRC) Unit on Risk & Resilience in Mental Disorders was founded with the mandate to: 1) Strengthen and grow existing research and multi-disciplinary collaborations in mental disorders and mental health to improve health in South Africa and the region.; 2) Develop and expand new research programs specifically focused on translational research and new collaborations addressing major African mental disorders; 3) Provide a platform for the training and support of clinician-scientists working in the area of mental disorders and mental health, including women and African scientists; 4) Promote implementation of research findings from the fields of psychiatry and mental health into policy and practice.*

**Professor and Head:**

DJ Stein, BSc (Medicine) MBChB Cape Town FRCPC PhD DPhil Stell

## **South African Tuberculosis Vaccine Initiative (SATVI)**

*Institute of Infectious Disease and Molecular Medicine*

*The South African Tuberculosis Vaccine Initiative (SATVI) is a tuberculosis research group housed within the Institute of Infectious Disease and Molecular Medicine, accommodating several disciplines including paediatrics, infectious diseases, epidemiology, public health, immunology and clinical/biological sciences. SATVI has a large and well-developed clinical field site in the Boland Overberg region, with the core on the premises of the Brewelskloof TB Hospital in Worcester, from where most clinical/epidemiological studies and clinical trials of new TB vaccines are conducted. Clinical immunology research is led by SATVI Deputy Director, Professor Tom Scriba; and clinical trials research is led by SATVI Director, Professor Mark Hatherill.*

*SATVI has achieved international recognition as a world-leader in the evaluation of the safety, immunogenicity, and efficacy of novel TB vaccines. SATVI's research mandate spans clinical vaccinology and TB immunology, including the search for correlates of risk for TB, correlates of vaccine-induced protection against TB, and application of TB biomarker tests for prevention of TB. The focus on this research agenda has underpinned SATVI's academic success, in terms of research funding secured, students graduated, and papers published.*

*SATVI has conducted 27 Phase I-IIb trials of nine novel TB vaccine candidates, among more than 4,000 research participants. SATVI played a leading role in the first new infant tuberculosis vaccine efficacy trial in half a century; a pivotal Phase 3 efficacy trial of the M72/AS01<sub>E</sub> candidate vaccine that showed 50% efficacy in reducing incidence of lung tuberculosis in HIV-negative adults; and a ground-breaking trial of BCG revaccination that showed 45% protection against sustained IGRA conversion. SATVI is about to start a large, multi-site Phase 3 trial of the live attenuated *M. tuberculosis* candidate vaccine MTBVAC in infants. Additionally, the group has enrolled more than 20,000 participants in epidemiological and immunological TB studies and clinical trials of BCG vaccine.*

*The SATVI postgraduate program has produced many PhD and Masters graduates since 2006. The group has published a number of high-impact and highly cited papers in the fields of TB immunology, vaccinology, diagnostics and therapeutics.*

### **Professor and Director:**

M Hatherill, MD FCPaed

### **Professor and Deputy Director (Immunology):**

T Scriba, PhD

### **Chief Operations Officer:**

M Kaskar, MBChB MBA Cape Town

### **Worcester Field Site Manager:**

M de Kock, MPhil

## **Structural Biology Research Unit**

*Institute of Infectious Diseases and Molecular Medicine, Wolfson Pavilion*

*The Structural Biology Research Unit co-ordinates and promotes the experimental determination of biological structure at the University of Cape Town. The Unit is a grant funded entity, operationally located in the Integrative Biomedical Sciences Department in the Health Sciences Faculty. It employs staff, provides a home for post-graduate students and post-doctoral fellows and conducts research. It has members who are UCT academics and PASS staff who wish to conduct structural research and who are prepared to apply for grants to fund research in the Unit. The Unit also has affiliates, either from South Africa or abroad, who participate in the activities of the Unit in a variety of ways – including but not limited to: providing advice and expertise, exchanging materials, providing resources and using the resources of the Unit.*

*The visualization of the structure of biological objects ranging from cells to macromolecules with microscopic or atomic detail is essential for understanding how living systems work. The knowledge of the structures can be exploited to produce medicines and vaccines, ecologically friendly industrial processes and agricultural products. The unit specializes in determining structures experimentally by electron microscopy and X-ray crystallography and makes extensive use of computer-based modelling to extend the results. The unit has access to unique resources for the purification and preliminary characterization of proteins, cryo-electron microscopy and X-ray diffraction at a synchrotron beamline. It plays a pivotal role in South Africa's BioEconomy strategy by providing the core expertise for establishment of the discipline of Structural Biology in the whole country and applying the technology to a wide range of problems of scientific, medical and industrial interest.*

### **Members:**

J Woodward, PhD Cape Town  
 BT Sewell, PhD London  
 ED Sturrock, PhD Cape Town  
 L Lubbe, PhD Cape Town  
 T Zininga, PhD Zululand  
 A Rabagliati, BA Eng Cantab

## **University of Cape Town Lung Institute**

*George Street, Mowbray*

*The University of Cape Town Lung Institute is a privately registered company, wholly owned by the University of Cape Town. The Institute opened for business in 1999 and as a private registered company retains its own separate corporate identity, administration department, staffing procedures and finance. The Institute benefits from representation from the University on its Board and Finance committees, and the Institute collaborates with many departments within the Health Sciences Faculty. Associate Professor Rod Dawson has been Director of the UCT Lung Institute since January 2016.*

***There are five Clinical Research Units (CRU'S) that are part of the Lung Institute:***

### **Allergy and Immunology Unit**

*University of Cape Town Lung Institute, George Street, Mowbray*

*The Allergy and Immunology Unit (AIU) of the UCT Lung Institute serves as a centre for the investigation, diagnosis and management of allergic diseases.*

*It has five main areas of operation:*

- *A state of the art diagnostic and research Allergology laboratory for investigation of allergic reactions to environmental agents, including several allergens unique to Southern Africa.*
- *A clinical trial section research unit focusing on studies of paediatric and adult asthma, rhinitis, urticaria, eczema, allergen immunotherapy, immune mediated diseases, vaccinology, drug allergy and allergy diagnosis.*
- *Specialist allergy clinics for investigation and treatment of children and adults with allergic diseases, with a special focus on sublingual and subcutaneous allergen immunotherapy, food allergy, chronic urticaria and drug allergy.*
- *Training of undergraduates and postgraduates students in clinical and laboratory aspects of Allergology.*
- *Postgraduate training of subspecialist allergists*

**Associate Professor and Head:**

JG Peter, MBChB FCP SA MMED PhD UCT

**Centre for TB Research Innovation**

*2<sup>nd</sup> Floor, University of Cape Town Lung Institute, George Street, Mowbray*

*Tuberculosis is one of the most important global health problems. The vast majority of TB cases are in developing countries and South Africa has an exceedingly high TB case rate. New drug treatment regimens for tuberculosis are a global priority and the current TB regimen although effective in drug sensitive disease but is not user friendly and requires prolonged observed therapy. Developing drug- resistance fuelled by poor compliance is a growing concern.*

*Our mandate at the CTBRI is to facilitate the development of innovative new drug compounds aimed at reducing duration of therapy, pill burden and improved patient outcomes. We have developed extensive clinical experience in conducting relevant and quality tuberculosis drug research.*

***Our particular strengths are:***

- *An experienced team of dedicated research staff dedicated to improving quality of life in our patients living with tuberculosis.*
- *A proven patient recruitment network and established relationships with local TB authorities with excellent patient compliance profiles developed through our day to day experience with monitoring patients on clinical trials.*
- *Broad experience gained through an extensive network of collaborating institutions, funders and NGO's.*
- *A proven academic record at the University of Cape Town Lung Institute.*
- *Extensive experience in bronchial lavage studies and lung immunology studies in tuberculosis.*
- *Access to a state of the art, FDA compliant digital database.*
- *Our state of the art inpatient drug testing unit is situated on Level 1 of the UCT Lung Institute. Our medical staff of TB research sisters and an on-site clinicians and pulmonologists handle the clinical and regulatory aspects required for quality research. We also are able to provide advice and guidance on investigating new treatments for multi drug resistant (MDR) tuberculosis and new TB vaccine candidates.*

**Associate Professor and Head:**

R Dawson, MBChB FCP SA Cert (Pulmonology) UCT

## **Knowledge Translation Unit**

*4th Floor, University of Cape Town Lung Institute, George Street, Mowbray*

*The Knowledge Translation Unit is a Clinical Research Unit of the University of Cape Town Lung Institute. It was formally established in 2005 to continue work begun in 2000 to provide primary care guidelines and training on respiratory disease. It has since expanded its scope to address priority conditions in primary care in line with the Lung Institute's mandate to "address priority health issues in Southern Africa through education, research and service."*

*Knowledge Translation defines the interactions between researchers, health services and patients to expedite the implementation of research findings into practice, to strengthen health services and to improve patient outcomes. It is about bridging the gap between evidence based research (what we know) and its use and implementation by health services (what we do). The Knowledge Translation Unit has developed, rigorously tested and implemented at provincial and national scale programmes that have helped to standardize and integrate healthcare delivered at primary level. At the core of these programmes are clinical practice guidelines that are evidenced-based, aligned with policy and regularly updated, and that use an evidence-based implementation strategy called educational outreach. KTU has been responsible for Western Cape and National guidelines, training and implementation during the COVID-19 pandemic.*

### **Associate Professor and Head:**

L Fairall, MBChB PhD

## **Lung Clinical Research Unit**

*3rd Floor, University of Cape Town Lung Institute, George Street, Mowbray*

*The LCRU has been in existence from the beginning of the Lung Institute, and has gained international recognition for work done on asthma COPD drug and clinical management in addition to the epidemiology of lung disease in South Africa. The Unit's strategic focus remains in three areas – airways disease drug evaluation, Poverty related respiratory disease and tobacco cessation, with a broad objective "to perform research and provide highly specialized services in the field of pulmonology, relevant to the needs of Africa".*

### **Research:**

*Research in the LCRU is in four distinct directions: Asthma and COPD drug development with Industry partners, Clinical research in COPD and non-tobacco COPD epidemiology and mechanisms, Clinical research in smoking cessation strategies and laboratory research in environmental exposures and infectious diseases (tobacco, indoor air pollution and pneumonia, tuberculosis).*

### **Clinical service:**

*The Unit provides a dedicated world class clinical trial unit capable of conducting phase II-IV clinical trials including detailed respiratory physiology and radiology. The Unit houses a dedicated research laboratory focusing on tobacco and indoor air pollution and respiratory infection. The unit also serves as a referral centres for complicated asthma and COPD review for the public and private sectors.*

### **Associate Professor and Head:**

R van Zyl-Smit, MBChB MRCP UK Dip (HIV Management) MMED FCP SA Cert (Pulmonology) SA PhD

## **Lung Infection and Immunity Unit**

*University of Cape Town Lung Institute, George Street, Mowbray*

*The Lung Infection and Immunity Unit is a WHO-associated Center for Diagnostic Excellence. The group's main research interests are the study of pulmonary regulatory immunological pathways in relation to infection, development and validation of rapid and field-friendly diagnostics for pulmonary infections, and outcome and intervention studies of drug-resistant tuberculosis.*

*The Lung Infection and Immunity unit has been associated with the University of Cape Town Lung Institute since 2009 and has conducted seminal studies into new diagnostics for tuberculosis. The unit has successfully managed and completed multiple national and international research grants and has published widely in the fields of tuberculosis immunology, new TB diagnostics and drug-resistant TB. Prof Dheda's team of experienced researchers conduct studies ranging from basic science to pragmatic clinical trials of new tuberculosis drugs.*

### **Holder of the SARChI Research Chair in "Lung Infection and Immunity in Poverty-related Diseases" Professor and Head:**

K Dheda, MBChB *Witwatersrand* FCP SA FCCP PhD London FRCP London

### **Senior Lecturer and Pulmonologist:**

R van Zyl-Smit, MBChB MMed PhD *Cape Town* MRCP UK FCP Dip (HIV Management) Cert (Pulm Phys) SA

### **Chief Research Officer Part-Time:**

G Theron, BScHons MSc PhD *Cape Town*

### **Principal Scientific Officer:**

M Tomasicchio, BSc BScHons MSc PhD *Rhodes*

### **Medical Officer and Clinical Trial Co-ordinator:**

M Pascoe, MBChB *Cape Town*

### **Honorary Professor:**

TG Clark, BCom MSc *New Zealand* DPhil *Oxon*

### **Honorary Associate Professors:**

R Mc Nerney, CBiol PhD *UK*

K Steingart, MD PhD *USA*

### **Honorary Research Associates:**

A Binder, PhD *Germany*

R Hendricks, BChD MChD *Cape Town*

### **Laboratory Technologists:**

R Meldau, BScHons (Medicine) *Cape Town*

V Woodburne

## UCT Molecular Mycobacteriology Research Unit

*The Molecular Mycobacteriology Research Unit (MMRU) is based in the Institute of Infectious Diseases and Molecular Medicine (IDM) and forms the UCT node of the DST/NRF Centre of Excellence for Biomedical TB Research (CBTBR). Research in the MMRU is focused on aspects of mycobacterial physiology and metabolism relevant to tuberculosis (TB) drug discovery and drug resistance, mycobacterial persistence, and TB aerobiology. As past recipient of several major grants from the South African government through the South African Medical Research Council, the National Research Foundation and the Department of Science and Technology, the Unit uses research as the vehicle to develop the next generation of biomedical TB researchers. The Unit, which currently comprises senior scientists, post-doctoral fellows, PhD, MSc and Honours students, participates in the TB Drug Accelerator through grants from the Bill & Melinda Gates Foundation and in Myco3V, a TB Research Unit funded through the TBRU programme of the US National Institutes of Health. Members of the MMRU are also affiliated with the Wellcome Centre for Infectious Diseases Research in Africa (CIDRI-Africa).*

### Professor and Director:

V Mizrahi, BScHons PhD Cape Town AFTWAS MASSAf FRSSAfOMS FAAS

### Professor:

DF Warner, BCom BScHons PhD Witwatersrand

### Research Officers:

M Chengalroyen, BScHons PhD Witwatersrand

S Gessner, MSc Pretoria PhD Cape Town

C Jacobs, MSc Pretoria PhD University College London

M Mason, BScHons PhD Cape Town

A Moosa, MSc Witwatersrand PhD Cape Town

### Honorary Lecturer:

A Koch, MSc Witwatersrand PhD Cape Town

### Junior Research Fellow:

C Omollo, PhD Cape Town

## Vaccines for Africa Initiative (VACFA)

*Level 2, Wernher & Beit North Building, Anzio Road, Observatory*

*The Vaccines for Africa Initiative (VACFA) is a non-profit academic unit founded in 2009 by Professor Gregory Hussey, previous unit Director. VACFA is in the Department of Public Health and Family Medicine, within the Faculty of Health Sciences at the University of Cape Town. VACFA partners with concerned individuals and organisations with a goal of increasing awareness of and promoting uptake of vaccines on the African continent. VACFA provides a forum for the exchange of accurate, up-to-date, and fully researched information on vaccines and immunisation practices relevant to Africa for health professionals, policymakers, programme managers, parents, and the public. VACFA's mission is to increase awareness of the benefits of vaccines and to promote the uptake of established and newly available vaccines in Africa as well as make a significant contribution to capacity building, product development, and research on vaccines in Africa. Staff includes vaccinologists and infectious disease specialist.*

### Senior Research Officer and Co-Director:

B Kagina, PhD UCT

**Professor and Co-Director:**

R Muloiwa, MBChB MSc PhD UCT

**Professor:**

G Hussey, MBChB MMed Msc FFCH DTM&H UCT

**Honorary Professor and Associate Professor:**

CS Wiysonge, PhD UCT

T Kreda, MBChB, MMed (Clin Pharm) UCT

**Clinical Research Officer Part-time:**

C Ritchie, MBChB UCT

**Honorary Research Associates:**

L Abdullahi, PhD UCT

K Munyai, PhD CPUT

**Post-Doctoral Research Fellow:**

E Amponsah-Dacosta, PhD SMU

**Wellcome Centre for Infectious Diseases Research in Africa (CIDRI-Africa)**

IDM, UCT Faculty of Health Sciences

*The Wellcome Centre for Infectious Diseases Research in Africa (CIDRI-Africa) fosters investigator-led approaches via the overarching scientific objective of combatting infection, especially HIV and tuberculosis (TB), through clinical and laboratory research. CIDRI-Africa achieves these goals through the provision of core support to Centre investigators in the form of expertise, facilities, equipment and staff. CIDRI-Africa operates three shared platforms: Basic Science, Biomedical Data Integration, and Clinical Research. A major focus of our clinical research activities is in Khayelitsha township where people suffer high levels of unemployment and chronic ill-health.*

*Centre investigators work on a range of studies with strong underpinning immunology, inflammation and –omics science. This includes work on TB drug discovery; the physiology and metabolism of Mycobacterium tuberculosis; biomarkers and diagnostics for TB; and clinical and immunological studies of TB pericarditis, meningitis, and immune reconstitution inflammatory syndrome. HIV work includes trials of antiretroviral (ART) regimens, and investigation of HIV infection and vascular disease. There is significant international collaboration in vaccine development and testing for TB, HIV and COVID-19.*

*To develop future research leaders CIDRI-Africa supports postdoctoral fellows and PhD scholars. In addition, our staff and investigators go beyond the laboratory and clinic to engage the communities in which they work: we have an active relationship with civil society through our community engagement stakeholders' forum.*

**Honorary Professor and Director:**

RJ Wilkinson, BMBCh FMedSci MA PhD DTM&H FRCP

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