



**UNIVERSITY OF CAPE TOWN**  
**FACULTY OF HEALTH SCIENCES**  
**UNDERGRADUATE PROGRAMMES**  
**2015**

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**Dean's & Faculty Offices:** Faculty of Health Sciences  
Private Bag X3  
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For other contact details see p3.

**Internet:** Home Page: [www.health.uct.ac.za](http://www.health.uct.ac.za)

**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  
**Books 6-11:** Handbooks of the Faculties of Commerce, Engineering and the Built Environment, Health Sciences, Humanities, Law, Science  
**Book 12:** Student Fees  
**Book 13:** Financial Assistance for Undergraduate Students  
**Book 14:** Financial assistance for Postgraduate students

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, 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.

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# GUIDE TO THE USE 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 of key central offices, term dates, definitions of terminology used and 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 study programmes:* This section gives an outline of each of the undergraduate degrees and courses within those programmes, as well as rules relating to curricula. Please note especially the readmission rules under each degree 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 undergraduate degrees, and includes undergraduate courses that the Faculty of Health Sciences offers to students in other faculties, or to South African students registered at UCT but studying towards a Cuban medical degree, and courses that MBChB students doing an intercalated honours degree are required to take.

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

*Additional information:* This section gives, amongst others, details of prizes and awards, formulae used to calculate distinctions and merit awards, contact details for departments, charters (e.g. the Teaching and Learning Charter) and the Faculty-specific policies for undergraduate students.

All students must familiarise themselves with the General Rules for Undergraduate Students, the Rules and Curricula for their undergraduate degrees, the Fees Book and also 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.

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## GENERAL INFORMATION

### Dean's office, Faculty office and other central offices in the Faculty

#### DEAN'S OFFICE AND FACULTY OFFICE

L2, Barnard Fuller Building and Wernher & Beit North  
(Tel: 021 406 6346 and 021 406 6634)

#### Professor and Dean:

W J S de Villiers, MBChB MMed *Stell* DPhil *Oxford* MHCM *Harvard* FCP *SA*

#### Professor and Deputy Dean: Research:

T Douglas, BSc(Eng) *Cape Town* MS *Vanderbilt* PhD *Strathclyde*

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

D T Hendricks, BSc(Med)(Hons) PhD *Cape Town*

#### Associate Professor and Deputy Dean: Undergraduate Education:

G Perez, BDent *Algiers* DHSM MDent (Community Dentistry) *Witwatersrand*

#### Deputy Dean: Clinical Health Services:

R L Morar, MBChB *UKZN* DHMEF MMed (Community Health) *Cape Town* FCPHM *SA*

#### Faculty Manager: Academic Administration:

B Klingenberg, BA HED *UFS*

#### Manager: Undergraduate Administration:

J Stoffberg, BTech *CPUT*

#### PRIMARY HEALTHCARE DIRECTORATE

E47-25, Old Main Building, Groote Schuur Hospital (Tel: 021 406 6761)

#### Chair and Director (Joint appointment with School of Public Health & Family Medicine):

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

#### Senior Lecturers (Joint appointment with School of Public Health & Family Medicine):

J Irlam, BSc (Med)(Hons) MPhil *Cape Town*

L Vivian, BSc (Hons) MSc *London School of Economics* PhD *Cape Town*

#### Lecturers (Joint appointment with School of Public Health & Family Medicine):

S Crawford-Browne, MSocSc ClinSocW *Cape Town*

M J Keikelame, MPhil (Ed Support) *Cape Town* BSocSci (HonsPsy) *UNIBO* RM *Jane Furse Hospital* RGN *Moroca Hospital* HPTC *Botswana Training College*

#### Assistant Lecturer:

D Michaels, MSc (Epi) *Columbia* MPhil (Mat&Child Health) PhD (Pub Health) *Cape Town*

#### Honorary Lecturers:

R Baum, PhD (Dram Arts) *California*

K du Pré le Roux, MBChB *Cape Town* IMCH MAIntHealth *Sweden*

B Gaunt, MBChB *Cape Town* MSc Int PHC *London* DipAnae DipObst *SA*

#### Junior Research Officer:

C Naidu, MSoc HonSoc *Cape Town*

**Facility Manager:**

S Naidoo, Dip RN *St Aidan's Mission Hospital Durban* Dip RM RK *Khan Hospital Durban* Dip CHN *ML Sultan Tech Durban*

**Site Facilitators (Joint appointments with School of Public Health & Family Medicine):**

M Arendse, Dip Nursing *Cape Town*  
 C Beauzac, Hons DevStud *UWC*  
 T Xapa, Dip AdEd/BusPlan *Cape Town*

**NGO Facilitators (Joint appointment with School of Public Health & Family Medicine):**

P Botha, BSocSc SocW *Cape Town* BA (HonsSocW) *UNISA*  
 A-L Botsis, BA *Grahamstown* Higher Ed Dip *Stell*  
 Z Nyati, DipOfficeAdmin *Cape Town*

**Site Coordinators:**

S Adams  
 N Daniels  
 F Le Roux  
 Z Nyati, DipOfficeAdmin *Cape Town*

**EDUCATION DEVELOPMENT UNIT**

*Second Floor, Anatomy Building*  
*(Tel: 021 406 6646)*

**Director of Education Development Unit:**

N Hartman, BArts *Stell* BSocSc(Hons) MSocSc PhD *Cape Town*

**Associate Professor:**

F Cilliers, MBChB HonsBSc MedSc MPhil(HED) *Stell* PhD *Maastricht*

**Curriculum Development Officer:**

M Alperstein, BSocSc (Nursing) *UKZN* Dip PHC (Ed) *Witwatersrand* MPhil (Adult Ed) *Cape Town*

**Academic Development Officer:**

V Janse van Rensburg, BOccTher *Stell* MPhil PhD *UWC*

**IT Education Manager:**

G Doyle, BSc (Hons) HDE *Rhodes*, MSc (IT) *Cape Town*

**Lecturer:**

L Pienaar, BSc (Physio) *UWC* MSc (Physio) *Stell*

**IT Education: Technical Support and Administration Assistants:**

S Mandyoli, BA (Hons) *UWC*  
 D Sias, BA HDE BEd (Hons) *UWC*  
 F van Breda, ND Horticulture *CPUT*

**IT Education: Open Educational Resources Technical Support Assistant:**

N Southgate, BSc (Biodiversity & Conservation Biology) *UWC*

**IT Education: E-learning Instructional Designer:**

K Whittaker, BA PGDip (Library and Information Science) *Cape Town*

## 4 GENERAL INFORMATION

### **CENTRE FOR BIOETHICS**

*L51 – 67 Old Main Building, Groote Schuur Hospital*

*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, BSocSc(Hons) PhD *Cape Town*

#### **Emeritus Professor:**

S R Benatar, MBChB DSc(Med) *Cape Town* FFA FRCP (Hon) FCP SA (Hon)

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

T E Fleischer, BA *Indiana* LLM *Montreal* JD *California*

#### **Associate Professor:**

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

#### **Senior Lecturers:**

E Galgut, BA(Hons) MA *Witwatersrand* MA *Cape Town* PhD *Rutgers*

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

P Roux, MBChB MD MPhil(Bioethics) *Cape Town* FCP DCH SA

#### **Lecturer:**

G Hull, BA(Hons) *Cantab* MPhil PhD *London*

#### **Post-doctoral Fellow:**

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

## **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: Undergraduate	Undergraduate Administration section of Faculty Office of Health Sciences	(021) 406 6328
Computer laboratory queries	ICTS, Anatomy Building, Health Sciences campus	(021) 406 6729

<b>Query:</b>	<b>Whom to approach:</b>	<b>Telephone:</b>
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	Academic Administration section of Faculty Office of Health Sciences: Undergraduate	(021) 406 6634
Student health matters	Student Wellness	(021) 650 1020
Undergraduate curriculum matters	Undergraduate Administration section of Faculty Office	(021) 406 6634
Undergraduate student support (other than academic support)	Undergraduate Administration section of Faculty Office of Health Sciences	(021) 406 6614

## Health Sciences Student Council

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

*Phone number: 021 406 6421*

*Office Hours: 13h00-14h00 week-days*

## Term dates 2015

The 2015 term and registration dates for the various undergraduate degrees are given below:

### MBChB

<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> and 5<sup>th</sup> Year</b>	<b>6<sup>th</sup> Year</b>
16 Feb – 27 Mar	12 Jan – 03 Apr	12 Jan – 03 Apr	05 Jan – 19 June	05 Jan – 19 June
07 Apr – 12 June	13 Apr – 19 June	13 Apr – 19 June	13 July – 20 Nov	13 Jul – 20 Nov
20 Jul – 28 Aug	13 Jul – 28 Aug	13 Jul – 06 Nov		
07 Sep – 11 Nov	07 Sep – 13 Nov			
<b>Registration date:</b> 03 February 2015	<b>Registration date:</b> 12 January 2015	<b>Registration date:</b> 09 January 2015	<b>Registration date:</b> 02 January 2015	<b>Registration date:</b> 05 January 2015

## 6 GENERAL INFORMATION

### BSc AUDIOLOGY AND BSc SPEECH-LANGUAGE PATHOLOGY

1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year
16 Feb – 27 Mar 07 Apr – 12 June 20 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 03 February 2015	12 Jan – 27 Mar 07 Apr – 12 June 13 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 09 January 2015	12 Jan – 03 Apr 13 Apr – 12 June 20 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 09 January 2015	12 Jan – 03 Apr 13 Apr – 30 June 20 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 09 January 2015

### BSc OCCUPATIONAL THERAPY

1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year
16 Feb – 27 Mar 07 Apr – 12 June 20 Jul – 28 Aug 07 Sep – 11 Nov <b>Registration date:</b> 03 February 2015	12 Jan – 03 Apr 13 Apr – 10 Jun 13 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 12 January 2015	12 Jan – 03 Apr 13 Apr – 10 Jun 20 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 12 January 2015	12 Jan – 03 Apr 13 Apr – 10 Jun 20 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 12 January 2015

### BSc PHYSIOTHERAPY

1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year
16 Feb – 27 Mar 07 Apr – 12 June 20 Jul – 28 Aug 07 Sep – 11 Nov <b>Registration date:</b> 03 February 2015	12 Jan – 03 Apr 13 Apr – 10 Jun 13 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 12 January 2015	12 Jan – 03 Apr 13 Apr – 10 Jun 20 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 12 January 2015	12 Jan – 03 Apr 13 Apr – 10 Jun 20 Jul – 28 Aug 07 Sep – 20 Nov <b>Registration date:</b> 12 January 2015

## 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 he/she has passed an equivalent course before. He/she is then also given credit towards the programme for the course he/she 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.

**Semester:** A half-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 Intervention Programme
MB004	BSc Physiotherapy
MB017	BSc Physiotherapy Intervention Programme
MB010	BSc Speech-Language Pathology
MB018	BSc Speech-Language Pathology Intervention Programme
MB011	BSc Audiology
MB019	BSc Audiology Intervention Programme
MB014	MBChB
MB020	MBChB Intervention Programme
MU002	Higher Certificate in Disability Practice

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

The structure is:

AAAInnnS, where:

AAA	is a 3 alpha group identifying the department.
I	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.

## 8 GENERAL INFORMATION

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

*[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.]*

## 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.]*

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

- FGU1.1 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.
- FGU1.2 All students are required to renew their registration formally each year by completing registration forms for submission to the Faculty Office. No retrospective registration is allowed.
- FGU1.3 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.
- FGU1.4 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 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” 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.

### Registration of students with professional bodies

- FGU2.1 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.

Final year MBChB students are registered as student interns with the Health Professions Council of South Africa and, upon their qualification, as interns, are bound by that Council's regulations. Qualified students are required to do two years' internship and a year's community service.

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 a year's community service before they may practise in their respective disciplines.

- FGU2.2 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.

### Hepatitis B immunisation

- FGU3 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.

## 10 GENERAL RULES FOR UNDERGRADUATE STUDENTS

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

FGU4.1 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.

FGU4.2 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.

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

FGU5.1 Students doing degrees involving clinical work 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 may be required to terminate their registration in the Faculty.

A student who is found to be physically or otherwise impaired 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 he/she is registered, or where a student, in the course of his/her 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.

*[Note: 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 of 1974, a student or practitioner is required to:*

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

## GENERAL RULES FOR UNDERGRADUATE STUDENTS 11

- FGU5.2 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 him/her to meet the curriculum requirements in the health discipline concerned.
- FGU5.3 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.  
*[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 at the back of this handbook.]*

### **Assessment**

- FGU6.1 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 him/her in that course and/or the student's progression to the next year of study in the programme for which he/she is registered.
- FGU6.2 The Senate may permit a student who fails a course if, in its judgement, he or she has performed adequately in the work of the course, to write a supplementary examination. The mark for the supplementary examination is usually added to the class (or year-) mark in order to determine the final result for the course.

### **Admission, progression, readmission and re-registration of candidates**

- FGU7.1 Applicants to this Faculty of Health Sciences who have been refused re-registration in this or another faculty will not generally be accepted.
- FGU7.2 Except by permission of the Senate, a student shall not be admitted to register in the following academic year of study unless he/she has satisfactorily completed all the courses prescribed and satisfactorily performed all the work required for the preceding year.
- FGU7.3 A student in any undergraduate degree who fails one or more courses prescribed in any year of study may be required to repeat some or all of the courses prescribed for that year, including courses he/she may have passed before, unless the Senate exempts him/her from re-attendance and/or re-examination in a course or courses passed by him/her on grounds that he/she has attained a standard regarded by the Senate as satisfactory in the course/s concerned. Students who are repeating courses which they have passed will be liable for fees for such courses.

## 12 GENERAL RULES FOR UNDERGRADUATE STUDENTS

- FGU7.4 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 he/she:
- (a) has not met the minimum admission or readmission requirements set for the course or qualification concerned which include, but are not limited to:
    - (i) failure to attend academic or clinical service commitments;
    - (ii) failure to make sufficient academic progress;
  - (b) has been found guilty of unethical behaviour or unprofessional conduct;
  - (c) has, following professional assessment, been found unfit to practise healthcare.
- FGU7.5 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 he/she is repeating, will be subject to the readmission rules of the Faculty in respect of the full load of courses for which he/she is registered.
- FGU7.6 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 he/she is repeating this or another course (where this is allowed), may be required to withdraw from the programme for which he/she is registered.
- FGU7.7 A first year undergraduate student who was admitted to an undergraduate programme in the Faculty subject to his/her obtaining conditional Matriculation Board exemption is required to submit proof of having applied for such exemption before he/she will be allowed to register for the second year of study.
- FGU7.8 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.

### **Examination dates and results**

- FGU8 It is the responsibility of students themselves to check with the Faculty Office what decisions have been taken by the Faculty Examinations Board/s regarding their academic progress (for example whether they are required to write supplementary examinations or do extra clinical time). Students themselves are also responsible for checking with the Faculty Office the dates, times and venues of examinations and supplementary/deferred examinations (where this applies).

### **Fieldwork and insurance cover**

- FGU9.1 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.
- FGU9.2 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.

**Withdrawal from a programme or course**

FGU10.1 Students wishing to withdraw from a study programme for which they are registered must complete the required forms and submit these to the Faculty Office by the specified dates to avoid being charged the full year's fees (see Fees handbook).

FGU10.2 Students wishing to change their curricula (where this is allowed) must do so before the University deadlines for such changes, to avoid being charged a penalty fee (see Fees handbook).

**Leave of absence and readmission after absence**

FGU11.1 A student may apply for short leave of absence (three to five days) from his/her studies on grounds of illness or bereavement, or in other exceptional cases at the discretion of the course conveners. To apply, he/she is required to submit a completed "short leave of absence" form, which can be collected from the Undergraduate Student Administration Office. Written evidence of the reason for the short leave of absence should be provided.

Students are required to obtain permission for the short leave of absence from all conveners of the courses for which they are registered, and the conveners will sign the form to indicate whether they approve or deny the application for leave of absence. The application form must also be countersigned by the overall Year Convener (in the case of MBChB) or the Head(s) of Department(s) of the course(s) from which he/she wishes to take leave of absence. The completed form is then to be submitted to the Faculty Office.

Taking leave of absence should in no way compromise the attendance requirements of the course. It is important to note that short leave of absence, for whatever reason, is not automatically granted simply because a student has applied for it, and the application may be denied. Should a student choose to take leave without permission being granted, there will be serious consequences for the student upon his/her return from leave; this could include being refused permission to write the final examinations (i.e. being refused a Due Performance certificate).

*[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 he/she was ill is not acceptable.*
- *In the case of bereavement, a student is required to submit a copy of the death certificate upon his/her 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.]*

FGU11.2 A student in clinical years of an undergraduate degree who misses more than a week (with permission) and is unable to make up the time may have to repeat the block.

FGU11.3 Students may be granted long leave of absence for a specified period for medical or compassionate reasons, usually to the end of the academic year. 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

## 14 GENERAL RULES FOR UNDERGRADUATE STUDENTS

whether the student may return. The Faculty Examinations Committee will decide a student's progression on the basis of his/her performance at the time he/she took leave of absence. *(If, for example, a student has transgressed readmission rules at the time he/she went on leave of absence, the Committee may at its next meeting decide to exclude the student.)*

FGU11.4 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.)

FGU11.5 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 his/her studies for more than a year, the Faculty, if it has decided that a student may return, may require the student to repeat one or more courses 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.

# RULES AND CURRICULA FOR UNDERGRADUATE PROGRAMMES

## BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBChB)

[Programme code: MB014 or MB020 (Intervention Programme) SAQA registration number: 3195]

*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. Students doing MBChB courses towards a Cuban degree may find outlines of courses designed specifically for them in the section entitled "Other courses offered" on page 113 in this handbook.*

### Age limit

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

### Curriculum outline

*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 a balance between preventive, promotive, curative and rehabilitative healthcare, in a primary healthcare setting. 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. The curriculum for fifth year has changed with effect from 2015. Some fifth year courses (no longer reflected in the 2015 handbook) will be moved to final year and reflected in the 2016 handbook.*

**Conveners:** Prof G Fieggen (Department of Surgery) and Prof G Louw (Department of Human Biology)

### Duration of the degree programme

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

### Curriculum outline

[Note: See p6 for explanatory notes about HEQSF levels and NQF credits.]

		NQF credits	HEQSF level	
FBA3.1	<i>Semesters 1 and 2 (first year)</i>			
	PPH1001F	Becoming a Professional	15	5
	PPH1002S	Becoming a Health Professional	15	5
	HUB1006F	Introduction to Integrated Health Sciences: Part I	30	5
	HUB1007S	Introduction to Integrated Health Sciences: Part II	35	5
	CEM1011F	Chemistry for Medical Students	18	5
	PHY1025F	Physics	18	5
	SLL1044S	Beginners Afrikaans for Medical Students	18	5
		<i>Total NQF credits:</i>	<u>149</u>	

FBA3.2 *A student who fails a first or second semester course may be required to register for the Intervention Programme before continuing with the standard programme. [See FBA5 for details about the Intervention Programme.]*

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		NQF credits	HEQSF level
FBA3.3	<i>Semesters 3 and 4 (second year)</i>		
	LAB2000S Integrated Health Systems Part IB	35	6
	PPH2000W Becoming a Doctor Part IA	43	6
	SLL2002H Becoming a Doctor Part IB	24	6
	HUB2017H Integrated Health Systems Part IA	57	6
	<i>In semester 4, one of the following Special Study Modules:</i>		
	AAE2001S/CHM2001S/MDN2001S/OBS2001S/ PED2001S/PRY2001S/LAB2002S/PPH2002S/RAY2004S/ HUB2020S/AHS2054S	16	6
	<i>Total NQF credits:</i>	175	
FBA3.4	<i>Semesters 5 and 6 (third year)</i>		
	PPH3000H Becoming a Doctor Part IIA	25	7
	MDN3001H Introduction to Clinical Practice	68	7
	SLL3002H Becoming a Doctor Part IIB	24	7
	LAB3009H Integrated Health Systems Part II	59	7
	<i>Total NQF credits:</i>	176	
FBA3.5	<i>Semesters 7 and 8 (fourth year)</i>		
	SLL3003W Clinical Languages	0	7
	PRY4000W Psychiatry	30	8
	AAE4002W Anaesthesia	20	8
	OBS4003W Obstetrics	30	8
	MDN4011W Medicine	60	8
	MDN4015W Pharmacology & Applied Therapeutics	20	8
	PED4016W Neonatology	10	8
	PPH4056W Health in Context	40	8
	<i>Total NQF credits:</i>	210	
FBA3.6	<i>Semesters 9 and 10 (fifth year)</i>		
	PED5001W Paediatrics and Child Health	40	8
	CHM5003W Surgery	40	8
	MDN5003H Pharmacology & Applied Therapeutics	20	8
	CHM5004H Trauma	10	8
	OBS5005W Gynaecology	20	8
	CHM5005H Orthopaedic Surgery	10	8
	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
	<i>Total NQF credits:</i>	210	
FBA3.7	<i>Semesters 11 and 12 (sixth year)</i>		
	CHM6000W Surgery	41	8
	MDN6000W Medicine (including Allied Disciplines)	41	8
	OBS6000W Obstetrics and Gynaecology	41	8
	PED6000W Paediatrics and Child Health	41	8
	PPH6000W Family Medicine and Palliative Medicine	21	8
	PRY6000W Psychiatry	21	8
	MDN6004W Exit Examination on Procedural Competence	0	8
	<i>Total NQF credits:</i>	206	
	<i>Total NQF credits for programme:</i>	1126	

**Clinical instruction for MBChB students**

FBA4 Clinical instruction may be given in (amongst others) the Groote Schuur, Somerset, Victoria, Mowbray Maternity, Red Cross War Memorial Children's and Princess Alice Orthopaedic Hospitals; and by the staff of the City Park Hospital, Valkenberg Hospital, day hospitals, municipal clinics, the Public Vaccination Station and at various fieldwork sites. Every student is expected to provide him/herself with the required instruments for clinical work.

**Intervention Programme (IP)**

FBA5.1 A student who fails PPH1001F, HUB1006F, PHY1025F and/or CEM1011F in the first semester of the first year of study may be transferred to the Intervention Programme (Parts 1 and 2).

FBA5.2 A student who fails HUB1007S or PPH1002S in the second semester of the first year of study may be transferred to the Intervention Programme (Part 2).

FBA5.3 A student who entered MBChB having done Chemistry and/or Physics before (usually in a Science degree), and having received an exemption in first semester MBChB for Chemistry and/or Physics, but who is transferred to IP, shall be required to do Chemistry and/or Physics in IP, regardless of how well he/she passed this before he/she enrolled for MBChB.

FBA5.4 A student entering IP who passed Chemistry and/or Physics in the first semester MBChB with 70% or more is exempt from repeating these in IP. A student who obtained 69% and less for Chemistry and/or Physics in first semester MBChB has to repeat these in the Intervention Programme.

FBA5.5 A student who failed PPH1001F Becoming a Professional in semester 1 and is required to enter the Intervention Programme will be required to repeat this course while registered for the Intervention Programme.

FBA5.6 The student in the Intervention Programme must register for, attend and pass the following courses:

	<b>NQF credits</b>	<b>HEQSF level</b>
<u>Intervention Programme Part 1:</u>		
HUB1010S Fundamentals of Integrated Health Sciences Part I	0	5
CEM1111S Chemistry for Medical Students	0	5
<i>and/or</i> <u>Intervention Programme Part 2:</u>		
CEM1011X Chemistry for Medical Students	18	5
HUB1011F Fundamentals of Integrated Health Sciences Part II	105	5
PHY1025F Physics	18	5
<i>Total NQF credits:</i>	<hr/>	<hr/>
	141	

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

FBA6.1 A student who has successfully completed the Intervention Programme (Parts 1 and 2 or Part 2, as the case may be) will proceed to Semester 2 of the standard curriculum. He/she will register for:

HUB1007S Introduction to Integrated Health Sciences Part II

PPH1002S Becoming a Health Professional.

Once the student has passed these two second semester courses, he/she may proceed to semester 3 (second academic year of the standard curriculum).

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- FBA6.2 A student who has successfully completed the Intervention Programme and continues with the second semester of the standard curriculum may be exempted from repeating PPH1002S Becoming a Health Professional if he/she has passed this course with more than 65% before entering IP. No exemption is possible from HUB1007S, regardless of how well his course may have been passed before.
- FBA6.3 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 team-work and group-work, responsibility for self-learning and respect amongst fellows are key features of the curriculum that are assessed in DP requirements.
- FBA6.4 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%.
- FBA6.5 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.
- FBA6.6 **Failure of a course in Semesters 3 to 6** (*second and third academic years of study*):
- A student who fails any course in the second or third year MBChB may be required to repeat all courses, including those already passed.
  - 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 second year courses. They will also be required to complete the repeat SSM in a discipline other than that of their original SSM.
- FBA6.7 **Failure of a course in Semesters 7 to 12** (*fourth, fifth and final academic year of study*):  
A student who fails any course in the clinical years (semesters 7 to 12) may be:
- required to do additional clinical training during the vacation, and undergo a supplementary examination; or
  - required to repeat all courses prescribed for these semesters; or
  - required to repeat those courses for which he/she obtained less than 60%; or
  - refused readmission if he/she falls foul of the readmission rules under FBA7 below.
- FBA6.8 A student who has passed but obtained less than 55% for any of the courses in fourth year, or who, in the opinion of the Faculty Examination Committee, has otherwise not obtained a sufficiently solid foundation in any clinical course or subcomponents of such course, may be required to undergo additional, remedial clinical training in the disciplines/s concerned during the primary healthcare elective block, and undergo an assessment during and/or at the end of such additional training time.
- FBA6.9 Students are required to complete 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.

### Readmission rules

- FBA7.1 [Note: To be read in conjunction with the general rules for students in the front section of this handbook.]

A student may be refused permission to renew his/her registration in the following semester, or may cancel his/her registration, if he/she:

- (a) fails a course which he/she is repeating;
- (b) is in the Intervention Programme and fails any course in it;
- (c) fails to complete the courses prescribed for semesters 1 and 2 (first year) by the end of his/her second year of study;
- (d) fails to complete the courses prescribed for the first six semesters (years 1 to 3) by the end of his/her fifth year of study;
- (e) fails to complete the courses prescribed for the first eight semesters (years 1 to 4) by the end of his/her sixth year of study;
- (f) in any one year fails more than half the course load for which he/she is registered;
- (g) in a year in which he or she is repeating a course, fails any course;
- (h) will be unable to complete the whole degree within eight years of study;
- (i) has been found guilty of unprofessional behaviour or has been found to be impaired.

FBA7.2 A student who is permitted to renew his/her 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.

### **Distinction**

FBA8 This degree may be awarded with distinction, with first class honours or with honours. [See distinction rules at the back of this handbook.]

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

FBA9.1 MBChB students who wish to apply to interrupt their MBChB studies in order to do a BMedScHons specialising in Applied Anatomy, Biological Anthropology, Bioinformatics, Cell Biology, Physiology, Exercise Science, Human Genetics, Medical Biochemistry or Infectious Disease and Immunology, shall generally be required to have passed third year MBChB with an average of at least a 70% in the following courses, with no less than 60% for any single course:

- CEM1011F or CEM1111S and CEM1011X Chemistry for Medical Students (the latter two chemistry courses are taken by Intervention Programme students); and
  - PHY1025F Physics; and
  - HUB1006F and HUB1007S Introduction to Integrated Health Sciences I and II or (for Intervention Programme Students) HUB1010S and HUB1011F Fundamentals of Integrated Health Sciences I and II; and
  - HUB2017H, LAB2000S and LAB3009H Integrated Health Systems I and II; and
  - PPH2002S/HUB2020S/LAB2002S/MDN2001S/OBS2001S/PRY2001S/AAE2001S/PED2001S/CHM2001S/RAY2004S Special Study Module; and
  - LAB3020W, Molecular Medicine; *or*
- (a) to have passed third year MBChB as well as an approved third year level Bachelor of Science course with an average of at least 70%; and
  - (b) to have undergone a successful interview with a selection committee.

FBA9.2 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 MDN3003H Introduction to Clinical Practice II.

FBA9.3 On completing the honours programme, the student is permitted to return to the remaining years of the MBChB after graduating with the BMedScHons.

FBA9.4 A student in the MBChB who holds a BMedScHons may be admitted concurrently to a research master's in the clinical years of the MBChB on recommendation of the Faculty

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and with permission of the Senate. A student thus registered whose research dissertation is of sufficient scope may subsequently be permitted, on application and with special permission of the Senate, to upgrade to a PhD. The Faculty may require the student to spread the load of the clinical years of the MBChB whilst registered for research degree studies. The student will graduate with the MBChB when the requirements for that degree have been met, and continue thereafter with the PhD.

### **Course outlines for MBChB curriculum**

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#### **PPH1001F BECOMING A PROFESSIONAL**

**NQF credits:** 15 at HEQSF level 5

**Conveners:** L Dlamini and L Olckers

**Course entry requirements:** None.

**Course outline:** This course introduces first year students in all undergraduate health sciences degrees to the process of developing professional conduct. The course aims to promote the conduct, knowledge, attitudes and values associated with being a professional as well as a member of a professional team. Students learn to develop 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 is 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 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, and of the HIV-AIDS workshop; completion of all set assignments; and undergoing all assessment activities.

**Assessment:** Continuous, performance-based assessment provides students with regular feedback. In-course assignments comprise 60% of the total mark. The final, summative assessment makes up 40% of the total mark.

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#### **PPH1002S BECOMING A HEALTH PROFESSIONAL**

**NQF credits:** 15 at HEQSF level 5

**Conveners:** L Dlamini and L Olckers

**Course entry requirement:** PPH1001F.

**Course outline:** This course builds on the knowledge acquired and skills developed in PPH1001F Becoming a Professional. The focus is on primary healthcare and disability. The course equips students to work collaboratively on a community-oriented project based on the primary healthcare principles and approach, which include comprehensive healthcare (promotive, preventive, curative and rehabilitative 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 the community-oriented project 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 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:** Full attendance of all academic activity, including group sessions, community and health service site visits and the life support skills workshop; completion of all set assignments; undergoing all assessment activities.

**Assessment:** Continuous, performance-based assessment provides students with regular feedback and comprises 60% of the total mark. The summative assessment makes up 40% of the total mark.

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### **HUB1006F INTRODUCTION TO INTEGRATED HEALTH SCIENCES PART I**

**NQF credits:** 30 at HEQSF level 5

**Convener:** Dr K Bugarith

**Co-convener:** Dr G Gunston

**PBL convener:** Dr F Amien

**Course entry requirements:** Attendance of 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. In addition, students are provided with a range of activities (including lectures and practical sessions) to support their learning. At the conclusion of this course, students will have gained an introductory overview of the human life-span as well as the necessary core knowledge and skills from a range of disciplinary domains (e.g. anatomy, physiology, psychology and sociology).

**DP requirements:** Attendance of all academic activities, including lectures, problem-based learning sessions, tutorials, workshops, and BHS practical sessions. Submission of all written assignments on time and completion of all in-course assessment activities. Students may not miss any PBL sessions, tutorials, workshops or BHS practical sessions without the written permission of the academic staff responsible for these activities.

**Assessment:** Both in-course and end-of-course assessments include written and practical components. The written components use a case-based format. In cases where students are unable to write an in-course 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. In instances where students 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 are weighted 40% (practical tasks and test: 10%; written class tests: 30%) and of end-of-course assessments are weighted 60% (written theory examination: 50% and structured practical examination: 10%). Sub-minima may be applicable.

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### **HUB1007S INTRODUCTION TO INTEGRATED HEALTH SCIENCES PART II**

**NQF credits:** 35 at HEQSF level 5

**Convener:** Dr G Gunston

**Co-convener:** Dr K Bugarith

**PBL convener:** Dr F Amien

**Course entry requirements:** PPH1001F, HUB1006F, CEM1011F and PHY1025F.

**Course outline:** The course introduces students to key principles and concepts of the basic sciences of anatomy, biochemistry and physiology, and of public health and family medicine. Problem-based learning (PBL) is the central learning activity of the course. Each student is allocated to a new 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

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**DP requirements:** Attendance of all academic activities, including lectures, problem-based learning sessions, tutorials, workshops, and BHS practical sessions; submission of all written assignments on time and completion of all in-course assessment activities. 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 short leave of absence and submit appropriate supporting documentation should they miss a scheduled activity due to illness or approved non-medical reasons.

**Assessment:** Assessment includes in-course and end-of-course assessments. Regular self-assessment activities also 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 are weighted 40% and end-of-course assessments are weighted 60% of the final course mark. Sub-minima may apply.

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### HUB1010S FUNDAMENTALS OF INTEGRATED HEALTH SCIENCES PART I

**NQF credits:** 0 at HEQSF level 5

*[Note: The NQF credits for this course are included in those for HUB1011F.]*

**Course convener:** E Badenhorst

**Course entry requirements:** None.

**Course outline:** This course revisits the content of HUB1006F. As in HUB1006F, students study the health and well-being of the whole person (bio-psycho-social model) through each of the phases of the life cycle. Learning activities are structured such that students acquire a basic understanding of the key physical, psychological, socio-cultural and developmental factors and issues that shape the life cycle. The course aims to develop skills, knowledge and attitudes that will enable students to overcome learning obstacles encountered in HUB1006F. On-going analysis of student performance identifies the skills that require targeted attention. Students receive guidance in developing the relevant language and cognitive skills essential for an integrated study of the health sciences. Their computer and information literacy skills are strengthened, and they explore and apply appropriate orientations to learning. The basis for scientific understanding is taught by integration through clinical reasoning sessions, lectures, tutorials and practicals to give students the opportunity to refine key life skills (e.g. an ability to work effectively in a team, problem-solve, and think critically) that are the central requirements for being an effective healthcare professional.

**DP requirements:** Attendance of and participation in all activities: PBL, lectures, tutorials, practicals; completion of all set assignments by the due dates and completion of all assessment activities.

Absence on the ground of illness requires a medical certificate. Validity of absence on other grounds will be considered on an individual basis.

**Assessment:** This comprises two written in-course assessments and a portfolio of semester work assessing academic literacy skills. There is no final examination for this course. Overall marks for the course comprise 45% for basic sciences; 40% for psycho-social/public health; and 15% for the portfolio. The psycho-social/public health mark is made up of 30% discipline-specific material and 10% quantitative literacy skills. Students are required to obtain an overall pass mark of at least 50% and (unless otherwise specified) to pass each of the subcomponents of the course with at least 50%. The overall mark for HUB1010S contributes 40% towards the year mark for HUB1011F.

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**CEM1011F CHEMISTRY FOR MEDICAL STUDENTS**

*(Faculty of Science)*

**NQF credits:** 18 at HEQSF 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. It comprises 60 formal contact hours during which selected topics in physical and organic chemistry relevant to biochemistry, physiology, pharmacology, chemical pathology and medical microbiology are covered. Topics have been selected to equip students with the basic understanding of those key chemical principles they require for the medical programme. Formal contact sessions are augmented by a practical course and weekly tutorials. Specific support activities are provided to students who show difficulty in understanding the scientific domain. During the practical component, students are required to demonstrate that they are able to use a variety of laboratory techniques with precision and accuracy. The practical course also seeks to expose students to the methods used in the acquisition, recording and manipulation of scientific data and expects students to derive inferences from such data.

**DP requirements:** Attendance and completion of practical sessions; attendance of tutorial sessions and writing weekly tutorial tests; completion of worksheets; writing class tests and taking the practical examination.

**Assessment:** The class record contributes 45% and comprises a practical record (10%); tutorial tests (5%); two class tests (20%); and a practical examination (10%). The summative examination contributes 55% and consists of a three-hour written theory examination.

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**CEM1011X CHEMISTRY FOR MEDICAL STUDENTS**

*(Faculty of Science)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr S Wilson

**Course entry requirement:** CEM1111S.

**Course outline:** CEM1011X is a foundational chemistry course and, together with CEM1111S, covers the same material as that in the CEM1011F syllabus. Students in the Intervention Programme Part 2 are required to take this course. Although CEM1111S and CEM1011X together are equivalent to CEM1011F, the lecture material is not simply repeated. Instead, foundations and concepts pertaining to the core material in CEM1011F are discussed in depth. Additional and alternative approaches are used to help students understand the core material. The course comprises three lectures and one two-hour tutorial session per week in the first quarter and one two-hour tutorial session in the second quarter of the first semester.

**DP requirements:** Attendance of all tutorial sessions, writing all tutorial tests and both class tests, and completing all worksheets.

**Assessment:** The class record contributes 14% and comprises tutorial tests (4% and two class tests: 5% each). The CEM1011X class record together with the CEM1111S class record contributes 45%. The CEM1011X examination contributes 55% and consists of a 3-hour written theory examination.

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**HUB1011F FUNDAMENTALS OF INTEGRATED HEALTH SCIENCES PART II**

**NQF credits:** 105 at HEQSF level 5

**Convener:** E Badenhorst

**Course entry requirements:** HUB1010S.

**Course outline:** This course builds on the knowledge, skills and attitudes acquired in HUB1010S, and prepares students for HUB1007S Introduction to Integrated Health Sciences Part II. In HUB1011F, attention is focused on the core principles and concepts of the basic health sciences (anatomy, physiology and biochemistry), physics, primary healthcare, and public health.

**DP requirements:** Attendance of and participation in all academic activities (PBL, lectures,

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tutorials, practicals); completion of all set assignments; and sitting all assessment activities.

**Assessment:** This comprises three written assessments that examine the range of knowledge, skills and attitudes developed during this course. These assessments contribute 60% of the total mark, and a final end-of-course examination contributes 40% of the mark. The overall mark for the course comprises 60% of marks acquired in HUB1011F and 40% of the total HUB1010S mark. Students are required to pass each of the subcomponents of the course with at least 50%.

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### PHY1025F PHYSICS

*(Faculty of Science)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr S W Peterson

**Course entry requirements:** None.

**Course outline:** The course aims to provide a foundation in physics for later courses in the biological and physical sciences in the medical curriculum. Topics covered include mathematical skills for physics; Newton's laws of translational motion, force, friction, work and energy; bodies in static equilibrium; density and pressure in fluids; fluid flow, viscosity, temperature, gas laws, heat and heat transfer; first law of thermodynamics, human metabolism and first law; wave motion, transverse and longitudinal waves, interference of waves; sound, ear's response to sound, Doppler effect, ultrasound and medical imaging; electric charge and field, electric potential and potential difference, electric current, resistivity and simple circuits; light, reflection and refraction, thin lenses, the human eye.

**DP requirements:** Attendance of all scheduled tutorials and practical sessions; completion of all set written course activities (i.e. tutorial assignments, practical reports and course tests); and a minimum class record of 35%.

**Assessment:** Coursework counts 40% and comprises of two class tests (15% each) and a laboratory record (10%); and the final examination counts 60%.

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### SLL1044S BEGINNERS AFRIKAANS FOR MEDICAL STUDENTS

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr M Lewis

**Course entry requirements:** None.

**Course outline:** This is a course on the basic grammar of Afrikaans. This supplementary course is exclusive to students with no prior knowledge of Afrikaans who are registered for the MBChB degree. It prepares beginners in Afrikaans for the SLL2002H Becoming a Doctor Part IB course and is taken a year prior to the registration of SLL2002H.

**DP requirements:** Attendance of all classes/sessions.

**Assessment:** One oral summative assessment, for which students receive a PA (pass) or F (fail) grading.

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### CEM1111S CHEMISTRY FOR MEDICAL STUDENTS

*(Faculty of Science)*

**NQF credits:** 0 at HEQSF level 5

*[The credits are included in that of CEM1011X.]*

**Convener:** Dr S Wilson

**Course entry requirement:** CEM1011F.

**Course outline:** CEM1111S is a foundational (Intervention Programme) chemistry course and, together with CEM1011X, covers the same material as that in the CEM1011F syllabus. Although CEM1111S and CEM1011X together are equivalent to CEM1011F, the lecture material is not simply repeated. Instead, foundations and concepts pertaining to the core material in the CEM1011F syllabus are discussed in depth. Additional and alternative approaches are used to help students understand this core material. The CEM1111S course comprises three lectures, two tutorials and one practical session per week in the second semester. The lectures and tutorials are

one hour each and the practical is three hours. Students have daily contact with the chemistry lecturer and/or tutor.

**DP requirements:** Although there is no summative assessment in CEM1111S, to qualify for the CEM1011X summative assessment (final examination) in June the following year, students have to meet the DP requirements for both CEM1111S and CEM1011X, which together entail: attending and completing all practical sessions, attending all tutorial sessions, completing all worksheets, writing all class tests and taking the practical examination.

**Assessment:** The class record contributes 31% and comprises a practical record (5%); practical examination (7%); tutorials (4%); class tests 1 and 2 (4% each) and class test 3 (7%). The CEM1111S class record together with the CEM1011X class record contributes 45%. The CEM1011X examination contributes 55% and consists of a 3-hour written theory examination.

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### LAB2000S INTEGRATED HEALTH SYSTEMS PART IB

**NQF credits:** 35 at HEQSF level 6

**Conveners:** Dr N Davids and Dr J Ramesar

**Course entry requirement:** HUB2017H.

**Course outline:** The integrated courses HUB2017H, LAB2000S and LAB3009H 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 of all problem-based learning sessions, tutorials, stand-alone units and practical sessions; completion of all set assignments and all assessment activities.

**Assessment:** HUB2017H and LAB2000S 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 during semesters 3 and 4 that contribute 60% of the total mark by the end of semester 4. A summative assessment is held at the end of the year that contributes 40% of the total mark for year 2.

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### PPH2000W BECOMING A DOCTOR PART IA

**NQF credits:** 43 at HEQSF level 6

*[Note: SLL2002H Becoming a Doctor IB and SLL3002H Becoming a Doctor Part IIB are integrated with the course content of PPH2000W and PPH3000H, but separate course outlines are given below.]*

**Conveners:** Dr N Parker and Dr R Weiss

**Course entry requirements:** All year 1 MBChB courses.

**Course outline:** This course integrates family medicine, clinical skills, and language and communication. Students learn and practise interviewing skills, history-taking and physical examination skills and learn concepts of professionalism and human rights. They use diagnostic equipment and apply basic skills essential for diagnosis. They use reflective journals to record their personal development as professionals. They are exposed to primary, secondary and tertiary care in both the public and private sectors. They learn appropriate clinical skills on simulated models and peers and later on patients. They also learn language and communication skills and, by the end of the course, are able to obtain the main points of history from a patient in English, isiXhosa and

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Afrikaans. The family medicine strand develops understanding of delivery of healthcare, its management and organisation, and aspects of health promotion and disease. Students gain practical experience of the doctor-patient relationship, of a bio-psycho-social approach to patient care and the consultation process, and develop skills in the basic clinical examination of patients within a community setting. Tutorials integrate the learning of clinical skills with language acquisition and understanding of cultural aspects of patient interaction. Later, learning takes place in community practices, clinics and other centres, where students interact with patients.

**DP requirements:** Attending all clinical skills sessions, all language and communication activities, tutorials and practicals, all family medicine tutorials and off-campus visits; completion of portfolios of learning; and undergoing assessment activities. Students may not miss more than two sessions in each of family medicine, languages, or clinical skills during semesters 3 to 5 without official leave of absence or a medical certificate. Students will be marked as absent for the sessions which they miss without producing a valid medical certificate.

**Assessment:** An integrated, structured clinical examination (ISCE) covers the three components of the course. An ISCE tests practical skills, the ability to conduct an appropriate consultation, to communicate with patients and peers, and to communicate (in English, Afrikaans and isiXhosa) at a level sufficient for a basic sharing of health-related information. Students also complete a portfolio of learning using a reflective model. These portfolios are assessed. In-course assessments (assignments, written assessments and ISCEs held during and at the end of semester 3) constitute 50% of the final mark for PPH2000W. The ISCEs, written assessment and assignments during and at the end of semester 4 constitute 50% of the final PPH2000W mark. Each of the course components contributes equally to the course mark and must be passed independently. If a student fails one of the components, a maximum mark of 45% (where the fail mark is <45%) or 46% to 49% (where the fail mark is >45%) is recorded as the final mark. If a student passes the supplementary examination (if awarded) for the failed component(s), the original pass mark for the component(s) is used to calculate the final mark.

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### **AAE2001S/AHS2054S/CHM2001S/HUB2020S/LAB2002S/MDN2001S/OBS2001S/PED2001S/PRY2001S/PPH2002S/RAY2004S SPECIAL STUDY MODULE**

**NQF credits:** 16 at HEQSF level 6

**Convener:** Dr V Zweigenthal

**Course entry requirements:** None.

**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 research module designed to give opportunities to explore particular interests while developing in-depth intellectual and practical skills essential for rigorous scientific and medical practice. Each student selects one module from a list of modules offered by different 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 survey 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 adopt an ethical approach and obtain informed, signed consent.

**DP requirements:** 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.

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**SLL2002H BECOMING A DOCTOR PART IB**

*(Faculty of Humanities)*

**NQF credits:** 24 at HEQSF level 6

**Conveners:** Dr I van Rooyen and S Deyi

**Course entry requirement:** SLL1044S or equivalent.

**Course outline:** The course teaches basic “Afrikaans and Xhosa communication skills for Doctors”. The content of the languages course is synchronised with the content for PPH2000W Becoming a Doctor Part IA. The focus of the course is on communication skills and specifically on those skills required for 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.

**DP requirements:** Completion of all in-course assessments. Students may not miss more than two class attendance sessions per language.

**Assessment:** Two oral summative assessments in semester 3 (50%) and two oral summative assessments in semester 4 (50%).

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**HUB2017H INTEGRATED HEALTH SYSTEMS PART IA**

**NQF credits:** 57 at HEQSF level 6

**Convener:** Dr C Slater

**Course entry requirements:** HUB1007S. Attendance of all academic activities during Orientation Week.

**Course outline:** The integrated courses HUB2017H, LAB2000S and LAB3009H extend across years 2 and 3 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) and 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. Emphasis is placed on psychosocial 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 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 of all problem-based learning sessions, tutorials, stand-alone units and practical sessions; completion of all set assignments and assessment activities.

**Assessment:** HUB2017H and LAB2000S 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 during semesters 3 and 4 that contribute 60% of the total mark by the end of semester 4. A summative assessment is held at the end of the year that contributes 40% of the total mark for year 2. March class test: 10%; June class test: 25%; September class test: 15%; November examination: 40%; Language of Medicine assessment: 5%; and portfolio: 5%. A student who fails all class tests in the year and who achieves a failing year mark will not be considered eligible for a supplementary examination, irrespective of the mark achieved. Students who fail the year and are granted a supplementary examination will have their supplementary results calculated in exactly the same way as their original course mark. The only difference is that the marks from the supplementary exam will substitute for the original November examination mark. The original March, June and September class test marks and portfolio of work mark will be retained in calculating the final supplementary results.

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### PPH3000H BECOMING A DOCTOR PART IIA

**NQF credits:** 25 at HEQSF level 7

*[Note: SLL2002H Becoming a Doctor IB and SLL3002H Becoming a Doctor Part IIB are integrated with the course content of PPH2000W and PPH3000H but separate course outlines are given below.]*

**Conveners:** Dr N Parker and Dr R Weiss

**Course entry requirement:** All year 2 MBChB courses.

**Course outline:** This course integrates family medicine, clinical skills, and language and communication. Students learn the skills required to work with patients, including interviewing skills, history-taking and physical examination, concepts of professionalism and human rights. They learn how to use diagnostic equipment and apply other skills essential for diagnosis. The course aims to develop reflective, empathic and knowledgeable practitioners. Students are exposed to primary, secondary and tertiary care in the public and private sectors. They learn appropriate clinical skills, on simulated models, peers and patients. By the end of the course, students are able to obtain the main points of history from a patient in English, isiXhosa and Afrikaans. The family medicine strand aims to develop understanding of healthcare delivery and its management and organisation; aspects of health promotion and disease; to gain practical experience of the doctor-patient relationship; bio-psycho-social approach to patient care and the consultation process; and to develop skills in the basic clinical examination of patients within a community setting. Tutorials integrate the learning of clinical skills with language acquisition and understanding of cultural aspects of patient interaction. Learning takes place in community practices, clinics and other centres, where students are given opportunities to interact with patients.

**DP requirements:** Attending all clinical skills sessions, language and communication activities, tutorials, and practicals, all family medicine tutorials and off-campus visits; completing the portfolios of learning and undergoing assessment activities. Students may not miss more than two sessions in each of family medicine, languages or clinical skills during semesters 3 to 5 without official leave of absence or a medical certificate.

**Assessment:** An integrated, structured clinical examination (ISCE), covering the three course components forms the basis of assessment. The ISCE tests practical skills, the ability to conduct an appropriate consultation, to communicate with patients and peers, and to communicate (in English, Afrikaans and isiXhosa) at a level sufficient for a basic sharing of health-related information. Students also complete a portfolio of learning using a reflective model. The portfolios are assessed. The in-course assessments (assignments, written assessments and ISCEs held during and at the end of semester 5) constitute the final semester 5 mark. Each of the course components (family medicine, clinical skills and languages) must be passed independently. Where a student has failed one of the components, a maximum mark of 45% (where the fail mark is <45%) or 46% to 49% (where the fail mark is >45%) is recorded. If a student passes the supplementary examination (if awarded) for the failed strand/s, the original pass mark for the strand/s will be used to calculate the final mark.

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### MDN3001H INTRODUCTION TO CLINICAL PRACTICE

**NQF credits:** 68 at HEQSF level 7

**Conveners:** Dr M Karjiker and Dr L de Villiers

**Course entry requirements:** PPH2000W; HUB2017H and LAB2000S.

**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 attachments of three weeks each, covering the domains of adult health, women's health, mental health, perinatal health and a clinical skills module. Students interview, examine and assess patients in hospitals and healthcare institutions. These clinical attachments are complemented by a lecture and tutorial programme introducing the principles of ethics, therapeutics and genetics.

**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 lecturer in charge of each clinical attachment; attendance of ethics and all other tutorials; a satisfactory portfolio of clinical teaching; satisfactory completion of all set assignments, including reading, self-study, written and oral presentations.

**Assessment:** An OSCE is done at the end of the clinical skills block. A summative assessment at the end of the course is based on an MCQ examination covering all the clinical modules and teaching done in tutorials and lectures and an oral examination which is clinically based and includes an assessment of the students' portfolio. Students are required to pass all components i.e. the OSCE, the MCQ and the oral/portfolio examinations independently to pass the course.

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### SLL3002H BECOMING A DOCTOR PART IIB

*(Faculty of Humanities)*

**NQF credits:** 24 at HEQSF level 7

**Conveners:** Dr I van Rooyen and S Deyi

**Course entry requirement:** 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.

**DP requirements:** Completion of all in-course assessments. Students may not miss more than two sessions per language.

**Assessment:** Two oral summative assessments counting 70% and 30% respectively.

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### SLL3003W CLINICAL LANGUAGES

*(Faculty of Humanities)*

**NQF credits:** 0 at HEQSF level 7

*[The credits are included in those for MDN4011W.]*

**Conveners:** Dr I van Rooyen and S Deyi

**Course entry requirement:** SLL3002H.

**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.

**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.

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### LAB3009H INTEGRATED HEALTH SYSTEMS PART II

**NQF credits:** 59 at HEQSF level 7

**Convener:** Prof G Louw

**Course entry requirement:** LAB2000S.

**Course outline:** The integrated courses HUB2017H, LAB2000S and LAB3009H 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 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

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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 of all problem-based learning sessions, tutorials, stand-alone units and practical sessions; completion of all set assignments and assessment activities.

**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 45% of the total final mark. The final examination at the end of year 3 constitutes 55% of the total final mark. The weightings for the final mark are: 25% March class test, 15% neurosciences class test, 5% portfolio and 55% final examination.

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#### **PRY4000W PSYCHIATRY**

**NQF credits:** 30 at HEQSF level 8

**Convener:** Dr Q Cossie

**Course entry requirement:** All third year MBChB courses.

**Course outline:** Clinical psychiatry is taught in year 4 at Valkenberg, Lentegeur, Groote Schuur and Red Cross Hospitals in a combined five-week block with medical sub-specialities, preceded by a three-week therapeutics block. At the first meeting, students are given a list of psychiatric disorders, conditions and special skills that they will be expected to know by the end of the block. They are expected to attend all seminars and case presentations. Students are in the wards from 08h30 until 12h30 and from 14h00 to 16h30. Their clinical duties under supervision include the assessment and clerking of patients; attending ward rounds where they present their findings; and the follow-up and management of these patients, where possible. They are required to keep a portfolio (extended descriptive logbook) of all patients seen and this is used in their end-of-block and end-of-year assessments. The basics of psychiatry (general psychiatry, child and adolescent psychiatry, womens health, medico-legal issues pertaining to psychiatry, addictionology and community psychiatry) are covered in a mixture of lectures, seminars, case presentations and self-directed learning exercises. This is taught in small groups of 6 to 10 students and whole-group activities during the block.

**DP requirements:** 100% attendance and completion of all requisite clinical work and other coursework activities by the due dates.

**Assessment:** The end-of-block examination includes an assessment of psychiatric skills and knowledge obtained during this block. Part of the end-of-year examination is integrated with other disciplines. The end-of-block assessment comprises a written paper (30%), a clinical oral (10%), the student's block participation (10%) and a written case report (15%). The end-of-year examination consists of a written paper (MCQ/EMI) (20%) and a portfolio/oral assessment (15%), run in conjunction with other disciplines.

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#### **AAE4002W ANAESTHESIA**

**NQF credits:** 20 at HEQSF level 8

**Convener:** Dr R Nieuwveld

**Course entry requirement:** All third year MBChB courses.

**Course outline:** Anaesthesia is formally taught in the fourth and sixth years of study with a case studies component in the fifth and sixth year Surgery rotations.

The four-week fourth year course is integrated with the Acute Care Medicine and Therapeutics courses; and is based on tutorials with clinical teaching and exposure in the operating theatres. In

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the sixth year, a two-week course of practical clinical instruction is presented in theatre during the combined Surgery, Forensic Medicine and Anaesthesia rotation. The fourth and sixth years' learning in anaesthesia are complementary.

*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 in the surgical setting.

*Core knowledge:* Basic knowledge of anaesthesia techniques, and the pharmacology related to anaesthesia.

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:** Satisfactory attendance and completion of all requisite coursework and clinical work. A logbook of anaesthesia skills must be satisfactorily completed and submitted before the student will be permitted to sit the fourth year end-of-year examination.

**Assessment:** Summative assessment includes an end-of-block examination consisting of a written paper and/or a practical (35%) and an end-of-year examination (65%). Students who fail to achieve an aggregate of 55% may be required to attend an oral examination. Students who fail to achieve a final mark of 50% may be required to undergo further instruction in anaesthesia, as determined by the relevant Faculty Examinations Committee.

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### OBS4003W OBSTETRICS

**NQF credits:** 30 at HEQSF level 8

**Conveners:** Dr S Allie and Sr C Zeelenberg

**Course entry requirement:** All third year MBChB courses.

**Course outline:** The block consists of an eight-week programme which is shared between obstetrics and neonatology. 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 the obstetrics block students acquire the knowledge, skills and professional conduct required for obstetric practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to primary (or community-based) and secondary (or hospital-based) levels of care. Students also attend the tertiary academic centre for two weeks in order to gain a well-rounded perspective of common, serious, obstetric conditions. Practical experience is recorded in a logbook and includes at least 15 deliveries under supervision. 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 programme 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 problems.

**DP requirements:** Attendance of all bedside teaching (in wards and OPD) and 90% attendance of other teaching prior to end-of-block assessment. Failure to adhere to these criteria may result in extra time or outright failure of the block. All requisite coursework/clinical work as well as completion of a logbook (including 15 deliveries) is mandatory. Completion of the required number of practical procedures is mandatory and has to be signed off in the logbook.

**Assessment:** Students are examined at the end of the block and at the end of the year. The end-of-block assessment includes an in-course assessment (10%), case presentations (10%), an OSCE (30%), and the presentation of research projects (10%). A computer-based MCQ examination at the end of the year contributes 25%. The multidisciplinary portfolio assessment at the end of the year contributes 15% to the final mark. Students are required to pass each assessment mode with 55% or more to pass the block as a whole, failing which they are required to repeat and pass the relevant assessment with 50%. The in-course assessments include assessment of professionalism (punctuality, dress code; involvement in course activities, including clinical activities; attitude towards patients, colleagues and required activities; team-work; and conscientiousness) and clinical knowledge and skills. A student who scores less than 60% for the in-course assessment may be disqualified from writing the end-of-block exam, and/or required to do extra time. A student who

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fails the end-of-year examination may be offered an oral examination, extra time or a supplementary examination.

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### MDN4011W MEDICINE

**NQF credits:** 60 at HEQSF level 8

**Overall convener:** Dr N Wearne

**Co-conveners:** Dr N Wearne and Dr G Calligaro (internal medicine); Dr B Buchanan-Lee (ambulatory care); Dr A Kropman (acute care)

**Course entry requirements:** All third year MBChB courses.

**Course outline:** Students are taught at Groote Schuur Hospital, Khayelitsha Community Health Centre and New Somerset Hospital. During each clinical clerkship they have daily access to wards and clinics to engage in self-directed learning activities (interviewing and examining patients or clerking patients) and writing patient reports. Contact teaching mostly takes place in bedside-based small group tutorials conducted by senior clinicians. On-going seminars address topics in all the disciplines of medicine including Dermatology, Ethics and Evidence-Based Medicine. Each student develops a portfolio of learning (collation of a number of case records reflecting patient encounters during the course). Students also study health promotion; culture, psyche and illness; and the referral system, as well as multidisciplinary and inter-sectorial collaborations; community involvement; and equity in healthcare. In dermatology, students learn to describe skin lesions, recognise the morphologic reaction patterns of the skin, and recognise the relationship between the skin and other body systems.

**DP requirements:** 100% attendance of all academic activities and completion of all requisite coursework and clinical work as set out in the course manuals. This includes satisfactory completion of the logbook and full and successful completion of the course SLL3003W Clinical Languages, whose content is integrated in the teaching of MDN4011W. Students repeating MDN4011W are not exempt from attending and successfully completing SLL3003W. Any coursework (e.g. the portfolio) may be requested for review at the discretion of the course convener at any time during the block.

**Assessment:** The broad-based assessment includes an in-course assessment (5%); end-of-block clinical examination (including a languages clinical assessment and fundoscopy) (40%); OSCE of chest x-ray and ECG interpretation (5%); end-of-year portfolio interview (20%); and end-of-year written multiple choice question examination (30%). All sections of assessment need to be passed independently in order to pass Medicine.

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### MDN4015W PHARMACOLOGY AND APPLIED THERAPEUTICS

**NQF credits:** 20 at HEQSF level 8

**Conveners:** Dr K Cohen and S Dames

**Course entry requirement:** All third year MBChB courses.

**Course outline:** This course is integrated within two of the rotations in fourth year: mixed rotation 1, when students learn about acute care therapeutics; and mixed rotation 2, when 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. 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:** 100% attendance and completion of all requisite coursework/clinical work.

**Assessment:** The course is assessed during and at the end of both mixed rotation 1 and mixed rotation 2. There is no end-of-year examination. In addition, students must compile their portfolio tasks for assessment during the end-of-block and/or end-of-year multidisciplinary portfolio task assessment. In-course assessments in acute care therapeutics comprise 20% of the final mark; in-course assessments in foundation in clinical pharmacology comprise 10%; the acute care therapeutics end-of-block assessment comprises 35%; and foundation in clinical pharmacology end-of-block assessment comprises 35%.

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**PED4016W NEONATOLOGY**

**NQF credits:** 0 at HEQSF level 8

**Convener:** Dr L Linley

**Course entry requirement:** All third year MBChB courses.

**Course outline:** The neonatal component of the perinatal block of fourth year is designed to consolidate clinical skills and knowledge in neonatal medicine, which is introduced in third year. The core topics are: the small baby, respiratory distress in the newborn, neonatal jaundice, and hypoxic ischaemic encephalopathy. Feeding the newborn and routine care of the newborn are revisited and infections of the newborn are introduced.

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work. Submission of logbook by the due date. Students who have not performed satisfactorily in the fourth year coursework may be required to do additional clinical time at the end of the year, before proceeding to the fifth year.

**Assessment:** Formative assessments include: clinical ward assessment of clinical skills and knowledge, professional attitude and case presentations (60%), and an end-of-block MCQ assessment (40%). The final course mark is carried over to the fifth year and counts 20% towards the mark for PED5001W. The provisional neonatal mark is published at the end of the perinatal block. This consists of the ward assessment mark and the quiz mark. The case report mark is added to make up the final neonatal mark. The final neonatal mark is incorporated with the 5<sup>th</sup> year paediatric mark. If a student fails the perinatal block by failing the obstetric component in the 4<sup>th</sup> year, he/she has to repeat both components, viz. neonatal and obstetric, if the neonatal mark is less than 70%. If the neonatal mark is above 70%, the mark is carried over to be incorporated into the 5<sup>th</sup> year paediatric mark as above. The student must have completed all three components (ward assessment, neonatal quiz, four neonatal case reports) in order to pass the neonatal component.

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**PPH4056W HEALTH IN CONTEXT**

**NQF credits:** 40 at HEQSF level 8

**Conveners:** Dr N Beckett (Family Medicine), Dr M Richards (Child Health), Dr P Wicomb, Dr V Zweigenthal (Public Health), L Ganca (Palliative Care), and J Keikelame (Health Promotion)

**Course entry requirement:** All third-year MBChB courses.

**Course outline:** This eight-week block 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, child health 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, team-work, community participation and empowerment. Family medicine and palliative medicine 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. In child health, students study the WHO Integrated Management of Childhood Illness (IMCI) and learn to use IMCI. Ambulatory tutorials and case presentations focus on general paediatric examinations, anthropometry and nutritional and developmental assessments within the context of population-based child health.

**DP requirements:** Confirmed attendance at all clinical activities and completion of Health in Context portfolio; participation in and equal contribution to group-work, failing which students will be subject to individual assessment which may involve an additional assignment to be completed during vacation time.

**Assessment:** Coursework contributes 50% and comprises an epidemiology project report (group mark): 15%; a health promotion project report (group mark): 15%; a combined epidemiology and health promotion oral presentation (group mark): 5%; a motivational interview report: 5%; and a reflective assignment on the integration of learning: 10%. The examination contributes 50% and

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comprises a written examination (30%) and integrated portfolio examination (20%). Students must obtain an overall aggregate of 50% as well as 50% for each of the assessments in order to pass the block. Students may be permitted an opportunity during the block to re-submit assignments they have failed, provided they achieve a minimum of 40% for the first submission of the assignment. Students obtaining a final mark below 45% will fail the block without the possibility of a supplementary exam.

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### **PED5001W PAEDIATRICS AND CHILD HEALTH**

**NQF credits:** 40 at HEQSF level 8

**Conveners:** Dr H Buys, Dr S Cox and Dr A Spitaels

**Course co-ordinator:** Dr P Wicomb

**Course entry requirement:** All fourth year MBChB courses.

**Course outline:** The course comprises an eight-week block divided into two four-week rotations. One rotation is integrated with paediatric surgery and focuses on ambulatory paediatrics; the other focuses on inpatient care and includes languages teaching. Four weeks of the block are spent at the Red Cross Children's Hospital, alternating with four weeks at New Somerset, Groote Schuur or Red Cross Hospital. Whole group seminars in aspects of the care of children run every Monday. A therapeutics course runs separately on Friday afternoons. The student who passes this course will have knowledge of common core paediatric medical and surgical diseases and conditions; skill at taking a paediatric history, examining neonates, 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. The curriculum is composed of core 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 core topics – divided into "must know" and "must recognise" categories.

**DP requirements:** Minimum of 80% attendance (absence allowed only with permission) and completion of all requisite coursework/clinical work, including a written portfolio of 14 cases with associated tasks and five clinical methods templates; completion of online lessons and quizzes for paediatric surgery; and a signed logbook. If a student is absent with permission the time will need to be made up or the student may need to repeat the block.

**Assessment:** In-course assessment is scheduled at the end of the first four weeks with a portfolio presentation and discussion. Summative assessment comprises an end-of-block clinical and portfolio: 35%; end-of-block online assessment MCQ and Extended Matching Items Paediatric medicine: 65%; Neonatal medicine: 10%, Paediatric surgery: 25%; Neonatal medicine mark from fourth year: 35%; PED4016W: 20%; Child Health Component of PPH4056W: 10%. Students are required to achieve 50% or more in each of the four components in order to pass the course. Any student not meeting the sub-minima is required to undergo a pass/fail oral examination (based on the portfolio) and/or a repeat clinical examination and may have to spend additional time in paediatrics followed by another assessment.

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### **CHM5003W SURGERY**

*[This course includes general surgery and plastic surgery.]*

**NQF credits:** 40 at HEQSF level 8

**Convener:** Dr S Burmeister

**Co-convener:** Dr D Hudson (Plastic Surgery)

**Course entry requirement:** All fourth year MBChB courses.

**Course outline:** The general surgery programme is taught over eight weeks at Groote Schuur Hospital within the hepatobiliary, vascular, colorectal, breast and endocrine 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 encouraged to acquire empathy and communication competence. They produce a portfolio of at least six cases with a researched and referenced discussion of 1500 – 2000

words. Core curriculum topics are divided into “must know” (detailed knowledge of the topics); 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; ability to initiate primary or emergency care as appropriate, to initiate appropriate investigation(s) and to identify conditions requiring specialised services. 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 in selecting patients for referral to a specialist centre.

**DP requirements:** Students are expected to attend a minimum of 30 out of the 36 seminars. Tutorials are compulsory. Both tutorials and witnessed procedures are signed off in a logbook, which is reviewed during the end-of-block assessment. Completion of the portfolio of cases by the due date is compulsory. Late hand-in of the portfolio is penalised by 5% per day after the deadline for submission.

**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 (20%), end-of-block clinically-based MCQ (30%), end-of-block oral assessment (10%), portfolio assessment (10%) and end-of-year MCQ (including trauma and plastic surgery 30%). The general surgery component of the course must be passed with 50%. Plastic surgery assessment is contained in the end-of-year MCQ examination in general surgery.

### **MDN5003H PHARMACOLOGY AND APPLIED THERAPEUTICS**

**NQF credits:** 20 at HEQSF level 8

**Conveners:** Dr K Cohen and S Dames

**Course entry requirement:** MDN4015W

**Course outline:** This course is integrated through rotations in paediatrics, surgery and medical specialties. The course focuses on applying understanding of pharmacodynamics and pharmacokinetics to the management of common conditions, using essential medicines in the primary healthcare context. It aims to equip students with the skills for critically appraising evidence and judging the risk-benefit profiles of available treatment options to ensure optimal patient care.

**DP requirements:** Attendance of clinical case presentations and ward rounds.

**Assessment:** The final mark is made up of clinical case presentations (10%); written assignment/s (10%); end-of-paediatrics-block examination (25%); an end-of-surgery-block examination (15%); and an end-of-year examination (40%).

### **CHM5004H TRAUMA**

**NQF credits:** 10 at HEQSF level 8

**Conveners:** Assoc Prof P Navsaria, Assoc Prof A Nicol, and Dr S Edu

**Course entry requirement:** All fourth year MBChB courses.

**Course outline:** The four-week block comprises a series of lectures incorporating the “Advanced Trauma Life Support” (ATLS) format. A basic surgical skills course is included to provide instruction with wound-suturing and knot-tying. Students are rostered for duties at the Trauma Centre at Groote Schuur Hospital in order to gain first-hand experience in handling 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”.

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work by the due dates.

**Assessment:** Formative assessment occurs during the block. The final mark is made up of an end-of-course examination (OSCE and written examination) (55%); and an end-of-year written examination (45%).

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### CHM5005H ORTHOPAEDIC SURGERY

**NQF credits:** 10 at HEQSF level 8

**Convener:** Dr N Kruger

**Course entry requirements:** All fourth year courses.

**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).

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work by the due dates.

**Assessment:** Students undergo formative and summative assessments using various methods, both during the course as well as at the end of the block. The final mark is made up of an OSCE (40%), single-best-answer examination (40%) and case report (20%). Students who do not obtain 50% will undergo an additional assessment before the final mark is submitted. An additional clinical and oral examination at the end of the year will also be held for borderline students who have not achieved the required standard. For the top students, in the event that a clear distinction between the top performers cannot be drawn, an additional examination will be arranged. A recommendation will be made to the Faculty Examinations Committee that students who fail an examination spend an additional period of training at the end of the year (prior to commencing the sixth year), as a ‘clinical attachment’ to a registrar, after which they will be re-examined.

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### OBS5005W GYNAECOLOGY

*(This course is also taken by South African students studying towards a Cuban medical degree. Students join the same course as UCT students.)*

**NQF credits:** 20 at HEQSF level 8

**Conveners:** Dr C Gordon and Dr L Walmsley

**Course entry requirement:** All fourth year MBChB courses.

**Course outline:** This four-week block builds on prior learning in women’s health during semester six. Students have already learnt to take histories from patients and to examine women using models, have been exposed to the broader issues about women’s health and have been introduced to the role of gender in health promotion. They learn about common gynaecological problems, issues of sexuality, abuse of women and contraception, while at the same time gaining clinical experience in gynaecology and women’s health. Teaching takes place in a variety of clinical settings, where students learn how to perform a gynaecological examination on patients. Clinical teaching is complemented by tutorials and clinical skills sessions, as well as further teaching in the relevant basic sciences. Core learning outcomes include core knowledge of gynaecology practice; formulation of professional attitudes and behaviours; an empathetic attitude towards patients; a reflective approach to healthcare practice and a conscious exploration of students’ attitudes and beliefs about controversial issues such as sexuality and gender; and a commitment to self-directed learning.

**DP requirements:** Attendance of all course commitments, including all bedside teaching. Large group seminar registers must be signed. Failure to adhere to these criteria may result in extra time or outright failure of the block at the discretion of the course conveners and Head of Department.

Completion of all requisite coursework/clinical work and of the logbook is mandatory.

**Assessment:** Students undergo formative and summative assessments during and at the end of block and end of the year. Case reports in gynaecology are added to the portfolio. The final mark is made up of an end-of-year multiple-choice paper (40%); an end-of-block assessment based on the portfolio (30%) and an end-of-block clinical examination (30%). Students are required to obtain 55% or more for each assessment mode, failing which they repeat the relevant assessment, the pass mark for which is 50%. Students who fail to hand in portfolio cases at the required time will have 5% per day (including the day of hand-in if late) deducted from their final portfolio mark, and may then have to repeat portfolio cases. Students who fail the end-of year examination may be offered an oral re-examination before the final mark is submitted.

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### MDN5005W DERMATOLOGY

**NQF credits:** 10 at HEQSF level 8

**Convener:** Dr R Lehloenya

**Course entry requirement:** All fourth year MBChB courses.

**Course outline:** The focus of this four-week course is on ambulatory and day-care services in addition to a traditional hospital-based clinical clerkship. Students spend two days on a field trip to rural primary care clinics where, under supervision, they run skin clinics for the local population. Core learning outcomes include demonstrated knowledge of common, core, dermatological diseases and conditions; 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, core clinical topics about which they are expected to be knowledgeable; and core procedures in which they are expected to be competent. These are further stratified into “must know” (have a detailed knowledge of the clinical presentation, laboratory investigation and management, including procedural hands-on skills of these important, common conditions); “must recognise” (have a basic understanding of the clinical features suggestive of this diagnosis, and some investigations to assist in making a diagnosis, and an understanding of the management and treatment of important conditions); and “desirable-to-know” (additional topics/procedures to broaden the student’s knowledge base and competency but which are not assessed).

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work, including the end-of-block field trip.

**Assessment:** Tutors provide students with continuous feedback on their performance whenever patients are interviewed or examined during teaching sessions and when presenting on ward rounds and tutorials. The final mark is made up of an in-course assessment (information pamphlet for patient) to be presented to the group who will mark the assignment (15%); an end-of-block OSCE (includes clinical cases, paper cases, pictures, ulcers, therapeutics), contributing 45%; and an end-of-year, short-answer, written examination based on computer images, contributing 40%. Students must achieve a final mark of 50% or more to pass this component of the course.

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### MDN5006W RHEUMATOLOGY

**NQF credits:** 10 at HEQSF level 8

**Conveners:** Prof A Kalla and Dr A Gcelu

**Course entry requirements:** None.

**Course outline:** This course covers the common entities in adult and paediatric rheumatology. Core learning outcomes comprise 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. The core curriculum compares a list of core clinical problems students are expected to be able to evaluate clinically and a list of core clinical topics students are expected to be knowledgeable about. Clinical 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

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these important conditions); “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).

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work by the due dates.

**Assessment:** Formative assessment occurs in each block. Summative assessment comprises an end-of-block clinical examination (50%) and an end-of-year written paper (50%). A student failing this course must spend at least one week in rheumatology at the end of the year and undergo a repeat assessment.

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### CHM5007W NEUROLOGY AND NEUROSURGERY

**NQF credits:** 20 at HEQSF level 8

**Conveners:** Dr L M Tucker (Neurology) and Dr D E J le Feuvre (Neurosurgery)

**Course entry requirements:** All fourth-year MBChB courses.

**Course outline:** This course aims to cover the common entities in adult neurology and paediatric and adult neurosurgery. 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 be knowledgeable about. The latter includes content the student “must know” (the student is expected to have detailed knowledge of the clinical presentation, laboratory investigation and management of these important, common conditions); “must recognise” (the student is expected to have a basic understanding of the clinical features suggestive of this diagnosis, appropriate investigations that would assist in making the diagnosis and an understanding of the principles of treatment of these important conditions, all of which have serious implications if missed) and “must be aware of” (the student should be aware of the condition but is not expected to accurately diagnose or manage the condition). Students become familiar with rare conditions that they should refer for specialist opinion and management.

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work.

**Assessment:** Formative assessment occurs in each block. The final marks are made up of an end-of-block clinical examination (50%) and an end-of-year written paper (50%).

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### CHM5008W OPHTHALMOLOGY

**NQF credits:** 10 at HEQSF level 8

**Convener:** Dr N du Toit

**Course entry requirement:** All fourth year MBChB courses.

**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 an eight-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 15 cases that form part of each student’s portfolio.

**DP requirements:** Full attendance of all course requirements including seminars, clinical/tutorial sessions, completed portfolio cases, and satisfactory completion of practice examination skills. If two or more clinical or tutorial sessions are missed, the student will be deemed not to have

satisfactorily completed the clinical component of the block and will therefore not be able to do the end-of-block clinical and portfolio exams. Any students not having the required number of cases present at the portfolio exam will fail the end-of-block assessment and will not be allowed to do the clinical exam. Any students failing the clinical exam (less than 50%) will fail the block. These students will be required to attend a supplementary one-week clinical attachment before the clinical and portfolio exam can be completed.

**Assessment:** The final mark is made up of an in-course assessment (clinical and portfolio exams) (20%); an end-of-block slide show/MCQ computer-based exam (50%); and an end-of-year written MCQ exam (30%).

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### CHM5009W OTORHINOLARYNGOLOGY

**NQF credits:** 10 at HEQSF level 8

**Convener:** Dr G Copley

**Course entry requirements:** All fourth year MBChB courses.

**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 and outpatient clinics and spend two days on a field trip to rural primary care clinics where, under supervision, they run "ear clinics" for the local population. 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). Core learning outcomes include competence in the examination of the ear, nose, throat and neck and the ability to undertake a simple hearing assessment. The student must demonstrate rational reasoning as defined by the ability to make a differential diagnosis and ultimately arrive at a specific diagnosis. 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:** 100% attendance and completion of all requisite coursework/clinical work, including a logbook of procedural skills.

**Assessment:** Assessment comprises (a) an end-of-year multiple-choice examination contributing 50% towards the final mark; and (b) a course OSCE mark + (presentation mark divided by 2) + (skills mark multiplied by 2), all divided by 170, contributing 50%.

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### CHM5010W UROLOGY

**NQF credits:** 10 at HEQSF level 8

**Convener:** Dr J Lazarus

**Course entry requirement:** All fourth year MBChB courses.

**Course outline:** This course includes daily tutorials and attendance at urology clinics and theatre slates. 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).

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work.

**Assessment:** This comprises a single case report by each student (marked by a consultant) and an end-of-block viva.

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### CHM6000W SURGERY

**NQF credits:** 41 at HEQSF level 8

**Convener:** Dr S Burmeister

**Course entry requirements:** All fifth year MBChB courses.

**Course outline:** Final year Surgery incorporates a hands-on, practical, six-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 spend two weeks in one of the four surgical firms at Groote Schuur Hospital, and a further four weeks in units at the secondary level of care (including those at Victoria, Somerset and Groote Schuur Hospitals). 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. Altogether they complete a portfolio of six cases, together with a researched and referenced discussion of their own of 1500 – 2000 words. 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 is reviewed during at the end-of-block assessment.

**DP requirements:** Full attendance and participation in unit activities and completion of all requisite coursework/clinical work, including a portfolio of cases completed by the due date. Late submission is penalised by 5% per day post the deadline for submission.

**Assessment:** The end-of-block assessment comprises a clinical, scenario-based oral examination (25%); a patient-based oral examination (35%); a computerised, clinically-based MCQ (25%); and assessment of the case portfolio (15%). This constitutes the student's mark for general surgery. Students who obtain an average mark less than 55% for their end-of-block assessment are examined in the November final examination. Should the student pass the November examination their original mark will stand, unless it was originally below 50%; then, a final mark of 50% will be given. 50% is considered the pass mark for the course. Failure to pass the November examination will result in failure of the year. The final surgery mark incorporates a 20% contribution from Urology.

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### MDN6000W MEDICINE (INCLUDING ALLIED DISCIPLINES)

**NQF credits:** 41 at HEQSF level 8

**Convener:** Dr A Gcelu

**Co-conveners:** Dr R Lehloeny (Dermatology) and Dr I Okpechi (General Medicine)

**Course entry requirement:** All fifth year MBChB courses.

**Course outline:** This eight-week student internship builds on previous training and prepares students for practice as interns. For seven weeks they are deployed to Victoria, Somerset and/or Khayelitsha district Hospitals. They operate as part of the specialist physician-led clinical team over 24 hours of all intake days and are responsible, under supervision, for a cohort of patients admitted to the care of their clinical team. Clinical duties include attendance and presentation of cases at ward rounds. They participate in academic meetings and develop a portfolio of learning recording at least 18 patient case records. Teaching revisits core elements of the primary healthcare approach (including health promotion, culture, psyche and illness, and the referral system) as well as promotive, preventive, curative, rehabilitative, and palliative care at all levels of care. A year-long series of interactive case presentations (ICPs) addresses topics in all the medical disciplines. An integrated approach to dermatology teaching forms part of the block in the form of interactive, small group block tutorials and clinical demonstrations based on reaction patterns of the skin. Dermatology lectures help consolidate learning and students apply knowledge in the clinical setting; incorporating dermatology findings in the evaluation of all patients.

**DP requirements:** Full attendance, including attendance of all interactive case presentations, all intakes, all post-intake ward rounds, bedside tutorials, x-rays and academic meetings and outpatients

clinics. Students who are absent for whatever reason from their hospital duties for five days or more with or without permission may be required to repeat the block.

**Assessment:** The final mark is made up of an in-course assessment (10%); an end-of-block clinical examination (25%); an end-of-block portfolio interview (20%); an end-of-year written, multiple-choice question examination (15%); an end-of-year electronic objective test (10%) and an end-of-year multidisciplinary portfolio examination (20%). Dermatology is examined as part of the general medical clinical and portfolio examinations at the end of the block. A minimum of two dermatology cases is included in the portfolio for sixth year. A short-answer examination based on slides is held at the end of the year.

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### **OBS6000W OBSTETRICS AND GYNAECOLOGY**

**NQF credits:** 41 at HEQSF level 8

**Conveners:** Dr K Brouard and Dr C J M Stewart

**Course entry requirement:** Fifth year MBChB courses.

**Course outline:** There are two four-week back-to-back blocks in obstetrics and gynaecology in final year. Teaching is practical and involves patient assessment and management under supervision in clinics, antenatal and postnatal wards, labour wards, gynaecology wards and theatres. The student interns operate as fully integrated members of the specialist clinical teams. There are two whole interactive group seminars per week. At the end of the block, students are expected to be competent in obstetric and gynaecological history-taking and examination, including speculum examination and pap smears; procedures such as evacuations of the uterus, vaginal examinations in labour, labour monitoring and delivery, and assisting at common operations.

**DP requirements:** Students are required to attend and participate in ward, clinic and labour ward duties as required by the individual firms. The two weekly seminars are compulsory. Satisfactory performance in the in-course assessment is a DP requirement. It includes professionalism (punctuality; dress code; involvement in course activities, including clinical activities; attitude towards patients, colleagues and required activities; team-work and conscientiousness) and clinical knowledge and skills. Should the student score below average (as per the scoring form) for this in-course assessment, they may be disqualified from writing the end-of-block exam, and/or given extra time.

**Assessment:** The final mark is made up of end-of-block case presentations (20%); an OSCE/OSPE examination (50%); a portfolio examination (20%); and a skills station (10%). Students are required to obtain 60% for each section of the end-of-block examination and must pass the clinical skills station to be exempt from writing an examination at the end of the year, failing which they write an end-of-year repeat OSCE/OSPE and/or portfolio examination, the pass mark for which is 50%. Students who fail to hand in portfolio cases at the required time will have 5% per day late (including the day of hand in if late) deducted from their final portfolio mark, and may also have to repeat portfolio cases. Students who fail the end-of-year examinations may be offered oral re-examinations before the final mark is submitted.

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### **PED6000W PAEDIATRICS AND CHILD HEALTH (INCLUDING PAEDIATRIC SURGERY)**

**NQF credits:** 41 at HEQSF level 8

**Conveners:** Dr K Donald, Dr P Gajjar and Dr S Salie

**Course co-ordinator:** Dr P Wicomb

**Course entry requirement:** All fifth year MBChB courses.

**Course outline:** During final year paediatrics, students are integral members of the paediatric team caring for the children. During the eight-week block, they spend four weeks in a general paediatric ward (at the Red Cross Children's Hospital, Victoria, Groote Schuur, or New Somerset Hospitals); two weeks in neonatology (at Groote Schuur, New Somerset or Mowbray Maternity Hospitals); and two weeks in general paediatric surgery (at the Red Cross Children's Hospital). They participate fully in the academic activities of the firm. Core learning outcomes include demonstration of common core paediatric diseases and conditions; paediatric history-taking skills; ability to examine neonates; defining problem lists; formulating appropriate management plans; performing basic

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procedures; professional behaviour and attitude; and advocacy of the rights of children. The core curriculum focuses on common paediatric conditions, which students address by clerking admissions to their respective wards. Clerking consists of history-taking, examination, assessment and proposed management plans presented to more senior ward staff members. Core topics (common conditions) are further subdivided into “must know” (mandatory detailed knowledge of the topic) and “must recognise” (awareness of the topic and its inclusion in a differential).

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work. A portfolio of eight paediatric cases and one neonatal case, and a signed skills logbook of G1 procedures and resuscitation training are mandatory for admission to the end-of-block and/or final examinations, including the completion of specified neonatal and paediatric surgery activities. A DP attendance certificate is required for the paediatric surgery component. If a student is absent with permission for more than a week for whatever reason, the time will need to be made up and if absent for more than three weeks, the block will be repeated.

**Assessment:** Formative assessment covering all aspects of the student’s performance is given during the block. The final mark is made up of in-course presentation of cases (15%); an end-of-block clinical examination (20%); an end-of-neonatal block assessment (15%); and an end-of-year computer-based/online electronic examination as MCQ and Extended Matching Items (20%); an oral based on the portfolio (as part of a multidisciplinary portfolio examination) (15%), and assessment of paediatric surgery (15%). Students are required to attain a mark of 50% or more, in each of the in-course assessments and the end-of-block clinical examination in order to pass the course. Students who do not meet this requirement may be required to undergo a pass/fail clinical re-examination at the end of the year. Students must also attain 50% in at least four of the six above components to pass the course and need to pass the multidisciplinary essential skills OSCE assessment.

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### PPH6000W FAMILY MEDICINE AND PALLIATIVE MEDICINE

**NQF credits:** 21 at HEQSF level 8

**Conveners:** Dr N Beckett (Family Medicine) and L Ganca (Palliative Medicine)

**Course entry requirement:** All fifth year courses.

**Course outline:** The four-week Family Medicine clerkship emphasises the theoretical and clinical integration of clinical, public health and behavioural 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. Students are expected to review these before entering the clerkship. 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 activities include a hospice visit, home visit, intermediary care facility, and CHC and district hospital exposure.

**DP requirements:** Completion of all required coursework and attendance of all academic and clinical activities. This includes tutorials/seminars. Any student who does not submit a patient study by the due date will be denied entry to the final examination at the end of the year.

**Assessment:** The final mark is made up of a patient study (20%); an OSCE and SOO (40%); and a facility clinical mark (CHC & Vredenburg) (40%) which includes the logbook. (The facility mark is weighted according to the time spent at Vredenburg and the CHC.) Students who achieve less than 50% for any of the assessment components will be re-examined at the end of the year. A penalty of 5% per working day will be deducted for late submissions of patient studies. A student who achieves less than 50% for the repeat examination at the end of the year will have failed Family Medicine and Palliative Medicine.

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**PRY6000W PSYCHIATRY**

**NQF credits:** 21 at HEQSF level 8

**Convener:** Dr M Karjiker

**Course entry requirement:** All fifth year courses.

**Course outline:** This is a full-time clinical block of four weeks during which the student intern participates as a full member of the psychiatry team. This includes responsibility for managing patients, which entails clerking, investigating and presenting of completed data under supervision of a registrar or consultant. The student interns are expected to attend all ward meetings, departmental academic meetings and journal clubs. Every Friday, they present cases and discuss clinical material with the course convener/senior supervisor. The students are attached to units at Valkenberg Hospital, Lentegeur Hospital or Groote Schuur Hospital. A core component of the clerkship is the continued development of a portfolio of learning, in which the student intern is expected to collate at least four patients' case records, reflecting his/her involvement inpatient management. The portfolio of learning forms part of the assessment process.

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work, including the portfolio of learning, by the due date.

**Assessment:** During the block, 30% is allocated for ward involvement and case presentation or discussion, as well as knowledge and participation in the seminars, and for portfolio submission and assessment. At the end of the block, 20% is allocated for an oral examination and 20% for a written examination. At the end of the year there is an EMI/MCQ (10%) and an end-of-year multidisciplinary examination (20%).

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**MDN6004W EXIT EXAMINATION ON PROCEDURAL COMPETENCE**

**NQF credits:** 0 at HEQSF level 8

**Convener:** Dr R Weiss

**Course entry requirement:** Successful completion of all fifth and final year courses.

**Course outline:** This is an integrated, exit-level examination for MBChB students on procedural competence. The examination takes place in the form of an OSCE-style examination, consisting of eight to ten stations of a maximum of ten minutes each, and is conducted in the Clinical Skills Centre. The range of OSCE stations requires students, amongst others, to show competence in areas 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:** This comprises an integrated OSCE examination. Each student is required to demonstrate satisfactory performance in each of the stations in the OSCE. No mark is given for the examination but student performance is rated as "satisfactory" or "not satisfactory" at each OSCE station. Competence is based on the following criteria: (1) the overall ability to correctly handle the required equipment; (2) perform the procedure safely (limited to two attempts) and without potential harm or injury to the patient; (3) adherence to aseptic technique; and (4) safe handling and disposal of sharp equipment, where relevant. Students who are rated as "not satisfactory" at any of the stations will be re-examined on the specific station(s) after appropriate training and will be required to demonstrate satisfactory performance prior to being considered eligible to graduate.

**BACHELOR OF SCIENCE IN MEDICINE (BSc (MEDICINE))**

[Note: This programme is available only to MBChB students registered at the University of Cape Town.]

Programme: MB001

Plan codes: HUB27 General and Applied Physiology

HUB28 Biophysics and Neurophysiology

LAB30 Molecular Biology

Awaiting SAQA registration.

**Convener:** Prof A A Katz

**Eligibility**

FBB1 A candidate who has successfully completed at least the second year of the MBChB curriculum (MB014) at this University may, upon application, be allowed to register for this programme.

**Duration of the degree programme**

FBB2 The curriculum for the degree programme extends over one academic year of full-time study.

**Curriculum**

[Note: See p6 for explanatory notes about HEQSF levels and NQF credits.]

FBB3.1 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 FBB3.2) and for specific additional courses taken (see FBB3.3).

FBB3.2 MBChB courses for which credit may be given towards BSc (Medicine):

		NQF credits	HEQSF level
HUB1006F	Introduction to Integrated Health Sciences Part I	30	5
HUB1007S	Introduction to Integrated Health Sciences Part II	35	5
CEM1011F	Chemistry for Medical Students	18	5
PHY1025F	Physics	18	5
LAB2000S	Integrated Health Systems Part IB	35	6
HUB2017H	Integrated Health Systems Part IA	57	6
HUB2020S or LAB2002S	Special Study Module	16	6
LAB3009H	Integrated Health Systems Part II	59	7

FBB 3.3 In addition, the student shall enrol for some of the following courses, with the proviso that the total number of credits (MBChB and other) meets the criterion given in FBB3.1 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.]

		NQF credits	HEQSF level
<u>Courses offered by Departments in the Faculty of Science:</u>			
BIO2010F	Principles of Ecology and Evolution	24	6

		NQF credits	HEQSF level
BIO2011S	Life on Land: Animals	24	6
MCB2020F	Biological Information Transfer	24	6
MCB2021F	Molecular Bioscience	24	6
MCB2022S	Metabolism and Bioengineering	24	6
MCB2023S	Functional Genetics	24	6
<u>Courses offered by Departments in the Faculty of Health Sciences:</u>			
HUB3006F	General and Applied Physiology	36	7
HUB3007S	Human Neurosciences	36	7
LAB3020W	Molecular Medicine	72	7
		<i>Total NQF credits:</i>	<u>360</u>

### Progression and minimum requirement for re-registration

FBB4 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 his/her registration for the degree.

### Distinction

FBB5 The degree may be awarded with distinction (75% to 100%).

### Course outlines for BSc (Medicine):

[*Note: For MBChB courses see MBChB programme and course descriptions in the previous section.*]

#### BIO2010F PRINCIPLES OF ECOLOGY AND EVOLUTION

**NQF credits:** 24 at HEQSF level 6

**Convener:** Dr C C Reed

**Course entry requirements:** BIO1000F or BIO1000H, BIO1004F/S or equivalent/s, with approval of the course convener.

**Course outline:** This course explains how species have evolved and have adapted to the environments in which they live. Topics include an introduction to evolution; natural selection; inheritance and genetics; ecology at the community, population and individual levels; and animal and plant life histories and interactions. The formal lectures and practicals are supported by a five-day compulsory field camp.

**DP requirements:** 50% for class record, submission of assignments on schedule, and attendance at a field camp held during the Easter vacation.

**Assessment:** A two-hour theory examination counts for 50% of the course with a sub-minimum of 40%. Coursework marks are allocated as follows: Practical classes (assessed weekly): 15%; project based on field camp data collection: 20%; one class test: 15%.

#### BIO2011S LIFE ON LAND: ANIMALS

**NQF credits:** 24 at HEQSF level 6

**NOTE:** This course replaced BIO3012F & BIO2002S

**Convener:** Dr G Bronner

**Course entry requirements:** BIO1000F or BIO1000H, BIO1004F/S, or BIO2010F.

**Course outline:** This course familiarises students with the evolution, functional biology and physiology of invertebrates and vertebrate animals living in terrestrial environments. It covers the diversity and life styles of land animals (particularly myriapods, arachnids, insects and tetrapod vertebrates), and pays special attention to the major adaptations required for life on land.

**DP requirements:** 50% for class record; submission of assignments on schedule and attendance at a five day field camp held during the September vacation.

**Assessment:** A two-hour theory examination and two-hour practical examination each counts 25% of the final course mark, with a sub-minimum of 40% for the combined mark (theory and practical).

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Coursework marks are allocated as follows: Practical classes (assessed weekly): 10%; project based on field camp data collection: 20%; two class tests: 20%.

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### MCB2020F BIOLOGICAL INFORMATION TRANSFER

**NQF credits:** 24 at HEQSF level 6

*NOTE: Entrance is limited to 140 students.*

**Convener:** Dr R Ingle

**Course entry requirements:** CEM1000W or equivalent, BIO1000F and BIO1004S (or equivalent, with approval of the course convener).

**Course outline:** This course introduces students to concepts of molecular genetics that are fundamental to molecular and cell biology. Topics covered include genome organisation and gene structure of viruses, plasmids, bacteria (including plasmids), transposons, plants and animals; horizontal gene transfer; mechanisms of heredity; prokaryotic and eukaryotic gene structure and information transfer as applied to viruses, plasmids, bacteria, plants and animals; basic cell signalling in bacteria, plants and animals; and principles of evolutionary genetics.

**DP requirements:** 40% test average; 50% average for assignments; attendance at practicals.

**Assessment:** Tests and assignments count 40%; practicals count 10%; one three-hour paper written in June counts 50%. A subminimum of 40% in the examination is required.

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### MCB2021F MOLECULAR BIOSCIENCE

**NQF credits:** 24 at HEQSF level 6

*NOTE: Entrance is limited to 140 students.*

**Convener:** Dr T Oelgeschläger

**Course entry requirements:** CEM1000W; BIO1000F and BIO1004S or equivalents, (with approval of the course convener).

**Course outline:** This course introduces students to the concepts of biological chemistry fundamental to molecular biology as a basis to understanding the distinctive properties of microbial and eukaryotic living systems. Properties of biological molecules and macromolecules are discussed, as well as recombinant DNA technology and energy production in cells. Students also learn basic molecular techniques and experimental design.

**DP requirements:** 40% test average; 50% average for assignments; attendance at practicals.

**Assessment:** Tests and assignments count 40%; practicals count 10%; one three-hour paper written in June counts 50%. A subminimum of 40% in the examination is required.

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### MCB2022S METABOLISM AND BIOENGINEERING

**NQF credits:** 24 at HEQSF level 6

*NOTE: Entrance is limited to 140 students.*

**Convener:** Dr Z Woodman

**Course entry requirements:** MCB2020F and MCB2021F.

**Course outline:** This course introduces students to some key aspects of metabolic energy production and how this can be exploited in developing renewable energy production. It aims to raise awareness of issues at the forefront of the discipline and gives students the ability to dissect problems in order to identify solutions. Specific topics covered include the metabolic diversity in bacteria and archaea, e.g. nitrogen fixation and methane production. Anoxygenic photosynthesis is also considered, as well as how the growth of microorganisms can be controlled by physical, chemical, mechanical, or biological means. The harnessing of photosynthesis in plants and algae for renewable energy production, as well as the conversion of biomass to other fuels, is also covered.

**DP requirements:** 40% test average; 50% average for assignments; attendance at practicals.

**Assessment:** Tests and assignments count 40%; practicals count 10%; one three-hour paper written in November counts 50%. A subminimum of 40% in the examination is required.

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**MCB2023S FUNCTIONAL GENETICS**

**NQF credits:** 24 at HEQSF level 6

*NOTE: Entrance is limited to 140 students.*

**Convener:** Prof N Illing

**Course entry requirements:** MCB2020F and MCB2021F.

**Course outline:** The course lays the foundation for the major in genetics, and shows how the tools of classical and molecular genetics can be applied to understanding the regulation of gene expression, cell differentiation and patterning in bacteria and eukaryotes. Concepts covered include forward and reverse genetics; the genetics of mitochondria and chloroplasts; human genetics; the genetic analysis of cell cycle regulation and axis determination in *Drosophila*; microbial genetics, including regulation of the lac operon; and lysogeny and lysis of bacteriophage lambda.

**DP requirements:** 40% test average; 50% average for assignments; attendance at practicals.

**Assessment:** Tests and assignments count 40%; practicals count 10%; one three-hour paper written in November counts 50%. A subminimum of 40% in the examination is required.

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**HUB3006F GENERAL AND APPLIED PHYSIOLOGY**

**NQF credits:** 36 at HEQSF level 7

**Convener:** Assoc Prof A Bosch

**Course entry requirements:** HUB2019F, HUB2021S.

**Course outline:** 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 prepare a seminar topic which is 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 test (30%); assignments/seminar presentation (5%); practicals (15%); and examinations (written theory and practical theory) (50%). An oral examination may be required in the case of selected students.

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**HUB3007S HUMAN NEUROSCIENCES**

**NQF credits:** 36 at HEQSF level 7

**Convener:** Dr A Gwanyanya

**Course entry requirements:** HUB2013S, CEM1000W (or equivalent) e.g. a result of at least 60% in HUB2017H. Exceptions are at the discretion of the convener.

**Course outline:** 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, 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 basics of human physiology.

**DP requirements:** Attendance at all practicals, 40% average mark for class tests and an average of

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50% for all assignments.

**Assessment:** The breakdown of course marks is as follows: Class tests (30%); tutorial assignments (5%); practical experiments (15%); and examinations (theory and practical) (50%). An oral examination may be offered in case of selected students.

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### LAB3020W MOLECULAR MEDICINE

**NQF credits:** 72 at HEQSF level 7

**Convener:** Prof A A 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 and LAB2000S; MDN2001S.

**Course entry requirements for students wishing to exit with a BMedScHons:** 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 admission committee).

**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; 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, proteomics and cell signalling. 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 45%, assignments/laboratory reports contribute 10% and the end-of-year examination contributes 45% to the course final mark.

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

*[BSc Audiology programme code: MB011 or MB018 (Intervention Programme).*

*Plan code: MB011AHS02. SAQA registration number: 12105.]*

*[BSc Speech-Language Pathology programme code: MB010 or MB019 (Intervention Programme).*

*Plan code: MB010AHS01. SAQA registration number: 12107.]*

*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.*

**Conveners:** Dr M Pascoe (Speech-Language Pathology) and Dr L Ramma (Audiology)

**Duration of programme**

FBC1 Each curriculum extends over four years of full-time study. Students who pass through the Intervention Programme will take an additional year to complete the degree.

**Curriculum**

[Note: See p6 for explanatory notes about HEQSF levels and NQF credits.]

		NQF credits	HEQSF level
FBC2.1	<b>First year</b>		
	<u>Common courses for Speech-Language Pathology and Audiology students:</u>		
	PPH1001F	Becoming a Professional	15
	PPH1002S	Becoming a Health Professional	15
	AHS1003F	Speech and Hearing Sciences	18
	PSY1004F	Introduction to Psychology Part I <i>or</i>	
	PSY1006F	Introduction to Psychology Part I Plus	18
	PSY1005S	Introduction to Psychology Part II <i>or</i>	5
	PSY1007S	Introduction to Psychology Part II Plus	18
	HUB1014S	Anatomy for Communication Sciences	18
	AHS1025S	Early Intervention	18
	AHS1042F	Human Communication Development	18
	AXL1300F	Introduction to Language Studies	18
	<u>Course for Audiology students:</u>		
	AHS1045S	Basis of Hearing and Balance	18
	<u>Course for Speech-Language Pathology students:</u>		
	AXL1301S	Introduction to Applied Language Studies	18
		<u>18</u>	5
	<i>Total NQF credits for year 1:</i>		<u>174/174</u>
FBC2.2	A student who fails one or more of the following courses in the first semester may be required to enter the Intervention Programme Parts 1 and 2:		
	AHS1003F	Speech and Hearing Science	18
	PSY1004F	Introduction to Psychology Part I	18
	AHS1042F	Human Communication Development	18
	AXL1300F	Introduction to Language Studies	18
FBC2.3	A student who fails one or more of the following courses at the end of semester 2 of the standard curriculum may be required to enter the Intervention Programme Part 2:		
	<u>In the case of BSc Audiology:</u>		
	PSY1005S	Introduction to Psychology Part II	18
	AHS1025S	Early Intervention	18
	AHS1045S	Basis of Hearing and Balance	18
	<u>In the case of BSc Speech-Language Pathology:</u>		
	PSY1005S	Introduction to Psychology Part II	18
	AHS1025S	Early Intervention	18
	AXL1301S	Introduction to Applied Language Studies	18

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**NQF  
credits**      **HEQSF  
level**

*[See rule FBB3 below for the Intervention Programme curriculum. The Intervention Programme starts in July and first year ends in June of the following year, after which the student joins the second semester of the standard first year curriculum.]*

### FBC2.4 **Second year**

Common courses for Speech-Language Pathology and Audiology students:

SLL1028H	Xhosa for Health and Rehabilitation Sciences*; <i>or</i>		
SLL1048H	Afrikaans for Health and Rehabilitation Sciences*	18	5
PSY2006F	Research in Psychology I	24	6
PSY2010S	Cognition and Neuroscience	24	6
AHS2047S	Paediatric Rehabilitative Audiology	18	6
AHS2106F	Child Language	21	6
<u>Courses for Audiology students:</u>			
AHS2046F	Diagnostic Audiology	18	6
AHS2110W	Clinical Audiology I	24	6
AHS2111S	Diagnostic Audiology in Special Populations	15	6
<u>Courses for Speech-Language Pathology students:</u>			
AHS2107F	Child Speech	18	6
AHS2108W	Clinical Speech Therapy I	24	6
AHS2109S	School-based Interventions	21	6

*Total NQF credits for year 2:*      162/168

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

### FBC2.5 **Third year**

Common courses for Speech-Language Pathology and Audiology students:

AHS1054W	South African Sign Language	8	5
AHS3078H	Research Methods and Biostatistics I	10	7
<u>Courses for Audiology students:</u>			
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
<u>Courses for Speech-Language Pathology students:</u>			
AHS3004H	Clinical Speech Therapy II	30	7
AHS3071F	Acquired Neurogenic Language Disorders	22	7
AHS3072S	Paediatric Dysphagia and Motor Speech	22	7
AHS3073F	Adult Dysphagia and Motor Speech	22	7
AHS3102F	Child Language II	15	7
AHS3103S	Voice	15	7

*Total NQF credits for year 3:*      140/144

		NQF credits	HEQSF level
FMB2.6	<b>Fourth year</b>		
	<u>Common courses for Speech-Language Pathology and Audiology students:</u>		
	AHS4000W	Research Report	30
	AHS4067S	Seminars in Communication Sciences	4
	<u>Courses for Audiology students:</u>		
	AHS4008H	Clinical Audiology IIIA	45
	AHS4009H	Clinical Audiology IIIB	45
	<u>Courses for Speech-Language Pathology students:</u>		
	AHS4005H	Clinical Speech Therapy IIIA	45
	AHS4006H	Clinical Speech Therapy IIIB	45
		<i>Total NQF credits for year 4:</i>	<u>124</u>
		<i>Total NQF credits for programme:</i>	<u>600/610</u>

**Intervention programme**

FBC3.1 The following courses must be satisfactorily completed during the Intervention Programme by a student who enters the Intervention Programme after semester 1 of the standard curriculum:

***Intervention Programme Part 1:***

		NQF credits	HEQSF level
AHS1031S	Preparation for Entry-level Psychology for Health and Rehabilitation Sciences Part I	18	5
AHS1041S	Fundamentals of Speech and Hearing Sciences	18	5
AHS1043S	Foundational Concepts in Human Communication Development	18	5
AXL1302S	Linguistics Foundation	18	5

FBC3.2 A student who fails AHS1031S or AXL1302S or AHS1041S or AHS1043S will be required to register for and complete a summer term course and to rewrite the examination at the end of this course (in December of the year in which he/she failed).

FBC3.3 A student entering IP who failed PSY1004F or PSY1006F in the first semester of the standard first year programme will be required not only to pass AHS1031S but also to register for PSY1006F in IP2.

FBC3.4 The following courses must be satisfactorily completed during the Intervention Programme by a student who has completed the Intervention Programme Part 1 or who is required to enter the Intervention Programme after semester 2 of the standard curriculum:

***Intervention Programme Part 2:***

		NQF credits	HEQSF level
PSY1006F	Introduction to Psychology Part I Plus*	18	5
AHS1036F	Foundational Concepts in Early Intervention	18	5
AHS1046F	Foundations of Hearing and Balance (Audiology students)	18	5
AXL1303F	Sociolinguistics Foundation (Speech-Language Pathology students)	18	5
	<i>Total NQF credits for IP:</i>	<u>126</u>	

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*[\*Note: For students who failed PSY1006F or PSY1004F in the first semester of first year.]*

- FBC3.5 Once a student has satisfactorily completed all the prescribed courses of the Intervention Programme, he/she may proceed to semester 2 of the standard first year curriculum.

### **Attendance and DP (Due Performance) requirements**

- FBC4 (a) Attendance at all lectures is compulsory. If a student misses a lecture without permission, he/she may be prohibited from taking the examination and could fail the course.
- (b) A minimum of 80% attendance is required at clinics. If this attendance requirement is not met, the student will be required to repeat the course or block (clinical rotation).
- (c) Absence from clinics 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 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.

### **Progression rules**

- FBC5.1 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).
- FBC5.2 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, he/she 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.
- FBC5.3 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 the clinical course.
- FBC5.4 A student is required to pass both AHS3062F Rehabilitation Technology and AHS3075F OAEs & Electrophysiology in order to continue with second semester of AHS3008H Clinical Audiology II. If a student fails either AHS3062F or AHS3075F, he/she will have to deregister from the clinical course AHS3008H. The student will then continue with the programme following successful completion of AHS3062F and/or AHS3075F in the following year. Students will retain credit for the clinical hours obtained in the first semester of AHS3008H.
- FBC5.5 If a student is registered only for theoretical modules for any semester, he/she continues to be involved in clinical work under the direction of the clinical co-ordinator, and receives credit for additional clinical hours.
- FBC5.6 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.

FBC5.7 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 all sections of the final qualifying examinations in order to pass the course (i.e. obtain a minimum mark of 50% for each section).

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, or any section thereof, and the final examination mark is above 45%, he/she may be offered a re-assessment of the section/s that have been failed, in November (at the same time as the second semester final qualifying examinations). If the student fails to obtain an overall mark of 45% in June, he/she will not qualify for a re-assessment and will fail the course. *In the second semester:* If the student fails the November final qualifying examination in a course or any section thereof, and the final examination mark is above 45%, the student may be offered a re-examination within two weeks of the final examination.

FBC5.8 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, he/she will be required to repeat and pass the clinic.

FBC5.9 Following a supplementary examination (if awarded), the final mark in a course will be determined as follows: coursework: 60%; supplementary examination mark: 40%.

### **Readmission rules (standard programme and Intervention Programme)**

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

FBC6.1 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree, or may have his/her registration cancelled:

- (a) if he/she is in the Intervention Programme and fails any course in it (no supplementary examinations are allowed for IP2 courses but students who fail an IP1 course may be allowed to repeat the course as a summer term course in the same year and write another examination. If the student fails this examination, he/she may be refused readmission);
- (b) if he/she fails a course which he/she is repeating;
- (c) unless he/she, from the second year of study, successfully completes in each year's examination cycle half or more of the course load for which he/she is registered in that year (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);
- (d) unless he/she successfully completes all the prescribed courses for any single year in two years;
- (e) if he/she is unable to complete the standard programme in six years;
- (f) if he/she is found guilty of unprofessional behaviour or deemed to be impaired.

FBC6.2 A student who has not fulfilled the required number of clinical hours will not be permitted to graduate.

### **Distinction**

FBC7 The degree may be awarded with distinction (average of 75% or above for all courses from first to final year of study).

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

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#### **PPH1001F BECOMING A PROFESSIONAL**

**NQF credits:** 15 at HEQSF level 5

**Conveners:** L Dlamini and L Olckers

**Course entry requirements:** None.

**Course outline:** This course introduces first year students in all health sciences disciplines to the process of developing professional conduct. The course aims to promote the conduct, knowledge, attitudes and values associated with being a professional as well as a member of a professional team. Students learn to develop 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 is 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 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, and of the HIV-AIDS workshop, completion of all set assignments and undergoing all assessment activities.

**Assessment:** Continuous, performance-based assessment provides students with regular feedback. In-course assignments comprise 60% of the total mark. The final, summative assessment makes up 40% of the total mark.

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#### **PPH1002S BECOMING A HEALTH PROFESSIONAL**

**NQF credits:** 15 at HEQSF level 5

**Conveners:** L Dlamini and L Olckers

**Course entry requirement:** PPH1001F.

**Course outline:** This course builds on the knowledge acquired and skills developed in PPH1001F Becoming a Professional. The focus is on primary healthcare and disability. The course equips students to work collaboratively on a community-oriented project based on the primary healthcare principles and approach, which include comprehensive healthcare (promotive, preventive, curative and rehabilitative 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 the community-oriented project 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 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 set assignments, and undergoing assessment activities.

**Assessment:** Continuous, performance-based assessment provides students with regular feedback and comprises 60% of the total mark. The summative assessment makes up 40% of the total mark.

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#### **AHS1003F SPEECH AND HEARING SCIENCES**

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr L Ramma

**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 includes the nature, 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, 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 at all lectures; completion of all coursework.

**Assessment:** In-course assessments comprise one quiz, two assignments, two summative tests and are weighted at 60%; the final summative assessment in June contributes 40% towards the final mark. All assessments are based on independent work.

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### PSY1004F INTRODUCTION TO PSYCHOLOGY PART I

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr B Zuma

**Course entry requirements:** None.

**Course outline:** Lectures, tutorials, assignments and readings deal with a range of areas aimed to introduce the student to issues in psychology and health.

**DP requirements:** Satisfactory completion of all term assignments by the due date, attendance of at least five of six tutorials and completion of all class tests. In addition, completion of 90 minutes in the Student Research Participation Programme (SRPP), or equivalent, is required.

**Assessment:** Coursework (term assignments and test) counts 50%; one two-hour examination in June counts 50%. Students are expected to pass the June examination as well as all coursework before being awarded a pass in this course.

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### PSY1005S INTRODUCTION TO PSYCHOLOGY PART II

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr L Schrieff-Elson

**Course entry requirement:** PSY1004F.

**Course outline:** This course builds on the content covered in Introduction to Psychology part 1. There is a major focus on research methods, both quantitative and qualitative methods. The student is also introduced to other areas of specialization, including community psychology, intelligence, consciousness, language and thought, 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.

**DP requirements:** Satisfactory completion of all assignments by due date, attend at least 80% of tutorials, complete all class tests. In addition, completion of 90 minutes in the Student Research Participation Programme (SRPP) 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.

*NOTE: Credit will not be given for both PSY1005S and PSY1007S.*

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### PSY1006F INTRODUCTION TO PSYCHOLOGY PART I PLUS

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr L Schrieff

**Course entry requirement:** PSY1006F is open to students in the rehabilitation sciences programmes who do not meet the entry requirements for PSY1004F.

**Course outline:** The course incorporates PSY1004F (lectures, tutorials, assignments and readings

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deal with a range of areas aimed to introduce the student to issues in psychology and health) together with a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write essays and prepare other submissions to the Psychology Department and to carry out conceptual analyses of research material and results.

**DP requirements:** Satisfactory completion of all term assignments by the due date, attendance of at least five of six tutorials and completion of all class tests. In addition, completion of 90 minutes in the Student Research Participation Programme (SRPP), or equivalent, is required. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial tasks and essays in draft form before the formal submission dates.

**Assessment:** Coursework (term assignments and tests) counts 50%; one two-hour examination in June counts 50%.

*[Note: Credit will not be given for both PSY1004F and PSY1006F.]*

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### PSY1007S INTRODUCTION TO PSYCHOLOGY PART II PLUS

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr L Schrieff

**Course entry requirement:** PSY1006F.

**Course outline:** This course builds on the content covered in Introduction to Psychology Part I. The following modules are covered: quantitative and qualitative research methods; community psychology; intelligence, consciousness, language and thought; personality and social psychology. These modules are taught and assessed through lectures, tutorials, assignments and readings. In addition, there is a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write a research report and prepare other submissions to the Psychology Department and to carry out conceptual analyses of research material and results.

**DP requirements:** Satisfactory completion of all term assignments by the due date; attend at least five of six tutorials, and completion of all class tests. In addition, completion of 90 minutes in the Student Research Participation Programme (SRPP), or equivalent, is required. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial tasks and essays in draft form before the formal submission dates.

**Assessment:** Coursework (term assignments and tests) counts 50%; one two-hour examination in November counts 50%.

*[Note: Credit will not be given for both PSY1005S and PSY1007S.]*

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### HUB1014S ANATOMY FOR COMMUNICATION SCIENCES

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr C Warton

**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%.

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### AHS1025S EARLY INTERVENTION

**NQF credits:** 18 at HEQSF 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 screening, early intervention (asset-based, family-centred); and basic assessment and management of communication in children up to the age of three. The approach is that family is central to a holistic view of the child, and that culture and individual differences influence communication development. Students are required to problem-solve when clients and clinicians do not share a common language. Teaching and learning activities include lectures; small group discussions; literature search and review; class presentations; and observation of interactions with young children. Themes underpinning the course are primary healthcare and contextual relevance; multilingual, multicultural society; ethics and human rights; and developing agents for change.

**DP requirements:** Attendance at all lectures; completion of all coursework by the due dates.

**Assessment:** In-course assessments comprise two summative assessments (60%) and there is a final summative assessment in November (40%).

### SL1028H XHOSA FOR HEALTH AND REHABILITATION SCIENCES

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr M R Smouse

**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 the 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 and speech disorders; 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%).

### AHS1031S PREPARATION FOR ENTRY-LEVEL PSYCHOLOGY FOR HEALTH AND REHABILITATION SCIENCES PART I

**NQF credits:** 0 HEQSF level 5

*[Note: The credits are included in those for PSY1104F]*

**Course conveners:** Dr B Ige and E Badenhorst

**Course entry requirement:** None.

**Course outline:** This course develops and strengthens students' understanding of the basic psychological concepts, principles and terminology introduced in semester one by revisiting material covered in PSY1004F. Students are introduced to the building blocks, core principles and concepts of PSY1004F, such as learning, memory, developmental psychology, health psychology and psychopathology, in order to develop and strengthen a basic knowledge of central areas in psychology. The course also develops and strengthens empirical skills in order to allow students to critically assess studies on which psychological theory is based. Students engage with the discipline in a critical and analytical way by revisiting the core principles of theory and research. In order to familiarise students with the modes of learning that will be required of them upon entry into PSY1005S, as well as the style of instruction they will encounter in the course, students attend

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lectures and small group tutorials to develop academic skills and techniques. The outcome of AHS1031S is a fundamental understanding of psychology, an ability to look critically at concepts and theories in the discipline, and an understanding of the practical application of psychology in everyday life and in students' future professions.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials. All assignments must be submitted by their due date.

**Assessment:** In-course assessment contributes 60% and comprises one essay (10%); one research project essay (15%); tutorial assignments (10%) and two tests (25%). The final written test contributes 40%.

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### AHS1036F FOUNDATIONAL CONCEPTS IN EARLY INTERVENTION

**NQF credits:** 18 at HEQSF level 5

**Conveners:** Dr B Ige and V Norman

**Course entry requirements:** None.

**Course outline:** This foundation (Intervention Programme) course aims to prepare students for what they will encounter in AHS1025S Early Intervention upon re-entry into the standard curriculum. The rationale for early intervention in speech-language therapy and audiology practice is introduced. Primary healthcare principles are explained in relation to the promotion of normal communication development, prevention of communication disorders, and identification and intervention in speech language therapy and audiology. Early childhood intervention is described and discussed with particular reference to risk populations. Different models of service delivery at various levels of healthcare are discussed. Some aspects of assessment will be introduced.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and completion of all coursework.

**Assessment:** Coursework contributes 60%; it comprises a written in-course summative assignment (40%) and a second summative assignment (20%). The final examination contributes 40% to the final mark.

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### AHS1041S FUNDAMENTALS OF SPEECH AND HEARING SCIENCES

**NQF credits:** 18 at HEQSF level 5

**Conveners:** Dr B Ige and Dr L Ramma

**Course entry requirements:** None.

**Course outline:** This foundation (Intervention Programme) course revisits the core areas of AHS1003F Speech and Hearing Science and aims to facilitate a basic understanding of the nature of sound, how sound is perceived by humans and how human speech is produced. Course content includes basic numeracy skills; introductory physics relating to the characteristics, behaviour and phenomena of sound waves; as well as the concepts of frequency, intensity, phase and resonance as they relate to speech production and hearing (including measurement and perceptual correlates). Teaching/learning methods include lectures, demonstrations, practical work, tutorials and self-directed learning sessions. At the end of the course, the student will understand and describe the nature of sound, how humans hear and how speech is produced.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials. Students are required to complete all coursework.

**Assessment:** Coursework contributes 60% and comprises two tests (weighted at 20% each) and a written course assignment (20%). The examination contributes 40% to the final mark. Students who fail the final assessment may be required to register for a summer term course and write another examination in the same year.

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### AHS1042F HUMAN COMMUNICATION DEVELOPMENT

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr M Pascoe

**Course entry requirements:** None.

**Course outline:** The purpose of this course is to enable the student to understand the

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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 at all lectures; completion of all coursework by the due dates.

**Assessment:** Mid-term test (20%); an assignment (30%); and a final summative examination (50%).

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### AHS1043S FOUNDATIONAL CONCEPTS IN HUMAN COMMUNICATION DEVELOPMENT

**NQF credits:** 18 at HEQSF level 5

**Conveners:** Dr B Ige and Dr M Pascoe

**Course entry requirements:** None.

**Course outline:** This foundation (Intervention Programme) course revisits key concepts of AHS1042F Human Communication Development. Content includes the scope of speech-language pathology and audiology practice; the communication chain; anatomy and physiology of speech and hearing; sign language development; principles and frameworks for understanding normal development; as well as key aspects of communication development in children aged 0-3 years, 3-6 years, 6 years and beyond. Students develop skills in profiling a child's development in relation to expected milestones and perform materials development. They develop attitudes that appreciate the influence of culture and individual differences on communication development. Teaching activities comprise small group discussions; class presentations; demonstrations, practical work, self-study and tutorials. Themes underpinning the course include primary healthcare and contextual relevance; a multilingual, multicultural society; ethics and human rights.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials; completion of all coursework by the due dates.

**Assessment:** Coursework contributes 60% and comprises a test weighted at 30% and a second assessment weighted at 30%; the final examination contributes 40% to the final mark. Students who fail the final assessment may be required to register for a summer-term course and write another examination in the same year.

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### AHS1045S BASIS OF HEARING AND BALANCE

**NQF credits:** 18 at HEQSF level 5

**Convener:** C Rogers

**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; completion of all coursework by the due dates.

**Assessment:** Coursework: four assessments 60%; final summative assessment in November: 40%.

### AHS1046F FOUNDATIONS OF HEARING AND BALANCE

**NQF credits:** 18 at HEQSF level 5

**Conveners:** Dr B Ige and C Rogers

**Course entry requirements:** None.

**Course outline:** This is a foundational (Intervention Programme) course that prepares students for AHS1045S Basis of Hearing and Balance for which they register upon re-entry into the standard curriculum. The course addresses the anatomy and physiology of hearing as well as various pathologies of hearing (including embryological and genetic factors). Course content includes anatomy of the outer, middle and inner ear; eighth cranial nerve; auditory pathways and the auditory cortex; the physiology of hearing; and pathologies of the ear and hearing systems. Teaching/learning methods include lectures, demonstrations, practical work, tutorials and self-directed learning sessions. At the end of this course students should be able to describe the anatomy of the hearing and balance structures and mechanism; describe the physiology of hearing and balance; describe pathologies that impact hearing and balance ability; and apply the knowledge gained in the promotion of hearing, prevention of disease and education of peers.

**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 contributes 60% and comprises assessments weighted at 20% and 40% respectively, and a final examination is weighted 40%.

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### SLL1048H AFRIKAANS FOR HEALTH AND REHABILITATION SCIENCES

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr I van Rooyen

**Course entry requirements:** None.

**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. 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 is taught at both beginner and intermediate levels and focuses on the unique pronunciation and stylistic variants of individual clients and culture-specific words and expressions.

**DP requirements:** At least 80% class attendance and completion of all assessments.

**Assessment:** Coursework (vocabulary and oral assessments based on topics covered in the course) – 50%; June assessment (simulated client interviews) – 20%; November examination (simulated client interviews) – 30%.

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### AHS1054W SOUTH AFRICAN SIGN LANGUAGE

**NQF credits:** 8 at HEQSF level 5

**Convener:** L Petersen

**Course entry requirements:** None.

**Course outline:** The aim of this course is use of 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; completion of all coursework by the due dates.

**Assessment:** First semester assessment is weighted 20%; second semester assessment is weighted 20%; role-play contributes 20%; and the final summative examination in November contributes 40% to the overall mark.

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### **AXL1300F** INTRODUCTION TO LANGUAGE STUDIES

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** S Bowerman

**Course outline:** This course provides an introduction to the main branches of Linguistics.

On completion of the course students would have covered topics which include themes such as: introduction (description vs. prescription, speech vs. writing, competence vs. performance); phonetics (the International Phonetic Alphabet, articulatory phonetics, classification of sounds, suprasegmentals); phonology (phoneme/allophone); morphology and syntax (morphemes, word-formation, constituents, phrase structure, elements of generative grammar); semantics and pragmatics (approaches to meaning, sense/reference, truth value, semantic features, speech acts, pragmatic rules); sociolinguistics (standard vs. dialect, social and regional variation, gender, register); psychology of language (the mental lexicon, elements of neurolinguistics); historical linguistics (language families, introduction to language change, language contact).

**DP requirements:** All written work to be handed in and at least 75% attendance at tutorials.

**Assessment:** Tests and other written assignments set during the semester count for 50% of the final mark; one two-hour examination in June counts for 50%.

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### **AXL1301S** INTRODUCTION TO APPLIED LANGUAGE STUDIES

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Assoc Prof A Deumert

**Course entry requirements:** None.

**Course outline:** This course focuses on the study of language in its social context.

On completion of the course students would have covered topics which include themes such as: introduction (basic concepts and issues in Sociolinguistics); regional variation; social variation; language change; 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.

**DP requirements:** All written work to be handed in and at least 75% attendance at tutorials.

**Assessment:** Tests and other written assignments set during the semester count for 50% of the final mark; one two-hour examination in October/November counts 50%.

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### **AXL1302S** LINGUISTICS FOUNDATION

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Conveners:** Dr B Ige and S Bowerman

**Course entry requirements:** None.

**Course outline:** This foundational course revisits core areas of AXL1300F. 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, 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

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use appropriate conventions to present these descriptions, analyses and explanations.

**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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### AXL1303F SOCIOLINGUISTICS FOUNDATION

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Conveners:** Dr B Ige and S Bowerman

**Course entry requirement:** AXL1302S.

**Course outline:** This course forms part of the (foundational) Intervention Programme. It aims to prepare students for what they will encounter in AXL1301S when they re-enter the standard curriculum. The course aims to ensure that students understand the ways in which social context affects all aspects of language use and to 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. The course helps to prepare students for phenomena and problems they are likely to encounter in their profession; assists 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).

**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.

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### PSY2006F RESEARCH IN PSYCHOLOGY I

*(Faculty of Humanities)*

**NQF credits:** 24 at HEQSF level 6

**Convener:** Prof C Tredoux

**Course entry requirements:** PSY1004F and PSY1005S; Mathematics proficiency requirements of PSY1004F.

**Course outline:** This course introduces students to research in psychology. There are four central components: (a) introduction to research methods in psychology; (b) introduction to statistical analysis in psychology; (c) qualitative methods in psychology, and (d) psychological measurement.

**DP requirements:** Completion of all coursework by the due dates, as well as completion of 90 minutes in the Student Research Participation Programme (SRPP) or equivalent.

**Assessment:** Coursework (essay, tests and projects) counts 50%; one two-hour examination in June counts 50% towards the final mark.

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### PSY2010S COGNITION AND NEUROSCIENCE

*(Faculty of Humanities)*

**NQF credits:** 24 at HEQSF level 6

**Convener:** Dr S Malcolm-Smith

**Course entry requirements:** PSY1005S and PSY2006F.

**Course outline:** This course comprises an introduction to cognitive psychology and neuroscience. The course covers brain structures and functions that are involved in cognition. Cognitive functions covered include perception, memory, and language, among others. There is a strong focus on the research methods used in this field. Classic research protocols are introduced as practical exercises, and statistical analysis is required.

**DP requirements:** Completion of all coursework by the due dates as well as completion of 90 minutes in the Student Research Participation Programme (SRPP), or equivalent.

**Assessment:** Coursework (tests and practical assignments) count 50%; and one two-hour examination in October counts 50% towards the final mark.

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### AHS2046F DIAGNOSTIC AUDIOLOGY

**NQF credits:** 18 at HEQSF level 6

**Convener:** L Petersen

**Course entry requirements:** AHS1003F or AHS1041S.

**Course outline:** This course aims to enable students to devise and implement 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 acquire the skills of jargon-free 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; completion of all coursework by the due dates.

**Assessment:** Two formative assessments; two summative assessments totalling 60%; a final examination: 40%.

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### AHS2047S PAEDIATRIC REHABILITATIVE AUDIOLOGY

**NQF credits:** 18 at HEQSF level 6

**Convener:** Dr L Ramma

**Course entry requirements:** AHS1041S and 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 assess and comprehensively manage children with hearing impairment. Content includes factors contributing to diversity in the paediatric population with hearing impairment; a “disability model of deafness” and bio-psycho-social models; as well as approaches to aural rehabilitation for children with hearing impairment. Students learn critical thinking skills, knowledge translation, understanding of diversity and context, how to select appropriate assessment material, interpretation of assessment results in light of the client’s context, and holistic client management. They acquire awareness of diverse client contexts, appreciation of the range of auditory dysfunction, sensitivity to issues of disability, empathy, agents for change, respect for client communication choices, and develop a client and family-centred approach. 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 at all lectures; completion of all coursework by the due dates.

**Assessment:** Coursework comprises two formative assessments and two summative assessments totalling 60%; final examination in November: 40%.

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### AHS2106F CHILD LANGUAGE

**NQF credits:** 21 at HEQSF level 6

**Convener:** Dr M Harty

**Course entry requirements:** AHS1042F or AHS1043S; AXL1300F.

**Course outline:** This course aims to enable the student to compare and contrast child language delay, difference and disorder; to describe and critically discuss the principles and nature of assessment and comprehensive management of child language; and to apply principles of intervention to special populations. Content includes the nature, assessment and management of child language difficulties. Students learn to observe and interact with children and profile a child's general development in relation to expected milestones. They acquire knowledge translation skills 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, observation and interaction with young children, role-play, 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; completion of all coursework by the due dates.

**Assessment:** Coursework assessments are weighted 60%; final summative examination in June is weighted 40%.

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### AHS2107F CHILD SPEECH

**NQF credits:** 18 at HEQSF level 6

**Convener:** Dr M Pascoe

**Course entry requirements:** AHS1042F, or AHS1043S; AXL1300F.

**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; completion of all coursework by the due dates.

**Assessment:** Coursework marks comprise 60%; the final summative assessment in June counts 40%.

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### AHS2108W CLINICAL SPEECH THERAPY I

**NQF credits:** 24 at HEQSF level 6

**Conveners:** Prof S Amosun and V Norman

**Course entry requirements:** AHS2106F and AHS2107F.

**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. 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- family-centred approach.

**DP requirements:** At least 80% attendance at clinics, completion of all coursework and required documentation by the due dates.

**Assessment:** Formative assessments plus 3 summative assessments per semester = 80%; Disability in Primary Healthcare Project = 20%.

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### AHS2109S SCHOOL-BASED INTERVENTIONS

**NQF credits:** 21 at HEQSF level 6

**Convener:** Assoc Prof H Kathard

**Course entry requirement:** AHS2106F.

**Course outline:** This course aims to enable the student to compare and contrast the range of communication challenges experienced by learners in classrooms 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; voice; and auditory processing/attention difficulties in the school context. Students acquire the skills of observation and interaction with school-age children, 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 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; completion of all coursework by the due dates.

**Assessment:** Coursework: formative assessments; two summative assessments – 60%; final summative examination in November – 40%.

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### AHS2110W CLINICAL AUDIOLOGY 1

**NQF credits:** 24 at HEQSF level 6

**Conveners:** Dr L Ramma and T Kuhn

**Course entry requirement:** AHS2046F.

**Course outline:** This course aims to enable the student to demonstrate professional conduct; to promote communication development in children aged 0 – 5yrs, to prevent communication difficulties in children, and to assess peripheral auditory function in adults. Content includes neonatal hearing screening, school-based hearing screening, prevention and promotion, early childhood intervention, and diagnostic audiology in adults. There are six clinical blocks, which include Disability in Primary Healthcare. Learning takes place at a variety of sites, which may include community health centres, primary schools, university clinics and/or tertiary hospitals. 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

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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, tutorials and reflective tasks. Themes underpinning the course are primary healthcare, evidence-based practice, ethical and professional practice, and a client-/family-centered approach.

**DP requirements:** Attendance of all academic activities including clinics, completion of all coursework and required documentation (e.g. ELOs, hours) by the due dates, and professional conduct.

**Assessment:** Formative assessments: Two marked clinic sessions per semester. Summative assessment: three marked clinic sessions per semester = 80% of final mark; Disability in Primary Healthcare Project = 20%.

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### AHS2111S DIAGNOSTIC AUDIOLOGY IN SPECIAL POPULATIONS

**NQF credits:** 15 at HEQSF level 6

**Convener:** T Cloete

**Course entry requirements:** None.

**Course outline:** This course aims to enable the student to understand and discuss the nature, assessment and management of central auditory processing disorders (CAPD); hearing assessment of (a) the paediatric population (0-6 years), and (b) the difficult-to-test individual. Content includes CAPD – its nature, assessment, differential diagnosis, management, paediatrics 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 and the analysis and integration of test results. 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, 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; completion of all coursework by the due dates.

**Assessment:** Coursework: four assessments – 60%; final examination in November – 40%.

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### AHS3004H CLINICAL SPEECH THERAPY II

**NQF credits:** 30 at HEQSF level 7

**Conveners:** Prof S Amosun and V Norman

**Course entry requirements:** AHS2108W, AHS2109S, AHS3071F, AHS3073F.

**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; (ii) assess, manage and support adults with acquired communication difficulties and dysphagia. 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 may 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:** At least 80% attendance at clinics; completion of all coursework and required documentation by the due dates.

**Assessment:** Formative assessments: two marked clinic sessions per semester. Summative assessment: three marked clinic sessions per semester = 63% of final mark; Disability in Primary Healthcare Project = 17%; final exam in November = 20%.

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**AHS3008H CLINICAL AUDIOLOGY II**

**NQF credits:** 30 at HEQSF level 7

**Convener:** Prof S Amosun and B Sebothoma

**Course entry requirements:** AHS2046F, AHS2047S, AHS2110W, AHS2111S, AHS3062F, AHS3075F.

**Course outline:** This course aims to enable the student to assess and manage hearing impairment, demonstrate professional conduct, assess peripheral auditory function with guidance, plan and implement management with support, and assess and support individuals with disabilities in a primary healthcare context. Content includes Disability in Primary Healthcare Part II (a multidisciplinary module), evidence-based practice, community-based rehabilitation, and ethics (distributive justice). Learning takes place at a variety of community and clinical placements with both adult and paediatric clients. 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:** Full attendance of all clinics; completion of all coursework and required documentation (e.g. ELOs, hours) by the due dates; professional conduct.

**Assessment:** Formative assessments: two marked clinic sessions per semester. Summative assessment: three marked clinic sessions per semester = 63% of final mark; Disability in Primary Healthcare Project = 17%; final exam in November = 20%.

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**AHS3062F REHABILITATION TECHNOLOGY**

**NQF credits:** 22 at HEQSF 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, equity and affirmation of diversity.

**DP requirements:** Attendance at all lectures; completion of all coursework by the due dates.

**Assessment:** Mid-term assignment (weighted 25% of the final mark); a group assignment (15%); a cochlear implant assignment (20%) and a final summative examination in first semester (40%).

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**AHS3065S ADULT REHABILITATIVE AUDIOLOGY**

**NQF credits:** 18 at HEQSF level 7

**Convener:** Dr L Ramma

**Course entry requirements:** None.

**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 the holistic management of an adult with

a hearing impairment, psychological levels of hearing, communication models, international classification of functioning, disability and health (ICF classification), principles of assessment and aural rehabilitation, and counselling. Students acquire skills of 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. They acquire sensitivity to cultural and contextual diversity, learn respect and sensitivity to issues of disability, and learn to recognise the need for individualised management plans and to be agents for change. 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; completion of all coursework by the due dates.

**Assessment:** Coursework: two formative assessments and two summative assessments – 60%; final summative examination in November – 40%.

### AHS3071F ACQUIRED NEUROGENIC LANGUAGE DISORDERS

**NQF credits:** 22 at HEQSF level 7

**Convener:** Dr M Pascoe

**Course entry requirements:** None.

**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 nature of assessment and management; 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; completion of all coursework by the due dates.

**Assessment:** Formative assessments; two summative assessments totalling 60%; final summative examination in June: 40%.

### AHS3072S PAEDIATRIC DYSPHAGIA AND MOTOR SPEECH

**NQF credits:** 22 at HEQSF level 7

**Convener:** V Norman

**Course entry requirements:** None.

**Course outline:** This course aims to enable the student to describe and discuss aetiologies, the nature and consequences of (i) dysphagia in infants and children and (ii) dysarthria and apraxia in children. It addresses the nature of assessments and comprehensive management. Content includes anatomy, physiology, pathology, aetiology of swallowing and motor speech disorders; principles and nature of clinical and objective assessments (video-fluoroscopic swallow study for dysphagia); differential diagnosis; evidenced-based management within relevant frameworks; teamwork; and working with special populations and families. Students acquire skills of knowledge translation, critical and analytical thinking, effective communication and group-work. They 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. Themes underpinning the course include management within a multilingual and multicultural context, developing agents for change, and materials development.

**DP requirements:** Attendance of all academic activities, and completion of all coursework by the due dates.

**Assessment:** Formative assessments; two summative assessments – 60%; final summative examination in November – 40%.

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### **AHS3073F ADULT DYSPHAGIA AND MOTOR SPEECH**

**NQF credits:** 22 at HEQSF level 7

**Convener:** Assoc Prof S Singh

**Course entry requirement:** 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 neuro-anatomy, anatomy, physiology, pathology, aetiology of swallowing and motor speech; and the principles and nature of clinical and objective assessments, as well as differential diagnosis and evidenced-based management within an ICF framework. Students acquire skills of knowledge translation, critical and analytical thinking, effective communication and group-work. They learn the importance of empathy and respect and of having a holistic view of individuals. They learn to appreciate the challenges to participation and their role in improving participation through client-centred interventions. Teaching and learning activities include case discussions, lectures, a video analysis, literature reviews, critiques and role-play. Students are taught to devise and present in-service training programmes. Through communal constructivism, they also learn how to devise, administer and interpret assessment protocols (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; completion of all coursework by the due dates.

**Assessment:** Formative assessments; two summative assessments – 60%; final summative examination in June – 40%.

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### **AHS3075F OAEs AND ELECTROPHYSIOLOGY**

**NQF credits:** 22 at HEQSF level 7

**Convener:** L Petersen

**Course entry requirement:** 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; completion of all coursework by the due dates.

**Assessment:** Coursework: formative assessments; two summative assessments – 60%; final summative examination in June – 40%.

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### **AHS3078H RESEARCH METHODS AND BIOSTATISTICS I**

**NQF credits:** 10 at HEQSF level 7

**Convener:** Prof J Jelsma

**Course entry requirement:** None.

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**Course outline:** The course provides students with the necessary skills and conceptual knowledge to conduct research in audiology, speech-language therapy, occupational therapy or physiotherapy. Students receive lectures 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. This course is taught through lectures, tutorials and online assignments.

**DP requirements:** No student may proceed to the examination without attending lectures on ethics or completing an online ethics course. No student may proceed to the research project until the research protocol has been awarded a mark of 50%. The protocol may need to be resubmitted.

**Assessment:** Marks are weighted as follows: research methodology continuous assessment (April: 5%); research methodology paper (July: 5%); epidemiology paper (July: 5%); research protocol (25%); biostatistics (10%) and examination (a critical appraisal: 50%).

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### AHS3102F CHILD LANGUAGE II

**NQF credits:** 15 at HEQSF level 7

**Convener:** Dr M Harty

**Course entry requirement:** 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 children who have a range of special education needs such as cerebral palsy, autism spectrum disorders, and traumatic brain injury; and to manage children who may require Alternative and Augmentative Communication. Content includes the nature, assessment and management of child language difficulties linked to a range of different etiologies. 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, observation and interaction with young children, role-play, 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; completion of all coursework by the due dates.

**Assessment:** Coursework assessments – 60%; final summative examination in June – 40%.

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### AHS3103S VOICE

**NQF credits:** 15 at HEQSF level 7

**Convener:** Dr M Pascoe

**Course entry requirements:** None.

**Course outline:** This course aims to apply the International Classification of Functioning, disability and health (ICF) framework to voice and resonance disorders; to develop the ability to describe and critically discuss the nature of voice and resonance disorders; to impart knowledge of the principles and methods of voice and resonance assessment; and to enable students to conduct a comprehensive management of the client with voice and/or resonance difficulties. Content includes laryngeal anatomy and physiology; nature, signs and symptoms of voice/resonance disorders; principles and nature of assessment, 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 at all lectures; completion of all coursework by the due dates.

**Assessment:** Formative assessments: two summative assessments – 60%; final summative examination in November – 40%.

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**AHS3104S VESTIBULAR MANAGEMENT**

**NQF credits:** 15 at HEQSF level 7

**Convener:** C Rogers

**Course entry requirement:** 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 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 of 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, bio-psycho-social model, and ethical conduct.

**DP requirements:** Attendance of all academic activities; completion of all coursework. Attendance is monitored through the signing of an attendance register at each session.

**Assessment:** Coursework: two formative assessments; two summative assessments totalling 60%; final examination in November: 40%.

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**AHS3105F PUBLIC HEALTH AUDIOLOGY**

**NQF credits:** 15 at HEQSF level 7

**Convener:** Dr 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; completion of all coursework by the due dates.

**Assessment:** Coursework: two formative assessments; two summative assessments totalling 60%; final examination in June: 40%.

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**AHS4000W RESEARCH REPORT**

**NQF credits:** 30 at HEQSF level 8

**Convener:** L Petersen

**Course entry requirements:** None.

**Course outline:** The aim of this course is the formulation of a research proposal with guidance. Students learn to review and critique the literature; plan and manage data collection; analyse and interpret results; and describe, discuss, critique and present (oral and written) 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

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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, supervision sessions, workshops and presentations, and participation in group-work.

**Assessment:** Minimum of five formative assessments; a written research report 100%.

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### AHS4005H CLINICAL SPEECH THERAPY IIIA

**NQF credits:** 45 at HEQSF level 8

**Convener:** V Norman

**Course entry requirements:** AHS3004H, AHS3072S & AHS3103S.

**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); to facilitate sustainable community-based rehabilitation; and to learn skills enabling the independent planning and management of service delivery at the 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. 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:** Full attendance at clinics; completion of all coursework by the due dates; professional conduct.

**Assessment:** Formative assessments; three summative assessments per clinical block totalling 60%; final qualifying examination in June: 40%.

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### AHS4006H CLINICAL SPEECH THERAPY IIIB

**NQF credits:** 45 at HEQSF level 8

**Convener:** V Norman

**Course entry requirements:** AHS3004H, AHS3072S & AHS3103S.

**Course outline:** This course aims to enable the student to demonstrate professional conduct; to conduct independent assessments and the 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). Students learn skills of facilitating sustainable community-based rehabilitation and independent planning and management of service delivery at the sites. They rotate through clinical blocks and sites during the year. They learn skills of problem-solving, effective communication, clinical reasoning, and ethical and professional practice. They learn to plan, implement, manage and evaluate service delivery. They acquire skills of reflection, needs analysis, community engagement, and competent clinical practice. They acquire an asset-based approach and a recognition that collaborative, client-/family-centred intervention is key. Teaching and learning activities include the observation and modelling of experienced clinicians, service provision, clinical practice, team-work, paper rounds, 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:** Full attendance at clinics; completion of all coursework by the due dates; professional conduct.

**Assessment:** Formative assessments; three summative assessments per clinic – 60%; final

qualifying examination in November – 40%.

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**AHS4008H CLINICAL AUDIOLOGY IIIA**

**NQF credits:** 45 at HEQSF level 8

**Conveners:** N Keeton and C Rogers

**Course entry requirements:** AHS3008H, AHS3065S 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:** Full attendance at all clinics; completion of all coursework by the due dates; professional conduct.

**Assessment:** Formative assessments; three summative assessments per clinical block totalling 60%; final qualifying examination in June: 40%.

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**AHS4009H CLINICAL AUDIOLOGY IIIB**

**NQF credits:** 45 at HEQSF level 8

**Conveners:** N Keeton and C Rogers

**Course entry requirements:** AHS3065S 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 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:** Full attendance at all clinics; completion of all coursework by the due dates; and professional conduct.

**Assessment:** Formative assessments; three summative assessments per clinical block – 60%; final qualifying examination in November – 40%.

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**AHS4067S SEMINARS IN COMMUNICATION SCIENCES**

**NQF credits:** 4 at HEQSF level 8

**Convener:** Assoc Prof H Kathard

**Course entry requirements:** None.

**Course outline:** The aims of this course are to enable students to review and critique literature, 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 skills of knowledge translation; they develop academic writing skills through the ability to integrate and critique relevant literature, 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 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 and participation in group-work, tutorials and presentations.

**Assessment:** Written work 60%; oral presentation 40%.

## BACHELOR OF SCIENCE IN OCCUPATIONAL THERAPY

[Programme code: MB003 or MB016 (Intervention Programme). Plan code: MB003AHS09. SAQA registration number: 3497.]

*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.*

**Convener:** A Sunday (Division of Occupational Therapy, Department of Health & Rehabilitation Sciences)

### Duration of programme

FBD1 The degree programme extends over either four or (for students passing through the Intervention Programme) five years of full-time study.

### Curriculum

[Note: See p6 for explanatory notes about HEQSF levels and NQF credits.]

		NQF credits	HEQSF level	
FBD2.1	<b>First year</b>			
	PPH1001F	Becoming a Professional	15	5
	PPH1002S	Becoming a Health Professional	15	5
	PSY1004F	Introduction to Psychology Part I <i>or</i>		
	PSY1006F	Introduction to Psychology Part I Plus	18	5
	PSY1005S	Introduction to Psychology Part II <i>or</i>		
	PSY1007S	Introduction to Psychology Part II Plus	18	5
	HUB1019F	Anatomy and Physiology IA	18	5
	HUB1020S	Anatomy and Physiology IB	18	5
	AHS1032S	Occupational Perspectives on Health and Well-being		
	AHS1035F	Human Occupation and Development	20	5
			22	5
		<i>Total NQF credits in first year:</i>	<u>144</u>	

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		<b>NQF credits</b>	<b>HEQSF level</b>
FDB2.2	A student who fails one or more of the following courses at the end of Semester 1 may be required to enter the Intervention Programme Parts 1 and 2:		
	PSY1004F Introduction to Psychology Part I <i>or</i>		
	PSY1006F Introduction to Psychology Part I Plus	18	5
	HUB1019F Anatomy and Physiology IA	18	5
	AHS1035F Human Occupation and Development	22	5
FDB2.3	A student who fails one or more of the following courses at the end of Semester 2 of the standard curriculum may be required to enter the Interventions Programme Part 2:		
	PSY1005S Introduction to Psychology Part II	18	5
	HUB1020S Anatomy and Physiology IB	18	5
	AHS1032S Occupational Perspectives on Health and Well-being	20	5
	<i>[See rule FBD3 below for the Intervention Programme curriculum. The Intervention Programme starts in July and ends in June of the following year, after which the student joins the second semester of the standard curriculum.]</i>		
FDB2.4	<b>Second year</b>		
	MDN2002W Clinical Sciences I	13	6
	PRY2002W Psychiatry for Occupational Therapy	14	6
	PSY2003S Social Psychology and Intergroup Relations	24	6
	PSY2009F Developmental Psychology	24	6
	HUB2015W Anatomy & Physiology II for Health and Rehabilitation Sciences	36	6
	AHS2043W Occupational Therapy II	36	6
	<i>Total NQF credits in second year:</i>	147	
FDB2.5	<b>Third year</b>		
	SLL1028H Xhosa for Health and Rehabilitation Sciences*	18	5
	SLL1048H Afrikaans for Health and Rehabilitation Sciences *	18	5
	AHS3078H Research Methods and Biostatistics I	10	7
	AHS3107W OT Theory and Practice in Physical Health	38	7
	AHS3108W OT Theory and Practice in Mental Health	38	7
	AHS3113W Foundation Theory for OT Practice I	26	7
	<i>Total NQF credits in third year:</i>	148	
FDB2.6	<b>Fourth year</b>		
	AHS4119W Occupational Therapy Research and Practice Management	48	8
	AHS4120W Foundation Theory for OT Practice II	48	8
	AHS4121W Occupational Therapy Practice and Service Learning	48	8
	<i>Total NQF credits in fourth year:</i>	144	
	<i>Total NQF credits for programme:</i>	583	

*[\*Note: A student may be exempted from doing Afrikaans or Xhosa in the third year only if the language concerned was taken as home language in the final school year. A copy of the NSC certificate stating the first language status is required as evidence.]*

### **Intervention programme**

FBD3.1 The following courses must be satisfactorily completed during the Intervention Programme by a student that enters the Intervention Programme after semester 1:

#### ***Intervention Programme Part 1:***

		<b>NQF credits</b>	<b>HEQSF level</b>
HUB1015S	Fundamentals of Anatomy and Physiology IA	0	5
AHS1031S	Preparation for Entry-level Psychology for Health and Rehabilitation Sciences Part I	18	5
AHS1038S	Fundamentals of Human Occupation and Development IA	0	5

*[Note: Credits for IP1 courses, and final assessments of IP courses, are included in those of IP2 courses.]*

FBD3.2 A student who fails AHS1031S and has met the DP requirement for this course may be permitted to repeat the course during the summer term. If he/she again fails during the summer term, he/she may be refused readmission.

FBD3.3 A student entering IP who failed PSY1004F or PSY1006F in the first semester of the standard first year programme will be required to register for all IP1 courses including AHS1031S.

FBD3.4 The following courses must be satisfactorily completed during the Intervention Programme by a student who has completed the Intervention Programme Part 1 or who is required to enter the Intervention Programme after semester 2 of the standard curriculum:

#### ***Intervention Programme Part 2:***

		<b>NQF credits</b>	<b>HEQSF level</b>
PSY1006F	Introduction to Psychology Part I Plus*	18	5
HUB1016F	Fundamentals of Anatomy and Physiology IB	36	5
AHS1044F	Fundamentals of Human Occupation and Development 1B	48	5

*Total NQF credits in IP:*  $\frac{102}{120^*}$

*[\*Note: students who failed PSY1004F or PSY1006F in the first semester of the first year are required to register for PSY1006F as part of the intervention programme.]*

FDB3.5 A student who has failed PPH1002S Becoming a Health Professional will register for this course as well.

FBD3.6 Once a student has satisfactorily completed all the prescribed courses of the Intervention Programme, he/she may proceed to semester 2 of the standard curriculum.

### **DP (Due Performance) requirements and progression rules**

FBD4 (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.

- (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. The class (or year-) mark is not added to the result of any such supplementary examination in determining the final result for the course.

### **Readmission rules**

*[Note: These rules must be read in conjunction with general rules on page 8 of this handbook.]*

FBD5.1 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree, or may have his/her registration cancelled:

- (a) if he/she is in the Intervention Programme and fails any course in it (no supplementary examinations are offered in the Intervention Programme);
- (b) if he/she fails a course which he/she is repeating;
- (c) unless he/she, from the second year of study, successfully completes in each year's examination cycle half or more of the course load for which he/she is registered in that year (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);
- (d) unless he/she successfully completes all the prescribed courses for any single year in two years;
- (e) if he/she is unable to complete the standard programme in six years;
- (f) if he/she has been found guilty of unprofessional behaviour or found to be impaired.

FBD5.2 A student who has not fulfilled the required number of clinical hours will not be permitted to graduate.

### **Distinction**

FBD6 The degree may be awarded with distinction (average of 75% or above for all courses from first to final year of study).

## **Courses for BSc Occupational Therapy:**

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### **PPH1001F BECOMING A PROFESSIONAL**

**NQF credits:** 15 at HEQSF level 5

**Conveners:** L Dlamini and L Olckers

**Course entry requirements:** None.

**Course outline:** This course introduces first year students in all health sciences disciplines to the process of developing professional conduct. The course aims to promote the conduct, knowledge, attitudes and values associated with being a professional as well as a member of a professional team. Students learn to develop 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 is 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 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, and of the HIV-AIDS workshop; completion of all set assignments; and undergoing all assessment activities.

**Assessment:** Continuous, performance-based assessment provides students with regular feedback. In-course assignments comprise 60% of the total mark. The final, summative assessment makes up 40% of the total mark.

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### PPH1002S BECOMING A HEALTH PROFESSIONAL

**NQF credits:** 15 at HEQSF level 5

**Conveners:** L Dlamini and L Olckers

**Course entry requirement:** PPH1001F.

**Course outline:** This course builds on the knowledge acquired and skills developed in PPH1001F Becoming a Professional. The focus is on primary healthcare and disability. The course equips students to work collaboratively on a community-oriented project based on the primary healthcare principles and approach, which include comprehensive healthcare (promotive, preventive, curative and rehabilitative 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 the community-oriented project 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 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 set assignments and undergoing assessment activities.

**Assessment:** Continuous, performance-based assessment provides students with regular feedback and comprises 60% of the total mark. The summative assessment makes up 40% of the total mark.

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### PSY1004F INTRODUCTION TO PSYCHOLOGY PART I

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr B Zuma

**Course entry requirements:** None.

**Course outline:** The course aims to introduce the student to some of the areas of specialisation within psychology. These include biopsychology, health psychology, developmental psychology, psychopathology and psychotherapy, social psychology, learning, research methods and other topics within the discipline of psychology. This introduction to psychology is achieved through lectures, tutorials, assignments, readings, tests, and research practical exercises.

**DP requirements:** Satisfactory completion of all term assignments by the due date, attendance of at least five of six tutorials, and completion of all class tests. In addition, completion of 90 minutes in the Student Research Participation Programme (SRPP), or equivalent, is required.

**Assessment:** Coursework (term assignments and test) 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 course.

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### PSY1005S INTRODUCTION TO PSYCHOLOGY PART II

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr B Zuma

**Course entry requirements:** PSY1004F.

**Course outline:** This course builds on the content covered in Introduction to Psychology Part I. The following modules are covered: quantitative and qualitative research methods, community psychology, intelligence, consciousness, language and thought, personality, and social psychology. These modules are taught and assessed through lectures, tutorials, assignments and readings.

**DP requirements:** Satisfactory completion of all term assignments by the due dates, attendance of at least five of six tutorials, and completion of all class tests. In addition, completion of 90-minutes in the Student Research Participation Programme (SRPP) or equivalent is required.

**Assessment:** Coursework (term assignments and test) counts 50%; one two-hour examination in November counts 50%. Students are expected to pass the November examination as well as all coursework before being awarded a pass in this course.

### **PSY1006F INTRODUCTION TO PSYCHOLOGY PART I PLUS**

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr L Schrieff

**Course entry requirements:** PSY1006F is open only to students in the health and rehabilitation sciences programmes who do not meet the admission requirements for PSY1004F.

**Course outline:** The course aims to introduce the student to some of the areas of specialisation within psychology. These include biopsychology, health psychology, developmental psychology, psychopathology and psychotherapy, social psychology, learning, research methods and other topics within the discipline of psychology. This introduction to psychology is achieved through lectures, tutorials, assignments, readings, tests, and research practical exercises. In addition, there is a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write essays and prepare other submissions to the Psychology Department and to carry out conceptual analyses of research material and results.

**DP requirements:** Satisfactory completion of all term assignments by the due date, attendance of at least five of six tutorials, completion of all class tests. In addition, completion of 90 minutes in the Student Research Participation Programme (SRPP), or equivalent, is required. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial and essays in draft form before the formal submission dates.

**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.

*[Note: Credit will not be given for both PSY1004F and PSY1006F.]*

### **PSY1007S INTRODUCTION TO PSYCHOLOGY PART II PLUS**

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr L Schrieff

**Course entry requirements:** PSY1006F.

**Course outline:** This course builds on the content covered in PSY1006F Introduction to Psychology Part I. The following modules are covered: quantitative and qualitative research methods, community psychology, intelligence, consciousness, language and thought, personality and social psychology. These modules are taught and assessed through lectures, tutorials, assignments and readings. There is also a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write a research report and prepare other submissions to the Psychology Department and to carry out conceptual analyses of research material and results.

**DP requirements:** Satisfactory completion of all term assignments by the due dates, attendance of at least five of six tutorials, and completion of all class tests. In addition, completion of 90-minutes in the Student Research Participation Programme (SRPP) or equivalent is required. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial and essays in draft form before the formal submission dates.

**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.

*[Note: Credit will not be given for both PSY1005S and PSY1007S.]*

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**HUB1015S FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IA**

**NQF credits:** 0 at HEQSF level 5

*[The credits are included in those for HUB1016F.]*

**Conveners:** Dr A Abrahams and Dr B Ige

**Course entry requirements:** None.

**Course outline:** This foundation (Intervention Programme) course revisits the key concepts and core material of HUB1019F Anatomy and Physiology IA. Course content addresses the fundamental anatomical and physiological knowledge and skills relevant to the rehabilitation sciences professions and includes an overview of cells and systems in the human body; cellular physiology; physiology of nerves; and the anatomy of the upper limbs. The relevance of these concepts for the rehabilitation professions is emphasised through the use of specifically selected examples of injury, health conditions and disability. Attention is given to the specific terminology of the anatomy and physiology disciplines, as well as to the underlying scientific literacy and numeracy skills required to achieve proficiency in these areas. At the end of this course, students will be able to describe the anatomy of the upper limb, explain the basic physiological and anatomical concepts and processes outlined above, and give an overview of human physiology from the level of cells to the whole body. Teaching and learning strategies include lectures, tutorials, practical sessions, clinical case discussions and self-directed learning sessions.

**DP requirements:** Students must attend and participate in all lectures, practical sessions, workshops and tutorials. All assignments must be submitted by their due date.

**Assessment:** Assessment of the course comprises written assignments and in-course assessments. The in-course mark contributes 50% to the final mark and comprises two tests (weighted 10% and 20% respectively); physiology assignments (10%); and anatomy assignments (10%) in HUB1015S. The final written test contributes 50% to the mark for HUB1015S. These assessments contribute 40% towards the final year mark in HUB1016F at the end of IP2.

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**HUB1016F FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IB**

**NQF credits:** 36 at HEQSF level 5

**Conveners:** Dr A Abrahams and Dr B Ige

**Course entry requirements:** None.

**Course outline:** This foundation course aims to prepare students for HUB1020S Anatomy and Physiology IB when they re-enter the standard curriculum. It revisits key concepts and core material of HUB1019F and builds on knowledge and skills acquired in HUB1015S. It focuses on key systems within the human body. Content includes the physiology of muscle, the cardiovascular system, the respiratory system, and the anatomy of the lower limb. The underlying physiological concepts, principles and mechanisms and relevant structural anatomy of the thorax, heart and lungs are presented in an integrated manner. Carefully selected studies relate the cases to the clinical practice of occupational therapy and physiotherapy. Specific terminology of the anatomy and physiology disciplines is included, and underlying scientific literacy and numeracy skills are developed. Teaching/learning strategies include lectures, tutorials, practical sessions, clinical case discussions and computer-aided learning sessions. At the end of this course, students will be able to describe the anatomy of the lower limb; explain key concepts in the normal physiology of muscle and nerve cells; describe the anatomy of the thorax, heart, blood vessels and lungs; explain key concepts in the normal physiology of the cardiovascular and respiratory systems; and explain how the cardiovascular and respiratory systems work together.

**DP requirements:** Attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due date.

**Assessment:** Assessment of the course comprises a written in-course assessment and a final course examination. The in-course assessment consists of two tests (weighted 10% and 20% respectively towards the total mark); physiology assignments (10%) and anatomy assignments (10%). The final written examination contributes 50% towards the total mark. These assessments and examination contribute 60% towards the final year-mark at the end of IP2.

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**HUB1019F ANATOMY AND PHYSIOLOGY IA**

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr C Warton

**Course entry requirements:** None.

**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.

**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.

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**HUB1020S ANATOMY AND PHYSIOLOGY IB**

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr C Warton

**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 the anatomy and physiology of the cardiovascular system, thorax and respiratory systems and the lower limb. The main aim is to integrate anatomical and physiological knowledge in order to understand the human body as a complete organism. Content also includes the anatomy of the lower limbs.

**DP requirements:** Attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due date.

**Assessment:** The course comprises written and on-going practical assessments, which make up 45% of the course mark. The other 55% is made up of marks for the final written and practical examinations.

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**SLL1028H XHOSA FOR HEALTH AND REHABILITATION SCIENCES**

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr M R Smouse

**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 an incorporation of clinical experiences related to the streams of physiotherapy, occupational therapy and the communication sciences. The main focus of this course is on pronunciation, grammar and interaction with patients/clients. Interaction is used as a means of exposing students to the Xhosa ways of expression, as well as 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, elicit and understand information from a client using terminology specific to the fields of physiotherapy, occupational therapy and the communication and speech disorders, and will have an awareness of some cultural issues that emanate from cross-cultural communication.

**DP requirements:** At least 80% class attendance (and 80% of lectures) and completion of all assessments. Submission of all assessments and projects by the due dates.

**Assessment:** Coursework (vocabulary and oral assessments based on topics covered in the course) contributes 50% and comprises two tests, each counting 15% towards the final mark; and two further tests, each counting 10%. The final examinations contribute 50% and comprise simulated client interviews in June (20%) and in November (30%).

### **AHS1031S PREPARATION FOR ENTRY-LEVEL PSYCHOLOGY FOR HEALTH AND REHABILITATION SCIENCES PART I**

**NQF credits:** 0 HEQSF level 5

*[Note: The credits are included in those for PSY1004F.]*

**Conveners:** Dr B Ige and E Badenhorst

**Course entry requirements:** None.

**Course outline:** This course develops and strengthens students' understanding of the basic psychological concepts, principles and terminology introduced in semester one by revisiting material covered in PSY1004F. Students are introduced to the building blocks, core principles and concepts of PSY1004F, such as learning, memory, developmental psychology, health psychology and psychopathology, in order to develop and strengthen a basic knowledge of central areas in psychology. The course also develops and strengthens empirical skills, in order to allow students to critically assess studies on which psychological theory is based. Students engage with the discipline in a critical and analytical way by revisiting the core principles of theory and research. In order to familiarise them with the modes of learning required of them upon entry into PSY1005S, and the style of instruction they will encounter in the course, students attend lectures and small group tutorials to develop academic skills and techniques. The outcome of AHS1031S is a fundamental understanding of psychology, and an ability to look critically at concepts and theories in the discipline and understand the practical application of psychology in everyday life and in their future professions.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of all assignments by the due dates.

**Assessment:** Formative assessment includes essays, written tests, a research project and multiple-choice question tests. The purpose of assessments in this course is twofold: to provide students with feedback regarding their progress, as well as to develop and strengthen knowledge, critical thinking, research skills and writing skills. The assessment process familiarises students with a range of academic skills in preparation for learning in subsequent semesters. In-course assessment contributes 60% and comprises an essay (weighted 10% towards the final mark); a research project essay (15%); tutorial assignments (10%); and two tests (25%). The final written test contributes 40%; there is no summative examination for this course after IP1. The final assessment takes place in PSY1004F at the end of IP2.

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### **AHS1032S OCCUPATIONAL PERSPECTIVES ON HEALTH AND WELL-BEING**

**NQF credits:** 20 at HEQSF level 5

**Convener:** Z Hajwani

**Course entry requirements:** AHS1035F or AHS1044F.

**Course outline:** This course includes an analytical exploration of 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 appreciation of how dimensions of occupational performance in self-care, productivity and leisure unfold across the lifespan in relation to culture, context and ability. Students develop an appreciation of the lived experience of having a 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. Students are able to describe the link between human occupation, health and well-being; discuss forms of occupational risk/dysfunction; describe their understanding of the lived experience of a person with a disability; discuss 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.

**DP requirements:** Students must complete the learning tasks related to the following parts of the curriculum in order to be eligible to write the final exam: OT as a transformative agent; occupational performance; and practice learning tutorials.

**Assessment:** Formative assessments comprise a micro-enterprise assignment (weighted 20% of the final mark); a human development and occupation assignment (30%); journal 1 (5% from Practice Learning Block Form 1) (20%); and journal 2 (5% from Practice Learning Block Form 2) (30%).

The final mark calculated as follows: Course mark: 50%; exam mark (including the occupational performance assignment): 50%.

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### AHS1035F HUMAN OCCUPATION AND DEVELOPMENT

**NQF credits:** 22 at HEQSF level 5

**Convener:** Z Hajwani

**Course entry requirements:** None.

**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 impact the environment has on occupation. 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. 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 practising 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.

**DP requirements:** Students complete written tasks related to the following parts of the curriculum in order to be eligible to write the final exam: basic concepts; ethics and human occupation.

**Assessment:** Coursework comprises an art forms report (30%); art forms presentation (30%); and test (40%). The final mark is calculated as follows: course mark (50%) and exam mark (50%).

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### AHS1038S FUNDAMENTALS OF HUMAN OCCUPATION & DEVELOPMENT IA

**NQF credits:** 0 at HEQSF level 5

*[Note: The credits are included in those for AHS1044F.]*

**Conveners:** Prof M Duncan and Dr B Ige

**Course entry requirements:** None.

**Course outline:** This foundational (Intervention Programme) course revisits key concepts of the AHS1035F Human Occupation and Development. The course develops students’ procedural and critical thinking by exploring how basic concepts and theories in occupational therapy, including definitions, terminology, classification and professional values, are applied in practice. By engaging with people of different ages in various practice learning contexts, students gain a deeper appreciation of human development across the lifecycle. An integrated understanding of self-care, productivity and leisure unfolds as students explore these dimensions of occupational performance across the lifespan in relation to ability, culture and context. By the end of this course, students will be able to defend in verbal and written form, using at least two occupational theories, their stance on the notions of ‘doing’, ‘being’ and ‘becoming’ as applied to their personal participation in selected occupations; execute and document with reasoned explanations a detailed macro and micro activity analysis on a selected occupation; retrieve, analyse and use literature to explain various dimensions of human development as evidenced in the performer/‘doer’ of a selected occupation; and explain and critique a range of occupational therapy terms and taxonomies in relation to their origins, meanings and relevance in context.

**DP requirements:** Students are expected to attend and participate in all learning activities – practice learning visits, lectures, self-studies and tutorials. All self-study tasks must be completed by the due dates.

**Assessment:** Assessment comprises continuous assessment tasks (10%); two assignments (10% and 20% respectively); two tests (20% and 40% respectively). These assessments contribute 40%

## 84 RULES AND CURRICULA FOR UNDERGRADUATE PROGRAMMES

towards the final year mark in AHS1044F at the end of IP2. There is no summative examination for this course after IP1. The final assessment takes place in AHS1044F.

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### **AHS1044F FUNDAMENTALS OF HUMAN OCCUPATION & DEVELOPMENT IB**

**NQF credits:** 48 at HEQSF level 5

**Conveners:** Dr B Ige and L Cloete

**Course entry requirement:** AHS1038S.

**Course outline:** This foundational (Intervention Programme) course prepares students for what they will encounter in AHS1035F Human Occupation and Development when they re-enter the standard curriculum. It develops students' analytical thinking by exploring the relationship between what people do and their health, well-being and quality of life. By investigating the environments in which people function, students will appreciate the needs, aspirations and capabilities of humans as occupational beings. By the end of the course, students can execute a detailed macro and micro analysis of an activity executed by able and disabled people using a range of different approaches [e.g. Hagedorn, Cynkin and ICF] and identify links with psychology, anatomy and physiology; execute a basic ergonomic analysis of a selected occupational performance challenge experienced by a disabled person in context; identify and provide a rationale for the environmental determinants that influence what, why, when, where, how and with whom people do the things they do every day; identify and explain various forms of occupational risk factors; and draw on a range of sources (electronic, experiential, and documented) to critique and defend the values and philosophy of occupational therapy as evidenced in practice.

**DP requirements:** Students are required to attend and participate in all learning activities, practice learning visits, lectures, self-studies and tutorials. All self-study tasks must be completed by the due dates.

**Assessment:** This comprises continuous assessment tasks (weighted 10% towards the final mark); two assignments weighted 15% each; two tests weighted 15% each; and an examination that contributes 30% to the final mark.

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### **SLL1048H AFRIKAANS FOR HEALTH AND REHABILITATION SCIENCES**

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr I van Rooyen

**Course entry requirements:** None.

**Course outline:** The content of the course is based on case studies covered in the curricula of physiotherapy, occupational therapy and the communication sciences. 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 the skill in asking questions and the ability to enter effectively into dialogue with a client. The course is taught at both beginner and intermediate levels and focuses on the unique pronunciation and stylistic variants of individual clients and culture-specific words and expressions. *[Note: The learning of Afrikaans and Xhosa languages is seen as integral to clinical skills. The content of the courses is aligned with the occupational therapy core course content and activity in clinical placements from second to fourth years.]*

**DP requirements:** At least 80% class attendance and completion of all assessments.

**Assessment:** Coursework (vocabulary and oral assessments based on topics covered in the course): 50%; June assessment (simulated client interviews) – 20%; November examination (simulated client interviews) – 30%.

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### **MDN2002W CLINICAL SCIENCES I**

**NQF credits:** 13 at HEQSF level 6

**Convener:** Dr M Setshedi

**Course entry requirements:** None.

**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.

**DP requirements:** Full attendance and participation in all learning activities and completion of all coursework by the due dates.

**Assessment:** There are three term assessments, in March, June and September. Each of these is a one-hour online MCQ test and counts 15% each towards the year mark. There is an examination at the end of the year (a two-hour online MCQ assessment) which accounts for 55% of the total mark. A re-assessment (a two-hour MCQ online test) is offered for students obtaining an overall mark between 40 and 49%.

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### PRY2002W PSYCHIATRY FOR OCCUPATIONAL THERAPY

**NQF credits:** 14 at HEQSF level 5

**Convener:** Dr A Hooper

**Course entry requirements:** PSY1005S or PSY1007S.

**Course outline:** This course aims to teach occupational students about the definitions, aetiology, clinical signs and symptoms, assessment and management, and prognosis of the major psychiatric conditions as classified in the ICD10 or DSM5. The intentions are to equip students with a sound theoretical knowledge of psychiatry symptomatology and conditions, to enable them to recognise a condition clinically and to comprehend management procedures and options, so as to appreciate the role of occupational therapy in conjunction with other disciplines. 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 health service structure and available mental health resources. Finally, the course introduces discussion about legal, ethical and cultural factors that impact on patient management in the South African context and provides practical information about transforming health services and mental health resources.

**DP requirements:** Full attendance and participation in all learning activities and completion of all coursework by the due dates.

**Assessment:** Two written tests of two hours during the course of the year – 30% each; end-of-year two-hour written examination – 40%; oral for borderline pass/fail or distinction candidates. The final result will be compiled as follows: April test (30%); June test (30%); and November examination (40%).

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### PSY2003S SOCIAL PSYCHOLOGY AND INTERGROUP RELATIONS

*(Faculty of Humanities)*

**NQF credits:** 24 at HEQSF level 6

**Convener:** Dr S Kessi

**Course entry requirements:** PSY1005S and PSY1007S.

**Course outline:** This course aims to provide students with social psychological understandings to these questions, drawing on a range of social psychological approaches to intergroup relations. Some of the topics covered include attitudes and attributions, group membership and stereotyping, social identities, social representations, consciousness and the role of power. The concepts learnt during the course will be critically discussed in relation to current debates in South Africa around identity differences, institutionalised racism, media representations and community empowerment.

**DP requirements:** Completion of all coursework, as well as completion of 90 minutes in the Student Research Participation Programme (SRPP) or equivalent.

**Assessment:** Coursework (oral and written assignments) counts 50%; one two-hour examination in October counts 50% towards the final mark.

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### PSY2009F DEVELOPMENTAL PSYCHOLOGY

(Faculty of Humanities)

**NQF credits:** 24 at HEQSF level 6

**Convener:** Dr L Wild

**Course entry requirements:** PSY1001W or PSY1004F and PSY1005S.

**Course outline:** This course introduces some of the major theoretical approaches to explaining general patterns and individual differences in human development from conception to death. Most of the material focuses on the processes that contribute to development in childhood. However, particular emphasis is placed on the ways in which biological, social and cultural factors interact to psychological functioning across the entire life span.

**DP requirements:** Completion of all coursework by the due dates.

**Assessment:** Coursework counts 50%, and comprises two written assignments (34%) and a class test (16%); one two-hour examination in June counts 50% towards the final mark.

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### HUB2015W ANATOMY AND PHYSIOLOGY II FOR HEALTH AND REHABILITATION SCIENCES

**NQF credits:** 36 at HEQSF level 6

**Convener:** Dr L Davids

**Course entry requirement:** HUB1020S.

**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:** Full attendance of and participation in all learning activities and completion of all coursework by the due dates.

**Assessment:** The in-course mark contributes 45% and comprises tutorial and practical tasks (15%) and a term test (30%). The summative assessment comprises two examinations, weighted at 55% and consisting of a written theory examination and structured practical examination.

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### AHS2043W OCCUPATIONAL THERAPY II

**NQF credits:** 36 at HEQSF level 6

**Convener:** E Du Plooy

**Course entry requirements:** PSY1005S/PSY1007S, HUB1020S, AHS1032S.

**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. The *Disability in Primary Healthcare* multidisciplinary module integrates with professional courses focusing on health promotion, culture, psyche and illness, equity, health and human rights. By the end of this course, students are able to identify, conduct, interpret and record appropriate assessment of the occupational human, including sensory-motor, psycho-social and context-related dimensions; analyse human movements and human environments to identify and optimise opportunities for improved occupational engagement; analyse an activity in relation to occupational form and performance; explain restricted and intact performance components by means of activity analysis, movement analysis, contextual analysis and occupational performance; explain limitations in occupational engagement; and apply principles of professional practice at individual, group and community levels.

**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:** Formative assessment contributes 60% and comprises class tests, assignments, small group projects, and practicals. The Disability in Primary Healthcare module is assessed by means of one presentation and a written report. Summative assessment contributes 40% toward the final course mark and comprises of the following: a written theory exam, an objective standardised practical exam, and written reports.

### AHS3078H RESEARCH METHODS AND BIOSTATISTICS I

**NQF credits:** 10 at HEQSF level 7

**Convener:** Prof J Jelsma

**Course entry requirements:** None.

**Course outline:** The course provides students with the necessary skills and conceptual knowledge to conduct research in the rehabilitation science. Students receive lectures 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. This course is taught through lectures, tutorials and online assignments.

**DP requirements:** No student may proceed to the examination without attending lectures on ethics or completing an online ethics course. No student may proceed to the research project until the research protocol has been awarded a mark of 50%. The protocol may need to be resubmitted.

**Assessment:** Marks are weighted as follows: research methodology continuous assessment (April) (5%); research methodology paper (July: 5%); epidemiology paper (July: 5%); research protocol (25%); biostatistics (10%) and examination (a critical appraisal: 50%).

### AHS3107W OT THEORY AND PRACTICE IN PHYSICAL HEALTH

**NQF credits:** 38 at HEQSF level 7

**Convener:** A Sondag

**Course entry requirements:** AHS2043W, PRY2002W, PSY2003S or PSY2009F.

**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-centred 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. 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-centred occupational therapy plan to address performance enablers, performance components and occupational performance as appropriate; and demonstrate skill in selecting, implementing and applying change.

**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 exam (OSPE), practice learning demonstrations, a mental health assessment, student performance reports and case studies. The final examinations contribute 50% to the final mark and comprise a written paper, an objective standardised practical exam and practice learning demonstration, as well as student performance reports.

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**AHS3108W OT THEORY AND PRACTICE IN MENTAL HEALTH**

**NQF credits:** 38 at HEQSF level 7

**Convener:** Z Hajwani

**Course entry requirements:** AHS2043W, PRY2002W, PRY2003S or PRY2009F.

**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 are mentally ill or psychiatrically disabled. 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.

**DP requirements:** Full attendance of and participation in practise learning tutorials and practical sessions; and completion of all course requirements by the due dates.

**Assessment:** Coursework assessments contribute 50% and comprise a written paper, an objective standardised practical exam, practise 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 exam, practice learning demonstrations and student report forms.

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**AHS3113W FOUNDATION THEORY FOR OT PRACTICE I**

**NQF credits:** 26 at HEQSF level 7

**Convener:** Z Hajwani

**Course entry requirement:** AHS2043W.

**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-centred 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.

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**AHS4119W OCCUPATIONAL THERAPY RESEARCH AND PRACTICE  
MANAGEMENT**

**NQF credits:** 48 at HEQSF level 8

**Convener:** Assoc Prof E Duncan

**Course entry requirements:** AHS3078H, AHS3107W, AHS3108W, AHS3113W and SLL1028H or SLL1048H.

**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 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 online test. The final examinations contribute 50% to the overall mark and comprise a policy brief and a written examination paper.

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**AHS4120W FOUNDATION THEORY FOR OT PRACTICE II**

**NQF credits:** 48 at HEQSF level 8

**Convener:** P Gretschel

**Course entry requirement:** AHS3113W.

**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. OT for the promotion of well-being and full participation of people with disabilities and people at risk for health and social marginalisation are 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. These principles are addressed with reference 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; to understand the occupational therapist's role in promoting occupational engagement; to identify actions promoting occupational justice; and to design appropriate interventions.

**DP requirements:** Attendance at all lectures; completion of all coursework by the due dates.

**Assessment:** Formative assessments contributes 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. Summative assessment contributes 50% to the final mark and comprises a written examination paper.

### **AHS4121W OCCUPATIONAL THERAPY PRACTICE AND SERVICE LEARNING**

**NQF credits:** 48 at HEQSF level 8

**Convener:** T Mohomed

**Course entry requirements:** AHS3107W, AHS3108W.

**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 of all practice-learning placements and practice-learning tutorials.

**Assessment:** Coursework assessments contribute 45% to the final mark and comprise practical demonstrations and a practice-learning student performance report. The final examinations contribute 55% to the overall mark and comprise a portfolio, a video and poster of students' work with a client, group or organisation, as well as an objective standardised practical examination.

## **BACHELOR OF SCIENCE IN PHYSIOTHERAPY**

[Programme code: MB004 or MB017 (Intervention Programme). Plan code: MB004AHS08. SAQA registration number: 3345.]

*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.*

**Programme convener:** S Maart (Department of Health & Rehabilitation Sciences)

### **Duration of programme**

FBE1 The curriculum for the degree extends over four years of full-time study. Students who

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pass through the Intervention Programme will take an additional year to complete the degree.

### Curriculum

[Note: See p6 for explanatory notes about HEQSF levels and NQF credits.]

		NQF credits	HEQSF level
<b>FBE2.1</b>	<b>First year</b>		
	PPH1001F    Becoming a Professional	15	5
	PSY1004F    Introduction to Psychology Part I <i>or</i>		
	PSY1006F    Introduction to Psychology Part I Plus	18	5
	HUB1019F    Anatomy and Physiology IA	18	5
	HUB1022F    Biosciences for Physiotherapy IA	9	5
	AHS1033F    Movement Science I	18	5
	PPH1002S    Becoming a Health Professional	15	5
	HUB1020S    Anatomy and Physiology IB	18	5
	HUB1023S    Biosciences for Physiotherapy IB	9	5
	AHS1034S    Introduction to Applied Physiotherapy	22	5
	<i>Total NQF credits for first year:</i>	142	
<b>FBE2.2</b>	Any student who fails one or more of the following courses may be required to enter the Intervention Programme Parts 1 and 2:		
	PSY1004F    Introduction to Psychology Part I	18	5
	PSY1006F    Introduction to Psychology Part I Plus	18	5
	HUB1019F    Anatomy and Physiology IA	18	5
	HUB1022F    Biosciences for Physiotherapy IA	9	5
	AHS1033F    Movement Science I	18	5
<b>FBE2.3</b>	A student who was not required to enter the Intervention Programme Part 1, or who fails a course in the second semester of the first year of the standard curriculum, may be required to enter the Intervention Programme Part 2:		
	PPH1002S    Becoming a Health Professional	15	5
	HUB1020S    Anatomy & Physiology IB	18	5
	HUB1023S    Biosciences for Physiotherapy IB	9	5
	AHS1034S    Introduction to Applied Physiotherapy	22	5
	<i>[See rule FBB3.1 below for the Intervention Programme curriculum. The Intervention Programme starts in July and ends in June of the following year, after which the student joins the second semester of the standard curriculum.]</i>		
<b>FBE2.4</b>	<b>Second year</b>		
	SLL1028H    Xhosa for Health and Rehabilitation Sciences* <i>or</i>		
	SLL1048H    Afrikaans for Health and Rehabilitation Sciences*	18	5
	MDN2002W    Clinical Sciences I	13	6
	HUB2015W    Anatomy & Physiology II for Health & Rehab Sciences	36	6
	HUB2023W    Biosciences for Physiotherapy II	9	6
	AHS2050H    Clinical Physiotherapy I	18	6
	AHS2052H    Movement Science II	38	6
	AHS2053H    Applied Physiotherapy 1	32	6
	<i>Total NQF credits for second year:</i>	164	

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	NQF credits	HEQSF level
*[Note: Students who speak an African language as a home language will be required to register for Afrikaans; students who speak English or Afrikaans as a home language will register for Xhosa.]		

### FBE2.5 Third year

MDN3004W	Clinical Sciences II	10	7
AHS3069W	Clinical Physiotherapy II	62	7
AHS3070H	Becoming a Rehabilitation Professional I	22	7
AHS3076H	Movement Science III	24	7
AHS3077H	Applied Physiotherapy II	22	7
AHS3078H	Research Methods and Biostatistics I	10	7
<i>Total NQF credits for third year:</i>		150	

### FBE2.6 Fourth year

AHS4065W	Clinical Physiotherapy III	98	8
AHS4066H	Becoming a Rehabilitation Professional II	4	8
AHS4071H	Applied Physiotherapy III	20	8
AHS4072H	Research Methods and Biostatistics II	10	8
<i>Total NQF credits for fourth year:</i>		132	
<i>Total NQF credits for programme:</i>		588	

## Intervention programme

FBE3.1 The following courses must be satisfactorily completed during the Intervention Programme by a student who enters the Intervention Programme after semester 1:

### *Intervention Programme Part 1:*

		NQF credits	HEQSF level
HUB1015S	Fundamentals of Anatomy and Physiology IA	0	5
HUB1024S	Fundamentals of Biosciences for Physiotherapy IA	0	5
AHS1031S	Preparation for Entry-level Psychology for Health and Rehab Sciences Part I	18	5
AHS1039S	Fundamentals of Movement Science and Applied Physiotherapy IA	0	5

FBE3.2 A student who fails AHS1031S and has met the DP requirement for this course may be permitted to repeat the course during the summer term. If he/she again fails AHS1031S during the summer term, he/she may be refused readmission.

FBE3.3 A student entering IP who failed PSY1004F or PSY1006F in the first semester of the standard first year programme will be required to register for all IP1 courses, including AHS1031S.

FBE3.4 The following courses must be satisfactorily completed during the Intervention Programme by a student who has completed the Intervention Programme Part 1 or who is required to enter the Intervention Programme after semester 2 of the standard curriculum:

***Intervention Programme Part 2:***

		<b>NQF credits</b>	<b>HEQSF level</b>
HUB1016F	Fundamentals of Anatomy and Physiology IB	36	5
HUB1025F	Fundamentals of Biosciences for Physiotherapy IB	36	5
AHS1040F	Fundamentals of Movement Science & Applied Physiotherapy IB	36	5
PSY1006F	Introduction to Psychology Part I Plus*	16	5
	<i>Total NQF credits in IP:</i>	<hr/> <hr/>	
		142	

*\*[Note: For students who failed PSY1004F in the first semester of first year.]*

**DP (Due Performance) requirement**

FBE4 A minimum of 80% attendance is required for lectures, practicals and tutorials in all professional modules and courses. Absence on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems is considered on an individual basis by the academic staff in the Division.

**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.]*

- FBE5.1 Students are required to do a nursing elective as part of AHS2050H. The elective must be for a total of 40 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.
- FBE5.2 Students are required to complete a three-week elective satisfactorily as part of AHS4065W and before the start of the second semester, during which they may arrange to work at any healthcare facility recognised by the Divisional Board. Students whose performance is deemed unsatisfactory are required to undertake a period of additional clinical work, at the discretion of the Divisional Board.
- FBE5.3 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree:
- if he/she is in the Intervention Programme and fails any course in it (no supplementary examinations are offered in IP);
  - if he/she fails a course which he/she is repeating;
  - unless he/she, from the second year of study, successfully completes in each year's examination cycle half or more of the course (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);
  - unless he/she successfully completes all the prescribed courses for any single year in two years;
  - if he/she is unable to complete the standard programme in six years.
- FBE5.4 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 he/she is in his/her final year of study).
- FBE5.5 A student who fails any course and is required to repeat any year will be required to repeat the Clinical Physiotherapy course for that year (AHS2050H Clinical Physiotherapy I; AHS3069W Clinical Physiotherapy II; AHS4065W Clinical

Physiotherapy III) and to pay full fees. A student who has passed but obtained less than 55% for either the Applied Physiotherapy or Movement Science professional physiotherapy courses will be required to repeat those courses.

### **Distinction**

**FBE6** 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).

### **Courses for BSc Physiotherapy:**

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#### **PPH1001F BECOMING A PROFESSIONAL**

**NQF credits:** 15 at HEQSF level 5

**Conveners:** L Dlamini and L Olckers

**Course entry requirements:** None.

**Course outline:** This course introduces first year students in all health sciences disciplines to the process of developing professional conduct. The course aims to promote the conduct, knowledge, attitudes and values associated with being a professional as well as a member of a professional team. Students learn to develop 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 is 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 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 academic activities, including small group learning sessions and the HIV-AIDS workshop; completion of all set assignments; and undergoing all assessment activities.

**Assessment:** Continuous, performance-based assessment provides students with regular feedback. In-course assignments comprise 60% of the total mark. The final, summative assessment makes up 40% of the total mark.

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#### **PPH1002S BECOMING A HEALTH PROFESSIONAL**

**NQF credits:** 15 at HEQSF level 5

**Conveners:** L Dlamini and L Olckers

**Course entry requirement:** PPH1001F.

**Course outline:** This course builds on the knowledge acquired and skills developed in PPH1001F Becoming a Professional. The focus is on primary healthcare and disability. The course equips students to work collaboratively on a community-oriented project based on the primary healthcare principles and approach, which include comprehensive healthcare (promotive, preventive, curative and rehabilitative 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 the community-oriented project 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 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 set assignments, and undergoing assessment activities.

**Assessment:** Continuous, performance-based assessment provides students with regular feedback and comprises 60% of the total mark. The summative assessment makes up 40% of the total mark.

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**PSY1004F INTRODUCTION TO PSYCHOLOGY PART I**

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr B Zuma

**Course entry requirements:** None.

**Course outline:** Lectures, tutorials, assignments and readings deal with a range of areas aimed to introduce the student to issues in psychology and health.

**DP requirements:** Satisfactory completion of all assignments by the due date, attendance of at least five of six tutorials, completion of all class tests. In addition, students must complete 90 minutes in the Student Research Participation Programme (SRPP) or equivalent.

**Assessment:** Coursework (term assignments and tests) counts 50%; one two-hour examination in June counts 50%.

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**PSY1006F INTRODUCTION TO PSYCHOLOGY PART I PLUS**

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr L Schrieff

**Course entry requirements:** PSY1006F is open only to students registered in rehabilitation sciences programmes who do not meet the entry requirements for PSY1004F.

**Course outline:** Lectures, tutorials, assignments and readings deal with a range of areas aimed to introduce the student to issues in psychology and health, as well as a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write essays and prepare other submissions to the Psychology Department and to carry out conceptual analyses of research material and results.

**DP requirements:** Satisfactory completion of all assignments by the due date, attendance of at least five of six tutorials, completion of all class tests. In addition, students must complete 90 minutes in the Student Research Participation Programme (SRPP) or equivalent. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial projects and essays in draft form before the formal submission dates.

**Assessment:** Coursework (term assignments and tests) counts 50%; one two-hour examination in June counts 50%.

*[NOTE: Credit will not be given for both PSY1006F and PSY1004F.]*

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**HUB1015S FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IA**

**NQF credits:** 0 at HEQSF level 5

*[The credits are included in those for HUB1016F.]*

**Conveners:** Dr A Abrahams and Dr B Ige

**Course entry requirements:** None.

**Course outline:** This foundation (Intervention Programme) course revisits the key concepts and core material of HUB1019F Anatomy and Physiology IA. Content addresses the fundamental anatomical and physiological knowledge and skills relevant to the rehabilitation sciences professions and includes: an overview of cells and systems in the human body, cellular physiology, physiology of nerves, and the anatomy of the upper limbs. The relevance of these concepts for the rehabilitation professions is emphasised through the use of specifically selected examples of injury, health conditions and disability applicable to the first year professional courses. Attention is given to the specific terminology of the anatomy and physiology disciplines, as well as to the underlying scientific literacy and numeracy skills required to achieve proficiency in these areas. At the end of this course, students will be able to describe the anatomy of the upper limb, explain the basic physiological and anatomical concepts and processes outlined above and give an overview of human physiology from the level of cells to the whole body. Teaching and learning strategies include lectures, tutorials, practical sessions, clinical case discussions and self-directed learning sessions.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Assessment of the course comprises written assignments and in-course assessments. The in-course mark contributes 50% to the final mark and comprises two tests (weighted 10% and 20% respectively); physiology assignments (10%); and anatomy assignments (10%) in HUB1015S. The final written test contributes 50% to the mark for HUB1015S. All of these assessments contribute 40% towards the final year mark in HUB1016F at the end of IP2.

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### **HUB1016F FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IB**

**NQF credits:** 36 at HEQSF level 5

**Conveners:** Dr A Abrahams and Dr B Ige

**Course entry requirements:** None.

**Course outline:** This foundation (Intervention Programme) course aims to prepare students for HUB1020S when they re-enter the standard curriculum. The course revisits key concepts and core material of HUB1019F and builds on knowledge and skills acquired in HUB1015S. It focuses on key systems within the human body; the physiology of muscle; the cardiovascular and respiratory systems; and the anatomy of the lower limb. Underlying physiological concepts, principles and mechanisms and the structural anatomy of the thorax, heart and lungs are presented in an integrated manner. The relevance of the systems for the rehabilitation professions is emphasised through use of selected case studies. Attention is given to the terminology of anatomy and physiology and to underlying scientific literacy and numeracy skills required. Teaching/learning strategies include lectures, tutorials, practical sessions, clinical case discussions and computer-aided learning sessions. At the end of this course, students will be able to describe the anatomy of the lower limb; explain key concepts in the normal physiology of muscle and nerve cells; describe the anatomy of the thorax, heart, blood vessels and lungs; explain key concepts in the normal physiology of the cardiovascular and respiratory systems; and explain how the cardiovascular and respiratory systems work together.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of all assignments by the due dates.

**Assessment:** Assessment of the course comprises written in-course assessment and a final course examination. The in-course assessments consist of two tests (weighted 10% and 20% respectively towards the total mark); physiology assignments (10%) and anatomy assignments (10%). The final written examination contributes 50% of the mark. These assessments and examination contribute 60% towards the final year-mark at the end of IP2.

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### **HUB1019F ANATOMY AND PHYSIOLOGY IA**

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr C Warton

**Course entry requirements:** None.

**Course outline:** This is a first semester course which 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:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials and submission of all assignments by the due dates.

**Assessment:** The course comprises on-going written and practical assessments which make up 45% of the course mark. The other 55% includes the final written and practical examinations.

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### **HUB1020S ANATOMY AND PHYSIOLOGY IB**

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr C Warton

**Course entry requirement:** HUB1019F.

**Course outline:** This is a second semester course which consists of five lectures and one practical/tutorial per week. It focuses on human body systems and includes the anatomy and

physiology of the cardiovascular system, thorax and respiratory systems and the lower limbs. The main aim is to integrate anatomical and physiological knowledge in order to understand the human body as a complete organism.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of all assignments by the due dates.

**Assessment:** The course comprises on-going written and practical assessments, which make up 45% of the course mark. The other 55% includes the final written and practical examinations.

### **HUB1022F BIOSCIENCES FOR PHYSIOTHERAPY IA**

**NQF credits:** 9 at HEQSF level 5

**Convener:** S Steiner

**Course entry requirements:** None.

**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.

### **HUB1023S BIOSCIENCES FOR PHYSIOTHERAPY IB**

**NQF credits:** 9 at HEQSF level 5

**Convener:** S Steiner

**Course entry requirements:** HUB1022F or HUB1025F.

**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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**HUB1024S FUNDAMENTALS OF BIOSCIENCES FOR PHYSIOTHERAPY IA****NQF credits:** 0 at HEQSF level 5

*[Note: There is no summative assessment for this course and therefore there are no NQF credits. The credits are included in those for HUB1025F.]*

**Conveners:** Dr N T L Chigorimbo-Tsikiwa, Dr B Ige and Dr S Sivarasu**Course entry requirements:** None.

**Course outline:** This foundation (Intervention Programme) course revisits the key concepts and core material of HUB1022F. It is an introductory course for physiotherapy students with a focus on the fundamental aspects of chemistry, biochemistry and fundamental physical science related to biomechanics. In addition, fundamental mathematical skills are covered to enable students to address the course syllabus. Course content for physical science includes measurement, units, conversion of units and review of trigonometry, vectors, vector algebra and resolution of vectors; displacement, velocity and acceleration in linear and angular systems. Principles of matter, atoms and elements, basic stoichiometry and the mole concept, chemical reactions and equilibria, acids, bases, buffers and gases are covered. By the end of the course, students should be able to assess simple problems and determine displacement, velocities and accelerations in linear and angular systems; understand the relationship between displacement, velocity and acceleration; understand basic physical chemistry principles; and be able to solve basic problems in general chemistry.

**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:** The course mark contributes 50% and comprises tutorial assessments (20%); class tests (30%) and a final test comprising a three-hour written theory test in November (50%). These assessments contribute 40% towards the final year mark in HUB1025F at the end of IP2. There is no summative examination for this course after IP1. The final assessment takes place in HUB1025F.

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**HUB1025F FUNDAMENTALS OF BIOSCIENCES FOR PHYSIOTHERAPY IB****NQF credits:** 36 at HEQSF level 5**Conveners:** Dr N T L Chigorimbo-Tsikiwa, Dr B Ige and Dr S Sivarasu**Course entry requirement:** HUB1024S.

**Course outline:** This foundational (Intervention Programme) course is designed to prepare students for what they will encounter when they return to HUB1023S in the standard curriculum. The course employs the concepts, terminology and science covered in Fundamentals of Biosciences for Physiotherapy IA. Course content for physical sciences includes forces and Newton's laws in linear systems (static and dynamic), torque and lever systems (static), and free body diagrams associated with force and torque systems. Students are introduced to the concepts of moment of inertia and its application in dynamic torque systems; centre of mass; work, energy and power; momentum and impulse; and stress analysis. Basic organic chemistry and biomolecules are introduced, including structure and bonding, classes of organic compounds, functional groups and isomers. An introduction to the major organic molecules of cells is also included. By the end of the course students should be able to assess simple problems and determine forces and torque systems, and understand the relationship between kinematics and force and torque systems. They will have a basic understanding of fundamental biochemistry and will be able to integrate and apply organic chemistry to life.

**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:** The course mark contributes 70% and comprises the HUB1024S final mark (40%); tutorials (12%); and class tests in August and October (18%). The final examination contributes 30% and consists of a three-hour written theory examination in June.

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**SLL1028H XHOSA FOR HEALTH AND REHABILITATION SCIENCES***(Faculty of Humanities)***NQF credits:** 18 at HEQSF level 5

**Convener:** Dr M R Smouse

**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 the incorporation of clinical experiences related to the programmes of physiotherapy, occupational therapy and the communication sciences. The main focus of this course is on pronunciation, grammar and interaction with patients/clients. Interaction is used as a means of exposing students to the Xhosa ways of expression, as well as 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; elicit and understand information from a client using terminology specific to the fields of physiotherapy, occupational therapy and the communication sciences; and have an awareness of some cultural issues that emanate from cross-cultural communication.

**DP requirements:** Attendance of at least 80% of the lectures; submission of all assessments and projects by the due dates.

**Assessment:** Coursework (vocabulary and oral assessments based on topics covered in the course) contributes 50% towards the final mark and comprises two tests weighted at 15% each and two tests weighted at 10% each. The June and November examination contributes 50% and comprises simulated client interviews, weighted 20% each.

### AHS1031S PREPARATION FOR ENTRY-LEVEL PSYCHOLOGY FOR HEALTH AND REHABILITATION SCIENCES PART I

**NQF credits:** 0 HEQSF level 5

*[Note: The credits are included in those for PSY1004F]*

**Course conveners:** Dr B Ige and E Badenhorst

**Course entry requirements:** None.

**Course outline:** This course develops and strengthens students' understanding of the basic psychological concepts, principles and terminology introduced in semester one by revisiting material covered in PSY1004F. Students are introduced to the building blocks, core principles and concepts of PSY1004F, such as learning, memory, developmental psychology, health psychology and psychopathology, in order to develop and strengthen a basic knowledge of central areas in psychology. The course also strengthens empirical skills, to allow students to critically assess studies on which psychological theory is based. Students engage with the discipline in a critical and analytical way by revisiting the core principles of theory and research. In order to familiarise students with the modes of learning required of them upon entry into PSY1005S, as well as the style of instruction they will encounter in the course, students attend lectures and small group tutorials to develop academic skills and techniques. The outcome of AHS1031S is a fundamental understanding of psychology, and the ability to look critically at concepts and theories in the discipline and understand the practical application of psychology in everyday life and in their future professions.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Formative assessment strategies include essays, written tests, a research project and multiple-choice question tests. In-course assessment contributes 60% and comprises an essay (weighted 10% towards the final mark); a research project essay (15%); tutorial assignments (10%); and two tests (25%). The final written test contributes 40%; there is no summative examination for this course after IP1. The final assessment takes place in PSY1004F at the end of IP2.

### AHS1033F MOVEMENT SCIENCE I

**NQF credits:** 18 at HEQSF level 5

**Convener:** N Naidoo

**Course entry requirements:** None.

**Course outline:** Students are introduced to the basic terminology and science associated with human movement. Course content includes basic assessment and mobilisation of joints, principles

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of muscle strengthening and soft tissue mobilising techniques. This course is taught through lectures, practical demonstrations, workshops, self-study sessions and tutorials. 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; and will understand soft tissue healing and apply techniques to treat soft tissue dysfunction.

**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 course mark is weighted 50% and comprises tutorial tasks (weighted 15% towards the final mark); a theory test (20%); and a structured practical test (15%). The final examination mark is weighted at 50% and comprises a written theory examination (25%) and a structured practical examination (25%).

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### AHS1034S INTRODUCTION TO APPLIED PHYSIOTHERAPY

**NQF credits:** 22 at HEQSF level 5

**Convener:** N Naidoo

**Course entry requirements:** All first semester courses in the BSc Physiotherapy programme.

**Course outline:** This course builds on the foundational concepts, terminology and science covered in Movement Science I. Course content includes exercise prescription, posture analysis and correction of postural dysfunction, normal development, gait analysis, assistive devices, lifting, transfers and introduction to NMS conditions. The course is taught through lectures, practical demonstrations and workshops, self-study sessions and weekly tutorials. Students are exposed to the clinical situation in order to familiarise them with the scope of physiotherapy practice. At the end of the course students will understand the concepts of tissue healing, will be able to describe normal infant development, and will be able to assess posture and apply the principles of postural re-education.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Assignment (August) (5%); tutorial tests (alternate week tests) (15%); theory test (September) (15%); SPE test (October) (15%); final exam (Oct/Nov) theory (25%); and SPE (25%).

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### AHS1039S FUNDAMENTALS OF MOVEMENT SCIENCE AND APPLIED PHYSIOTHERAPY IA

**NQF credits:** 0 at HEQSF level 5

*[Note: There is no summative assessment for this course and therefore there are no NQF credits. The credits are included in those for AHS1040F.]*

**Conveners:** Dr B Ige and 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 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, and 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.

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**AHS1040F FUNDAMENTALS OF MOVEMENT SCIENCE AND APPLIED PHYSIOTHERAPY IB**

**NQF credits:** 36 at HEQSF level 5

**Convener:** Dr B Ige and N Naidoo

**Course entry requirements:** AHS1039S.

**Course outline:** This foundation (Intervention Programme) course is designed to prepare students for what they will encounter in AHS1034S when they re-enter the standard curriculum. The course builds on the foundational concepts, terminology and science covered in AHS1039S. Content includes an introduction to therapeutic massage, exercise prescription, movement analysis, posture analysis and correction of postural dysfunction, and the basic re-education of functional activities. Students are exposed to clinical situations to familiarise them with the scope of physiotherapy practice and to emphasise the relevance of the classroom learning activities. In addition, debriefing sessions are held to discuss students' experiences in clinical areas. Teaching/learning strategies include lectures, practical demonstrations and workshops, tutorials, clinical visits and self-directed learning sessions. At the end of this course, students will be able to apply techniques of therapeutic massage and soft tissue mobilisation; analyse the components of normal human movement; assess posture and apply the principles of postural re-education; prescribe, demonstrate and teach exercises to address problems related to movement dysfunction; and demonstrate basic strategies and techniques for the rehabilitation of functional activities.

**DP requirements:** Students must attend all lecture and tutorial sessions and participate in lectures and practical sessions. They must submit homework, self-study tasks and assignments by the due dates.

**Assessment:** Coursework contributes 50% and consists of term tests (weighted 15% of the final mark); OSPE tests (15%); and assignments (20%). The examination contributes 50% and consists of a written theory examination (25%) and a structured practical examination (25%).

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**SLL1048H AFRIKAANS FOR HEALTH AND REHABILITATION SCIENCES**

*(Faculty of Humanities)*

**NQF credits:** 18 at HEQSF level 5

**Convener:** Dr I van Rooyen

*[Note: The learning of Afrikaans and Xhosa languages is seen as integral clinical skills. The contents of the courses are aligned with the physiotherapy core courses and clinical placements from second to fourth years. Therefore, no student will be exempted from registering for the courses in Afrikaans or Xhosa.]*

**Course entry requirements:** None.

**Course outline:** The content of the Afrikaans course is based on case studies covered in the streams of physiotherapy, occupational therapy and the communication sciences. The focus of the 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 the skill in asking questions and the ability to enter effectively into dialogue with a client. The course is taught at both beginner and intermediate levels and focuses on the unique pronunciation and stylistic variants of individual clients and culture-specific words and expressions.

**DP requirements:** At least 80% class attendance and completion of all assessments.

**Assessment:** Coursework (vocabulary and oral assessments based on topics covered in the course) (50%); June assessment (simulated client interviews) (20%); November examination (simulated client interviews) (30%).

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**MDN2002W CLINICAL SCIENCES I**

**NQF credits:** 13 at HEQSF level 6

**Convener:** Dr M Setshedi

**Course entry requirements:** None.

**Course outline:** The course covers the aetiology, clinical signs and symptoms, and the 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. 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.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** There are three term assessments, in March, June and September. Each of these is a one-hour online MCQ test and counts 15% each towards the year mark. There is an examination at the end of the year, comprising a two-hour online MCQ assessment, which accounts for 55% of the total mark. A supplementary assessment (a two-hour online MCQ test) is offered for students obtaining an overall mark between 40 – 49%, before the final mark is submitted.

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### HUB2015W ANATOMY AND PHYSIOLOGY II FOR HEALTH AND REHABILITATION SCIENCES

**NQF credits:** 36 at HEQSF level 6

**Convener:** Dr L M Davids

**Course entry requirements:** AHS1033F or AHS1040F and PPH1002S and HUB1020S.

**Course outline:** This course forms the second half of a two-year programme covering aspects of human anatomy and general physiology. It is a full course of lecturers, tutorials and practicals. Special emphasis is placed on those aspects related to the clinical practice of physiotherapy and occupational therapy.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** Course mark contributes 45% and comprises tutorial and practical tasks (15%) and a term test (30%). The examination contributes 55% and comprises a written theory examination (two papers) (40%) and a structured practical examination (one paper) (15%).

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### HUB2023W BIOSCIENCES FOR PHYSIOTHERAPY II

**NQF credits:** 9 at HEQSF level 6

**Convener:** S Steiner

**Course entry requirements:** HUB1023S, AHS1033F or AHS1040F.

**Course outline:** This course builds on the concepts taught in Biosciences IA and IB. The course content includes principles in orthopaedics; biomechanics of bone; fractures of the femur and the pelvis; joint biomechanics; ankle, knee, shoulder and elbow; waves and basic electricity relevant to the principles of electrotherapy; laser, ultrasound, shortwave diathermy, interferential stimulation; gait analysis; and electromyography. The course is taught by means of lectures, practical demonstrations and assignments. 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; analyse human movement and gait using Gaitlab software; and demonstrate an understanding of EMG as a predictor for muscle activity.

**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 course mark contributes 60% and comprises assignments (15%), ad hoc mini tests (5%) and class tests in April, June and September (40%). There is a three-hour written theory examination in November (40%). The final exam must be passed with a subminimum of 40%.

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**AHS2050H CLINICAL PHYSIOTHERAPY I**

**NQF credits:** 18 at HEQSF level 6

**Conveners:** L Rustin and D Scott

**Course entry requirements:** All first year courses.

**Course outline:** This course comprises three parts: The *clinical component* addresses the theory and practical application of respiratory, orthopaedic, paediatric neurology and musculoskeletal therapy. An introductory module introduces the students to the concepts of the International Classification of Functioning and how to relate these concepts to assessment. Students spend a portion of the week in various clinical areas, working with patients under supervision. Clinical reasoning sessions are included. Students are required to do a *nursing elective* of 40 hours at an approved facility. *Disability in Primary Healthcare* is a 160 hour, multidisciplinary module spread over the second and third years of study. It integrates vertically with the Becoming a Professional/Becoming a Health Professional multidisciplinary courses at first year level. The module consists of lectures and facilitated site visits. The content focuses on health promotion, culture, psyche and illness; and equity, health and human rights. Disability theory and the theory of health promotion and community development are also addressed.

**DP requirements:** Full attendance and participation in all coursework. Student attendance at clinicals is monitored in accordance with HPCSA regulations.

**Assessment:** *Clinical component:* This component is assessed entirely through continuous assessment in the clinical area. Students complete a portfolio of tasks including reflections, patient assessment, journal submissions and practical skill tests. The introductory ICF module is assessed via an online test at the end of the module. *Disability in Primary Healthcare module:* Students are assessed by means of group poster presentation, group assignment, peer assignment and reflective tasks. An overall average of 50% is required to pass this course. No supplementary examinations are awarded. The mark allocation is as follows: PCHD (20%); ICF module (10%) clinical block portfolio (70%). Students whose performance in the nursing elective is deemed unsatisfactory have to repeat the nursing elective before progressing to the next year of study.

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**AHS2052H MOVEMENT SCIENCE II**

**NQF credits:** 38 at HEQSF level 6

**Conveners:** Dr T Burgess and Dr R Parker

**Course entry requirements:** All first year courses.

**Course outline:** This course covers orthopaedics and neuromusculoskeletal physiotherapy and proprioceptive neuromuscular facilitation. The *orthopaedics* component covers the scope of physiotherapy assessment and management of orthopaedic conditions, focusing on the assessment and treatment of traumatic orthopaedic conditions of the lower quarter, amputations and paediatric orthopaedic conditions. The *neuromusculoskeletal* component covers the physiotherapy assessment and treatment and rehabilitation of neuromusculoskeletal (NMS) conditions, focusing on NMS conditions of the lower quarter. The *proprioceptive neuromuscular facilitation (PNF)* component covers the theory and practical application of PNF as it applies to the assessment and rehabilitation of patients. This course is taught through lectures, practical demonstrations and workshops, self-study sessions and tutorials. At the end of this course, students will be able to assess traumatic orthopaedic conditions of the lower quarter, amputations and paediatric orthopaedic conditions; and NMS conditions of the lower quarter according to the International Classification of Functioning (ICF); apply joint and soft tissue mobilisation techniques to treat NMS conditions of these areas; apply PNF techniques to treat NMS and orthopaedic conditions of these areas; and prescribe progressive exercises to rehabilitate NMS and orthopaedic conditions of these areas.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments and coursework requirements by the due dates.

**Assessment:** March/April tests (NMS: 5%; orthopaedics: 5%); June tests (theory: 19%; structured practical evaluation: 10%; assignment: 10%) and November examination (theory: 36% and structured practical evaluation: 15%).

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**AHS2053H APPLIED PHYSIOTHERAPY I**

**NQF credits:** 32 at HEQSF level 6

**Convener:** S Manie

**Course entry requirements:** All first year courses.

**Course outline:** This course covers paediatric neurology, cardiopulmonary rehabilitation, women's health, electrotherapy, geriatrics and key requirements for becoming a rehabilitation professional, including ethics. The ICF framework is the assessment tool used in all areas. The paediatric neurology component covers the foundation of neurological techniques of child development and the assessment and treatment techniques used by physiotherapists in paediatric neurology. The cardiopulmonary rehabilitation component covers the theory, manual techniques and assertive devices required for the holistic assessment and treatment of cardiopulmonary clients. The emphasis is on primary healthcare and a problem-solving approach, using the ICF. The electro-physical agents component includes the theoretical and practical application of electro-physical agents, including the application of electro-physical modalities in the physiotherapy management of patients. The women's health component focuses on the physiotherapy management during pregnancy, birth and breastfeeding. The rehabilitation professional/ethics component includes the ethics of individual patient care and a deeper exploration of the concepts of primary healthcare. The geriatrics component covers the process of ageing and the assessment and treatment techniques used by physiotherapists in the field of gerontology.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** April tests/assignments: 13%; June test: theory 15% and practical 10%; September tests/assignments: 10%; November examination: theory 42% and practical 10%. An integrated test format and use of MCQ is the preferred approach for all tests and examinations.

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**MDN3004W CLINICAL SCIENCES II**

**NQF credits:** 10 at HEQSF level 7

**Convener:** Dr M Setshedi

**Course entry requirement:** MDN2002W.

**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:** Full attendance of and participation in all lectures, practical sessions, workshops and tutorials, and submission of assignments by the due dates.

**Assessment:** There are three term assessments, in March, June and September. Each of these is a one-hour on-line MCQ test and counts 10%, 15% and 15% respectively towards the year mark. Additionally, there is a microbiology test that takes place in April, accounting for 5% of the year mark. The examination at the end of the year, comprising a two-hour online MCQ assessment, accounts for 55% of the total mark. A supplementary assessment (a two-hour MCQ online test) is offered for students obtaining an overall mark between 40-49%, before the final mark is submitted.

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**AHS3069W CLINICAL PHYSIOTHERAPY II**

**NQF credits:** 62 at HEQSF level 7

**Convener:** H Talberg

**Course entry requirements:** All second year courses. Proof of malpractice insurance needs to be provided by students to allow them to practise in clinical blocks.

**Course outline:** The course provides practical exposure to the areas of cardiopulmonary, orthopaedic, musculoskeletal, women's health and geriatric care. Students spend four mornings a week in various clinical areas, working under supervision with patients. 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 submission of coursework requirements by the due dates.

**Assessment:** Students undergo a clinical examination at the end of each rotation, in the format of either a patient treatment or a patient assessment. In addition, students' performance during each of their clinical rotations is assessed in a performance evaluation form by their clinical educator and/or clinician, and a mark awarded. The final course mark is made up of five rotation marks. Each rotation mark is comprised of the examination mark (60%) and the performance evaluation (40%). Students need to obtain an average of 60% for the course mark to be exempt from further testing. Students who obtain an average of less than 50% for the course mark fail the course and have to repeat the full course the following year. Students who obtain a course mark of between 50 – 59% are required to undergo a further clinical examination in October. Should the student achieve a pass of 50% or more for this clinical examination, this mark will be incorporated into the course mark (equivalent to a combined block and examination mark) and the student will pass the course. Should a student obtain less than 50% for this additional examination, he/she will be required to repeat the course in the following year. There are no supplementary examinations.

### **AHS3070H BECOMING A REHABILITATION PROFESSIONAL I**

**NQF credits:** 22 at HEQSF level 7

**Convener:** S Maart

**Course entry requirement:** AHS2050H.

**Course outline:** This course consists of four modules: Counselling Skills for Physiotherapists; Gender, Culture and Health; Disability and Primary Healthcare; as well as an Introduction to Social Anthropology. This course is taught through lectures, tutorials and participation in a community-based project. It aims to provide the student with the skills, knowledge and attitudes to be a reflective contextually relevant practitioner. The objective of the Counselling and Communication Skills module is for students to learn the basic principles of counselling and to develop their own self-awareness as practicing professionals. At the end of the Gender, Culture and Health module students should understand how gender and culture influences determinants of disease and health. The Disability in Primary Healthcare module is a multidisciplinary module focusing on community-based rehabilitation as the philosophy of care for people with disabilities. The Introduction to Anthropology module includes the study of social and cultural beliefs and practices associated with the origin, recognition and management of health and illness. This course encompasses both sociocultural and biocultural approaches to examine the multiple human experiences of health with a focus on 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:** Essays, assignments and tests (60%); Disability in Primary Healthcare (20%) and November examination (20%).

### **AHS3076H MOVEMENT SCIENCE III**

**NQF credits:** 24 at HEQSF level 7

**Conveners:** Dr T Burgess and Dr R Parker

**Course entry requirements:** All second year courses.

**Course outline:** This course covers orthopaedics and neuromusculoskeletal conditions. The orthopaedic component covers the scope of physiotherapy assessment and management of orthopaedic conditions, focusing on non-traumatic orthopaedic conditions of the spine and upper quarter, rheumatological conditions, joint replacements and peripheral nerve injuries. The

neuromusculoskeletal component covers the physiotherapy assessment and treatment of neuromusculoskeletal (NMS) conditions. The focus is on NMS conditions of the upper quarter. At the end of this course, students will be able to assess orthopaedic and NMS conditions of the upper quarter according to the International Classification of Functioning (ICF); apply joint and soft tissue mobilisation techniques to treat NMS conditions of these areas; prescribe progressive exercises to rehabilitate NMS and orthopaedic conditions of these areas; assess orthopaedic conditions, including rheumatological conditions, joint replacements, non-traumatic spinal conditions, and peripheral nerve and tendon injuries; and apply physiotherapy treatment and rehabilitation for orthopaedic conditions, including rheumatological conditions, joint replacements, non-traumatic spinal conditions, peripheral nerve and tendon injuries.

**Contact time:** Lectures and/or practical sessions: One 120-minute period per week. Tutorials: one 60-minute period every two-weeks. Additional lectures and/or practical sessions during teaching block weeks.

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Students are required to submit all coursework as required in their course manuals.

**Assessment:** The mark allocation is as follows: April tests (10%); June tests (Theory: 19% and structured practical evaluation: 10%); assignment (10%) and November examination (theory: 36% and structured practical evaluation: 15%).

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### AHS3077H APPLIED PHYSIOTHERAPY II

**NQF credits:** 22 at HEQSF level 7

**Convener:** G Ferguson

**Course entry requirements:** AHS2053H and all second year courses.

**Course outline:** This course covers the fields of adult neurology, cardiopulmonary rehabilitation, women's health and general rehabilitation of patients/clients who sustained burn injuries. *Adult neurology:* This component aims to equip the student with key knowledge and skills pertaining to the physiotherapy management of a variety of adult neurological conditions. The course contains applied neurosciences modules as well as modules dealing with specific neurological conditions. The modules are designed to develop clinical reasoning and creative problem-solving skills within the South African context. *Cardiopulmonary rehabilitation:* This component aims to equip the student with the knowledge and skills pertaining to the physiotherapy management of a variety of common adult and paediatric pulmonary conditions which include adult cardiothoracic surgery and cardiopulmonary rehabilitation. The emphasis is on primary healthcare and clinical reasoning. This course is taught through lectures, practical sessions and tutorials. *General rehabilitation:* This component aims to equip the student with key knowledge and skills pertaining to the physiotherapy management of burn injuries and women's health conditions. The burn injuries module is taught using case-studies relevant to the South African context. The women's health module places emphasis on the physiotherapy management of stress incontinence, mastectomy and pelvic floor dysfunction.

**DP requirements:** Attendance and completion of all coursework requirements by the due dates.

**Assessment:** The mark allocation is as follows: Coursework (55%) comprised of: class test one (10%) written in term 1; class test two (theory 20% and SPE 10%) written in term 2; class test three (10%) written in term 3; assignment (5%) and final examination (45%) written in term 4. All tests and examinations use an integrated case-study approach. Supplementary exams: students who achieve a final mark  $\geq 45 - 49\%$  qualify to write a supplementary examination.

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### AHS3078H RESEARCH METHODS AND BIOSTATISTICS I

**NQF credits:** 10 at HEQSF level 7

**Convener:** Prof J Jelsma

**Course entry requirements:** None.

**Course outline:** The course provides students with the necessary skills and conceptual knowledge to conduct research in occupational therapy and physiotherapy. Students receive lectures 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. This course is taught through lectures, tutorials and online assignments.

**DP requirements:** No student may proceed to the examination without attending lectures on ethics or completing an online ethics course. No student may proceed to the research project until the research protocol has been awarded a mark of 50%. The protocol may need to be resubmitted.

**Assessment:** The mark allocation is as follows: Research methodology continuous assessment (5%); research methodology paper (5%); epidemiology paper (5%); research protocol for fourth year (25%); biostatistics (10%) and examination – critical appraisal (50%).

### **AHS4065W CLINICAL PHYSIOTHERAPY III**

**NQF credits:** 98 at HEQSF level 8

**Convener:** N Edries

**Course entry requirements:** All third year courses. Proof of malpractice insurance needs to be provided by students in order to practice on their clinical blocks.

**Course outline:** This course addresses the practical application of cardiopulmonary, orthopaedic, neurological, musculoskeletal and other tertiary level skills as well as a community placement. Students spend approximately 30 hours per week in clinical areas, working under supervision with patients. In addition, there is a three-week elective period in June, where students may work at any healthcare facility recognised by the Divisional Board. This course is taught entirely through clinical practice and group teaching sessions.

**DP requirements:** Students need to complete the necessary course hours as prescribed by the HPCSA as well as obtain a satisfactory elective performance report.

**Assessment:** Students complete five clinical blocks during the year. They have one clinical examination at the end of each of their clinical blocks, in the form of either a patient treatment or a patient assessment. During the community placement a presentation takes the place of a patient treatment examination. In addition, students' performance during each of their clinical rotations is assessed through a performance evaluation form by their clinical educator and/or clinician, and a mark is awarded. Should multi-professional practice (MPP) occur on a given clinical rotation, student participation is assessed by a variety of methods, including portfolios, case and project presentations. This mark is then incorporated into the students' performance mark. Each clinical block mark is then made up by the clinical examination (60%) and a performance evaluation (40%). The final course mark is made up of all the student's rotation marks, plus the additional clinical examination mark completed at the end of the final clinical rotation. This additional examination takes the form of a patient evaluation. Students need to obtain an average of 60% for the course mark to be exempt from further testing. Students who obtain a course mark of between 50 – 59% are required to undergo a further clinical examination in October. Should a student achieve a pass of 50% or more for this clinical examination, this mark is incorporated into the course mark (equivalent to a combined block and examination mark) and the student will pass the course. Should the student obtain less than 50% for this additional examination, he/she will be required to do a further six months of clinical work in the following year and then undergo the same system of examination. There are no supplementary examinations.

### **AHS4066H BECOMING A REHABILITATION PROFESSIONAL II**

**NQF credits:** 4 at HEQSF level 8

**Convener:** S Maart

**Course entry requirements:** All third year courses.

**Course outline:** The emphasis of the course is on developing appropriate knowledge, skills and attitudes for independent physiotherapy practice. This course includes two modules viz Professional Ethics and Practice Management. Lectures are offered during block teaching weeks. At the end of the professional ethics module, students should have an understanding of the ethical codes and policies that regulate physiotherapy practice in the private and public sector. At the end of the practice management module, students should have the basic knowledge for starting a physiotherapy private practice, and managing a physiotherapy department in the public sector.

**DP requirements:** Full attendance of and participation in all lectures, practical sessions, workshops

and tutorials, and submission of assignments by the due dates.

**Assessment:** Year mark: tests/assignments: 49%; November examination: 51%. Should a student obtain between 45 – 49% in the final mark, he/she may be eligible for an additional assessment before the final mark is submitted.

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### AHS4071H APPLIED PHYSIOTHERAPY III

**NQF credits:** 20 at HEQSF level 8

**Convener:** C Hendricks

**Course entry requirements:** All third year courses.

**Course outline:** This course consists of a variety of workshops/teaching sessions on specialist/advanced topics within physiotherapy and South African healthcare. The course also comprises modules on sports physiotherapy, adult and paediatric ICU management, adult neurology and pharmacology. This course is taught through lectures, practical sessions 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.

**Assessment:** The assessment is weighted as follows: March theory test/assignment (10%); June theory test (29%); August theory test/assignment (10%); November theory examination (51%). A student who obtains between 45 and 49% in the final mark may be offered an oral or additional written assessment. A student who obtains less than 50% for this additional assessment will fail the course.

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### AHS4072H RESEARCH METHODS AND BIOSTATISTICS II

**NQF credits:** 10 at HEQSF level 8

**Convener:** Prof J Jelsma

**Course entry requirements:** AHS3078H and all other third year courses.

**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.

**DP requirements:** None.

**Assessment:** The allocation of marks is as follows: literature review (35%); presentation (15%); and project (50%). The individual student's contribution to the project will be peer evaluated and this mark will be incorporated into the project.

## HIGHER CERTIFICATE IN DISABILITY PRACTICE

[Certificate Code: MU002. Plan Code: MU002AHS21.]

*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.*

**Programme conveners:** Assoc Prof T Lorenzo and A Brinkman

### 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.
  - 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.

(c) evidence that they are proficient in English.

FGC1.2 An applicant is also required to submit two letters of support from his/her 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. There are six teaching blocks per year of up to two weeks and 15 weeks of practice learning. 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**

		<b>NQF credits</b>	<b>HEQSF level</b>
FGC3	The prescribed courses are:		
	AHS1048W Disability Information Management and Communication Systems	15	5
	AHS1049W Promoting Healthy Lifestyles	10	5
	AHS1050W Health, Wellness and Functional Ability	30	5
	AHS1051W Inclusive Development and Agency	15	5
	AHS1052F Work-Integrated Practice Learning Part I	25	5
	AHS1053S Work-Integrated Practice Learning Part II	25	5
	<i>Total NQF credits:</i>	120	

**DP requirements**

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

- a) A minimum of 90% attendance for all lectures.
- b) A minimum of 100% attendance for the work-integrated practice learning. 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 must be completed within the prescribed time period, unless otherwise approved by the programme convener. Participation in tutorials and group projects is compulsory and will be monitored.
- d) A year mark of at least 50% is required for examination entrance to each course, unless approved otherwise by the programme convener.

[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.]*

**Readmission and progression rules and supplementary examinations**

FGC5.1 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree, or may have his or her registration cancelled

- (a) if he/she fails a course which he/she is repeating.
- (b) unless he/she successfully completes all the prescribed courses for any single year in two years.
- (c) if he/she is unable to complete the standard programme in two years.

## 110 RULES AND CURRICULA FOR UNDERGRADUATE PROGRAMMES

(d) if he/she is found guilty of unprofessional behaviour.

FGC5.2 A student who has not fulfilled the required number of clinical hours for practice learning will not be permitted to graduate.

FGC5.3 A student who fails a course may be permitted to write a supplementary examination. Following the supplementary examination the final mark in course will be determined as follows: coursework: 60%; supplementary examination: 40%.

### **Courses for Higher Certificate in Disability Practice:**

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#### **AHS1048W DISABILITY INFORMATION, MANAGEMENT AND COMMUNICATION SYSTEMS**

**NQF credits:** 15 at HEQSF level 5

**Convener:** I Nwanze

**Course entry requirements:** None.

**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 for research ethics and 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 assignments by the due dates.

**Assessment:** Coursework mark counts 50% and is comprised of the following: on-site assessment 30%; assignment 20%. The examination mark counts 50% and is a written paper.

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#### **AHS1049W PROMOTING HEALTHY LIFESTYLES**

**NQF credits:** 10 at HEQSF level 5

**Convener:** L Ned-Matiwane

**Course entry requirements:** None.

**Course outline:** The student will understand the relevance of health promotion actions and advocacy strategies. 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/PWD; advocate for access to education, health or community facilities; and liaise with NGOs/community structures and promote participation of PWD.

**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 contributes 50% and comprises the following: individual assignment 10%. Exam contributes 50% and comprises the following: individual presentation 100%. Group-work for a group mark: one group presentation – application of asset building approach to health promotion group presentation 40%.

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#### **AHS1050W HEALTH, WELLNESS AND FUNCTIONAL ABILITY**

**NQF credits:** 30 at HEQSF level 5

**Conveners:** A Brinkman, S Gabriels, F Gamielien and S Maart

**Course entry requirements:** None.

**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; and demonstrate appropriate referral patterns and work in a multidisciplinary team.

**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 the following: Assignment 5%; case studies 10%; test 15%; portfolio 15%; practical assessment of skills 15%. Exam mark counts 40% and comprise: one written exam 20%; one practical examination 20%.

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### **AHS1051W INCLUSIVE DEVELOPMENT AND AGENCY**

**NQF credits:** 15 at level 5

**Convener:** Assoc Prof T Lorenzo and C Ohajunwa

**Course entry requirements:** None.

**Course outline:** The student will acquire knowledge of the rights of people with disabilities and strategies and actions to enable participation in opportunities for development. 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 describe barriers to participation across sectors; implement strategies to enable participation and access to services; mobilise local resources; and work with relevant expertise 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 the following: Assignment 1 (comprehension and essay writing) 10%; Assignment 2 (poster presentation) 10%; Assignment 3 (reflective essay) 15%; Assignment 4 (practice learning) 15%. The examination mark counts 50% of the year mark and comprises of a structured practical examination.

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### **AHS1052F WORK INTEGRATED PRACTICE LEARNING PART I**

**NQF credits:** 25 at HEQSF level 5

**Conveners:** Assoc Prof A Rhoda and A Brinkman

**Course entry requirements:** All other courses.

**Course outline:** The course provides various practice learning opportunities to help students acquire the ability to screen, provide basic care, follow up and refer a person with a disability, as it relates to health, education, social development and empowerment needs of the communities in which they are placed. 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 60% consisting of practice demonstrations, and record keeping 75% and work integrated practice learning portfolio 25%. Exam 40% consisting of OSPE, video and/or poster of their work with a client group or organisation which contributes 40% of their final course mark.

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### **AHS1053S WORK INTEGRATED PRACTICE LEARNING PART II**

**NQF credits:** 25 at HEQSF level 5

**Conveners:** Assoc Prof A Rhoda and A Brinkman

**Course entry requirements:** All other courses.

**Course outline:** The course provides various practice learning opportunities to help students

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acquire the ability to screen, provide basic care, follow up and refer a person with a disability, as it relates to health, education, social development and empowerment needs of the communities in which they are placed. 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 contributes 60% consisting of practice demonstrations, and record keeping 75% and work integrated practice learning portfolio 25%. Exam 40% consisting of OSPE, video and/or poster of their work with a client group or organisation which contributes 40% of their final course mark.

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## OTHER COURSES OFFERED

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### RAY2001W RADIOBIOLOGY

*(For students in Faculty of Science; not offered every year.)*

**NQF credits:** 48 at HEQSF level 6

**Conveners:** Dr A S Hendrikse (Department of Radiation Medicine) and Dr A J 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.

**Course outline:** This course examines the biological effects of ionizing radiation (x-rays, gamma-rays, alpha particles, beta particles and neutrons) on mammalian systems. Cell death, chromosomal effects, DNA damage, mutation and carcinogenesis as well as radioprotectors and sensitisers are studied. Medical aspects including the radiobiology of radiation therapy of cancer forms a significant part of this course. This includes the radiation pathology of normal tissues and a basic introduction to cancer biology. Students who perform well in the course may apply to do the BMedScHons(Radiobiology) once they have completed their undergraduate degrees.

**DP requirements:** None.

**Assessment:** Essays, tests and practicals count 30%. Two three-hour examinations written in November count 70%.

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### HUB2005F INTRODUCTION TO MEDICAL ENGINEERING

**NQF credits:** 8 at HEQSF level 6

*[Note: 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 Biomedical Engineering Unit in the Department of Human Biology, and is particularly valuable for students considering postgraduate studies in Biomedical Engineering. Entrance may be limited.]*

**Convener:** Assoc Prof T Franz

**Course entry requirements:** Students must be in their second year of study.

**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 the human body; the circulatory system, the electrical activity of the heart and the nervous system; biomechanics of the musculoskeletal system; medical instrumentation design considerations; medical imaging physics and applications and applied biophysics.

**DP requirements:** None.

**Assessment:** Class tests 40% (two tests, each worth 20%), June examination two-hours 60%.

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### HUB2019F INTEGRATED ANATOMICAL AND PHYSIOLOGICAL SCIENCES I

**NQF credits:** 24 at HEQSF level 6

*[Note: Entrance is limited to 80 students.]*

**Convener:** Assoc Prof E Ojuka

**Course entrance requirements:** BIO1000W (or equivalent), CEM1000W (or equivalent).

**Course outline:** HUB2019F course integrates human physiology, anatomy and histology. It includes studies of cells and tissues, embryology, osteology, skeletal muscle, body fluids, endocrinology, digestion, absorption and metabolism. The course consists of lectures, practical sessions and tutorials. At the end of this 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 organisations of organs under a microscope or in monographs; identify and name structures in anatomical specimens; and design simple experiments

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to determine physiologic parameters such as blood type, fluid compartment volumes, enzyme activities etc.

**DP requirements:** Attendance at all practical sessions and 40% average in class tests.

**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%. The pass mark for the course is 50%. Supplementary examinations, in the form of written, practical or oral assessment, may be offered to students whose overall score is 45-49%.

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### HUB2021S INTEGRATED ANATOMICAL AND PHYSIOLOGICAL SCIENCES II

*(Offered by Department of Human Biology)*

**NQF credits:** 24 at HEQSF level 6

*[Note: Entrance is limited to 60 students.]*

**Convener:** Dr E van der Merwe (Department of Human Biology, Faculty of Health Sciences)

**Course entry requirements:** HUB2019F, CEM1000W (or equivalent).

**Course outline:** The course covers the physiology, anatomy and histology of organ systems in the human body, including the nervous system, excretory and thermoregulation, respiratory, cardiovascular, lymphatic and immune, and reproductive systems. Students are also introduced to bone forensics and to concepts of aging and disease. Students work in small groups using computers and other equipment to study the physiology and anatomy of the nervous system; the electrical events in the contraction of cardiac muscle; the mechanics of the respiratory system; the immune system; excretion and temperature regulation; reproduction, and parts of the human body from cadavers and histological sections under a microscope. At the end of this 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 and that lead to disease processes; and will be able to interpret data obtained from the various practicals.

**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%). An oral examination may be required in the case of selected students.

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### MDN3003H INTRODUCTION TO CLINICAL PRACTICE PART II

**NQF credits:** 10 at HEQSF level 8

**Convener:** Dr N Gogela

**Course entry requirements:** Students must be in the third year of 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 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. 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.

**DP requirements:** Students will be required to attend all bedside tutorials and complete a portfolio

of 25 patient encounters to fulfil the DP requirements of the course.

**Assessment:** Students will receive an in-course mark based on their performance in the weekly bedside tutorial sessions and this mark will contribute 40% to the final year mark. Students will also do an oral portfolio-based examination at the end of the course and this will contribute 60% to the final course mark. Coursework percentage 40%, examination percentage 60%.

### **HUB3006F GENERAL AND APPLIED PHYSIOLOGY**

**NQF credits:** 36 at HEQSF level 7

**Convener:** Assoc Prof A Bosch

**Course entry requirements:** HUB2019F, HUB2021S.

**Course outline:** 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 test (30%); assignments/seminar presentation (5%); practicals (15%); and examinations (written theory and practical theory) (50%). An oral examination may be required in the case of selected students.

### **HUB3007S HUMAN NEUROSCIENCES**

**NQF credits:** 36 at HEQSF level 7

**Convener:** Dr A Gwanyanya

**Course entry requirements:** HUB2013S, CEM1000W (or equivalent) e.g. a result of at least 60% in HUB2017H. Exceptions are at the discretion of the convener.

**Course outline:** 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 basics of human physiology.

**DP requirements:** Attendance at all practicals, 40% average mark for class tests and an average of 50% for all assignments.

**Assessment:** Class tests (30%); tutorial assignments (5%); practical experiments (15%); and examinations (theory and practical) (50%). An oral examination may be offered in case of selected students.

### **OBBS4005W OBSTETRICS AND GYNAECOLOGY FOR EXTERNAL CREDIT**

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 20 at HEQSF level 8

**Conveners:** Dr S Allie and Sr C Zeelenberg

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

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programme.

**Course outline:** This is an eight-week block shared between obstetrics and neonatology. During the obstetrics blocks students acquire the knowledge, skills and professional conduct required for obstetric practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to primary (or community-based) and secondary (or hospital-based) levels of care. Students also attend the tertiary academic centre for two weeks in order to gain a well-rounded perspective of common serious obstetric conditions. Practical experience is recorded in a logbook and includes at least 15 deliveries under supervision. 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 programme is supplemented by a series of lectures, tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other divisions in order to provide an integrated, multidisciplinary approach to common problems.

**DP requirements:** Full attendance and completion of all coursework by the due dates. Failure to adhere to these criteria may result in extra time or outright failure of the block. All requisite coursework/clinical work as well as completion of a logbook (including 15 deliveries) by the due date is mandatory.

**Assessment:** Students are examined at the end of the block, but not at the end of the year. Completion of the required number of practical procedures is mandatory and has to be signed off in the logbook. The end-of-block assessment includes an in-course assessment (15%), case presentations (15%), an OSCE (55%), and the presentation of research projects (15%). Students are required to pass each assessment mode before qualifying to pass the block as a whole, failing which they repeat the relevant assessments, the pass marks for which are 50%. The in-course assessment includes professionalism (punctuality, dress code, extent of involvement in course activities – including clinical activities, attitude towards patients, colleagues and required activities, team work, conscientiousness); and clinical knowledge & skills. Should the student score under 60% for this in-course assessment, he/she may be disqualified from writing the end-of-block exam, and/or given extra time. Students who fail the end-of year examinations may be offered oral re-examinations before the final mark is submitted.

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### LAB4008S MEDICINA FORENSIS

*[Note: This course is offered by Division of Forensic Medicine and Toxicology in Department of Clinical Laboratory Sciences.]*

**NQF credits:** 9 at HEQSF level 5

**Convener:** Prof L J Martin

**Course entry requirements:** None.

**Course outline:** Content includes the following: the SA 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 of pregnancy termination; child abuse and other forensic aspects of paediatric medicine; iatrogenic disorders; intoxication and drunken driving; drug addiction and poisoning as cause of death; pathology of head injury; and anoxic mechanisms as cause of death.

**DP requirements:** Full attendance and completion of all coursework commitments by the due date.

**Assessment:** One written examination in November (two hours) 100% and a twenty minute oral examination for pass/fail.

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### AAE4012W ANAESTHESIA FOR EXTERNAL CREDIT

*Note: This course is taken by South African students studying towards a Cuban medical degree.*

**NQF credits:** 0 at HEQSF level 8

**Convener:** Dr R Nieuwveld

**Course entry requirements:** None.

**Course outline:** Students follow a condensed course in Anaesthesia over a period of two weeks. Teaching consists of a series of lectures and some exposure to the practice of anaesthesia during theatre sessions.

**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 in the surgical setting.

**Core knowledge:** Basic knowledge of anaesthesia techniques, and the pharmacology related to anaesthesia.

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:** Satisfactory attendance and completion of all requisite coursework and clinical work. A logbook of anaesthesia skills must be satisfactorily completed and submitted.

**Assessment:** An end-of-block examination consisting of a written paper and/or a practical assessment (100%).

### **MDN4016W MEDICINE FOR EXTERNAL CREDIT**

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 32 at HEQSF level 8

**Convener:** Dr B Hodkinson

**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.

### **HUB4071F APPLIED ELECTROPHYSIOLOGY**

**NQF credits:** 12 at HEQSF level 8

**Convener:** Dr L R 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

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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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### AAE5001W ANAESTHESIA FOR EXTERNAL CREDIT

**NQF credits:** 19 at HEQSF level 8

**Convener:** Dr R Nieuwveld

**Course entry requirements:** AAE4012W.

**Course outline:** Practical clinical instruction takes place in theatre during this course. Core content includes safe anaesthesia techniques, equipment and the pharmacology related to anaesthesia. Learning is centred round a series of anaesthetics which the student administers under supervision, also involving the pre-operative assessment of patients and their postoperative management. Students are required to perform a minimum of two such cases that they personally manage and this is assessed by the supervising anaesthetist. In addition, students are required to include an anaesthesia section in all surgical clinical case studies done during the General Surgery rotations; emphasising the pre-operative assessment and preparation, anaesthesia strategies and alternatives, and the postoperative intravenous fluid and pain management. Core learning outcomes include knowledge of clinical anaesthesia; skills in the pre-operative, intra-operative and post-operative care of patients necessary for safe anaesthetic practice; and professional behaviour appropriate to the pivotal role of the anaesthetist in the surgical setting.

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work in each year of study. A fifth year logbook of in-theatre discussion questions must be completed and signed off. Failure to complete these requirements or to perform the requisite amount of coursework and clinical work may prevent the student from writing the final examination. A penalty may be imposed for coursework handed in late.

**Assessment:** Students undergo formative and summative assessments using various methods both during the course as well as at the end-of-block and end-of-year. Formative assessments occur in each block by the specialist anaesthetists who supervise the student's administration of a series of anaesthetics. Summative assessment is based upon an End-of-Block examination in fourth year (AAE4012W) (30%); two fifth year clinical case assessments, group-work and end-of-block tests (5% each – 15%); and a fifth year end-of-year examination (55%).

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### PED5003W PAEDIATRICS FOR EXTERNAL CREDIT

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 44 at HEQSF level 8

**Conveners:** Dr H Buys, Dr S Cox and Dr A Spitaels

**Course co-ordinator:** Dr P Wicomb

**Course entry requirements:** PED4016W.

**Course outline:** The course comprises an eight-week block divided into two 4-week rotations. One of the rotations is integrated with Paediatric Surgery and focuses on ambulatory paediatrics. The other rotation focuses on inpatient care and includes further languages teaching. Four weeks of the block are spent at the Red Cross Children's Hospital, alternating with four weeks at one of New Somerset, Groote Schuur or Red Cross Hospitals. Whole group seminars in aspects of the care of children run every Monday. A therapeutics course runs separately on Friday afternoons, with a

separate assessment. The 5<sup>th</sup> year who passes paediatrics will have: knowledge of common core paediatric medical and surgical diseases and conditions; skill at taking a paediatric history, examining neonates, children and adolescents; 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. The curriculum is composed of core presentations which students address in terms of history-taking, examination, assessment and management plans, as well as during bedside tutorials, in assembling their portfolio, and core topics divided into "must know" and "must recognise" categories.

**DP requirements:** Minimum of 80% attendance and completion of all requisite coursework/clinical work, including: a written portfolio of 14 cases with associated tasks and 5 clinical methods templates; completion of online lessons and quizzes for paediatric surgery; and a signed logbook. If a student is absent with permission for more than one week, the time will need to be made up and if absent with permission for more than three weeks, the block must be repeated. DP replaces in-course assessment for this course.

**Assessment:** *Formative assessment* is scheduled at the end of the first four weeks with a portfolio presentation and discussion. *Summative assessment:* End-of-block clinical and portfolio 35%; end-of-block online assessment MCQ and Extended Matching Items Paediatric medicine 65%, Neonatal medicine 10%, Paediatric surgery 25%, Neonatal medicine mark from fourth year 35%, PED4016W 20%; Child Health Component of PPH4056W 10%. Students are required to achieve 50% or more in each of the four components in order to pass the course. Any student not meeting the sub-minima is required to undergo a pass/fail oral examination (based on the portfolio) and/or a repeat clinical examination and may have to spend additional time in paediatrics followed by another assessment.

#### **MDN5004W PHARMACOLOGY AND THERAPEUTICS FOR EXTERNAL CREDIT**

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 19 at HEQSF level 8

**Convener:** Dr R Gounden

**Course entry requirements:** None.

**Course outline:** The course focuses on applying understanding of pharmacodynamics and pharmacokinetics to the management of common conditions, using essential medicines in the primary healthcare context. It aims to equip students with skills for critically appraising evidence and judging the risk-benefit profiles of available treatment options to ensure optimal patient care.

**DP requirements:** 100% attendance and completion of all requisite coursework and clinical work, including multidisciplinary portfolio tasks.

**Assessment:** In the fifth year, the contribution of each component towards assessment is as follows: fifth year in-course assessments: 20%; fifth year end-of-block assessments: 40%; and a final fifth year MCQ assessment: 40%.

*[Note: Portfolio tasks must each be completed in the assigned rotation, but will be evaluated in the multidisciplinary portfolio task assessment at the end of the sixth year.]*

#### **CHM5006W SURGERY FOR EXTERNAL CREDIT**

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 41 at HEQSF level 8

**Convener:** Dr S Burmeister

**Co-convener:** Assoc Prof D Hudson (Plastic Surgery)

**Course entry requirements:** Fourth year MBChB courses.

**Course outline:** General surgery is taught over eight weeks at Groote Schuur Hospital within the hepatobiliary, vascular, colorectal, breast and endocrine units. Daily seminars present the core curriculum of important clinical presentations, the recognition and initial management of which are relevant to general practitioners in South Africa. Regular interactive patient-based tutorials enhance clinical proficiency and diagnostic skills. Students produce a portfolio of six cases, each comprising a case report and a researched and referenced discussion of 1500 – 2000 words. Core curriculum topics are divided into "must know" and "must recognise". Core outcomes include recognition of

## 120 OTHER COURSES OFFERED

urgent and life-threatening clinical scenario and common surgical diseases, as well as less common but dangerous problems; ability to initiate primary or emergency care and initiate appropriate investigations; and ability to recognise conditions requiring referral to specialised services. Core learning outcomes in plastic surgery comprise knowledge of 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 in selecting patients for referral to a specialist centre. Students experience plastic surgery at the Red Cross Children's Hospital in the way of congenital anomalies such as tumours, cleft lip and palate, and hand abnormalities.

**DP requirements:** 100% attendance and completion of all requisite coursework and clinical work by the due dates. Students are expected to attend a minimum of 30 out of the 36 seminars. Tutorials are considered compulsory. In addition students must observe/perform a selected list of surgical procedures. Both tutorials and witnessed procedures will be signed off in a logbook. Review of the logbook is performed during the end-of-block assessment. Completion of the portfolio of cases is compulsory and late hand-in penalised with 5% per day post the deadline for submission.

**Assessment:** *Formative assessment:* students are provided with feedback from their tutors informally during their block. This is not recorded, and has no part in the final promotion mark. The final mark for surgery in fifth year is made up of an end of block written paper comprising 1 question from each of the 4 specialised surgical units (20%); an end of block clinically based MCQ (30%); an end of block oral assessment (10%); a portfolio assessment (10%) and an end-of-year MCQ (including trauma and plastic surgery 30%). The general surgery component of the course must be passed with 50%. A mark of 45-50% is required in order to qualify for a supplementary examination. Plastic surgery assessment is contained in the end-of-year MCQ examination in general surgery.

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### OB6001W OBSTETRICS AND GYNAECOLOGY FOR EXTERNAL CREDIT

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 20 at HEQSF level 8

**Conveners:** Dr K Brouard and Dr C J M Stewart

**Course entry requirements:** Fifth year MBChB courses.

**Course outline:** Students have four weeks to complete Obstetrics and Gynaecology. This allows for two weeks of each subject. Students attend the block at one of the designated hospitals and will attain competence in practical obstetric and gynaecological examination, including pap smears. They will also attain competence in minor procedures such as D&Cs, assisting in theatre and intrapartum management.

**DP requirements:** Full attendance of all coursework and submission of course requirements by the due dates. Satisfactory performance for the in-course assessment. This includes professionalism (punctuality; dress code; participation; attitude towards patients, colleagues and required activities; team-work; conscientiousness) and clinical knowledge and skills, including competence in clinical presentations. Should the student score below average (as per the scoring form) for this in-course assessment, they may be disqualified from writing the end-of-block exam.

**Assessment:** There is an in-course assessment during both blocks and a record of clinical experience has to be submitted. The end-of-block examination is in OSCE/OSPE format. Students must also attain a 50% pass for a skills station in order to be exempt from repeating this assessment. Students who fail to achieve satisfactory results in these examinations are required to sit the departmental examination at the end of the year. Students who fail the end-of-year examinations may be offered oral examinations before the final mark is submitted.

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### PED6001W PAEDIATRICS FOR EXTERNAL CREDIT

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 44 at HEQSF level 8

**Conveners:** Dr K Donald, Dr P Gajjar and Dr S Salie

**Course coordinator:** Dr P Wicomb

**Course entry requirements:** None.

**Course outline:** In sixth paediatrics, the student is an integral member of the paediatric team caring

for children. During the eight-week block, students spend four weeks in a general paediatric ward (based at either the Red Cross Children's Hospital, Victoria, Groote Schuur, or New Somerset Hospitals); two weeks in neonatology (based at Groote Schuur, New Somerset or Mowbray Maternity Hospitals); and two weeks in general paediatric surgery (based at the Red Cross Children's Hospital). During the day students take part in the day-to-day management of patients and participate in the academic activities of the ward. Core learning outcomes include demonstration of knowledge of common core paediatric diseases and conditions; and skills such as taking a paediatric history, ability to examine any child or adolescent, defining an appropriate problem list, drawing up an appropriate management plan; ability to perform basic procedures; professional behaviour; considering the rights of the child and being advocates for child health. Core knowledge focuses on common paediatric conditions, which students address by clerking admissions to the wards, including history-taking, examination, assessment and suggesting management plans. These cases form the basis of the in-course assessment and portfolio of learning. The core topics are subdivided into "must know" and "must recognise".

**DP requirements:** 100% attendance and completion of all requisite coursework/clinical work by the due dates. If a student is absent the time must be made up; absent for more than three weeks the block must be repeated. Students are expected to perform all procedures under supervision, relevant to the management of their patients. Competency is required in a list of procedures as a minimum.

**Assessment:** Formative assessment is given during the clinical attachment. Summative assessment consists of an in-course assessment and work ethic (professional conduct 20%) and an end-of-block clinical examination (20%). Students are required to attain a mark of 50% or more in both the in-course assessment and the end-of-block clinical examination in order to pass the course. End of block short case/single system clinical examination: the exam is primarily aimed at assessing clinical skills and competency using a standardised assessment tool. It is based on examination of two short-case/single system cases whilst being observed and guided by a single examiner for each case.

### **MDN6003W MEDICINE FOR EXTERNAL CREDIT**

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 16 at HEQSF level 8

**Convener:** Dr B Hodkinson

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

**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. 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 four 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.

### **CHM6020W SURGERY FOR EXTERNAL CREDIT**

*[Note: This course is taken by South African students studying towards a Cuban medical degree.]*

**NQF credits:** 19 at HEQSF level 8

## 122 OTHER COURSES OFFERED

**Convener:** Dr S Burmeister

**Course entry requirements:** Fifth year MBChB courses.

**Course outline:** General surgery in sixth year incorporates a hands-on practical four-week rotation during which student interns consolidate and refine clinical examination, diagnosis and management of the major symptom complexes in surgery. They spend two weeks each in two of the four specialised units at Groote Schuur Hospital (hepatobiliary, vascular, colorectal, breast and endocrine) and function as integrated members of the therapeutic team. They are involved in all aspects of their unit's activities, in particular ward rounds, patient management and academic activities. They assist the intern and registrar on call with admissions to the firm. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. They present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. They accompany their patients to interventional procedures, e.g. endoscopy, ERCP, angiography or the operating theatre. They must present at least two cases per week to attending consultants and during the course of the rotation complete a portfolio of three cases, each case comprising a case report and a researched and referenced discussion of 1500 – 2000 words. Interactive tutorials and seminars are given each week by consultant staff to review core theoretical knowledge. A logbook is kept documenting presentation of cases to consultants and regular attendance of ward rounds.

**DP requirements:** Full attendance and participation in unit activities as well as completion of all requisite coursework/clinical work including the requisite portfolio of cases. An incomplete logbook may preclude a student from partaking in the end of block assessment. Late hand in of the portfolio is penalisable by an amount of 5% per day post the deadline for submission.

**Assessment:** The end-of-block assessment comprises a clinical scenario based oral examination (25%), a patient based oral examination (35%), a computerised clinically based MCQ (25%) and assessment of the case portfolio (15%). The logbook is reviewed. Students who obtain an average mark of less than 55% for their end-of-block assessment are re-examined in a subsequent examination, having repeated the four-week block. Should the student pass the November examination their original mark will stand, unless it was originally below 50%, when a final mark of 50% will be given – 50% is considered the pass mark for the course. Failure to pass the repeat examination will result in failure of the year.

**DEPARTMENTS: CONTACT NUMBERS**

<b>DEPARTMENTS</b>	<b>DEPT CODES</b>	<b>DISCIPLINES/DIVISIONS/RESEARCH STRUCTURES WITHIN DEPTS</b>	<b>TEL No</b>
ANAESTHESIA	AAE	ANAESTHESIA.....	406 6143
CLINICAL LABORATORY SCIENCES	LAB	ANATOMICAL PATHOLOGY.....	406 6162
		CHEMICAL PATHOLOGY.....	406 6192
		COMPUTATIONAL BIOLOGY.....	650 5789
		BIOINFORMATICS (CBIO).....	406 6176
		FORENSIC MEDICINE & TOXICOLOGY.....	406 6110
		GENDER, HEALTH & JUSTICE RESEARCH UNIT.....	406 6021/2
		HAEMATOLOGY.....	404 3073
		UCT LEUKAEMIA UNIT.....	406 6159
		HUMAN GENETICS.....	406 6995
		MRC/UCT HUMAN GENETICS RESEARCH UNIT.....	406 6297
		CANSA'S COLORECTAL CANCER RESEARCH CONSORTIUM.....	406 6297
		IMMUNOLOGY.....	406 6116
		MRC/UCT IMMUNOLOGY OF INFECTIOUS DISEASES RESEARCH UNIT.....	406 6616
		MEDICAL BIOCHEMISTRY.....	406 7712
		MRC/UCT RESEARCH GROUP FOR RECEPTOR BIOLOGY.....	406 6446
		MEDICAL MICROBIOLOGY.....	406 6727
		MEDICAL VIROLOGY.....	406 6983
		INSTITUTE FOR PAEDIATRIC PATHOLOGY.....	658 5249
HEALTH AND REHABILITATION SCIENCES	AHS	COMMUNICATION SCIENCES AND DISORDERS.....	406 6628/ 406 6401
		DISABILITY STUDIES.....	406 6205/ 406 6401
		NURSING AND MIDWIFERY.....	406 6205/ 406 6401
		OCCUPATIONAL THERAPY.....	406 6324/ 406 6401
		PHYSIOTHERAPY.....	406 6428/ 406 6401
HUMAN BIOLOGY	HUB	HUMAN BIOLOGY (GENERAL).....	406 6235
		BIOMEDICAL ENGINEERING.....	406 6235
		EXERCISE SCIENCE & SPORTS MEDICINE.....	650 4561
		HUMAN NUTRITION.....	406 6235
		MRC/UCT MEDICAL IMAGING RESEARCH UNIT.....	406 6235
MEDICINE	MDN	ACUTE MEDICINE.....	404 4175
		CARDIOLOGY.....	404 6084
		CLINICAL HAEMATOLOGY.....	404 3073
		CLINICAL IMMUNOLOGY.....	406 6201
		CLINICAL PHARMACOLOGY.....	406 6008
		CLINICAL SKILLS UNIT.....	406 6835
		CRITICAL CARE MEDICINE.....	404 3420
		DERMATOLOGY.....	404 3376
		DESMOND TUTU HIV/AIDS RESEARCH CENTRE.....	406 6966
		ENDOCRINOLOGY AND DIABETIC MEDICINE.....	406 6140
		GENERAL MEDICINE.....	406 6200
		GERIATRIC MEDICINE AND THE ALBERTINA & WALTER SISULU INSTITUTE OF AGEING IN AFRICA.....	406 6211
		HATTER INSTITUTE FOR CARDIOVASCULAR RESEARCH IN	

124 DEPARTMENTS AND CONTACT NUMBERS

DEPARTMENTS	DEPT CODES	DISCIPLINES/DIVISIONS/RESEARCH STRUCTURES WITHIN DEPTS	TEL No
		AFRICA.....	406 6358
		HEPATOLOGY.....	406 6394
		INFECTIOUS DISEASES AND HIV MEDICINE.....	404 5105
		LIPIDOLOGY.....	406 6166
		LUNG INFECTION AND IMMUNITY UNIT.....	404 7654
		MEDICAL GASTROENTEROLOGY.....	404 3062
		MRC/UCT DRUG DISCOVERY AND DEVELOPMENT RESEARCH UNIT.....	404 6778
		NEPHROLOGY AND HYPERTENSION.....	404 3318
		NEUROLOGY.....	404 3316
		NEUROLOGY.....	404 3198
		OCCUPATIONAL MEDICINE UNIT.....	406 6435
		PULMONOLOGY.....	404 4360
		RHEUMATOLOGY.....	404 6514
OBSTETRICS & GYNAECOLOGY	OBS	OBSTETRICS AND GYNAECOLOGY.....	406 6113
PAEDIATRICS AND CHILD HEALTH	PED	ASSOCIATED PAEDIATRIC DISCIPLINES.....	658 5035
		CHILD AND ADOLESCENT PSYCHIATRY.....	685 4103
		CHILD NURSING PRACTICE.....	658 5497
		CHILD HEALTH UNIT.....	686 0086
		CRITICAL CARE.....	658 5369
		NEONATOLOGY.....	404 6025
		PAEDIATRIC ALLERGOLOGY.....	658 5305
		PAEDIATRIC CARDIOLOGY.....	658 5303
		PAEDIATRIC DERMATOLOGY.....	658 5002
		PAEDIATRIC EMERGENCY SERVICES.....	658 5120
		PAEDIATRIC ENDOCRINE.....	404 3380
		PAEDIATRIC GASTROENTEROLOGY.....	658 5344
		PAEDIATRIC HAEMATOLOGY/ONCOLOGY.....	658 5570
		PAEDIATRIC INFECTIOUS DISEASES.....	658 5321
		PAEDIATRIC MEDICINE.....	658 5319/16
		PAEDIATRIC NEPHROLOGY.....	658 5307
		PAEDIATRIC NEURODEVELOPMENT.....	658 5391
		PAEDIATRIC NEUROLOGY.....	658 5444
		PAEDIATRIC PULMONOLOGY.....	658 5309
		PAEDIATRIC RHEUMATOLOGY.....	658 5191
PSYCHIATRY AND MENTAL HEALTH	PRY	ADDICTION PSYCHIATRY.....	404 2174
		ALAN FLISHER CENTRE FOR PUBLIC MENTAL HEALTH.....	685 4103
		ADOLESCENT HEALTH RESEARCH UNIT.....	685 5116
		CHILD AND ADOLESCENT PSYCHIATRY.....	685 4103
		LIAISON PSYCHIATRY.....	404 2174
		FORENSIC PSYCHIATRY.....	440 3185
		INTELLECTUAL DISABILITY PSYCHIATRY.....	404 2174
		NEUROCLINICAL/PSYCHOTHERAPY.....	404 2174
		NEUROPSYCHIATRY.....	404 2174
		PSYCHOPHARMACOLOGY.....	404 2174
		PSYCHIATRIC INTENSIVE CARE.....	404 2174
		PUBLIC MENTAL HEALTH.....	685 4103
PUBLIC HEALTH AND FAMILY MEDICINE	PPH	SCHOOL OF PUBLIC HEALTH AND FAMILY MEDICINE.....	406 6300
		PUBLIC HEALTH MEDICINE.....	406 6818
		FAMILY MEDICINE.....	406 6510
		OCCUPATIONAL MEDICINE.....	406 6818

**DEPARTMENTS AND CONTACT NUMBERS 125**

<b>DEPARTMENTS</b>	<b>DEPT CODES</b>	<b>DISCIPLINES/DIVISIONS/RESEARCH STRUCTURES WITHIN DEPTS</b>	<b>TEL No</b>
		ENVIRONMENTAL HEALTH.....	404 7661
		HEALTH ECONOMICS.....	406 6558
		HEALTH POLICY AND SYSTEMS.....	406 6608
		SOCIAL AND BEHAVIOURAL SCIENCES.....	650 1487
		EPIDEMIOLOGY AND BIostatISTICS.....	406 6300
		CENTRE FOR INFECTIOUS DISEASE EPIDEMIOLOGY AND RESEARCH (CIDER).....	406 6808
		CENTRE FOR ENVIRONMENTAL AND OCCUPATIONAL HEALTH RESEARCH (CEOHR).....	406 6719
		HEALTH ECONOMICS UNIT (HEU).....	406 6558
		WOMEN'S HEALTH RESEARCH UNIT (WHRU).....	650 1487
		INDUSTRIAL HEALTH RESOURCE GROUP.....	650 1033
RADIATION MEDICINE	RAY	MEDICAL PHYSICS.....	404 6266
		NUCLEAR MEDICINE.....	404 4389
		PAEDIATRIC RADIOLOGY.....	658 5101/4
		RADIOLOGY.....	404 4184
		RADIATION ONCOLOGY.....	404 4265
SURGERY	CHM	CARDIOTHORACIC SURGERY.....	406 6181
		CARDIOVASCULAR RESEARCH UNIT.....	406 6385
		EMERGENCY MEDICINE.....	948 9908
		GENERAL SURGERY.....	406 6475
		NEUROSURGERY.....	406 6213
		OPHTHALMOLOGY.....	406 6216
		ORTHOPAEDIC SURGERY.....	406 6157
		OTORHINOLARYNGOLOGY.....	406 6420
		PAEDIATRIC SURGERY.....	658 5012
		PLASTIC, RECONSTRUCTIVE AND MAXILLO-FACIAL SURGERY.....	406 6415
		SURGICAL GASTROENTEROLOGY.....	404 3042
		UROLOGY.....	406 6529

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## DEPARTMENTS

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### ANAESTHESIA

*D23, New Groote Schuur Hospital*

**Professor and Head:**

J L C Swanevelder, MBChB, MMed *Stell* DA FCA FRCA SA

**Professor:**

R A Dyer, BSc(Hons) *Stell* MBChB PhD *Cape Town* FFA SA

**Associate Professor:**

J M Thomas, MBChB *Cape Town* FFA SA

**Senior Lecturers Full-time:**

K Bergh, MBChB *Pret* DA FCA SA

B Brennan, MBChB *Cape Town* DA FCA SA

K Bester, MBChB *Stell* DA FCA SA

M Casey, DA Dip PEC MBChB SA

E Cloete, MBBCh *Pret* DA FCA SA

A De Vaal, MBBCh *Pret* DA FCA SA

S Dwyer, MBChB *Stell* DA FCA SA

A Ernst, MBChB *Cape Town* DA FCA SA

F M Falanga, MBChB *Cape Town* DA FFA SA

R Gray, MBChB *Cape Town* DA FCA SA

M Hart, MBChB *Cape Town* DA FCA SA

R Haylett, MBChB *Cape Town* DA FCA SA

S A M Heijke, MBChB *Cape Town* FFA SA

I Joubert, MBBCh *Witwatersrand* FCA SA FCA CritCare

K Kemp, MBChB *Stell* DA FCA SA

N Khan, MBChB *Cape Town* DA FCA SA

R L Llewellyn, MBChB *Cape Town* FFA SA

N Meyersfield, MBBCh *Witwatersrand* DA FCA SA

M Miller, MBChB *Stell* FCA SA

L F Montoya-Pelaez, MBChB *Zimbabwe* FCA SA

A Myburgh, MBChB *Cape Town* DA FCA SA

R W Nieuwveld, BSc MBBCh *Witwatersrand* FFA SA

M Nejthardt, BSc MBChB *Stell* DA FCA SA

D Nolte, MBBCh *Witwatersrand* DA FCA SA

G Picken, MBBCh *Cape Town* DA FCA SA

J Piercy, MB BS *London* BSc (Hons) FCA SA

O Porrill, MBBCh *Witwatersrand* DA FCA SA

M Rademeyer, MBChB *Cape Town* DA FCA SA

A R Reed, MBChB *Cape Town* DA FRCA UK

F Roodt, MBChB *Cape Town* DA FCA SA

H K S Steinhaus, MBChB *Cape Town* DA FCA SA

K Timmerman, MBChB *Cape Town* DA FCA SA

D van Dyk, MBChB *Cape Town* DA FCA SA

J van Nugteren, MBChB *UFS* DA FCA SA

D Visu, MBChB *Romania* DA FCA SA

A Vorster, MBChB *Stell* DA FCA SA

G S Wilson, MBChB *Cape Town* FRCA SA

**Lecturer Part-time:**

D J B Batty, MBChB *Cape Town* FCA SA

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## CLINICAL LABORATORY SCIENCES

**Professor and Head:**

C Williamson, BSc(Hons) PhD *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*

**Wernher & Beit Professor and Head:**

D Govender, MBChB MMed (AnatPath) PhD *UKZN* FCPATH (Anat) SA FCPATH *ECSA* FRCPath *London*

**Associate Professors Full-time:**

R Naidoo, BSc(Hons) *UDW* MMedSc PhD *UKZN*  
H C Wainwright, MBChB *Cape Town* FCPATH (Anat) SA

**Senior Lecturers Full-time:**

M S Duffield, MBChB *Rhodes* LRCP&S *Edinburgh & Glasgow* MMed *Cape Town* MRCPATH  
M L Locketz, MBChB MMed *Cape Town* FCPATH (Anat) SA  
K Pillay, MBChB *UKZN* MMed *Cape Town* FCPATH (Anat) SA FRCPath *London*

**Honorary Senior Lecturer:**

G M Learmonth, MBChB BAO *Galway* FCPATH (Anat) SA MIAC

**Lecturers Full-time:**

M J Otto, MBChB *UFS* FCPATH (Anat) SA  
R Roberts, MBChB MMed *Cape Town* FCPATH (Anat) SA  
R Sookhayi, MBBCh *Witwatersrand* FCPATH (Anat) SA  
H-T Wu, MBBCh *Witwatersrand* MMed *Cape Town* FCPATH (Anat) SA

**Assistant Lecturers/Registrars:**

D Chetty, MBBCh *Witwatersrand*  
L de Jager, MBChB *Stell*  
J Egan, BSc (Pharm) MBChB *Cape Town*  
B Kosi, MBChB *Cape Town*  
S Likumbo, MB BS *Malawi*  
S C Madlala, MBChB *Limpopo*  
B Price, BSc(Hons), PhD *UKZN*, MBBCh *Witwatersrand*  
T N Rikhotso, MBChB *Medunsa*  
G Skead, MBChB *Pret*  
M Theuri, MBChB *Nairobi*  
A Wessels, MBChB *UFS*  
D Zgambo, MB BS *Malawi*

**Chief Scientific Officer:**

R Kriel, NatDip(MedTech) *CPUT* Dip(ProfPhotography) PostGradDip(BusManagement) *UKZN*

**Laboratory Managers (NHLS):**

C Bilobrk (Histopathology-Groote Schuur Hospital), NatDip(MedTech) *CPUT*  
B Bollaert (Cytopathology-Groote Schuur Hospital), NatDip(MedTech) HigherDip(MedTech) *CPUT*  
C Jackson (Histopathology-Red Cross Hospital), NatDip(MedTech) HigherDip(MedTech) *CPUT*

**Chemical Pathology**

*Level 6, Entrance 4, Falmouth Building*

**Professor and Head:**

AD Marais, MBChB *Cape Town FCP SA*

**Emeritus Professor:**

E H Harley, PhD MD *London FRCPath UK*

**Senior Lecturers:**

J A King (Principal Medical Scientist), BSc(Hons) MSc PhD *Cape Town*

H Vreede (Senior Specialist), MBChB MMed *Cape Town*

**Lecturers Full-time:**

P Fortgens, FCPATH SA Chem Path PhD *UKZN*

F Leisegang (Senior Medical Scientist), BSc(Hons) *UKZN*

F Omar (Specialist), MBChB *Stell MMed Cape Town FCPATH SA*

G F Van der Watt (Specialist), MBChB *Pret MMed Cape Town FCPATH SA*

**Honorary Professors and Lecturers:**

I Jialal, MBChB *UKZN MD FCPATH SA DABCCM*

T S Pillay, MBChB *UKZN PhD Cambridge MRCPath UK*

D B Sacks, MBChB *Cape Town (American Board of Internal Medicine) (American Board of Pathology)*

**Lecturer:**

D M Blackhurst, PhD *Cape Town*

**Computational Biology**

*Level 1, Wernher and Beit Building North, IDM*

**Associate Professor and Head:**

N J Mulder, BSc(Hons) PhD *Cape Town*

**Senior Lecturer Full-time:**

D Martin, PhD *Cape Town*

**Forensic Medicine and Toxicology**

*Level 1, Entrance 2, Falmouth Building*

**Professor and Head:**

L J Martin, MBBCh *Witwatersrand MMed Path (Foren) Cape Town DipForMed FCForPath SA*

**Honorary Associate Professors and Lecturers Part-time:**

R Kaschula, MMed Path *Cape Town FRC Path UK*

R Hewlett, MBChB PhD *Cape Town FRC Path (Neuropathology)*

**Senior Lecturers Full-time:**

G M Kirk, MBBCh *Witwatersrand DipForMed FCForPath SA*

L Liebenberg, MBChB *Stell MMed Path (Foren) Cape Town DipForMed SA*

Y van der Heyde, BScMicro MBChB MMed Path (Foren) *Cape Town DipForMed SA*

M Heyns, BSc Hons (cum laude) MSc (cum laude) PhD Hons BBA (cum laude) MBA (cum laude) *Stell PGCHET QUB*

**Lecturers Full-time:**

M Date-Chong, MBChB *Cape Town* DipForMed Path FCForPath SA  
S Maistry, MBChB *Medunsa* BSc *Witwatersrand* BScHons DipForMed FCForPath SA  
I J Molefe, MBChB *Cape Town* DipForMed Path FCForPath SA  
S Mfolozi, MBChB *Cape Town* DipForMed Path FCForPath SA

**Assistant Lecturer/Registrar:**

I Alli, MB BS *Mysore* DipForMed Clin/Path SA Cert Medical Law *UNISA*

**Registrar:**

I Möller, MBChB *Pret* LLB *UNISA* DipForMed SA Path

**Medical Technologists:**

Y Davies, NDMedTech *CPUT*  
M Perrins, NHDMedTech *CPUT*

**Haematology**

*Chris Barnard Building*

**Professor and Head:**

N Novitzky, PhD *Cape Town* FCP SA

**Senior Lecturers, Specialists and Haematologists:**

J Opie, MBChB FCP  
L du Pisani, MBChB FFPPath(Haem)

**Lecturers, Specialists and Haematologists:**

G Bellaires, MBChB  
J Makan, MBChB  
M Ntombogwana, MBChB FFPPath(Haem)

**Medical Natural Scientist:**

K Shires, PhD *Cape Town*

**Research Officer:**

S Mowla, PhD

**Laboratory Manager:**

F Barton, NDMedTech(BloodTransfusion&Haem)

**Chief Technologist:**

J Blackbeard, NDMedTech(Haem)

**Human Genetics**

*Room 3.14, Level 3, Wernher and Beit North, IDM*

**Professor and Head:**

R S Ramesar, BSc(Hons) MSc *UKZN* PhD *Cape Town*

**Professor:**

L J H L Greenberg, BSc *Stell* PhD *Cape Town*

## 130 CLINICAL LABORATORY SCIENCES

### **Emeritus Professor:**

P H Beighton, MD *London* PhD *Witwatersrand* FRCP UK FRCPC FRS SA

### **Honorary Professors:**

M R Hayden, MBChB PhD *Cape Town* FRCPI FRSC *Canada*

W James, BA(Hons) *UWC* MSc PhD *Madison Wisconsin*

M J A Wood, MBChB *Cape Town* MA DPhil *Oxford*

### **Senior Specialist/Senior Lecturer:**

K Fieggen, MBChB *Cape Town* FCPaed CertMedGenet SA

### **Associate Professor:**

C Dandara, BSc(Hons) PhD *Zimbabwe*

### **Associate Professor/Senior Specialist:**

A Wonkam, MBChB *Cameroon* MD Dip(MedGenet) *Switzerland*

### **Sessional Specialists and Honorary Senior Lecturers:**

L V Jedeiken, MBChB *Cape Town* FCP SA

S Zieff, MBChB MMed *Cape Town* FCP SA

### **Laboratory Manager (Cytogenetics NHLs):**

T Ruppelt, NDip BTech(BiomedicalTechnology) *UPE*

## **Immunology**

*Falmouth Building and Wernher and Beit Building South, IDM*

### **Wernher & Beit Chair, Professor and Head:**

C M Gray, BSc(Hons) *University of Western England* MSc PhD *Witwatersrand*

### **Honorary Professors:**

G D Brown, PhD *Cape Town*

B Ryffel, PhD *Switzerland*

### **Professor:**

F Brombacher, PhD *Freiburg*

### **Associate Professor:**

M Jacobs, PhD *Cape Town*

### **Visiting Professors:**

G Alber, PhD *Germany*

J Alexander, PhD *Glasgow*

G Ferrari, MD *Genoa*

T Huenig, PhD *Wuerzburg*

M Kopf, PhD *ETH Zürich*

S Magez, PhD *Brussels*

### **Senior Lecturer:**

H Jaspán, BSc *USA* MD PhD *Tulane* FAAP PaedsID *Washington*

### **Lecturer:**

W Hornsnell, PhD *UK*

**Honorary Senior Lecturer:**

J Dorfmann, PhD *Berkeley*

**Research Scientists:**

R Guler, PhD *Switzerland*

N-J Hsu, PhD *Cape Town*

F Kirstein, PhD *Cape Town*

**Research Associates:**

A Lopata, PhD *Cape Town*

B Ryffel, PhD *Basel*

**NHLS Staff:**

J Banks, DipMedTechnology

K Jonas, DipMedTechnology

E Kotze, MS BSc(Hons) *North West*

S Maart, DipMedTechnology

B Pillay, DipMedTechnology

G Sheba, DipMedTechnology

M Watkins, MS PhD *Cape Town*

**Chief Medical Technologist:**

L Fick, DipMedTechnology *CPUT*

**Manager FACS Facility:**

R Dreyer

**Falmouth Laboratory Manager:**

H Gamieldien

**Medical Biochemistry**

*Level 6, Falmouth Building and Wernher and Beit Building North*

**Professor and Head:**

P N Meissner, BSc(Med)(Hons) PhD *Cape Town* Fellow of UCT

**Emeritus Professor:**

W Gevers, MBChB DSc(hc) ad eundem *Cape Town* MA DPhil *Oxon* DSc(hc) *UPE* CMSA Fellow of UCT

**Professors:**

J Blackburn, BSc(Hons) DPhil *Oxon* (South African Research Chair)

A A Katz, PhD *Weizmann Institute*

R P Millar, PhD *Liverpool* FRCPATH(CHEM) FRSE Life Fellow of UCT (UCT Senior Scholar)

M I Parker, BSc(Hons) PhD MASSAf (International Centre for Genetic Engineering and Biotechnology – ICGEB *Cape Town* (South African Research Chair)

B T Sewell, MSc *Witwatersrand* PhD *London*

E D Sturrock, BSc(Med)(Hons) PhD *Cape Town*

**Honorary Professors:**

C G P Mathew, BSc(Hons) *UPE* PhD *London* FRCPATH *Royal College of Pathologists*

K R Acharya, BSc MSc PhD *Bangalore*

## 132 CLINICAL LABORATORY SCIENCES

### **Emeritus Associate Professor:**

L R Thilo, MSc *Pret* Dr rer Nat *Heidelberg*

### **Associate Professors:**

D T Hendricks, BSc(Med)(Hons) PhD *Cape Town*

V Leaner, BSc(Med)(Hons) PhD *Cape Town*

C N T Sikakana, BS *Wesleyan* PhD *Madison Wisconsin*

### **Honorary Associate Professor:**

L Zerbin, MSc PhD *São Paulo, Brazil*

### **Honorary Senior Lecturers:**

C A Flanagan, PhD *Cape Town*

H Jabbour, PhD *Sydney*

### **Honorary Lecturer:**

K J Sales, BSc(Med)(Hons) MSc PhD *Cape Town*

### **Chief Scientific Officer:**

S Schwager, MSc *Cape Town*

### **Medical Microbiology**

*Falmouth Building, Faculty of Health Sciences Campus*

### **Professor and Head:**

M P Nicol, MBCh MMed(MedMicro) *Witwatersrand* DTM&H FCPATH(Microbiol) SA PhD *Cape Town*

### **Professor:**

G Hussey, MBChB MMed *Cape Town* MSc ClinTropMed *London* DTM&H UK FFCH SA

### **Senior Lecturers Full-time:**

C Bamford, MBChB MMed (MedMicro) MPhil *Cape Town* FCPATH(Microbiol) DCH SA

N Beylis, MBChB Dip HIV Management *Witwatersrand* DTM&H FCPATH(Microbiol) SA

PR Naicker, MBChB *UKZN* DTM&H *Witwatersrand* FCPATH(Micro) SA

### **Lecturers:**

L Ah Tow Edries, BSc(Hons) *UWC* PhD *Cape Town*

H Cox, BSc MPH PhD *UM Australia*

E du Toit, PhD *Cape Town*

M Kaba, MD MSc PhD *AMU France*

C Moodley, PhD *Cape Town*

L Robberts, BSc(Hons) *Pret* PHD *Stell D(ABMM) USA* FCCM *Canada*

### **Honorary Lecturers:**

D A Lewis, FRCP *UK* PhD DipGUM DTM&H

J Simpson, MMedPath (Microbiol) *Cape Town*

### **Registrars:**

C M Centner, MBChB MSc(Med) *Cape Town*

S Ntuli, MBChB *Medunsa*

H Tootla, MBChB *Cape Town*

**Medical Virology**

*Werner and Beit Building South (IDM), Faculty of Health Sciences Campus*

**Professor and Head (UCT/NHLS joint staff):**

C Williamson, BSc (Hons) PhD *Cape Town*

**Professor and SARChI Chair in Vaccinology (NHLS/UCT joint staff):**

A L Williamson, BSc (Hons) PhD *Witwatersrand*

**Emeritus Professor:**

K Dumbell, MBChB MD FRCPath UK DSc *Cape Town*

**Associate Professors:**

D R Hardie, MBChB MMedPath (MedVirol) *Cape Town*

J A Passmore, PhD *Cape Town*

**Senior Lecturers/Clinical Virologists (NHLS/UCT joint staff):**

M Hsiao, MBChB DTM&H *Witwatersrand* MMedPath *Cape Town* FCPATH (Virol) *SA*

S Korsman, MBChB *Pret* MMed(VirolPath) *Stell* FCPATH (Virol) *SA*

**Registrars:**

A Enoch, MBChB *UKZN*

N Nkosi, MBChB *UKZN*

**Senior Lecturers/Scientists (UCT/NHLS joint staff):**

H Smuts, PhD *Cape Town*

**Medical Scientists/Lecturers (UCT/NHLS joint staff):**

Z Mbulawa, PhD *Cape Town*

Z Valley-Omar, PhD *Cape Town*

**Honorary Senior Lecturers:**

T J Tucker, MBChB PhD *Cape Town* FCPATH (Virol) *SA*

E Andersen-Nissen, PhD *USA*

**Senior Researcher:**

W Burgers, PhD *Cantab UK*

G Chege, PhD *Cape Town*

**Research Officers:**

R Chapman, PhD *Cape Town*

N Douglass, PhD *Cape Town*

**Project Managers:**

D Stewart, MSc *Zimbabwe*

**Senior Scientific Officers:**

M R Abrahams, MSc *Cape Town*

C Adams, MSc *Cape Town*

C Rademeyer, MSc *Cape Town*

**Scientific Officers:**

A Kiravi, MSc *Cape Town*

J C Marais MSc *Cape Town*

## 134 CLINICAL LABORATORY SCIENCES

N Ndabambi, MSc *Cape Town*  
D Sheward, MSc *Cape Town*  
R Thebus, NatDip (MedTech) *CPUT*

### **Senior Technical Officers:**

D Bowers, BSc *Cape Town MSc Stell*  
S Galant, NatDip (ClinPath) NatDip (Microbiology II) *CPUT*  
H Gamaldien, Nat Dip (MedTech) *CPUT MSc Cape Town*

### **Senior Medical Technologists:**

B Allan, DipMedTech MSc *Cape Town*  
T Muller, NatDip (BiomedTech) BTech *CPUT MSc Cape Town*

### **Project Administrator:**

K Norman

## **Paediatric Pathology**

*Red Cross War Memorial Children's Hospital*

### **Senior Lecturer Full-time and Acting Head:**

M H G Shuttleworth, BSc (Hons) MBChB MMed *Cape Town*

### **Senior Lecturers Full-time:**

K Pillay, MBChB FC Path(AnatPath) SA FRC Path UK MMed *Cape Town*  
G van der Watt, MBChB FCPath(ChemPath) DA SA

### **Medical Technologists (Chemical Pathology):**

B Bergstedt, NatDip(ClinPath) NatDip(ChemPath) BTech  
R Brown, BSc(Microbiol) NatDip(ChemPath)  
P Joseph, NatDip(ClinPath)  
I Kamaar, NatDip(ClinPath)  
S Kear, NatDip(ClinPath)  
P Mangala, NatDip(ClinPath)  
R Manuel, NatDip(ClinPath)  
C Seaton, NatDip(ClinPath) NatDip(Haem) Higher NatDip  
L Ungerer, NatDip(ChemPath)  
J van Helden, NatDip(ChemPath)  
V West, NatDip(ChemPath)

### **Medical Technologists (Haematology):**

Z Abrahams, NatDip(ClinPath) BTech *Cape Tech*  
K Benjamin, NatDip(Haem) BTech *Cape Tech*  
A Bertscher, NatDip(BloodTransfus) NatDip(Haem) *Joburg Tech*  
C Booysen, NatDip(ClinPath) *Cape Tech*  
S Brink, NatDip(ClinPath) BTech *Cape Tech*  
L de Wet, NatDip(ClinPath) *CPUT*  
H Hendricks, NatDip(ClinPath) *Pen Tech*  
M Pickard, NatDip(Haem) *Cape Tech*  
M Prins, NatDip(ClinPath) BTech *Cape Tech*  
G Tappan, NatDip(BloodTransfus) NatDip(Haem) *Cape Tech*  
E van der Heyde, BSc(Microbiol) NatDip(Haem) NatDip(ClinPath) *Cape Tech*  
T Zbodulja, NatDip(Haem) *Cape Tech*

**Medical Technologists (Histopathology):**

E Dollie, NatDip(HistopathTechniques) BTech

S Ford, NatDip(HistopathTechniques)

C Jackson, NatDip(Microbiol) NatDip(HistopathTechniques) Higher NatDip

**RESEARCH STRUCTURES****CANSA's Colorectal Cancer Research Consortium***Room N3.18, Level 3, Wernher and Beit North, IDM*

*This research consortium involves a team of geneticists, surgical gastroenterologists and anatomical pathologists, whose efforts are aimed at unravelling the biology underlying familial cancers. The work involves extensive field operations, ranging from distant rural environments in the Northern Cape to the urban environment in the Western Cape. While offering the very positive immediate translation to the clinical environment in presymptomatic testing and targeted clinical surveillance in those at highest risk, molecular genetics is used to understand the biology of the familial forms of disease, and as a clue to understanding the greater burden of sporadic cancers.*

**Professor and Director:**

R S Ramesar, BSc(Hons) MSc UKZN PhD Cape Town

**Gender, Health and Justice Research Unit***Room 101, Entrance 1, Falmouth Building**e-mail: [mrd-gender@uct.ac.za](mailto:mrd-gender@uct.ac.za)*

*The Gender, Health and Justice Research Unit is an interdisciplinary research unit at the University of Cape Town, officially launched in August 2004. The mission of the Unit is to improve service provision to victims of violence against women in South Africa through research, advocacy and education. It draws together researchers from various disciplines, including law, criminology, forensic sciences, gynaecology and psychology. The Unit aims to fulfil its mission by focusing on five core areas:*

- *Research – Conducting rigorous, evidence-based research into experiences of and responses to violence against women, particularly exploring the intersections between health and criminology, forensic sciences, gynaecology and psychology.*
- *Advocacy – Developing well-informed, evidence-based advocacy positions to support legal and policy reform in South Africa and similarly situated countries.*
- *Education – Development of university-based courses that allow law and medical students to understand the intersections between these two disciplines in their response to violence against women.*
- *Training – Development and implementation of innovative training programmes to build the capacity of criminal justice and health personnel.*
- *Consultancy services – Providing technical assistance to a wide range of government departments, non-governmental organisations and community-based organisations.*

**Director and Principal Researcher:**

L M Artz, BA (Hons) SFU MA Cape Town PhD Queens University Belfast

**Senior Researcher:**

K Moulton, BSocSc (Hons) Cape Town MA George Washington University PhD American University (Washington)

**Researchers:**

K G Aschman, BSocSc(Hons) *Cape Town* MSc *Oxon*  
K Corral, Licenciatura (Psychol) MA (Clinical Psych) PhD *University of Duesto*  
T Meer, BA (Hons) *UKZN* MA *Dalhousie University Halifax*  
J Mthembu, BA(Hons) MA *UWC*

**Research Affiliates:**

H Combrinck *UWC*  
B Iur LLB BA (Hons) *Northwest LLM Cape Town* PhD *UWC*  
J Flavin (Fordham University), BA *Kansas* MA PhD *American University (Washington)*

**Institute of Infectious Diseases and Molecular Medicine**

*Wolfson Pavilion, IDM 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://web.uct.ac.za/depts/idm>*

**Professor and Director:**

V Mizrahi, BSc(Hons) PhD *Cape Town* MSc AfTwas MASSAf FRSSAfOMS

**Full Members and Professors:**

L-G Bekker, MBChB DCH DTM&H FCP PhD *SA*  
J Blackburn, BA(Chem) MA(Chem) DPhil(Chem) *Oxon*  
F Brombacher, PhD *Freiburg*  
K Chibale, BSc(Ed) *Zambia* PhD *Cantab* FRSSAf  
C M Gray, BSc(Hons) *Western England* MSc PhD *Witwatersrand*  
W A Hanekom, MBBCh *Stell* DCH FCP(Paed)  
G Hussey, MBChB MMed *Cape Town* MScClinTropMed *London* DTM&H *UK* FFCH *SA*  
A A Katz, PhD *Weizmann Institute*  
S Kidson, BSc(Hons) MSc PhD *Witwatersrand* H Dip Ed *JCE*  
P N Meissner, BSc(Med)(Hons) PhD *Cape Town* (Fellow of UCT)  
R Millar, BSc(Hons) MSc *London* PhD *Liverpool* MRCP FRCP  
MP Nicol, MBChB MMed (MedMicro) *Witwatersrand* DTM&H FCPATH(MicroBiol) *SA* PhD *Cape Town*  
R S Ramesar, BSc(Hons) MSc *UKZN* PhD *Cape Town*  
E P Rybicki, BScHons MSc PhD *Cape Town* MASSAf FRSSAf (Fellow of UCT)  
B T Sewell, MSc *Witwatersrand* PhD *London*  
E D Sturrock, BSc(Med)(Hons) PhD *Cape Town* FRSSAf (Fellow of UCT)  
A L Williamson, BSc(Hons) PhD *Witwatersrand* MASSAf FRSSAf (Fellow of UCT)  
C Williamson, BSc(Hons) PhD *Cape Town* MASSAf FRSSAf (Fellow of UCT)  
R Wood, BSc(Hons) BMBCh *Oxon* MMed DSc(Med) FCP *SA* (Fellow of UCT)

**Full Members and Associate Professors:**

M Hatherill, MBChB DCH MMed MRCP FCPaed MD *Cape Town*

M Jacobs, BSc(Med)(Hons) PhD *Cape Town*

G Meintjes, MBChB PhD *Cape Town* MRCP UK FCP DipHIVMan SA MPH *Johns Hopkins University*

N Mulder, BSc(Hons) PhD *Cape Town*

J Passmore, BSc (Hons) *UKZN* PhD *Cape Town*

**Full Member and Honorary Professor:**

R Wilkinson, MA *Cantab* PhD DTM&H FRCP MRC Programme Leader National Institute for Medical Research *London* MBBCh *Oxon* (Wellcome Trust Senior Fellow in Clinical Science and Professor of Infectious Diseases *Imperial College London*)

**Full Member and Senior Lecturer:**

D P Martin, BSc(Hons) MSc *UKZN* PhD *Cape Town*

**Affiliate Members and Professors:**

K Dheda, MBBCh *Witwatersrand* FCP SA FCCP PhD FRCP *London*

J Greenberg, BSc (Physiol&Chem) *Stell* PhD *Cape Town*

G Maartens, MBChB MMed FCP SA DTM&H

B M Mayosi, BMedSc MBChB *UKZN* FCP SA DPhil *Oxon* FESC FACC FRCP MASSAF

M I Parker, BSc(Hons) PhD *Cape Town* MASSAF FIAS fTWS

K Sliwa-Hahnle, MD PhD FESC FACC

D J Stein, BSc(Med) MBChB *Cape Town* FRCPC PhD *Stell* DPhil

H J Zar, MBBCh *Witwatersrand* FAAP BC Paed BC Paed Pulmonology *USA* PhD FCPaed *SA*

**Affiliate Members and Associate Professors:**

A Boule, MBChB PhD *Cape Town* MSc *London* FCPHM *SA*

D Coetzee, BA *Cape Town* MBBCh DPH DTM&H DOH *Witwatersrand* FCPHM *SA* MS *Columbia*

B S Eley, MBChB FCP(Paed) SA BSc(Med)(Hons) *Cape Town*

H McIlleron, MBChB PhD *Cape Town*

L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

**Associate Members and Associate Professors:**

V Leaner, PhD *Cape Town*

T Scriba, BSc(Hons) MSc *Stell* DPhil *Oxford*

**Associate Member and Honorary Associate Professor:**

K A Wilkinson, MSc (Chem) PhD (Chem&PetideImmunol) *Budapest* MRC Senior Investigator Scientist, National Institute for Medical Research *London*

**Associate Members and Researchers:**

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 F Warner, BCom BSc(Hons) PhD *Witwatersrand*

**MRC/UCT Human Genetics Research Unit**

*Room 3.14, Level 3, Wernher and Beit North, IDM*

*The UCT/MRC Human Genetics Research Unit benefits from the strong history of excellent research within UCT's Division of Human Genetics, and focuses its efforts on the genome research/clinic interface, building capacity as one of its major outcomes.*

*The envisaged expansion of the unit is focused in the areas of:*

- *developing a high throughput genetic analysis facility for the purpose of disease-genomic research;*
- *training researchers to map and identify genes which are of interest in and to our populations; and*
- *understanding the biology of such genetic elements by drawing on the expertise within the Institute of Infectious Diseases and Molecular Medicine on the Faculty of Health Sciences campus, and within other relevant institutions in the country.*

*The core expertise and resident functions in the Unit will ultimately include:*

- *Genetic study co-ordination which helps with the development and co-ordination of patient, family and population-based studies, and the design of such investigations;*
- *assistance with the development of diagnostic criteria and screening for specific research programmes;*
- *subject contact and collection of biological material;*
- *a high-throughput genetic analysis capability to carry out large-scale genotyping and sequencing to identify disease-predisposing elements in our populations.*

**Professor and Director:**

R S Ramesar, BSc(Hons) MSc UKZN PhD Cape Town

**MRC/UCT Immunology of Infectious Diseases Research Unit**

*Room S1.27, Werner 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

**MRC/NHLS/UCT Molecular Mycobacteriology Research Unit**

**Professor and Director:**

V Mizrahi, BSc(Hons) PhD Cape Town AFTWAS MASSAf FRSSAfOMS

*The MRC/NHLS/UCT 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 that are of relevance to drug discovery and drug resistance, and the Unit is best known for its work on mechanisms of DNA metabolism, resuscitation and culturability, respiration and cofactor biosynthesis in mycobacteria. In pursuing this focus, the MMRU has developed specific expertise in mycobacterial molecular genetics and applied these skills in the construction of approximately 150 single and multiple mutant strains of *M. tuberculosis* H37Rv and several hundred targeted mutants of *M. smegmatis*. The recipient of two major grants from the South African government, the Unit makes research capacity development a key focus of laboratory work. The Unit, which currently comprises senior scientists, post-doctoral fellows, and both PhD and MSc students, also participates in several major TB drug discovery consortia funded by grants from the Bill & Melinda Gates Foundation under the TB Drug Accelerator programme (HIT-TB), the Seventh Framework Programme of the European Union (MM4TB), and the Technology Innovation Agency of South Africa (SATRII).*

**Senior Research Officer:**

D F Warner, BCom BSc(Hons) PhD *Witwatersrand*

**MRC/UCT Research Group for Receptor Biology**

*Wernher and Beit Building North*

*The mission of the group is to study the structure and function of G protein-coupled receptors and to apply the research to understanding and treating diseases that have major effects on the social and economic welfare of South Africa. The Group focuses on the gonadotropin-releasing hormone receptors and on the kisspeptin receptor, which are central regulators of reproductive function, on the prostaglandin receptors and their role in cervical cancer and on the CCR5 chemokine receptor and its role in HIV entry and infection.*

**Co-Directors:**

C A Flanagan, BSc(Hons) PhD *Cape Town*

A A Katz, PhD *Weizmann Institute*

R P Millar, BSc(Hons) MSc *London* PhD *Liverpool*

**UCT Leukaemia Unit**

*Room 6.06, Chris Barnard Building*

**Director:**

N Novitzky, PhD *Cape Town* FCP *SA*

**Researchers:**

L du Pisani, MBChB FPath(Haem)

C du Toit, MBChB MMed(Int Med) *UOFS*

R Mohamed, NDMedTech

S Mowla, PhD *Cape Town*

M Ntombogwana, MBChB FPath(Haem)

J Opie, MBChB FCP *SA*

K Shires, PhD *Cape Town*

W van Schalkwyk, MBChB FCP(Haem) MMed(Haem)

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## HEALTH AND REHABILITATION SCIENCES

*F45, Old Main Building, Groote Schuur Hospital*

**Associate Professor and Head of Department:**

S A Singh, B(SPHT) *UDW* MA PhD(SLP) *NorthWestern*

**Communication Sciences and Disorders**

*F45, Old Main Building, Groote Schuur Hospital*

**Head:**

L Ramma, BA(CommSci&Dis) *Fresno State* MA(Audio) *San Diego* AuD *Florida* PGDip (Health Economics) *Cape Town* MPH *Witwatersrand*

**Associate Professor:**

H Kathard, B(SPHT) M(SpPath) DEd *UDW*

**Senior Lecturers:**

M Pascoe, BSc(Log) MSc(SpeechPath) *Cape Town*, PhD *Sheffield*

L Petersen, B(Spraak&Audio) *Stell* MSc(Audio) *Cape Town*

C Rogers, MSc(Audio) *Cape Town*

**Lecturers Full-time:**

M Harty, B(CommPath) MA(AAC) PhD *Pret*

V Norman, BSc(Log) *Cape Town* M(CommPath) *Pret*

**Clinical Educators Part-time:**

F Camroodien-Surve, BSc(SLP) *Cape Town* M(ECI) *Pret*

T Cloete, BSc MSc(Audio) *Cape Town*

C Edwardes, BSc(SLP) *Cape Town*

N Keeton, BSc(Audio) MSc(Audio) *Cape Town*

T Kuhn, BSc(Log) *Cape Town*

S Kuschke, B Com Path (STA) *Pret*

J le Roux, BSc(Log) *Cape Town* M(ECI) *Pret*

B Sebothoma, BSc(Audio) *Cape Town*

F Walters, B(SpLang&HearTh) *Stell*

**Intervention Programme Co-ordinator and Lecturer:**

B O Ige, BAHons *Ilorin, Nigeria* MA PhD *UKZN* PGDip Health Professional Education

A Brinkman, BSc(Audio) *Cape Town*

**Disability Studies**

*Old Main Building, Groote Schuur Hospital*

**Associate Professor and Head:**

T Lorenzo, BSc(OccTher) HDEdAd *Witwatersrand* MSc(CommDisStud) *London* PhD *Cape Town*

**Lecturers:**

B O Ige, BAHons *Ilorin, Nigeria* MA PhD *UKZN* PGDip Health Professional Education

H Kathard, B(SPHT) M(SpPath) DEd *UDW*

J McKenzie, BSc(Log) BA *Cape Town* MA *York* PGCE *UNISA* PhD *Rhodes*

C Ohajunwa, Special Education *Ibadan, Nigeria* MPhil Disability Studies *Cape Town*

**Guest Lecturers:**

N Mayat, BA (Social Work) *UDW BA(Hons) UNISA MPhil Disability Studies Cape Town*  
R Popplestone MA *Cape Town*  
M van Zyl, BA(Hons) MPhil *Cape Town Sociology*  
B Watermeyer, MA (Clin Psych) *Cape Town DPhil Stell*

**Honorary Professor:**

R McConkey, Ulster Professor of Developmental Disabilities, University of Ulster and Honorary Visiting Professor, Disability Studies Programme, Faculty of Health Sciences, University of Cape Town

**Nursing and Midwifery**

*F45, Old Main Building, Groote Schuur Hospital*

**Head:**

*Vacant*

**Associate Professors:**

S E Clow, MSc(Nurs) BSocSc(Nurs) *UND AUDNEd Cape Town RN RM CHN*  
S E Duma, PhD *Cape Town MCur UKZN BCur(NEdNAdmin) UNISA RN RM CHN RPsychN*  
P M Mayers, DPhil *Stell MSc(Med) Cape Town BA(Nurs) BCur(CommNurs Nurs Ed) (Marr Guide & Couns) UNISA RN RM RPsychN*

**Honorary Professors:**

S Ersser, PhD *Kings College University of London BSc (Hons) London South Bank University RGN Guys Hospital London CertHE Oxford Brookes University*  
N Abrahams, PhD MPhil Public Health *UWC CHN PenTech RN RM*

**Senior Lecturers Full-time:**

N Fouché, PhD (Ed) MSc(Nurs) *AUDNEd Cape Town DipIntN RN RN*  
U Kyriacos, PhD MSc OphN *Cape Town BCurletA NEduc NAdmin CHN UPE RGN&M Carinus Nursing College ICU Wentworth Hospital*

**Lecturers Full-time:**

D Newman-Valentine, MCur BCur *UWC RN RM RNE*  
D Ockhuis, MSc(Nurs) *Cape Town BCur(NedCHN) UNISA Dip RN RM RPsychN NAdmin*

**Clinical Facilitator:**

M Abrahams, CHN RM RN (Completed Diploma in Nephrology Nursing, awaiting SANC registration)

**Occupational Therapy**

*F45, Old Main Building, Groote Schuur Hospital*

**Associate Professor and Head:**

R Galvaan, BSc(OccTher) MSc(OccTher) PhD *Cape Town*

**Associate Professors:**

E M Duncan, Dip(OccTher) *Pret BARb UFS BA(Hons) UDW MSc(OccTher) Cape Town PhD Stell*  
E Ramugondo, BSc(OccTher) MSc(OccTher) PhD *Cape Town*

**Senior Lecturer Full-time:**

H A Buchanan, BSc(OccTher) MSc(OccTher) PhD(OccTher) *Cape Town*

## 142 HEALTH AND REHABILITATION SCIENCES

### **Lecturers:**

E du Plooy, B(OccTher) M(OccTher) *Pret*  
P Gretsichel, B(OccTher) M(ECI) *Pret*  
Z Hajwani, BSc(OccTher) *UWC* MSc(OccTher) *Cape Town*  
A Sondag, BSc(OccTher) *UWC* M(ECI) *Pret*

### **Clinical Educators Part-time/Sessional:**

S Barker, BSc(OccTher) *Cape Town*  
S Damonse, BSc(OccTher) *UWC*  
H Flieringa, BArb *Stell* MSc(OccTher) *Cape Town*  
F Gamielidien, BSc(OccTher) *Cape Town* DipBusManagement *Varsity College*  
S Landman, BArb *Stell* MSc(OccTher) *Cape Town*  
L Lewis, BSc(OccTher) *Cape Town*  
T Mohamed, BSc(OccTher) *UWC*  
M Motimele, BSc(OccTher) MSc(OccTher) *Cape Town*  
L Peters, BSc(OccTher) MSc(OccTher) *Cape Town*  
K Van Stormbroek, BSc(OccTher) *Cape Town*

### **Lecturers Part-time (Intervention Programme/Senior Student Support):**

M Ramafikeng, BSc(OccTher) MSc(OccTher) *Cape Town*

### **Physiotherapy**

*F45 and F46 Old Main Building, Groote Schuur Hospital*

### **Head and Senior Lecturer:**

S Maart, BSc(Phys) MPH *UWC*

### **Deputy Head and Senior Lecturer:**

R Parker, BSc(Phys) BSc(Med)(Hons) PhD *Cape Town* MSc(Pain) *Queen Margaret University, Edinburgh*

### **Professors:**

S L Amosun, BSc(Phys) PhD *Ibadan* SRP *UK* PGDip(Health Professional Education)  
J Jelsma, BSc(Phys) *Stell* DipTertEd *UNISA* DipInternResEthics *Cape Town* MPhil *Zimbabwe* PhD *Leuven*

### **Senior Lecturers:**

T Burgess, BSc(Phys) BSc(Med)(Hons) PhD *Cape Town* MHSc(Bioethics) *University of Toronto*  
G Ferguson, BSc(Phys) MSc *Cape Town*

### **Lecturers:**

C Hendricks, BSc(Phys) MSc *UWC*  
S Manie, BSc(Phys) *UWC* MSc *Stell*  
N Naidoo, BSc(Phys) *UDW* MMS ME *Natal*

### **Assistant Director, Department of Physiotherapy, Groote Schuur Hospital:**

C Davids, BSc(Phys) *UWC*

### **Senior Clinical Educators:**

H Talberg, BSc(Phys) MPhil(Ed) *Cape Town*  
N Edries, BSc(Phys) MSc *Cape Town*

**Clinical Educators:**

I Croy, BSc(Phys) *Cape Town*

I Du Plessis, BSc(Phys) MSc *Pret*

F Harris, BSc(Phys) *UWC*

M Naidoo, BSc(Phys) MSc *UWC*

L Rustin, BSc(Phys) *UWC*

D Scott, BSc(Physio) *Cape Town*

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## HUMAN BIOLOGY

*Room 5.1.4, 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:**

M R Collins, BSc(Hons) *Stell* PhD *Cape Town* FECSS

### **Honorary Professors:**

J L Jacobson, MA PhD *Harvard*

W Van Mechellen, MD PhD FACSM

### **Professors:**

E W Derman, MBChB *Pret* BSc(Med)(Hons) PhD *Cape Town* FACSM

T S Douglas, BSc(Eng) MBA *Cape Town* MS *Vanderbilt* PhD *Strathclyde*

S H Kidson, BSc(Hons) MSc PhD *Witwatersrand* HDE *JCE*

E V Lambert, BA(PhysEd) MSc *South Carolina* PhD *Cape Town*

M I Lambert, BSc(Agric) *UKZN* BA(PhysEd)(Hons) *Rhodes* MSc *South Carolina* PhD *Cape Town*

G J Louw, BVSc DVSc *Pret*

M P Schwelnuus, MBChB *Witwatersrand* MSc MD *Cape Town* FACSM FFIMS

### **Emeritus Professors:**

L A Kellaway, BSc(Hons) MSc PhD *Cape Town*

A G Morris, BSc(WLU) PhD *Witwatersrand*

T D Noakes OMS, MBChB MD DSc(Med) *Cape Town* FACSM (Hon) FFSEM *UK*

V A Russell, BSc(Hons) MSc *Cape Town* PhD *Stell*

### **Associate Professors:**

A N Bosch, BSc *UKZN* BA(PhysEd)(Hons) MA *Rhodes* PhD *Cape Town*

T Franz, PhD *Bremen*

D M Lang, Dr rer nat *Konstanz Germany*

E Ojuka, BSc(Med) *Makerere* PhD *Brigham Young*

S Prince, BSc(Hons) HDE PhD *Cape Town*

### **Associate Professor and NRF/DST South African Research Chair in Brain Imaging:**

E Meintjes, BSc(Hons) MSc *UKZN* MS PhD *Oregon State*

### **Honorary Associate Professor:**

J H Goedecke, BSc(Med)Hons *Nutrit&Dietetics* PhD *Cape Town* RD(SA)

### **Senior Lecturers:**

K Bugarith, BSc(Hons) *UKZN* PhD *Washington State*

L Davids, BSc(Hons) MSc(Eng) *UKZN* PhD *Cape Town*

G Gunston, MBChB *Cape Town*

A Gwanyanya, MBChB DA SA MMed(Anaesthetics) *Zimbabwe* PhD *Leuven*

M Jankiewicz, PhD(Phys) *Vanderbilt* MSci(Phys) *Copernicus*

L R John, BScEng *UKZN* PhD *Cape Town*

V Naidoo, BSc *UKZN* BSc(Hons) *Pret* MMedSci *UKZN* PhD *Michigan*

M A J Poluta, BSc(Eng) *Witwatersrand*

D Shamley, BSc PhD *Witwatersrand*

C P Slater, MBChB MPhil *Cape Town* FFRad(T) SA

E L van der Merwe, BSc Med (Hons) MSc PhD *Cape Town*

C M R Warton, MBChB *Zimbabwe*

**Honorary Senior Lecturers:**

J de Beer, MBChB MMed(Orthop) *Pret*

J Gray, BSc (Physio) *Witwatersrand* BScMed(Hons) Exercise Science PhD *Cape Town*

T L Kolbe-Alexander, BA *Western Cape* BSc Med (Hons) MPH PhD *Cape Town*

R P Lamberts, BSc(Physiotherapy) MSc(Pedagogics/Human Movement Science) *Netherlands* PhD *Cape Town* FECSS

W Van der Merwe, MBChB *UFS* BScMed(Hons) Sport Science *Cape Town* FCS(Ortho)

**Lecturers:**

E Badenhorst, BA(Hons) *Stell*

R Ballo, MSc PhD *Cape Town*

J Friedling, MSc PhD *Cape Town*

S A Jimoh, BSc *Ilorin* MSc *Ibadan* PhD *Witwatersrand*

J Kroff, BSc(Human Movement Science) BHons(Biokinetics) MSc(Medical Physiology) PhD *Stell*

T Mutsvangwa, BScEng, MSc(Med), PhD(Biomed Eng) *Cape Town*

S Sivarasu, PhD(Biomed Eng) *VIT University India*

**Honorary Lecturers:**

D T Crombie, BA(Hons) (Industrial Relations) BA(Hons) (Industrial Psychology) PhD (Management theory) PhD (Exercise Science)

L K Micklesfield, BA(Human Movement Studies) *Rhodes* BSc(Med)(Hons)Biokinetics MSc(Med) PhD *Cape Town*

M K Patrick, MA *Cape Town*

**Senior Research Officers:**

Y Albertus-Kajee, BSc BSc(Med)(Hons) Exercise Science PhD *Cape Town*

C Draper, BSocSci(Psych) BSocSc(Hons)(Psych) MA(Psych) PhD *Cape Town*

T Kohn, BSc BSc(Hons)(Biochemistry) PhD *Stell*

M Posthumus, BSc BSc(Med)(Hons) Exercise Science PhD *Cape Town*

D Rae, BA(Human Movement Studies) *AUS* BSc(Med)(Hons) Exercise Science PhD *Cape Town*

A V September, BSc BSc(Med)(Hons)(Human Genetics) MSc(Medicine)(Human Genetics) PhD *Cape Town*

R Tucker, BSc(Physiology and Biochem) BSc(Med)(Hons) Exercise Science PhD *Cape Town*

**Research Officers:**

M Jankiewicz, MS *Copernicus* PhD *Vanderbilt*

M Nglazi, BSc (Microbiology) *Zambia* MPH *Cape Town*

L Rauch, BSc (Physiology) BSc(Med)(Hons) Exercise Science PhD *Cape Town*

J Smith, PhD *Cape Town*

**Honorary Research Associate:**

N J Bergman, MBChB *Cape Town* DCH *Sweden* MPH MD *Zimbabwe*

J Swart, MBChB MPhil (Sports Medicine) PhD *Cape Town*

**Principal Technical Officers:**

B R Dando, Dip(MedTech) *Zimbabwe*

C Harris, NTC(Tool, Jig and Die Making) *Athlone Tech Coll*

**Chief Technical and Scientific Officers:**

D A Bouwers, BSc (Hons) *Cape Town* MSc *Stell*

S Cooper, BSc BMedSc (Hons) BEd MMedSc MBA

G de Bie, BSc *Rhodes* BSc(Hons) *UOFS* MPhil *Stell*

I Fakier, NDElectricEng *CPUT*

M Petersen, Dip(MedTech) BTech *CPUT*

S Rayise, MSc *UWC*

H Victor, Dip (Datametrics) *UNISA*

## 146 HUMAN BIOLOGY

### Senior Technical and Scientific Officers:

V Fourie  
S Jordaan, MSc *Stell*

### Technical Officers:

D Abrahams  
M Cassar  
N Kariem, BSc(Hons) *Cape Town*

### Clinical Research Sister:

M Blackaller-Smal, BCur PGDNS (Clinical Nursing, Community) PGDNS (Nursing Management)

### Human Nutrition

*Level 3, Anatomy Building*

### Associate Professor and Head:

M Senekal, BSc(Hons) PGDip Diet MNutr PhD *Stell* RD (SA)

### Senior Lecturers:

J Harbron, NNutr MSc NutrSc PhD *Stell* RD (SA)  
NP Steyn, BSc(Hons) *UKZN* MSc Nutr PhD *Stell* MPH *Cape Town* RD (SA)

### Lecturer:

S Booley, MSc(NutrManagement) *UWC* RD (SA)

### Lecturers/Clinical Educators Full-time/Part-time:

L Cornelissen, BA HE(Hons) MA HE *UWC*  
C Day, BSc Life Sc(Hons) *Stell* BSc(Med)(Hons) Nutr&Diet *Cape Town*  
Z Ebrahim, MSc(Nutrition&Dietetics) *Cape Town* RD (SA)  
F Herrmann, BSc(Dietetics) MSc(Nutrition) *Cape Town* RD (SA)  
F Hoosen, BSc(Dietetics) *UWC* RD (SA)  
K Manning, BSc PGDip Dietetics *UKZN*  
B Najaar, MSc(Nutritional Sciences) *Stell* RD (SA)  
K Sexton, BSc(Med)(Hons) *Cape Town* RD (SA)  
M Theron, BDiet(Hons) *Pretoria* RD (SA)

## RESEARCH STRUCTURES

### MRC/UCT Medical Imaging Research Unit

*Room 514, Anatomy Building*

*The late Allan Cormack, who won the Nobel Prize for Medicine in 1979 for his pioneering work on the computed tomography (CT) scanner, was the inspiration that led to the creation of MIRU. Professor Cormack was an alumnus of UCT who performed his research at Groote Schuur Hospital in the mid-1950s.*

*The mission of the Unit is to conduct world-class research in medical imaging that specifically addresses the healthcare needs of Africa. The Unit has a multidisciplinary focus, attracting talented physicists, engineers, computer scientists and clinicians. Research in the Unit focuses on the role of medical imaging in addressing healthcare problems such as trauma, cancer, tuberculosis, cardiovascular disease, neuromuscular disorders, brain disorders and the effects of alcohol abuse.*

### Professor and Director:

T Douglas, BScEng MBA *Cape Town* MS *Vanderbilt* PhD *Strathclyde*

## MEDICINE

*J47, Old Main Building, Grootte Schuur Hospital*

### Professor and Head:

B M Mayosi, BMedSci MBChB *UKZN DPhil Oxon FCP SA FRCP London FESC FACC MASSAFA OMS*

### Professor of Clinical Medicine and Deputy Head:

V C Burch, MBChB *Witwatersrand MMed Cape Town FCP SA FRCP London PhD Rotterdam*

### Emeritus Professors:

E D Bateman, MBChB MD *Cape Town DCH FRCP UK*  
 S R Benatar, MBChB DSc(Med) *Cape Town FFA FRCP*  
 P J Commerford, MBChB *Cape Town FCP SA FACC*  
 L H Opie, DPhil *Oxon MD DSc(Med) Cape Town FRCP UK*  
 S Saunders, MBChB MD *Cape Town*  
 J L Seggie, BSc(Hons) MBChB MD *Birm FRCP London FCP SA*  
 G Todd, BSc(Agric) *UKZN MBChB PhD Cape Town FCDerm SA*

### Emeritus Associate Professors:

R W Eastman, MBChB *Cape Town FRCP UK*  
 G R Keeton, MBBCh *Witwatersrand FRCP Glasgow FCP SA*  
 S R Ress, MBChB *Pret FCP SA*  
 R Scott Millar, MBBCh *Witwatersrand FCP SA*  
 C R Swanepoel, MBChB *Cape Town MRCP FRCP UK*  
 R van Zyl Smit, MBBCh *Witwatersrand MD Cape Town FRCP*

### Honorary Professors:

M O Bachman, MBChB DOH MSc FFCH *SA FFPH UK PhD*  
 J P Bassand, MD, FESC, FACC  
 T Forrester, DM(Med) PhD MB BS *West Indies MSc*  
 B J Gersh, MBChB *Cape Town DPhil Oxon FCP SA FRCP UK FACC*  
 P Heering, MD FASN  
 M C Kew, MRCP *UK MBBCh MD Witwatersrand PhD FCP SA FRCP London*  
 C Masimirembwa, PhD *Sweden DPhil BSc(Hons) Zimbabwe*  
 G A Mensah, MD FACC FESC FAHA FACP FCP *SA Hon*  
 J B Nachega, MD *Belgium MPH Baltimore MD USA DTM&H UK*  
 M G N Pai, MD PhD  
 G Pillai, PhD (Pharmacology)  
 P J Schwartz, MD PhD  
 S Stewart, PhD *Glasgow NFESC FAHA FCSANZ*  
 R J Wilkinson, BMBCh MA PhD DTM&H *FRCP UK*  
 D M Yellon, PhD FESC *FRCP UK*  
 MF Zwarenstein, MBChB *Witwatersrand MSc PhD Sweden*

### Honorary Associate Professors:

R Dawson, MBChB *Cape Town FCP SA CertPulm*  
 L R Fairall, MBChB PhD *Cape Town*  
 T Gumbo, MD *Zimbabwe*  
 A P Kengne, MD PhD *Sydney*  
 S Lawn, BMedSci MB BS MD *Nottingham MRCP UK DTM&H Dip HIV Med SA*  
 R N van Zyl-Smit, MBChB MMed *Cape Town FCP CertPulm DipHIVMan SA MRCP UK*  
 K Wilkinson, MSc PhD

**Honorary Research Associates:**

L Acquah, MD MSc FACP *USA*  
M Badri, BSc(Hons) MSc Statistics *India* MSc(Medicine) PhD *Cape Town*  
A Binder, PhD(Biology) *Germany*  
L Blauwet, MD *Mayo Medical School*  
M Carrington, PhD  
J R Hoffman, DPhil (Sociology) *Oxon* BA(Hons)  
V Ives-Deliperi, PhD (Neuropsychology) *Cape Town*  
M Khati, BSc BSc(Med)(Hons) *Cape Town* MSc (Medicine) DIC DPhil *UK*  
A Orren, MBChB *Cape Town* MD  
L Semple, BSc(Hons) MSc PhD *Cape Town*  
C Stek, MD *Netherlands*  
H Struthers, MBA MSc BSc(Hons) BSc *Witwatersrand*  
D Watkins, MD *North Carolina*  
B Young-Gqamana, BSc PhD *USA*

**Honorary Senior Lecturers:**

B Allwood, MBChB *Witwatersrand* FCP *SA*  
S M Andrews, MBChB *Cape Town* MCFP *SA*  
C Arendse, MBChB FCP *SA* CertNephrol  
T Boyles, BA MD MB BS MRCP DTM&H  
R Burton, BSc PhD MB BS MRCOG FCP DipHIV CertID *SA*  
J Butler, MBChB *Pret* FCP Neurology *SA*  
E Danso, MBChB FCP *SA*  
B Draper, MBChB *Pret* FCPHM *SA*  
J M G du Toit, MBChB *Cape Town* FCP *SA*  
D Epstein, MBChB *Cape Town* FCP *SA* CertGastro  
N Finkelstein, Dip(Pharm) DCC *Cape Town* BSc(MedSci)(Hons)Pharm *Stell* PhD *Rhodes*  
R J Freercks, MBChB FCP *SA*  
T Gould, MBChB *Witwatersrand* FCP *SA*  
L Geffen, MBChB *Cape Town* FCFP *SA*  
M Gneccchi, MD PhD  
A A Haripersad, MBChB FCP *SA*  
C Kenyon, MBChB *Cape Town* FCP *SA*  
J Kuehne, MBChB *Cape Town* MPhil (Applied Medical Ethics) *Stell* DipHIVMan *SA*  
M A Latib, MBChB FCP CertCardiol *SA*  
M H Letier, MBChB *Cape Town* FCP *SA*  
S Mathee, MBChB *Cape Town* MMed (FamMed) *Stell*  
A G 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 *Cape Town* FCP *SA*  
G Van Wyk, MBChB FCP *SA*  
D Woolf, MBChB FCP *SA*

**Visiting Professors:**

G Cotter, MD FACC FESC *Israel*  
K Steyn, MD MSc *NED*  
L Thabane, PhD (Statistics) *London* MSc DipSci *England* BSc *Lesotho*

**Clinical Research Fellow:**

S Pandie, MBChB FCP CertCardiol SA

**Senior Research Officers:**

A Deffur, MBChB MMed (Int) DTG Pret CertID SA

J De Vries, DPhil Oxon BSc MSc Netherlands

ME Engel, BSc (Hons) MPH (Epid) PhD (Med) Cape Town

G Shaboodien, BSc (Hons) PhD Cape Town

G Theron, BSc(Hons) MSc PhD Cape Town

**Research Officers:**

M Setshedi, MBChB UKZN FCP CertGastro SA MPH Cape Town PhD

M Van De Wall, BTech (ClinTech) Central Univ of Tech NatDipClinTech SA

**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*

**Professor and Head of Division:**

P C Potter, MD Cape Town MBChB DCH FCP(Paed) SA BSc(Hons)(Immunology) FAAAAI  
FAAAAAI

**Emeritus Professor:**

E Weinberg, MBChB FCP SA FAAAAI

**Emeritus Associate Professor:**

S R Ress, MBChB Pret FCP SA

**Lecturer (Part-time):**

R Leaver, MBChB FCP SA

J Holtzhausen, MBChB DipAllergy

**Medical Officer:**

D Hawarden, MBChB BSc DipMedTech

**Research Medical Officers:**

K Coovadia, MBChB DipAllergy

C Holmgren, MBChB

R Mistry, MB BS New Delhi DipAllergy DipHIVMan SA MBA Cape Town

A Le Roux, MBChB

**Senior Research Officer:**

D Berman, BA(Hons) DipMedTech(Lab)

**Honorary Research Associate:**

A Orren, MBChB MD Cape Town

**Research Nurses:**

S Baker, BSc Nursing MSc DipAsthma NAEP UK

G Poggenpoel, CNP BTech DipAsthma NAEP SA

D Van der Walt, CNP

**Technical Staff:**

B Fenemore

S Salie

**Cardiology**

*E17, New Grootte Schuur Hospital*

**Helen and Morris Mauerberger Professor of Cardiology and Head:**

M Ntsekhe, BA MD *Columbia* FCP CertCardiol SA MPhil PhD *Cape Town* FACC

**Emeritus Professor:**

P J Commerford, MBChB *Cape Town* FCP SA FACC

**Emeritus Associate Professor:**

R N Scott Millar, MBBCh *Witwatersrand* FCP SA

**Clinical Research Fellow:**

S Pandie, MBChB FCP CertCardiol SA

**Honorary Professors:**

B Gersh, MBChB DPhil *Oxon* FCP SA FRCP UK

P J Schwartz, MD PhD

**Honorary Senior Lecturers:**

M J Abelson, MBChB *Witwatersrand* MRCP UK FCP SA

A M Latib, MBChB FCP CertCardiol SA

**Senior Lecturers Full-time:**

A Chin, MBChB FCP SA CertCardiol SA MPhil CEPS, CCDS *IBHRE*

B J Cupido, MBChB FCP CertCardiol SA

**Senior Lecturer Part-time:**

J E Stevens, MD FRCP UK

**Lecturer Part-time:**

M De Andrade, MBChB *Cape Town* MRCGP UK

**Senior Registrars:**

M Chhiba, MBChB FCP SA

K Moeketsi, MBChB FCP SA

P Moses, MBChB FCP SA

N B A Ntusi, BSc(Hons) MBChB FCP SA MD *Cape Town* DPhil *Oxon*

**Clinical Haematology**

*Chris Barnard Building*

**Professor and Head:**

N Novitzky, PhD *Cape Town* FCP SA

**Senior Lecturers Full-time:**

C Du Toit, MBChB MMed (Int Med) *UOFS*

E Verburgh, MBChB MMed

**Senior Registrars:**

P De Witt, MBChB *Stell* MMed (CritCare) FCP SA

JJE Koornhof, MBChB *Stell* FCP SA

**Chief Professional Nurses:**

R Charles, RN Groote Schuur Hospital, Nico Malan College *Cape Town*  
 W Vries, RN Groote Schuur Hospital, Nico Malan College *Cape Town*

**Clinical Trials Co-ordinator:**

Helen Vermeulen RN

**Haemophilia Nurse Co-ordinator Western Cape:**

A L Cruickshank, RN Groote Schuur Hospital *Cape Town*

**Medical Scientist:**

S Mowla, PhD *Cape Town*

**Chief Medical Technologist:**

V Thomas, NDMT

**Clinical Pharmacology**

*K Floor, Old Main Building, Groote Schuur Hospital*

**Professor and Head:**

G Maartens, MBChB MMed *Cape Town* FCP SA DTM&H LSTMH UK

**Professor:**

K I Barnes, MBChB MMed *Cape Town*

**Associate Professors:**

M Blockman, MBChB BPharm MMed *Cape Town*

H McIlleron, MBChB PhD *Cape Town*

P J Smith, BSc(Hons) PhD *Cape Town*

**Honorary Professors:**

C Masimirembwa, PhD *Sweden* BSc(Hons) DPhil *Zimbabwe*

J B Nachegea, MD *Louvain* MPH *Johns Hopkins* MD *USA* DTM&H LSTMH UK PhD *Cape Town*

G Pillai, PhD (Pharm) MPharm BPharm

**Senior Lecturers:**

K Cohen, MBChB MSc (Epidemiol) MCFP DipHIVMan DipObst SA

L Weisner, PhD *Cape Town*

**Senior Clinical Research Officer:**

P Z Sinxadi, MBChB *Cape Town*, DA SA

**Medicines Information Centre Pharmacists:**

B S Chisholm, BPharm *Rhodes*

J Jones, BPharm *Cape Town*

A Swart, BSc (Pharm) *Stell*

A Uys, MSc (Pharm) BPharm *PU for CHE*

**South African Medicines Formulary (SAMF) Pharmacist:**

D Rossiter, DipPharm *Pret* MPharm PhD *Medunsa*

**Principal Technical Officers:**

A C Evans, NatDip(MedLabTech) *CPUT*

G A Gabriels, NatHighDip(AnalChem)(Hons) MSc *Cape Town*

## 152 MEDICINE

### **Honorary Senior Lecturers:**

N Finkelstein, Dip(Pharm) DCC *Cape Town* BSc(MedSci)(Hons) Pharm *Stell* PhD *Rhodes*  
A Robins, MBChB *Cape Town* MD *Witwatersrand* DPM RCP *London* RCS *Eng*

### **Clinical Skills Unit**

*G13, New Grootte Schuur Hospital*

### **Senior Lecturer & Acting Director:**

R Weiss, MBChB MPhil *Cape Town*

### **Clinical Educators:**

L Aubin, RN RM Adv Dip for Educators of Adults  
G Edelstein, RN RM Dip IntN Dip CHN DNE MPhil *Cape Town*  
N A Moller, RN RM RSCN DNE and BA  
C Ovenstone, CertCritCare Paramed

### **Critical Care Medicine**

*New Grootte Schuur Hospital*

### **Head:**

I A Joubert, MBBCh *Witwatersrand* DA FCA(CritCare) *SA*

### **Professor:**

K Dheda, MBBCh *Witwatersrand* FCP *SA* FCCP PhD FRCP *London*

### **Associate Professor:**

G M Ainslee, MBChB *Cape Town* FRCP *UK*

### **Emeritus Professors:**

W L Michell, MBChB *Cape Town* DA FFA(CritCare) *SA*  
P A Willcox, BSc(Hons) MBChB *Birmingham* FRCP *UK*

### **Associate Professors Part-time:**

J Brink, MBChB *Cape Town* FCS(Cardiothoracic) *SA*  
P L Semple, MBChB MMed PhD *Cape Town* FCS(Neurosurg) *SA*

### **Senior Lecturers Full-time:**

G Calligaro, MBChB *Cape Town* BSc(Hons) *Witwatersrand* FCP *SA*  
M Miller, MBChB *Stell* FCA *SA* CertCritCare (Anaes)  
J Piercy, BSc(Hons) MB BS *London* FCA *SA* CertCritCare (Anaes)  
R I Raine, MBChB FCP *SA* MMed *Cape Town*  
G Symons, MBChB DipPEC *Cape Town* FCP (CertPulm) *SA*

### **Honorary Senior Lecturer Part-time:**

R Dawson, MBChB *Cape Town* FCP *SA* CertPulm

### **Registrars in Pulmonology:**

L Mottay, MBChB *Natal* FCP *SA*  
Z Laher MBBCh *Witwatersrand* FCP *SA*

### **Senior Technology Staff:**

G Strathie, BTech *Durban*  
Y Wells, DipClinTech (Pulmonology/CriticalCare)

**Dermatology**

*G23, New Grootte Schuur Hospital*

**Associate Professor and Head:**

N P Khumalo, MBChB *UKZN FCDerm SA PhD Cape Town*

**Senior Lecturers Full-time:**

C Hlela, MBChB MMed (Derm) *UKZN FCDerm SA PhD Oxon*

R Ngwanya, MBChB *UKZN DTM&H Witwatersrand MFGP FC DERM SA*

**Senior Lecturers Part-time:**

I Browne, MBChB *UOFS FC Derm SA*

F Esmail, MD *Dar-es-Salaam FCDerm SA*

S J Jessop, MBChB *Cape Town FCDerm SA*

P Lawrence, MBChB MMed(Derm) *Cape Town*

R Lehloeny, BSc *Lesotho MBChB Medunsa FCDerm SA*

M P Moodley, MBChB *UKZN (Summa cum laude) FCDerm SA*

C Walker, MBChB *FC Path Anat Cape Town*

**Registrars Full-time:**

K Dladla, MBChB *Cape Town*

L Fick, MBChB *Stell*

T Isaacs, MBChB *Cape Town*

**Endocrinology and Diabetic Medicine**

*J47, Old Main Building, Grootte Schuur Hospital*

**Professor and Head:**

N Levitt, MBChB MD *Cape Town*

**Associate Professor:**

I L Ross, MBChB *Stell FCP CertEndocrinol&Metab SA PhD Cape Town*

**Senior Lecturer Part-time:**

J A Dave, MBChB *Cape Town FCP PhD CertEndocrinol&Metab SA*

L Sandler, MBChB *Cape Town MRCP UK*

**Senior Registrar:**

B Peya, MBChB *Cape Town FCP SA*

**Clinical Research Fellow:**

B P R Mampane, MBChB *Medunsa MMed Limpopo FCP SA*

**Chief Research Officer Part-time:**

K Steyn, MD MBChB *Cape Town MSc*

**Research Officer Full-time:**

N Folb, MBChB *Cape Town MRCPG*

**Diabetic Nurse Educator:**

B C Majikela-Dlangamandla, DipGenNursing&Midwifery DipCommNursingScience BACur  
*UNISA*

**General Internal Medicine**

*G8, New Grootte Schuur Hospital*

**Chief Specialist and Head:**

P Raubenheimer, MBChB FCP SA

**Senior Lecturers Full-time:**

T Credé, MBChB *Cape Town*

B Hodgkinson, MBChB *Witwatersrand* FCP CertRheum SA PhD

G Parolis, MBChB *Cape Town* FCP SA

M Sonderup, MBChB *Cape Town* FCP SA

G Symons, MBChB DipPEC *Cape Town* FCP CertPulm SA

**Senior Lecturers Part-time:**

A Aboo, MBChB *Cape Town* FCP SA

B Buchanan-Lee, BSc BA BChir MA MRCP

H Kajee, MBChB *Transkei* FCP SA

M Setshedi, MBChB *UKZN* FCP SA MPhil MPH CertGastro PhD *Cape Town*

**Lecturer Part-time:**

W Latief, MBChB *Cape Town*

**Geriatric Medicine**

*L-51 Old Main Building, Grootte 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.*

**William P Slater Chair of Geriatrics and Associate Professor:**

M I Combrinck, MBChB BSc(Med)(Hons) PhD *Cape Town* FCP SA Neurology MRCP UK  
DTM&H *London*

**Senior Lecturer and Director of the Albertina and Walter Sisulu Institute of Ageing in Africa:**

S Z Kalula, BSc MBChB *Zambia* MMed MPhil PhD *Cape Town* FRCP UK

**Senior Lecturer Full-time:**

L de Villiers, MBChB *Cape Town* FCP SA

**Senior Lecturers Part-time:**

K Ross, MBChB *Stell* FCP Cert Geriatrics SA

**Honorary Associate Professors:**

J A Joska, MBChB MMed PhD *Cape Town* FC Psych SA

K G F Thomas, PhD (Clin Psych) *Arizona*

**Honorary Senior Lecturer:**

L Geffen, MBChB *Cape Town* FCFP SA

**Honorary Research Associate:**

J R Hoffman, DPhil(Sociology) *Oxon* BA(Hons)

**Hepatology**

*K-Floor, Old Main Building, Groote Schuur Hospital*

**Associate Professor and Head:**

C W N Spearman, MBChB MMed PhD *Cape Town FCP SA*

**Emeritus Professor:**

S J Saunders, MBChB MD *Cape Town FRCP UK FCP SA*

**Senior Lecturer Full-time:**

M Sonderup, MBChB MMed *Cape Town FCP SA*

**Honorary Research Professor:**

M C Kew, MBChB PhD MD DSc *Witwatersrand FCP FRS SA FRS London*

**Research Officer and Senior Lecturer Part-time:**

M Setshedi, MBChB *UKZN FCP SA MPhil MPH CertGastro PhD Cape Town*

**Infectious Diseases and HIV Medicine**

*G16 Floor, New Groote Schuur Hospital*

**Associate Professor and Head:**

M Mendelson, BSc MB BS PhD *Cantab FRCP London DTM&H*

**Professor Part-time:**

G Maartens, MBChB MMed *Cape Town FCP SA DTM&H*

**Associate Professors Part-time:**

L-G Bekker, MBChB PhD *Cape Town DCH DTM&H FCP SA*

G Meintjies, MBChB *FCP SA*

**Senior Lecturer Full-time:**

S Dlamini, MBChB *FCP CertID SA Phys*

**Honorary Professor Part-time:**

R J Wilkinson, MA *Cantab PhD BM BCh Oxon DTM&H FRCP London*

**Honorary Associate Professor Part-time:**

S Lawn, BMedSci MB BS MRCP *UK MD DTM&H DipHIV*

K Wilkinson, MSc PhD

**Honorary Senior Lecturers Part-time:**

J Black, MBChB *FCP Dip HIV Man SA*

R Burton, BSc PhD MB BS MRCOG *FCP DipHIV CertID SA*

K Rebe, MBChB *Cape Town FCP SA DTM&H*

**Medical Officers:**

T Boyles, BA MD MB BS MRCP *DTM&H Cert ID SA Phys*

R Griesel, MBChB *Pret*

**Senior Registrars:**

P Ive, MBChB *Witwatersrand FCP SA*

S Wasserman, MBChB *FCPSA MMed*

## 156 MEDICINE

### **Honorary Research Associate:**

H Struthers, MBA BSc BSc(Hons) MSc *Witwatersrand*

### **Lipidology**

*Fifth Floor, Chris Barnard Building*

### **Head:**

D J Blom, MBChB MMed PhD *Cape Town FCP SA*

### **Medical Officers Part-time:**

B C Brice, MBChB *Cape Town*

K H Wolmarans, MBChB *Pret*

### **Technical Officer:**

Z Behardien, NatDipDiagRad *SA*

### **Trial Co-ordinator Part-time:**

R Jooste, RN Carinus College, Victoria Hospital

R Taylor, RN Groote Schuur Hospital

### **Senior Secretary:**

E Phillips

### **Departmental Assistant:**

J Philander

### **Medical Gastroenterology**

*E23, New Groote Schuur Hospital*

### **Professor and Head:**

S R Thomson, ChM FRCS *England & Edinburgh*

### **Senior Lecturers Full-time:**

S Hlatshwayo, BSc MBChB *Cape Town* HDipIntMed FCP CertGastro *SA*

D Levin, MBChB MBA FCP CertGastro *SA*

G Watermeyer, MBChB *Cape Town* FCP CertGastro *SA*

### **Senior Lecturers Part-time:**

J E C Botha, MBChB *Stell* MPraxMed *Pret*

A K Cariem, MBChB *Cape Town* FCP *SA*

A H Girdwood, MBChB *Witwatersrand* FRCP *Edinburgh*

M N Rajabally, MBChB *Witwatersrand* FCP *SA*

### **Honorary Senior Lecturer:**

D Epstein, MBChB *Cape Town* FCP CertGastro *SA*

### **Senior Registrars:**

M S Gabriel, MBChB *Cape Town* FCP *SA*

R E Nel, MBChB *Pret* FCP *SA*

### **Research Fellow:**

M Setshedi, MBChB *UKZN* FCP *SA* MPhil MPH CertGastro PhD *Cape Town*

**Nephrology and Hypertension**

*E13, New Grootte Schuur Hospital*

**Professor and Head:**

B L Rayner, MBChB MMed *Cape Town FCP SA*

**Emeritus Professor:**

L H Opie, MD DPhil DSc(Med) FRCP DMed (Hon)

**Emeritus Associate Professor:**

C R Swanepoel, MBChB *Cape Town MRCP FRCP UK*

**Honorary Professor:**

P Heering, MD Fellow of the American Society of Nephrology

**Honorary Senior Lecturers:**

C Arendse, MBChB *Cape Town FCP CertNeph SA*

R Freercks, MBChB Phys MPhil *Cape Town FCP CertNeph SA*

**Senior Lecturers Full-time:**

Z Barday, MBChB *FCP SA*

I Okpechi, MB BS FWACP CertNephrol PhD

N Wearne, MBChB BMedSci(Hons) *Sydney FCP SA CertNephrol PhD*

**Medical Officer Part-time:**

Y Trinder (Research Co-ordinator), MBChB *Birmingham*

**Senior Registrars:**

B Davidson, *Cape Town FCP SA*

E Jones, MBBCh *FCP PhD SA*

J Naidoo, MBChB *FCP SA*

**Control Technologist:**

M Maree, NatDip *Cape Town BTech CPUT*

**Social Worker:**

L Hlakudi, BASocWork *Fort Hare Pub Management (Hons) Stell*

**Neurology**

*E8, New Grootte Schuur Hospital*

**Associate Professor and Head:**

A Bryer, MBBCh *Witwatersrand MMed PhD Cape Town FC Neurology FCP SA*

**Associate Professor:**

J Heckman, MBChB *Witwatersrand MMed PhD Cape Town FCP Neurology SA*

**Senior Lecturers Full-time:**

K J Bateman, MBChB MRCP (UK) FC Neurology *SA*

E B Lee Pan, MBChB *Cape Town MMed Neurol Stell*

L M Tucker, MBChB *Cape Town FCPNeurology SA MSc London PhD Cantab*

**Senior Lecturers Part-time:**

C A de Jager, BSc(Hons) HDE *Natal PhD Cape Town*

R W Eastman, MBChB *Cape Town FRCP UK*

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### **Honorary Senior Lecturer:**

J Butler, MBChB *Pret FCP Neurology SA*

### **Honorary Research Associate:**

V Ives-Deliperi, PhD (Neuropsychology) *Cape Town*

### **Senior Registrars:**

H Cross, MBChB *Cape Town DipHIVMan SA MSc(Med)*

A Stanley, MBChB *Cape Town FCP SA*

### **Occupational Medicine**

*E16, Occupational Medicine Clinic, New Groote Schuur Hospital\**

### **Professor and Head:**

R I Ehrlich\*\*, BBusSc MBChB PhD *Cape Town DOH Witwatersrand FFCH FCPHM (OccMed) SA*

### **Professor:**

M F Jeebhay\*\*, MBChB UKZN DOH MPhil *Cape Town MPH (OccMed) PhD Michigan*

*[\* 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*

### **Emeritus Professors:**

E D Bateman, MBChB MD *Cape Town DCH FRCP UK*

S R Benatar, MBChB DSc(Med) *Cape Town FFA FRCP (Hon) FCP (Hon) SA*

### **Associate Professor:**

G M Ainslie, MBChB *Cape Town FRCP UK*

### **Emeritus Associate Professor:**

P A Willcox, BSc(Hons) MBChB *Birmingham FRCP UK*

### **Senior Lecturers:**

G Calligaro, MBChB *Cape Town BSc(Hons) Witwatersrand FCP SA*

R I Raine (Head: Respiratory Critical Care), MBChB MMed *Cape Town FCP SA*

G Symons, MBChB Dip PEC *Cape Town FCP (CertPulm) SA (seconded to Pulmonology part-time)*

### **Honorary Senior Lecturers Full-time:**

R Dawson, MBChB *Cape Town FCP (CertPulm) SA*

L R Fairall, MBChB PhD *Cape Town*

R N van Zyl-Smit, MBChB MMed *Cape Town FCP CertPulm DipHIVMan SA MRCP UK*

### **Lecturer Full-time:**

M E Bateman, MBChB *Cape Town*

### **Honorary Research Associate:**

B Young-Gqamana, BSc PhD

**Senior Research Officer Full-time:**

G Theron, BSc(Hons) MSc PhD *Cape Town*

**Senior Registrars:**

Z Laher, MBBCh *Witwatersrand FCP SA*

L Mottay, MBChB *Natal FCP SA*

**Research Officers Full-time:**

B Bam, DipClinTech(Pulm)

D Carter, DipNursing

R Cornick, MBChB MPhil *Cape Town*

B Draper, MBChB *Pret MMed Cape Town FCPHM SA*

J Etheridge, DipClinTech(Pulm/CritCare)

M Evreva, DipNursing

G Faris, AdvCertAdultEducation *Cape Town* General Nursing (Midwifery, Oncology, Psych)

D Georgeu, DipNursing

J Gershman, NDip(Pharmacy)

R Gillespie, BNursing (GenPsych) DipMidwifery DipIC BNursing(Hons)(Education and CommunityHealth) MNursing

H J Golakai, BSc *Zululand BSc(Hons) Cape Town MScMed Stell*

B Green, DipNursing

J Holborn, DipNursing

S Hood, DipMedTech(Lab)

N James, BTechClinicalTechnology(Pulm)

L Kapa, DipClinTech(Pulm)

R Lehloenya, BSc MBChB *FCDerm SA*

L Lenders, BSc(Med)(Med) *Cape Town*

R Meldau, BSc(Med)(Hons) *Cape Town*

K Narunsky, MBChB *Cape Town*

M B Ngobese, DipClinTech(Pulm)

A Olkers, DipClinTech(Pulm)

J Philips, DipNursing

A Smith, DipNursing

N Tsutsu, DipClinTech (PulmCard)

V Timmermann, MSc *Pret*

K Uebel, BScMed MB BS *Australia DCH DO MFamMed UOFS*

Y Wells, DipClinTech (PulmCritCare)

C Wilson, DipNursing

C Whitelaw, NDip(Pharmacy)

**Principal Scientific Officer:**

L Semple, BSc(Hons) MSc PhD *Cape Town*

**Research Officers Part-time:**

B Allwood, MBChB *Witwatersrand FCP SA*

E Dommissie, MBChB *Cape Town MRCGP DRCOG UK DCH SA*

F Esmail, MD *Dar-es-Salaam FCDerm SA*

J Holtzhausen, MBChB *Stell DCH SA BSc(Hons)Pharmacology*

**Rheumatology**

*J-Floor, Old Main Building, Grootte Schuur Hospital*

**Professor and Head:**

A A Kalla, MBChB MD *Cape Town FCP SA*

## 160 MEDICINE

### **Senior Lecturers Full-time:**

A Gcelu, MBChB *Cape Town FCP SA*

B Hodgkinson, MBChB *Witwatersrand FCP CertRheum SA*

### **Senior Lecturers Part-time:**

R Breeds, MBChB *Cape Town FCP SA*

S J Jessop, MBChB *Cape Town FCDerm SA*

I Joubert, MBChB *Stell*

B Sarembock, MBChB *Cape Town FCP SA*

### **Senior Registrar:**

M N Abrahams, MBChB *Cape Town FCP SA*

## **Staff in associated hospitals who teach undergraduate and postgraduate students**

### **GEORGE HOSPITAL**

#### **Senior Lecturer and Head:**

T J Gould, MBChB MMed(IntMed) *Witwatersrand*

### **KHAYELITSHA COMMUNITY CENTRE**

#### **Senior Lecturer Part-time:**

B Buchanan-Lee, BSc BA BChir MA MRCP *UK*

#### **Honorary Senior Lecturers Part-time:**

J Kuehne, MBChB *Cape Town MPhil (Applied Medical Ethics) Stell DipHIVMan SA*

S Mathee, MBChB *Cape Town MMed (FamMed) Stell*

### **II MILITARY HOSPITAL**

#### **Senior Lecturer and Head:**

G Smit, MBChB MMed (Med) *Stell*

#### **Senior Lecturer Full-time:**

A Tooke, MBChB *Cape Town FCP SA*

### **MITCHELL'S PLAIN HOSPITAL**

#### **Senior Lecturer and Head:**

G Van Wyk, MBChB FCP *SA*

#### **Senior Lecturer:**

A Parker, MBChB *Stell FCP SA*

### **NEW SOMERSET HOSPITAL**

#### **Senior Lecturer and Head:**

Y Vallie, MBChB FCP *SA*

#### **Senior Lecturer Full-time:**

M S Moosa, MBChB *Natal 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:**

A Aboo, MBChB *Cape Town FCP SA*

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 *Cape Town FCP SA*

**RESEARCH STRUCTURES**

**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:**

L-G Bekker, MBChB PhD *Cape Town DCH DTM&H FCP SA*

**Associate Professors:**

S Lawn, BMedSci MB BS MRCP *UK MD DRM&H DipHIVMed*

C Morrow, PhD *Cape Town*

**Medical Researchers:**

R J Kaplan, Arts Diploma (MD) *Netherlands*

J Middelkoop, MBChB PhD *Cape Town*

C Orrell, MBChB *Cape Town MSc DCH SA*

**Research Officers:**

N Killa, BPharm

M Vogt, NatDip(MedTech) SA

**Research Co-ordinators:**

J Aploon, BA

E Fielder, SPN

C Heiberg, BSc Dietetics MTechBiomedicalTechnology

M Rattley, SPN

S Roux, MBChB MPH

M Wallace, PhD

**Geriatric Medicine and the Albertina and Walter Sisulu Institute of Ageing in Africa**

*L-51 Old Main Building, Grootte 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.*

**William P Slater Chair of Geriatrics and Associate Professor:**

M I Combrinck, MBChB BSc(Med)(Hons) PhD *Cape Town* FCP SA Neurology MRCP UK  
DTM&H London

**Associate Professor:**

J A Joska, MBChB MMed PhD *Cape Town* FC Psych SA

**Senior Lecturers:**

L de Villiers, MBChB *Cape Town* FCP SA

S Z Kalula, BSc MBChB *Zambia* MMed MPhil PhD *Cape Town* FRCP UK

**Senior Lecturers Part-time:**

K Ross, MBChB *Stell* FCP Cert Geriatrics SA

K G F Thomas, PhD (Clin Psych) *Arizona*

**Honorary Senior Lecturer:**

L Geffen, MBChB *Cape Town* MCFP SA

**Honorary Research Associate:**

J R Hoffman, DPhil(Sociology) *Oxon* BA(Hons)

**Hatter Institute for Cardiovascular Research in Africa**

*Fourth Floor, Chris Barnard Building*

**Director and Professor:**

K Sliwa, MD *Germany* PhD DTM&H *Witwatersrand* FESC FACC

**Visiting Professor:**

S Stewart, PhD *Glasgow* NFESC FAHA FCSANZ

**Honorary Professors:**

P J Schwartz, MD PhD *Pavia*

D M Yellon, PhD FESC FRCP UK

**Associate Professor:**

S Lecour, PharmD PhD *Dijon*

**Visiting Professor:**

G Cotter, MD FACC FESC *Israel*

**Lung Infection and Immunity Unit**

*H46.41 Old Main Building, Grootte Schuur Hospital*

**Holder of the SARChI Research Chair in “Lung Infection and Immunity in Poverty-related Diseases” and head:**

K Dheda, MBBCh *Witwatersrand* FCP SA PhD

**Senior and Post-doctoral Scientists:**

L Semple, MSc PhD *Cape Town*  
 G Theron, BSc(Med)(Hons) MSc PhD *Cape Town*  
 B Young-Gqamana, BSc PhD

**Senior Lecturer and Pulmonologist:**

R Van Zyl-Smit, MBChB MMed PhD *Cape Town* MRCP UK FCP DipHIVMan CertPulm SA

**Medical Officer and Clinical Trial Co-ordinator:**

M Pascoe, MBChB *Cape Town*

**Laboratory Technologists:**

B Jennings, MSc(Med)  
 R Meldau, BSc(Med)(Hons) *Cape Town*  
 V Woodburne, Lab Technician

**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:*

- *Becoming a principal Drug Discovery and Development Research (DDD) Unit in South Africa, in Africa and internationally;*
- *Establishment of a scientific infrastructure as well as capacity for drug discovery and development of natural products in the broad sense using general biodiversity, including traditional medicines;*
- *Development of infrastructural and operational systems for new drug discovery and development, with special reference to natural product-guided medicinal chemistry as well as biological screening platforms against infectious and other diseases;*
- *Performing customised synthesis of compounds with important biological activities;*
- *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;*
- *The introduction of modern innovative drug-discovery tools including novel accessible screening;*
- *Enhancing the value of the identified therapeutics, by strengthening pre-clinical development capacity including the introduction of predictive (in silico and in vitro) drug metabolism and pharmacokinetic (DMPK) studies as reflected in the processes of Absorption, Distribution, Metabolism and Excretion (ADME).*

**Professor and Director:**

K Chibale, BScEd *Zambia* PhD *Cantab* FRSSAF

**Associate Professor:**

P J Smith, BSc BSc(Hons) PhD *Cape Town*

**Other Staff:**

N Chigorimbo-Tsikiwa, BSc *Rhodes* BSc(Med)(Hons) MSc PhD *Cape Town*  
 N Dambuza, BSc BSc(Hons) MSc *NMMU*  
 K Dhansay, BSc MSc *Cape Town*  
 K Govender, BSc BScPharm(Hons) *Cape Town*  
 T Kellerman, BSc BSc(Hons) *Stell* MSc *Witwatersrand* PhD *Cape Town*

## 164 MEDICINE

C Lategan, PhD *Cape Town*

S Louw, BSc MSc PhD *Stell*

P Melariri, PhD *Cape Town*

S Meredith, BSc BSc(Med)(Hons) PhD *Cape Town*

N Mwaura, BSc BScPharm MSc *Nairobi*

M Njoroge, BSc BScPharm MSc *Nairobi*

J Norman, Quality Assurance Manager

S Salie, Technical Officer

D Taylor, BSc BSc(Med)(Hons) *Cape Town*

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## OBSTETRICS AND GYNAECOLOGY

*H-Floor, Old Main Building, Groote Schuur Hospital*

### **Professor and Head:**

L A Denny, MBChB PhD *Cape Town* MMed FCOG SA

### **Professor and Deputy Head:**

S J Dyer, MBChB *Munich* PhD *Cape Town* MMed FCOG SA

### **Professor Full-time:**

S R Fawcus, MA (Hons) MB BS *London* MRCOG FRCOG UK

### **Emeritus Professors:**

D A Davey, PhD *London* FRCOG

Z M van der Spuy, MBChB *Stell* PhD *London* FRCOG FCOG SA

### **Honorary Professors:**

C A Matthews, MD *Charlotteville*

D J M Neayiyana, MD *Groningen* FACOG

R Parkar, MB BS *Mysore* MMed *Nairobi*

P Steer, MB BS *London* MRCS LRCP MD MRCOG FRCOG

W Utian, MBBCh *Witwatersrand* MD PhD DSc(Med) *Cape Town*

### **Honorary Associate Professor:**

S W Lindow, MBChB *Sheffield* MMed MD FRCOG FCOG SA

### **Emeritus Associate Professors:**

E J Coetzee, MBChB *Cape Town* FRCOG FCOG SA

A Kent, MBChB MPhil *Cape Town* FRCOG

H A van Coeverden de Groot, MBChB *Cape Town* FRCOG (Community Obstetrics)

### **Associate Professor Full-time:**

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

### **Chief Specialist Level Two Service and Head New Somerset Hospital:**

G A Petro, MBChB *Cape Town* FCOG SA

### **Senior Lecturers Full-time:**

T Adams, MBChB *Cape Town* FCOG SA Subspeciality Gynaecological Oncology

T A Horak, MBChB *Stell* FCOG SA MMed (O&G)

S Jeffrey, MBChB *Stell* FCOG SA Subspeciality Urogynaecology (RCOG)

L A Kenneth, MBChB *UKZN* FCOG SA MMed (O&G)

T Matinde, MBChB *Zimbabwe* Obst COG FCOG SA FRANZCOG FICS

M Matjila, BSc MBChB *UKZN* FCOG SA

N H Mbatani, MBChB *Medunsa* FCOG SA

M Patel, MBChB *Cape Town* FCOG SA MMed (O&G) Subspeciality Reproductive Medicine

V E M Perrott, MBChB *Cape Town* DFFP MRCP

L Schoeman, MBChB *Cape Town* MMed FCOG SA

V Stefan, MedicDip PhD *Bucharest*

C J M Stewart, BA MBChB MMed *Cape Town* FCOG SA MRCOG

H van Zyl, MBChB *Stell* FCOG SA

## 166 OBSTETRICS AND GYNAECOLOGY

### Senior Lecturers Part-time:

C M C Dehaeck, MBChB *Stell FCOG SA*  
P R de Jong, MBChB *Pret MMed Cape Town FCOG SA MRCOG*  
A S Lachmann, MBBCh *Witwatersrand MD FCP SA*  
J O Olarogun, MB BS *Ilorin DipObst FCOG SA MMed Cape Town*  
L J Rogers, MBChB *Cape Town MMed FCOG SA Subspeciality Gynae-Oncology (RCOG)*

### Lecturers Full-time:

S Allie, MBChB *Cape Town FCOG SA*  
K J Brouard, MBChB *Cape Town FCOG SA*  
C Gordon, MBChB *Cape Town*  
D Kennedy, MBChB *Stell FCOG SA MMed (O&G)*  
L Walmsley, MBChB *Pret FCOG SA*

### Lecturers Part-time:

P G Barnard, MBChB *Cape Town FCOG SA FRCOG*  
U Botha, MBChB *Stell MMed Cape Town FCOG SA*  
G Breeds, MBChB *Cape Town FCOG SA*  
M Cloete, MBChB *UOFS FCOG SA MMed (O&G)*  
J P F Dalmeyer, MBChB *Pret FCOG SA*  
A R Dhansay, BSc *UDW MBChB UKZN FCOG SA*  
D Dumbrill, MBChB *Cape Town FCOG MRCOG DA SA*  
G Groenewald, MBChB *Stell FCOG SA*  
B R Howard, MBChB *Cape Town FCOG SA*  
L Jansen, MBChB *Cape Town FCOG SA*  
M Kleyn, MBChB *Cape Town FCOG SA*  
C Nel, MBChB *Cape Town FCOG SA*  
M S Puzey, MBChB *MMed Cape Town FCOG SA*  
J R Robinson, MB BS *Perth MRACOG FCOG SA MRCOG*  
J Rowlinson, MBBCh *Witwatersrand*  
S W Sandler, MBChB *Cape Town FRCOG MA Stell*  
S Shanahan, MBBCh *Witwatersrand FCOG SA*  
R Sheldon, BA RN  
M Wasserman MSocSc *UOFS DHS San Francisco*  
H Wright, MBChB *Cape Town*  
C Zeelenberg, PN PGDN  
P Zinn, MBBCh *Witwatersrand MRCOG London MMed (O&G)*

### Fellows Full-time:

K Govender, MBChB *UKZN FCOG SA*  
N Nakintu, MBChB *Makerere MMed (O&G)*  
D G D Richards, MBChB *Stell FCOG SA MMed*  
R Saidu, MB BS *Nigeria FMCOG MPH*

### Fellow Part-time:

TG Deo, MBChB *Medunsa FCOG SA*

### Honorary Senior Lecturers:

M Mbenge, (Dora Nginza Hospital) MBChB *Pret MMed FCOG SA*  
C P Nel, MBChB *Cape Town MRCOG, FRANZCOG FRCOG*  
E van Wyk, (HoD Wynberg Military Hospital) MBChB *Cape Town FCOG SA*

**Honorary Lecturers:**

F Abdurahman (Wynberg Military Hospital) MBChB *Cape Town FCOG SA*  
 S MacPherson (Wynberg Military Hospital) MBChB *Cape Town FCOG SA*

**Medical Officers Full-time:**

A Boutall, MBChB *Stell*  
 A Ciesielski, MBChB *Cape Town*  
 S N Constantatos, MBChB *Cape Town*  
 L Dietrich, MBChB *Cape Town*  
 M F Hendricks, MBChB *Stell*  
 F Loggenberg, MBChB *UOFS*  
 D Nage, MBChB *Medunsa*  
 B Schilder, MBChB *Cape Town*

**Medical Officers Part-time:**

R D Boa, MBBCh *Witwatersrand*  
 M De Souza, MBChB *Cape Town*  
 C Floweday, MBChB *Cape Town*  
 L S Matthews (Ultrasound), MBChB MD *Cape Town*  
 J McInroy, MBChB *Cape Town*  
 M E Moss (Family Planning) MBChB *Manchester DCH* (Head of Family Planning and Reproductive Health)  
 L Muller, MBChB PhD *Stell*  
 K Soeters, MD *Leiden*  
 M Stein, MBBCh *Witwatersrand*

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## PAEDIATRICS AND CHILD HEALTH

*ICH Building, Red Cross War Memorial Children's Hospital, Rondebosch*

### **Professor and Head:**

H J Zar, MBBCh *Witwatersrand* FAAP BCPaed *American University (Washington)* BCPaedPulm  
PhD *Cape Town* FCPaed SA

### **Professors:**

A Argent, MBBCh MMed (Paed) *Witwatersrand* MD (Paed) *Cape Town* DCH FCPaed  
CertCritCare SA FRCPCH UK  
J Wilmshurst, MB BS *London* MRCP UK FCPaed SA

### **Emeritus Professors:**

D W Beatty, MBChB MD *Cape Town* FCP SA  
F Bonnici, MBChB MMed *Cape Town* FCP SA ADE  
M A Kibel, MBBCh FRCP *Edinburgh* DCH RCP & S UK

### **Honorary Professors:**

Sir D M B Hall, MB BS UK BSc (Pharm) MRCS LRCP MRCP UK FRCP FRCPH  
S M Hall, MB BS BSc(Pharm) MSc(SocMed) *London* MFPH FFPH FRCP ERCPCH  
M Levin, MBBCh *Witwatersrand* MRCP(Paed) FRCP UK PhD *London* Foundation Fellow  
*Medical Science*  
D Saunders, MBChB *Birmingham* DCH *England* DTPH CertEpid and Med Stats *London*  
DSc *Cape Town*  
N Silverman, MBBCh DSc *Witwatersrand* MD UCSF  
D Tibboel, MD PhD

### **Associate Professors:**

M Coetzee, BSocSc(Hons) *Bloemfontein* DipPaedNurs PhD *Cape Town*  
A Davidson, MBChB *Cape Town* DCH FCP CertMedOnc (Paed) SA  
B S Eley, BSc(Hons)(MedBiochem) MBChB *Cape Town* FCP SA  
W Hanekom, MBChB *Stell* DCH FCP(Paed) SA  
M Harrison, MBChB *Cape Town* MRCP FRCPCH UK  
M Hendricks, MBChB *Cape Town* DipPEC DCH FCPaed CMO (Paed) SA  
A Horn, MBChB *Cape Town* FCPaed DCH CertNeon SA MRCP (Paed) UK  
M E Levin, MBChB MMed *Cape Town* FCPaed DipAllerg SA PhD  
M McCulloch, MBBCh *Witwatersrand* DTM&H FRCPCH *London* DCH FCPaed SA  
B Morrow, BSc (Physio) PhD *Cape Town*  
A Westwood, MBChB MD MMed (Paed) *Cape Town* FCP SA MRCP UK

### **Emeritus Associate Professors:**

M D Bowie, BSc UKZN MBChB MD *Cape Town* FRCP *Edinburgh* DCH RCP&S UK  
V C Harrison, MBChB *Cape Town* MRCP FRCPCH UK  
C D Karabus, MBChB MMed (Paed) *Cape Town* DCH RCP&S FRCP *Edinburgh* FRCP *London*  
M Klein, MBChB PhD *Cape Town*, FCP SA  
A F Malan, MBChB MMed (Paed) MD *Cape Town* Dip(O&G) SA  
M Mann, MBChB PhD MMed (Paed) MMed (Nuclear Med) *Cape Town*  
J Wiggelinkhuizen, MBBCh MMed (Paed) FCP SA  
D L Woods, MBChB MD *Cape Town* FRCP DCH RCP&S UK

**Senior Lecturers Full-time:**

J Ahrens, MBChB *Cape Town* DA DCH FCPaed CIC(Paed) SA  
 H A Buys, MBChB *Zimbabwe* LRCP LRCS *Edinburgh* MRCP UK FCP SA  
 A Brink, MBChB *Pret* MMed (Nuclear Med) *Cape Town* FCNP DCH SA  
 M Carrihill, MBChB (Paed) MPhil *Cape Town* FCPaed CertEndo&Metab SA (PaedEndo)  
 R De Decker, MBChB MSc *Cape Town* DCH *London* FCPaed CertMedGenetics (Paed) SA  
 S V Delport, MBChB MMed (Paed) BSc (Hons)Epidem *Cape Town* FCP DCH SA  
 K Donald, MBChB *Cape Town* DCH FCPaed SA MRCPCH UK  
 R Dunkley, MBChB *Cape Town* FCPaed SA  
 P Gajjar, MBChB DCH FCP CertPaedNephrol  
 M G Hendricks MBChB *Cape Town* DCH Dip PEC FCPaed CertMedOnc (Paed) SA  
 C Hlela, MBChB FCDerm MSc GHS MMed (Derm) PhD *Oxon*  
 Y Joolay MBChB *Stell* FCPaed SA  
 S M Kroon, MBChB *Cape Town* FCPaed SA DTM & H *London* MRCP UK  
 R de Lacey, MBChB MMed (Paed) *Cape Town*  
 L Linley, MBChB *Cape Town* FCPaed SA  
 G H Moller, MBChB *Cape Town* FCPaed DCH SA  
 R Muloiwa, MBChB *UKZN* DCH FCPaed SA MSc LSHTM  
 A P Nondo, MBChB *Medunsa* FCPaed SA  
 P Nourse, MBChB MMed *Cape Town* FCP SA CertPaedNephrol  
 J C Nuttall, MBChB *Cape Town* DipObst DCH FCPaed SA DTM&H *Witwatersrand*  
 R Petersen, MBChB FCP (Paed) *Cape Town* DHC SA  
 S Raban, MBChB *Cape Town* DCH DipHIVMan FCPaed CertNeon SA  
 M T Richards, MBChB CertDevPaed *Cape Town* DCH FCPaed SA  
 B Rossouw, MBChB DipTropMed (Paed) MSc (Sports Medicine) *Pret* CertCritCare SA  
 P Roux, MBChB MD *Cape Town* MPhil (Bioethics) FCP DCH SA  
 C Scott, MBChB *Cape Town* FCPaed SA  
 J Shea, MPHE  
 A Spitaels, MBChB *Cape Town* DCH FCPaed SA  
 L Tooke, MBChB *Cape Town* FCPaed MMed (Paed) DipObst Dip(PEC) SA  
 A L van Eyssen, MBChB *Stell* DCH FCPaed CertMedOnc (Paed) SA  
 A Vanker, MBChB MMed *Stell* FCPaed CertPulmPaed SA  
 M Zampoli, MBChB *Witwatersrand* DCH FCP(Paed) SA

**Lecturers Full-time:**

H Mohamed, MBChB MMed (Public Health) *Cape Town*  
 S Moyo, MBChB MPH *Cape Town*  
 M Tameris, MBChB *Cape Town*  
 P Wicomb, MBChB *Cape Town* DCH FCPaed SA

**Senior Lecturers Part-time:**

E Goddard, MBChB BSc(Med)(Hons) MMed (Paed) PhD *Cape Town*  
 J E Mostert, MBChB *Stell* MMed (Paed) *Pret*  
 L Movsowitz, MBChB *Cape Town* MFGP DCH FCP SA  
 G Riordan, MBChB *Cape Town* DCH MMed (Paed) FCP SA  
 J H Vermeulen, MBChB *Stell* DCH FCP SA  
 S Zieff, MBChB MMed (Paed) *Cape Town*

**Lecturers Part-time:**

S N Furman, MBChB *Cape Town* MFGP SA  
 W R Mathiassen, MBChB *Cape Town* MRCP UK  
 C Rainier-Pope, MBChB MMed *Cape Town* DCH RCP&S *London*  
 J C Roberts, BA(Hons) (Biochem) MBBCh BAO *Dublin* DCH *Cape Town*  
 P J White, MBChB *Cape Town* FCP DCH SA

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### **Honorary Senior Lecturers:**

J Alt, MBChB *Cape Town* DCH SA ATLS APLS FCP  
N J Bergman, MBChB *Cape Town* DCH Sweden MPH MD *Zimbabwe*  
G Boon, MBChB *Cape Town* FCP SA  
W Breytenbach, MBChB *Stell* FCP SA  
R Dippennar, MBChB *Cape Town* DCH MMed *Stell* CertNeon SA Adv Paed Life Support USA  
F Goosen, MBChB *Cape Town* DCH FCP (Paed) SA  
L Henley, BSocSci MSocSci PhD MPhil (Bioethics) AdvDipPsychSocWrk *Cape Town*  
C Hugo-Hamman, MBChB *Cape Town* MA USA DCH FCP SA  
L V Jedeikin, MBChB *Cape Town* FCP SA  
M L Levy, MBChB *Cape Town* FCP SA  
V Magasiner, MSc (Physio) *Cape Town*  
P J Sinclair, MBChB *Cape Town* DCH FCP SA

### **Honorary Lecturers:**

T Kerbelker, MBChB ATLS ACLS BLS PALS *Cape Town* DCH FCPaed SA DipHIVMan *Griffiths*  
Neuro DipAllergy CertPaedRheum *Australia*  
M A Meiring, MBChB *Pret* FCPaed SA MMed (Paed) *Witwatersrand*  
V Ramanjam, MBChB *Cape Town* DCH FCP SA  
G Schermbrucker, MBChB *Cape Town* DCH FCP SA  
D Van Der Merwe, MBChB *Cape Town* FCPaeds *Griffiths* Neuro CertEndocr ATLS ACLS APLS  
SA MMed (Paed) *Stell* APLS *North Ireland*  
A L Watkins, MSc (Allergy) BSc(Hons) (Nutrition and Dietetics) MA *Cantab* (Social and Political  
Science) *UK*

### **Allergology (Paediatric)**

#### **Head:**

M Levin MBChB *Cape Town* FCPaed MMed (Paed) DipAllergy SA PhD

#### **Honorary Senior Lecturers:**

C Gray, MBChB *Cape Town* MRCPCH *London* MSc *Surrey* DipAllergy *Southampton*  
DipPaedNutr  
S Karabus, MBChB *Cape Town* DCH Dip in Allergology FCPaed SA MRCPCH *UK*

### **Associated Paediatric Disciplines**

#### **Head:**

S Rahim, BSc (Physio) *Cape Town*

#### **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:**

S Rahim, BSc (Physio) *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:**

M Pursad, B(OccTher) *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:**

*L le Roux, B(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:**

*S Cader, BSc(Med)(Hons) (Nutrition and Dietetics) Cape Town*

**Audiology Department:**

*S24 1<sup>st</sup> Floor OPD, Red Cross Children's Hospital, Rondebosch  
(colleen.cox@westerncape.gov.za ) 021 658 5406*

**Head:**

*C Cox, BSc (Audiology) Cape Town*

**Social Worker Department:**

*B8 B Floor Main Hospital, Red Cross Children's Hospital, Rondebosch  
(andre.pieters2@westerncape.gov.za) 021 658 5273)*

**Head:**

*A Pieters, Diploma Social Work (4) UWC*

**Child and Adolescent Psychiatry**

*[See Department of Psychiatry and Mental Health.]*

**Child Nursing Practice**

**Associate Professor:**

*M Coetzee, BSocSc(Hons) UFS DipPaedNurs PhD Cape Town*

**Senior Lecturers Full-time:**

*H Barlow, DipNursAdmin MCur Stell AUDNE Cape Town RN RM CNN Groote Schuur Hosp*

**Lecturers Part-time:**

*C Davis, BNurs (Child) DipPICU England*

*I Hendry, BN RPaedN Cape Town ForensicNurs Bloemfontein*

**Practice Development and Research Staff:**

*C Bonaconsa, BNurs Stell RN*

*A Leonard, MSc (Nurs) Cape Town RN*

**Programme Facilitator:**

*J Vos, DipNurs RN*

**Cardiology (Paediatric)**

**Head:**

*J Lawrenson, MBBCh Witwatersrand MMed Cape Town FCP SA*

## 172 PAEDIATRICS AND CHILD HEALTH

### Senior Lecturers Full-time:

G Comitis, MBChB *Cape Town* DCH DipAnaes FCPaed SA

R De Decker, MSc MBChB *Cape Town* DCH *London* CertMedGenet (Paed) FCPaed SA

### Senior Lecturer Part-time:

H Pribut, MBChB *Cape Town* FCPaedSA

### Honorary Senior Lecturer:

C Hugo-Hamman MA *Oxon* MBChB *Cape Town* DCH *London* FCPaed SA

## Child Health Unit

### Acting Head:

J Shea, MPHE

### Emeritus Professor:

M A Kibel, MB BCh FRCP *Edinburgh* DCH RCP&S UK

### Senior Lecturer:

J Shea, MPHE

## Critical Care (Paediatric)

### Professor and Head:

A Argent, MBBCh MMed (Paed) *Witwatersrand* MD (Paed) *Cape Town* DCH FCPaed  
CertCritCare SA FRCPCH UK

### Associate Professor Full-time

M McCulloch, MBBCh *Witwatersrand* DCH FCPaed SA

### Senior Lecturers Full-time:

J Ahrens, MBChB *Cape Town* DA DCH FCPaed CertCritCare SA

S Salie, MBChB *Cape Town* DCH *London* FCPaed CertCritCare SA

## Dermatology (Paediatric)

### Associate Professor and Head:

C Hlela, MBChB FCDerm MSc GHS MMed (Derm) PhD *Oxon*

## Developmental Paediatrics

### Head:

K Donald, MBChB MPhil (PaedNeurol) *Cape Town* DCH FCPaed CertPaedNeuro SA MRCPCH  
UK

### Senior Lecturer Full-time:

R Petersen, MBChB *Cape Town* DCH FCPaed CertDevPaed SA

### Senior Lecturers Part-time:

M Richards, MBChB *Cape Town* DCH FCPaed CertDevPaed SA

C Thompson, MBChB *Cape Town* MD SA

V Ramanjam, MBChB *Cape Town* DCH FCPaed CertDevPaed SA

S Ackermann, MBChB *Pretoria* FCPaed CertPaedNeurol SA

**Lecturers Part-time:**

C Davies, MBChB *Cape Town* DCH FCPaed SA  
 S C van Bever Donker, ARTS *Lieben* DCH SA  
 W van der Meulen, MBChB  
 S Warner, MBChB *Cape Town* DCH SA

**Endocrinology (Paediatric)**

**Head:**

S V Delport, MBChB MMed (Paed) BSc(Hons) (Epidem) *Cape Town* FCP DCH SA

**Senior Lecturers Full-time:**

M Carrihill, MBChB (Paed) MPhil *Cape Town* FCPaed CertEndo&Metab SA (PaedEndo)  
 A Spitaels, MBChB *Cape Town* DCH FCPaed SA

**Gastroenterology (Paediatric)**

**Head:**

E Goddard, BSc(Hons) MSc (Med) MBChB PhD MMed (Paed) *Cape Town* FCPaed  
 CertPaedGastro SA

**Senior Lecturer Full-time:**

R de Lacy, MBChB *Cape Town* FCPaed CertPaedGastro SA

**Senior Lecturer Part-time:**

M Ledger, MBChB BSc (Physiology) BSc(Med)(Hons) *Cape Town* DCH FCPaed SA

**Part-time Lecturer:**

R A Brown, MBChB *Cape Town* MPhil (Ancient Cultures) *Stell* DCH FCS SA FRCS *Edinburgh*

**General Paediatrics**

**Professor and Head:**

**Associate Professors:**

A Westwood, MBChB MD MMed (Paed) *Cape Town* FCP SA MRCP UK  
 M Hendricks, MBChB *Cape Town* DipPEC DCH FCPaed CMO (Paed) SA

**Senior Lecturers Full-time:**

H A Buys, MBChB *Zimbabwe* LRCP LRCS *Edinburgh* MRCP UK FCP SA  
 L Cooke MBChB, FCPaed  
 R Dunkley, MBChB *Cape Town* FCPaed SA  
 R Muloiwa, MBChB *UKZN* DCH FCPaed SA MSc LSHTM  
 M Richards, MBChB DCH FCPaed CertDevPaed SA  
 C Scott, MBChB *Cape Town* FCPaed SA

**Head – Groote Schuur Hospital:**

P Roux, MBChB MD *Cape Town* MPhil (Bioethics) FCP DCH SA

**Honorary Lecturer:**

G Schermbrucker, MBChB *Cape Town* DCH FCP SA

### **Haematology/Oncology (Paediatric)**

**Associate Professor and Head:**

A Davidson, MBChB MPhil *Cape Town* DCH FCPaed CertMedOnc (Paeds) SA

**Senior Lecturers Full-time:**

M G Hendricks, MBChB *Cape Town* DCH Dip PEC FCPaed CertMedOnc (Paeds) SA

A L van Eyssen, MBChB *Stell* DCH FCPaed CertMedOnc (Paeds) SA

### **Infectious Diseases (Paediatric)**

**Associate Professor and Head:**

B S Eley, BSc(Hons) (MedBiochem) MBChB *Cape Town* FCP SA

**Senior Lecturer Full-time:**

J C Nuttall, MBChB *Cape Town* DipObst DCH FCPaed SA DTM&H *Witwatersrand*

### **Medicine (Paediatric)**

**Professor and Head:**

H J Zar, MBChB *Witwatersrand* FAAP BCPaed *American University (Washington)* BCPaed  
Pulmonology PhD *Cape Town* FCPaed SA

### **Neonatology**

**Head:**

M C Harrison, MBChB *Cape Town* MRCP FRCPCH UK

**Emeritus Associate Professors:**

V C Harrison, MBChB *Cape Town* MRCP FRCPCH UK

A F Malan, MBChB MMed MD *Cape Town* DipO&G SA

D L Woods, MBChB MD *Cape Town* FRCP DCH RCP&S UK

**Senior Lecturers Full-time:**

A Horn, MBChB *Cape Town* FCPaed DCH CertNeon SA MRCP(Paed) UK

Y Joolay, MBChB *Stell* FCPaed SA

S M Kroon, MBChB *Cape Town* FCPaed SA DTM&H *London* MRCP UK

L Linley, MBChB *Cape Town* FCPaed SA

G H Moller, MBChB *Cape Town* FCPaed DCH SA

L Tooke, MBChB *Cape Town* FCPaed MMed (Paed) DipObst DipPEC SA

**Lecturers Full-time:**

M T Ismail, MBChB *Cape Town* DCH DipHIV SA

A M van Niekerk, MBChB *Witwatersrand* DCH FCPPaed CertPaedCardiol SA

**Lecturers Part-time:**

J C G Dyssell, MBChB *Cape Town* MMed (Paed) *Witwatersrand* DCH FCPaed SA

D H Greenfield, MBChB MPhil MCH *Cape Town* DCH DPH DTM&H *Witwatersrand*

M C Thompson, MBChB DCH SA MD *Cape Town*

### **Nephrology (Paediatric)**

**Head:**

P Gajjar, MBChB DCH FCP CertPaedNephrol

**Senior Lecturer Full-time:**

P Nourse, MBChB MMed *Cape Town* FCP SA CertPaedNephrol

### **Neurology (Paediatric)**

**Professor and Head:**

J Wilmshurst, MB BS *London* MRCP UK FCPaed SA MD *Cape Town*

**Senior Lecturer Full-time:**

A P Ndondo, MBChB *Medunsa* FCPaed CertPaedNeuro SA

**Senior Lecturers Part-time:**

V Kander, MTech (Neurophysiol) *Bloemfontein*

G Riordan, MBChB *Cape Town* DCH MMed (Paed) FCPaed SA

B Schlegel, MBChB *Cape Town* FCPaed SA

K Walker, MBChB *Cape Town* DCH SA

### **Neuropsychology (Paediatric)**

**Lecturers Part-time:**

J Bean, DipPharm *CPUT* MA (ClinPsych) *Stell*

A Moss, BEd MA (ClinPsych) *Witwatersrand* PGDipClinNeuropsych *London*

### **Pulmonology (Paediatric)**

**Head:**

H J Zar, MBChB *Witwatersrand* FAAP BCPaed *American University (Washington)* BCPaed  
Pulmonology PhD *Cape Town* FCPaed SA

**Senior Lecturers Full-time:**

A Vanker, MBChB MMed *Stell* FCPaed CertPulmPaed SA

M Zampoli, MBChB *Cape Town* DCH FCPPaed CertPulmPaed SA

### **Rheumatology (Paediatric)**

**Head:**

C Scott, MBChB *Cape Town* FCPaed SA

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## PSYCHIATRY AND MENTAL HEALTH

*J-Block, E36A, Grootte Schuur Hospital*

**Professor and Head:**

D J Stein, BSc (Med) MBChB *Cape Town* FRCPC PhD DPhil *Stell*

**Professor:**

J van Honk, PhD *Utrecht*

**Sue Struengmann Professor of Child & Adolescent Psychiatry:**

P J de Vries, MBChB *Stell* MRCPsych *London* PhD *Cantab*

**Vera Grover Professor of Intellectual Disability:**

C M Adnams, BSc *UKZN* BSc(Med)(Hons) MBChB *Cape Town* FCPaed *SA*

**Emeritus Professors:**

L S Gillis, MD DPM *Witwatersrand* FRC (Psych) *UK*

C D Molteno, MBChB MMed (Paed) MD *Cape Town* BA(Hons) (Sociology) PhD *UNISA* DCH  
RCP *UK*

B A Robertson, MD *Cape Town* DipPsych *McGill* FCPsych *SA*

D A White, MBChB MMed (Psych) *Cape Town* FCPsych *SA*

T Zabow, MBChB DPM *Cape Town* FCPsych *SA* MRCPsych *UK*

**Professors:**

J van Honk, PhD *Utrecht*

**Associate Professors:**

A Berg, MBChB *Pret* MPhil (Child Adol Psych) *Cape Town* FCPsych *SA*

J Joska, MBChB MMed (Psych) PhD *Cape Town* FCPsych *SA*

S Z Kaliski, BA MBChB *Witwatersrand* MMed (Psych) PhD *Cape Town* FCPsych *SA*

C A Lund, MSocSci (ClinPsych) *Rhodes* MA PhD *Cape Town*

**Lecturers:**

L Abrahams, MPsych *UWC*

R R Allen, BSc (CompScience Maths Stats) MBChB MBA *Cape Town* FCPsych *SA*

S E Baumann, MBChB BA *Cape Town* FCPsych *SA* MRCPsych *UK*

E Benjamin, MA (ClinPsych) *Cape Town*

J J Benson-Martin, MBChB *Cape Town* FCPsych *SA*

O Coetzee, MA (ClinPsych) *PU*

Q Cossie, MBChB *Cape Town* FCPsych DMH *SA*

J J Dawson-Squibb, MA (ClinPsych) *Cape Town*

C De Clercq, MBChB *Pret* FCPsych *SA*

W De Jager, MA (ClinPsych) *UPE*

C Dean, M Psych *UWC* MBA *Milpark/Oxford Brookes*

G Douglas, MSc Nursing *Witwatersrand* MA (ClinPsych) *Cape Town*

A L Fourie, MA (ClinPsych) *UPE*

L Frenkel, MA (ClinPsych) *Witwatersrand*

K Ganasen, MBChB *Cape Town* FCPsych *SA*

P Gasela, MBChB *Cape Town* FCPsych Cert in Child and Adolescent Psych *SA*

J Hoare, MBChB MPhil (Neuropsychiatry) *Cape Town* MRCPsych FCPsych *SA*

A J Hooper, MBChB *Cape Town* FCPsych *SA*

I Hoosen, MbChB *Cape Town* MRCPsych *Royal College of Psychiatrists London* DipOcc Health  
*Royal College of Physicians UK* Dip CBT *Birmingham*

N R Horn, MBChB *Cape Town PGDipCogTher Manchester MRCPsych UK*  
 M Karjiker, MBChB *Witwatersrand FCPSych SA*  
 S Kleintjes, MA (ClinPsych) MPhil (ChildAdolPsych) *Cape Town*  
 N Lalkhen, MA (ClinPsych) *Stell*  
 S J Lay, MA (ClinPsych) *Cape Town*  
 I Lewis, BSc MBChB MMed (Psych) *Cape Town FCPSych SA*  
 K Louw, MBChB *Cape Town FCPSych SA MMed Cape Town*  
 A Marais, PhD *Cape Town MA (ClinPsych) Stell*  
 S Mkabile, MA (ClinPsych) *UWC*  
 N Matross, MBChB MMed (Psych) *Cape Town*  
 P Milligan, MBChB *Cape Town FCPSych SA*  
 J S Parker, MBChB *Cape Town FCPSych SA*  
 Z Parker, MA *Cape Town MPsych UWC*  
 S Pasche, BBusSc BSocSc (Hons) *Cape Town MPsych UWC*  
 M Saptouw, MA (ClinPsych) *UWC*  
 NG Sibeko, MBChB *UKZN*  
 N Siegfried, MBChB *Cape Town MPH (Hons) Sydney DPhil Oxford*  
 P Smith, MBChB *Cape Town FCPSych SA*  
 T Swart, BSc (Biochem) *Cape Town MSc (ClinPsych) UKZN*  
 H Temmingh, MBChB MMed (Psych) *Stell FCPSych SA MPH Cape Town*  
 H Thornton, MA (ClinPsych) *Rhodes PhD Stell*  
 T Timmermans, MBChB *Cape Town FCPSych SA*  
 Z Vally MA (ClinPsych) *Stell*  
 W Vogel, MBChB MMed (Psych) MSc *Witwatersrand FF Psych SA*  
 B Vythilingum, MBChB *UKZN MMed Stell FCPSych SA*  
 M F Williams, MBChB *Cape Town FCPSych SA*  
 P F Williams-Ashman, MBChB *Witwatersrand FCPSych SA*  
 D A B Wilson, BSc MBChB *Cape Town FCPSych SA*  
 J Yako, MA (ClinPsych) *Cape Town*

#### **Honorary Professors/Associate Professors:**

C Allgulander, MD PhD *Karolinska Institutet*  
 D Baldwin, DM *Southampton FRCPsych MRCPsych MB BS London*  
 D Castle, MBChB MD *Cape Town MRCPsych FRCPsych MSc (Epi) London DLSHTM*  
 FRANZCP GCUT *Melbourne*  
 D Edwards, Psych (Hons) *Oxford Univ MA (ClinPsych) PhD Rhodes*  
 S W Jacobson, MA *Brandeis MA PhD Harvard*  
 J L Jacobson, MA PhD *Harvard*  
 J Leff, MB.BS *University College London MRCP UK MD Kings College London FRCPsych UK*  
 I Marks, MBChB MD *Cape Town DPM MRCPsych FRCPsych London*  
 C Mathews, BA *Natal MSc (Med) PhD Cape Town*  
 S Mkabile  
 B Myers, MSocSc (cum laude) *Natal PhD Cape Town*  
 M Robertson, MBChB MD DSc (Med) *Cape Town DPM FRCPsych FRCP FRCPCH MRCPsych*  
*London*  
 O Shisana, BA *Univ of the North MA (ClinPsych) Loyola College PhD Univ of South Florida ScD*  
*Johns Hopkins School of Hygiene and Public Health*  
 L Simbayi, BSc *Zambia MSc Utah DPhil Sussex*  
 M Tomlinson, BA *Rhodes BA(Hons) Witwatersrand MA (ClinPsych) Cape Town PhD Reading*  
 D Williams, BTh(Hons) *University of the Southern Caribbean MDiv (cum laude) Andrews*  
*University PhD (Sociology) Michigan*  
 C Zlotnik, MA *Witwatersrand, PhD Rhode Island University*

## 178 PSYCHIATRY AND MENTAL HEALTH

### **Honorary Lecturers:**

T Amos, MA *UWC PhD Cape Town*  
L Cluver, DPhil *Oxford*  
B Dickman, PhD (Psych) *Cape Town*  
A Gevers, BA (Psych) *Grinnell College MA (ClinPsych) Missouri St. Louis PhD Cape Town*  
V Ives-Deliperi, BA *Unisa PhD Cape Town*  
C Kuo, BA *University of Virginia DPhil Oxford*  
A Mason-Jones, BA(Hons) *Univ of Lancaster MA (Public Health) PhD Univ of Nottingham*  
I McCallum, BA BSocSc MBChC *Cape Town FCPsych SA*  
U Meys, MBChB MPhil (Child and Adolescent Psychiatry) *Cape Town FCPsych SA*  
A Muller, BCur *NMMU MCur (Psych) UJ*  
A Robins, MBChB *Cape Town MD Witwatersrand DRM England MRC Psych London*  
C F Ziervogel, MBChB *Cape Town FCPsych SA*

### **Research Officers:**

N J Bikwana, BPA *Stell BA(Hons) UWC HDE Cape Town*  
S D Cooper, BA(Hons) MPH *Cape Town*  
B L Evans, MA (ClinPsych) *UNISA*  
S Field, BA Hons *Rhodes MA Southampton*  
S Honikmann, MBChB MPhil (MCH) *Cape Town DCH DOBstet SA*  
A Kleinhans, HDE *UWC MSc Open*  
R J Paulsen, MA *UWC*

## **HEADS OF DISCIPLINES**

### **Addiction Psychiatry**

D A B Wilson, BSc MBChB *Cape Town FCPsych SA*

### **Child and Adolescent Psychiatry**

W Vogel, MBChB MMed (Psych) MSc *Witwatersrand FF Psych SA*

### **Consultation-Liaison Psychiatry**

L Frenkel, MA (ClinPsych) *Witwatersrand*  
J Hoare, MBChB MPhil (Neuropsychiatry) *Cape Town MRCPsych FCPsych SA*  
K Louw, MBChB *Cape Town FCPsych SA MMed Cape Town*

### **Forensic Psychiatry**

S Z Kaliski, BA MBChC *Witwatersrand MMed (Psych) PhD Cape Town FCPsych SA*

### **General Psychiatry/Psychiatric Intensive Care**

R R Allen, BSc (CompScience Maths Stats) MBChB MBA *Cape Town FCPsych SA*  
P Milligan, MBChB *Cape Town FCPsych SA*

### **Intellectual Disability Psychiatry**

C M Adnams, BSc *UKZN BSc (Med)(Hons) MBChB Cape Town FCP SA*

### **Neuropsychiatry**

J Joska, MBChB MMed (Psych) PhD *Cape Town FCPsych SA*

### **Psychopharmacology**

D J Stein, BSc(Med) MBChB *Cape Town FRCPC PhD DPhil Stell*

### **Psychotherapy**

L Abrahams, MPsych *UWC*

S Kleintjes, MA(ClinPsych) MPhil (ChildAdolPsych) *Cape Town*

### **Public Mental Health**

C A Lund, BA(Hons) (Psych) MA MSocSci (ClinPsych) PhD *Cape Town*

J S Parker, MBChB *Cape Town* FCPsych SA

## **RESEARCH STRUCTURES**

### **Adolescent Health Research Unit (AHRU)**

46 Sawkins Road, Rondebosch

*Adolescents face a wide range of health problems due to a combination of biological, social and psychological factors. There is therefore a clear need for a research facility that focuses specifically on the health needs of adolescents. The AHRU was established in 2003 by Prof Alan Flisher as an interdisciplinary facility to co-ordinate, promote and facilitate research on all aspects of adolescent health. The specific aims of the Unit are to: facilitate cutting edge interdisciplinary research that addresses key national public adolescent-health priorities; promote networking among adolescent-health researchers, practitioners and policy makers; increase the profile of the Faculty of Health Sciences, UCT, with regard to world-class adolescent-health research; provide policy consultation at local, provincial, national and international levels; and increase and improve educational offerings in adolescent health at undergraduate and postgraduate levels.*

P J de Vries, MBChB *Stell* MRC Psych London PhD *Cantab*

C Mathews, BA *Natal* MSc (Med) PhD *Cape Town*

### **Alan Flisher Centre for Public Mental Health**

*Department of Psychiatry and Mental Health, University of Cape Town, and Department of Psychology, University of Stellenbosch*

*Mental health is increasingly acknowledged as a major public health and development issue. Currently mental disorders account for five of the 10 leading causes of health disability, and by the year 2020 it is estimated that unipolar depression will be the second leading cause of health disability in the world. In South Africa, neuro-psychiatric disorders are ranked third after HIV/AIDS and other infectious diseases in their contribution to the total burden of disease. Mental distress and disorder are higher among poor, marginalised and disrupted communities; and among those with the least agency and power within these communities, such as children, women, the elderly, refugees and those with disabilities. The economic and social burden of mental disorders affects not only individuals, but also their families and communities. In spite of these overwhelming needs, many low and middle income countries, particularly those in Africa, are poorly equipped to address mental health. In Africa, 70% of countries spend less than 1% of their meagre health budgets on mental health. A crucial gap is the overall policy, service and legislative frameworks that enable governments to deliver these intersectoral interventions and address mental health systematically as a public health and development issue.*

C Lund, BA (Hons)(Psych) MA MSocSci (ClinPsych) PhD *Cape Town*

### **Brain and Behaviour Initiative (BBI)**

*J-Block, Groote Schuur Hospital*

*The Brain-and Behaviour Initiative is a University of Cape Town signature theme; a cross-Faculty effort aimed at facilitating innovative multidisciplinary research. The Brain and Behaviour Initiative 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 Initiative employ a range of methods in this work, including phenotyping, cognotyping, genotyping, brain imaging and characterizing molecular signature. A number of NRF Chairs are associated with the*

*Initiative, and the Initiative has established BBI postdoctoral fellowships and contributed to new degrees (such as the MMedSci Neuroscience degree) that foster transdisciplinary research.*

D J Stein, BSc(Med) MBChB Cape Town FRCPC PhD DPhil Stell

**HIV Mental Health Unit**

*J-Block, 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. 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.*

J Joska, MBChB MMed (Psych) PhD Cape Town FCPsych SA

J Hoare, MBChB MPhil (Neuropsychiatry) Cape Town MRCPsych FCPsych SA

**Medical Research Council (MRC) Unit on Anxiety & Stress Disorders**

*Department of Psychiatry & Mental Health, University of Cape Town, and Department of Psychiatry, University of Stellenbosch.*

*The Medical Research Council (MRC) Unit on Anxiety and Stress Disorders was founded with the mandate of: 1) establishing a unit that focused specifically on research on the anxiety disorders; 2) fostering a multidisciplinary approach to these conditions, incorporating a bio-psycho-social focus; 3) promoting increased awareness of these conditions in the community; and 4) building capacity. The anxiety disorders are the most prevalent of the psychiatric disorders, and amongst the most disabling of all medical disorders. At the same time, given advances in basic and clinical neuroscience methodologies, there are now unique opportunities to advance our understanding and management of these conditions.*

D J Stein, BSc(Med) MBChB Cape Town FRCPC PhD DPhil Stell

**HIV Mental Health Unit**

*J-Block, 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. 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.*

J Joska, MBChB MMed (Psych) PhD Cape Town FCPsych SA

J Hoare, MBChB MPhil (Neuropsychiatry) Cape Town MRCPsych FCPsych SA

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## **PUBLIC HEALTH AND FAMILY MEDICINE**

*Level 4, Falmouth Building South*

**Professor and Head/Director:**

M F Jeebhay, MBChB *UKZN* DOH MPhil (Epi) *Cape Town* MPH (OccMed) PhD *Michigan*

**Environmental Health**

*Level 4, Falmouth Building South*

**Associate Professor and Head:**

H-A Rother, BA MA PhD *Michigan*

**Associate Professor:**

A Dalvie, BSc BSc(Med)(Hons) MSc(Med) PhD *Cape Town*

**Honorary Senior Lecturer:**

G Manuweera, BSc MPhil *Peradeniya* PhD *Missouri*

**Epidemiology and Biostatistics**

*Level 5, Falmouth Building South*

**Associate Professor and Head:**

L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

**Senior Lecturer:**

H Carrara, BSc *Witwatersrand* MPH *Sweden*

**Lecturers:**

D Constant, BSc (Physio) BSc(Hons) MScMed MPH *Cape Town*

A Grimsrud, BSc *Alberta* MPH *Cape Town*

J Ramjith, BSc MSc *UKZN*

E Smith, BCom *Cape Town*

**Senior Research Scholar:**

R Sayed, MSc *Karachi*

**Honorary Professors:**

C Lombard, BSc MSc PhD *UOFS*

J McIntyre, MBChB *Zimbabwe* FRCOG

**Visiting Professors:**

M Egger, MD *Bern* FFPH MSc *London* DTM&H *Basel*

T Rehle, MD *Munich* MPH *London* PhD *Antwerp*

**Family Medicine**

*Level 2, Falmouth Building South*

**Associate Professor and Head:**

D Hellenberg, MBChB *Cape Town* MFamMed *Stell* FCFP *SA* Certificate in Policy, Planning and Management for Health Sector Reform (*COPHE*) *UWC ACLS*

## 182 PUBLIC HEALTH AND FAMILY MEDICINE

### Senior Lecturers Full-time:

G Bresick, MBChB MPH *Cape Town DCH SA*

A de Sa, MBChB *Cape Town MCFP SA*

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

A Isaacs, MBChB *Cape Town MFamMed Stell*

R Krause, MBChB MFamMed *UOFS MPhil (Palliative Medicine) Cape Town*

L Morales Perez, MBChB MMed Family Medicine *Stell*

T Motshoi, MBChB MFamMed DipFamMed *Cape Town*

M Namane, MBChB MPhil (FamMed and PHC) *Cape Town BSc (LabSciences) MSc (Immunology)*

*UNIN CertCommRheum Pret MSc (MedSci) (ClinEpi) Stell*

B Schweitzer, MBChB *Witwatersrand DA MFGP SA MPraxMed Medunsa*

### Senior Lecturer Part-time:

E Gwyther, MBChB MFGP *Cape Town DipPallMed MSc (PallMed) Wales*

### Lecturers Full-time:

N Beckett, BSc MBChB *Stell DipFamMed Cape Town*

L Ganca, BASocSc(Hons) (Social Work) MPhil (PallMed) *Cape Town DipSecEd Transkei*

N Parker, MBChB *Cape Town*

### Lecturers Part-time:

A J Barnard, MBChB Dip Anaes MFGP MPhil (PallMed) *Cape Town*

F Begg, MBChB *Cape Town*

C Bruce, MBChB LMCC Dip Pall Med (CMSA) MPhil Pall Med *Cape Town*

C Chouler, MBChB *Cape Town FCFP SA*

L Farrant, MBChB *Witwatersrand Dip HIV Management*

A Marian, MBChB *Cape Town*

M Meiring, MBChB *Pret FCPaedS CMSA MMed(PaedS) Witwatersrand*

M Navsa, MBChB MPhil (FamMed and PHC) *Cape Town*

M S Saban, MBChB *Cape Town MFamMed Stell FCFP SA*

### Honorary Adjunct Associate Professor:

A W Barday, MBChB *Cape Town FCFP SA DPT&M Witwatersrand*

### Honorary Professor:

R Harding, PhD Public Health *Kings College London*

### Honorary Lecturers:

A Awe, MB BS *Lagos Vocational Training FM SAAF and Stell*

S Craven, MBChB *Oxon LRCP*

F De Jager, MBChB *Stell*

B Grevler, MBChB *Cape Town*

J Dhansay, MBChB MFGP *SA DPT&M Witwatersrand*

G Petros, PhD CertAdEd NatDip (Public Health) MPH *Cape Town*

### Facilitators:

N Allie, MBChB *Cape Town*

I Bell, MBChB *Cape Town*

O Brey, MBChB PGDipFamMed *Cape Town*

L K Gresak, MBChB *Cape Town*

G Jacobs, MBChB *Cape Town*

M A Jardine, MBChB *Cape Town*

R Loghdey, MBChB *Cape Town MFamMed Stell*

S A Moola, MBBCh *Witwatersrand*  
 S L Naidoo, MBChB *Natal MBA Cape Town*  
 V Patel, MBChB *Cape Town MFamMed Stell*  
 A Pillay, MBChB *Cape Town*  
 A Smith, MBChB PGDipFamMed *Cape Town*  
 S Soday MBChB *Cape Town MRCGP UK MMed Warwick*  
 R Tayob, MBChB *Witwatersrand*  
 F Yasin, MBChB *Cape Town*

**Research Co-ordinator:**

N Manga, PhD *Cape Town*

**Registrars:**

M Abbas  
 T Aronsun  
 W Bedeker  
 I Eshun-Wilsonva  
 D Huang  
 A Marx  
 L McCrindle  
 J Porter  
 A Razack  
 B Sonuga  
 H Ugwu  
 R Yusuf

**Health Economics**

*Falmouth Annex*

**Senior Lecturer and Head:**

E Sinanovic, BSc (Econ) *Zagreb DipFinMgt Maastricht MCom (HealthEcon) Cape Town*  
 PhD (Health Econ) *London*

**Professor:**

D McIntyre, BCom(Hons) (Econ) MA (Econ) PhD *Cape Town*

**Associate Professor:**

S Cleary, BA *Grahamstown* BA(Hons) (Econ) MA (Econ) PhD *Cape Town*

**Senior Lecturers:**

J E Ataguba, BSc (Econ) *Nigeria MPH (HealthEcon) PhD (Economics) Cape Town*  
 A Honda, BA (Sociology) MSc (IntHealth) *Tokyo PhD (HealthEcon) London*

**Lecturer:**

V Govender, MCom (HealthEcon) *Cape Town MPH (InternatHealth) Boston*

**Research Officer:**

O A Alaba, BSc (Econ) MSc (Econ) PhD (Econ) *Ibadan*

**Health Policy and Systems**

*Falmouth Annex and Level 1 Falmouth Building South*

**Professor and Head:**

L Gilson, BA(Hons) *Oxford MA East Anglia PhD London*

## 184 PUBLIC HEALTH AND FAMILY MEDICINE

### **Senior Lecturer:**

M Shung King, MBChB *Westville* DPhil (SocPolicy) *Oxford*

### **Senior Lecturer and Research Coordinator:**

J Olivier, PhD *Cape Town*

### **Post-Doctoral Research Fellow:**

Gina Teddy, PhD *Leeds*

### **Honorary Research Associate:**

R English, MBChB *Cape Town*

### **Honorary Research Associate Emeritus:**

J Cochrane, BSc (Chemistry) PhD *Cape Town* MDivinity *Chicago*

### **Visiting Professors:**

T Cutts, PhD *Mississippi*

G Gunderson, PhD *USA*

U Lehmann, PhD *Germany*

H Schneider, MBChB *Cape Town* DCH DTMH MMed (Public Health) *Witwatersrand*

### **Occupational Medicine**

*Level 4, Falmouth Building South*

### **Professor and Head:**

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (OccMed) *SA*

### **Professor:**

M F Jeebhay, MBChB *UKZN* DOH MPhil (Epi) *Cape Town* MPH (OccMed) PhD *Michigan*

### **Lecturers Part-Time:**

ADH Burdzik, MBChB MMed *Cape Town* DipOccMed *UK* FCPHM (Occ Med) *SA*

G Kew, MBChB DOH *Cape Town*

### **Honorary Professor:**

G J Churchyard, MBChB MMed (IntlMed) PhD *Witwatersrand* FCPSA

### **Honorary Senior Lecturers:**

S Adams, MBChB DOH *Cape Town* MFamMed *Stell* FCPHM (OccMed) *SA*

S Manjra, MBChB *Natal* MMedSc (OccHealth) *Birm* BSc(Med)(Hons) DOH *Cape Town*

J te WaterNaude, MBChB MPhil *Cape Town* FCPHM *SA*

### **Honorary Lecturers:**

D Knight, MBChB MMed *Cape Town*

A Thompson, MBChB DOH *Cape Town* AMP *Manchester*

A van der Walt, DipMidw CMSA DOH MPhil *Cape Town*

J van Zyl, MBChB MMed DipMed DipOccHealth *Stell* FAADEP CIME *USA* FCPHM *SA*

H Williams, MBChB DOH MMed *Cape Town* FCPHM (OccMed) *SA*

### **Emeritus Professor:**

G Todd, BSc(Agric) *UKZN* MBChB PhD *Cape Town* FCDerm *SA*

**Registrars:**

B Cloete

H Mwangi

D Ngajilo

N van de Water

*\*Joint appointment with Department of Medicine***Public Health Medicine***Levels 2 and 4, Falmouth Building South***Professor and Head:**L London, MBChB MMed MD *Cape Town* BSc(Med)(Hons) *Stell DOH Witwatersrand* FCPHM SA**Associate Professors:**A Boulle, MBChB PhD *Cape Town* MSc *London* FCPHM SAD Coetzee, BA *Cape Town* MBChB DPH DTM&H DOH *Witwatersrand* FFCH SA MSc (Epi) *Columbia***Associate Professor Part-time:**G Perez, BDentistry *Algiers* DHSM MDent (CommDentistry) *Witwatersrand* (Deputy Dean; Joint Faculty Department appointment)**Senior Lecturers Full-time:**J Irlam, BSc(Med)(Hons) MPhil *Cape Town* (Joint School-Directorate of Primary Healthcare appointment)L Olckers, MPhil (Ed) (Higher Education Studies) BSocSc (SocWrk)(Hons) *Cape Town*T Oni, BSc *London* MB BS *UCL MPH Cape Town* MD *Imperial MRCP DFPH UK*V Zweigenthal, BSc DTM&H DPH *Witwatersrand* BSocSc(Hons) MBChB *Cape Town* FCPHM SA**Lecturers Full-time:**F Amien, BChD MChD (CommDentistry) *Cape Town*J Keikelame, MPhil (Edu Support) *Cape Town* BSocSci(Hons)(Psych) *UNIBO* (Joint School-Directorate of Primary Healthcare appointment)**Lecturer Part-time:**R Morar, MBChB *Natal* DHMEF MMed (CommH) *Cape Town* FCPHM SA (Deputy Dean; Joint Faculty-Department appointment)**Medical Natural Scientist:**N Zinyakatira, BSc(Hons) Statistics *Zimbabwe* MPhil (Demog) CertProjMgt *Cape Town***Honorary Associate Professor:**L Bourne, BSc(Dietetics) *UKZN* BSc(Med)(Hons) MSc (Med) PhD MPH *Cape Town*N Morojele, PhD *University of Kent UK*W Pick, MBChB MMed *Cape Town* DPH DTM&H *Witwatersrand* FFCH SA**Honorary Senior Lecturers:**E Goemare, MSc MD DTMH *Belgium* DSc h.c. *Cape Town*T Hawkrigde, MBChB FCPHM *Cape Town* DTM&H MSc (Med) *Witwatersrand*T Naledi, MBChB *Cape Town* FCPHMD Pienaar, MBChB MMed *Cape Town*N Siegfried, MBChB *Cape Town* MPH(Hons) *Sydney* DPhil *Oxford*M Stuttard, PHD *UK*

## 186 PUBLIC HEALTH AND FAMILY MEDICINE

### **Honorary Lecturers:**

G Denicker, MSc *Oxford BChD UWC*  
C Jacobs, MPH *Pret PGDip(Public Health) UWC BSc(Hons) BSc Stell*  
M Moodley, MBChB *Natal MBA Cape Town*

### **Honorary Research Associates:**

T Alfaro-Velcamp, PhD MA *Georgetown University MSc London School of Economics BA Caltech*

### **Visiting Professors:**

L Baldwin-Ragaven, AB *USA MDCM CCFP FCFP Quebec*  
F Coomans, PhD *Maastricht MA (Human Rights) Italy*  
S Whittaker, MBChB MMed PhD *Cape Town FFCH SA*

### **Facilitators:**

D Aldera, BSocSci *Cape Town*  
R Banoobhai, BA (Hons) *Natal*  
M Botsis, BA *Rhodes Dip(HE) Stell*  
M Chinaka, BSocSci(Hons) *Cape Town*  
T Chuma, BA LLB LLM *Cape Town*  
G Cook, BScHons (Psychol) *UK*  
S Cotton, MA (Res Psychol) *Cape Town*  
L De Paulo, MA (Psychol) *Cape Town*  
L Dlamini, BSocSci (Hons) (SocWrk) *Cape Town*  
N Philander, MA (ClinPsych) *Cape Town*  
E Stern, MPH *Cape Town*

### **Registrars:**

V Appiah-Baiden  
N Jacob  
S Mabunda  
Z McConney  
K Rees  
G Silgram  
A Von Delft  
G Ward

### **Social and Behavioural Sciences**

*Level 3, Falmouth Building South*

### **Senior Research Officer and Head:**

C Colvin, BA *Virginia Tech MA PhD Virginia MPH Cape Town*

### **Associate Professors:**

D Cooper, BSocSci BA(Hons) PhD *Cape Town*  
J Harries, BA(Hons) MPhil MPH PhD *Cape Town*

### **Lecturer:**

A Swartz, BSocSci BA(Hons) MPH *Cape Town*

### **Honorary Associate Professors:**

A Harrison, BA *Penn MA MPH Johns Hopkins PhD LSHTM*  
M Lurie, PhD *John Hopkins MA Florida BA Boston*  
C Mathews, BA *UKZN BSocSci(Hons) MSc (ComHealth) PhD Cape Town*

**Honorary Senior Lecturer:**

C Morroni, MPhil MBChB *Cape Town* PhD (Epi) *Columbia* DTM&H LSHTM DFSRH  
D Peacock, BA(Hons) *California* MA (SocWrk) *San Francisco*

**Honorary Lecturer:**

T Shand, MA(Hons) *Glasgow* MSc (MPH) *London School of Hygiene and Tropical Medicine*

**Visiting Professor:**

S Guttmacher, MPhil PhD *Columbia*

**Facilitator:**

E Stern, MPH PhD *Cape Town*

**Health and Human Rights**

*Levels 1 and 3, Falmouth Building South*

**Senior Research Officer:**

T Boulle, BSc(OccTher) MPH *UWC*

**Research Officers:**

N Fick, BA(Hons) (Psychol) *Stell*

N Haricharan, MA(SocAnthrop) *Cape Town* MJournalism *Canada*

M Heap, PhD *Cape Town*

**Honorary Research Associates:**

M Richter, LL.M BA(Hons) BA *Witwatersrand* MA (International Peace) *USA*

J McLoughlin, MBChB MPH (Epi) *Cape Town*

**RESEARCH CENTRES/PROGRAMMES/UNITS:****Centre for Infectious Disease Epidemiology and Research (CIDER):**

*Level 5, Falmouth Building South*

*The Centre for Infectious Disease Epidemiology and Research 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, social scientists and public health specialists.*

*Areas of research include:*

- *Observational epidemiology: CIDER is an internationally recognized centre for observational research on HIV care and treatment in both adults and children. As part of this the Centre hosts a global project for cohort research on paediatric HIV treatment, houses a regional data centre for collaborative HIV cohort research in Southern Africa, and provides support not only to provincial and national HIV treatment initiatives but also to a range of individual projects. The Centre is also involved in a range of prospective HIV prevention studies, focused primarily on the prevention of mother-to-child transmission (PMTCT) of HIV and other aspects of maternal and child health.*
- *Health systems research: CIDER is involved in a number of projects that seek to identify novel service delivery approaches to strengthen services relating to antiretroviral therapy (ART), PMTCT, tuberculosis (TB), sexually transmitted infections (STI) and other services for priority conditions in this setting.*

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- *Health information systems: The Centre plays a central role in the development and evaluation of health information systems appropriate to the region, with particular emphasis on informatics to support ART, TB and PMTCT services.*
- *Mathematical modelling: CIDER personnel lead the development and application of mathematical modelling to help address key questions in the prevention and treatment of infectious diseases of interest, including HIV and STI.*

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

L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

### **Senior Clinical Research Officer and Deputy Director:**

M Davies, MBChB MMed *Cape Town* FCPHM SA

### **Associate Professors Full-time:**

A Boulle, MBChB PhD *Cape Town* MSc *London* PCPHM SA

D Coetzee, BA *Cape Town* MBCh DPH DTM&H DOH *Witwatersrand* FCPHM SA MSc (Epi) *Columbia*

### **Senior Clinical Research Officer Full-time:**

E Kalk, MBBCh *Witwatersrand* PhD *Birmingham* MRCP *London* DipHIVMan SA

### **Senior Research Officers Full-time:**

C Colvin, BA MA PhD *Virginia* MPH *Cape Town*

M Schomaker, Dip. Stat. Dr.rer.nat. *Munich*

K Stinson, MMus MPH PhD *Cape Town*

### **Clinical Research Officer Part-time:**

R de Waal, MBChB *Cape Town* DipPharmMed *UK*

### **Research Officers Full-time:**

M Cornell, MPH *Cape Town*

L Johnson, BBusSc PGDipActSc PhD *Cape Town*

M Osler, BS *Colorado* MPH *Cape Town*

### **Research Officer Part-time:**

K Hilderbrand, BSc *Sussex* MSc *London*

### **Honorary Professor:**

J McIntyre, MBChB *Zimbabwe* FRCOG

### **Honorary Senior Lecturer:**

D Pienaar, MBChB MMed *Cape Town* FCPHM SA

E Goemare, MSc MD DTMH *Belgium* DSc h.c. *Cape Town*

### **Honorary Research Associates:**

N Ford, BSc *Warwick* DHA *Liverpool* MPH *Cape Town* PhD *Simon Fraser*

G van Cutsem, BSc *FNDP* *Namur* MD *UCL* *Brussels* DTM *ITM* *Antwerp* MPH *Cape Town*

### **Visiting Professors:**

T Rehle, MD *Munich* MPH *London* PhD *Antwerp*

M Egger, MD *Bern* FFPH MSc *London* DTM&H *Basel*

**Centre for Environmental and Occupational Health Research (CEOHR)**

*Level 4, Falmouth Building South*

*The Centre, a WHO collaborating centre in occupational health since 2005, was upgraded in 2009, following its initial establishment as a research unit in 1993. The core objectives of the Centre are:*

- *To be a principal centre of occupational and environmental health research, teaching and training occupational medical clinical services, policy advisor, technical consultant services, advocacy and a source of supportive outreach activities in South Africa, in the Southern and Eastern regions of Africa, in Africa more generally, and internationally;*
- *To conduct multidisciplinary research, teaching and service provision integrating laboratory, clinical, epidemiological and policy skills in relation to 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 solutions;*
- *To explore and develop means of maintaining the health of individuals and the environment, especially 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 and 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 local and global networks for environmental and occupational health promotion through collaboration with United Nations and other agencies; and*
- *To implement the results of research in teaching, training, policy, service provision and outreach.*

**Associate Professor and Director:**

MA Dalvie, BSc BSc(Med)(Hons) MSc (Med) PhD *Cape Town*

**Associate Professor and Deputy Director:**

H-A Rother, BA MA PhD *Michigan*

**Professors:**

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (OccMed) *SA*

M F Jeebhay, MBChB *UKZN* DOH MPhil (Epi) *Cape Town* MPH (OccMed) PhD *Michigan*

L London, MBChB MMed MD *Cape Town* BScMed(Hons) DOH *Witwatersrand*

**Professor Part-time:**

M L Thompson, BSc(Hons) *Natal* PhD *Gottingen*

**Emeritus Professor:**

J E Myers, BSc MBChB MD *Cape Town* DTM&H MFOM *UK*

**Research Officer:**

Z Holtman, MA (ResPsychology) PhD *Cape Town*

**Research Co-ordinator:**

R Baatjies, BTech MTech *CPUT* MPH *Witwatersrand* PhD *Cape Town*

**Honorary Research Associates:**

R Matzopoulos, BBusSci MPhil (Epi) PhD *Cape Town*

A Saban, BSc (Zoo & Psych) BSc(Hons)(Psych) MA (ResPsych) PhD *Cape Town*

H Williams, MBChB DOH MMed *Cape Town* FCPHM (OccMed) *SA*

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### **Other Staff:**

M A De Souza, MBChB MMed (PubHMed) *Cape Town* FCPHM (OccMed) SA

### **Health Economics Unit**

*Falmouth Annex*

*The Health Economics Unit (HEU) works to improve the performance of health systems through 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, health policy 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 Africa; and*
- *To provide technical support to facilitate the translation of health policies into practical programmes.*

### **Senior Lecturer and Director:**

E Sinanovic, BSc (Econ) *Zagreb* DipFinMg) *Maastricht* MCom (HealthEcon) *Cape Town*  
PhD (Health Econ) *London*

### **Professor:**

D McIntyre, BCom(Hons) (Econ) MA (Econ) PhD *Cape Town*

### **Associate Professor:**

S Cleary, BA *Grahamstown* BA(Hons)(Econ) MA (Econ) PhD *Cape Town*

### **Senior Lecturers:**

J E Ataguba, BSc (Econ) *Nigeria* MPH (HealthEcon) PhD (Econ) *Cape Town*  
A Honda, BA (Sociol) MSc (IntHealth) *Tokyo* PhD (HealthEcon) *London*

### **Lecturer:**

V Govender, MCom (HealthEcon) *Cape Town* MPH (InternatHealth) *Boston*

### **Research Officers:**

O A Alaba, BSc (Econ) MSc (Econ) PhD (Econ) *Ibadan*  
M Orgill, BAdmin (Econ&PubAdmin) BAdmin(Hons)(Econ) MPhil (PubPolicy) *Cape Town*

### **Post-doctoral Fellow:**

F Meheus, MSc (ApplEcon) *Antwerp* MSc (HealthEcon) *Rotterdam* PhD *Nijmegen*

### **Junior Research Fellows:**

N Foster, BPharm *Port Elizabeth* MPH (HealthEcon) *Cape Town*  
L Cunnam, BSc (Physio) MPH (HealthEcon) *Cape Town*

### **Women's Health Research Unit**

*Level 3, Falmouth Building South*

*The Women's Health Research Unit (WHRU) was established in the Faculty of Health Sciences at the University of Cape Town (UCT) in 1996. The Unit is involved in research, teaching and technical health service support in the area of women's health and gender and health. It is made up of a multidisciplinary team of researchers with expertise in public health, epidemiology, sociology and anthropology. The overall aim of the Unit is to improve the health of women through research that informs policy and practice.*

**Objectives**

- *Act as a centre for women's health research in South Africa*
- *Conduct multidisciplinary and translational research in high priority areas*
- *Conduct health systems research aimed at influencing policy*
- *Support the public health sector*
- *Develop capacity in the field of women's health, and gender and health*
- *Be involved in advocacy efforts*
- *Network and collaborate nationally and internationally*

*The research focus can be summarized in terms of the following four thematic areas:*

- 1) *Socio-behavioural research*
- 2) *Health services operational research*
- 3) *Quantitative/epidemiological research*

*The Unit has established a model of work that is consultative and socially responsive and at the same time scientifically rigorous. Its strong links with government departments, communities and non-governmental organisations (NGOs), enables the voices of diverse stakeholders to be heard in both describing the issues and shaping solutions. The focus on women's health is aligned with national and international concerns in addressing the health needs of women.*

**Associate Professor and Director:**

J Harries, BA(Hons) MPhil MPH PhD *Cape Town*

**Associate Professors:**

D Cooper, BSocSc BA(Hons) PhD *Cape Town*

C Mathews, BA(Hons) MSc (Med) PhD *Cape Town*

J Moodley, MBChB *Natal* MMed PhD *Cape Town*

**Emeritus Associate Professor:**

M Hoffman, BScMed (Hons) MBChB DCM *Cape Town*

**Senior Researcher:**

D Constant, BSc (Physio) BSc(Hons) MSc (Med) MPH *Cape Town*

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## **RADIATION MEDICINE**

*L-Block, Groote Schuur Hospital*

### **Professor and Head:**

R Abratt, MBChB *Pret* MMed *Cape Town* FCRadOnc SA

### **Medical Physics**

*L-Block, Groote Schuur Hospital*

### **Head:**

H Burger, BSc(Hons) MSc (MedPhys) *Pret*

### **Lecturers:**

T C Kotze, PhD *Stell*

H Mac Gregor, BSc(Hons) *Stell*

C Trauernicht, BSc(Hons) MSc (Med) *Cape Town*

N Willemsse (Joubert), BMedSc(Hons) MMedSc (MedPhys) *UFS*

### **Nuclear Medicine**

*C4/C3, New Groote Schuur Hospital*

### **Head of Division and Senior Lecturer Full-time:**

T Kotze, MBCh *Witwatersrand* FCNP SA

### **Consultants:**

A Brink, MBChB *Pret* DCH FCNP SA MMed (NucMed) *Cape Town*

R Steyn, MBChB *UFS* FCNP SA

### **Paediatric Radiology**

*B3, Red Cross Children's Hospital*

### **Senior Lecturers Full-time:**

T N Kilborn, MBChB *Cape Town* FRCR UK

N A Wieselthaler, MBChB *Cape Town* FCRadDiag SA

### **Lecturer Full-time:**

E Banderker, MBChB *Cape Town* FCRadDiag SA

### **Radiation Oncology**

*L-Block, Groote Schuur Hospital*

### **Professor and Head:**

R Abratt, MBChB *Pret* MMed *Cape Town* FCRadOnc SA

### **Senior Lecturers Full-time:**

A J Hunter, BSc(Med)(Hons) PhD *Cape Town*

Z Mohamed, MBChB *Stell* MMed *Cape Town*

J Parkes, MBChB *Cape Town* FCRadOnc SA

A L van Wijk, MBChB *Cape Town* FCRadOnc SA

H Simonds, MBChB PGDip (HealthEcon) *Cape Town* MRCP FRCR UK

H Burger, MBChB *Cape Town* FCRadOnc SA

**Lecturers Full-time:**

S Dalvie, MBChB *Cape Town* FCRadOnc SA MMedRadOnc UFS  
A S Hendrikse, BSc(Hons) PhD *Cape Town*  
B Robertson, MBChB *Cape Town* FCRadOnc SA  
J Wetter, MBChB *Cape Town* FCRadOnc SA MMedRadOnc UFS

**Radiology**

*C16, New Grootte Schuur Hospital*

**Professor and Head:**

S J Beningfield, MBChB *Cape Town* FFRadDiag SA

**Senior Lecturers Full-time:**

N Ahmed, MBChB *Cape Town* FCRadDiag SA  
S E Candy, BSc HDE MBChB *Cape Town* FFRadDiag SA  
R M Seggie, MBChB *Cape Town* FFRadDiag SA

**Senior Lecturer Part-time:**

H T Goodman, MBChB *Cape Town* MPraxMed *Pret* MFGP FFRadDiag SA FRCR UK

**Lecturers Full-time:**

N Abdurahman MBChB *Cape Town* FCRad(Diag) SA  
D Chhiba, MBChB *Cape Town* FCRadDiag SA  
T Hartley MBChB *Cape Town* FCRad(Diag) SA  
Q Said-Hartley MBChB *Cape Town* FCRad(Diag) SA  
G Sudwarts, MBChB *Cape Town* FCRad(Diag) SA

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## **SURGERY**

*J Floor, Old Main Building, Grootte Schuur Hospital*

### **Professor and Head:**

D Kahn, MBChB *Birmingham* ChM *Cape Town* FCS *SA*

### **Emeritus Professors:**

P C Bornman, MMedSurg FRCS Ed FCS *SA* FRCS *Glasgow*

D M Dent, MBChB ChM *Cape Town* FCS *SA* FRCS *UK* FRCPS *Glasgow* (Hon)

J E J Krige, MBChB MSc *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)

### **Cardiothoracic Surgery (Chris Barnard Division of Cardiothoracic Surgery)**

*Grootte Schuur Hospital, Red Cross Children's Hospital; Cape Heart Centre Medical School*

*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 Grootte Schuur Hospital and Red Cross Children's Hospital. In addition, this Division is the only academic unit that provides cardiac transplantation in South Africa. This Division also has an active laboratory research programme centering on the development of an 'easy to implant' synthetic heart valve for developing countries; myocardial regeneration, restenosis and angiogenesis in tissue engineering.*

### **Chris Barnard Chair of Cardiothoracic Surgery and Head:**

P Zilla, MD *Vienna* DMed *Zurich* PhD *Cape Town* PD *Vienna* FCS *SA*

### **Associate Professors Full-time:**

D Bezuidenhout, PhD

J G Brink, MBChB *Cape Town* FCS *SA*

J Hewitson, MBChB *Cape Town* FCS *SA*

### **Associate Professor Part-time:**

A Linegar, MBChB *Cape Town* PhD *UFS* FCS *SA*

### **Senior Lecturers Full-time:**

A Brooks, MBChB *Stell* FCS *SA*

N Davies, PhD

P Human, PhD *Cape Town*

J Scherman, MBChB *Cape Town* FCS *SA*

### **Senior Lecturers Part-time:**

W Lichtenberg, MBChB MMed *Cape Town*

L Moodley, MBChB *Natal* FCS *SA*

J Rossouw, MBChB PhD FCS *SA*

### **Emergency Medicine**

*Metro EMS, Karl Bremer Hospital*

### **Professor and Head:**

L Wallis, MBChB FRCS (A&E) *Edinburgh* MD DIMCRCS DipSportMed *Glasgow* FCEM *UK*  
FCEM *SA* FIFEM

**Senior Lecturer:**

T Welzel, MBChB *Cape Town* DipPEC HDipIntMed DipHIVMan DipForMed (ClinPath) SA  
DTM&H *Pret* BSc(Med)(Hons) (DivingMed) MSc(Med)(ClinEpi) *Stell* EMDM *Novara*

**Lecturers (Joint Staff):**

K Cohen, MBChB MMed (EM) *Cape Town*  
D Fredericks, MBChB *Cape Town* FCEM SA  
H Geduld, MBChB MMed (EM) *Cape Town* DipPEC FCEM SA  
AM Kropman, MBChB *Cape Town* FCEM SA

**Honorary Senior Lecturer:**

H Lamprecht, MBChB *Stell* DAnaes *London* FCEM SA FCEM UK  
W Smith, MBChB *Cape Town* EMDM

**Honorary Lecturers:**

S R Bruijns, MBChB *Pret* DipPEC SA  
B Cheema, MB BS BSc (Psychology) MRCPCH *London* DTM&H *Liverpool*  
S de Vries, MBChB MPhil(EM) *Cape Town* DipPEC SA  
J du Toit, BSc BSc(Hons) MSc PhD *Witwatersrand* MHRP SA BPP  
S Lahri, MBBCh *Witwatersrand* FCEM SA  
J Malan, MBChB *Pret* DipPEC FCEM SA  
I Maconochie, MB BS FRCPCH PhD *London* FCEM UK FRCPI *Ireland*  
S Le Roux, BSc MBChB *Cape Town*  
M Stander, MB BCh *UJ* MMed(EM) *Cape Town*  
K Vallabh, MBBCh *Witwatersrand* FCEM SA  
N van Hoving, MBChB *UFS* DipPEC SA MMed(EM) MSc(Med)(ClinEpi) *Stell*

**General Surgery**

*J-Floor, Old Main Building, Grootte Schuur Hospital*

**Professor and Head:**

D Kahn, MBChB *Birm* ChM *Cape Town* FCS SA

**Professors:**

A Mall, BSc(Med)(Hons) MSc *Cape Town* PhD *Newcastle-upon-Tyne*  
A J Nicol (Head: Trauma Unit) MBChB *Cape Town* FCS SA

**Emeritus Professors:**

P C Bornman, MMedSurg FRCS Ed FCS SA FRCS *Glasgow*  
D M Dent, MBChB ChM *Cape Town* FCS SA FRCS UK FRCPS *Glasgow* (Hon)  
J E J Krige, MBChB MSc *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)

**Associate Professors:**

P A Goldberg (Head: Colorectal Unit), MBChB MMed *Cape Town* FCS SA  
P Navsaria, MBChB MMed *Cape Town* FCS SA  
E Panieri (Head: Oncology, Endocrinology) MBChB MMed *Cape Town* FCS SA

**Senior Lecturers Full-time:**

M Bernon, MBBCh *Witwatersrand* FCS SA CertGastro  
A B T Boutall, MBBCh *Stell* FCS SA CertGastro  
S Burmeister, MBChB *Cape Town* FCS SA CertGastro  
L Cairncross, MBChB *Cape Town* FCS SA

## 196 SURGERY

G Chinnery, MBChB *Witwatersrand* MMed FCS SA CertGastro  
S Edu, Dip in Medicine *Romania* FCS SA  
J H Klopper, MBChB *Pret* MMed (Surg) *UFS* Cum laude  
J C Kloppers, MBChB *Stell* DipPEC FCS SA MRCS FRCS (GenSurg) *Edinburgh*  
E Muller, MBChB *Pret* MMed *Cape Town* MRCS FCS SA  
N G Naidoo (Head: Vascular Unit), MBChB *UKZN* FCS SA  
D A Thomson, MBChB *UKZN* FCS SA MMed *Cape Town*  
C Warden, MBChB *Cape Town* MMed FCS SA

### Adjunct Professor:

R J Baigrie, BSc MD *Cape Town* FRCS UK

### Senior Lecturers Part-time:

H F Allison, MBChB *Cape Town* FRCS *Edinburgh* FCS SA  
D Anderson, MBChB *Cape Town* FCS SA  
S N R Cullis, MBChB *Cape Town* FCS SA FRCS *Edinburgh*  
C Dreyer, MBChB *Pret* FCS SA  
K J Goldberg, MBChB *Cape Town* FCS SA  
M Hewat, MBChB *Cape Town* FCS SA  
M V Madden, MBChB *Cape Town* FCS SA FRCS UK FRCS *Edinburgh*  
P J Matley, MBChB *Cape Town* FCS SA  
K Michalowski, MD *Poland* FCS SA  
A J Ndhuni, MBChB *Zimbabwe* FCS SA  
H Spilg, ChM *Cape Town* FCS SA  
J A Tunncliffe, MBChB *Cape Town* FCS SA  
H I Yakoob, MBChB *Cape Town* FCS SA

### Neurosurgery

*H53, Old Main Building, Groote Schuur Hospital*

### Helen & Morris Mauerberger Professor and Head:

A G Fieggen, BSc(Med) MBChB MD *Cape Town* MSc *London* FCS SA

### Emeritus Professors:

J C Peter, MBChB *Cape Town* FRCS *Edinburgh*  
J C de Villiers, MD *Cape Town* MD *Stell* DSc *UWC* FRCS UK FRCS *Edinburgh*

### Professors:

A A Figaji, MBChB MMed PhD *Cape Town* FCNeuroSurg SA  
P L Semple, MBChB MMed PhD *Cape Town* FCS SA

### Honorary Professors:

P Siesjö, MD PhD *Lund*  
M J A Wood, MBChB *Cape Town* DPhil *Oxon*

### Associate Professors:

D E J Le Feuvre, MBChB MMed *Cape Town* MSc *Paris/Mahidol* FCS SA  
A G Taylor, MBBCh *Witwatersrand* MMed *Cape Town* MSc *Paris/Mahidol* FCS SA

### Senior Lecturers:

L C Padayachy, MBChB *Pret* FCNeuroSurg SA MMed *Cape Town*  
S J Röthemeyer, MBBCh *Witwatersrand* FCNeuroSurg SA

**Senior Lecturers Part-time:**

N D Fisher-Jeffes, MBChB *Stell* FCS SA  
 C F Kieck, MBChB *Stell* MD *Cape Town* FCS SA  
 R L Melvill, MBChB *Cape Town* FCS SA  
 S A Parker, MBChB *Cape Town* FCS SA  
 D G Welsh, MBChB *Cape Town* FRCS *London* FCS SA  
 G A White, MBChB *Cape Town* FCS SA

**Lecturer:**

C Thompson, MBChB MMed *Cape Town* FCNeuroSurg SA

**Senior Research Officer:**

N G Langerak, BSc (Physio) MSc (HumMovSci) PhD (BiomedEng)

**Postdoctoral Fellow:**

U Rohlwink Neuroscience Postdoctoral Research Fellow, Division of Neurosurgery

**Ophthalmology**

*H52, Old Main Building, Groote Schuur Hospital*

**Morris Mauerberger Professor of Ophthalmology and Head:**

C Cook, MBChB MPH *Cape Town* FCS(Ophth) SA FRCOphth

**Emeritus Professor:**

A Murray, MBChB *Witwatersrand* FRCS *Edinburgh* FRCOphth

**Senior Lecturers Full-time:**

N du Toit, MBChB *Cape Town* DipOphth FCSOphth SA  
 K Lecuona, MBChB *Cape Town* FCSOphth SA  
 T Pollock, MBChB *Cape Town* FCSOphth SA  
 J Rice, MBChB *Witwatersrand* FCSOphth SA  
 J Steffen, MBChB *Stell* FCSOphth SA  
 C Tinley, MBChB *Cape Town* FCSOphth

**Director: Community Eye Health Programme**

D Minnies, NHDMT(Haematology) SA MPH *Cape Town*

**Senior Lecturers Part-time:**

E Albrecht, MBChB *Stell* FCSOphth SA  
 M Attenborough, MBChB *Witwatersrand* FRCOphth  
 N Cockburn, MBChB *Cape Town* FCSOphth SA  
 J de Villiers, MBChB *Cape Town* FCSOphth SA  
 R Grötte, MB BS *Newcastle* FRCS *Edinburgh* DO RCP *London* RCS UK  
 D Harrison, MBChB *Cape Town* FCSOphth SA  
 F J Kupper, MBChB MMed *Cape Town* DO RCP *London* RCS UK  
 A Perrott, MBChB *Cape Town* FCSOphth SA  
 P Steven, MBChB *Cape Town* DOMS RCP *London* RCS UK  
 K Suttle, MBChB *Cape Town* FCSOphth SA  
 H van Velden, MBChB *Stell* FCSOphth SA

**Orthopaedic Surgery**

*H49 Old Main Building, Grootte Schuur Hospital*

**Pieter Moll & Nuffield Professor of Orthopaedic Surgery and Head:**

R Dunn, MBChB MMed *Cape Town FCSOrth SA*

**Emeritus Professor:**

J Walters, MBChB *Cape Town FCSOrth SA*

**Emeritus Associate Professor:**

E B Hoffman, MBChB *Stell FCSOrth SA*

**Senior Lecturers Full-time:**

S Dix-Peek, MBBCh *Witwatersrand FCSOrth SA MMed Cape Town*

I Koller, MBChB *Pret FC Orth SA MMed (Orth) Cape Town*

N Kruger, MBChB *Cape Town FCSOrth SA*

S Maqungo, MBChB *Natal FCSOrth SA*

G McCollum, MBChB MMed *Cape Town DIP PEC FCSOrth SA*

S Mears, MBChB *Stell FCSOrth SA*

S Roche, MBChB *Cape Town LMCC Canada FCSOrth SA*

P Rowe, MBBCh *Witwatersrand FCSOrth SA*

M Solomons, MBChB *Cape Town FCSOrth SA*

**Senior Lecturer Five-eighths:**

G Grobler, MBChB MMed *Cape Town FRCS Edinburgh FCS (Orth) SA*

**Senior Lecturers Part-time:**

S Carter, MBChB *Cape Town FCSOrth SA*

B Dower, MBChB *Cape Town FCSOrth SA*

P Ehlers, MBChB *Stell FCSOrth SA*

H Hobbs, MBChB *Cape Town DipPEC FCSOrth MMed (Orth) SA*

K V Hosking, MBChB *Cape Town FCSOrth SA*

P Makan, BSc(Med) MBChB MMed *Cape Town FCSOrth SA*

D McGuire, MBChB *Witwatersrand MMed Cape Town FCSOrth SA*

P Polley, MBChB *Cape Town FCSOrth SA*

L T Sparks, MBChB *Cape Town FRCS UK*

R Von Bormann, MBChB *Cape Town FCSOrth DA SA*

C White, MBChB *UOFS MRCS FCSOrth SA MMed (Orth) Cape Town*

**Honorary Senior Lecturers:**

B Bernstein, MBBCh *Witwatersrand FCSOrth SA*

D Engela, MBChB *Pret FCSOrth SA*

B C Vrettos, MBChB *Zimbabwe FRCS England MMed Cape Town FCSOrth SA*

**Honorary Lecturers:**

R K Marks, MBChB *Cape Town FRCS (Ed) FCSOrth SA CIME*

Martin, MBChB *Cape Town FCSOrth SA*

W M van der Merwe, MBChB *UOFS Social Studies Oxon BMedSci(Hons) (Sport) Cape Town FCSOrth SA*

**Otorhinolaryngology**

*H53, Old Main Building, and Ward F8, Grootte Schuur Hospital, Red Cross War Memorial Children's Hospital and New Somerset Hospital*

**Leon Goldman Professor of Otorhinolaryngology and Head:**

J J Fagan, MBChB MMed *Cape Town FCS SA*

**Emeritus Professor:**

SL Sellars, FRCS FCS *SA*

**Senior Lecturers Full-time:**

G J Copley, MBChB *Cape Town FCSOtol SA*

O Edkins, MBChB *Witwatersrand FCSOtol SA*

T Harris, MBChB *Cape Town FCSOtol SA*

D E Lubbe, MBChB *Stell FCSOtol SA*

**Lecturer Five-eighths:**

E Meyer, MBChB *Pret FCSOtol SA*

**Lecturers Part-time:**

M D Broodryk, MBChB *Stell FCSOtol SA*

P J de Waal, MBChB *Cape Town FCSOtol SA*

L Nel, MBChB *Pret FCS SA*

P S Traub, MBChB *Witwatersrand FCSOtol SA*

M J R R Vanlierde, MBChB *Cape Town FCSOtol SA*

A van Lierop, MBChB *Stell FCSOtol SA*

**Paediatric Surgery**

*Institute of Child Health, Red Cross Children's Hospital, Rondebosch*

**Charles F M Saint Professor of Paediatric Surgery and Head:**

A Numanoglu, MBChB *Turkey FCS SA*

**Professors:**

A A Figaji, MBChB MMed PhD *Cape Town FCNeurosurg SA*

A B van As, MBChB *Netherlands FCS SA PhD Cape Town MBA SA*

**Adjunct Professor:**

R A Brown, MBChB *Cape Town MPhil (Ancient Cultures) Stell DCH SA FRCS Edinburgh FCSSurg SA*

**Emeritus Professors:**

M R Q Davies, MBChB *Pret MMed (Surg) FCS SA FRCS UK & Edinburgh*

A J W Millar, MBChB *Cape Town FRCS UK FRCS Edinburgh FRACS DCH (RCP&Seng) FCS SA*

H Rode, MBChB *Pret MMed (Surg) FRCS Edinburgh FCS SA*

**Associate Professor:**

J Lazarus, MBChB *Cape Town FCS (Urol) SA*

**Senior Lecturers:**

S Adams, MBChB *Cape Town FC(Plast&ReconSurg) SA*

A Alexander, MBChB *Witwatersrand FCS SA CertPaedSurg SA*

G Copley, MBChB *Cape Town FCSOtol SA*

## 200 SURGERY

S G Cox, MBChB *Cape Town* FCS SA CertPaedSurg SA  
S Dix-Peek, MBChB *Cape Town* FCSOrth SA  
L C Padayachy, MBChB *Pret* FCSNeurosurg SA MMed *Cape Town*  
T Pollock, MBChB *Cape Town* FCSOphth  
C Tinley, MBChB *Stell* FRCOphth

### **Research Social Worker:**

R Albertyn, BSocSc(MW) *UFS* BA(Hons)(GMW) *Stell* PhD *Cape Town*

### **Child Accident Prevention Foundation of Southern Africa (Childsafe):**

P Nyakaza, BA (SocWrk) *UWC*

### **Senior Medical Technologist:**

J Raad, DipMedTech(Microbiol)(Haem) *UJ*

### **Plastic, Reconstructive and Maxillo-facial Surgery**

*F16, New Grootte Schuur Hospital*

### **Associate Professor and Head:**

D A Hudson, MBChB MMed *Cape Town* FCS SA FRCS

### **Consultants Full-time:**

K G Adams, MBChB *Cape Town* FC Plast(Plast&ReconSurg) SA

S Adams, MBChB *Cape Town* FC Plast(Plast&ReconSurg) SA

### **Senior Lecturers Part-time:**

D B Fernandes, MBChB FRCS *Edinburgh*

S Geldenhuys, MBChB FCS SA

A Landau, MBChB *Cape Town* FCS SA

D Lazarus, MBChB *Cape Town* FCS SA

R Lechtape-Grüter, MD MMed *Cape Town*

S Meintjes, MBChB MMed *Cape Town*

C Pienaar, MBChB *UOFS* FCS SA

P J Skoll, MBChB *Cape Town* FRCS FCS SA

L B van Oudenhove, MBChB *Cape Town* FCS SA

J E 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:**

G Kariem, BChD *UWC* MChD MFOS *Stell*

### **Maxillo-facial and Oral Surgery: Part-time Consultants:**

G J Hein, BChD MChD *UWC*

G Kariem, BChD *UWC* MChD MFOS *Stell*

### **Maxillo-facial Prostheticist:**

R Goolam, BDChD MChD

### **Dentists:**

S Aniruth, BChD *UWC*

A Kassan, BDS *RAU*

S Singh, BChD *UWC* BSc *UKZN*

**Maxillo-facial Prosthetics Technologist:**

R Wallis, DipDentTech SA CertAdvOrthod&MaxilloFacialTech

**Surgical Gastroenterology**

E23, New Main Building, Groote Schuur Hospital

**Professor and Head:**

J E J Krige, MBChB MSc (Med) Cape Town FCS SA FACS FRCS

**Associate Professor and Head Colorectal Clinic:**

P A Goldberg, MBChB Cape Town FCS SA

**Senior Lecturers:**

M Bernon, MBChB *Witwatersrand* FCS SA Cert Gastroenterology

A B T Boutall, MBChB *Stell* FCS SA Cert Gastroenterology

S Burmeister, MBChB *Cape Town* FCS SA Cert Gastroenterology

G Chinnery, MBChB *Witwatersrand* MMed FCS SA Cert Gastroenterology

**Urology**

E26, New Groote Schuur Hospital

**Head:**

J M Lazarus, MBChB *Cape Town* FCSUrol SA

**Emeritus Associate Professor:** (subject to approval at time of print).

R D Barnes, MBChB *Cape Town* FCSUrol SA

**Senior Lecturers Part-time:**

L A Aldera, MBChB *Cape Town* FCSUrol SA

T M Borchers, MBChB *Cape Town* FCSUrol SA

K S Jehle, MBChB *UFS* MRCS (Eng) FCSUrol SA

**Senior Lecturers Full-time:**

L Kaestner, MBChB *Stell* FCSUrol SA MMed *Cape Town*

J M Lazarus, MBChB *Cape Town* FCSUrol SA

S Sinha, MB BS *Ranchi*, HDipSurg FCSUrol SA FRCS *Glasgow*

S G Smit, MBChB *Stell* FCSUrol SA

**RESEARCH STRUCTURES****Cardiovascular Research Unit**

*Third Floor, Chris Barnard Building, Faculty of Health Sciences*

*The Cardiovascular Research Unit is an integral part of the Division of Cardiothoracic Surgery. As such, it provides postgraduate training in the disciplines of Biomaterials, Cardiothoracic Surgery and Computational Biomechanics. Both MSc(Medicine) and PhD degrees by dissertation are offered in these disciplines.*

*Laboratory-based research is carried out in the fields of biomaterials, myocardial regeneration, cardiovascular biomechanics, regenerative vascular grafts and tissue engineering.*

## 202 SURGERY

**Professor and Director:**

P Zilla, MD PD *Vienna* DMed *Zurich* PhD *Cape Town*

**Deputy Director:**

P Human, PhD *Cape Town*

**Associate Professor:**

T Franz, PhD *Bremen*

**Associate Professor Part-time:**

A Linegar, MBChB PhD FCS *SA*

**Senior Lecturers:**

D Bezuidenhout, PhD *Stell*

N H Davies, PhD *Cape Town*

**Laboratory Assistant:**

R Michaels

**Community Eye Health Institute**

*H53, Old Main Building*

*The Community Eye Health Institute provides postgraduate training in community eye health. Both a PGDip and an MPH (community eye health) track are offered.*

*Support for programme planning and programme evaluation is provided for blindness prevention programmes in a number of African countries.*

**Director:** D Minnies MPH

# ADDITIONAL INFORMATION

## FORMULAE FOR UNDERGRADUATE DEGREES WITH HONOURS AND DISTINCTION

*[Under review at time of print]*

		POINTS TOWARD HONOURS AND DISTINCTION		
		FIRST 75%+	UPPER 2ND 70-74%	LOWER 2ND 60-69%
<b>FIRST YEAR</b>				
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
HUB1006F	Integrated Health Sciences Part I	8	6	3
HUB1007S	Integrated Health Sciences Part II	8	6	3
	<b>Maximum points for first year examinations</b>	<b>32</b>		
<b>SECOND YEAR</b>				
HUB2017H	Integrated Health Systems Part IA	12	10	5
LAB2002S	Integrated Health Systems Part IB	8	6	3
PPH2000W	Becoming a Doctor Part IA	10	8	4
SLL2002H	Becoming a Doctor (languages) Part IB	6	4	2
Special Study Module		4	2	1
	<b>Maximum points for second year examinations</b>	<b>40</b>		
<b>THIRD YEAR</b>				
LAB3009H	Integrated Health Systems Part II	12	10	5
PPH3000H	Becoming a Doctor Part IIA	6	4	2
SLL3002H	Becoming a Doctor(languages) Part IB	6	4	2
MDN3001H	Introduction to clinical Practice	14	12	6
	<b>Maximum points for third year examinations</b>	<b>38</b>		
<b>FOURTH YEAR</b>				
MDN4011W	Medicine	12	10	5
OBS4003W	Obstetrics & Gynaecology	6	4	2
PPH4013W	Public Health	4	2	1
PPH4043H	Health Promotion	4	2	1
PRY4000W	Psychiatry	6	4	2
MDN4015W	Pharmacology& Applied Therapeutics	4	2	1
SLL3003W	Clinical Languages	2	1	0.5
	<b>Maximum points for fourth year examinations</b>	<b>38</b>		

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		POINTS TOWARD HONOURS AND DISTINCTION		
		FIRST 75%+	UPPER 2ND 70-74%	LOWER 2ND 60-69%
<b>FIFTH YEAR</b>				
AAE5000H	Anaesthesia	6	4	2
CHM5003W	Surgery	8	6	3
CHM5004H	Trauma	2	1	0.5
CHM5005H	Orthopaedic Surgery	2	1	0.5
LAB5008H	Forensic Medicine	4	2	1
MDN5002W	Medical & Surgical Specialities	8	6	3
MDN5003H	Pharmacology & Applied Therapeutics	4	2	1
OBS5000W	Obstetrics & Gynaecology	4	2	1
PED5001W	Paediatrics and Child Health	10	8	4
	<b>Maximum points for fifth year examinations</b>	<b>52</b>		
<b>SIXTH YEAR</b>				
MDN6000W	Medicine (including Allied Disciplines)	10	8	4
OBS6000W	Obstetrics and Gynaecology	10	8	4
PED6000W	Paediatrics and Child Health	10	8	4
CHM6000W	Surgery	10	8	4
PPH6000W	Family Medicine and Palliative Medicine	6	4	2
PRY6000W	Psychiatry	6	4	2
	<b>Maximum points for sixth year examinations</b>	<b>52</b>		
Maximum points for clinical examinations (years 1 to 3)		110		
Maximum points for clinical examinations (years 4 to 6)		142		
Maximum overall points (years 1 to 6)		252		

Award	Criteria	Minimum Point Score
Distinction in the basic sciences	Student must score at least 80% of the maximum points for the preclinical examinations	88 out of 110
Distinction in the clinical sciences	Student must score at least 75% of the maximum points for the clinical examinations	106 out of 142
Award of degree with honours	Student must achieve an overall point score of at least 75% of the maximum overall points	189 out of 252
Award of degree with first class honours	Student must achieve an overall point score of at least 85% of the maximum overall points	214 out of 252

For students who transfer from other universities/faculties, an average will be allocated for their previous courses, based on achievement at UCT. "Repeat" results do not count.

## **Health and Rehabilitation Sciences:**

### **BSc Audiology and BSc Speech-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%.

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

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

### **MEDALS**

#### **MBChB**

Class medal for best overall performance in  
PPH1001F Becoming a Professional, and  
PPH1002S Becoming a Health Professional

Class medal for best overall performance in  
HUB1006F Introduction to Integrated Health Sciences Part I, and  
HUB1007S Introduction to Integrated Health Sciences Part II

Class medal for best overall performance in  
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 in  
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  
PPH2000W Becoming a Doctor Part IA, and  
SLL2002H Becoming a Doctor Part IB, and  
PPH3000H Becoming a Doctor Part IIA, and  
SLL3002H Becoming a Doctor Part IIB

Final year class medal for best overall performance in  
PRY6000W Psychiatry

Final year class medal for best overall performance in  
OBS6000W Obstetrics and Gynaecology

Final year class medal for best overall performance in

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MDN6000W Medicine (including Allied Disciplines)

Final year class medal for best overall performance in  
CHM6000W Surgery

Final year class medal for best overall performance in  
PED6000W Paediatrics and Child Health

Final year class medal for best overall performance in  
PPH6000W Family Medicine and Palliative Medicine

Gold medal for overall top performance throughout the MBChB programme

## HEALTH & REHABILITATION SCIENCES

### BSc Occupational Therapy:

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

### BSc Physiotherapy:

- (a)
- (i) A class medal to be awarded for best performance in each year of study (provided an average of 75% or above is obtained);
  - (ii) A class medal to be awarded at the end of final year in the following three professional courses, provided a result of 75% or above has been obtained in each case:
    - AHS4065W Clinical Physiotherapy III
    - AHS4071H Applied Physiotherapy III
    - AHS3076H Movement Science III
- (b) Distinction for the degree: Overall average of 75% throughout all four years of study.

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

- (a)
- (i) A class medal to be awarded for best performance in each year of study (provided an average of 75% or above is obtained);
  - (ii) A class medal to be awarded for the best clinical performance in the following courses provided a result of 75% is obtained in each case:
    - AHS3004H Clinical Speech Therapy II (third year BSc Speech-Language Pathology);

- AHS3008H Clinical Audiology II (third year Audiology);
- AHS4005H Clinical Speech Therapy IIIA and AHS4006H Clinical Speech Therapy IIIB (combined) (fourth year Speech-Language Pathology)
- AHS4008H Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB (combined) (fourth year Audiology).

(b) Distinction for degree: Overall average of 75% throughout all four years of study.

## **DEAN'S MERIT LIST**

### **MBChB**

- 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**

- 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).
- 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.

## **GENERAL NAMED PRIZES**

BARNARD FULLER PRIZE	For the best student qualifying for MBChB with first class honours.
FORMAN PRIZE	For the undergraduate student who has made a special contribution to student affairs.
THE DEAN'S PRIZE	For the top final year MBChB student.
PROFESSOR MARY ROBERTSON PRIZE FOR EXCELLENCE	For the top female MBChB graduate.
PROFESSOR MARY ROBERTSON PROGRESS PRIZE	For the graduating female MBChB student from a disadvantaged background who made the most progress over the six years of study.
STANLEY PHILIP NEUMANN MEMORIAL AWARD	Awarded to the overall outstanding student completing the courses prescribed for semesters 3 to 5 of the MBChB programme.
ZALMEN ATLAS MEMORIAL PRIZE	For the best student in the first year of the MBChB programme.
ZWARENSTEIN PRIZE	For the best student in the first year of the MBChB programme.

## **NAMED PRIZES BY DEPARTMENT:**

### **DEPARTMENT OF ANAESTHESIA**

#### PRISMAN PRIZE

For two final year MBChB students submitting the best portfolios in Anaesthesia. This submission is voluntary. It will entail a detailed and comprehensive essay on all aspects of the peri-operative Anaesthetic management and issues of one of their surgical clinical case studies already included in their sixth year MBChB Surgery portfolio. A monetary prize will be awarded to the two best portfolios. The Department of Anaesthesia reserves the right to withhold the prize if the standard of the essays is deemed to be inadequate.

#### SA SOCIETY OF ANAESTHETISTS' MEDAL

For the best fifth year MBChB student in Anaesthesia.

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

#### DOWIE DUNN MEMORIAL PRIZE

Awarded to the 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

For the 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.

#### NESTLÉ PRIZE

For the best final year MBChB student in Paediatrics oral and clinical examinations.

### **DEPARTMENT OF CLINICAL LABORATORY SCIENCES**

#### **General**

#### LAFRAS STEYN CLINICAL LABORATORY SCIENCES PRIZE

Awarded at the bi-annual research day for the best student oral presentation of the day.

#### **Anatomical Pathology**

#### B J RYRIE BOOK PRIZE

For meritorious work in Anatomical Pathology in third year MBChB.

#### R O C KASHULA PRIZE

For the best Anatomical Pathology essay in semester five MBChB.

#### **Chemical Pathology**

#### RAYMOND ZETLER BOOK PRIZE

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

#### **Forensic Pathology**

#### DIVISIONAL PRIZE

For the top student in LAB5008H Forensic Pathology

**Haematology**

H S EBRAHIM MEMORIAL MEDAL 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.

**Medical Biochemistry**

MARK HORWITZ PRIZE For the best MBChB student in Molecular Medicine (LAB3020W).

SANTILAL PARBHOO PRIZE For the best Special Study module in Molecular Medicine.

**Medical Microbiology**

THE ARDERNE FORDER BOOK PRIZE Awarded to the MBChB student who has shown the most improvement in Medical Microbiology (semesters 3 to 5)

**Virology**

GOLDA SELZER PRIZE For achievement in Virology in second and third year MBChB Integrated Health Systems Parts IA, IB and II (HUB2017H, LAB2000S and LAB3009H).

**DEPARTMENT (SCHOOL) OF HEALTH & REHABILITATION SCIENCES**

**Communication Sciences and Disorders (Audiology and Speech-Language Pathology)**

A B CLEMONS AWARD 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 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.

SA ASSOCIATION OF AUDIOLOGISTS PRIZE For the best clinical performance in Audiology.

SUSAN SWART PRIZE 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.

THE SOUTH AFRICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PRIZE 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 Awarded to the best final year student in Speech-Language Pathology: Clinical, provided an average of at least 75% has been obtained.

**Occupational Therapy**

OCCUPATIONAL THERAPY ASSOCIATION OF SOUTH AFRICA (OTASA) For the BSc Occupational Therapy student/s who presented the best final year research project.

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PRACTICE LEARNING MERIT AWARD	For the best final year BSc Occupational Therapy student/s in fieldwork.
MARIÉ DU TOIT ANNUAL AWARD	For the BSc Occupational Therapy students who presented the best final year research project nationally, in the previous year.

### **Physiotherapy**

JOHANNES KARL WILHELM BINNEWALD TROPHY	For the best final year student in clinical Physiotherapy.
MARILYN AND TIM NOAKES AWARD	For the BSc Physiotherapy student with the overall highest marks during second and third year clinical practical courses.
PAGET PHYSIOTHERAPY SHIELD	For the student achieving the highest academic standard during the four years of BSc Physiotherapy study.
PHYSIOTHERAPY THIRD YEAR SHIELD	For the best overall student in third year BSc Physiotherapy.
SOUTH AFRICAN SOCIETY FOR PHYSIOTHERAPY TROPHY	For the best overall student in final year BSc Physiotherapy.

### **DEPARTMENT OF HUMAN BIOLOGY**

AW SLOAN PRIZE	For the best performance in Integrated Health Sciences Parts 1 and 2 (HUB1006F and HUB1007S).
IONE SELLARS MEMORIAL PRIZE	For the best student in Anatomy & Physiology II for Health & Rehabilitation Sciences. (HUB2015W).
KURT GILLIS PRIZE	For the best performance in Fundamentals of Integrated Health Sciences Parts 2 (HUB1011F).
MR DRENNAN MEMORIAL PRIZE	For the best student in HUB2017F and LAB2000S Integrated Health Systems Parts IA and Part IB in second year MBChB.
RICHARD WILLIAM SPENCER CHEETHAM PRIZE	For the highest mark in the neuroscience component of LAB3009H Integrated Health Systems Part II.
UCT SURGICAL SOCIETY PRIZE	For the second year MBChB student with the highest score in the Anatomy sections of OSPE and SAQ examinations throughout the year.

W A AND GORDON JOLLY PRIZES (3 awards)	For the best practical performance in each of the following: (i) HUB2021S Integrated Anatomical and Physiological Sciences 2. (ii) HUB3006F General and Applied Physiology. (iii) HUB3007S Human Neurosciences.
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### **DEPARTMENT OF MEDICINE**

ADCOCK INGRAM PHARMACEUTICALS AWARDS (3 awards)	(i) For the best student in Introduction to Clinical Practice – third year MBChB MDN3001H. (ii) For the best overall student in Medicine – fourth year MBChB. (iii) For the best student in Clinical Medicine – sixth year MBChB.
DR FRANCOIS MAJOOS MEDAL	For the top MBChB student in the fourth year Medicine.
DR HELEN BROWN PRIZE	For the second best final year student in Clinical Medicine.
JIM MacGREGOR PRIZE	For the medical undergraduate student who performs best in the Neurology course CHM5007W.
PROFESSOR NORMAN SAPEIKA AWARD	For the best fifth year MBChB Pharmacology student.
SIDNEY STEIN DERMATOLOGY PRIZE	For the sixth year MBChB student with the best overall results in Dermatology.
WILL-FRID EXNER BAUMANN MEMORIAL PRIZE	For the best results in final year Medicine in MBChB.

### **DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**

CUTHBERT CRICHTON OBSTETRICS PRIZE	For the best student in Obstetrics in fourth year MBChB (OBS4003W).
CUTHBERT CRICHTON PRIZE	For the best student in Obstetrics and Gynaecology in the final MBChB examinations.
JAMES T LOUW PRIZE	For the best student in Gynaecology at the end of fifth year MBChB.

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

SA SOCIETY OF PSYCHIATRISTS' AWARD	For the most distinguished final year MBChB student in Psychiatry (PRY6000W).
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### **DEPARTMENT (SCHOOL) OF PUBLIC HEALTH AND FAMILY MEDICINE**

FAMILY PRACTICE/PRIMARY CARE PRIZE	For the best student in final year MBChB Primary Healthcare.
SOUTH AFRICAN ACADEMY OF FAMILY PRACTICE	For the top student in final year MBChB Family Medicine.

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ISADORE JACOB WALT PRIZE	For the best student in Primary Healthcare in fourth year MBChB (PPH4043W).
JOHN FLEMING BROCK PRIZE	For the best fourth year Public Health MBChB student. (PPH4013W).

### DEPARTMENT OF SURGERY

#### General Surgery

BERK-SILBER PRIZE	For the best student in the final written Surgery examination – fifth year MBChB.
DR KATHY CHUBB MEMORIAL PRIZE (also listed under School of Child & Adolescent Health)	For the 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	For the final year MBChB student who has shown the greatest promise in surgery in the final MBChB examination (the student with the second highest mark).
J H LOUW PRIZE IN SURGERY	For the most distinguished student in the final MBChB surgical examination (the student with the highest mark).
MOFFATT MEMORIAL PRIZE	For a fifth year MBChB student who has demonstrated excellence in Surgery and an interest in the Humanities.

#### Neurosurgery

KAY DE VILLIERS PRIZE	For the best performance in Neurosurgery in CHM5007W
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#### Ophthalmology

J S DU TOIT MEMORIAL PRIZE	For the winner of a competition in Ophthalmology open to fifth year MBChB students.
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WELCH ALLYN S.A.	For the top student in Ophthalmology fifth year MBChB.
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#### Orthopaedic Surgery

SMITH & NEPHEW	For the best overall fifth year MBChB student in Orthopaedic Surgery.
SYNTHESES PRIZES	For the best fifth year MBChB Orthopaedic Surgery student in the final clinical examination.

#### Otorhinolaryngology

WELCH ALLYN S.A.	For the student obtaining the highest marks in the final ENT examination in fifth year MBChB.
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#### Paediatric Surgery

J H LOUW PRIZE IN PAEDIATRIC SURGERY	For the best student in Paediatric Surgery in the final examination – fifth year MBChB.
SIDNEY CYWES PRIZE	For the best achievement in Paediatric Surgery in the final year of the MBChB programme.

**Urology**

DONAL BARNES PRIZE

For the best performance in an end-of-block viva examination and the Urology case report.

**GUIDE TO PROFESSIONAL BEHAVIOUR FOR UNDERGRADUATE HEALTH SCIENCES STUDENTS**

The general rules for students in the Faculty state 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. (Reference was made to the General Medical Council guidelines for students in drawing up this guide.)

**1. DRESS**

Students are expected to dress appropriately, particularly when they are in contact with patients. Students are expected to:

- Be tidy, clean and neat.
- Refrain from wearing very casual or inappropriate clothes (no bare midriffs, shorts, short skirts or “slip-slops”).
- Refrain from sporting hairstyles and jewellery that may offend patients and their families.
- Maintain a high standard of personal hygiene.
- Wear uniforms or clean white coats where appropriate.

**2. GENERAL BEHAVIOUR**

Students need to be aware that their behaviour outside the clinical environment, including in their personal lives and also (including behaviour on social network websites) 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 on their fitness to practise.

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 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 and provide medical or other valid reasons for their absences.

**3. ACADEMIC AND CLINICAL TRAINING**

Students need to take responsibility for their own learning and commit themselves to maintaining their learning and skills throughout their careers. This means that they need to keep up to date and practise 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 and to seek additional help when necessary.

## 214 ADDITIONAL INFORMATION

Students are expected to:

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

### 4. RELATIONSHIP WITH PATIENTS

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 healthcare team. This places responsibilities upon the student to behave in a manner that earns the respect of patients.

Students are expected to:

- Be respectful, polite and considerate towards everyone, including patients, their escorts, community members, staff and fellow students.
- Greet patients politely and address them appropriately, being mindful of age differences and sensitive to the cultural context.
- Build relationships with patients and their families based on honesty, openness, trust and good communication.
- Maintain a professional boundary between themselves, their patients and anyone else close to the patient.
- Ensure that patients or their caregivers give their informed consent for any activity performed by the student on the patient.
- Ensure that they are adequately supervised when performing any procedures on patients.
- Be aware of the rights of the patient and respect the decisions made by patients.
- 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).
- Ensure that they maintain patient confidentiality and not discuss the patient with anyone not directly involved in the patient's care.
- Be aware of ethical issues in relation to the care of the patient.
- Ensure that they are clearly identified as students.
- Be aware of their own limitations in relation to the care of the patient and refer to their supervisors.
- Ensure the protection of their own health when treating patients.

### 5. RELATIONSHIP WITH COLLEAGUES

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 multidisciplinary teams, offering respect for the skills of other members of the team and developing effective communication with all members of the healthcare team.

## 6. CLINICAL PRACTICE

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

Students are expected to:

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

## 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;
- 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:

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- 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
  - (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**

*[Note: This guide is also for postgraduate students, hence the reference to "thesis", etc.]*

### **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 (DJP1.1).

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*<sup>1</sup>.  
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.
  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<sup>2</sup>**

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

<sup>1</sup> Stolley, K, Brizee, A. & Paiz, J. [Overview and contradictions and Is it plagiarism yet?](#) Retrieved August 12, 2014.

<sup>2</sup> University of Leicester. [Avoiding Plagiarism](#). Retrieved August 12, 2014.

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“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.

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

The 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:

\_\_\_\_\_

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### 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:

#### 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 plagiarism

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.

If you are reading this guide from a hard copy, please send an email to [Jason.Stoffberg@uct.ac.za](mailto:Jason.Stoffberg@uct.ac.za) with the words 'Request Plagiarism Resource Links' in the subject. You will receive a reply containing hyperlinks to the aforementioned resources.

### **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

## **POLICY ON TUBERCULOSIS FOR UNDERGRADUATE HEALTH SCIENCES STUDENTS**

### **REDUCING THE RISK OF TUBERCULOSIS IN UNDERGRADUATE HEALTH SCIENCES STUDENTS**

South Africa is at the centre of the HIV and tuberculosis pandemics. The lifetime risk of tuberculosis for individuals with latent TB infection (up to 60% of the South African population) in non-HIV-infected persons is approximately 10%, increasing to >10% per year in HIV-infected persons. Hence, the approach to reducing your risk of tuberculosis is intimately linked to knowing and acting upon your HIV status.

#### **1. Know your HIV status**

All students within the University of Cape Town should be offered counselling and testing for HIV infection. Any student who will have contact with patients or will work in a hospital, community health centre or clinic environment must have undergone counselling and education surrounding the issues of HIV testing.

#### **2. Minimising risk of tuberculosis transmission in the workplace**

Due to the massive burden of tuberculosis in South Africa, students working in a healthcare environment will be unable to avoid contact with tuberculosis patients at all times. It is, however, impractical to wear protective masks continuously. The following measures will be enforced to reduce risk:

##### **2.1 Education**

- 2.1.1 All health sciences students will be specifically educated as to the risks of acquisition of TB and as to the preventive measures which should be taken to minimize such risks. Record of such education will be a prerequisite before any patient contact.
- 2.1.2 All health sciences students will be made aware of the common symptoms associated with tuberculosis – that is, cough, night sweats, loss of appetite and loss of weight. Students should be encouraged to seek medical advice from UCT's Student Wellness Service or any other health facility of their choice if these symptoms occur.

##### **2.2 Risk avoidance**

- 2.2.1 Students must if at all possible avoid contact with patients who are known to have multi-drug resistant (MDR) or extensively drug resistant (XDR) pulmonary tuberculosis. Students must NOT enter an isolation cubicle accommodating a patient with MDR or XDR pulmonary tuberculosis or one accommodating a patient with extrapulmonary MDR or XDR tuberculosis, where pulmonary involvement has not been ruled out.
- 2.2.2 Students will not receive bedside teaching from medical staff using patients known to have MDR or XDR pulmonary tuberculosis.
- 2.2.3 *Students whose immune systems are compromised*  
Students who are immunocompromised for whatever reason (HIV-infected, on

long-term immunosuppressant's such as corticosteroids or methotrexate, have cancer, are struggling with stress and poor nutrition, etc) are encouraged to discuss their health with UCT's Student Wellness Service or any other health facility of their choice. There is a vital role for isoniazid preventive therapy (IPT) for some of these students (e.g., those with a positive tuberculin skin test) and, for those who are HIV-infected, antiretroviral therapy may be indicated.

## 2.3 Risk reduction through personal protective wear – masks

### 2.3.1 When masks are to be worn

All health sciences students should be required to wear a mask in the following high-risk environments:

#### 2.3.1.1 When in contact with:

- patients with an unexplained cough,
- formally identified pulmonary TB patients presenting for the first time or confirmed drug-sensitive tuberculosis patients who have not been on anti-tuberculosis treatment for  $\geq 2$  weeks;

#### 2.3.1.2 When entering or working in an induced sputum cubicle (of specific relevance to physiotherapy students).

### 2.3.2 Type of mask to be worn

Surgical masks are ineffective as a means of reducing tuberculosis acquisition. Students must, therefore, wear an N95 (or FFP3) particulate filter mask (respirator).

### 2.3.3 Fit-testing

All health sciences students must have a once-off fit-test to determine the correct type and size of mask for their face, thereby ensuring a proper fit. The outcome of each student's fit-test will be recorded for future reference.

The fit-testing process will include instructing the student on how to use the mask correctly. They must be informed of at least the following:

#### 2.3.3.1 that facial hair (notably beards) disrupt N95 mask efficiency and therefore that facial hair removal is advisable – students who choose to wear a beard nonetheless must understand that the N95 mask will be less efficacious;

#### 2.3.3.2 that they must check the integrity of the mask every time they use it;

#### 2.3.3.3 how to put the mask on and take it off;

#### 2.3.3.4 that they must disinfect their hands before and after putting the mask on and taking it off;

#### 2.3.3.5 that care must be taken not to squash the mask;

#### 2.3.3.6 that under normal working conditions an N95 mask can remain effective for at least 8 hours of continuous use. Mask efficacy is reduced if they become torn or moist. If the N95 mask is used only intermittently then it can be effective for 1-4 weeks, depending on the frequency of use;

#### 2.3.3.7 that used masks must be disposed of by being discarded in a medical waste box.

### 2.3.4 Provision and distribution of masks

#### 2.3.4.1 The FHS will provide students, as needed, with free access to supplies of the N95 mask that fits them throughout the period of their undergraduate studies. Students should not obtain N95

masks from hospital wards as these are often in short supply for healthcare workers and visitors.

- 2.3.4.2 At sites where there is a UCT-employed Site Coordinator, Site Facilitator or Facility Manager, this person will be responsible for supplying students with masks as needed. At all other sites the distribution of masks will be the responsibility of the Lecturer, Clinical Educator or Supervisor responsible for the students concerned.
- 2.3.4.3 The Faculty's provision of masks will be administered by the office of the Health Teaching Platform Coordinator.

### 3 Students with TB

- 3.1 Any student diagnosed with TB is urged in the strongest possible terms to ensure that they know their HIV status in order to ensure optimal treatment.
- 3.2 A student who is found to have TB is also strongly encouraged to confidentially advise the Student Development and Support Office of their TB status in order to enable the Faculty to help ensure that s/he receives whatever support and essential treatment and follow-up are needed.
- 3.3 In the case of drug-sensitive pulmonary TB, a student should stay out of class and out of the work environment for two weeks after diagnosis and commencement of treatment. With pulmonary MDR-TB, while the final decision will be in the hands of the attending doctor, generally a return to class and work should be allowed once they have sputum converted – that is, established to be culture-negative on two occasions from sputum taken one month apart.
- 3.4 The Student Development and Support Office will maintain a confidential record of all students who have reported their diagnosis of TB in order to help ensure that such students are appropriately managed throughout their illness.
- 3.5 Reporting: The Head of the Faculty's Student Development and Support Portfolio will monitor infections on the basis of confidential student TB statistics made available to him/her monthly by the Student Development and Support Office. If there are sudden changes in incidence, s/he can initiate an investigation – including consultation with the Head of the Division of Infectious Diseases and HIV Medicine – with a view to preventing further infections.

## 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 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.

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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.

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### 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)
- Jammie 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

### 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:

- (a) on weekdays during the day to and from teaching sites along set routes determined by the Faculty as advised by the Faculty Transport Committee;
- (b) every night including on weekends a single pick-up between 22h00 and 23h00 for students on-call at GF Jooste, 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

## 232 ADDITIONAL INFORMATION

FHS-provided transport.

- In the case of weekday, daytime transport, bookings must be made in advance via the FHS Transport Vula site.
- In the case of night transport, bookings must be made – again in advance – by messaging or calling the night transport cell phone.

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.

### 8 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

- a) will not require students to travel to and work within sites where the risk of physical harm is known to be unreasonably high;
- b) will provide students with clear directions to the sites where they are required to be present;
- c) 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;
- d) 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;
- e) 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;
- f) 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;

- g) 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.

## 9 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.

## 10 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.

## **FACULTY 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.

## **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:*

2014	Professor Delawir Kahn (Surgery)
2010	Associate Professor R Eastman (Medicine)
2010	Professor Z van der Spuy (Obstetrics & Gynaecology)
2007	Dr I A Joubert (Anaesthesia)

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- 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)  
2000 Associate Professor A Mall (General Surgery)  
2000 Professor D Knobel (Forensic Medicine)  
1998 Professor MFM James (Anaesthesia)  
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)

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