



UNIVERSITY OF CAPE TOWN

FACULTY OF HEALTH SCIENCES (UNDERGRADUATE)

2021

Postal Address: University of Cape Town
Private Bag X3
7701 RONDEBOSCH

Dean's & Faculty Offices: Barnard Fuller Building
Anzio Road
Observatory

Office Hours: Mondays to Fridays: 08h00 - 16h30

Telephones:

Dean's Office	(021) 406 6346
Faculty Office	(021) 406 6634/650 2516
Accounts and Fees	(021) 650 1704
Admissions	(021) 650 2128

Internet:

UCT's Home Page	http://www.uct.ac.za
Faculty of Health Sciences Home Page	http://www.health.uct.ac.za
Dean's Office	dean.hs@uct.ac.za
Faculty Office	N/A
International Academic Programmes Office	iapo@uct.ac.za

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

This handbook is part of a series that consists of

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

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

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

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

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Guide to the usage of this Handbook

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

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

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

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

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

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

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

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

GENERAL INFORMATION

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

DEAN'S OFFICE AND FACULTY OFFICE

*L2, Barnard Fuller Building
Tel: 021 406 6346*

Dean:

Associate Professor Lionel Green-Thompson, MBBCh *DASA* PhD *FCASA*

Professor and Deputy Dean: Research:

A Wonkam, MBChB *Cameroon* MDDip (MedGenet) *Switzerland* PhD *Cape Town*

Professor and Deputy Dean: Postgraduate Education:

E Ramugondo, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD *Cape Town*

Deputy Dean: Undergraduate Education:

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

Deputy Dean: Clinical Health Services:

T Naledi, MBChB FCPHM *SA*

Faculty Manager: Academic Administration:

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

Manager: Postgraduate Administration:

DJA Winckler, BA *Pret*

Manager: Undergraduate Administration:

C Cloete, LLB *UWC*

PRIMARY HEALTH CARE DIRECTORATE

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

Chair and Director:

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

Senior Lecturers:

I Datay, MBChB *Cape Town* DPhil *Oxon* FCP *South Africa*

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

C Tsampiras, MA *London* PhD *Rhodes*

Lecturer:

S Crawford-Browne, MSocSc *Cape Town*

Honorary Associate Professor:

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

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Honorary Lecturers:

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

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

Honorary Research Associate:

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

Clinical Teaching Platform Manager:

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

CBE Coordinator Eden District:

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

Student Coordinator Eden District:

F Marais, MBChB *Stell*

Facility Manager:

S Naidoo, Dip (RNurs)(RM RK)(CHNurs) *Durban*

Site Facilitators:

C Beauzac, BA Hons MA PhD *UWC*

F Jordaan

P Ncamile, BA (HumSci) *Unisa*

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

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

Site Coordinators:

N Daniels

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

F Le Roux

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

Administrative Officer & PA to Director:

C Johnston, BA *Wits*

Senior Secretary:

E Kennell, PDS *Cape Town*

CENTRE FOR BIOETHICS

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

The Bioethics Centre, formally established in 1992, grew out of the Bioethics Unit, which has functioned informally in the (then) Faculty of Medicine since 1988. Since 2009, the Bioethics Centre has been a joint Centre of the Faculty of Health Sciences and the Department of Philosophy in the Faculty of Humanities. Bioethics Centre staff are actively engaged in bioethics teaching and research, and provide a consultation service.

To arrange bioethics consultations please email: bioethicsconsult@uct.ac.za (all emails to this address are confidential). For general enquiries to the Bioethics Centre please email: bioethics@uct.ac.za

Professor and Director:

D Benatar, BSocScHons PhD *Cape Town*

Emeritus Professor:

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

Associate Professor:

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

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

Emerita Associate Professor:

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

Senior Lecturers:

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

G Fried, BAHons *Cape Town* MPhil PhD *Cantab*

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

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

Honorary Senior Lecturer:

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

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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.]

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

Associated Teaching Hospitals

Hospital:	Chief Executive Officer:
2 MILITARY HOSPITAL	Col JJ Molomo
ALEXANDRA HOSPITAL	Ms Lynette van der Berg
GEORGE HOSPITAL	Mr Michael Vonk
GROOTE SCHUUR HOSPITAL	Dr Bavna Patel
KINGSBURY HOSPITAL	Dr Shrey Viranna
KNYSNA HOSPITAL	Dr Earl du Plooy
LIFE VINCENT PALLOTTI	Gavin Pike (Hospital Manager)
MITCHELLS' PLAIN DISTRICT HOSPITAL	Dr Hans Human
MOSSEL BAY HOSPITAL	Dr Paul Rüschenbaum
NEW SOMERSET HOSPITAL	Dr Donna Stokes
OUTDSHOORN HOSPITAL	Dr Charles Dreyer (Medical Manager)
RED CROSS CHILDREN'S HOSPITAL	Dr Matodzi Mukosi
TYGERBERG HOSPITAL	Dr Dimitri Erasmus
VALKENBERG HOSPITAL	Mrs Carol Dean
VICTORIA HOSPITAL	Mr Patrick Jeftha (acting)
VREDENBURG HOSPITAL	Dr Silvio Morales-Perez

Health Sciences Student Council

Location: Ground Floor (Next to the Cafeteria), Barnard Fuller Building
 Telephone: 021 650 3750
 Email: hssc@myuct.ac.za
 Office Hours: 13h00-14h00 and 16h30-17h30

Term dates 2021

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

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Definitions of terms used in this handbook

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

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

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

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

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

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

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

ISCE: Integrated Structured Clinical Examination.

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

OSCE: Objective Structured Clinical Examination.

OSPE: Objective Structured Practical Examination.

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

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

Semester: A half-year.

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

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

Programme, plan and course codes

Each study programme has a code, indicating:

M = Faculty of Health Sciences

B = Bachelor's degree

+ a 3-digit number

Example: BSc Physiotherapy = MB004.

The undergraduate programme codes are as follows:

MB001	BSc (Medicine)
MB003	BSc Occupational Therapy
MB016	BSc Occupational Therapy 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
MU003	Advanced Diploma in Cosmetic Formulation Science

*Note: This is to confirm that by virtue of inclusion on the Institution's DHET approved Programme and Qualification Mix (PQM), all qualifications included in this Handbook are **accredited** by the Council on Higher Education's permanent sub-committee - the Higher Education Quality Committee. Where a SAQA ID has not been provided, the qualification is awaiting the SAQA ID. The higher education sector has undergone an extensive alignment to the Higher Education Qualification sub-Framework and thus all institutions are awaiting the finalisation of the process and completion of the awarding of SAQA ID's. Affected qualifications are marked **
Please consult Handbook 2 or the HEQF's Programme and Qualification Mix (PQM) on the Institutional Planning Department's website, as approved by the Department of Higher Education and Training, for a list of all UCT's accredited qualifications.

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

The structure is:

AAA1nnnS, where:

AAA is a 3 alpha group identifying the department.

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

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

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

In many cases, the only change is the addition of a zero as the first identifying number.

For example: AHS373F becomes AHS3073F.

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

F First Semester

S Second Semester

W Full Year – First and Second Semesters

[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. 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” (a grace period is granted only if there is documentary evidence that funds will become available) while they make arrangements to have their fees paid. In cases where students have been granted a grace period and allowed to attend despite not being registered, they may not be given results of any assessments.

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 one 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 one 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.

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.

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

The following definitions apply:

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

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

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

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

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

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

The rules below need to be read within this context.

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FGU5.1 Students registered for degrees involving clinical work or work with clients are expected to act in accordance with the ethical norms laid down by the Health Professions Council of South Africa. Students who are found guilty of unprofessional conduct after a formal process to investigate reported unprofessional behaviour may be required to terminate their registration in the Faculty.

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

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

FGU5.2 A student who has taken formal leave of absence for a medical reason is required to apply to the UCT Fit for Study Panel to return. The student must ensure that their treating healthcare professional/s submit/s, to the Fit for Study Panel by a given date (usually four weeks) before the student's intended date of return, a completed medical report (on a template provided by the Faculty's Student Support Office). In cases of students within the clinical years of study, the Faculty, in addition to the Fit For Study Panel's initial decision, requires a secondary assessment by a health professional of the Faculty's choice with a view to establishing whether the student is fit to work with patients or clients. This is facilitated by the Faculty's Student Development and Support Committee (SDSC) before reporting back to the Fit for Study Panel. The Fit for Study Panel will then inform the student of the final decision. The Faculty may set additional conditions for return, which may include, for example, return to clinical shadowing to upgrade clinical skills and/or on-going monitoring of continued fitness for training/practice.

If the Fit for Study Panel decides that the student is not fit to return, the student must apply for an extension of leave of absence, following which the student must again apply via the Panel to return.

FGU5.3 A student who, in the course of training/clinical practice, is deemed by the SDSC (on advice of clinical teaching staff), to have become potentially unfit for continued training/practice (for example due to regular absence), may be required to undergo an assessment by a healthcare professional of the Faculty's choice, within a stipulated time. If such healthcare professional confirms unfitness for training/practice, the student shall take leave of absence and to apply via the Fit for Study Panel to return.

FGU5.4 A student who is admitted to a treatment facility without having been able to apply for leave, or who is granted a concession to miss classes/academic activities by the Faculty on application and for a medical reason, may not return to training/practice until the student's treating healthcare professional has recommended to the SDSC in writing (on a template provided by the Faculty's Student Support Office) that the student is fit to return.

The Faculty may, in addition, require the student to undergo an assessment by an independent healthcare professional of the Faculty's choice about the student's fitness to return. If the student is deemed not fit to return, the student shall take formal leave of absence, after which he/she must apply to return via the Fit for Study Panel (as described in FGU5.2)

- FGU5.5 A student who applies for a deferred examination for a second time in one year for medical reasons may be required to undergo an assessment by a healthcare professional of the Faculty's choice and may be required, following consideration by the SDSC of the advice of such professional, to take leave of absence to address the medical problem. The student would then apply to the Fit for Study Panel to return in order to resume training.
- FGU5.6 The University welcomes applications from applicants with special needs. However, there are some disabilities that would prevent someone from completing a particular health sciences curriculum (for example, someone who is deaf may not be able to hear a heartbeat through a stethoscope). For this reason applicants with disabilities are urged to communicate with the Faculty, via the University's Disability Unit, to establish whether this would apply to them. The Faculty reserves the right to require an applicant (or an admitted student) to undergo a professional assessment to determine the extent and likely impact of a disability on his/her ability to meet the requirements of the curriculum, including such practical training and practice as is required in the health sciences discipline concerned. The University reserves the right to withdraw an offer to an applicant or cancel the registration of a student who fails to declare a disability that is found to be such as to make it impossible for them to meet the curriculum requirements in the health discipline concerned.
- FGU5.7 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 them in that course and/or the student's progression to the next year of study in the programme for which they are registered.
- FGU6.2 The Senate may permit a student who fails a course if, in its judgement, they have performed adequately in the work of the course, to write a supplementary examination. 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 they have satisfactorily completed all the courses prescribed and satisfactorily performed all the work required for the preceding year.
- a. *An academic year is a suite of courses that must be completed at a specific academic level (for example third year audiology or fourth year MBChB). A calendar year starts in January and ends in December.*

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A calendar year may contain courses from more than one academic year. (If a student is repeating a course in years 4 to 6 of the MBChB programme, for example, a student repeating a course/s will register for the courses for the next academic year of study upon passing the course/s, i.e. within the same calendar year. Such a student will have a tailored rotation compiled by the Year Convener/s and approved by the Programme Convener. A two-week interval is required from the time a student completes one academic year to commencing the subsequent academic year.)

- b. *It is possible that a student can be registered for courses belonging to more than one academic year, but the student will officially be deemed to be a student of the lower year until all the courses for that year have been completed. - This provision is applicable to all Faculty of Health Sciences students except those registered towards a MBChB qualification or on the NMFC programme.*
- c. *In the case of the MBChB or NMFC programme, a student with a tailored rotation will only be allowed to register for the repeat or carry-over courses required to complete the relevant academic year. Once these courses are successfully completed, the student will then be permitted to register for courses for the next academic year of study*
- d. *A student on the MBChB or NMFC programme may not take courses from more than one academic year at the same time.]*

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 not only the course/s failed but also one or more other courses already passed, to ensure maintenance of certain critical foundational skills and/or knowledge. (This does not apply to years 4 to 6 of the MBChB programme.) Students who are repeating courses which they have passed will be liable for fees for such courses.

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 they:

- (a) have not met the minimum admission or readmission requirements set for the course or qualification concerned which include, but are not limited to:
 - i. failure to attend academic or clinical service commitments;
 - ii. failure to make sufficient academic progress;
- (b) have been found guilty of unethical behaviour or unprofessional conduct;
- (c) have, 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 they are repeating, will be subject to the readmission rules of the faculty in respect of the number of courses for which they are registered.

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 they are repeating this or another course (where this is allowed), may be required to withdraw from the programme for which they are registered.

- FGU7.7 A first-year undergraduate student who was admitted to an undergraduate programme in the Faculty subject to them obtaining conditional Matriculation Board exemption is required to submit proof of having applied for such exemption before they will be allowed to register for the second year of study.
- 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. Supplementary examinations are offered at the discretion of the Faculty Examinations Committee. A supplementary examination is not usually offered when a student:
- a. has failed a course with less than 48%;
 - b. has failed more than one component of a course that has subcomponents (e.g. failing both Ambucare and Acute Care in MDN4011W Medicine); during the final examination;
 - c. has performed poorly throughout the course, as opposed to only during the final examination;
 - d. fails more than two courses;
 - e. fails and has to repeat another course; or
 - f. falls foul of the readmission rules for the programme for which they are registered.

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

- FGU7.9 A student who does not meet a specified Due Performance requirement for a course that has such requirements fails the course and has to repeat it. The Faculty of Health Sciences offers professional degrees. These require students to be professional, which includes attending all commitments and submitting all work by due dates. DP requirements for many courses therefore include full attendance and submission of all work by due dates. This includes fully completed logbooks, assignments, tasks and portfolios in the clinical years of study by specified due dates. A student who is absent for any reason must immediately report the reason for his/her absence to the course convener, who has the discretion to decide whether the reason is adequate and the DP should be allowed. Where the approved absence exceeds a maximum time, to be determined by the convener, the student will have to make up the time missed or repeat part or all of the course, as decided by the Faculty Examinations Committee.

Examination dates and results

- FGU8 It is the responsibility of students themselves to check via PeopleSoft self-service the 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 respective departments 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.

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Unregistered students (except those on a formally approved grace period) are not covered by UCT insurance. Attendance in any academic activity without formal registration or grace period is done at the student's own risk.

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. Students on financial aid or provincial bursaries may apply to the Undergraduate Student Support office for transport funding assistance, if required.

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 curriculum must submit a motivation to the curriculum advisor and the Dean who must approve any curriculum changes. Fee adjustments will be processed according to rules published in the Fees handbook.

Leave of absence and readmission after absence

FGU11.1 A student may apply for concession to miss classes from their studies on grounds of illness or bereavement, or in other exceptional cases at the discretion of the course conveners. To apply, they are required to submit a completed "Concession to miss classes" form, which can be collected from the Undergraduate Student Administration Office. Written evidence of the reason for the application must be provided.

Students are required to obtain permission for the concession to miss classes 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 concession to miss classes. The application form must also be counter signed by the overall Year Convener (in the case of MBChB) or the Head(s) of Department(s) of the course(s) from which they wish to be granted a concession to miss classes. The completed form is then to be submitted to the Faculty Office.

This concession should in no way compromise the attendance requirements of the course. It is important to note that concession to miss classes, 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 miss classes without permission being granted, there may be serious consequences for the student upon their return; this could include being refused permission to write the final examinations (i.e. being refused a Due Performance certificate).

[Please note:

- *In the case of a medical condition or illness, a medical certificate must be obtained. This application is usually retrospective, but may be submitted in advance, e.g. if the student is having an operation.*
- *A medical certificate offered retrospectively will be accepted only if it was submitted on the day the student returns and if it is clear that the consultation with the doctor took place while the student was sick. A certificate in which a medical practitioner states that the student reports that they were ill was not acceptable.*

- *In the case of bereavement, a student is required to submit a copy of the death certificate upon their return from the funeral. This application is usually made beforehand.*
- *In the case of illness for only a portion of a day, or any other exceptional situations of very short duration, an explanatory letter may be accepted. This application is usually retrospective.]*

FGU11.2 A student in clinical years of an undergraduate degree who misses any training time (with permission) and is unable to make up the time may have to repeat the block (also see individual course requirements in this regard).

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

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 their 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)

[SAQA ID: 3195]

Convener:

Dr P Wicomb (Department of Paediatrics and Child Health)

Programme Code: MB014; MB020 (Intervention Programme)

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

Age limit

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

Curriculum

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

Duration of the degree programme

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

Curriculum outline

FBA3.1 First Year

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

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

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FBA3.3 A student who fails a first or second semester course may be required to register for the Intervention Programme before continuing with the standard programme [see FBA5 for details about the Intervention Programme].

FBA3.4 Second Year

Code	Course	NQF Credits	NQF Level
PTY2000S	Integrated Health Systems Part 1B.....	47	6
PPH2000W	Becoming a Doctor Part 1A	21	6
SLL2002H	Becoming a Doctor Part 1B.....	18	6
HSE2000W	Becoming a Doctor Part 1C (Clinical Skills Online)	15	6
HUB2017H	Integrated Health Systems Part 1A.....	57	6
Total credits for year 2		158	

FBA3.5 For 2021 only: A student must pass HSE2000W, Becoming a Doctor Part 1C (Clinical Skills Online), before registering for and undertaking HSE2000F, Becoming a Doctor Part 1 D (Clinical Skills Practical).

FBA3.6 Third Year

Code	Course	NQF Credits	NQF Level
HSE2000F	Becoming a Doctor Part 1D (Clinical Skills Practical).....	7	6
PPH3000F	Becoming a Doctor Part 2A	10	7
MDN3001S	Introduction to Clinical Practice.....	68	7
SLL3002H	Becoming a Doctor Part 2B.....	30	7
HSE3000F	Becoming a Doctor Part 2C.....	15	7
PTY3009F	Integrated Health Systems Part II.....	59	7
Total credits for year 3		189	

FBA3.7 For 2021 only: A student must pass HSE2000F, Becoming a Doctor Part 1D (Clinical Skills Online), before registering for and undertaking HSE3000F, Becoming a Doctor Part 2C (Clinical Skills).

FBA3.8 Fourth Year

Code	Course	NQF Credits	NQF Level
SLL3003W	Clinical Languages	0	7
PRY4000W	Clinical Psychiatry.....	30	8
AAE4002W	Anaesthesia Part 1	20	8
OBS4003W	Obstetrics	30	8
MDN4011W	Medicine Module 1: Ward Care	40	8
MDN4001W	Medicine Module 2: Ambulatory Care.....	0	8
MDN4015W	Pharmacology and Applied Therapeutics	20	8
PED4016W	Neonatology.....	10	8
PED4049W	Introduction to Child and Adolescent Health	10	8
PPH4056W	Health in Context.....	40	8
Total credits for year 4		200	

FBA3.9 Fifth Year

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

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

FBA3.10 Sixth Year

Code	Course	NQF Credits	NQF Level
CHM6000W	Surgery (including Allied Disciplines)	41	8
MDN6000W	Medicine (including Allied Disciplines)	41	8
OBS6000W	Obstetrics	41	8
PED6000W	Paediatrics and Child Health	30	8
PED6004W	Neonatal Medicine	10	8
PPH6000W	Family Medicine and Palliative Medicine	21	8
PRY6000W	Psychiatry and Mental Health	21	8
AAE6000W	Anaesthesia Part II	10	8
PPH6001W	Long Elective	20	8
PPH6005W	Short Elective	10	8
PTY6012W	Forensic Medicine	10	8
HSE6004W	Exit Examination on Procedural Competence	0	8
	Total credits for year 6	255	0
	Total NQF credits for programme:	1179	

Programme Rules

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

Intervention programme

[MB026]

Convener:

Dr Elmi Badenhorst

- 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 they passed this before they 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 the first semester MBChB and who enters the Intervention Programme part 1 (HSE1001S) has to repeat these in Intervention Programme part 1. Students who enter Intervention Programme part 2 (HSE1002F), who have passed Physics in semester 1, are not required to repeat the subject in Intervention Programme Part 2.
- 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:

Intervention Programme Part 1

Code	Course	NQF Credits	NQF Level
HSE1001S	Fundamentals of Integrated Health Sciences Part I.....	0	5
CEM1111S	Chemistry for Medical Students.....	0	5

Intervention Programme Part 2

Code	Course	NQF Credits	NQF Level
CEM1011X	Chemistry for Medical Students.....	18	5
HSE1002F	Fundamentals of Integrated Health Sciences Part II	105	5
PHY1025F	Physics.....	18	5
Total NQF credits for Intervention Programme:		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 the second semester of the first year of the standard curriculum. They will register for IBS1007S Introduction to Integrated Health Sciences Part II and PPH1002S Becoming a Health Professional. Once the student has passed these two second semester courses, they may proceed to the semester 3 second academic year of the standard curriculum.
- 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. No exemption may be possible from IBS1007S Integrated Health Systems Part II, regardless of how well they may have passed this course 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 teamwork and group-work, responsibility for self-learning and respect amongst fellows are key features of the curriculum that are assessed in DP requirements.
- FBA6.4 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%.

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- 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 Completion of Navigating COVID-19 course, HSE4008Q: Even though the Navigating COVID-19 course is not included in the 2021 MBChB curriculum outline, students who have not completed the 2020 academic year either because of leave of absence or deregistration during the COVID-19 pandemic are required to register for and complete this online course on their return to the MBChB programme prior to them resuming any course rotations.
- FBA6.7 Failure of a course in 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 courses 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 third year courses. They will also be required to complete the repeat SSM in a discipline other than that of their original SSM.
 - A student must pass PTY3009F, PPH3000F and HSE3000F in the first semester of third year of the MBChB programme in order to proceed to register for MDN3001S in the second semester of third year. Failure of any of these three courses will prohibit continuation with MDN3001S.
- FBA6.8 Failure of a course in fourth, fifth and final academic year of Study:
(Note: The courses for years 4, 5 and 6 of the MBChB programme are presented in modular blocks of equal length. A block may contain one or more courses, but all modular blocks within a particular AYOS are multiples of a single unit of time; for example, an AYOS based on an eight-week modular block system will accommodate courses of two, four or eight weeks. A student who fails any courses in the clinical years (years 4 to 6) may, at the discretion of the Faculty Examinations committee:
- be required to repeat the course if the student has obtained less than 48% for the overall course mark;
 - be required to do additional clinical training* and (subject to the guidelines under General Rule FGU7.8) undergo a supplementary examination if the student has obtained 48% or 49% for the course;
 - (subject to the guidelines under General Rule FGU7.8) be offered a supplementary examination without additional training time, depending on the course requirements, provided the student obtained 48% or 49% for the course;
 - be required to undergo additional training time and a supplementary exam sub-component of the course with less than 48% but passed the course overall;
 - be refused readmission if the student has fallen foul of the readmission rules under FBA7 below.
(Note: *Additional training and supplementary examination will take place before the start of the next academic year
- FBA6.9 Students are required to complete and submit a logbook and portfolio for certain clinical year courses by a due date. Should these be incomplete, or should a student despite warning fail to complete the requisite amount of clinical work and/or coursework by the due date in the clinical years of study, the student may be refused access to the final examination in the course/s concerned.
- FBA6.10 A student with a DPR (Due Performance Certificate Refused) or who is absent for an examination, fails and must repeat the course (subject to the progression rules for the programme.) *(Note: in cases outside of a student's control, for example the lack of availability of enough clinical cases in a particular month to enable the student to complete the minimum number of cases, a more flexible approach will be taken.)*

Readmission

- FBA7.1 A student may be refused permission to renew their registration in the following semester, or may cancel their registration, if they:
- (a) fails a course which the student is repeating;
 - (b) are in the Intervention Programme and fails any course in it;
 - (c) fails to complete the courses prescribed for first year by the end of their second year of study
 - (d) fails to complete the courses prescribed for years 1 to 3 by the end of their fifth year of study
 - (e) fails to complete the courses prescribed for years 1 to 4 by the end of their sixth year of study
 - (f) in any one year fails more than half the number of courses for which they are registered;
 - (g) in an academic year in which they are repeating a course, fails any course;
 - (h) will be unable to complete the whole degree within eight years of study; (or, if the student has passed through the Intervention Programme, nine years of study);
 - (i) have been found guilty of unprofessional behaviour or have been found to be impaired.

- FBA7.2 A student who is permitted to renew their registration despite not having met the requirements set out above may be required to follow a specific curriculum and may be set specific performance and readmission criteria determined by the Senate.

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

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, Neuroscience, 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 70% in the following courses, with no less than 60% for any single course:

- a. CEM1011F or CEM1111S and CEM1011X, Chemistry (the latter two chemistry courses are taken by Intervention Programme students); and
- b. PHY1025F Physics; and
- c. HUB1006F and HUB1007S, Introduction to Integrated Health Sciences I and II or (for Intervention Programme Students) HSE1010S and HSE1011F, Fundamentals of Integrated Health Sciences I and II; and
- d. HUB2017H, PTY2000S and PTY3009H, Integrated Health Systems I and II; and
- e. AAE2000S/CHM2001S/HUB2020S/PTY2002S/MDN2001S/OBS2001S/PED2001S/PPH2002S/PRY2001S/RAY2004S Special Study Module; and
- f. IBS3020W Molecular Medicine; or
- g. to have passed third year MBChB courses with an average of at least 70%; as well as an approved third-year level Bachelor of Science course and 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 MDN3003W Introduction to Clinical Practice II.

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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 degree in the clinical years of the MBChB (years 4-6) on recommendation of the Faculty and with permission of Senate Executive Committee. The Faculty may require the student to spread the load of the clinical years of the MBChB while registered for the research degree studies to enable progress on the master's degree. A student thus enrolled for a research master's may be eligible, on application and with special permission of the Senate, to upgrade their registration to a PhD depending on the quality and development of their master's dissertation. The student will then be formally registered with a topic and supervisor, approved by the Doctoral Degrees Board. The student will graduate with the MBChB when the requirements for that degree have been met and will continue thereafter on the PhD for as many years as is required.

[Notes: The rules for intercalated and concurrent registration must be read in conjunction with the rules contained in Handbook 3, General Rules and Policies, and with special reference to rule G5.4. Students who plan to apply for concurrent registration must, in the first instance, contact the Managers of both the undergraduate and postgraduate academic administration for advice on the process to follow.]

NELSON MANDELA FIDEL CASTRO MEDICAL TRAINING PROGRAMME (NMFCTMP)

Convener:

TBA

Programme Code: MZ010

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

Age limit

FBB1 The degree shall not be conferred until the student has attained the age of 21 years.

Curriculum

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

Duration of the programme

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

Curriculum outline

First Year

Code	Course	NQF Credits	NQF Level
AAE4003W	Anaesthesia (Part I) for External Credit	8	8
MDN4017W	Medicine for External Credit	15	8
PEB4017W	Neonatology for External Credit	7	8
OBS4006W	Obstetrics for External Credit.....	15	8
PRY4001W	Psychiatry for External Credit	15	8

Second Year

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

Clinical instruction for NMFCMTP students

FBB4 Clinical instruction may be given in (amongst others) the Groote Schuur, Somerset, Victoria, Mowbray Maternity, Red Cross War Memorial Children's, Mitchell's Plain District and Princess Alice Orthopaedic Hospitals; and by the staff of the City Park Hospital, Valkenberg Hospital, Lentegeur Hospital, day hospitals, municipal clinics, the Public Vaccination Station and at various fieldwork sites.

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

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

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

FBB5.2 Students must meet the Due Performance (DP) requirements for a course that has such requirements in order to qualify to write the examination in that course. DP requirements reflect their importance in the development of professional attitudes. Continuous assessment, contribution to teamwork and group-work, responsibility for self-learning and respect amongst fellows are key features of the curriculum that are assessed in DP requirements. A student with a DPR (Due Performance Certificate Refused) result will fail the course and will be required to repeat it (subject to approval of the student's progression by the National Department of Health, NDoH). *(Note: in cases outside of a student's control, for example, the lack of availability of enough clinical cases in a particular month to enable the student to complete the minimum number of cases, a more flexible approach will be taken.)*

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- FBB5.3 Students are required to obtain an overall pass mark of at least 50% for each course and (unless otherwise specified) if the course includes more than one sub-discipline, to pass each of the subcomponents of the course with at least 50%.
- FBB5.4 Apart from continuous assessment throughout each course, students are also assessed and/or examined at the end of a course or clinical block.
- FBB5.5 A student who fails any course in semester 1 may be required to repeat that course before being permitted to proceed to semesters 2 and 3.
- FBB5.6 A student who fails any course in semesters 2 and 3 will not be permitted to write the final examination required for the completion of the Doctor of Medicine degree of the University of Villa Clara.
- FBB5.7 A student who fails any courses in semesters 1 to 3 may, at the discretion of the Faculty Examinations Committee:
- be required to repeat the course if the student has obtained less than 48% for the overall course mark;
 - be required to do additional clinical training* and (subject to the guidelines under General Rule FGU7.8) undergo a supplementary examination if the student has obtained 48% or 49% for the course;
 - (subject to the guidelines under General Rule FGU7.8) be offered a supplementary examination without additional training time, depending on the course requirements, provided the student obtained 48% or 49% for the course; or
 - be required to undergo additional training time and a supplementary exam if the student has failed a sub-component of the course with less than 48% but has passed the course overall.
- Additional training and supplementary examination(s) will take place before the start of the next semester.
- FBB5.8 Students are required to complete and submit a logbook, assignments, tasks and/or a portfolio for certain clinical year courses by a due date. Should these be incomplete, or should a student fail to complete the requisite amount of clinical work and/or coursework by the due date in the clinical semester of study, the student may be refused access to the final examination in the course(s) concerned.
- FBB5.9 The Doctor of Medicine degree is not conferred by the University of Cape Town (UCT) but by the University of Villa Clara. UCT does not implement the readmission rules applicable to its own programmes to the NMFCMTP. The final results of all students registered on the NMFCMTP will be submitted to the NDoH at the end of every semester. A student may not continue studying on the NMFCMTP if the NDoH determines that the student is not eligible to do so. Should the NDoH require a recommendation from UCT regarding the progression of any student on the NMFCMTP, such recommendations will be made but are not limited to instances where a student:
- fails a course which has been repeated;
 - fails to complete the courses prescribed for semester 1 within 12 months of the commencement of the programme;
 - fails to complete the courses prescribed for semesters 2 and 3 within 24 months of the commencement of the programme
 - in any one semester fails more than half the course load for which the student is registered;

- e. in a semester in which the student is repeating a course, fails any course;
- f. will be unable to complete the whole programme within 24 months of the commencement of the programme;
- g. has been found guilty of unprofessional behaviour or has been found to be impaired.

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

BACHELOR OF SCIENCE IN MEDICINE (BSC MEDICINE)

Convener:

Professor AA Katz

Programme Code: MB001

Plan code: DOM02

Eligibility

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

Duration of the degree programme

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

Curriculum

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

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

Code	Course	NQF Credits	NQF Level
HUB1006F	Introduction to Integrated Health Sciences Part I.....	30	5
IBS1007S	Introduction to Integrated Health Sciences Part II or.....	35	5
HSE1002F	Fundamentals of Integrated Health Sciences Pt II.....	105	5
CEM1011F	Chemistry for Medical Students or.....	18	5
CEM1011X	Chemistry for Medical Students (IP course).....	18	5
PHY1025F	Physics.....	18	5
PTY2000S	Integrated Health Systems Part IB.....	47	6
HUB2017H	Integrated Health Systems Part IA.....	57	6
IBS2001S	Special Study Module *.....	16	6
PPH2000W	Becoming a Doctor Part IA.....	21	6
SLL2002H	Becoming a Doctor Part IB.....	18	6
PTY3009F	Integrated Health Systems Part II.....	59	7

[*Note: The following Special Study Modules are also allowed:

AAE2001S/AHS2054S/CHM2001S/HSE2001S/HUB202S/PTY2002S/MDN2001S/OBS2001S/PED2001S/PRY2001S/PPH2002S/RAY2004S].

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

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

Courses offered by Departments in the Faculty of Health Sciences:

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

*[*Note: MBChB students who obtained 60% in PTY3009F Integrated Health Systems Part 2 may, at the discretion of the Dean, be granted exemption from one of the science-based level 7 courses.]*

Progression and minimum requirement for re-registration

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

Distinction

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

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

[SAQA registration number: 12105 (Audiology); 12107 (Speech-Language Pathology)]

Conveners:

L Petersen (Audiology) and V Norman (Speech-Language Pathology)

[BSc Audiology programme code: MB011 or MB019 (Intervention Programme).

Plan code: MB011AHS02.]

[BSc Speech-Language Pathology programme code: MB010 or MB018 (Intervention Programme).

Plan code: MB010AHS01.]

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

Duration of programme

FBD1 Each curriculum extends over four years of full-time study. Students who pass through the Intervention Programme will take an additional year to complete the degree.

Curriculum

FBD2.1 First year

Code	Course	NQF Credits	NQF Level
PPH1001F	Becoming a Professional	15	5
PPH1002S	Becoming a Health Professional	15	5
AHS1003F	Speech and Hearing Sciences.....	18	5
PSY1004F	Introduction to Psychology Part 1 *	18	5
PSY1005S	Introduction to Psychology Part 2 *	18	5
HUB1014S	Anatomy for Communication Sciences.....	20	5
AHS1025S	Early Intervention.....	18	5
AHS1042F	Human Communication Development.....	18	5
AXL1300F	Introduction to Language Studies.....	18	5

Course for Audiology students:

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

Course for Speech-Language Pathology students:

Code	Course	NQF Credits	NQF Level
AXL1301S	Introduction to Sociolinguistics.....	18	5
Total NQF credits for year 1		176	

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

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

FBD2.2 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:

Code	Course	NQF Credits	NQF Level
AHS1003F	Speech and Hearing Science	18	5
PSY1004F	Introduction to Psychology Part 1	18	5
AHS1042F	Human Communication Development.....	18	5
AXL1300F	Introduction to Language Studies.....	18	5

FBD2.3 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:

In the case of BSc Audiology:

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

In the case of BSc Speech-Language Pathology:

Code	Course	NQF Credits	NQF Level
PSY1005S	Introduction to Psychology Part 2	18	5
AHS1025S	Early Intervention.....	18	5
AXL1301S	Introduction to Sociolinguistics.....	18	5

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[See rule FBD3 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.]

FBD2.4 Second year

Code	Course	NQF Credits	NQF Level
SLL1028H	Xhosa for Health and Rehabilitation Sciences* or	18	5
SLL1048H	Afrikaans for Health and Rehabilitation Sciences*.....	18	7
PSY2015F	Research in Psychology I.....	24	6
PSY2014S	Cognitive Neuroscience and Abnormal Psychology.....	24	6
AHS2047S	Paediatric Rehabilitative Audiology.....	18	6
AHS2106F	Child Language.....	21	6

Courses for Audiology students:

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

Courses for Speech-Language Pathology students:

Code	Course	NQF Credits	NQF Level
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 Xhosa as home language will be required to register for Afrikaans; those who speak English or Afrikaans as a home language will register for Xhosa.]

FBD2.5 Third year

Common courses for Speech-Language Pathology and Audiology students:

Code	Course	NQF Credits	NQF Level
AHS1054W	South African Sign Language.....	8	5
AHS3078H	Research Methods and Biostatistics I.....	10	7
HSE4007Q/R	Navigating COVID-19 for Health and Rehabilitation.....	0	7

Courses for Audiology students:

Code	Course	NQF Credits	NQF Level
AHS3008H	Clinical Audiology II.....	30	7
AHS3062F	Rehabilitation Technology.....	22	7
AHS3065S	Adult Rehabilitative Audiology.....	18	7
AHS3075S	OAEs and Electrophysiology.....	22	7
AHS3104S	Vestibular Management.....	15	7
AHS3105F	Public Health Audiology.....	15	7

Courses for Speech-Language Pathology students:

Code	Course	NQF Credits	NQF Level
AHS3004H	Clinical Speech Therapy II.....	30	7
AHS3071F	Acquired Neurogenic Language Disorders.....	22	7
AHS3072S	Paediatric Motor Speech Disorders & Dysphagia.....	22	7
AHS3073F	Adult Dysphagia and Motor Speech.....	18	7
AHS3102S	Child Language II.....	15	7
AHS3103F	Voice.....	15	7
Total NQF credits for year 3		140	

FBD2.6 Fourth year

Common courses for Speech-Language Pathology and Audiology students:

Code	Course	NQF Credits	NQF Level
AHS4000W	Research Report	30	8
AHS4067S	Seminars in Communication Sciences	4	8
HSE4007Q/R	Navigating COVID-19 for Health and Rehabilitation	0	7

Courses for Audiology students:

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

Courses for Speech-Language Pathology students:

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

Note: If PSY1006F & PSY1007S are added total NQF Credits is 622/628

Intervention programme

FBD3.1 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:

Code	Course	NQF Credits	NQF Level
HSE1003S	Preparation for Entry-level Psychology for Health & Rehab Part 118		5
HSE1004S	Fundamentals of Speech and Hearing Sciences	18	5
HSE1005S	Foundational Concepts in Human Communication Development	18	5
AXL1302S	Linguistics Foundation	18	5

FBD3.2 A student who fails HSE1003S or AXL1302S or HSE1004S or HSE1005S 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 they failed).

FBD3.3 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 HSE1003S but also to register for PSY1006F in IP2.

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:

Code	Course	NQF Credits	NQF Level
PSY1006F	Introduction to Psychology Part 1+*	10	5
HSE1006F	Foundational Concepts in Early Intervention.....	18	5
HSE1007F	Foundations of Hearing and Balance (Audiology students).....	18	5
AXL1303F	Sociolinguistics Foundation (SLP students).....	18	5
Total NQF credits for IP		118	

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

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FBD3.5 Once a student has satisfactorily completed all the prescribed courses of the Intervention Programme, they may proceed to semester 2 of the standard first year curriculum.

Attendance and DP (Due Performance) requirements

- FBD4
- (a) Attendance at all academic activities (e.g. lectures, tutorials) is required.
 - (b) A minimum of 80% attendance is required at clinics. If this attendance requirement is not met, the student may be required to repeat the course or block (clinical rotation).
 - (c) Absence from clinics or other commitments on medical grounds requires a medical certificate. (refer to FGU11.1). Validity of absence on grounds of personal or other problems will be considered on an individual basis by the staff of the Division.
 - (d) All coursework must be completed.
 - (e) Students who do not demonstrate professional conduct will receive a written warning. Thereafter, violations of professional conduct will result in DP being refused for the course in question. A formal investigation into reports of unprofessional conduct may be initiated (refer to FGU5.1)
 - (f) For discipline specific courses in the BSc Audiology and BSc in speech-language pathology programmes a minimum coursework mark of 45% is required for entrance into the examination.
 - (g) Students are required to complete the Navigating COVID-19 short online course including submission of the current Western Cape PACK COVID-19 training module (Knowledge Translation Unit, KTU) certificate of completion and demonstration of personal protective equipment (PPE) donning/doffing competency before commencing clinical rotations

Progression

- FBD5.1 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).
- FBD5.2 A student is required to pass AHS2106F Child Language and AHS2107F Child Speech in order to continue the second semester of the second year clinical practical course AHS2108W Clinical Speech Therapy I. If a student should fail either course, they will have to deregister from the clinical course AHS2108W at the start of the second semester. The student will continue with the clinical course AHS2108W following successful completion of AHS2107F and/or AHS2106F in the following year, if permitted to repeat these courses.
- FBD5.3 A student is required to pass AHS2046F Diagnostic Audiology in order to continue the second semester of the second year clinical practical course AHS2110W Clinical Audiology. If a student should fail the course, they will have to deregister from the clinical course AHS2110W at the start of the second semester. The student will continue with the clinical course AHS2110W following successful completion of AHS2046F in the following year, if permitted to repeat these courses.
- FBD5.4 A student is required to pass AHS3071F Acquired Neurogenic Language Disorders and AHS3073F Adult Dysphagia and Motor Speech in order to continue with the second semester of the third year clinical practical course AHS3004H Clinical Speech Therapy II. If a student should fail these courses, he/she will have to deregister from the clinical course AHS3004H. The student will then continue with the programme following successful completion of AHS3071F and/or AHS3073F in the following year. Students will retain credit for the clinical hours obtained in the first semester of the clinical course.

- FBD5.5 A student is required to pass AHS2047S Paediatric Rehabilitative Audiology in order to register for AHS3008H Clinical Audiology II. The student will then continue with the programme following successful completion of AHS2047S in the following year.
- FBD5.6 A student is required to pass AHS3062F Rehabilitation Technology in order to continue with second semester of AHS3008H Clinical Audiology II. If a student fails AHS3062F, they will have to deregister from the clinical course AHS3008H. The student will then continue with the programme following successful completion of AHS3062F in the following year. Students will retain credit for the clinical hours obtained in the first semester of AHS3008H.
- FBD5.7 First year students are expected to complete independently organised electives requiring observation of clinical work in a variety of settings, and professional activities as per programme requirements. Total elective hours are 20, to be completed prior to registration for the second year of study.
- FBD5.8 In the fourth year clinical courses AHS4005H Clinical Speech Therapy IIIA, AHS4006H Clinical Speech Therapy IIIB, AHS4008H Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB, students are required to pass the final qualifying examinations in order to pass the course (i.e. obtain a minimum mark of 50% for each FQE).
- If a student fails any section of the examination in each course, the student will fail the course, and a maximum mark of 49% will be awarded. *In the first semester:* If a student fails the final qualifying examination in a course in June, and the final examination mark is above 45%, they may be offered a re-assessment of the section that has been failed. *In the second semester:* If the student fails the November final qualifying examination in a course, and the final examination mark is above 45%, the student may be offered a re-examination.
- FBD5.9 In the fourth year clinical course: AHS4005H, AHS4006H, AHS4008H and AHS4009H, the student must pass each clinic of each block (obtain a minimum mark of 50% for each clinic). If the student fails any clinic, they will be required to repeat and pass the clinic.
- FBD5.10 Following a supplementary examination (if awarded), the final mark in a course will be determined as follows: coursework: 60%; supplementary examination mark: 40%.
- FBD5.11 In the fourth year clinical courses AHS4005H Clinical Speech Therapy IIIA, AHS4006H Clinical Speech Therapy IIIB, AHS4008W Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB, students are required to pass each clinic in order to qualify for the final examinations.
- FBD5.12 In the third year clinical courses, AHS3004H Clinical Speech Therapy II and AHS3008H Clinical Audiology II, students are required to pass each clinic block in order to progress to fourth year clinics.
- FBD5.13 If a student fails AHS3102S or AHS3072S, the student may be permitted to participate in certain clinical blocks in AHS4005H which do not require the theoretical knowledge of these courses. The student will need to successfully repeat AHS3102S or AHS3072S before entering AHS4006H.

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FBD5.14 If a student fails AHS3065S AHS3075S, or AHS3104S, the student may be permitted to participate in certain clinical blocks in AHS4008H which do not require the theoretical knowledge of these courses. The student will need to successfully repeat AHS3065S AHS3075S, or AHS3104S before entering AHS4009H.

Readmission rules (Standard Programme and Intervention Programme)

FBD6.1

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

- a. if they are 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, they may be refused readmission);
- b. if they fail a course which they are repeating;
- c. unless they, from the second year of study, successfully completes in each year's examination cycle half or more of the courses for which they are registered in that year (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);
- d. unless they successfully complete all the prescribed courses for any single year in two years;
- e. if they are unable to complete the standard programme in six years or if the student passed through the Intervention Programme - seven years; or
- f. if they are found guilty of unprofessional behaviour or deemed to be impaired.

FBD6.2 A student who has not fulfilled the required number of clinical hours will not be permitted to graduate.

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

Distinction

FBD7 The degree may be awarded with distinction (average of 75% or above for all courses from first to final year of study).

BACHELOR OF SCIENCE IN OCCUPATIONAL THERAPY [SAQA ID: 3497]

Convener:

Dr M Ramafikeng (Department of Health and Rehabilitation Sciences)

[Programme code: MB003 or MB016 (Intervention Programme). Plan code: MB003AHS09.]

Occupational Therapy is an applied discipline dedicated to the study of occupation and its relevance to health and well-being. The purpose of this programme is to educate students to become professionals who can help to change people's lives by facilitating their engagement in occupations that are appropriate to their environment, background and health needs. Lecturers are committed to preparing graduates to make a contribution to the practice needs in our country. Students are encouraged and enabled to become self-directed and life-long learners. The profession requires mature people with integrity who are creative and innovative thinkers, good communicators and committed to service.

Students receive instruction in English, but Xhosa and Afrikaans will increasingly be used alongside English to enable students who are not familiar with an African language to communicate with persons who are unable to express themselves in English.

The BSc in Occupational Therapy leads to registration with the Health Professions Council of South Africa (HPCSA) as an occupational therapist.

Duration of programme

FBE1 The degree programme extends over either four or (for students passing through the Intervention Programme) five years of full-time study.

Curriculum

FBE2.1 First year

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

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

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

FBE2.2 A student who fails 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:

Code	Course	NQF Credits	NQF Level
PSY1004F	Introduction to Psychology Part 1 or.....	18	5
PSY1006F	Introduction to Psychology Part 2+	10	5
HUB1019F	Anatomy and Physiology IA	18	5
AHS1035F	Human Occupation and Development.....	22	5

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FBE2.3 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:

Code	Course	NQF Credits	NQF Level
PSY1005S	Introduction to Psychology Part 2	18	5
HUB1020S	Anatomy and Physiology IB.....	18	5
AHS1032S	Occupational Perspectives on Health and Well-being.....	20	5

[See rule FBE3 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.]

FBE2.4 Second year

Code	Course	NQF Credits	NQF Level
AHS2002W	Clinical Sciences I.....	13	6
HSE4007Q/R	Navigating COVID-19 for Health and Rehabilitation.....	0	7
PRY2002W	Psychiatry for Occupational Therapists.....	14	6
PSY2013F	Social and Developmental Psychology	24	6
HUB2015W	Anatomy & Physiology II for Health & Rehabilitation Sciences..	36	6
AHS2043W	Occupational Therapy II.....	36	6
Total NQF credits in second year:		123	

FBE2.5 Third year

Code	Course	NQF Credits	NQF Level
SLL1028H	Xhosa for Health and Rehabilitation Sciences*	18	5
SLL1048H	Afrikaans for Health and Rehabilitation Sciences *	18	7
HSE4007Q/R	Navigating COVID-19 for Health and Rehabilitation.....	0	7
AHS3078H	Research Methods and Biostatistics I.....	10	7
AHS3107W	Occupational Therapy Theory and Practice in Physical Health	38	7
AHS3108W	Occupational Therapy Theory and Practice in Mental Health	38	7
AHS3113W	Foundation Theory for Occupational Therapy Practice I.....	26	7
Total NQF credits in third year:		148	

FBE2.6 Fourth year

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

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

[*Note: A student may be exempted from doing Afrikaans or Xhosa in the third year under the following conditions:

- the language concerned was taken as a home language in the final school year. A copy of the NSC certificate stating the first language status is required as evidence; or
- the student is proficient in speaking the language concerned. The student will be given an oral during which their proficiency will be assessed.]

Intervention programme

FBE3.1 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:

Code	Course	NQF Credits	NQF Level
HSE1008S	Fundamentals of Anatomy and Physiology IA.....	0	5
HSE1003S	Preparation for Entry-level Psychology for Health & Rehab Part I18		5
HSE1010S	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.]

FBE3.2 A student who fails HSE1003S and has met the DP requirement for this course may be permitted to repeat the course during the summer term. If they again fail during the summer term, they 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 HSE1003S.

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:

Code	Course	NQF Credits	NQF Level
PSY1006F	Introduction to Psychology Part 1+*.....	10	5
HSE1009F	Fundamentals of Anatomy and Physiology IB.....	36	5
HSE1011F	Fundamentals of Human Occupation and Development 1B.....	48	5
Total NQF credits in IP:		112	

*[*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.]*

FBE3.5 A student who has failed PPH1002S Becoming a Health Professional will register for this course as well.

FBE3.6 Once a student has satisfactorily completed all the prescribed courses of the Intervention Programme, they may proceed to semester 2 of the standard curriculum.

DP (Due Performance) requirements and progression rules

- FBE4
- (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.

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- (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.
- (e) Students are required to complete the Navigating COVID-19 short online course including submission of the current Western Cape PACK COVID-19 training module (Knowledge Translation Unit, KTU) certificate of completion and demonstration of personal protective equipment (PPE) donning/doffing competency before commencing clinical rotations.

Readmission

- FBE5.1 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree, or may have their registration cancelled:
- (a) if they are in the Intervention Programme and fail any course in it (no supplementary examinations are offered in the Intervention Programme);
 - (b) if they fail a course which they are repeating;
 - (c) unless they, from the second year of study, successfully complete in each year's examination cycle half or more of the courses for which they are registered in that year (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);
 - (d) unless they successfully complete all the prescribed courses for any single year in two years;
 - (e) if they are unable to complete the standard programme in six years; or
 - (f) if they have been found guilty of unprofessional behaviour or found to be impaired.

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

Distinction

- FBE6 The degree may be awarded with distinction (average of 75% or above for all courses from first to final year of study).

BACHELOR OF SCIENCE IN PHYSIOTHERAPY **[SAQA ID: 3345]**

Convener:

Dr N Naidoo (Department of Health & Rehabilitation Sciences)

[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.

Duration of programme

FBF1 The curriculum for the degree 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 section on Definition of Terms used in this Handbook for explanatory notes about HEQSF levels and NQF credits.]

FBF2.1 First year

Code	Course	NQF Credits	NQF Level
PPH1001F	Becoming a Professional	15	5
PSY1004F	Introduction to Psychology Part 1 *	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
	Total NQF credits for year 1	142	

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

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

FBF2.2 Any student who fails one or more of the following courses may be required to enter the Intervention Programme Parts 1 and 2:

Code	Course	NQF Credits	NQF Level
PSY1004F	Introduction to Psychology Part 1	18	5
PSY1006F	Introduction to Psychology Part 1+	10	5
HUB1019F	Anatomy and Physiology IA	18	5
HUB1022F	Biosciences for Physiotherapy IA	9	5
AHS1033F	Movement Science I	18	5

FBF2.3 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:

Code	Course	NQF Credits	NQF Level
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

[See rule FBF3.1 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.]

FBF2.4 Second year

Code	Course	NQF Credits	NQF Level
SLL1028H	Xhosa for Health and Rehabilitation Sciences* or	18	5
SLL1048H	Afrikaans for Health and Rehabilitation Sciences*	18	7
AHS2002W	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
Total NQF credits for year 2		164	

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

FBF2.5 Third year

Code	Course	NQF Credits	NQF Level
AHS3004W	Clinical Sciences II.....	10	7
HSE4007Q/R	Navigating COVID-19 for Health and Rehabilitation.....	0	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
Total NQF credits for year 3		150	

FBF2.6 Fourth year			
Code	Course	NQF Credits	NQF Level
AHS4065W	Clinical Physiotherapy III	98	8
HSE4007Q/R	Navigating COVID-19 for Health and Rehabilitation	0	7
AHS4066F/S	Becoming a Rehabilitation Professional II.....	4	8
AHS4071F/S	Applied Physiotherapy III	20	8
AHS4072H	Research Methods and Biostatistics II	10	8
	Total NQF credits for year 4:	132	
	Total NQF credits for programme:*	588	

AHS4066S will be offered if the student fails AHS4066F AHS4071S will be offered if the student fails AHS4071F*

Intervention programme

FBF3.1 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:

Code	Course	NQF Credits	NQF Level
HSE1008S	Fundamentals of Anatomy and Physiology IA.....	0	5
HSE1012S	Fundamentals of Biosciences for Physiotherapy IA.....	0	5
HSE1003S	Preparation for Entry-level Psychology for Health & Rehab Part I18		5
HSE1014S	Fundamentals of Movement Science & Applied Physiotherapy IA 0		5

FBF3.2 A student who fails HSE1003S and has met the DP requirement for this course may be permitted to repeat the course during the summer term. If they again fail HSE1003S during the summer term, they may be refused readmission.

FBF3.3 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 HSE1003S.

FBF3.4 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:

Code	Course	NQF Credits	NQF Level
HSE1009F	Fundamentals of Anatomy and Physiology IB.....	36	5
HSE1013F	Fundamentals of Biosciences for Physiotherapy IB.....	36	5
HSE1015F	Fundamentals of Movement Science & Applied Physiotherapy IB36		5
PSY1006F	Introduction to Psychology Part 1+*	10	5
	Total NQF credits in IP:	136	

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

DP (Due Performance) requirement

FBF4.1 Attendance at all academic activities (e.g. lectures, tutorials) is required. A minimum of 80% attendance is required for: lectures, practical and tutorials in all professional modules and courses. Attendance is monitored through the signing of an attendance register at each session. Absence on medical grounds requires a medical certificate.

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Students are required to submit all coursework as required in the different modules (where applicable) by the due dates. Consequence of failing the DP requirement for any course will follow GB9.4 a-c as published in the General handbook of Rules and Policies which is available on the UCT website for all students.

- FBF4.2 Clinical DP for courses AHS3069W and AHS4065W: Students need to complete the required clinical hours as prescribed by the HPCSA. In addition, full attendance of and participation in all coursework activities and submission of clinical portfolio by due dates set. Where a student is absent for more than five (5) days in total for the calendar year, the student will be required to work the clinical hours back at a time agreed upon by the course convener and clinical placement. Absence on medical grounds requires a medical report. Should a student miss two weeks (or 8 clinical days) or more of a clinical block rotation prior to entering the clinical block examination week, the student will not be eligible to do the end of block examination. Reasons for absence (including supporting documentation) must be submitted to the division within 5 days.
- FBF4.3 AHS4065W: An electronic pre-block test must be completed prior to the start of the ICU placement. Students who do not achieve a minimum of 60% for the ICU pre-block test will NOT be allowed to manage ICU patients and will be expected to shadow the clinician in ICU and only treat ward patients independently until they pass the additional test. A second opportunity to re-write the test will be arranged with the relevant students. If by the end of week 2 of the block the student still hasn't passed the pre-block test, the student will be removed from the block and will be required to re-do the entire block at a time arranged by the course convener and the clinical placement. Similarly, all students on the paediatric block are required to complete a paediatric pre-block workbook, which must be completed and passed one week before the start of your paediatric clinical block. Students may take as many attempts to complete the electronic workbook to achieve a pass of 70% or more in order to commence on the placement. Students will only be allowed to manage patients once they have achieved this.
- FBF4.4 DP requirements for service courses within each year of physiotherapy may be different to the general Physiotherapy DP requirement and it is the responsibility of each student to ensure that they are familiar with ALL DP requirements for each year of study.
- FBF4.5 Failure to meet DP requirement. Consequence of failing the DP requirement for any course will follow GB9.4 a-c as published in the General handbook of Rules and Policies which is available on the UCT website for all students.
- FBF 4.6 Students are required to complete the Navigating COVID-19 short online course including submission of the current Western Cape PACK COVID-19 training module (Knowledge Translation Unit, KTU) certificate of completion and demonstration of personal protective equipment (PPE) donning/doffing competency before commencing clinical rotations

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.]

FBF5.1 Students may be required to do a nursing elective as part of AHS2050H. The elective must be for a total of 24 hours, at a facility recognised by the Divisional Board of Physiotherapy and must be completed before the start of the second semester.
Students whose performance in the nursing elective is deemed unsatisfactory have to repeat the elective before progressing to the next year of study.

FBF5.2 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree:

- (a) if they are in the Intervention Programme and fail any course in it (no supplementary examinations are offered in IP);
- (b) if they fail a course which they are repeating;
- (c) unless they, from the second year of study, successfully completes in each year's examination cycle half or more of the courses for which they are registered in that year (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);
- (d) unless they successfully complete all the prescribed courses for any single year in two years;
- (e) if they are unable to complete the standard programme in six years.

FBF5.3 A student who has not fulfilled the required number of clinical hours will not be permitted to proceed to the next year of study (or to graduate, if they are in their final year of study).

Distinction

FBF6 The degree may be awarded with distinction (a credit-weighted average of 75% or above for all courses from first to final year of study).

Course Assessment

FBF7 Assessments for coursework will include but not be limited to written tests, oral tests, online quizzes, group and individual assignments and practical tests. Students must complete a course evaluation at the end of each semester online via VULA for all courses.

Lecture Times

FBF8 Lecture times will be made available online via VULA sites for all courses at the start of the academic year for both service and profession specific physiotherapy courses.

Carrying Over of Courses Across Years of Study

FBF9 Students who during their course of study in the programme are repeating a course and wish to bring down a course from a higher year/level will be allowed to do so if all pre-requisites for the course have been met and DP requirements for the repeating and carried courses are also met. **Specifically pertaining to clinical course within the programme, students are required to obtain credits for ALL theoretical courses of the preceding year, to register for a clinical year.

HIGHER CERTIFICATE IN DISABILITY PRACTICE **[SAQA ID: 93691]**

Conveners:

TBC (Department of Health & Rehabilitation Sciences)

[Programme Codes: MU002AHS21 (January/July intake).

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

Admission requirements

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

Structure and duration of programme

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

Curriculum

FGC3: The prescribed courses are:

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

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

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

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

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

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

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

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- FGC4.3 A student who has not fulfilled the required number of clinical hours for practice learning will not be permitted to graduate.
- FGC4.4 A student who fails a course may be permitted to write a supplementary examination. The class (or year) mark is not added to the result of any such supplementary examination in determining the final result for the course.

ADVANCED DIPLOMA IN COSMETIC FORMULATION SCIENCE

Convener:

Professor N Khumalo

[Programme Code: MU003MDN27]

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

Admission requirements

- FGD1 (a) An applicant may be considered for admission to the Advanced Diploma on the basis of having:
Bachelor of Science or equivalent with Chemistry 3/Biochemistry 3 (preferable)
Bachelor of Science or equivalent with Chemistry 2/Biochemistry 2
- (b) A non-degree applicant with Chemistry 2/Biochemistry 2 AND relevant work experience (at least 2 years) may be considered subject to availability of space
- (c) All applicants should submit a CV and motivation letter with their application for the diploma
- (d) Evidence of proficiency in English
- (e) National Benchmark Test (NBT) is not required for the program.
- FGD2 A non-degree applicant should submit a CV with evidence of running their own company or letter from an employer indicating relevant work experience

Structure and duration of the programme

- FGD3 The programme comprises five courses and extends over one year. Participation in laboratory practicals, tutorials and group projects is compulsory*. Where all coursework cannot be completed in a minimum of one year, permission may be granted for the Diploma to be completed over a maximum of two years.
- [*Note: Absence from courses or other commitments on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the academic staff of the Programme.]*

Curriculum outline

FGD4 The prescribed courses are:

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

Readmission and progression rules and supplementary examinations

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

- FGD5.1 A student who fails a course may be permitted to write a supplementary examination. The year mark is added to the result of any such supplementary examination in determining the final result for the course.

- FGD5.2 Except by permission of the Senate, a student will not be permitted to renew their registration for the degree, or may have their registration cancelled, if:
 - (a) They fail more than one course;
 - (b) They fail a course which they are repeating;
 - (c) They are unable to successfully complete all the prescribed courses in two years;
 - or
 - (d) They are found guilty of unprofessional behaviour.

Distinction

FGD6 The Diploma may be awarded with distinction (75% – 100% average with not less than 60% for any course). All courses must be passed at first attempt.

DEPARTMENTS IN THE FACULTY

LIST OF DEPARTMENTS, DIVISIONS and UNITS

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

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

Plastic, Reconstructive & Maxillo-facial Surgery
Surgical Gastroenterology
Urology

ANAESTHESIA AND PERIOPERATIVE MEDICINE

D23, New Groote Schuur Hospital

Professor and Head:

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

Professor and Deputy Head:

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

Emeritus Professor and Senior Scholar:

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

Associate Professors:

IA Joubert, MBChB *Witwatersrand DA SA FCA SA*

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

Senior Lecturers Full-time:

K Bergh, MBChB *Pret DA SA FCA SA*

K Bester, MBChB *Stell DA SA FCA SA*

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

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

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

E Cloete, MBChB *Pret DA SA FCA SA*

E Coetzee, MBChB *Pret DA SA FCA SA*

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

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

A Ernst, MBChB *Pret DA SA FCA SA*

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

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

N Hadebe, MBChB *Witwatersrand FCA SA*

N Hauser, BSc (Physiotherapy) MBChB MMed *Cape Town DA SA FCA SA*

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

SAM Heijke, MBChB *Cape Town FFA SA*

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

K Kemp, MBChB *Stell DA SA FCA SA*

N Khan, MBChB *Cape Town DA SA FCA SA*

RL Llewellyn, MBChB *Cape Town FCA SA*

A Marais, MBChB MMed *Stell DA SA FCA SA*

H Meyer, MBChB *London FRCA UK*

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

LF Montoya-Pelaez, MBChB *Zimbabwe FCA SA*

AL Myburgh, MBChB *Pret DA SA FCA SA*

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

RW Nieuwveld, BSc MBChB *Witwatersrand FFA SA*

G Picken, MBChB *Cape Town DA SA FCA SA*

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

O Porrill, MBChB *Witwatersrand DA SA FCA SA*

AR Reed, MBChB *Cape Town DA SA FRCA UK*
 F Roodt, MBChB *Cape Town DA SA FCA SA*
 FG Schneider, MBChB *Cape Town FRCA UK FANCA AUS*
 C Simons, MBChB *Cape Town DA SA FCA SA*
 HKS Steinhaus, MBChB *Cape Town DA SA FCA SA*
 KJ Timmerman, MBChB *Cape Town DA SA FCA SA*
 D van Dyk, MBChB *Cape Town DA SA FCA SA*
 J van Nugteren, MBBCh *Witwatersrand DA SA FCA SA*
 A Vorster, MBChB *Stell DA SA FCA SA*
 GS Wilson, MBChB *Cape Town FCA SA*

Lecturer Part-time:

DJB Batty, MBChB *Cape Town FCA SA*

AAE2001S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr R Klopper

Course entry requirements: None

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

AAE4002W ANAESTHESIA PART I

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: AAE4102X, AAE4202X, AAE4302, AAE4402X, AAE4502X
 20 NQF credits at NQF level 8

Convener: Dr A Ernst

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

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

Course outline:

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

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

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

AAE4003W ANAESTHESIA PART I FOR EXTERNAL CREDIT

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

Convener: Dr A Ernst

Course entry requirements: None

Course outline:

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

DP requirements: Satisfactory completed logbook of anaesthesia skills and attendance of all tutorial seminars.

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

AAE5000W ANAESTHESIA PART II FOR EXTERNAL CREDIT

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

Convener: Dr B Brennan

Course outline:

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

AAE6000W ANAESTHESIA PART II

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

Convener: Dr B Brennan

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

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

Course outline:

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

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

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

HEALTH AND REHABILITATION SCIENCES

F45, F56 Old Main Building, Groote Schuur Hospital

Associate Professor and Head of Department:

L Ramma, BA *Fresno State* PGDip (Health Economics) *Cape Town* MA (Audiology) *San Diego* MPH *Witwatersrand* AuD *Florida*

Communication Sciences and Disorders

F45, F56 Old Main Building, Groote Schuur Hospital

Head of Division:

M Harty, B (Communication Pathology) MA (Augmentative & Alternative Communication) PhD *Pret*

Professor:

Kathard H, B (Speech and Hearing Therapy) M (Speech Pathology) DEd *Durban*

Associate Professors:

M Pascoe, BSc (Logopaedics) MSc (Speech-Language Pathology) *Cape Town* PhD *Sheffield*
SA Singh, B (Speech and Hearing Therapy) *Durban* MA PhD *Northwestern*

Senior Lecturers:

V Norman, BSc (Logopaedics) *Cape Town* M (Communication Pathology) *Pret*
L Petersen, B (Speech & Audiology) *Stell* MSc (Audiology) *Cape Town*
C Rogers, MSc (Audiology) *Cape Town*

Lecturers Full-time:

T Cloete, BSc (Audiology) MSc (Audiology) *Cape Town*
V-G Hlayisi, BSc (Audiology) MSc (Audiology) *Cape Town*

Lecturers Part-time:

Z Chakara, BSc (Audiology) MSc (Audiology) *Cape Town*
C Legg, BA (Speech and Hearing) MA (Speech Language Pathology) PhD *Witwatersrand*
O Mahura, BSc (Speech-Language Pathology) MSc (Speech-Language Pathology) *Cape Town*
S Segoneco, BSc (Audiology) *Cape Town*

Senior Clinical Educators Part-time

F Camroodien-Surve, BSc (Speech-Language Pathology) *Cape Town* M (Early Childhood Intervention) *Pret*
N Keeton, BSc (Audiology) MSc (Audiology) *Cape Town*
J le Roux, BSc (Logopaedics) *Cape Town* M (Early Childhood Intervention) *Pret*

Clinical Educators Part-time:

K Abrahams, BSc (Speech-Language Pathology) MSc (Speech-Language Pathology) PhD *Cape Town*
J Chohan, MSc (Audiology) *Cape Town*
G Gonsalves, BSc (Audiology) *Cape Town*
T Kuhn, BSc (Logopaedics) *Cape Town*
N Luwaca, BSc (Audiology) *Cape Town*
K Murray, BSc (Speech-Language Pathology) *Cape Town*
M Orrie, BSc (Speech-Language Pathology) *Cape Town*

Disability Studies

F45, F56 Old Main Building, Grootte Schuur Hospital

Lecturer and Interim Head of Division:

S Gabriels, BSc (Physiotherapy) *UWC*

Professor:

T Lorenzo, BSc (Occupational Therapy) HEdAd *Witwatersrand* MSc (Communication Disorders) *London* PhD *Cape Town*

Associate Professor:

J McKenzie, BSc (Logopaedics) BA *Cape Town* PGCE *Unisa* MA *York* PhD *Rhodes*

Senior Lecturer:

B Watermeyer, MA (Clinical Psychology) *Cape Town* DPhil *Stell*

Honorary Lecturer:

J Weber, (PhD) Senior Global Advisor CBID for CBM Honorary Research Affiliate IDEA research unit

Lecturer:

I Nwanze, B (Business Systems) BHons (Computing) *Monash* MPhil *Cape Town*

Nursing and Midwifery

F45, F56 Old Main Building, Grootte Schuur Hospital

Senior Lecturer and Head:

NA Fouché, PhD (Education)(Nursing) AUDNEd *Cape Town* Dip (Int Nursing) Science RM *Carinus Nursing College* RN *Andrew Fleming Hospital*

Associate Professor:

SE Clow, BSocSc (Nursing) MSc (Nursing) *Durban Natal* AUDNEd PhD *Cape Town* RN RM CHN

Emeritus Associate Professor:

U Kyriacos, Fellow (Academy of Nursing of SA) MSc BCur IetA Oph N Crit Care RN RM PhD *Cape Town*

Senior Lecturer Full-time:

T de Villiers, BSc (Nursing) MSc (Nursing) PhD *Cape Town* Dip (Nursing Education) Cert (HIV/AIDS Care and Counselling) PGDip (Nursing Administration) *Unisa* PGDip (Paediatric Nursing) *Nico Malan Nursing College*

Lecturers Part-time:

A Stubbs, RN RM BCur PGDip (Nursing Education) MSc (Nursing)

Y van der Nest, Dip (Nursing Education & Administration) *UJ* Dip (Nephrology Nursing) *MMU* RN RM CHN *Coronation Nursing College*

Occupational Therapy

F45, F56 Old Main Building, Groote Schuur Hospital

Head of Division:

HA Buchanan, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD *Cape Town*

Professors:

R Galvaan, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD *Cape Town*

E Ramugondo, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD *Cape Town*

Associate Professor:

HA Buchanan, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD *Cape Town*

Senior Lecturers:

P Gretschel, B (Occupational Therapy) M (Early Childhood Intervention) *Pret PhD Cape Town*

M Motimele, BSc (Occupational Therapy) MSc (Occupational Therapy) *Cape Town*

L Peters, BSc (Occupational Therapy) MSc (Occupational Therapy) *Cape Town*

M Ramafikeng, BSc (Occupational Therapy) MSc (Occupational Therapy) PhD *Cape Town*

A Sunday, BSc (Occupational Therapy) *UWC* M (Early Childhood Intervention) *Pret PhD Cape Town*

Lecturers:

I Abbas, BSc (Occupational Therapy) *Cape Town* MSc (Occupational Therapy) *UWC*

E Williams, BSc (Occupational Therapy) (Cum Laude) *UWC* M.Phil (Infant Mental Health) *US*

Senior Clinical Educators Part-time:

A Ebrahim, BSc (Occupational Therapy) BSocSc *Cape Town* MEd *CPUT*

H Flieringa, BArb *Stell* PGDip (Health Professional Education) MSc (Occupational Therapy) *Cape Town*

T Mohamed, BSc (Occupational Therapy) *UWC*

L Richards, BSc (Occupational Therapy) *Cape Town*

Clinical Educators Part-time:

S Damonse, BSc (Occupational Therapy) *UWC*

M Francke, BSc (Occupational Therapy) *Cape Town*

F Gamielien, BSc (Occupational Therapy) MSc (Occupational Therapy) *Cape Town* Dip (Business Management) *Varsity College*

M Hannington, BSc (Occupational Therapy) *WITS* MSC (Occupational Therapy) *WITS*

Z Syed, BSc (Occupational Therapy) *UWC* M (Occupational Therapy) PGDip (Addiction Care) *Stell*

Physiotherapy

F45, F56 Old Main Building, Groote Schuur Hospital

Senior Lecturer and Head:

N Naidoo, BSc (Physiotherapy) *UDW* MMS ME *Natal* PhD *Cape Town*

Associate Professor:

S Maart, BSc (Physiotherapy) MPH *UWC* PhD *Cape Town*

Senior Lecturers:

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

G Ferguson, BSc (Physiotherapy) MSc *Cape Town* PhD *Katholieke Universiteit Leuven*
 S Manie, BSc (Physiotherapy) *UWC MSc Stell*

Lecturers:

N Edries-Khan, BSc (Physiotherapy) MSc *Cape Town*
 C Hendricks, BSc (Physiotherapy) MSc *UWC*
 N Ntinga, BSc (Physiotherapy) *UKZN MSc Witwatersrand*
 N Pefile, BSc (Physiotherapy) *UWC PGD Public Health Wits MSc Stell*

Lecturers Part-time:

H Talberg, BSc (Physiotherapy) MPhil (Education) *Cape Town*

Assistant Director, Department of Physiotherapy, Groote Schuur Hospital:

C Davids, BSc (Physiotherapy) *UWC*

Senior Clinical Educators Part-time:

L Rustin, BSc (Physiotherapy) *UWC MSc Cape Town*
 D Scott, BSc (Physiotherapy) *MSc Cape Town*

Clinical Educators Part-time:

I Du Plessis, BSc (Physiotherapy) MSc *Pret*
 S Gabriels, BSc (Physiotherapy) *UWC*
 F Harris, BSc (Physiotherapy) *UWC MSc Cape town*
 M Naidoo, BSc (Physiotherapy) MSc PhD *UWC*
 F Solomons, BSc (Physiotherapy) *UWC*

Honorary Professor:

B Smits-Engelsman, BA *Polytechnic Nijmegen* MA *Utrecht* MED *Maastricht* MSc MA *Avansplus Breda* PhD *Nijmegen*

AHS1003F SPEECH AND HEARING SCIENCES

18 NQF credits at NQF level 5

Convener: Associate Professor L Ramma and Mr S Segoneco

Course entry requirements: None

Course outline:

The aim of this course is an understanding of the nature of sound, how sound is perceived by humans and how speech is produced. Content also includes the dimensions and parameters of sound; transmission of sound; analysis of sound; resonance; measurement of sound; range of hearing; the concept of threshold; concepts of loudness and pitch; masking as well as binaural hearing; speech production; nature of speech; vocal anatomy, the vocal tract articulators and resonators; linguistic function of speech sounds; as well as spectra and spectrograms. Skills taught include basic numeracy, the interpretation of graphs, as well as ability to relate physical concepts of sound to speech and hearing. Students should develop an appreciation of the physical nature of sound as well as an appreciation of the fact that perception of sound is an individual experience. Teaching and learning activities comprise lectures; practical demonstrations; assigned activities, self-directed study (websites), and group discussions.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS1025S EARLY INTERVENTION

18 NQF credits at NQF level 5

Convener: Mrs V Norman

Course entry requirements: None

Course outline:

The course aims to develop an understanding of the need for the speech-language therapist's/audiologist's role in early intervention in the South African context; of risk populations; and of principles and approaches to screening, assessment and intervention. Content includes early intervention within the primary healthcare framework; an introduction to hearing, communication and feeding difficulties in specific risk populations; specific approaches to early intervention (asset-based, family-centred); and basic assessment and management of communication in children up to the age of three. Teaching and learning activities include lectures, small group discussions, literature searches and reviews and observation of interactions with young children. Themes underpinning the course are primary healthcare and contextual relevance; working in a multilingual, multicultural society; ethics and human rights; and developing agents for change.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark

AHS1032S OCCUPATIONAL PERSPECTIVES ON HEALTH AND WELL-BEING

20 NQF credits at NQF level 5

Convener: Dr P Gretschel

Course entry requirements: AHS1035F or AHS1044F

Objective: Students will be able to describe the link between human occupation, health and well-being; discuss forms of occupational risk/dysfunction focusing on environmental determinants; describe their understanding of the lived experience of a person with a disability; discuss various means of enabling occupational performance; understand the role of an OT and other role-players within practice learning settings; use reflection and reasoning as crucial for taking control of own learning; and learn how to turn an art form into a possible business venture.

Course outline:

This course analyses and explores the relationship between what people do and their health and well-being. By engaging with people of different ages in various practice learning contexts, students gain an appreciation of how dimensions of occupational performance in self-care, productivity and leisure unfold across the lifespan in relation to culture, context and ability. They also develop an appreciation of the lived experience of disability, and how dimensions of occupational performance in self-care, productivity and leisure are affected by disability. They engage with issues of diversity and explore the role of an OT as a transformative agent. They explore how art can serve as an income-generating activity and the role that the environment plays in facilitating or hindering people's occupational aspirations and capabilities.

Lecture times: Tuesdays, Thursdays and Fridays 11h00-12h45; and Wednesdays 09h00-12h45.

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

Assessment: Coursework assessments contribute 50% to the final mark and comprises a micro-enterprise assignment (20%); a Human Development and Occupation assignment (30%); journal 1 (20%); and journal 2 (30%). The final examination contributes 50% of the final mark and comprises a written paper. The final mark calculated as follows: Coursework mark (50%) and Examination mark (50%).

AHS1033F MOVEMENT SCIENCE I

18 NQF credits at NQF level 5

Convener: Miss N Ntinga

Course entry requirements: None

Objective: At the end of this course, students will be able to understand the concepts of movement as it relates to the body and across the lifespan.

Course outline:

Course content comprises basic terminology, surface anatomy, joint movement, goniometry, human development across the lifespan and the scientific principles associated with human movement analysis and basic principles of assessment. This course is taught through lectures, practical demonstrations, workshops, self-study sessions and tutorials.

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

Assessment: The course mark is weighted 50% and comprises tutorial tasks (weighted 15%); a theory test (20%); and a structured practical test (15%). The final examination mark is weighted at 50% and comprises a written examination (25%) and a structured practical examination (25%).

AHS1034S INTRODUCTION TO APPLIED PHYSIOTHERAPY

22 NQF credits at NQF level 5

Convener: Mr N Pefile

Course entry requirements: All first semester courses in the BSc Physiotherapy programme.

Objective: At the end of this course students will be able to apply the concepts of movement as relates to basic assessment of mobility and exercise.

Course outline:

This course builds on the foundational concepts covered in Movement Science 1 and will consolidate the principles of application to health promotion and well-being. The course is taught through lectures, practical demonstrations and workshops, self-study sessions and tutorials. Students visit the clinical platform for exposure to the scope of physiotherapy practice.

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

Assessment: The coursework mark is weighted 50% and comprises tutorial tasks (weighted 15% towards final mark); a theory test (15%); a structured practical test (15%) and an assignment (5%). The final exam is weighted 50% and comprises of a written examination (25%) and a structured practical exam (25%).

AHS1035F HUMAN OCCUPATION AND DEVELOPMENT

22 NQF credits at NQF level 5

Convener: Dr P Gretschel

Course entry requirements: None

Objective: By the end of this course, students are able to describe the concept of “occupation” and begin to understand its dimensions; discuss occupational therapy values and their influence on understanding people and approaches for practice; discuss the place of activity analysis in occupational therapy and begin to use macro activity analysis; discuss the experience and the doing of an occupation; describe the role that the environment plays in an occupation; describe and discuss human development in relation to the occupational human; and discuss issues of diversity in relation to the self.

Course outline:

This course introduces students to the basic concepts that underlie occupational therapy principles, values and modes of practice. These concepts include foundational theories in the study of human occupation and development. Students develop procedural and critical thinking by exploring the occupational human and occupational behaviour in various contexts. By exploring art forms engaged in by people in urban as well as rural or informal settlements, students begin to appreciate the relationship between human occupation and the environment.

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Students also engage with issues of diversity through open and constructive dialogue that aims to facilitate an understanding of inter-group relations, conflict and community.

Lecture times: Tuesdays, Thursdays and Fridays 11h00-12h45 and Wednesdays 09h00-12h45.

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

Assessment: Coursework assessments contribute 50% to the final mark and comprises of an art forms report (30%); art forms presentation (30%); and test (40%). The final exam contributes 50% to the final mark and comprises a written paper. The final mark is calculated as follows: Coursework mark (50%) and examination mark (50%).

AHS1042F HUMAN COMMUNICATION DEVELOPMENT

18 NQF credits at NQF level 5

Convener: Associate Professor M Pascoe

Course entry requirements: None

Course outline:

The purpose of this course is to enable the student to understand the communication chain and difficulties when breakdown occurs; and key aspects of communication development in children up to the age of six and school-age children. Content also includes general principles of development; typical communication (speech, language and auditory) development; and a framework for language development. Students develop the skills of observation and interaction with children; profile a child's development in relation to expected milestones; and develop materials. The course emphasises an appreciation of the influence of culture and individual differences on communication development. Teaching and learning activities comprise lectures, small group discussions, class presentations, and observation of and interaction with young children. Themes underpinning the course include primary healthcare and contextual relevance; a multilingual, multicultural society; ethics and human rights.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

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

AHS1045S BASIS OF HEARING AND BALANCE

18 NQF credits at NQF level 5

Convener: Mrs C Rogers and Mr S Segoneco

Course entry requirements: None

Course outline:

This course aims to develop an understanding and knowledge of the anatomy, physiology and pathology of hearing and balance underpinning audiology diagnoses; the impact of hearing and balance difficulties; and prevention and health promotion strategies. Content includes the anatomy and physiology of hearing and balance and the patho-physiology of hearing and vestibular disorders. Students learn to appreciate that a thorough knowledge of the anatomy, physiology and pathology is fundamental to an audiology diagnosis. They acquire a holistic view of clients and appreciate the need to exercise duty of care. Teaching and learning activities include lectures, web-based learning, case studies and group learning. Themes underpinning the course include primary healthcare, the burden of disease, and a bio-psycho-social model of healthcare.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS1054W SOUTH AFRICAN SIGN LANGUAGE

8 NQF credits at NQF level 5

Convener: Miss F Camroodien-Surve**Course entry requirements:** None**Course outline:**

The aim of this course is to acquire South African Sign Language (SASL) at a basic level to obtain case history, give instructions (plus diagnostic testing), feedback and informational counselling, and to demonstrate use of appropriate communication strategies for sign language. Content includes greetings, basic communication, finger-spelling and numbers, hand-shape, location, orientation, movement and non-manual features, production and reception of signs, dominant and passive hands, how to change the language structure from SASL into English and English into SASL, specific sign vocabulary relating to audiology and speech and language therapy, and general sign vocabulary. Students learn to conduct a case history using basic sign language. They acquire an attitude of empathy and respect for multilingual and multicultural diversity. Teaching and learning activities include modelling, lectures, group-work, role-play, and videos/DVDs. Students have interactions with members of the Deaf community.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS1060F/S DISABILITY INFORMATION MANAGEMENT AND COMMUNICATION SYSTEMS PART I

7 NQF credits at NQF level 5

Convener: Mr I Nwanze**Course entry requirements:** None**Co-requisites:** AHS1063S, AHS1065S and AHS1066S**Course outline:**

Students learn the importance of information management and how adequate and inadequate application of the principles of record keeping affect the overall quality of client quality of care. Student learn skills in adult learning, group management and giving appropriate feedback depending on the audience. Students demonstrate skills in communicating information appropriately to clients while observing the verbal and non-verbal modes of communication. Students learn how to prepare and use appropriate visual aids for information dissemination to the appropriate audience. Students then learn how to search and record and use available resources in the community as support structures for the quality of care provided to clients.

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

Assessment: Practical test 15%; Portfolio assessment 10%; and Examination 25%.

AHS1061F/S DISABILITY INFORMATION MANAGEMENT & COMMUNICATION SYSTEM PART II

8 NQF credits at NQF level 5

Convener: Mr I Nwanze

Course entry requirements: AHS1060S

Co-requisites: AHS1064F, AHS1062F and AHS1067F

Course outline:

The students will learn basic information and communication systems in relation to care pathways and referral systems for people with disabilities. By the end of this course, students should appreciate critical enquiry; know how to use a variety of participatory rural appraisal methods; be able to apply ethical principles in research ethics work with DPOs; know the components of an information system; understand the principles and practice of record-keeping; know how to use a variety of different tools to gather information (WHO checklist, ICF, PRA); and know how to identify relevant support service and care pathways for effective referral across sectors.

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

Assessment: Practical test 15%; Portfolio assessment 10%; and Examination 25%.

AHS1062F/S PROMOTING HEALTHY LIFESTYLES

10 NQF credits at NQF level 5

Convener: Mrs S Gabriels

Course entry requirements: None

Co-requisites: AHS1064F, AHS1061F and AHS1067F

Course outline:

By the end of the course, students will be able to define health promotion; identify social determinants of health; enable community participation in active health promotion campaigns; mediate between health services and families/persons with disabilities; advocate for access to education, health or community facilities; liaise with NGOs/community structures; and promote participation of persons with disabilities.

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

Assessment: Coursework mark counts 50% and comprises assignments, written tests and practical tests. Exam mark counts 50% and comprises written and structured practical examinations.

AHS1063F/S HEALTH, WELLNESS AND FUNCTIONAL ABILITY PART I

15 NQF credits at NQF level 5

Convener: Mrs S Gabriels

Course entry requirements: None

Co-requisites: AHS1060S, AHS1065S and AHS1066S

Course outline:

Students learn to screen for impairments and provide basic interventions to improve participation of clients in the life areas of living, learning, working and socialising. By the end of the course, students will be able to discuss and describe normal development and wellness in children and adults; identify clients with selected disorders and difficulties; demonstrate appropriate kinetic handling and positioning skills; demonstrate appropriate use of assistive devices; identify risk factors for emotional distress in carers, clients and self; apply basic counselling and support methods to carers, clients and self; recognise when referral is required; demonstrate appropriate referral patterns; and work in a multidisciplinary team. This course will prepare students for work integrated practice learning in the community and intermediate care facilities.

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

Assessment: A total of 45% which includes a coursework of 20% from AHS1063S (and a coursework mark of 25% from AHS1064F). The summative exam will take place in AHS1064F and is weighted 55%.

AHS1064F/S HEALTH, WELLNESS AND FUNCTIONAL ABILITY PART II

15 NQF credits at NQF level 5

Convener: Mrs S Gabriels

Course entry requirements: AHS1063S

Co-requisites: AHS1061F, AHS1062F and AHS1067F

Course outline:

Students learn to screen for impairments and provide basic interventions to improve participation of clients in the life areas of living, learning, working and socialising. By the end of the course, students will be able to discuss and describe normal development and wellness in children and adults; identify clients with selected disorders and difficulties; demonstrate appropriate kinetic handling and positioning skills; demonstrate appropriate use of assistive devices; identify risk factors for emotional distress in carers, clients and self; apply basic counselling and support methods to carers, clients and self; recognise when referral is required; demonstrate appropriate referral patterns; and work in a multidisciplinary team. This course will prepare students for Work integrated practice learning in the intermediate care facilities.

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

Assessment: A total of 45% which includes a coursework of 20% from AHS1063S and a coursework mark of 25% from AHS 1064F. The summative exam takes place in AHS1064F and is weighted at 55%.

AHS1065F/S INCLUSIVE DEVELOPMENT AND AGENCY

15 NQF credits at NQF level 5

Convener: Professor T Lorenzo

Co-requisites: AHS1063S, AHS1060S and AHS1066S

Course outline:

By the end of this course, students should be able to explain the concepts of disability, inclusion development, identity, agency and power; explain the purpose of disability rights policies; identify and negotiate factors influencing access and participation across sectors; implement strategies to enable participation and access to services; mobilise local resources; and work with relevant experts and stakeholders.

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

Assessment: Coursework mark counts 50% of the year mark and comprises assignments (essay writing and oral presentations). The examination mark counts 50% of the year mark and comprises a structured practical examination.

AHS1066F/S WORK INTEGRATED PRACTICE LEARNING PART I

25 NQF credits at NQF level 5

Convener: TBC

Co-requisites: AHS1060S, AHS1063S and AHS1065S

Course outline:

By the end of this course, students should be able to demonstrate an understanding of the disability issues within a wider context and in relation to the community in which they practice; be able to apply essential methods, procedures and techniques to address the difficulties and disorders experienced by people in the community; demonstrate ability to solve problems as required; demonstrate efficient information-gathering, analysis and decision-making abilities; demonstrate ability to evaluate and reflect in and on action; and demonstrate appropriate written and verbal communication skills.

66 DEPARTMENTS IN THE FACULTY

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

Assessment: Coursework includes weekly task submission and a Portfolio of evidence which contributes 50% and the examination contributes 50% toward the final course mark.

AHS1067F/S WORK INTEGRATED PRACTICE LEARNING PART II

25 NQF credits at NQF level 5

Convener: TBC

Course entry requirements: None

Co-requisites: AHS1064F, AHS1062F and AHS1061F

Course outline:

By the end of this course, students should be able to demonstrate an understanding of the disability issues within a wider context and in relation to the community in which they practice; apply essential methods, procedures and techniques to address the difficulties and disorders experienced by people in the community; demonstrate ability to solve problems as required; demonstrate efficient information-gathering, analysis and decision-making abilities; demonstrate ability to evaluate and reflect in and on action; and demonstrate appropriate written and verbal communication skills.

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

Assessment: Coursework (weekly task submission and Portfolio of Evidence) contributes 50% and the examination contributes 50%.

AHS2002W CLINICAL SCIENCES I

13 NQF credits at NQF level 6

Convener: Dr MA De Souza

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: Eighty per cent attendance and full participation in all learning activities and completion of all coursework and three assignments by the due dates.

Assessment: There are three term assessments, in March, June and September. Each of these is a one-hour online MCQ test and counts 14% each towards the year mark. Ten percent (10%) of the year mark is made up from attendance and assignments during the year. There is an examination at the end of the year (a two-hour online MCQ assessment) which accounts for 48% of the total mark. A supplementary assessment (a two-hour MCQ online test) may be offered for students obtaining an overall mark between 45 and 49%.

AHS2043W OCCUPATIONAL THERAPY II

36 NQF credits at NQF level 6; Lectures (54, including pracs/OSPE) and two site visits. No tutorials, except for student support tutorials approximately every second Friday.

Convener: Miss M Motimele

Course entry requirements: PSY1005S or PSY1007S, HUB1020S, AHS1035F and AHS1032S

Objective: At the end of the year students will be able to identify, conduct, interpret and record appropriate assessments of the occupational human including sensory-motor, psycho-social and context-related dimensions.

Course outline:

This course focuses on the assessment of occupational performance, interests, needs and capacities in different life tasks/roles within the contexts of play, work, self-care and leisure. Students learn occupational therapy processes and assessment techniques for identifying individual health and occupational needs, interests and capacities. Content includes disability in primary healthcare, occupational performance assessment, occupational assessment of human beings and professional practice.

Lecture times: Lectures are on a Monday (08h00 – 10h45, 14h00 – 16h45) and Thursday (14h00 – 16h45).

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

Assessment: Coursework contributes 60% and comprises class tests, assignments, small group projects, presentations and practicals. Summative assessment contributes 40% toward the final course mark and comprises a written theory exam, an objective standardised practical examination, and a written report.

AHS2046F DIAGNOSTIC AUDIOLOGY

18 NQF credits at NQF level 6

Convener: Mrs L Petersen

Course outline:

This course aims to enable students to devise an appropriate audiology case history interview; describe and discuss a comprehensive diagnostic audiology process; describe audiology tests; and reflect on and communicate assessment outcomes to the client. Content includes case history; fundamentals of the audiology diagnostic process; audiology test battery; pure tone, speech and immittance audiometry; functional hearing loss; principles of masking; clinical reasoning; differential diagnosis; and clinical report writing. Students start to acquire the skills of jargon-free written communication, appropriate test selection, analysis and interpretation, and knowing when and how to refer. They learn that information and personal adjustment counselling are key in the empowerment of clients, and learn an appreciation of the role of the team; they also cultivate an awareness of professional boundaries. Teaching and learning activities include lectures, case studies, self-directed study, role-play, experiential learning, simulations, and group-work. Themes underpinning course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio-psycho-social models of health, developing agents for change, and equity and affirmation of diversity.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS2047S PAEDIATRIC REHABILITATIVE AUDIOLOGY

18 NQF credits at NQF level 6

Convener: Miss V Hlayisi

Course entry requirements: AHS2106F

Course outline:

This course aims to enable the student to describe and discuss the paediatric population with hearing impairment; analyse and apply theoretical frameworks relating to communication; and devise comprehensive assessment and management for children with hearing impairment. Content includes the impact of hearing loss on children, families and society; local and international perspectives of the importance of early intervention; philosophical approaches to habilitation (auditory and visual); literacy and spoken language facilitation; collaborating with families; management of infants, toddlers, school-age children and adolescents with hearing loss; and multi-lingual and multi-cultural considerations for paediatric aural habilitation. Teaching and learning activities include lectures, case studies, guided self-study, videos, an interview of a parent with a child with a hearing impairment, and role-play. Themes underpinning the course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio-psycho-social models of disability, developing agents for change, and equity and affirmation of diversity.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS2050H CLINICAL PHYSIOTHERAPY I

18 NQF credits at NQF level 6

Convener: Mrs S Gabriels

Course entry requirements: All 1st year courses. AHS1033F, AHS1034S, PPH1001F, PPH1002S, HUB1019F, HUB1020S, PSY1004F, HUB1022F, HUB1023S

Co-requisites: All 2nd year courses. AHS2052H, AHS2053H, AHS2002W, HUB2015W, HUB2023W, AHS1028H OR AHS1048H

Course outline:

This course is comprised of two parts; a theoretical component and a clinical component: The theoretical component includes introductory modules on International Classification of Functioning and how to relate these concepts to assessment, Ethics of patient care as well as a module on Communication and Counselling. The clinical component integrates these modules and addresses the theory and practical application of development and wellness in children and adults, paediatric neurology, respiratory, orthopaedic, and musculoskeletal therapy. There are three clinical blocks and students spend a portion of the week in various clinical areas, working with patients under supervision. Clinical reasoning sessions are included. Students are required to do a nursing elective of 24 hours at an approved facility. The course also includes an interprofessional education approach where students learn about the multidisciplinary team. It integrates vertically with the Becoming a Professional/Becoming a Health Professional multidisciplinary courses at first year level.

DP requirements: Full attendance and participation in all coursework. Student attendance at clinical sessions is monitored in accordance with HPCSA regulations.

Assessment: The course is assessed via continuous in course assessment. The theoretical modules are assessed through integrated written or clinical assessment and an online component. Clinical modules are assessed through end of block clinical submissions and skill testing. The modules in theory blocks are weighted a total of 25%. The three clinical blocks are weighted 25% each. The pass mark for the course is 50%. Should a student obtain between 45-49% an opportunity for re-assessment will be provided. The re-assessment will replace the previous lowest clinical block mark and the course average will be re-calculated using the re-examination mark. A student must achieve a minimum of 50% to pass the re-assessment. If the student does not obtain 50%, they will fail the course.

AHS2052H MOVEMENT SCIENCE II

38 NQF credits at NQF level 6

Convener: Mrs C Hendricks**Course entry requirements:** All 1st year courses**Co-requisites:** AHS2002W, HUB2015W, HUB2023W**Course outline:**

This course covers orthopaedics and neuromusculoskeletal conditions. The orthopaedic component covers the scope of physiotherapy assessment and management of traumatic orthopaedic conditions of the lumbar spine and the lower quadrant (ankle, knee and hip). In addition, it covers the physiotherapy assessment and management of people with amputations and paediatric orthopaedic conditions. The neuromusculoskeletal component covers basic principles of assessment and management, injury prevention and rehabilitation. In addition, this component will cover the physiotherapy assessment and treatment of neuromusculoskeletal (NMS) conditions, focusing on the lumbar spine and lower quadrant. At the end of this course, students will be able to assess orthopaedic and NMS conditions of the lumbar spine and the lower quarter according to the International Classification of Functioning (ICF); apply joint and soft tissue mobilization techniques to treat NMS conditions of these areas; prescribe progressive exercises to appropriately rehabilitate both NMS and orthopaedic conditions of these areas.

DP requirements: Students are expected to attend and participate in 80% of all lectures and practical sessions and attend all tutorials. Attendance is monitored through the signing of an attendance register at each session. Students are required to submit all coursework as required.

Assessment: Formative online quizzes throughout the year (15%); Term 1 tests (5%); Term 2 tests (theory: 20%; structured practical evaluation: 10%); Term 3 assignment (10%); and Final Term 4 examination (theory: 25% and structured practical evaluation: 15%). The pass mark of the course is 50%. Should the student obtain between 45-49% in the final year mark, the student will fail the course and may be eligible for a supplementary exam. If the student should obtain a mark below 50% and fail the supplementary exam, the student will need to repeat the course the following year.

AHS2053H APPLIED PHYSIOTHERAPY I

32 NQF credits at NQF level 6

Convener: Miss N Ntinga**Course entry requirements:** All 1st year courses**Co-requisites:** AHS2002W, HUB2023W, HUB2015W**Course outline:**

This course covers modules in paediatric neurology, cardiopulmonary rehabilitation, electrotherapy, womens' health and care of the older person. The ICF framework tool is used in all modules in the course. The paediatric neurology component covers the foundation of neurological techniques of child development and assessment and treatment techniques used by physiotherapists in paediatric neurology. The cardiopulmonary rehabilitation component covers the theory, manual techniques and assistive devices required for the holistic assessment and treatment of cardiopulmonary clients. The emphasis is on primary healthcare and problem-solving, using the ICF. The electro-physical agent's module includes the theoretical and practical application of such agents, including the application of electro-physical modalities in the management of patients. The women's health component focuses on the physiotherapy management during pregnancy, birth and breastfeeding. The care of the older person component covers the process of ageing and the assessment and treatment techniques used by physiotherapists in the field of gerontology. At the end of this course students should be able to apply theoretical knowledge, pathological knowledge and physiotherapy practical assessment and treatment skills in cardiopulmonary physiotherapy, paediatric neurology, electrotherapy, woman's' health and geriatrics physiotherapy.

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

70 DEPARTMENTS IN THE FACULTY

Assessment: Coursework mark contributes 65% and is made up of the following: Term 1: 13%; Term 2: 35% (25% theory, 10%SPE); and Term 3: 17%. Assessments for coursework will include but not be limited to written tests, oral test, online quizzes, group and individual assignments and practical tests. Specifics regarding assessment will be provided for each module within the course by the course convener. Individual weighting that make up the coursework mark will be provided to the student at the start of term by the course convener. The final examination mark in Term 4 will contribute 35% (25% for theory and 10% SPE) for the course.

AHS2054S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr V Zweigenthal

Course entry requirements: All first year MBChB courses.

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

AHS2106F CHILD LANGUAGE

21 NQF credits at NQF level 6

Convener: Dr M Harty

Course entry requirements: AHS1042F or HSE1005S

Course outline:

This course aims to enable the student to compare and contrast child language delay, difference and disorder; and to describe and critically discuss the principles and nature of assessment and comprehensive management of child language. Content includes the nature, assessment and management of child language difficulties. Students learn to profile a child's general development in relation to expected milestones. They acquire knowledge and skills in the transcription and analysis of child language; clinical reasoning; and strategies for working with child language difficulties in multilingual, multicultural environments. They acquire an appreciation of a multilinguistic, multicultural society in the assessment and management of child language difficulties and a willingness to problem-solve when clients and clinicians do not share a common language.

Teaching and learning activities include lectures, small group discussions, class presentations and case discussions (video and paper). Themes underpinning the course are a multilingual, multicultural society, provision of contextually relevant services, and developing agents for change.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS2107F CHILD SPEECH

18 NQF credits at NQF level 6

Convener: Associate Professor M Pascoe

Course entry requirements: AHS1042F or HSE1005S

Course outline:

This course aims to enable students to compare different speech difficulties in children, describe and discuss speech assessment and principles of speech intervention and apply principles of intervention to special populations. Content includes the nature of articulation and phonological difficulties, and assessment of and therapy for children with articulation and phonological difficulties. Students learn skills of observation and interaction with children, learn to profile a child's development in relation to expected milestones, and learn transcription and analysis of child speech, as well as knowledge translation and clinical reasoning skills. They acquire an awareness that culture and individual differences influence children's speech and acquire an ability and willingness to problem-solve when clients and clinicians do not share a common language. Teaching and learning activities include lectures, small group discussions, class presentations, and observations of and interaction with young children. Themes underpinning the course are a multilingual, multicultural context; provision of contextually relevant services; and developing agents for change.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS2108W CLINICAL SPEECH THERAPY 1

24 NQF credits at NQF level 6

Convener: Mrs K Murray

Course entry requirements: AHS1025S; AHS2106F and AHS2107F (see FBC 5.2).

Course outline:

This course aims to enable the student to demonstrate professional conduct; promote communication development and prevent communication delays in children; and assess and manage children with speech and language delays, disorders and differences. Students have the opportunity to work with children of different ages and within different clinical settings. Project Design and Management includes a needs and situation analysis; planning and implementing an appropriate project; monitor and evaluate project. Students learn the skills of knowledge translation, effective written and verbal communication, and operational clinic management. They learn the need for respectful interpersonal relationships and professionalism and acquire an appreciation of ethical behaviour. Teaching and learning activities include observation of experienced clinicians, clinical practice, promotion and prevention activities, and assessment and management of children. Themes underpinning the course are primary healthcare, equity and affirmation of diversity, developing agents for change, evidence-based practice, ethical and professional practice, and a client- and family-centred approach.

DP requirements: Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener.

72 DEPARTMENTS IN THE FACULTY

When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

Assessment: Continuous assessments during each clinical block contributes to the final course mark. Refer to AHS2108W clinic descriptor document for specific assessment details.

AHS2109S SCHOOL-BASED INTERVENTIONS

21 NQF credits at NQF level 6

Convener: Mrs J le Roux

Course entry requirements: AHS2106F

Course outline:

This course aims to enable the student to compare and contrast the range of communication challenges experienced by learners in school settings, including preschool, and to describe appropriate assessment and intervention strategies for managing these in the SA educational context. Content includes the nature, assessment and management of children with communication challenges, including language learning delays, difficulties and disorders (LLDs); fluency; and auditory processing/attention difficulties in the school context. Students acquire the skills of knowledge translation, assessment and analysis of language and literacy profiles of school-age children, clinical reasoning, as well as strategies for working in a multilingual, multicultural educational environment. They acquire an appreciation of a multilingual, multicultural society in the assessment and management of school-age children. They learn to develop a willingness to problem-solve when clients and clinicians do not share a common language; teaching and learning activities. Teaching activities include lectures, guided self-study, internet learning, role-play, case discussions (video and paper) and presentations. Themes underpinning the course are a multilingual, multicultural society, provision of contextually relevant services and developing agents for change.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS2110W CLINICAL AUDIOLOGY I

24 NQF credits at NQF level 6

Convener: Mrs T Kuhn

Course entry requirements: AHS2046F (see FBC 5.3).

Course outline:

This course aims to enable the student to demonstrate professional conduct, to screen communication development in children aged 0 – 5yrs, and to assess peripheral auditory function in adults. Content includes neonatal hearing screening, school-based hearing screening, prevention and promotion, and diagnostic audiology in adults. There are five clinical blocks, which include Project Design and Management. Students have the opportunity to work with children of different ages and adults, within different clinical settings. Students acquire skills of ethical and professional practice, professional communication, clinic management, and assessment and management of the client. Students learn to develop a willingness to engage professionally and ethically, begin to accept responsibility for clinical service provision, acquire sensitivity to cultural diversity, and develop respect for client autonomy. Teaching and learning activities include clinical practice, clinic workshops, modelling (by clinical educators) and guided observation, simulations (e.g. Otis), clinic preparatory worksheets, as well as tutorials and reflective tasks. Themes underpinning the course are primary healthcare, evidence-based practice, ethical and professional practice, and a client- and family-centred approach.

DP requirements: Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener.

When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

Assessment: Continuous assessments during each clinical block contributes to the final course mark. Refer to AHS2110W clinic descriptor document for specific assessment details.

AHS2111S DIAGNOSTIC AUDIOLOGY IN SPECIAL POPULATIONS

15 NQF credits at NQF level 6; Weekly lectures and tutorials.

Convener: Mrs T Cloete

Course entry requirements: AHS2046F

Course outline:

This course aims to enable the student to understand and discuss the nature, assessment and management of central auditory processing disorders (CAPD); and the hearing assessment of (a) the paediatric population (0-6 years), and (b) individuals who require modified assessment strategies. Content includes CAPD – its nature, assessment, differential diagnosis, management, as well as modified assessment strategies for paediatric and difficult-to-test populations. Students also learn the design and interpretation of test protocol, communication of results, and further management. Students acquire the ability to select an appropriate diagnostic test battery; analyse test results and integrate these results to inform decisions about the patient diagnosis and management plan. They design a management plan for further testing/referral/therapy (CAPD). They learn that early diagnosis and management of CAPD and hearing disorders in special populations is critical to a successful outcome and that holistic management and exercising duty of care are important. Teaching and learning activities include lectures, self-study, test demonstrations and case-based learning. Themes underpinning the course are disability and the burden of disease; equity and affirmation of diversity; and ethical conduct.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3004H CLINICAL SPEECH THERAPY II

30 NQF credits at NQF level 7

Convener: Miss F Camroodien-Surve

Course entry requirements: AHS2108W, AHS2109S, AHS3071F and AHS3073F (see FBC 5.4)

Course outline:

This course aims to enable students to (i) assess, manage and support children (of all ages) with a range of communication difficulties, and their caregivers/teachers, in a variety of settings; and (ii) assess, manage and support adults with acquired communication difficulties and dysphagia. Project Design and Management includes identification, design, implementation and monitoring and evaluation of an appropriate community-based project. Students acquire skills of knowledge translation, effective written and verbal communication, operational clinic management, and clinical reasoning. They learn the need for an appreciation and respect for cultural and linguistic variability, empathy, and the need for ethical and professional practice. Teaching and learning activities include observation of experienced clinicians, clinical practice, promotion and prevention activities, assessment and management of children and adults, and team-work. Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

DP requirements: Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

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Assessment: Continuous assessments during each clinical block contributes 90% of the course mark; examination in November contributes 10% of the course mark. Refer to AHS3004H clinic descriptor document for specific assessment details.

AHS3004W CLINICAL SCIENCES II

10 NQF credits at NQF level 7

Convener: Dr MA De Souza

Course entry requirements: IBS2002W

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: 80% attendance, full 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 on-line MCQ test and counts 9%, 14% and 14% respectively towards the year mark. Additionally, there is a microbiology test that takes place in April/May, accounting for 5% of the year mark. Ten per cent (10%) of the year mark is made up from attendance and assignments during the year. There is a two-hour examination at the end of the year which accounts for 48% of the total mark. A supplementary assessment (a two-hour MCQ online test) may be offered for students obtaining an overall mark between 45-49%, before the final mark is submitted.

AHS3008H CLINICAL AUDIOLOGY II

30 NQF credits at NQF level 7

Convener: Miss N Luwaca

Course entry requirements: AHS2047S, AHS3062F see FBD 5.5

Course outline:

This course aims to enable the student to assess and manage hearing impairment with paediatric and adult clients; assess peripheral and central auditory function with guidance, plan and implement management with support. Project Design and Management includes identification, design, implementation and monitoring and evaluation of an appropriate community-based project. Students acquire skills of ethical and professional practice and reflective practice. They learn to design and implement an assessment and management plan based on a holistic view of the client; they learn to operate a multidisciplinary practice; and they acquire clinical reasoning skills. They learn an appreciation of diversity, the need to embrace rehabilitation and to own their role as a rehabilitative audiologist. Teaching and learning activities include experiential learning (clinical practice), written reports, and guided and structured reflection. Themes underpinning the course: a holistic and a client-/family-centred approach, primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

DP requirements: Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

Assessment: Continuous assessments during each clinical block contribute 90% of the course mark; examination in November contributes 10% of the course mark. Refer to AHS3008H clinic descriptor document for specific assessment details.

AHS3062F REHABILITATION TECHNOLOGY

22 NQF credits at NQF level 7

Convener: Mrs L Petersen

Course entry requirements: None

Course outline:

The aim of this course is to enable students to compare the roles of professionals and technology in the rehabilitation process, to assess and analyse the client's need for rehabilitation technology, to design and discuss comprehensive management, and to debate relevant legal rights and ethical issues. Content includes the role of technology in the rehabilitation process, speech perception with hearing loss, hearing aids, frequency modulation (FM) systems, cochlear implants, features of amplification technology, and the verification and validation of technology fitting. Students acquire the skills of linking patient factors with technology and effective listening. They learn attitudes of client-centeredness and a respect for diversity. Teaching and learning activities include case-based learning, demonstrations, hands-on practice, and role-play. Themes underpinning the course are primary healthcare and contextual relevance, disability and the burden of disease, ethics and human rights, bio-psycho-social models of health, developing agents for change, and equity and affirmation of diversity.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3065S ADULT REHABILITATIVE AUDIOLOGY

18 NQF credits at NQF level 7

Convener: Miss V Hlayisi

Course entry requirements: AHS2047S

Course outline:

This course aims to enable students to understand the role of the rehabilitative audiologist, to learn about auditory dysfunction and its impact, to analyse and apply frameworks guiding aural rehabilitation, to assess and establish candidacy for aural rehabilitation, and to design and implement aural rehabilitation plans. Content includes stigmatisation, self-assessment and quality of life, optimisation of hearing technologies, role of motivation and self-efficacy, auditory training, audio-visual speech perception, vocational support, communication strategies and management of conversational fluency, group aural rehab, musical perception and enjoyment, counselling and tinnitus management. The acquisition of the following skills is facilitated: critical thinking, adapting to cultural context, selection and administration of appropriate assessments, interpretation of results, clinical reasoning, and the creation of client profiles to guide management. Sensitivity to cultural and contextual diversity, respect and sensitivity to issues of disability, and recognising the need for individualised management plans and being agents for change are addressed. Teaching and learning activities include lectures, brainstorming and snowball, case studies, guided self-study, and role-play. Themes underpinning the course include primary healthcare and contextual relevance, disability and the burden of disease, ethics and human rights, bio-psycho-social models of disability, developing agents for change, and equity and affirmation of diversity.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

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Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3069W CLINICAL PHYSIOTHERAPY II

62 NQF credits at NQF level 7

Convener: Mrs D Scott

Course entry requirements: All second year courses. Registration with the South African Society of Physiotherapists is encouraged.

Co-requisites: AHS3077H, AHS3076H, AHS3004W, AHS3070H

Course outline:

The course provides clinical exposure to the areas of paediatrics, cardiopulmonary conditions, orthopaedics, musculoskeletal conditions, and care of the elderly. Students work under supervision with patients in various clinical settings. This course is taught through practical sessions, group teaching and clinical practice

Lecture times: Monday to Friday 08h00-12h00: on general hospital and musculoskeletal clinical placements. Care of the older persons and paediatrics: Two mornings per week 08h00-12h00 during teaching weeks.

DP requirements: Students are obliged to complete all the required hours for the year as per HPCSA regulations. Further requirements are full attendance of and participation in all coursework activities and completion of clinical requirements by the due dates.

Assessment: This course is assessed via continuous assessment conducted at the end of each clinical module/block. The pass mark for the course is 50%. This is calculated as an average of all 4 clinical module/block marks. Each clinical module comprises of a clinical performance mark (40%) and either a patient assessment or treatment examination (60%). Opportunities exist for remediation and re-examination, if a student receives 50% but has failed 2 out of 4 clinical modules/blocks. The remediation and re-examination will be in the clinical area in which the student received their lowest mark. If a re-examination (re-assessment) is awarded, this mark will replace the previous lowest mark and the final course mark will be re-calculated. A subminimum of 50% applies for this additional assessment. If a student receives below 50% for this assessment, the course will still be failed, and this mark will reflect as "Unclassified fail (UF)." If a student obtains a final course score of between 48-49% they will be offered an opportunity for remediation and additional re-examination, in the area in which they received their lowest assessment mark. The additional period for remediation will be after the November examination period. If a re-examination is awarded, the mark will replace the previous lowest mark and the final course mark will be re-calculated. A subminimum of 50% applies for the re-examination. If student receives below 50% for the re-examination, they fail the course and must repeat the course.

AHS3070H BECOMING A REHABILITATION PROFESSIONAL I

22 NQF credits at NQF level 7

Convener: Associate Professor S Maart

Course entry requirements: AHS2050H

Course outline:

In this course student's ability to think critically about South African health challenges is developed, to enable them to embed clinical reasoning within a contextual frame when working with populations and patients. During the course students focus on the health system within South Africa, to understand the context of service delivery and, in the module. Critical Health and Humanities (CHH), students interrogate identity-based systems of privilege and power as well as identify and work with psychological cues that offer the health professional valuable insights to the complex systems that shape health, illness and recovery.

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

Assessment: This course assessment will comprise of two components namely CHH and Physiotherapy in Context, each weighted at 50%. Details pertaining to the type of assessments for each component will be provided at the beginning of the academic year.

AHS3071F ACQUIRED NEUROGENIC LANGUAGE DISORDERS

22 NQF credits at NQF level 7

Convener: Dr C Legg

Course entry requirements: AHS2106F

Course outline:

This course aims to enable students to describe and critically discuss the consequences of an adult neurogenic language disorder with reference to the international classification of functioning, disability and health (ICF) and from a disability perspective. They learn the aetiologies and nature of adult neurogenic language disorders and the nature of assessments and comprehensive management of adults with neurogenic language disorders. Content includes the nature and prevalence of CVA, TBI and degenerative diseases; principles and the nature of assessment and management; the role of SLP and multidisciplinary management; and evidence-based practice. Students acquire skills of knowledge translation, critical and analytical thinking, and differential diagnosis. They acquire attitudes of empathy, ethical principles of respect and a holistic view of individuals. Teaching and learning activities include lectures, case discussions and presentations, videos, observation, and construction of assessment materials. Themes underpinning the course include management within a multilingual and multicultural context, the need for a holistic view of clients, developing agents for change, and materials development.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40% of the final mark, as the course work mark will still be included in the final mark.

AHS3072S PAEDIATRIC MOTOR SPEECH DISORDERS AND DYSPHAGIA

22 NQF credits at NQF level 7

Convener: Mrs V Norman

Course entry requirements: AHS3073F

Course outline:

This course aims to enable the student to describe and discuss aetiologies, the nature and consequences of (i) dysphagia; (ii) cleft palate in infants and children; and (iii) dysarthria in children. It addresses the nature of assessments and comprehensive management. Content includes anatomy, physiology, pathology, the aetiology of swallowing, resonance and motor speech disorders; principles and nature of clinical and objective assessments (video-fluoroscopic swallow study for dysphagia); differential diagnosis; evidenced-based management; teamwork; and working with special populations and families. Students learn to have a holistic view of individuals and acquire an appreciation of the infant/child within the family context. They learn about their role in improving participation, about client-centred interventions, advocacy, responsiveness to diversity, the need for an asset-based approach, and the importance of evidence-based practice. Teaching and learning activities include lectures, videos, case discussions, video analyses, literature reviews and critiques, group-work and presentations.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The final course mark is made up of a coursework mark (weighted 60%) and an examination mark (weighted 40%). If a supplementary examination is awarded it will count 40% of the final mark, as the coursework mark will still be included in the final mark.

AHS3073F ADULT DYSPHAGIA AND MOTOR SPEECH

18 NQF credits at NQF level 7; Lectures 64, 16 practicals, 16 tutorials.

Convener: Associate Professor S Singh

Course entry requirements: HUB1014S

Course outline:

The aim of this course is to enable the student to describe and critique the nature, assessment, and management of swallowing and motor speech disorders in adults. Content includes relevant neurology, anatomy, physiology, pathology, aetiology; principles and nature of clinical and objective assessments, differential diagnosis, evidenced-based management, and palliative care within an ICF framework. Skills developed include knowledge translation, critical and analytical thinking, effective communication and group-work. Values including empathy, respect, a holistic view of individuals, appreciation of challenges to participation and inter-professional practice are developed as key to client-centred interventions. Teaching and learning activities include lectures, case discussions, video analysis, review and critique of the literature. Through communal constructivism, students devise, administer and interpret culturally and linguistically relevant materials (in Xhosa and Afrikaans). Themes underpinning the course include clinical management within a multilingual and multicultural context, developing agents for change, disability and burden of disease, equity, and affirmation of diversity.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3075S OAES AND ELECTROPHYSIOLOGY

22 NQF credits at NQF level 7; Weekly lectures and tutorials. Five Practical test demonstration sessions.

Convener: Mrs T Cloete

Course entry requirements: AHS2046F

Course outline:

This course aims to enable the student to justify, implement, and interpret oto-acoustic emissions (OAEs) and electro-physiological measures in adults and children. Content includes oto-acoustic emissions and auditory evoked potentials in relation to auditory anatomy and physiology, specificity and sensitivity of these tests, test parameters and set-up, analysis and interpretation of results, and management decisions. Students acquire skills of clinical reasoning and the effective communication of results. They learn the need for a client-centred approach and respect for diversity. Teaching and learning activities include case-based learning, demonstrations, hands-on practice, and guided group-work. Themes underpinning the course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio-psycho-social models of health, developing agents for change, and equity and affirmation of diversity.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3076H MOVEMENT SCIENCE III

24 NQF credits at NQF level 7

Convener: Mrs H Talberg

Course entry requirements: All 2nd year courses

Course outline:

This course covers orthopaedics and neuromusculoskeletal conditions. The orthopaedic component covers the scope of physiotherapy assessment and management of non-traumatic orthopaedic conditions of the spine and upper quarter, including rheumatological conditions, joint replacements, peripheral nerve and tendon injuries. The neuromusculoskeletal component covers the physiotherapy assessment and treatment of neuromusculoskeletal (NMS) conditions, focusing on the upper quarter and Spine. At the end of this course, students will be able to assess orthopaedic and NMS conditions of the upper quarter and spine according to the International Classification of Functioning (ICF); apply joint and soft tissue mobilization techniques to treat NMS conditions of these areas; prescribe progressive exercises to appropriately rehabilitate both NMS and orthopaedic conditions of these areas.

DP requirements: Students are expected to attend and participate in 80% of all lectures and practical sessions, and all tutorials. Attendance is monitored through the signing of an attendance register at each session. Students are required to submit all coursework as required.

Assessment: The course will be assessed through a combination of written tests (40%), two OSPEs (Term 2 OSPE 15% and final Term 4 OSPE 15%); an assignment (15%) and formative revision MCQ's (15%) which form part of the continuous assessment process.

AHS3077H APPLIED PHYSIOTHERAPY II

22 NQF credits at NQF level 7

Convener: Mr N Pefile

Course entry requirements: All 2nd year courses

Co-requisites: AHS3004W

Objective: By the end of the course, students will be able to accurately assess and effectively manage patients with neurological and cardiopulmonary conditions, women's health issues and burns according to the International Classification of Functioning framework.

Course outline:

This course covers modules on adult neurology, cardiopulmonary rehabilitation, women's health, neurosciences and neurological conditions, designed to develop clinical reasoning and creative problem-solving skills within the South African health care context. The adult neurology module equips the student with knowledge and skills to enable management of a variety of adult neurological conditions. The cardiopulmonary rehabilitations module equips the student with knowledge and skills to enable management of a variety of common adult and paediatric pulmonary conditions, including adult cardiothoracic surgery and cardiopulmonary rehabilitation. The emphasis is on primary healthcare and clinical reasoning. The women's health module equips the student with knowledge and skills to enable management of women's health conditions, including stress incontinence, mastectomy and pelvic floor dysfunction. By the end of the course, students will be able to accurately assess and effectively manage patients with neurological and cardiopulmonary conditions, women's health issues and burns according to the International Classification of Functioning framework.

Lecture times: Adult Neurology: Weekly throughout the academic year. Cardiopulmonary rehabilitation: Block teaching in term 1, 2 and 3. Women's Health: Block teaching in term 1 and 2. Burns: Block teaching in term 4.

DP requirements: Students are expected to attend and participate in 80% of all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. Students are required to submit all coursework as required in the different modules by the due dates.

80 DEPARTMENTS IN THE FACULTY

Assessment: Coursework contributes 60% toward the final mark. The coursework comprises tests and assignments in Women's Health (6%), tests, assignments and OSPES in Neurology (30%) and tests, OSPE's and assignments in CPR (24%). The final examination contributes 40% and consists of assignments, OSPEs and written tests in CPR and Neurology.

AHS3078H RESEARCH METHODS AND BIOSTATISTICS I

10 NQF credits at NQF level 7

Convener: Dr P Gretschel

Course entry requirements: None

Course outline:

The course provides students with the necessary skills and conceptual knowledge to conduct research in health and rehabilitation sciences. Students participate in lectures, workshops and online assignments which cover the theory of qualitative and quantitative research, the ethics of research, epidemiology and basic biostatistics. Students learn how to analyse research articles critically and to develop a research proposal.

Lecture times: Thursday 14h30 - 16h30

DP requirements: Students are expected to attend 80% of all lectures. Attendance is monitored through the signing of an attendance register at each session. Students must complete all six online assessments and an online ethics module. The completion of the online quizzes and ethics module will be monitored via dashboard review.

Assessment: Students will take part in continuous assessment which will contribute to a 100% course work mark for the course. They will complete six online assessments in the form of quizzes which will contribute 10% each, totalling a 60% contribution to the course mark. Students will need to pass four out of the six quizzes to progress to the 400 level research course. One additional opportunity for reassessment will be created should they not meet this requirement. The division specific research protocol will contribute the remaining 40% to the course mark. The final mark for the protocol consists of a group project mark which is combined with an individual peer review mark. Students will need to obtain a minimum of 50% for their research protocol. If their protocol does not meet this requirement it needs to be revised and resubmitted for a maximum grade of 50%.

AHS3102S CHILD LANGUAGE II

15 NQF credits at NQF level 7

Convener: Dr M Harty

Course entry requirements: AHS2109S

Course outline:

This course aims to build on basic knowledge of child language acquired in AHS2106F and AHS2109S. In this course students learn to assess and manage the communication of children who have a range of special education needs such as cerebral palsy, autism spectrum disorders, and traumatic brain injury. Students learn to implement Augmentative and Alternative Communication (AAC) strategies to assist children to participate within the home and school context. Content includes the nature, assessment and management of child language difficulties linked to a range of different 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 and case discussions (video and paper). Themes underpinning the course are a multilingual, multicultural society; provision of contextually relevant services; and developing agents for change.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3103F VOICE

15 NQF credits at NQF level 7

Convener: Mrs V Norman and Miss L Russell

Course entry requirements: None

Course outline:

This course aims to apply the International Classification of Functioning, disability and health (ICF) framework to voice disorders and adult dysfluency. It develops the ability to describe and critically discuss the nature and aetiology of voice disorders and adult dysfluency; imparts knowledge of the principles and methods of voice and adult dysfluency assessment; and enables students to conduct a comprehensive management of the client with voice difficulties and adult dysfluency. Content includes laryngeal anatomy and physiology; nature, signs and symptoms of voice disorders and adult dysfluency; principles and nature of assessment; and differential diagnosis and management. Students learn skills of critical and analytical thinking and clinical reasoning. They learn the importance of empathy and respect and of a client-/caregiver-centred approach. Teaching and learning activities include lectures, case analyses and presentations, journal article reviews, observation of multi-professional management (stroboscopy clinic), and an analysis of audio and video recordings. Themes underpinning the course include disability and burden of disease, ethics and human rights, and bio-psycho-social models of health.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3104S VESTIBULAR MANAGEMENT

15 NQF credits at NQF level 7

Convener: Mrs C Rogers

Course entry requirements: None

Course outline:

This course aims to enable the student to discuss the nature and impact of dizziness and vertigo, and to assess and manage vestibular disorders. Content includes the anatomy, physiology and pathology of vestibular and related balance disorders; clinical and technological assessments of vestibular disorders; and vestibular rehabilitation therapy. Students acquire skills of analysis and the interpretation of results of clinical and objective evaluation, as well as the ability to select the appropriate management paradigm. They learn that balance disorders are multifactorial in nature, that management is possible at all levels of care, and that the audiologist is an integral part of management. Teaching and learning activities include lectures, web-based learning, case study and group learning. Themes underpinning the course include disability and burden of disease, the bio-psycho-social model, and ethical conduct.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3105F PUBLIC HEALTH AUDIOLOGY

15 NQF credits at NQF level 7

Convener: Associate Professor L Ramma

Course entry requirements: None

Course outline:

This course aims to enable students to describe and discuss frameworks for audiology service delivery in the public health sector; and to plan, implement and manage audiology services for the health of the public. Content includes noise and the health of the public, ototoxicity monitoring, cerumen management, and the management of hearing screening programs. Students acquire skills of critical and analytical thinking, knowledge translation, health communication, effective communication with key stakeholders, skills in training of other health workers, and the ability to critique literature. They learn the importance of empathy, the ethical principle of respect, an appreciation of and willingness to address challenges, social responsibility, an appreciation of the value of prevention measures, and to promote healthy and safe acoustic environments. Teaching and learning activities include lectures, case studies, class debates, self-guided study and group learning. Themes underpinning the course are primary healthcare, the burden of disease, developing agents for change, equity and affirmation of diversity, and ethics and human rights.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS3107W OCCUPATIONAL THERAPY THEORY AND PRACTICE IN PHYSICAL HEALTH

38 NQF credits at NQF level 7; Lectures (51), tutorials (19), practice learning (20 weeks), site visits (2).

Convener: Dr A Sonday

Course entry requirements: AHS2043W, AHS2002W, HUB2015W, PRY2002W and PSY2013F

Objective: By the end of this course, students are able to select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of physical health conditions; develop and justify a client-centered occupational therapy plan to address performance enablers, performance components and occupational performance as appropriate; demonstrate skill in selecting, implementing and applying change modalities (including activity as means and occupation as an end) to enable performance and remediate performance component deficits; and begin to understand how policies inform service delivery and facilitate participation of people with a range of physical health conditions at an individual level.

Course outline:

This course enables students to demonstrate knowledge about and skills in promoting physical health and well-being through human occupation, and in addressing occupational implications of specific physical health conditions. It focuses on developing a client-centered occupational therapy plan that assists people with physical health concerns to participate in life through the everyday things that they need and want to do. Students learn to select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of 'physical' health conditions. Students develop skills in selecting, implementing and applying change modalities which enable performance and/or remediate performance component deficits. Students begin to understand how policies inform service delivery and facilitate participation of people with a range of 'physical' health conditions at an individual level.

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

Assessment: Coursework assessments contribute 50% and comprise a written paper, an objective standardised practical examination (OSPE), practice learning demonstrations, student performance reports and case studies. The final examinations contribute 50% to the final mark and comprise a written paper, an objective standardised practical examination and practice learning demonstration, as well as student performance reports.

AHS3108W OCCUPATIONAL THERAPY THEORY AND PRACTICE IN MENTAL HEALTH

38 NQF credits at NQF level 7; Lectures (51), tutorials (19), practice learning (20 weeks), site visits (2).

Convener: Mrs S Allie

Course entry requirements: AHS2043W, AHS2002W, HUB2015W, PRY2002W and PSY2013F

Course outline:

This course focuses on promoting mental health and well-being through human occupation and addresses occupational implications of specific mental health disorders. Students develop a client-centred occupational therapy plan to assist people with mental health concerns to participate in everyday life. They select, apply and interpret appropriate assessment methods for psycho-social performance impairments and occupational performance enablers and apply change modalities that address psycho-social impairments and promote people's engagement in valued life tasks and roles. They learn how policies inform mental health service delivery and their role in addressing psychiatric disability. By the end of this course, students have knowledge about mental health and the occupational performance implications of mental disorders; can implement an occupational therapy process with individuals and groups of mental health service users; can use and interpret standardised and non-standardised OT assessments; and can apply knowledge, skill and attitudes in client-centred, professional interactions with individuals who have a psychiatric illness. They also have skill in altering, adapting and creating optimal environments that support participation and occupational performance during and following an emotional crisis or mental health episode or when structural risks exist that impact adversely on people's mental health.

Lecture times: Monday – Friday 09h00-16h45 when there is no Practice Learning. Mondays only during Practice Learning blocks.

DP requirements: Full attendance at and participation in practice learning; and completion of all course requirements by the due dates.

Assessment: Coursework assessments contribute 50% and comprise a written paper, an objective standardised practical examination, 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 examination, practice learning demonstrations and student report forms.

AHS3113W FOUNDATION THEORY FOR OCCUPATIONAL THERAPY PRACTICE I

26 NQF credits at NQF level 7; 85 Lectures.

Convener: Dr M Ramafikeng

Course entry requirements: AHS2043W, AHS2002W, HUB2015W, PRY2002W and PSY2013F

Course outline:

This course includes occupational therapy models and philosophy, theories of empowerment and development, equity and diversity, and disability in primary healthcare. Themes underpinning the course are primary healthcare and contextual relevance and developing agents for change. Course objectives include skills of knowledge translation, problem-solving, professional writing and presentation, ethical reasoning and an attitude of professionalism. Teaching and learning activities include lectures, small group discussions, class presentations, and visits to service sites. By the end of this course, students will be able to understand the philosophy of client-centered practice; demonstrate competence in following the occupational therapy process; demonstrate skill in selecting, implementing and applying activity as a means and occupation as an end;

84 DEPARTMENTS IN THE FACULTY

understand and work effectively with diversity in context; understand professional and ethical use of self in relationships with individuals, groups, and other stakeholders; demonstrate an ability to select and apply an appropriate OT practice model matched to the client; demonstrate skill in documenting OT plans; demonstrate skill in using the five modes of clinical reasoning; and demonstrate a multidisciplinary approach.

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

Assessment: Coursework assessments contribute 50% to the final mark and comprise a written paper, assignments and small group projects. The final examination contributes 50% to the overall mark and comprises a written paper.

AHS4000W RESEARCH REPORT

30 NQF credits at NQF level 8

Convener: Mrs T Cloete

Course entry requirements: None

Course outline:

This course is designed to familiarize groups of students with the research process. At the end of this course the student should be able to: formulate a research question; develop a research proposal; plan and conduct appropriate research in an ethical manner; analyse, interpret and discuss research findings; critically evaluate own and other's research; write a research report; present and discuss research findings. Content includes topic definition, quantitative and qualitative research methods, proposal writing, literature review, data management, research ethics, and referencing. Students learn skills of working in teams; identifying, reviewing and critiquing appropriate literature; academic writing; succinct reporting and the interpretation of results. They learn the importance of appreciating individual and group contributions, develop awareness of personal bias, and acquire a willingness to accept feedback. Teaching and learning activities include workshops, lectures, group-work, supervision sessions, written feedback on drafts, and oral presentations. Themes underpinning the course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio- psycho-social models of health, developing agents for change, and equity and affirmation of diversity.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: Minimum of five formative assessments; presentations: 20% and a written research report: 80%.

AHS4005H CLINICAL SPEECH THERAPY IIIA

45 NQF credits at NQF level 8

Convener: Mrs J Le Roux

Course entry requirements: AHS3004H; see FBD 5.13

Course outline:

This course aims to enable the student to demonstrate professional conduct; to conduct independent assessment and comprehensive evidence-based management of speech, language, communication, feeding and swallowing in children and adults across the continuum of care (prevention, promotion, curative, rehabilitation) in a variety of contexts and levels of care (primary, secondary, tertiary); and to learn skills enabling the independent planning and management of service delivery at sites. Students rotate through a number of clinical blocks and sites during the year. They learn to problem-solve, communicate effectively; engage in clinical reasoning; and to plan, implement, manage and evaluate service delivery programmes. They learn the skill of reflection; of needs analysis; of community engagement; and of competent clinical practice. They learn that ethical practice is vital and that collaborative, client- and family-centred intervention is key to best practice. Teaching and learning activities include the observation and modelling of experienced clinicians, service provision, clinical practice, team-work, tutorials and workshops, and written reports.

Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

DP requirements: Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convenor. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

Assessment: Continuous assessments during each clinical block contribute to 60% of course mark; final qualifying examination in June contributes 40% of course mark. Refer to AHS4005H clinic descriptor document for specific assessment details.

AHS4006H CLINICAL SPEECH THERAPY IIIB

45 NQF credits at NQF level 8

Convener: Mrs J Le Roux

Course entry requirements: AHS3004H, AHS3072S and AHS3102S (see FBC 5.13).

Course outline:

This course aims to enable the student to demonstrate professional conduct; to conduct independent assessment and comprehensive evidence-based management of speech, language, communication, feeding and swallowing in children and adults across the continuum of care (prevention, promotion, curative, rehabilitation) in a variety of contexts and levels of care (primary, secondary, tertiary); and to learn skills enabling the independent planning and management of service delivery at sites. Students rotate through a number of clinical blocks and sites during the year. They learn to problem-solve, communicate effectively, engage in clinical reasoning, and to plan, implement, manage and evaluate service delivery programmes. They learn the skill of reflection, of needs analysis, of community engagement, and of competent clinical practice. They learn that ethical practice is vital and that collaborative, client- and family-centred intervention is key to best practice. Teaching and learning activities include the observation and modelling of experienced clinicians, service provision, clinical practice, team-work, tutorials and workshops, and written reports. Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change; disability and burden of disease, and evidence-based practice.

DP requirements: Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convenor. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

Assessment: Continuous assessments during each clinical block contribute to 60% of course mark; final qualifying examination in November contributes 40% of course mark. Refer to AHS4006H clinic descriptor documents for specific assessment details.

AHS4008H CLINICAL AUDIOLOGY IIIA

45 NQF credits at NQF level 8

Convener: Mrs G Gonsalves

Course entry requirements: AHS3008H, AHS3065S, AHS3075S and AHS3104S

Course outline:

The key focus of this clinical course is paediatric and adult assessment and management. Teaching takes place at a variety of clinical sites which may include secondary and tertiary hospitals, community clinics, university clinics, schools for children who are deaf/hard-of-hearing, and occupational settings. Each student is exposed to each of the major rotations although sites may differ. The course descriptors reflect learning across all four clinical blocks.

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Intended learning outcomes include a demonstration of professional conduct, an independent assessment and evidence-based management of adults and children with hearing and vestibular difficulties across the continuum of care (prevention, promotion, curative, rehabilitation) in a variety of contexts and levels of care (primary, secondary, tertiary). Teaching and learning activities include observation and modelling of experienced clinicians, service provision, clinical practice, teamwork, tutorials and workshops, and written reports. Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

DP requirements: Attendance at all clinic activities; completion of all coursework and required documentation (e.g. ELOs and hours) by the due dates; and professional conduct. A concession to miss clinic activities with a valid reason must be approved by the course convener. When concessions are granted students must still maintain a minimum of 80% attendance or they may be asked to repeat the course or block (see FBD 4).

Assessment: Continuous assessments during each clinical block contribute to 60% of course mark; final qualifying examination in June contributes 40% of course mark. Refer to AHS4008H clinic descriptor document for specific assessment details.

AHS4009H CLINICAL AUDIOLOGY IIIB

45 NQF credits at NQF level 8

Convener: Mrs G Gonsalves

Course entry requirements: AHS3008H, AHS3065S, AHS3075S and AHS3104S (see FBC 5.14).

Course outline:

The key focus of this clinical course is paediatric and adult assessment and management. Teaching takes place at a variety of clinical sites which may include secondary and tertiary hospitals, community clinics or university clinics, schools for children who are deaf/hard of hearing, and/or occupational settings. Each student is exposed to each of the major rotations, although sites may differ. Intended learning outcomes include a demonstration of professional conduct; and of independent assessment and the evidence-based management of adults and children with hearing and vestibular difficulties across the continuum of care (prevention, promotion, curative, rehabilitation), in a variety of contexts and levels of care (primary, secondary, tertiary). Teaching and learning activities include observation and modelling of experienced clinicians, service-provision, clinical practice, teamwork, workshops and written reports. Themes underpinning the course are primary healthcare, ethics and human rights, equity and affirmation of diversity, developing agents for change, disability and burden of disease, and evidence-based practice.

DP requirements: Minimum 80% attendance at all clinics; completion of all coursework by the due dates; and professional conduct.

Assessment: Continuous assessments during each clinical block contribute to 60% of course mark; final qualifying examination in November contributes 40% of course mark. Refer to AHS4009H clinic descriptor document for specific assessment details

AHS4065W CLINICAL PHYSIOTHERAPY III

98 NQF credits at NQF level 8

Convener: Ms N Edries-Khan

Course entry requirements: All third year courses. Registration with the South African Society of Physiotherapy is encouraged).

Co-requisites: AHS4071F, AHS4066F

Course outline:

This course provides clinical exposure to the areas of cardiopulmonary, paediatrics, orthopaedic, neurological, musculoskeletal and other tertiary level skills as well as a community placement. Students will rotate between 5 clinical placements (i.e. ICU, Musculoskeletal out-patient clinics, Paediatric, Rehabilitation Centre and Community). Each rotation will be 5 weeks in duration. Students spend approximately 26-30 hours per week in clinical areas, working under supervision with patients/clients. This course is taught entirely through clinical practice and small group teaching sessions.

Lecture times: Clinical times: Mon, Tues, Wed and Thurs 08h00-15h30 and group teaching on selected Fridays 08h00-12h00.

DP requirements: An electronic pre-block test must be completed prior to the start of the ICU placement. Students who do not achieve a minimum of 60% for the ICU pre-block test will NOT be allowed to manage ICU patients and will be expected to shadow the clinician in ICU and only treat ward patients independently until they pass the additional test. A second opportunity to re-write the test will be arranged with the relevant students. If by the end of week 2 of the block the student still hasn't passed the pre-block test, the student will be removed from the block and will be required to re-do the entire block at a time arranged by the course convenor and the clinical placement.

Assessment: This course is assessed via Continuous assessment on five clinical modules/blocks and one additional unseen examination. The pass mark for the course is 50%. This is calculated as an average of all clinical module/block marks plus the additional exam. Each module/block comprises of a block performance mark (40%) and a patient examination (60%). In some placements the patient examination may be replaced by a patient-based presentation. If a student obtains 50% or more by the end of the course, they will have passed. Opportunities exist for remediation and re-assessment: If a student receives 50%, but has failed 2 of the 6 assessments, they will be offered an opportunity for remediation and additional assessment. This new assessment mark will replace the previous lowest mark and the final course mark will be re-calculated. A subminimum of 50% applies for this additional assessment. If the student receives below 50% for this assessment, the course will still be failed, and this mark will reflect as "Unclassified fail (UF)." If a student obtains a final course score of between 46-49%, they will be offered an opportunity for remediation and additional assessment, in the area in which they received their lowest mark. The additional period for remediation will be after the November examination period. This new assessment mark will replace the previous lowest mark and the final course mark will be re-calculated. A subminimum of 50% applies for this additional assessment. If the student receives below 50% for this assessment the course will still be failed.

AHS4066F/S BECOMING A REHABILITATION PROFESSIONAL II

4 NQF credits at NQF level 8

Convener: Associate Professor S Maart

Course entry requirements: AHS3070H

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.

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

Assessment: This course will be assessed via an in-course assignment (50%) and a summative examination (written paper) (50%). Students who obtain between 45-49 % will be offered a written supplementary examination. Students who fail the course or the supplementary will be able to register for AHS4066S. The AHS4066S course will provide remediation and will be assessed in a final examination at the of the year. Students who fail the AHS4066S course will be awarded a supplementary if they obtain an examination mark of 45-49%. A student who then fails the AHS4066S course will re-register for the course in the first semester of the following academic year.

AHS4067S SEMINARS IN COMMUNICATION SCIENCES

4 NQF credits at NQF level 8

Convener: Professor H Kathard

Course entry requirements: None

Course outline:

The aims of this course are: To enable students to review and critique discipline specific knowledge; develop and present integrated and coherent oral and written arguments; and facilitate academic discussion and debate.

Content includes topical and professional issues in audiology and speech-language pathology (SLP). Students acquire the skill of knowledge translation and learn the skill of self-directed learning for continuing professional development. They acquire an appreciation of the professions in context. Teaching and learning activities may include guided self-study, small group discussions, tutorials and class presentations. Themes underpinning the course include the provision of contextually relevant services in a multilingual, multicultural society, evidence-based practice and developing agents for change.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date. A minimum course work mark of 45% is required for entrance into the examination.

Assessment: The course grade is made up of a coursework mark (weighted 60%) and a final examination mark (weighted 40%). If a supplementary examination is awarded, it will count 40 % of the final mark, as the course work mark will still be included in the final mark.

AHS4071F/S APPLIED PHYSIOTHERAPY III

20 NQF credits at NQF level 8

Convener: Mrs S Manie

Course entry requirements: AHS3077H

Course outline:

The course comprises of components on Cardiopulmonary, Musculoskeletal and Neurological physiotherapy; Chronic Pain and Pharmacology. The course will be delivered via workshops and tutorials.

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

Assessment: Continuous evaluation (CE) will be weighted at 60%, while the June exam weighted at 40%. The modules within the course will be weighted according to the contact hours given to each module and will be provided to students at the start of the year. The Final theory examination will contribute (40%) to the final mark. A student who obtains between 45 - 49% for their final mark may be offered an additional oral or written assessment before the final mark is submitted. A student who obtains less than 50% will need to repeat the course in the second semester.

AHS4072H RESEARCH METHODS AND BIOSTATISTICS II

10 NQF credits at NQF level 8

Convener: Dr N Naidoo

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.

Assessment: The allocation of marks is as follows: Literature review (35%), Thesis submission (50%) and thesis presentation (15%). Individual student's contribution to the project will be peer evaluated and this mark will contribute 10% to each of the above allocated marks.

**AHS4119W OCCUPATIONAL THERAPY RESEARCH AND PRACTICE
MANAGEMENT**

48 NQF credits at NQF level 8

Convener: Mrs A Ebrahim

Course entry requirements: AHS3113W, AHS3107W, AHS3108W and AHS3078H

Course outline:

This course equips students with the knowledge, skills and attitudes required for learning through research, effective management and leadership, and a sound appreciation of OT philosophy and ethics. Students enter with a completed research proposal developed in AHS3078H. They implement and document a research project and acquire skill in writing and presenting findings to professional and stakeholder audiences.

Content includes organisational development, practice management and service administration. Core functions include marketing, human resources, project and financial management and the theory of planning, implementing and evaluating health and development programmes across a range of public and private sectors. At the end of this course, students can demonstrate knowledge, skills and attitudes required for rigorous and ethical OT; are able to implement evidence-based OT interventions; appreciate relationships between management functions of controlling, leading, planning and organising in OT practice contexts; describe organisational development; recognise dynamics within an organisation; and identify strategies for working within the limitations imposed by these dynamics. They also understand core principles of operations management, financial management, project management, strategic management and marketing in OT.

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

Assessment: Coursework assessments contribute 50% to the final mark and comprise a group research project and a June test. The final examinations contribute 50% to the overall mark and comprise a policy brief and a written paper.

**AHS4120W FOUNDATION THEORY FOR OCCUPATIONAL THERAPY
PRACTICE II**

48 NQF credits at NQF level 8

Convener: Mrs L Peters

Course entry requirements: AHS3113W, AHS3107W and AHS3108W

Course outline:

This course focuses on occupation-based approaches to human and social development appropriate for the health needs of individuals, groups and populations across the life span within the South African context. The application of OT for the promotion of well-being and full participation of people with disabilities and people at risk of health and social marginalisation is explored. Disability and diversity politics, legislation and policies lay the foundation for understanding the contribution of occupational therapy to social change. Content also includes OT principles of promotive, preventive, therapeutic and rehabilitative practice, as these relate to the primary healthcare philosophy. Clinical, population and professional reasoning is developed, as is an occupation-focused understanding of contexts in which people play, learn, live, work and socialise. Students learn how policy applies to OT practice and how OT practice can promote social inclusion and participation. They analyse health, education/labour and social development policies in relation to occupational needs; influences shaping the world of work, play, learning and development; learn to appreciate the value of play as to promote development and health; learn to understand the occupational therapist's role in promoting occupational engagement; learn to identify actions promoting occupational justice; and learn to design appropriate interventions.

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

Assessment: Coursework assessments 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. Final assessment contributes 50% to the course mark and comprises a written examination paper.

AHS4121W OCCUPATIONAL THERAPY PRACTICE AND SERVICE LEARNING

48 NQF credits at NQF level 8; Lectures (4), tutorials (9), practice learning (21 weeks).

Convener: Mrs L Peters

Course entry requirements: AHS3113W, AHS3107W, AHS3108W.

Co-requisites: AHS4120W must be completed at the same time or prior to completing AHS4121W.

Course outline:

This course applies OT learning theory and processes in direct and indirect service to individuals, groups and communities to attain health and development objectives through occupation. An OT perspective of public health and the primary healthcare approach forms the basis of practice. Students acquire skills in the design and implementation of appropriate, comprehensive OT programmes, in collaboration with role-players. Knowledge, skills and attitudes, including clinical and population-based reasoning and reflection, are developed. The course provides learning environments across health and socio-economic conditions, age groups, settings and sectors for each individual student within available resources. At the end of this course, the student can identify occupational injustice; facilitate co-operation between government sectors; promote inclusive environments within policy frameworks; interpret limitations in or barriers to occupational performance; select, use and justify conceptual frameworks and change modalities to promote play, learning and development informed by evidence-based practice; contribute to children's development from an OT perspective; recommend enhancing opportunities for work entry/re-entry; implement a community-based OT programme or project using a developmental approach; and apply occupation-based methods that support social action.

DP requirements: Attendance at all practice-learning placements and practice-learning tutorials.

Assessment: Coursework assessments contribute 55% which will be converted to 50% to the final mark and comprise practical demonstrations and a practice-learning student performance report. The final examinations contribute 50% to the overall mark and comprise a portfolio, a video and oral of students' work with a client, group or organisation, as well as an objective standardised practical examination.

HEALTH SCIENCES EDUCATION

E52, Old Main Building, Grootte Schuur Hospital

Professor and Head of Department:

FJ Cilliers, MBChB BScHons (Medical Science) MPhil *Stell* PhD *Maastricht*

Administrative Assistant and PA to HoD:

I Ntshwanti

Programme Administrator (Postgraduate):

S Nutt, BA PGCE PGDip (HIV/AIDS Management) *Stell*

Clinical Skills Unit

G13, New Grootte Schuur Hospital

Senior Lecturer & Acting Director:

R Weiss, MBChB MPhil PhD *Cape Town*

Lecturer:

M Jansen, NDip (Emergency Medical Care) B (Emergency Medical Care) *CPUT* MPhil (Emergency Medicine) *Cape Town*

Clinical Educators:

S Billington, BSc MBBS *London* MFamMed *RCGP*

S Buthelezi, BNurs MNurs (Nursing Education) *UWC*

G Edelstein, RN RM Dip IntN Dip CHN DNE MPhil *Cape Town*

Technical Assistants:

F Adams

A Gelderbloem

Intervention Programme

Co-ordinator and Senior Lecturer (MBChB programme):

E Badenhorst, BAHons *Stell* MPhil *Cape Town*

Co-ordinator and Senior Lecturer (Health and Rehabilitation programme):

BO Ige, BAHons *Ilorin Nigeria* PGDip (Health Professional Education) *Cape Town* MA PhD *UKZN*

Education Development Unit

E52, Old Main Building, Grootte Schuur Hospital; G13, New Grootte Schuur Hospital and Level 2, Anatomy Building

Senior Lecturer and Acting Director: Education Development Unit

BO Ige, BAHons *Ilorin Nigeria* PGDip (Health Professional Education) *Cape Town* MA PhD *UKZN*

Senior Secretary:

C Joseph

92 DEPARTMENTS IN THE FACULTY

Lecturer:

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

IT Education Manager:

G Doyle, BScHons HDE *Rhodes MSc (Information Technology) Cape Town*

E-Learning Technologists:

S Mandyoli, BAHons *UWC*

D Sias, BA HDE BEdHons *UWC BPhil Stell PGDip (Educational Technology) Cape Town*

F van Breda, ND *CPUT BA (Communication Science) Unisa*

Web developer (e-learning):

F Hendricks, BA *UNISA*

The Writing Lab

E53 – 27, Old Main Building, Grootte Schuur Hospital

Co-ordinator and Lecturer:

N Muna, PhD *Cape Town*

Lecturer:

T Moola, BSc *UKZN BScHons (Medicine) PGCE MSc (Medicine) Cape Town*

Consultants:

S Louw

K Montjane

N Mthembu

E Nwosu, MSc

HSE1001S FUNDAMENTALS OF INTEGRATED HEALTH SCIENCES PART I

0 NQF credits at NQF level 5

Convener: Dr 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.

HSE1002F FUNDAMENTALS OF INTEGRATED HEALTH SCIENCES PART II

105 NQF credits at NQF level 5

Convener: Dr E Badenhorst

Course entry requirements: HUB1010S

Course outline:

This course builds on the knowledge, skills and attitudes acquired in HUB1010S, and prepares students for IBS1007S 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, 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%.

HSE1003S PREPARATION FOR ENTRY-LEVEL PSYCHOLOGY FOR HEALTH AND REHABILITATION SCIENCES PART I

The credits are included in those for PSY1104F.

18 NQF credits at NQF level 5

Convener: Dr B Ige and Dr 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 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 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%.

HSE1004S FUNDAMENTALS OF SPEECH AND HEARING SCIENCES

18 NQF credits at NQF level 5

Convener: Associate Professor L Ramma and Dr B Ige

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.

HSE1005S FOUNDATIONAL CONCEPTS IN HUMAN COMMUNICATION DEVELOPMENT

18 NQF credits at NQF level 5

Convener: Dr B Ige and Associate Professor 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.

HSE1006F FOUNDATIONAL CONCEPTS IN EARLY INTERVENTION

18 NQF credits at NQF level 5

Convener: Dr B Ige and Mrs 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.

HSE1007F FOUNDATIONS OF HEARING AND BALANCE

18 NQF credits at NQF level 5

Convener: Dr B Ige and Mrs 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%.

HSE1008S FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IA

0 NQF credits at NQF level 5

Convener: Dr A Abrahams and Dr B Ige**Course entry requirements:** None

Objective: At the end of the course students, should be able to: a) Understand the level of organisation of the human body; b) Understand homeostasis and cellular physiology; c) Describe the generation and propagation of action potentials; d) Describe the anatomy of the upper limb which includes bone, muscle, nerves and blood vessels and e) Understand the relevance of the selected systems for the physiotherapy and occupational therapy professions.

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 the 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.

Lecture times: Monday (09h00-10h45), Tuesday (11h00-12h45), Thursday (12h00h-12h45) and Friday (09h00-09h45).

DP requirements: Students are expected to attend and participate in all lectures, practical sessions and tutorials. All assignments are to be submitted by the due date. Students will be required to sign an attendance register at all sessions and complete a course evaluation at the end of the semester.

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 (each weighted 15% and contributing 30% towards the in-course mark); and physiology and anatomy assignments (contributing 20% towards the in-course mark). The final written test contributes 50% to the final mark for HSE1008S. These assessments contribute 40% towards the final year mark in HSE1009F at the end of IP2.

HSE1009F FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IB

36 NQF credits at NQF level 5

Convener: Dr A Abrahams and Dr B Ige

Course entry requirements: None

Course outline:

This foundation (intervention programme) course aims to prepare students for HUB1020S Anatomy and Physiology IB, which they will be required to register for when they re-enter the standard curriculum. It revisits key concepts and core material of HUB1019F and builds on knowledge and skills acquired in HSE1008S. 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.

Lecture times: Monday and Tuesday (09h00-10h45), Wednesday (14h00-14h45) and Friday (09h00-09h45).

DP requirements: Students are expected to attend and participate in all lectures, practical sessions and tutorials. All assignments are to be submitted by the due date. Students will be required to sign an attendance register at all sessions and complete a course evaluation at the end of the semester.

Assessment: Assessment of the course comprises a written in-course assessment and a final course examination. The in-course assessment consists of two tests (each weighted 15% and contributing 30% towards the in-course mark); physiology and anatomy assignments (contributing 20% towards the in-course mark). The final written examination contributes 50% towards the final mark. These assessments and examination contribute 60% towards the final year-mark at the end of IP2.

HSE1010S FUNDAMENTALS OF HUMAN OCCUPATION AND DEVELOPMENT IA

The credits are included in those for HSE1011F.

0 NQF credits at NQF level 5

Convener: Dr B Ige and Ms H Flieringa

Course entry requirements: None

Course outline:

This foundational (Intervention Programme) course revisits key concepts of 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.

Lecture times: Monday and Tuesday (14h00-16h00), and Thursday (09h00-11h00).

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

Assessment: Assessment comprises continuous assessment tasks (weighted 10%), which include class tests, learning paragraphs and oral presentations; two assignments (weighted 10% and 20% respectively); and two tests (weighted 20% and 40% respectively). These assessments contribute 40% towards the final year mark in HSE1011F at the end of IP2. There is no summative examination for this course after IP1. The final assessment takes place in HSE1011F.

HSE1011F FUNDAMENTALS OF HUMAN OCCUPATION AND DEVELOPMENT IB

48 NQF credits at NQF level 5

Convener: Dr B Ige and Ms H Flieringa

Course entry requirements: HSE1010S

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 learn to 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 performed 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;

98 DEPARTMENTS IN THE FACULTY

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.

Lecture times: Monday and Tuesday (14h00-16h00) and Thursday (09h00-11h00).

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 including class tests, learning paragraphs and oral presentations (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.

HSE1012S FUNDAMENTALS OF BIOSCIENCES FOR PHYSIOTHERAPY IA

0 NQF credits at NQF level 5; Four lectures and two tutorial sessions a week per term.

Convener: Dr NTL Chigorimbo-Tsikiwa, Dr B Ige and Associate Professor S Sivarasu

Objective: Physics: To equip students with basic skills to assess simple problems involving forces and torques in systems and to predict what forces and torques are required to cause motion. Chemistry: To provide students with a basic understanding of the principals of physical Chemistry and how they relate to the physiology of the body.

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 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; and displacement, velocity and acceleration in linear and angular systems. Principals 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 the principles of basic physical chemistry; 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 HSE1013F at the end of IP2. There is no summative examination for this course after IP1. The final assessment takes place in HSE1013F.

HSE1013F FUNDAMENTALS OF BIOSCIENCES FOR PHYSIOTHERAPY IB

36 NQF credits at NQF level 5; Four lectures and two two-tutorial sessions a week.

Convener: Dr N Chigorimbo-Tsikiwa, Associate Professor S Sivarasu and Dr B Ige

Course entry requirements: HSE1012S

Objective: Physics: To equip students to analyse basic biomechanical issues involving movement, forces, torques and stresses on the body. Chemistry: To provide students with a basic understanding of organic chemistry to assist in providing a foundation for pharmacology, physiology and metabolism.

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.

Lecture times: Monday and Wednesday (10h00-11h45); Tutorials on Tuesday/Thursday (14h00-16h00).

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 HSE1012S 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.

HSE1014S FUNDAMENTALS OF MOVEMENT SCIENCE AND APPLIED PHYSIOTHERAPY IA

There is no summative assessment for this course and therefore there are no NQF credits. The credits are included in those for AHS1040F.

0 NQF credits at NQF level 5

Convener: Dr B Ige and Dr N Naidoo

Course entry requirements: None

Course outline:

This foundation (Intervention Programme) course builds on the foundational concepts, terminology and science covered in AHS1033F Movement Science I. It re-visits aspects of the basic assessment and mobilisation of joints, muscle and soft tissue structure and function, and principles of muscle strengthening and theories on soft tissue healing. The principles and rationale underpinning the evaluation and treatment of movement dysfunction as covered in Movement Science I are re-emphasised. Teaching/learning strategies include lectures, practical demonstrations and workshops, tutorials, supervised site visits and self-directed learning sessions. At the end of this course students will be able to apply techniques of joint mobilisation (passive movements); measure and record joint range of motion; evaluate muscle strength and apply the principles of strengthening as indicated; discuss soft tissue healing; and apply techniques to treat soft tissue dysfunction.

DP requirements: Students must attend all lectures and tutorial sessions, participate in lectures and practical sessions, and submit homework, self-study tasks and assignments by the due dates.

Assessment: In-course assessments contribute 50% towards the final mark and consist of term tests (15%); OSPE tests (15%); and assignments (20%). The final test contributes 50% and consists of a written theory paper (25%) and a structured practical test (25%). These assessments contribute 40% towards the final year mark for AHS1040F at the end of IP2. There is no summative examination for this course after IP1. The final assessment takes place in AHS1040F.

HSE1015F FUNDAMENTALS OF MOVEMENT SCIENCE AND APPLIED PHYSIOTHERAPY IB

36 NQF credits at NQF level 5

Convener: Dr B Ige and Dr N Naidoo

Course entry requirements: HSE1014S

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 HSE1014S.

100 DEPARTMENTS IN THE FACULTY

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, supervised 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%).

HSE2000F BECOMING A DOCTOR PART 1D (CLINICAL SKILLS PRACTICAL)

7 NQF credits at NQF level 6

Course entry requirements: Must have passed HSE2000W BaDr Part 1C (Clinical Skills Online) in the previous year

Course outline:

The aims of the course are to gain practical competence on how to conduct a biopsychosocial history, perform a general and focused clinical examination of a patient, pertaining to the cardiovascular, respiratory, abdominal and endocrine systems and perform non-invasive procedural skills, and to develop practical competence in clinical reasoning towards differential diagnosis. The course draws on classroom tutorials, simulation ward bedside learning, encounters with simulated patients and the revision of theoretical knowledge. The course is a continuation of HSE2000W BaDr Part 1C (online) and puts the theory into practice.

DP requirements: All DP requirements must be met. DP-linked activities include compulsory attendance of all contact sessions and assessment events, as well as assignments as stipulated on the Vula course site, in the weekly planner and Test & Quizzes site.

Assessment: In-course assignments 40%. End of course assessment 60% (OSCE and MCQ). Students who score more than 45% will be offered a supplementary. For 2021 only: A student must pass HSE2000F, Becoming a Doctor Part 1D, before registering for and undertaking HSE3000F, Becoming a Doctor Part 2C.

HSE2000W BECOMING A DOCTOR PART 1C (CLINICAL SKILLS ONLINE)

15 NQF credits at NQF level 6

Convener: Mr J Muller-Stuurman

Course entry requirements: Registration in MBChB Year 2 and having successfully completed all first year courses

Co-requisites: All DP requirements must be met. The three strands of BaDr courses (Languages, Family Medicine and Clinical Skills) are integrated and must be completed concurrently, but be passed individually in order to pass the course. If one strand is failed, all strands must be repeated.

Course outline:

The aims of the course are to: 1. gain a theoretical understanding of how to conduct a biopsychosocial history, perform a general and focused clinical examination of a patient pertaining to the cardiovascular, respiratory and abdominal systems, and perform certain non-invasive procedural skills. 2. To develop a theoretical foundation for clinical reasoning. The course draws on online modules and assignments and is therefore predominantly theoretical.

DP requirements: DP-linked activities include online assignments and tests as stipulated on the BaDr Vula course site, in the online weekly planner and Vula Test & Quizzes site.

Assessment: Coursework: 100%. All DP requirements must be met in order to achieve a "Pass". No marks will be allocated. Any student who does not achieve a 'Pass' will be offered supplementary online assessments which must be completed as stipulated. For 2021 only: A student must pass HSE2000W, Becoming a Doctor Part 1C: Clinical Skills Online, before registering for and undertaking HSE2000F, Becoming a Doctor Part 1 D: Clinical Skills Practical.

HSE3000F BECOMING A DOCTOR PART IIC

15 NQF credits at NQF level 7

Convener: Dr R Weiss

Course entry requirements: Must have done BECOMING A DOCTOR PART 1 in the preceding year.

Co-requisites: Must have successfully completed all MBChB second year courses including BECOMING A DOCTOR PART 1D: Clinical Skills Practical.

Course outline:

The aim of the course is to develop students' clinical reasoning skills towards constructing a differential diagnosis, to expand their history-taking and examination skills to the neurological system and to develop professional bedside skills through clerking ward patients. The course draws on classroom tutorials, bedside learning, encounters with patients and the theoretical knowledge. Students develop a portfolio of patient cases to demonstrate clinical reasoning. The course builds on the techniques and skills learnt during BaDr Part 1C and D.

DP requirements: All DP requirements must be met, including compulsory attendance of all ward tutorials, patient-linked activities and assessments. DP requirements are stipulated on the Clinical Skills Vula site.

Assessment: Coursework: 50%, Examination 50%. Assessment comprises OSCE, MCQ and written portfolio (marked).

HSE4007Q/R NAVIGATING COVID-19 FOR HEALTH AND REHABILITATION

0 NQF credits at NQF level 7

Convener: Dr G Ferguson

Course outline:

This short online course comprises 8 units encompassing the different dimensions of the COVID-19 pandemic. The course prepares clinical training students to be within the health care setting by focussing on acquiring knowledge of the disease, its epidemiology and transmission; the response to the pandemic and the management of different kinds of patients on the different clinical rotations; preparation on the use of personal protective equipment (PPE) and conduct within the multidisciplinary and interprofessional clinical environment; and preparation on professional and personal coping strategies. This course is run primarily as self-directed, asynchronous learning.

DP requirements: Completion of the current Western Cape PACK COVID-19 training module (Knowledge Translation Unit, KTU) and associated assessment. Submission on Vula of Western Cape PACK COVID-19 training module (Knowledge Translation Unit, KTU) certificate of completion. Complete the virtual OSCE and attain 90% in the assessments.

Assessment: OSCE assessment of competency on PPE donning/doffing (100%) – virtual or physical. (If a student is unsuccessful on the virtual OSCE assessment or unable to upload virtual OSCE assessment to the Vula Dropbox, a physical OSCE assessment of PPE competency will be done before the student commences clinical rotations.)

**HSE4010Q/R NAVIGATING COVID-19 FOR HIGHER CERTIFICATE IN
DISABILITY PRACTICE**

0 NQF credits at NQF level 5

Convener: Mrs N Pasqualle

Course entry requirements: Compulsory course to be taken by all health sciences clinical training students before commencing clinical rotations.

Course outline:

This short online course comprises 8 units encompassing the different dimensions of the COVID-19 pandemic. The course prepares clinical training students to be within the health care setting by focussing on acquiring knowledge of the disease, its epidemiology and transmission; the response to the pandemic and the management of different kinds of patients on the different clinical rotations; preparation on the use of personal protective equipment (PPE) and conduct within the multidisciplinary and interprofessional clinical environment; and preparation on healthcare provider and personal coping strategies. This course is run primarily as self-directed, asynchronous learning.

DP requirements: 1. Completion and submission of certification of the current Western Cape PACK COVID-19 training module (Knowledge Translation Unit, KTU) 2. Complete the 'mock' virtual OSCE and attain 90% in the assessments

Assessment: OSCE assessment – virtual or physical

HSE6004W EXIT EXAMINATION ON PROCEDURAL COMPETENCE

0 NQF credits at NQF level 8

Convener: Dr R Weiss

Course outline:

This is an exit-level, integrated examination for MBChB students on procedural competence. It takes the form of an OSCE in the Clinical Skills Centre and consists of 8-10 stations of 10 minutes each. It requires students to demonstrate competence in areas that include but are not limited to adult, paediatric and neonatal resuscitation, performance of injections, blood culture, catheterization, nebulization, suturing, intubation, completing a death certificate, managing obstetric procedures and emergencies and other procedural skills common to clinical practice. Students whose performance are rated as 'not satisfactory' in any station are re-examined after remediation and are required to demonstrate satisfactory performance prior to being eligible to graduate.

HUMAN BIOLOGY

Room 5.14, Level 5, Anatomy Building, Health Sciences Campus, and Sports Science Institute of South Africa Building, Newlands. (This incorporates the disciplines of anatomy, biokinetics, biological anthropology, biomedical engineering, cell biology, exercise science, health technology and infrastructure management, physiology, and sport and exercise medicine).

Professor and Head:

S Prince, BScHons HDE PhD *Cape Town*

Professor and NRF/DST South African Research Chair in Biomedical Engineering & Innovation:

TS Douglas, BSc (Engineering) (Electrical & Electronic Engineering) MBA *Cape Town* MS *Vanderbilt* MPhil *Stell* PhD *Strathclyde*

Professor and NRF/DST South African Research Chair in Brain Imaging:

E Meintjes, BScHons MSc *UKZN* MS PhD *Oregon State*

Professors:

MR Collins, BScHons *Stell* PhD *Cape Town* FECSS

EV Lambert, BA MSc *South Carolina* PhD *Cape Town*

MI Lambert, BSc (Agriculture) *UKZN* BAHons *Rhodes* MSc *South Carolina* PhD *Cape Town*

GJ Louw, BVSc DVSc *Pret* MPhil *Cape Town*

M Senekal, BScHons (Dietetics) MSc PhD *Stell*

T Franz, PhD *Bremen*

Emeritus Professors:

LA Kellaway, BScHons MSc PhD *Cape Town*

AG Morris, BSc *WLU* PhD *Witwatersrand*

TD Noakes, OMS MBChB MD DSc (Medicine) *Cape Town* FACSM(Hon) FFSEM UK

VA Russell, BScHons MSc *Cape Town* PhD *Stell*

CL Vaughan, BScHons *Rhodes* PhD *Iowa* DSc (Medicine) *Cape Town*

Honorary Professors:

M Glucksberg, BS MS PhD *Columbia*

JL Jacobson, MA PhD *Harvard*

SW Jacobson, BA *Brandeis* MA PhD *Harvard*

D Kelso, BS *Purdue* MS PhD *Northwestern*

A Mairal, BSc *Raipur* MSc *Bombay* MBA *Berkeley* PhD *Boulders*

W Van Mechellen, MD PhD *VU Amsterdam* FACSM

Associate Professors:

AN Bosch, BSc *UKZN* BAHons MA *Rhodes* PhD *Cape Town*

DM Lang, Dr rer nat *Konstanz Germany*

D Shamley, BSc PhD *Witwatersrand* MBA *Cape Town*

S Sivarasu, PhD *VIT University India*

Associate Professor and Chief Research Officer:

AV September, BScHons (Medicine) MSc (Medicine) PhD *Cape Town*

Adjunct Associate Professor:

W van der Merwe, MBChB *UFS* Social Studies *Oxon* BScHons (Medicine) *Cape Town* FCS *SA Ortho*

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Honorary Associate Professors:

JH Goedecke, BScHons (Medicine) PhD *Cape Town RD SA*
RP Lamberts, BSc (Physiotherapy) MSc *Netherlands* PhD *Cape Town FECSS*
G Limbert, BSc MSc *Toulouse* MPhil *Bordeaux* PhD *Southampton* CEng *FIMechE*
LK Mickelsfield, BA *Rhodes* BScHons (Medicine) MSc (Medicine) PhD *Cape Town*
A van der Kouwa, BEng MEng *Pret* PhD *Ohio State*

Senior Lecturers:

A Abrahams, BScHons PhD *Cape Town*
A Bhagwandin, BScHons PhD *Witwatersrand*
Y Albertus, BScHons (Medicine) PhD *Cape Town*
R Ballo, MSc (Medicine) PhD *Cape Town*
K Bugarith, BScHons *UKZN* PhD *Washington State*
C D'Alton, MBChB *Stell* MSc SEM *Bath*
J Fortuin, BOH *UWC* M (eHealth & Telemedicine) *UQ* PhD *UWC*
J Friedling, MSc (Medicine) PhD *Cape Town*
VE Gibbon, BA *Manitoba* PhD *Witwatersrand*
G Gunston, MBChB MPhil *Cape Town*
A Gwanyanya, MBChB DA *SA* MMed *Zimbabwe* PhD *Leuven*
J Harbron, BSc (Dietetics) MSc PhD *Stell*
T Mutsvangwa, BSc (Engineering) (Electrical Engineering) MSc (Medicine) PhD *Cape Town*
V Naidoo, BSc *UKZN* BScHons *Pret* MMedSci *UKZN* PhD *Michigan*
JV Raimondo, MBChB *Cape Town* DPhil *Oxon*
J Swart, MBChB MPhil PhD *Cape Town*

Honorary Senior Lecturers:

BS Spottiswoode, BSc *Witwatersrand* PhD *Cape Town*
S Taliep, PhD *CPUT*

Lecturers:

E Badenhorst, BAHons *Stell*
S Booley, MSc (Nutrition Management) *UWC*
D Hockman, MSc *Cape Town* PhD *Cantab*
J Kroff, BSc BHons (Biokinetics) MSc (Medical Physiology) PhD *Stell*
M Theron, BScHons (Dietetics) *Pret*

Assistant Lecturer:

KS Mpolokeng, BSc BMedScHons *UFS*

Honorary Lecturers:

V Gouttebarge
MG Kiessig
MK Patrick, MA *Cape Town*
J Scholefield, PhD *Cape Town*

Senior Research Officers:

C Draper, BSocSc BSocScHons MA PhD *Cape Town*
D Rae, BA (Human Movement Studies) *AUS* BScHons (Medicine) PhD *Cape Town*

Clinical Educators:

M Blacker, BScHons (Medicine) *Cape Town*
N Jaffer, BScHons (Medicine) *Cape Town*
B Najaar, MSc (Nutritional Sciences) *Stell* RD *SA*
K Sexton, BScHons (Medicine) *Cape Town*

Research Officers:

M Holmes, BS *Western Washington* MS PhD *Vanderbilt*
 M Jankiewicz, MS *Copernicus* PhD *Vanderbilt*
 M Nglazi, BSc *Zambia* MPH *Cape Town*
 L Rauch, BSc BScHons (Medicine) PhD *Cape Town*
 F Robertson, BSc (Engineering) (Electrical Engineering) MSc PhD *Cape Town*
 J Smith, PhD *Cape Town*

Honorary Research Associates:

M Posthumus, BScHons (Medicine) PhD *Cape Town*
 C Readhead
 W Viljoen, PhD *Cape Town*

Principal Technical Officers:

S Cooper, BSc BEd BMedScHons MMedSc MBA *UFS*
 C Harris, NTC *Athlone Technical College*

Chief Technical and Scientific Officers:

DA Bouwers, BScHons *Cape Town* MSc *Stell*
 I Fakier, ND (Electrical Engineering) *CPUT*
 P Steyn, BScHons MSc PhD *Stell*
 M Cassar

Senior Technical and Scientific Officers:

J Peres, BSc BScHons *Witwatersrand* PhD *Cape Town*
 M Petersen, MSc (Medicine) *Cape Town*

Technical Officers:

S Benjamin
 D Abrahams
 T Mkatazo, BSc BMedScHons *Cape Town*

Human Nutrition**Professor:**

M Senekal, BScHons PGDip (Dietetics) MNutr PhD *Stell* RD *SA*

Senior Lecturer:

J Harbron, NNutr MSc NutrSc PhD *Stell* RD *SA*

Senior Lecturer:

S Booley, MSc (Nutrition Management) *UWC* RD *SA*

HUB1006F INTRODUCTION TO INTEGRATED HEALTH SCIENCES PART I

30 NQF credits at NQF level 5

Convener: Dr K Bugarith and L de Paulo

Course entry requirements: Attendance at and participation in all HUB1006F-related activities in the orientation programme, such as “Introduction to Life Cycle,” “Introduction to PBL” and the “Health and Safety” seminar.

Course outline:

The theme of the course is the human life cycle. Students are introduced to the key physical, psychological, social and developmental factors and issues that shape the human life cycle from conception to death. Problem-based learning (PBL) is the central learning activity of the course. Each student is allocated to a PBL group that meets regularly to discuss and analyse a number of carefully designed cases illustrating the key objectives of the course using the biopsychosocial approach. In addition to PBL, students are provided with a range of activities (including lectures, tutorials and practical sessions) to support their learning. Some of the learning activities might be delivered online where possible at the discretion of the course convener to support and enhance face-to face-learning. At the conclusion of this course, students will have gained an introductory overview of the human lifespan as well as the necessary core knowledge and skills from a range of disciplinary domains (e.g. anatomy, physiology, psychology and sociology).

DP requirements: A blended approach to academic activities may be used to support and enhance face-to face-learning. Attendance at and/or participation in all academic activities, where official registers are circulated or online monitoring is available, including problem-based learning sessions, tutorials, workshops, and BHS practical sessions are a requirement for DP. Submission of all written and online assignments on time and completion of all in-course assessment activities are also a requirement for DP. Students may not miss any scheduled activities without the written permission of the academic staff responsible for these activities. Students are required to apply for a concession to miss classes/academic activities and submit appropriate supporting documentation should they miss a scheduled activity due to illness or approved non- medical reasons. If students miss Teaching and Learning Activities without appropriate permission, then students will not be awarded a DP certificate for the course. If students are not awarded a DP certificate they will not be allowed to write the examinations and therefore will not pass the course and will not be able to progress to the second semester. Refer to the HUB1006F Course Handbook for further details regarding DP requirements and the course.

Assessment: Both in-course and end-of-course assessments may include written, computer-based and practical components. All components of in-course and end-of-course assessments must be written to pass the course. When students are unable to write an assessment for what is deemed a legitimate reason, a deferred assessment may be given. Students who miss a component of an in-course assessment must apply for a concession to miss classes/academic activities to write a deferred in-course assessment. Students who miss a component of the end-of-course assessment must apply for a deferred assessment via the Deferred Examinations Committee. All components of an assessment must be completed to pass that assessment. A medical certificate on ground of illness, or appropriate supporting documentation for all approved non-medical reasons, must be submitted when applying for a deferred assessment. Should a student fail to provide legitimate reasons, with supporting documentation, for being unable to complete an assessment activity, or fail to take a scheduled deferred assessment; a mark of zero will be given for that assessment. A student will not be allowed to have more than one opportunity to take a deferred assessment. In-course assessments account for a maximum of 40% and end-of-course assessments account for a minimum of 60% of the final course mark. Sub-minima may apply. Students who achieve a course result of 45-49% and pass at least one class test or the final examination will be eligible for a supplementary examination. Students who are granted a supplementary examination will have their final course results calculated using the same weightings as their original course mark. The marks from the supplementary examination will substitute for the original examination mark. The year mark will be retained in calculating the final course results. Refer to the HUB1006F Course Handbook for further details regarding assessments and the course.

HUB1014S ANATOMY FOR COMMUNICATION SCIENCES

20 NQF credits at NQF level 5

Convener: 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%.

HUB1019F ANATOMY AND PHYSIOLOGY IA

18 NQF credits at NQF 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. Both the anatomy and physiology components of the course must be passed with a subminimum of at least 45% for each component in the course mark and final examination.

HUB1020S ANATOMY AND PHYSIOLOGY IB

18 NQF credits at NQF level 5

Convener: Dr C D'Alton

Course entry requirements: HUB1016F or HUB1019F

Course outline:

This course consists of five lectures and one practical/tutorial per week. It focuses on human body systems and includes 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: A blended approach to academic activities may be used to support and enhance face-to face-learning. Attendance of, and/or participation in all learning activities, including lectures, practical sessions, workshops and tutorials, and submission of assignments by the due date are required for DP.

Assessment: The course comprises theory and on-going practical assessments, which make up 45% of the course mark. The other 55% comprises marks for the final theory and practical exams. Both the anatomy and physiology components of the course must be passed with a subminimum of at least 45% for each component in the course mark and final examination.

HUB1022F BIOSCIENCES FOR PHYSIOTHERAPY IA

9 NQF credits at NQF level 5

Convener: S Steiner**Course entry requirements:** None**Objective:** Physics: To equip students with basic skills to assess simple problems involving forces and torques in systems; predict what forces and torques are required to cause motion. Chemistry: To provide students with a basic understanding of the chemical principles and how they relate to the physiology of the body.**Course outline:**

This introductory course provides first year physiotherapy students with the fundamental aspects of chemistry, biochemistry and fundamental physical science related to biomechanics. Topics have been selected to promote the integration of theoretical and practical knowledge. Content for physical science includes measurement, units, conversion of units, review of trigonometry; vectors, vector algebra and resolution of vectors; displacement, velocity and acceleration; free-body diagrams; forces and Newton's laws in linear systems; torques and angular systems; and lever systems. Content for chemistry includes physical chemistry; principles of atoms and elements; basic stoichiometry of reactions in solutions, with an emphasis on molar concentrations and the principle of osmosis; an introduction to physiological enzyme structure and kinetics; the basics of cellular metabolism; chemical equilibrium, acids and bases and biological buffering systems. The course is taught through lectures, weekly tutorials and assignments. By the end of the course, students should be able to assess simple problems and determine forces and torques in systems; predict what forces and torques are required to cause motion; and understand basic chemical principles and how they relate to body physiology.

DP requirements: Students must attend 75% of tutorials, hand-ins and mini tests and must obtain a combined class mark of at least 40%.**Assessment:** The course mark contributes 60% and comprises assignments (10%); class tests (30%); and ad hoc mini tests (20%). The examination contributes 40% and consists of a three-hour written examination in June. Both the physics and chemistry components of the course must be passed, with a subminimum of at least 40% for each component in the final examination.

HUB1023S BIOSCIENCES FOR PHYSIOTHERAPY IB

9 NQF credits at NQF level 5

Convener: S Steiner**Course entry requirements:** HUB1022F or HSE1013F**Objective:** Physics: To equip students to analyse basic biomechanical issues involving movement, forces, torques and stresses on the body. Chemistry: To provide students with a foundation for pharmacology, physiology and metabolism.**Course outline:**

This course builds on the foundational concepts, terminology and science covered in Biosciences for Physiotherapy IA. The course content for physical science includes centre of gravity; body-segment parameters; Hooke's law; work, energy and power; momentum and impulse; static and dynamic systems; buoyancy; friction and stress analysis. Students learn how to assess journal articles. The course content for chemistry includes basic organic chemistry, covering fundamental aspects of structure and bonding, acids and bases, amines, carbohydrates, lipids and nucleic acids. Integrated with the chemistry principles, aspects of fat and protein metabolism are covered. The course is taught through lectures, weekly tutorials and assignments. By the end of the course, students should be able to assess simple problems and determine how forces and torques affect the work, energy and power in systems; determine whether certain types of loading are safe; and understand organic chemical principles and how they relate to body physiology.

DP requirements: Students must attend 75% of tutorials, hand-ins, and mini tests and obtain a combined class mark of at least 40%.

Assessment: The course mark contributes 60% and consists of assignments (10%), class tests (30%) and ad hoc mini tests (20%). The examination contributes 40% and consists of a three-hour written paper in November. Both the physics and chemistry components must be passed with a subminimum of 40% for each component in the final examination.

HUB2005F INTRODUCTION TO MEDICAL ENGINEERING

This course is intended as an introduction to the field of Biomedical Engineering and for students with an interest in applying for their engineering skills to the solution of problems in healthcare. This course is offered by the Division of Biomedical Engineering in the Department of Human Biology, and is particularly valuable for students considering postgraduate studies in Biomedical Engineering. Entrance may be limited.

8 NQF credits at NQF level 6

Convener: Dr T Mutsvangwa and Dr T Abdalrahman

Course entry requirements: None

Objective: To provide an introduction to biomedical engineering in particular to undergraduate students.

Course outline:

This course provides an introduction to the field of biomedical engineering to undergraduate students in the Faculty of Engineering and the Built Environment and others. Topics include an overview of medical technology and innovation, medical imaging, image processing, and biomechanics of the musculoskeletal system.

DP requirements: None

Assessment: Class test: 20%; Group presentation: 30%; June examination: 50%.

HUB2015W ANATOMY AND PHYSIOLOGY II FOR HEALTH AND REHABILITATION SCIENCES

36 NQF credits at NQF level 6

Convener: Dr Y Albertus

Course entry requirements: HUB1020S

Objective: To understand and obtain an integrative knowledge of the human body and its systems from an anatomical and physiological perspective.

Course outline:

This year-long course forms the second half of a two-year programme covering aspects of human anatomy and general physiology. Subjects include systems physiology such as respiratory, cardiovascular and reproductive physiology which are aligned with the anatomical teaching of these systems. Included in the syllabus is also aspects of endocrinology and nutrition and diet. It is a full course of lectures, interactive weekly tutorials, practicals and demonstrations. Special emphasis is placed on neuro-anatomy and neurophysiology.

DP requirements: A blended approach to academic activities may be used to support and enhance face-to face-learning. Attendance at, and/or participation in all academic activities, including lectures, practical sessions, workshops and tutorials, and submission of assignments on time.

Assessment: To pass, a sub-minimum of 45% in each of the physiology and anatomy sections of the course is required. Final examinations contribute 50% (Theory 40%, Practical 10%), Tests (35%) and Practical's (15%).

HUB2017H INTEGRATED HEALTH SYSTEMS PART IA

57 NQF credits at NQF level 6; A blended approach to academic activities may be used to support and enhance face-to-face-learning.

Convener: Dr G Gunston and Dr A Bhagwandin

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

Course outline:

The integrated courses HUB2017H, PTY2000S and PTY3009F extend across MBChB years two and three and provide the student with a detailed understanding of the normal structure and function of the human body and how these are affected when the body suffers from disease. Students learn core material in the basic sciences (gross anatomy, embryology, histology, cell biology, medical biochemistry, molecular biology and physiology); infectious diseases (medical microbiology, virology and immunology); changes in normal structure and function caused by disease (anatomical pathology, chemical pathology and haematology); and the principles of pharmacology/therapeutics and early management. Students are also introduced to skills such as critical thinking, reading, and analysis. Emphasis is placed on psychosocial matters relating to each case, drawing in relevant aspects of family medicine, primary healthcare principles, public health, and mental well-being. Students also learn clinical skills, interpretation of data, professional values and ethics, and certain procedural skills directly related to the cases studied. They study the impact of disease on the individual, family and society, and the role of the healthcare services in alleviating illness. Case-based group learning is supported by lectures, practical sessions and stand-alone modules. Students learn key life skills required of an effective healthcare professional, including a multidisciplinary team approach. The cases all have relevance to healthcare issues regionally and nationally.

DP requirements: Attendance at and/or participation in all problem-based learning sessions, tutorials, and practical's and completion and submission of all set assignments, quizzes, tasks and assessment activities by the due dates. Public Health specifically requires all exercises on Vula to be completed as part of HUB2017H and PTY2000S DP requirements.

Assessment: HUB2017H and PTY2000S are assessed together in a final examination at the end of second year. Students must achieve an overall pass in semesters 3 and 4 (year 2) in order to progress to year 3. Students are required to complete a series of in-course assessments and portfolio tasks during semesters 3 and 4 that contribute 50% of the total mark for the year, learning exercises, and quizzes contribute to the portfolio mark. A summative assessment is held at the end of the year that assesses work from semesters 3 and 4 and contributes 50% of the total mark for Integrated Health Systems in year 2. Students thus receive identical marks at year end for HUB2017H and PTY2000S. In order to be considered eligible for a supplementary examination, students are required to have achieved a total mark for year two of 45-49%, and to have passed at least one class test or the final examination. Students who are granted a supplementary examination will have their results calculated using the same weightings as the original total mark for the year, and the mark achieved in the supplementary exam will be substituted for the final examination mark.

HUB2019F INTEGRATED ANATOMICAL AND PHYSIOLOGICAL SCIENCES PART A

Entrance is limited to 80 students.

24 NQF credits at NQF level 6; 60 lectures, 10 practicals.

Convener: Dr J Harbron and Associate Professor D Lang

Course entry requirements: BIO1000F, BIO1004S and CEM1000W (or equivalent courses).

Co-requisites: An average grade of 60% or more for these two courses is recommended.

Course outline:

The course introduces the concept of integrating human physiology, anatomy, cell biology and histology. It includes the study of cells and tissues, the basic anatomy and histology of the musculoskeletal, endocrine and digestive systems, and an introduction to embryology and osteology. Physiological concepts include fluid balance, cell signaling, hormone regulation, digestion, absorption and metabolism. The course consists of lectures, practical sessions and tutorials.

In the practicals, students work in small groups using computers and specialised equipment to study the physiology and histology of the abovementioned organ systems. At the end of the course, students will be able to describe structure-function relationships of body systems covered in the course; apply concepts and principles taught in lectures and practical sessions to solve theoretical or real-life problems posed in tutorials, tests and examinations; follow and implement instructions in computer-simulated physiology experiments and interpret result; identify micro-anatomical organisation of organs under a microscope or in monographs; identify and name structures in anatomical specimens; and design simple experiments to determine physiologic parameters such as blood type, fluid compartment volumes, enzyme activities etc.

Lecture times: Lectures: Monday to Friday (08h00-08h45); Practicals: Mondays or Tuesdays (14h00-17h00).

DP requirements: Attendance at all practical sessions, 40% average in class tests and an average of 50% for all assignments.

Assessment: The breakdown of course marks is as follows: Class tests 30%, practical write-up 15%, assignments or tutorials 5%. Final examinations (50%) as follows: Theory examination 30%, practical examination 20%. A subminimum of 40% is required for the theory and practical examination to pass this course. Supplementary examinations, in the form of written, practical or oral assessment, may be offered to students whose overall score is 45-49%. An oral examination may be required in the case of selected students.

HUB2020S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr V Zweigenthal

Course entry requirements: All first year MBChB courses.

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

HUB2021S INTEGRATED ANATOMICAL AND PHYSIOLOGICAL SCIENCES

PART B

Entrance is limited to 80 students

24 NQF credits at NQF level 6; 60 lectures; 10 practicals.

Convener: Dr EL van der Merwe and Dr A Gwanyanya

Course entry requirements: HUB2019F (or approved equivalent) and CEM1000W (or approved equivalent).

Course outline:

The course integrates aspects of human physiology, anatomy and histology of organ systems, including cardiovascular, respiratory, nervous, reproductive, urinary and immune systems. The concept of integrating homeostasis and regulation forms the golden thread throughout this course. Homeostatic concepts covered include thermoregulation, acid-base balance, neural transduction, cardiac output and regulation, and respiration. Students are introduced to anthropology and to concepts of ageing and disease. In the practicals, students work in small groups using computers and specialised equipment to study the physiology of the nervous system, the electrical events in the contraction of cardiac muscle and the mechanics of the respiratory system. Students also examine human anatomical specimens of various organs and examine the histology of the organ systems. At the end of the course, students will have a thorough grounding in the physiological mechanisms of the nervous, urinary, cardiovascular, respiratory, reproductive, and immune systems. They will have an understanding of the basic anatomy and microanatomical organisation (histology) of key organs within the above bodily systems; will be able to integrate the concepts above in terms of understanding structure-function relationships, so as to understand the basic key elements that impact on the physiology of organs during ageing which leads to disease processes; and will be able to interpret data obtained from the various practicals.

Lecture times: Lectures: Monday to Friday (08h00-08h45); Practicals Mondays or Tuesdays (14h00-17h00).

DP requirements: Attendance at all practicals, 40% average in class tests and an average of 50% for all assignments.

Assessment: The final mark comprises class tests (30%); practicals, assignments and tutorials (20%); and final examinations (50%), consisting of a written theory exam (30%) and a practical (20%). A subminimum of 40% is required for the theory and practical examination to pass this course. Supplementary examinations, in the form of written, practical or oral assessment, may be offered to students whose overall score is between 45% and 49%. An oral examination may be required in the case of selected students.

HUB2023W BIOSCIENCES FOR PHYSIOTHERAPY II

9 NQF credits at NQF 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%.

HUB3006F APPLIED HUMAN BIOLOGY

36 NQF credits at NQF level 7

Convener: Associate Professor AN Bosch

Course entry requirements: HUB2019F; and HUB2021S or equivalent. Entry into this course requires a subminimum of 40% average for the Physiology component of HUB2017H and PTY2000S.

Objective: Understanding the physiology pertaining to exercise and performance with a view to furthering study at the Honours level.

Course outline:

The semester theme is “Living, working and playing”. Topics dealt with include metabolism and homeostasis, sports nutrition and metabolism, obesity and diabetes, muscle physiology, cardio-respiratory physiology, sporting performance, exercise physiology, thermoregulation, and physiology in extreme environments. At the end of the course students should have a good understanding of the physiology related to movement, sport and exercise. They should understand physiological control, the basics of the physiological components underlying athletic performance, and energy balance and key components of sports nutrition. In addition, they should have a good understanding of the cardiovascular system, muscle function, and the effect of exercise on health, particularly diabetes and obesity. Students will prepare a seminar topic which will be presented as a PowerPoint presentation towards the end of the semester, during the “practical” time slot.

DP requirements: Attendance at all practicals, (including tutorials and seminar presentations held during the “practical” time slot), 40% average in class tests and an average of 50% for all assignments.

Assessment: Class tests (30%); practicals including assignments/seminar presentation (20%) and examinations (written theory and practical theory) (50%). A subminimum of 40% is required for the theory and practical examinations to pass this course. A subminimum of 40% is required for the theory and practical examination to pass this course. Supplementary examinations in the form of written, practical or oral assessment, may be offered to students whose overall score is 45 - 49%. An oral examination may be required in the case of selected students.

HUB3007S HUMAN NEUROSCIENCES

36 NQF credits at NQF level 7

Convener: Dr A Gwanyanya

Course entry requirements: HUB3006F (or approved equivalent). Exceptions are at the discretion of the convener.

Objective: To obtain a good grasp of core theoretical and practical concepts of human neurophysiological function.

Course outline:

This course offers theoretical and practical instructions on advanced concepts in neuroscience, such as embryological development and repair of the nervous system, histological and gross anatomical appearances of the brain, electrophysiology, principles of electrical and morphological brain imaging, neuronal signalling, signal transduction in sensory, motor and autonomic nervous systems, vision and pain perception, eating disorders, mechanisms of learning and the development of memory. At the end of the course, students should be able to apply knowledge gained and practical skills acquired to solve problems in neurophysiology; read and critically evaluate neuroscience literature; apply knowledge of human physiology in medical fields in the general market place; use acquired skills in assisting with undergraduate practical demonstrations; and teach the basics of human physiology.

Lecture times: Five 45-minute lectures per week, 1st period, Monday to Friday.

DP requirements: Attendance at all practicals, 40% average mark for class tests and an average of 50% for all assignments.

Assessment: Class tests (30%); practicals including assignments/seminar presentation (20%) and examinations (written theory and practical theory) (50%). A subminimum of 40% is required for the theory and practical examinations to pass this course. A subminimum of 40% is required for the theory and practical examination to pass this course. Supplementary examinations in the form of written, practical or oral assessment, may be offered to students whose overall score is 45 - 49%. An oral examination may be required in the case of selected students.

HUB4071F APPLIED ELECTROPHYSIOLOGY

12 NQF credits at NQF level 8

Convener: Dr LR John

Course entry requirements: Equivalent of Mathematics II and Physics II. Suitable for all graduate Engineering streams.

Course outline:

This course provides an introduction to electrical activity in the human body from an engineering perspective. As such, it is located between cellular electrophysiology and the design of non-invasive electrophysiological equipment. Lecture topics are selected from cellular membrane potentials, electrocardiology (ECG), cardiac fibrillation, pacemakers, electromyography (EMG), electrical stimulation (FES, TES) of muscles and nerves, electroencephalography (EEG), brain-computer interfacing (BCI), electrooculography (EOG), electrical bioimpedance, heart-rate variability (HRV) and galvanic skin response (GSR). This course is taught through lectures and practical demonstrations including visits to electrophysiological clinics at Groote Schuur Hospital and research laboratories at UCT by arrangement. At the end of this course, students will understand electrical processes in the heart, muscles, and brain; the relationship between cellular membrane potentials and electrical voltages measured non-invasively on the surface of skin; and how cellular membrane potentials can be changed using surface and implantable electrical stimulators.

DP requirements: Students are expected to attend and participate in all lectures and practical demonstrations. Attendance is monitored through the signing of an attendance register at each session.

Assessment: Course mark contributes 40% and comprises attendance and participation (10%); assignments and class test (30%). The final examination contributes 60% and comprises a written theory examination.

INTEGRATIVE BIOMEDICAL SCIENCES

Professor and Head of Department:

ED Sturrock, BScHons (Medicine) PhD *Cape Town* FRSSAF

Medical Biochemistry and Structural Biology

Level 6, Falmouth Building, and Level 2, Wernher and Beit Building North

Professor and Head:

V Leaner, BScHons (Medicine) PhD *Cape Town*

Professors:

AA Katz, PhD *Rehovot*

PN Meissner, BScHons (Medicine) PhD *Cape Town*

Emeritus Professors:

W Gevers, MBChB DSc *Cape Town* MA DPhil *Oxon* DSc *UPE CMSA*

RP Millar, PhD *Liverpool* FRCPath (Chemistry) FRSE

MI Parker, BScHons PhD *Cape Town* MASSAF

BT Sewell, MSc *Witwatersrand* PhD *London*

Honorary Professors:

CGP Mathew, BScHons *UPE* PhD *London* FRCPath *Royal College of Pathologists*

WD Schubert, BScHons MSc *Cape Town* PhD *Berlin*

Associate Professors:

DT Hendricks, BScHons (Medicine) PhD *Cape Town*

Z Woodman, BScHons (Medicine) PhD *Cape Town*

Emeritus Associate Professor:

LR Thilo, MSc *Pret* Dr rer Nat *Heidelberg*

Honorary Senior Lecturer:

KJ Sales, BScHons (Medicine) MSc PhD *Cape Town*

Senior Researcher:

G Schäfer, PhD *Berlin*

Research Officer:

P van der Watt, PhD *Cape Town*

Chief Scientific Officer:

J Woodward, PhD *Cape Town*

Chemical and Systems Biology

Levels 2 & 3, Wernher and Beit Building North

Professor and Head:

J Blackburn, BScHons DPhil *Oxon*

Professors:

S Barth, PhD *Bonn* DMSc *Cologne*

ED Sturrock, BScHons (Medicine) PhD *Cape Town* FRSSAF

Honorary Professors:

DL Tabb, PhD *Washington*

Honorary Associate Professor:

L Zerbin, MSc PhD *São Paulo Brazil*

Senior Lecturer:

HH Ndlovu, BScHons *Natal PhD Cape Town*

Computational Biology

Level 1, Wernher and Beit Building North, IDM

Professor and Head:

NJ Mulder, BScHons PhD *Cape Town*

Honorary Professor:

S Bergmann, PhD *Rehovot*

Associate Professors:

D Martin, PhD *Cape Town*

N Tiffin, MPH *Cape Town PhD London*

IBS1007S INTRODUCTION TO INTEGRATED HEALTH SCIENCES PART II

35 NQF credits at NQF level 5

Convener: Associate Professor Z Woodman and Dr R Ebrahim

Course entry requirements: PPH1001F, HUB1006F, CEM1011F and PHY1025F

Course outline:

The course introduces students to key principles and concepts of the basic sciences of anatomy, biochemistry and physiology, and of public health and family medicine. The Primary Health Care approach is at the centre of the health care system in South Africa and hence the Primary Health Care approach is emphasised throughout the course. 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 body.

DP requirements: Attendance of all academic activities, where official registers are circulated, including problem-based learning sessions, tutorials, Family Medicine OPD visits, workshops, and BHS practical sessions are a requirement for DP. Submission of all written assignments on time and completion of all in-course assessment activities are also a requirement for DP. Students may not miss any scheduled activities without the written permission of the academic staff responsible for these activities. Students are required to apply for short leave of absence and submit appropriate supporting documentation should they miss a scheduled activity due to illness or approved non-medical reasons. If a student misses Teaching and Learning Activities without appropriate permission, then the student will not be awarded a DP certificate for the course. If a student is not awarded a DP certificate and will not be allowed to write the examinations and therefore will not pass the course and will not be able to progress to second year.

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. Students are required to achieve a course result of 45-49% and to pass at least one class test or the final examination in order to be eligible for a supplementary examination. Should students be granted a supplementary examination, the same weighting as the original examination mark (60%) will be used to calculate the final mark.

IBS2001S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr J Klopper

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

IBS3020W MOLECULAR MEDICINE

72 NQF credits at NQF level 7

Convener: Professor AA Katz

Course entry requirements: For students admitted to the intercalated BMedScHons-MBChB

track: Students wishing to do the intercalated BMedScHons must have passed second year MBChB, must generally have obtained an average of at least 70% in the courses listed below, with no less than 60% for any single course (exceptions to be considered on merit by the course admission committee): CEM1011F or (for Intervention Programme Students) CEM1111S and CEM1011X, Chemistry; PHY1025F, HUB1006F and HUB1007S or (for Intervention Programme Students) HUB1010S and HUB1011F, HUB2017H, LAB2000S and MDN2001S (exceptions to be considered on merit by the course selection committee). **For students wishing to exit with a BSc (Medicine):** Students must have passed second year MBChB with an average of at least 60% and with no less than 55% for any of the courses mentioned above (exceptions to be considered on merit by the course Convener).

Course outline:

The course includes lectures, tutorials and practical work that cover core and advanced topics on the molecular basis of disease. Core topics include DNA, RNA and protein structure, function, and how these are integrated to control normal cellular process such as signalling, proliferation, apoptosis, development and differentiation. Fundamentals of molecular and cellular immunology and molecular genetics are introduced. Advanced topics include stem cells, their biology and application, cancer biology, and infectious agents, infectious diseases and inherited diseases. These topics are presented in a multidisciplinary fashion, integrating principles of genetics and genomics, eukaryotic gene regulation, and cell signalling. Basic bioinformatics of DNA and proteins are introduced.

118 DEPARTMENTS IN THE FACULTY

Practical laboratory work covers theoretical and practical aspects of molecular, cellular and biochemical laboratory techniques, with emphasis on recombinant DNA techniques. There is also an introduction to genomic, proteomic and computational approaches to study molecular systems.

DP requirements: Attendance of all practicals and an average mark of 50% in tests and assignments/laboratory reports combined.

Assessment: Two tests and assignments/laboratory reports that are written during the course and one examination at the end of the course. Tests contribute 60%, assignments/laboratory reports contribute 5% and the end-of-year examination contributes 35% to the course final mark.

MEDICINE

J46, Old Main Building, Groote Schuur Hospital

The Department of Medicine is a large academic and clinical department which plays a leading role in medical education and research, and provides clinical services to the communities of the Western Cape and, in the case of our highly specialised services, to patients throughout Southern Africa.

Professor and Head:

NBA Ntusi, BScHons MBChB MD *Cape Town* FCP SADPhil Oxon Certificate (Cardiology) SA

Emeritus Professors:

ED Bateman, MBChB MD *Cape Town* DCH FRCP UK
 SR Benatar, MBChB DSc (Medicine) *Cape Town* FFA FRCP
 PJ Commerford, MBChB *Cape Town* FCP SA FACC
 S Saunders, MBChB MD *Cape Town*
 JL Seggie, BScHons MBChB MD *Birmingham* FRCP London FCP SA
 G Todd, BSc UKZN MBChB PhD *Cape Town* FC Derm SA

Emeritus Associate Professors:

RW Eastman, MBChB *Cape Town* FRCP UK
 SR Ress, MBChB *Pret* FCP SA
 R Scott Millar, MBBCh *Witwatersrand* FCP SA
 CR Swanepoel, MBChB *Cape Town* MRCP FRCP UK
 R van Zyl-Smit, MBBCh *Witwatersrand* MD *Cape Town* FRCP
 PA Willcox, BScHons MBChB *Birmingham* FRCP UK

Honorary Professors:

M Badri, BScHons MSc *India* MSc (Medicine) PhD *Cape Town*
 JP Bassand, MD FESC FACC
 TG Clark, BCom MSc *New Zealand* DPhil Oxon
 T Forrester, DM (Medicine) MBBS MSc PhD *West Indies*
 BJ Gersh, MBChB *Cape Town* DPhil Oxon FCP SA FRCP UK FACC
 P Heering, MD FASN
 AP Kengne, MD PhD *Sydney*
 MC Kew, MRCP UK MBBCh MD *Witwatersrand* PhD FCP SA FRCP London
 VJ Louw, MBChB *Stell* MMed (Internal Medicine) *Stell* FCP SA PhD UFS
 C Masimirembwa, BScHons DPhil *Zimbabwe* PhD *Sweden*
 GA Mensah, MD FACC FESC FAHA FACP FCP SA Hon
 A Nel, MBChB PhD *Cape Town*
 MGN Pai, MD PhD
 G Pillai, PhD
 PJ Schwartz, MD PhD
 S Stewart, PhD *Glasgow* NFESC FAHA FCSANZ
 VK Somers, MBChB *Natal* DPhil Oxon
 RJ Wilkinson, BMBCh MA PhD DTM&H FRCP UK
 DM Yellon, PhD FESC FRCP UK

Visiting Professors:

B Keavney, BSc BM BCh *Oxon* MRCP DM FRCP UK
 L Thabane, BSc *Lesotho* MSc (DipSci) *England* PhD *London*

Visiting Associate Professors:

FS Hellig, BSc MBBCh *Witwatersrand*

120 DEPARTMENTS IN THE FACULTY

JR Hoffman, BAHons DPhil *Oxon*
F Thienemann, MD DTMPH PhD MScIH *Germany*

Associate Professors:

ME Engel, BScHons MPH PhD *Cape Town*

Honorary Associate Professors:

G Cotter, MD FACC FESC *Israel*
R Dawson, MBChB *Cape Town* FCP Cert (Pulm Phys) *SA*
LR Fairall, MBChB PhD *Cape Town*
T Gumbo, MD *Zimbabwe*
AP Kengne, MD PhD *Sydney*
M Khati, BSc BScHons (Medicine) *Cape Town* MSc (Medicine) DIC DPhil *UK*
R McNerney, PhD *UK*
RN van Zyl-Smit, MBChB MMed *Cape Town* FCP Cert (Pulm Dip) (HIV Management) *SA* MRCP *UK*
K Wilkinson, MSc PhD *Budapest*

Senior Lecturers Part-time:

NP Gina, MBChB *Witwatersrand* FCP Dip (HIV Management) *SA*
CA Viljoen, MBChB *Pret* FCP *SA*

Honorary Senior Lecturers:

M Abelson, MBChB *Witwatersrand* FCP *SA* MRCP *UK*
L Acquah, MD MSc FACP *USA*
AJ Brink, MBChB MMed *Pret*
J Butler, MBChB *Pret* FCP Neurology *SA*
E Danso, MBChB FCP *SA*
R Davidson, MBChB MD *Cape Town* MRCP DTM&H FRCP *UK*
CA de Jager, BScHons HDE *Natal* PhD *Cape Town*
JMG du Toit, MBChB *Cape Town* FCP *SA*
RJ Freercks, MBChB MPhil *Cape Town* FCP Cert (Neph Phys) *SA*
T Gould, MBChB *Witwatersrand* FCP *SA*
L Geffen, MBChB *Cape Town* FCFP *SA*
M Gnecci, MD PhD
C Kenyon, MBChB *Cape Town* FCP *SA*
J Kuehne, MBChB *Cape Town* MPhil *Stell* Dip (HIV Management) *SA*
MA Latib, MBChB FCP Cert (Cardiol Phys) *SA*
S Mathee, MBChB *Cape Town* MMed *Stell*
AG Parrish, MBChB *Cape Town* FCP DA *SA*
M Pascoe, MBChB FCP *SA*
K Rebe, MBChB *Cape Town* FCP *SA* DTM&H
A Robins, MBChB *Cape Town* MD *Witwatersrand* DPM RCP *London* RCS *England*
G Smit, MBChB MMed (Med) *Stell*
A Tooke, MBChB *Cape Town* FCP *SA*
J Turner, MBChB PGDip (Palliative Medicine) MD MMed *Cape Town* FCP *SA* FCCP
D Woolf, MBChB FCP *SA*

Lecturers Part-time:

A Barnard, MBChB *Cape Town*

Honorary Lecturers:

A Bruning, MBChB *Witwatersrand* FCP *SA*
R Cornick, MBChB MPhil *Cape Town*

KD Ebrahim, MBChB *Cape Town FCP SA*
 J Hitzeroth, MBChB *Stell DA FCP Cert (Cardiol Phys) SA*
 J Hugo, MBChB *Pret MMed UFS FCA SA*

Honorary Research Affiliate:

P Howlett, BSc MBChB *Bristol MRCP UK*

Honorary Research Associates:

A Binder, PhD *Germany*
 M Carrington, BA PGDip (Psychology) PhD *Australia*
 A Davis, BSc MBBS MRCP *UK*
 R Hendricks, BChD MChD *Cape Town*
 V Ives-Deliperi, PhD *Cape Town*
 A Orren, MBChB MD *Cape Town*
 N Peer, MBChB *Natal MPH PhD Cape Town*
 M Rangkaka, MBChB *Cape Town MSc MPhil PhD UK*
 C Stek, MD *Netherlands*
 H Struthers, BSc BScHons MSc MBA *Witwatersrand*
 D Watkins, MD MPH *USA*

Senior Research Officers Full-time:

J de Vries, BSc MSc *Netherlands DPhil Oxon*
 G Shaboodien, BScHons PhD *Cape Town*

Clinical Educator:

F Drummond, SRN *UK*

Allergology and Clinical Immunology

Allergy Diagnostic and Clinical Research Unit, UCT Lung Institute, George Street, Mowbray E16 and Allergy Diagnostic and Clinical Research Unit, UCT Lung Institute

Associate Professor and Head of Division:

JG Peter, MBChB MMed PhD *Cape Town FCP SA*

Emeritus Professors:

PC Potter, BScHons MBChB MD *Cape Town DCH FCP (Paediatrics) SA FAAAAI*
 E Weinberg, MBChB FCP *SA FAAAAI*

Emeritus Associate Professor:

SR Ress, MBChB *Pret FCP SA*

Lecturer Part-time:

R Leaver, MBChB FCP *SA*
 J Holtzhausen, MBChB Dip (Allergology)

Honorary Lecturer:

S Emanuel, MBChB *Cape Town*

Medical Officer:

D Hawarden, BSc MBChB *Cape Town Dip (Medical Technology) SA*

Research Medical Officers:

K Coovadia, MBChB Dip (Allergology) *SA*
 C Holmgren, MBChB *Cape Town*

122 DEPARTMENTS IN THE FACULTY

R Mistry, MBBS *New Delhi* Dip (Allergology) (HIV Management) *SA* MBA *Cape Town*
A Le Roux, MBChB

Honorary Research Associate:

A Orren, MBChB MD *Cape Town*

Research Nurses:

S Baker, BSc (Nursing) MSc Dip (Asthma) NAEP *UK*
G Poggenpoel, CNP BTech Dip (Asthma) NAEP *SA*
D Van der Walt, CNP

Technical Staff:

B Fenemore
S Salie

Cardiology

E17/25, New Grootte Schuur Hospital

Full Time Consultant Staff:

Helen and Morris Mauerberger Professor of Cardiology and Head:

M Ntseke, BA *Brown* MD *Columbia* FCP *SA* Cert (Cardiol Phys) *SA* MPhil PhD *Cape Town*
FACC

Associate Professor

A Chin, MBChB FCP *SA* Cert Cardio *SA* MPhil CEPS CCDS *IBHRE*

Senior Lecturers Full-time:

BJ Cupido, MBChB *Cape Town* FCP Cert (Cardiol Phys) *SA*
J Hitzeroth, MBChB *Stell* DA FCP Cert Cardio *SA*

Part Time Consultant Staff:

Professors:

N Ntusi, BSc *Haverford* MBChB *Cape Town* FCP *SA* Cert Cardio *SA* DPhil *Oxon* MD *Cape Town*
K Sliwa-Hahnle, MD *Germany* PhD *Witwatersrand* FESC FACC FAHA DTM&H
L. Zuhlke MD, *Cape Town* FCP Paeds *SAMPH Cape Town* MSc *London* PhD *Cape Town*

Emeritus Professor:

PJ Commerford, MBChB *Cape Town* FCP *SA* FACC

Emeritus Associate Professor:

RN Scott Millar, MBBCh *Witwatersrand* FCP *SA*

Senior Lecturer Part-time:

JE Stevens, MD FRCP *UK*

Honorary Professors:

B Gersh, MBChB DPhil *Oxon* FCP *SA* FRCP *UK*
PJ Schwartz, MD PhD *Italy*

Visiting Associate Professor:

FS Hellig, BSc MBBCh *Witwatersrand*

Lecturer Part-time:

M De Andrade, MBChB *Cape Town* MRCPG *UK*

Honorary Senior Lecturers:

MJ Abelson, MBChB *Witwatersrand* MRCP UK FCP SA
AM Latib, MBChB FCP Cert (Cardiol Phys) SA

Fellow in Electrophysiology:

P Mkoko, MBChB *Medunsa* FCP SA Cert Cardio SA

Fellow in Interventional Cardiology:

A Mutyaba, MBChB *Cape Town* FCP SA Cert Cardio SA

Fellows in General Cardiology:

ZV Jama, MBChB *Medunsa* MMED *Cape Town* FCP SA
T Auala, MBChB *Cape Town* FCP SA
CA Viljoen, MBChB *Pretoria* MMED *Cape Town* FCP SA
MM Al-Naili, MBChB *Libya* MMED *SUN* FCP SA
ET Gambahaya, *Zimbabwe* MMED *Zimbabwe*
J September, MBChB *Stell* MMED *Cape Town* FCP SA
MC deVilliers, MBChB *Free State* MMED *Cape Town* FCP SA

Clinical Haematology

New Main GSH E5

Professor and Head:

VJ Louw, MBChB *Stell* MMed *Stell* PhD (HPE) *UFS*

Senior Lecturers Full-time:

C du Toit, MBChB MMed *UFS*
E Verburgh, MBChB *UP* MMed *UFS* FCP SA FCPI PhD *Kuleuven*

Senior Registrars / Fellows:

E Poulet, MBChB MMED *UCT* FCP SA
P Loebenberg, MBChB MMED *UCT* FCP SA
K Simba, MBChB MMED *UCT* FCP SA
Y Kheir, MBBS MD MRCP *UK*

Medical Officer:

M Joubert, MBChB

Unit Operational Managers:**E5 Clinic:**

Sr S Croy, PRN (Acting Ops Man)
Sr T Weber, PRN (Acting Ops Man)

Ward F4:

Sr Carelse, PRN
Sr Francis, PRN (Acting Ops Man)

Ward G7:

Sr Oliver, PRN

Ward G8:

Sr Faro, PRN

124 DEPARTMENTS IN THE FACULTY

BMT Co-ordinator:

KG Bing, PRN *Cape Town*

Haemophilia Nurse Co-ordinator Western Cape:

AL Cruickshank, PRN *Cape Town*

Medical Technologist:

C Seaton, NDip (Medical Technology) *SA*

Quality Manager:

Y Kramer

Research Co-ordinator:

J Oosthuizen

Research Assistants:

Z Martins

K Michaels

Secretary:

M Davids

Clinical Pharmacology

K Floor, Old Main Building, Groote Schuur Hospital

Professor and Head:

G Maartens, MBChB MMed *Cape Town* FCP *SA* DTM&H LSTMH *UK*

Professors:

KI Barnes, MBChB MMed *Cape Town*

M Blockman, MBChB BPharm MMed *Cape Town*

H McIlleron, MBChB PhD *Cape Town*

Honorary Professors:

MJ Bockarie, MSc (Zoology) MSc (Applied Parasitology and Medical Entomology) *Sierra Leone*
PhD *UK*

C Masimirembwa, BScHons DPhil *Zimbabwe* PhD *Sweden*

G Pillai, BPharm MPharm PhD

Honorary Associate Professor:

AG Parrish MBChB *Cape Town* FCP *SA* DA *SA*

Emeritus Associate Professor:

PJ Smith, BScHons PhD *Cape Town*

Associate Professors:

K Cohen, MBChB MMed *Cape Town* MCFP Dip (HIV Management)(Obstetrics &
Gynaecology) *SA*

P Denti, PhD *Italy*

PZ Sinxadi, MBChB PhD *Cape Town* DA *SA*

L Wiesner, PhD *Cape Town*

Senior Lecturer:

JJ Norman MSc (Med) *Cape Town*

Lecturer:

S Allie, MBChB *Stell*

Honorary Senior Lecturer:

A Robins, MBChB *Cape Town MD Witwatersrand DPM RCP London RCS Eng*

Research Officer:

JP Mouton, MBChB *Pret*

M Chirehwa, PhD *Cape Town*

Registrars:

H Gunter, MBChB *Stell*

E Mondleki, MBChB *WSU*

RT Mpofu, MBChB *UCT*

Study Managers:

Clinical: E Allen, MPH *Cape Town*

Analytical: S Castel, PhD *Cape Town*

Medicine Information Centre Manager and Pharmacist:

A Swart, BSc (Pharmacology) *Stell*

Medicines Information Centre Pharmacists:

BS Chisholm, BPharm *Rhodes*

J Jones, BPharm *Cape Town*

E Tommy, BPharm *Rhodes*

V Raath, Dip (Pharmacology) *Cape Town*

A Uys, MSc (Pharmacology) BPharm *PU for CHE*

South African Medicines Formulary (SAMF) Pharmacist:

D Rossiter, Dip (Pharmacology) *Pret MPharm PhD Medunsa*

Principal Technical Officer:

AC Evans, NDip (Medical Laboratory Technology) *CPUT*

Principal Scientific Officers:

A Joubert, BScHons *UFS*

Critical Care Medicine

New Groote Schuur Hospital

Associate Professor and Head:

IA Joubert, MBBCh *Witwatersrand DA FCA (Critical Care) SA*

Professor:

K Dheda, MBBCh *Witwatersrand FCP SA FCCP PhD FRCP London*

Emeritus Professors:

WL Michell, MBChB *Cape Town DA FFA (Critical Care) SA*

PA Willcox, BScHons MBChB *Birmingham FRCP UK*

Associate Professors:

GM Ainslie, MBChB *Cape Town FRCP UK*

G Calligaro, MBChB *Cape Town BScHons Witwatersrand FCP SA*

126 DEPARTMENTS IN THE FACULTY

Associate Professors Part-time:

J Brink, MBChB *Cape Town* FCS (Cardiothoracic) SA
PL Semple, MBChB MMed PhD *Cape Town* FCS (Neurosurgery) SA

Honorary Associate Professor:

R Dawson, MBChB *Cape Town* FCP Cert (Pulm Phys) SA

Senior Lecturers Full-time:

M Miller, MBChB *Stell* FCA SA Cert (Critical Care)
J Piercy, BScHons MBBS *London* FCA SA Cert (Critical Care)
RI Raine, MBChB MMed *Cape Town* FCP SA
G Symons, MBChB Dip (Primary Emergency Medicine) *Cape Town* FCP Cert (Pulm Phys) SA

Senior Registrars in Pulmonology:

TBA

Senior Technology Staff:

G Strathie, BTech *Durban*
Y Wells, Dip (Clinical Technology)

Dermatology

G23, New Groote Schuur Hospital

Professor and Head:

NP Khumalo, MBChB *UKZN* FC Derm SA PhD *Cape Town*

Emeritus Professor:

G Todd, BSc *UKZN* MBChB PhD *Cape Town* FC Derm SA

Senior Lecturers Full-time:

C Hlela, MBChB MMed *UKZN* FC Derm SA PhD *Oxon*
T Isaacs, MBChB *Cape Town*
R Ngwanya, MBBCh *UKZN* DTM&H *Witwatersrand* MFGP FC DERM SA

Senior Lecturers Part-time:

F Esmail, MD *Dar-es-Salaam* FC Derm SA
SJ Jessop, MBChB *Cape Town* FC Derm SA
R Lehloeny, BSc *Lesotho* MBChB *Medunsa* FC Derm SA
MH Omar, MBChB *Cape Town* FCP SA

Senior Research Officer:

H Adeola, BDS *Nigeria* PhD *Cape Town*

Research Officer:

J van Wyk, BScHons MSc PhD *Cape Town*

Registrars Full-time:

A Dhana, MBBCh *Witwatersrand*
L Knight, MBChB *Cape Town*
N Spengane, MBChB *Cape Town*
K York, MBBCh *Witwatersrand*

Endocrinology

J47, Old Main Building, Groote Schuur Hospital

Associate Professor and Head:

JA Dave, MBChB FCP SA PhD Cape Town Cert Endocrinology & Metabolism FRCP London

Associate Professor:

IL Ross, MBChB FCP SA Cert Endocrinology & Metabolism PhD Cape Town

Senior Lecturer:

W Toet, MBChB MBA FCP SA Cert Endocrinology & Metabolism

Honorary Professor:

NS Levitt, MBChB FCP SA MD Cape Town

Clinical Educator:

BC Majikela-Dlangamandla, Dip (Nursing & Midwifery)(Community Nursing Science) BA Unisa

General Internal Medicine

G8, New Groote Schuur Hospital

Chief Specialist and Head:

PJ Raubenheimer, MBChB Witwatersrand FCP SA

Associate Professors:

B Hodgkinson, MBChB Witwatersrand FCP Cert (Rheum Phys) SA PhD

JG Peter, MBChB FCP SA MMed PhD Cape Town

M Setshedi, MBChB UKZN FCP SA MPhil MPH Cert (Gastro Phys) PhD Cape Town

M Sonderup, MBChB Cape Town FCP SA

Senior Lecturers Full-time:

T Bana, MBChB Natal FCP SA

NA Gogela, MBChB Medunsa FCP SA

A Kropman, MBChB Cape Town FCEM SA

F Moosajee, MBChB Cape Town FCP SA

G Parolis, MBChB Cape Town FCP SA

G Symons, MBChB Dip (Primary Emergency Care) Cape Town FCP Cert (Pulm Phys) SA

PZ Szymanski, MBChB MMed Cape Town FCP SA

Senior Lecturer Part-time:

S Botha, MBChB Stell PhD LUMC

Lecturer Part-time:

W Latief, MBChB Cape Town

Geriatric Medicine

L-51 Old Main Building, Groote Schuur Hospital

The Albertina and Walter Sisulu Institute of Ageing in Africa (IAA) conducts interdisciplinary research in Geriatric Medicine, Neurosciences, Neuropsychology, Old Age Psychiatry and Social Gerontology. Current research interests include physical, cognitive and social functioning in old age: quality of life; vascular risk factors and stroke; falls in older persons; quality of care; dementia and cognitive disorders; and social and economic well-being.

128 DEPARTMENTS IN THE FACULTY

William P Slater Chair of Geriatric Medicine and Professor:

MI Combrinck, MBChB BSc (Med)(Hons) PhD *Cape Town* FCP SA Neurology DTM&H FRCP
London

Associate Professor and Director of the Albertina and Walter Sisulu Institute of Ageing in Africa:

SZ Kalula, BSc MBChB *Zambia* MMed MPhil PhD *Cape Town* FRCP *London*

Professor:

JA Joska, MBChB MMed PhD *Cape Town* FC Psych SA

Visiting Associate Professor:

JR Hoffman, BAHons DPhil *Oxon*

Senior Lecturer Full-time:

L de Villiers, MBChB *Cape Town* FCP SA

Associate Professor:

KGF Thomas, PhD *Arizona*

Honorary Senior Lecturers:

CA de Jager, BScHons HDE *Natal* PhD *Cape Town*

L Geffen, MBChB *Cape Town* FCFP SA

Hepatology

K-Floor, Old Main Building, Groote Schuur Hospital

Professor and Head:

CWN Spearman, MBChB MMed PhD *Cape Town* FCP SA FRCP *London*

Associate Professor:

M Sonderup, MBChB MMed *Cape Town* FCP SA FRCP *London*

Senior Lecturer:

NA Gogela, MBChB *Medunsa* FCP SA

Medical Technologist:

G Abdullah, NDip (Biomedical Technology) SA PhD

B Davidson

Divisional Secretary

F Francis

Infectious Diseases and HIV Medicine

G16 Floor, New Groote Schuur Hospital

Professor and Head:

M Mendelson, BSc MBBS PhD *Cantab* FRCP *London* DTM&H

Professors:

G Maartens, MBChB MMed *Cape Town* FCP SA DTM&H

G Meintjes, MBChB PhD *Cape Town* MRCP UK FCP Dip (HIV Management) SA MPH *Johns Hopkins*

LG Bekker, MBChB PhD *Cape Town* DCH DTM&H FCP SA PhD

Honorary Professor:

RJ Wilkinson, MA *Cantab* BM BCh PhD *Oxon* DTM&H FRCP *London*
CC Butler, BA MBChB DCH CCH MD FRCGP FFPH(Hon) FMedSci

Associate Professors:

S Dlamini, MBChB FCP Cert (ID Phys) SA
S Wasserman, MBChB MMed FCP SA Cert (ID Phys) SA

Honorary Associate Professor:

K Wilkinson, MSc PhD *Budapest*

Senior Lecturer Full-time:

Nil

Honorary Senior Lecturers:

J Black, MBChB FCP Dip (HIV Management) SA
K Rebe, MBChB *Cape Town* FCP SA DTM&H
D Van Den Bergh, BPharm MSc EngD

Senior Registrar:

N Papavarnaras, MBChB *Pret* Dip HIV Man SA PgDip Derm CF DTM&H LSTM Dip Int Med SA
MMed SA FCP SA

Honorary Research Associate:

H Struthers, BSc BScHons MSc MBA *Witwatersrand*
S Parker, BSc MBChB

Research Fellows:

O Mbamalu, BPharm MPharm PhD
C Bonaconsa, MSc in Nursing *Cape Town*

Lipidology

Sixth Floor, Chris Barnard Building

Associate Professor and Head:

DJ Blom, MBChB MMed PhD *Cape Town* FCP SA

Medical Officers Part-time:

BC Brice, MBChB *Cape Town*
KH Wolmarans, MBChB *Pret*

Sonographer:

Z Behardien, NDip (Diagnostic Radiography) SA

Trial Co-ordinator Part-time:

S Surtie, RN *Groote Schuur Hospital*

Medical Gastroenterology

E23, New Groote Schuur Hospital

Professor and Head:

M Setshedi, MBChB *UKZN FCP CMSA Cert Gastroenterology CMSA MPH UCT PhD UCT*

Senior Lecturers Full-time:

S Hlatshwayo, MBChB FCP *SA MPH Cert Gastroenterology*

D Levin, MBChB MBA FCP Cert (Gastro Phys) *SA*

G Watermeyer, MBChB *Cape Town FCP Cert (Gastro Phys) SA*

Senior Lecturers Part-time:

JEC Botha, MBChB *Stell MPraxMed Pret*

AK Cariem, MBChB *Cape Town FCP SA*

Senior Registrars:

CBI Coccia, MBChB *Pretoria FCP SA*

T Kahn, MBChB FCP *UCT*

Nephrology and Hypertension

E13, New Groote Schuur Hospital

Head:

KCZ Ndlovu, MBChB *Cape Town FCP SA Cert (Nephrol Phys) SA PhD KwaZulu-Natal*

Emeritus Professor:

LH Opie, MD DPhil DSc (Medicine) FRCP DMed (Hon)

BL Rayner, MBChB MMed PhD *Cape Town FCP SA*

Honorary Professor:

P Heering, MD

Associate Professors:

I Okpechi, MBBS FWACP Cert (Nephrol Phys) *SA PhD Cape Town*

N Wearne, MBChB BMedSciHons *Sydney FCP SA Cert (Nephrol Phys) SA PhD*

Emeritus Associate Professor:

CR Swanepoel, MBChB *Cape Town MRCP FRCP UK*

Senior Lecturers:

Z Barday, MBChB FCP *SA*

B Davidson, MBChB *Cape Town FCP SA*

E Jones, MBBCh FCP Cert (Nephrol Phys) *SA PhD Cape Town*

Honorary Senior Lecturer:

R Freercks, MBChB MPhil *Cape Town FCP Cert (Nephrol Phys) SA*

Honorary Lecturer:

JL Ensor, MBChB *Cape Town FCP SA*

Senior Registrars:

Z Barday

L Mzingeli

A Sheikh
M Khuweldi
I Banderker

Neurology

E8, New Groote Schuur Hospital

Associate Professor and Head:

A Bryer, MBBCh *Witwatersrand* MMed PhD *Cape Town* FC Neurol FCP SA

Professor:

J Heckman, MBChB *Witwatersrand* MMed PhD *Cape Town* FC Neurol FCP SA

Emeritus Associate Professor:

RW Eastman, MBChB *Cape Town* FRCP UK

Senior Lecturers Full-time:

KJ Bateman, MBChB MRCP UK FC Neurol SA

EB Lee Pan, MBChB *Cape Town* MMed Neurol *Stell*

LM Tucker, MBChB *Cape Town* FC Neurol SA MSc *London* PhD *Cantab*

Honorary Senior Lecturers:

J Butler, MBChB *Pret* FCP Neurol SA

CA de Jager, BScHons HDE *Natal* PhD *Cape Town*

Honorary Research Associate:

V Ives-Deliperi, PhD *Cape Town*

Senior Registrars:

S Chetty, MBChB *Cape Town*

H Cross, MBChB MSc (Medicine) *Cape Town* Dip (HIV Management) SA

W Matshikiza, MBChB *Walter Sisulu*

Occupational Medicine

*E16, Occupational Medicine Clinic, New Groote Schuur Hospital**

The Division of Occupational Medicine is concerned with the study, diagnosis, treatment, rehabilitation, incapacity management and prevention of disease and ill-health attributable to work. Our Occupational Medicine Clinic at New Groote Schuur Hospital is one of the few referral clinics in the country offering specialist services in the diagnosis and management of occupational disease and hazardous occupational exposures.

Professor and Head:

MF Jeebhay**, MBChB UKZN DOH MPhil (Epi) *Cape Town* MPH (Occupational Medicine) PhD *Michigan*

Emeritus Professor and Senior Scholar:

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (Occupational Medicine) SA

Emeritus Professor:

G Todd, BSc UKZN MBChB PhD *Cape Town* FCDerm SA

132 DEPARTMENTS IN THE FACULTY

Associate Professor:

S Adams**, MBChB DOH MMed PhD *Cape Town* MFamMed *Stell* FCPHM (Occupational Medicine) *SA*

Senior Lecturer Part-time:

ADH Burdzik, MBChB MMed *Cape Town* DipOccMed *UK* FCPHM (Occupational Medicine) *SA*

[* *Run jointly with Divisions of Pulmonology and Dermatology*]

[** *Jointly appointed with Department of Public Health and Family Medicine*]

Pulmonology

Respiratory Clinic, Ward E16, Groote Schuur Hospital, and University of Cape Town Lung Institute

Professor and Head:

K Dheda, MBBCh *Witwatersrand* FCP *SA* PhD *London* FRCP *UK* FCCP

Emeritus Professors:

ED Bateman, MBChB MD *Cape Town* DCH FRCP *UK*

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

Associate Professors:

RN van Zyl-Smit, MBChB MMed *Cape Town* FCP Cert (Pulm) *SA* Dip HIV(Man) *SA* MRCP *UK* PhD *ATSF*

G Calligaro, MBChB *Cape Town* BScHons *Witwatersrand* FCP *SA* (Cert Pulm) *SA*

Emeritus Associate Professor:

GM Ainslie MBChB *Cape Town* FRCP *UK*

Honorary Associate Professors:

R Dawson, MBChB *Cape Town* FCP Cert (Pulm Phys) *SA*

LR Fairall, MBChB PhD *Cape Town*

Senior Lecturers:

RI Raine, MBChB MMed *Cape Town* FCP *SA*

G Symons, MBChB Dip (Primary Emergency Care) *Cape Town* FCP (Cert Pulm) *SA*

R Perumal

L Mottay

Research Officers Full-time:

D Carter, Dip (Nursing)

R Cornick, MBChB MPhil *Cape Town*

G Faris, AdvCert (Adult Education) *Cape Town*

D Georgeu, Dip (Nursing)

J Gershman, NDip (Pharmacy)

HJ Golakai, BSc *Zululand* BScHons *Cape Town* MScMed *Stell*

B Green, Dip (Nursing)

J Holborn, Dip (Nursing)

N James, BTech (Clinical Technology)

K Narunsky, MBChB *Cape Town*

MB Ngobese, Dip (Clinical Technology)

A Olkers, Dip (Clinical Technology)

J Philips, Dip (Nursing)

A Smith, Dip (Nursing)

V Timmermann, MSc *Pret*

K Uebel, BScMed MBBS *Australia* DCH DO MFamMed *UFS*
 C Whitelaw, NDip (Pharmacy)

Senior Research Officer:

M Tomasicchio, BSc BScHons MSc PhD *Rhodes*

Research Officers Part-time:

A Esmail, MD FCP *SA* FCP Cert (Pulmonology) *SA*
 L Semple, BScHons MSc PhD *Cape Town*

Laboratory Technologist:

R Meldau, BScHons (Medicine) *Cape Town*

Rheumatology

J-Floor, Old Main Building, Grootte Schuur Hospital

Professor and Head:

B Hodkinson, MBBCh *Witwatersrand* PhD FCP Cert (Rheum Phys) *SA*

Senior Lecturer Full-time:

A Gcelu, MBChB *Cape Town* FCP Cert (Rheum Phys) *SA MPH*

Senior Lecturers Part-time:

R Breeds, MBChB *Cape Town* FCP *SA*
 T Bana, MBChB *Cape Town* FCP *SA*
 C Draper, MBChB *Cape Town* FCFP *SA*

Senior Registrar:

P Singh, MBChB *Natal* FCP *SA*

Staff in associated hospitals who teach undergraduate and postgraduate students

BROOKLYN CHEST HOSPITAL

Senior Lecturer and Head:

P Spiller, MBChB *Cape Town*

GEORGE HOSPITAL

Senior Lecturer and Head:

TJ Gould, MBChB MMed *Witwatersrand*

KHAYELITSHA COMMUNITY CENTRE

Honorary Senior Lecturers Part-time:

J Kuehne, MBChB *Cape Town* MPhil *Stell* Dip (HIV Management) *SA*
 S Mathee, MBChB *Cape Town* MMed *Stell*

II MILITARY HOSPITAL

Senior Lecturer and Head:

G Smit, MBChB MMed *Stell*

134 DEPARTMENTS IN THE FACULTY

Senior Lecturer Full-time:

A Tooke, MBChB *Cape Town FCP SA*

MITCHELL'S PLAIN HOSPITAL

Senior Lecturer and Head:

T Credé, MBChB Dip (HIV Management) *FCP SA*

Senior Lecturer:

DF Maughan, MBChB *Cape Town FCP SA*

NEW SOMERSET HOSPITAL

Senior Lecturer and Head:

Y Vallie, MBChB *Cape Town FCP SA*

Senior Lecturers Full-time:

MS Moosa, MBChB *Natal FCP SA*

I Banderker, MBChB *Cape Town FCP SA*

Senior Lecturer Part-time:

H Spilg, *FCS SA*

VICTORIA HOSPITAL

Senior Lecturer and Head:

N van der Schyff, MBChB *Cape Town FCP SA*

Senior Lecturers Full-time:

B Brink, (Head of Unit) *FCS SA*

C Cupido, MBChB *Cape Town FCP SA*

Senior Lecturers Part-time:

H Allison, *FCS SA*

S Cullis, *FCS SA*

L de Villiers, MBChB *Cape Town FCP SA*

N Fuller, MBChB *Cape Town FCP SA*

K Goldberg, *FCS SA*

A Lachman, MBChB *Witwatersrand FCP SA*

K Michalowski, *FCS SA*

J Turner, MBChB MD MMed PGDip (Palliative Medicine) *Cape Town FCP SA FCCP*

Honorary Lecturer:

KD Ebrahim, MBChB *Cape Town FCP SA*

MDN3001S INTRODUCTION TO CLINICAL PRACTICE

68 NQF credits at NQF level 7

Convener: Professor N Ntusi and Dr S Patel

Course entry requirements: Successful completion of courses PTY3009F, PPH3000F and HSE3000F.

Course outline:

This course is designed to allow students to consolidate and broaden the clinical skills, knowledge and behaviours acquired in the Becoming a Doctor courses and to apply the principles learnt in the Integrated Health Systems courses to clinical practice. Students start acquiring professional life skills and behaviours while in the wards. They rotate through five clinical 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, Adult Health: clerking notes of 7 patients including a mind map of the presenting complaint and a completed summary sheet from the following disciplines: 2 cardiovascular, 2 respiratory, 1 abdominal/liver, 1 abnormal urine, 1 rheumatology, Mental Health: 3 psychiatry case reports and 1 geriatrics case report in the form of a geriatrics group case presentation. Women's Health: 1 long case report, 2 short case reports, 4 short family planning case discussions. Perinatal Health: 4 antenatal and 4 neonatal case reports, 1 Friday presentation plus background research and 1 reflective commentary. Ethics: 1 case discussion. Satisfactory completion of all set assignments, including reading, self-study, written and oral presentations.

Assessment: Assessment includes 3 components: Theory exam (50%) This will be in the form of a MCQ exam which will cover all of the clinical attachments (Adult, Mental, Women's, Perinatal Health and Clinical Skills) covered in semester 6 as well as lectures on Ethics, Therapeutics and EBM. Portfolio examination on the following 4 clinical attachments (40%) based on a selected number of cases from your portfolio: a. Adult Health: marked portfolio exam, b. Mental Health: marked portfolio exam, c. Women's Health: oral portfolio exam, d. Perinatal Health: oral portfolio exam. Clinical Skills Module OSCE exam. (10%). Students must pass all components of the course: theory, portfolio assessments of clinical attachments and clinical skills OSCE exam with 50%. Re-assessment may be granted when a student obtained between 45 - 49% in a component (theory exam, portfolio assessment of clinical attachments or OSCE exam) of the assessment but has obtained 50% or more in all the other components individually. A student can thus only fail one components to be eligible for a re-assessment. The student will only be required to do the re-assessment on the component (theory, portfolio assessment of clinical attachment or clinical skills OSCE exam) which was failed. If a student fails the supplementary exam, or one or more components in the original exam with less than 45%, they have to repeat the entire semester.

MDN3003W INTRODUCTION TO CLINICAL PRACTICE PART II

10 NQF credits at NQF 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%.

MDN3005W SCIENTIFIC PRINCIPLES OF COSMETIC FORMULATIONS

30 NQF credits at NQF level 7

Convener: Dr N Sishi and Dr N Vorster

Course entry requirements: None

Course outline:

The aim of this course is to provide the student with a fundamental knowledge and understanding of the physical chemistry at the surface of phase interfaces in a multi-phase system such as is found in most cosmetic formulations, as well as a working knowledge of raw materials, their structure, reactivity, interaction, safety, and their function within a cosmetic formulation. This knowledge and understanding will equip the student to solve formulation problems and/or formulation stability issues in real-life situations. Content includes a study of raw materials such as fats, oils and waxes, gums, thickeners and resins, polymers, pigments and dyes, surfactants, preservatives and antioxidants, fragrance, extracts and oils; and principles of formulation science, including colloids and interfaces, colloid stability theory, rheology, solubility parameters and polymer-plastics technology.

DP requirements: A minimum of 90% attendance of all lectures; a year mark of at least 50%, unless approved otherwise by the programme convener.

Assessment: The course mark contributes 70% to the final mark. The final examination contributes 30% to the final mark. The course mark includes tests (multiple-choice questions, open-ended questions, case-studies); assignments (written report or oral presentation) on topical issues and practical reports.

MDN3006W COSMETIC FORMULATION TECHNOLOGY

30 NQF credits at NQF level 7

Convener: Dr N Sishi and Dr N Vorster

Course entry requirements: None

Course outline:

The aim of this course is to enhance the student's understanding of the physical chemistry concepts learned in MDN3005W by them carrying out practical work demonstrating these concepts. The student gains hands-on experience and skills in preparing various types of cosmetic formulations and in selecting and carrying out appropriate testing protocols to determine efficacy, safety and stability of cosmetic formulations and product packaging. Practical work in the laboratory includes properties of surfactants (including surface tension and wetting behaviour, HLB value determination); viscosity and rheology; and the preparation of formulation types, including emulsions, microemulsions, foam, dispersions and suspensions, solid forms microcapsules, aggregates, powders and organic formulations. Various testing protocols include product efficacy tests, such as allergy tests; toxicological tests; product assays; formulation stability testing protocols; product packaging compatibility; claim substantiation; preservative challenge test, safety and product protocol; and art-work development, such as barcodes, symbols, consumer language, regulatory and export requirements; and protocols in foreign language.

DP requirements: A minimum of 90% attendance of all lectures; a year mark of at least 50%, unless approved otherwise by the programme convener.

Assessment: The course mark contributes 70% to the final mark. A final examination contributes 30% to the final mark. The course mark includes tests (multiple-choice questions, open-ended questions, case-studies) - assignments (written report or oral presentation) on topical issues; and practical reports.

MDN3007W HAIR AND SKIN BIOLOGY FOR THE COSMETIC FORMULATOR

30 NQF credits at NQF level 7

Convener: Dr J van Wyk

Course entry requirements: None

Course outline:

The course aims to generate knowledge and understanding of the basic anatomy of skin and hair as substrates for cosmetic application and the interaction thereof with cosmetic raw materials and products. At the end of the course, students are required to demonstrate basic knowledge and understanding of hair anatomy and structure; hair curvature and the biochemical properties of hair; chemical hair straighteners; skin anatomy; basic cell physiology; skin biology and disorders associated with pigmentation; and the interaction of cosmetics with skin and hair.

DP requirements: A minimum of 90% attendance of all lectures; a year mark of at least 50%, unless approved otherwise by the programme convener.

Assessment: The course mark contributes 70% to the final mark. A final examination contributes 30% to the final mark. The course mark includes tests (multiple-choice questions, open-ended questions, case-studies); assignments (written report or oral presentation) on topical issues; and practical reports.

MDN3008W COSMETICS: CLAIMS, REGULATION AND ETHICS

15 NQF credits at NQF level 7

Convener: Dr J van Wyk

Course entry requirements: None

Course outline:

This course provides insight into the ethics of manufacturing, product testing and advertising. The legislative and regulatory structures guiding the South African and global cosmetic industry are outlined. Consumer complaints and cosmetic industry disputes are utilised to teach the protocols exercised by the Advertising Standards Association of South Africa. Students are taught the regulatory framework within which business is conducted by their exposure to real-life examples and manufacturing site visits. The course also includes an introduction to the modern approach of life-cycle assessment and sustainable cosmetic product design.

DP requirements: A minimum of 90% attendance of all lectures; a year mark of at least 50%, unless approved otherwise by the programme convener.

Assessment: The course mark contributes 70% to the final mark. A final examination contributes 30% to the final mark. The course mark includes tests (multiple choice questions, open-ended questions, case-studies); assignments (written report or oral presentation) on topical issues; and practical reports.

MDN3009W PROFESSIONAL COMMUNICATION AND PROJECT MANAGEMENT FOR COSMETIC SCIENTISTS

15 NQF credits at NQF level 7

Convener: Dr N Sishi**Course entry requirements:** None**Course outline:**

The aim of the course is to teach students appropriate information retrieval and processing skills as well as to equip them with the ability to present data and communicate in an appropriate academic and professional manner by using a range of genres appropriate to the context of cosmetic formulation science. At the conclusion of this course, students will demonstrate the ability to use critical analysis and synthesis to independently evaluate quantitative and qualitative data to engage with current research and scholarly or professional literature in the field to manage a project from conception to implementation to communicate and present data; and to work as part of a real-life multidisciplinary team.

DP requirements: None**Assessment:** The course mark contributes 100% to the final mark. The course mark includes tests (multiple choice questions, open-ended questions, case-studies); assignments (written report or oral presentation) on topical issues; and practical reports.

MDN4001W MEDICINE MODULE 2: AMBULATORY CARE*Included MDN4101X-MDN4501X*

0 NQF credits at NQF level 8

Convener: Dr R Gill and Dr B Davidson (Ambulatory Medicine); Dr W Khan (Acute Care), Dr C Tsampiras (Primary Health Care), Dr A Barnard (Palliative Care), Mr J Irlam, (Evidence-based Medicine)**Course entry requirements:** Successful completion of all courses within the preceding academic year of study (MBChB year 3)**Co-requisites:** None**Course outline:**

Medicine in 4th year is composed of 2 modules: MDN4011W, an 8-week block of Ward Care and MDN4001W, a 4-week course of Ambulatory Care. The aim of the courses is to build clinical skills and diagnostic reasoning. Course objectives are to build a foundation of knowledge and clinical skills that will be expanded on in further clinical years. Medicine Module 2 Ambulatory Care [MDN 4001W] (also called 'Ambucare') is a 4-week course with 2 rotations. 2 weeks are spent in Acute Care where students complete Emergency Department shifts, with on-call clerking of patients and Skills Laboratory simulation teaching. The remaining 2 weeks are aimed at learning how to manage stable medical patients in an outpatient setting. PACK and PHC have been moved into this course from MDN4011W to facilitate utilization of the PACK manual and integration of PHC principles into the assessment of outpatients. Students are also exposed to Palliative Care and Evidence Based Medicine (EBM) teaching. Afternoons are spent gaining exposure to the specialised OPD clinics (including the Diabetic Clinic). Assessment of this block is done through PHC and EBM assignments, Palliative Care tasks and MCQs covering Acute Care, Ambulatory Care and PACK.

DP requirements: (i) Acute Care: Attendance of acute care shifts and completion of miniCEX cases (as stipulated in the course manual), a triage sheet, and all self-directed learning tasks (CPR teaching, CPR practical and task relating to a critically ill patient) by due date(s). (ii) Ambulatory care: Attendance of Medical Outpatient clinics with completion of diagnostic maps, differential diagnosis posters and miniCEX cases by due date(s) as stipulated in the course manual. (iii) Palliative Care: Attendance of Palliative Care Introductory tutorial, inter-disciplinary team meeting / planning session and a SOCKS feedback session; and submission of a task by the due date. (iv) Specialist clinic attendance: attendance of 1 Diabetic Clinic session. (v) Attendance of EBM tutorial and completion of an EBM task by due date. (vi) Primary Health Care: attendance at one PHC tutorial and completion of a task by the due date(s) as stipulated in the course manual. (viii) Attendance of 4 PACK tutorials.

Assessment: (i) Theory Assessment: MCQ exam from Acute Care, Ambulatory Care and Palliative Care (70%) (ii) PHC portfolio (10%) (iii) PACC MCQ (5%) (iv) EBM task (5%) (v) Work-place assessment and miniCEX from Acute Care and Ambulatory Care (10%) Pass mark overall of minimum 50%. Aside from the overall pass mark, a subminimum of 50% is required to pass each of the above assessment components. The course will recommend to the Faculty Examination Committee that students who achieve <50% be offered a supplementary examination.

MDN4011W MEDICINE MODULE 1: WARD CARE

MDN4111X, MDN4211X, MDN4311X, MDN4411X, MDN4511X

40 NQF credits at NQF level 8

Convener: Dr R Gill and Dr B Davidson, Dr I van Rooyen (Languages) and Dr T Isaacs (Dermatology)

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

Course outline:

Medicine in 4th year is composed of 2 modules: MDN4011W, an 8-week block of Ward Care MDN4001W, a 4-week course of Ambulatory Care. The aim of the courses is to build clinical skills and diagnostic reasoning. Course objectives are to build a foundation of knowledge and clinical skills that will be expanded on in further clinical years. Medicine Module 1 [MDN4011W] (now being renamed 'Ward Care'), integrates students discharge into a working Firm for 8 weeks. Students are expected to be on call, clerk patients and attend academic seminars geared to be build knowledge around common medical conditions. Teaching is done on-call, during post-intake ward rounds and also as bedside teaching. Students are also given language sessions divided between Afrikaans and Xhosa. Dermatology teaching sessions are also included. Through the creation of the online learning platform blended learning is incorporated by combining medical seminars and language teaching (online and face-to-face). This gives students more time in the clinical environment.

Lecture times: Seminars Monday - Friday afternoons

DP requirements: (i) Ward Care: Attendance at bedside tutorials; Medicine portfolio cases with assessment templates, MiniCEX cases, intakes and PIWRs. The numbers required will be stipulated in the course manual. (ii) Online seminars and MCQ assignments to be completed as stipulated in the course manual. (iii) Attendance of Language tutorials (Afrikaans and Xhosa) -the numbers required will be stipulated in the course manual. On completion of the module, the Medicine (blue) logbook must be handed in by the due date.

Assessment: Clinical examination [25%] and Languages (5%); Theory of Medicine: MCQ (30%); Dermatology Slide Show (5%), Portfolio of Medicine [15%]; Work-place/Firm Assessment (20%). Pass mark overall of minimum 50%. Subminimum requirement: must pass 2 out of 3 clinical examination cases (pass = 50%) and combined final mark for clinical = $\geq 50\%$; MCQ exam pass = 50%; medicine portfolio must pass 2 out of 3 cases (pass being = 50%); a subminimum of 50% is required for all other components. The course will recommend to the Faculty Examination Committee that students who achieve <50% be offered a supplementary examination.

MDN4015W PHARMACOLOGY AND APPLIED THERAPEUTICS

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN4115X, MDN4215X, MDN4315X, MDN4415X, MDN4515X

20 NQF credits at NQF level 8

Convener: Dr S Allie

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

Objective: The objective of training in Clinical Pharmacology and Applied Therapeutics is to enable students to develop the skills required to prescribe essential medicines rationally in the acute and chronic management of common conditions.

Course outline:

During the course students develop a foundation in clinical pharmacology which provides them with an understanding of basic pharmacology (pharmacokinetics and pharmacodynamics) and the principles of prescribing rationally in the management of common acute and chronic conditions. Students are expected to apply these skills when considering the management of each patient they see, regardless of which rotation they are in.

DP requirements: Completion of all assignments submitted by the deadline/s as stipulated in the course manual and on the timetable; Participation in and equal contribution to group-work; Attendance at the group presentations. All requirements to be fulfilled prior to the end-of-block assessment unless approved otherwise by the course convenor in writing.

Assessment: Assessment: The pass mark for the course is a final mark of 50% and above. The final mark is made up of in-course assessments (30%) and an end-of-block examination (70%). Students who achieve 48-49% for the final mark will be offered supplementary examination. Students who achieve 47% or less will be required to repeat the course.

MDN4017W MEDICINE FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN4117X, MDN4217X, MDN4317X, MDN4417X, MDN4517X

15 NQF credits at NQF level 8

Convenor: Associate Professor CWN Spearman and Dr N Gogela

Course outline:

The course aims to provide a period of clinical training for the Nelson Mandela-Fidel Castro students to gain practical experience with a range of illnesses that are commonly managed in South Africa. The curriculum is mainly clinical presentation-based and aims to: 1) Ensure clinical and technical competence in a real-life clinical setting; 2) Ensure Guideline-based management using the Essential Drug List for district hospitals, SA Medical Formulary and Adult Primary Care or PACK; 3) Empower students to learn on their own. The student will be proficient in the following areas: 1) Clinical skills: Competently take a full history and conduct a complete physical examination; 2) Diagnostic reasoning: Formulate a concise clinical assessment of the patient's problems; 3) Demonstrate an understanding of the impact of illness on the lives of patients and their families; 4) Communication skills: Conduct themselves in a professionally appropriate manner when interacting with patients, their families and all categories of healthcare workers.

DP requirements: Attendance of 13 Bedside Tutorials; Attendance of three Pack Tutorials; Complete and submit eight Medicine portfolio cases with assessment templates by due dates; Complete and submit eight MiniCEX cases by due dates; Attendance of 10 Masterclasses; Attendance of three ECG tutorials; Attendance of four Clinical Intakes; Attendance of four Post Intake Ward Rounds; Attendance of one HIV Counselling session, and Completion and submission of logbook of technical procedures by due dates

Assessment: 1) Clinical examination: 40%; 2) Portfolio of Medicine (Written): 50%; 3) Workplace Assessment: 10% - Ward Mark (5%) and MiniCEX (5%). To pass the course a student requires 50% and must pass two of the three clinical cases. Subject to approval by the Faculty Examinations Committee, a supplementary examination may be granted when a student has obtained a mark between 48% and 49% in only one component of assessment but has passed the others and has obtained 50% or more overall. The student will be required to spend two weeks in Ward Care and improve their portfolio written cases. Students who fail will have to repeat the course.

MDN5000W MEDICINE FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5100X, MDN5200X, MDN5300X, MDN5400X, MDN5500X

24 NQF credits at NQF level 8

Convener: Associate Professor CWN Spearman

Course outline:

The final year Nelson Mandela-Fidel Castro Internal Medicine Programme is a 6 week block that builds on the MDN4017W course. It involves a 4 week Ward Care rotation, during which students clerk and present 8 patients from intake to discharge. These patients must be included in the written portfolio for medicine. They complete 8 miniCEXs whilst in the ward. Students attend practical bedside teaching sessions. They must complete their logbook of required technical procedures. At the end of the Ward Care rotation, the students should be able to recognise and manage or initiate management of Level T, L1 and selected L2 medical conditions in the National Core Curriculum (Non-acute). During the 2 week Acute Care rotation, the students learn the importance of triaging, assessing and managing acutely unwell patients, as well as managing undifferentiated patients. The students clerk and manage patients within the Emergency Centre and write up 8 patient encounters in their portfolio of learning for Medicine. They complete 8 miniCEXs whilst in the Emergency Centre. They attend 3 Skills Laboratory sessions. At the end of the Acute Care rotation, the students should have covered the E1 and selected E2 topics in the National core curriculum (Acute).

DP requirements: WARD CARE: Requires the daily presence in routine working hours (8h00 to 16h00), except on intake days (8h00-22h00) to participate in clinical service delivery. Attend 9 Bedside Tutorials, Attend 3 Ward Intakes, Attend 3 Post Intake Ward Rounds (PIWRs), Complete 8 Medicine portfolio cases with assessment templates, Complete 8 MiniCEX cases, Complete a discharge letter, Complete a VULA referral, Complete and submit the logbook of technical procedures. ACUTE CARE: Attend 8 hour shifts in the Emergency Centre working as part of the team during their shift (this includes weekend and public holiday shifts). This rotation requires participation in all activities in the Emergency Centre including pre- and post-shift ward rounds, Attend 65 hours in the allocated EC during the module, Attend all 4 Skill lab's sessions, 10 Mini-CEXs and Complete all self-directed learning (SDL) tasks. Complete procedures listed in the Department of Medicine logbook

Assessment: WARD CARE: (a) Work-place based assessment (20%): Ward care (10%) and Acute Care (10%); Ward Care: Ward Mark (5%) and MiniCEX (5%), Acute Care: Ward Mark (5%) and MiniCEX (5%) (b) End of Block Assessment (80%): Clinical examination: 30%, Portfolio of Medicine (Oral): 50% This mark accurately reflects the behaviour of a young professional, whilst also offering an idea of the strength of the student's clinical skills (at this mature student internship level) and knowledge base. As part of the medical team (Registrar, Consultants and Interns) students are expected to assume responsibility for the care of a cohort of patients who they will clerk and manage throughout their hospital stay as part of the clinical programme. (c) Exit Skills OSCE: Must pass all stations To pass the course, the student must: i. Complete all the DP requirements, ii. Complete and submit the Logbook of all the required requirements, iii. Achieve an overall pass mark of 50% or more, and must obtain 50% or more for each component of assessment (Clinical assessment, work place assessment, portfolio) and must pass two of the three clinical cases. Subject to approval by the Faculty Examinations Committee, a supplementary examination may be granted when a student has obtained a mark between 48% and 49% in only one component of assessment but has passed the others and has obtained 50% or more overall. Before doing the supplementary examination, the student will be required to spend two weeks in Ward Care and add a further four cases to their portfolio of written cases.

MDN5003H PHARMACOLOGY AND APPLIED THERAPEUTICS

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5103X, MDN5203X, MDN5303X, MDN5403X, MDN5503X

20 NQF credits at NQF level 8

Convener: Associate Professor P Sinxadi

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

Objective: The objective of training in pharmacology and therapeutics is to enable students to develop the skills required to prescribe essential medicines rationally in the management of common conditions.

Course outline:

The fifth-year course is integrated through rotations in mixed specialties (dermatology, ENT, neurology and neurosurgery), and builds on the foundation of Clinical Pharmacology and Applied Therapeutics learnt in fourth year. The course focuses on applying an understanding of pharmacokinetics and pharmacodynamics to the management of common conditions. It aims to equip students with the skills for critically appraising evidence and judging the risk-benefit profiles of available treatment options and promotes rational drug prescribing to ensure optimal patient care.

Lecture times: Lectures take place on Wednesday and Friday afternoons, with bedside presentations on selected Thursday mornings.

DP requirements: Completion of all assignments submitted by the deadline/s as stipulated in the course manual and on the timetable; Participation in and satisfactory contribution to peer work; Attendance at the peer presentations. A register for attendance is kept, and a written presentation is submitted for marking at the end of the presentation. All requirements to be fulfilled prior to the end-of-block assessment unless approved otherwise by the course convener in writing.

Assessment: The final end of block mark includes the in-course assessments (30%) and an end-of-block examination (70%).

MDN5004W PHARMACOLOGY AND THERAPEUTICS EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5104X, MDN5204X, MDN5304X, MDN5404X, MDN5504X. This course is taken by South African students who are studying toward the Doctor of Medicine degree from the University of Villa Clara, Faculties of Medicine, in Cuba.

20 NQF credits at NQF level 8

Convener: Associate Professor P Sinxadi

Course entry requirements: MDN4015W

Objective: The objective of training in pharmacology and therapeutics is to enable students to develop the skills required to prescribe essential medicines rationally in the management of common conditions.

Course outline:

The 5th year course is integrated through rotations in mixed specialties (dermatology, ENT, neurology and neurosurgery), and builds on the foundation of Pharmacology and Applied Therapeutics learnt in 4th year. The course focuses on applying understanding of pharmacokinetics and pharmacodynamics to the management of common conditions. It aims to equip students with the skills for critically appraising evidence and judging the risk-benefit profiles of available treatment options, and promotes rational drug prescribing to ensure optimal patient care.

Lecture times: Lectures take place on Wednesday and Friday afternoons, with bedside presentations on selected Thursday mornings.

DP requirements: None.

Assessment: The final end of block mark includes the in-course assessments (30%), and an end of block examination (70%).

MDN5005W DERMATOLOGY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5105X, MDN5205X, MDN5305X, MDN5405X, MDN5505X

10 NQF credits at NQF level 8; 15 face-to-face lectures and 23 Vula modules.

Convener: Dr T Isaacs

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

Objective: To master approach to patient with skin disorder in primary care.

Course outline:

This course provides students with the knowledge and clinical skills to treat skin problems commonly encountered in primary care, based on a list of core topics. Students learn about life-threatening conditions they may encounter in clinical practice. Clinical topics have been stratified into “Must know”: the student is expected to have a detailed knowledge of the clinical presentation, laboratory investigation and management, including procedural hands on skills; “must recognize”: the student is expected to have a basic understanding of the clinical features suggestive of diagnosis; a few basic appropriate investigations to assist in the diagnosis; and the management and treatment of these important conditions; and “nice to know”: additional topics/procedures to broaden knowledge and competency, but which do not form part of the assessment. Learning outcomes include clinical skills, clinical reasoning, professional behaviour and personal attributes. Teaching methods include small-group classroom tutorials and inter-active electronic tasks. Clinical teaching takes place in the OPD clinic, where students clerk and present patients to a staff member and peers. Clerked cases are included in the student’s Portfolio of Learning. Cases are described in terms of principles of Primary Health Care that relate to skin diseases, their management, possible psychosocial impact and human rights.

Lecture times: A full timetable is provided at orientation.

DP requirements: At least 75% attendance at tutorials and teaching exercises, and completion of compulsory on-line Vula tasks. A student who for any reason is or has been unable to attend an activity or submit a requirement by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Approved absence beyond a specified maximum may require the student to repeat the course.

Assessment: The final mark is made up of an in-course assessment (information pamphlet for patient), to be presented to and marked by peer assessment and facilitator (20%). Total mark will be calculated as 50% from peer assessment and 50% from facilitator and an end-of-block MCQ (based on core clinical topics) (80%).

MDN5006W RHEUMATOLOGY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN5106X, MDN5206X, MDN5306X, MDN5406X, MDN5506X

10 NQF credits at NQF level 8

Convener: Dr A Gcelu

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

Course outline:

Rheumatology is a two-week rotation and students are placed at Groote Schuur Hospital for the entire block. During the two weeks they are exposed to a series of patient encounters that cover the broad scope of common conditions such as gout, fibromyalgia and osteoarthritis. The patient encounters take place mostly in the outpatient department and other times in the hospital wards. This course covers the common entities in adult and paediatric rheumatology. Core learning outcomes comprise of knowledge of common musculoskeletal diseases and conditions; skills in examination of the musculoskeletal system; application of treatments specific to the speciality; carrying out procedures specific to the speciality; and radiological assessment; as well as professional behaviour appropriate to clinical practice.

DP requirements: Attendance of all activities and completion of the following coursework requirements: Eight Rheumatology clinics; four seminars; two portfolio cases; all academic departmental activities; and nine tutorials. A student who for any reason is or has been unable to meet the above requirements by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Activities will need to be made up where required. Where they cannot be made up the student may have to repeat the course.

Assessment: In-course-assessment (10%); end-of-block clinical examination (30%); and an end-of-block OSCE (60%). If a student fails the course with 48% or 49% a recommendation will be made to the Faculty Examinations Committee that the student spend two weeks in rheumatology before undergoing a supplementary examination.

MDN6000W MEDICINE (INCLUDING ALLIED DISCIPLINES)

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN6100X, MDN6200X, MDN6300X, MDN6400X, MDN6500X

41 NQF credits at NQF level 8; Nine bedside tutorials in ward care; three Pharmacology tutorials; two ECG tutorials; three skills lab sessions in acute care.

Convener: Dr A Gcelu (MDN6000W); Dr A Gcelu (Ward Care); Dr A Kropman (Acute Care); Dr T Bana (Ambucare); J Irlam (Evidence Based Medicine (EBM))

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

Course outline:

The eight-week course includes a four-week rotation in Internal Medicine (Ward Care) at Mitchell's Plain District (MPDH), New Somerset (NSH), Victoria (VHW) or George (GH) Hospitals, two weeks in Ambucare at GSH and two weeks in Acute Care at either GSH, MPDH or NSH. In the Eden district students spend two weeks of Acute/Ambucare in George followed by another two weeks in Outshoorn Hospital. During Ward Care students undertake compulsory clinical clerkship attachments where they interview and examine or clerk patients and writing patient reports. There are compulsory after-hours clinical duties. They develop a portfolio of learning in which they collate all the case records of patients. During Ambulatory Care students attend the outpatient department clinic from Monday to Thursday where they clerk two new patients under supervision. They make diagnostic maps on at least 12 other patients attending the clinic. During Acute Care students learn the importance of triaging, assessing and managing acutely unwell patients and managing undifferentiated patients. They are allocated to an Emergency Centre and attend shifts in that centre working as part of the team during their shift. They clerk and manage patients and write up the patient encounters in their portfolio of learning.

DP requirements: Attendance of all activities and completion of all coursework stipulated below: Ward care module: Four admission intakes as scheduled; four post-intake ward rounds (PIWRs); nine bedside tutorials; 12 mini-CEX cases; write-up of at least 12 patient encounters during the module, to be included in portfolio of learning; completion of portfolio compiled in 5th year comprising Rheumatology, Neurology and Dermatology cases, with two cases from each of these courses; completion of procedures listed in the Department of Medicine logbook by due date. Ambucare module: Presentation and write-up of at least 12 patients evaluated in the OPD during the module; compilation of 12 diagnostic maps of patients discussed in the OPD during the module; completion of 12 Mini-CEXs by due date/s; attendance of eight OPD clinics during the module; attendance of all Friday morning academic meetings in the Department of Medicine conference room; and completion of procedures listed in the Department of Medicine logbook. Acute Care module: Attendance of 70 hours in the allocated EC during the module; attendance of three Skill Lab sessions; 12 patient encounters and completion of 12 Mini-CEX cases; completion of all self-directed learning (SDL) tasks and of procedures listed in the Department of Medicine logbook by due date/s. Evidence-based Medicine module: Attendance at workshop and completion of an individual assignment by due date/s.

Assessment: The final course mark is made up of the following: (i) Work place based assessment (WPBA) (30%), made up of Ward Care Assessment (10%); Ambucare Assessment (10%); and Acute Care Assessment (10%); (ii) Evidence Based Medicine (5%); (iii) End of course assessment (65%), made up of a clinical examination (30%); an oral portfolio examination (20%); and a theory (MCQ) examination (15%); (iv) Exit Skills Osce (must pass all stations) (This is assessed under MDN6004W Exit Examination on Procedural Competence). A subminimum of 50% is required for each of the following: Clinical assessment, work place assessment, portfolio oral and theory assessment. Subject to approval by the Faculty Examinations Committee, a supplementary examination may be granted when a student has obtained 48% or 49% in only one component of assessment but has passed the others and has obtained 50% or more overall. The student will be required to spend two weeks in Ward Care and collect a new set of portfolio cases.

MDN6003W MEDICINE EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN6103X, MDN6203X, MDN6303X, MDN6403X, MDN6503X. This course is taken by South African students studying towards a Cuban medical degree.

16 NQF credits at NQF level 9; 4 weeks minimum of 12 clinical tutorials over this time.

Convener: Associate Professor B Hodgkinson

Course entry requirements: All 5th year MBChB courses.

Objective: Proficiency in clinical medicine.

Course outline:

Students complete a four-week rotation in general medicine attached to an acute general medicine firm at one of the UCT-affiliated teaching hospitals. They are expected to become an integrated member of the clinical team participating in all the weekly clinical activities including intakes, ward rounds, x-ray meetings, clinical meetings and bedside tutorials. As part of their clinical training they are expected to clerk and manage at least three patients per week during their four-week clinical attachment. These 12 clinical cases are written up as patient cases in a portfolio of learning which forms part of the course assessment.

DP requirements: Attendance at all intakes and post-intake ward rounds as well as all bedside tutorials and departmental academic meetings, including x-ray meetings. These activities are monitored by completion of a logbook. Students are also required to complete a portfolio of learning for which they are required to collate at least 12 patient case records reflecting the in-hospital course and management they have provided.

Assessment: The final mark is made up of an end-of-block clinical examination based on three patient encounters (40%), an end-of-block oral examination (40%) based on the portfolio of cases managed during the clerkship and an in-course assessment (20%) of clinical competence, theoretical knowledge and professional behaviour.

OBSTETRICS AND GYNAECOLOGY

H-Floor, Old Main Building, Grootte Schuur Hospital

Professor and Head:

LA Denny, MBChB PhD *Cape Town* MMed FCOG SA

Professor and Deputy Head:

SJ Dyer, MBChB *Munich* PhD *Cape Town* MMed FCOG SA

Emeritus Professors and Senior Scholars:

SR Fawcus, MA MBBS *London* MRCOG FRCOG UK

ZM van der Spuy, MBChB *Stell* PhD *London* FRCOG FCOG SA

Honorary Professors:

JPWR Roovers

P Steer, MBBS *London* MRCS LRCP MD MRCOG FRCOG

Associate Professors Full-time:

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

M Matjila, BSc MBChB *UKZN* FCOG SA PhD *Cape Town*

Honorary Associate Professors:

SW Lindow, MBChB *Sheffield* MMed MD FRCOG FCOG SA

R Parkar, MBBS *Mysore* MMed *Nairobi*

PS Steyn, MBChBMMed FCOGSA DFFP *London* MPhil *Stell*

Emeritus Associate Professors:

EJ Coetzee, MBChB *Cape Town* FRCOG FCOG SA

A Kent, MBChB MPhil *Cape Town* FRCOG

HA van Coeverden de Groot, MBChB *Cape Town* FRCOG (Community Obstetrics)

Associate Professor, Chief Specialist Level Two Service and Head New Somerset Hospital:

GA Petro, MBChB *Cape Town* FCOG SA

Head Clinical Unit Mowbray Maternity Hospital (Specialist Level Two Service):

CJM Stewart, BA MBChB MMed *Cape Town* FCOG SA MRCOG

Senior Lecturers Full-time:

T Adams, MBChB MMed *Cape Town* FCOG SA Cert (Gynaecol Oncol) SA

C Gordon, MBChB *Cape Town* MPhil *Stell*

TA Horak, MBChB *Stell* FCOG SA MMed *Cape Town*

JK Marcus, MPhil *Stell* PGDip (Nursing) *Cape Town* RM RPN RCN RPsychN Fellow SAFRI (FAIMER)

NH Mbatani, MBChB *Medunsa* FCOG SA

A Osman, MBChB MMed MPhil *Cape Town* FCOG SA Cert (Maternal Fetal Medicine) SA

M Patel, MBChB MMed *Cape Town* FCOG SA Cert (Reproductive Medicine) SA

D Richards, MBChB *Stell* MMed *Cape Town* FCOG, Cert (Gynaecol Oncol) SA

L Schoeman, MBChB *Cape Town* MMed FCOG SA

Senior Lecturers Part-time:

PR de Jong, MBChB *Pret* MMed *Cape Town* FCOG SA FRCOG

C Elliott, MBChB FCOG SA

AS Lachmann, MBBCh *Witwatersrand* MD FCP SA

LJ Rogers, MBChB MMed *Cape Town* DCH SA FCOG SA Cert (Gynaecol Oncol) SA RCOG

Lecturers Full-time:

S Allie, MBChB *Cape Town* FCOG SA

KJ Brouard, MBChB *Cape Town* FCOG SA

A Fakier, MBChB *Cape Town* FCOG SA

D Kennedy, MBChB *Stell* FCOG SA MMed *Cape Town*

Z Momberg, MBChB MMed *Cape Town* FCOG SA Certificate (Maternal Fetal Medicine) SA

L Ras, MBChB MMed *Cape Town* FCOG SA Urogyn SAT Spence FCOG SA

Lecturers Part-time:

U Botha, MBChB *Stell* MMed *Cape Town* FCOG SA

G Breeds, MBChB *Cape Town* FCOG SA

K Chambers MBChB *Cape Town* FCOG DCH MMed

D Dumbrill, MBChB *Cape Town* FCOG MRCOG DA SA

C Frenzel, MBChB *Germany*

L Jansen, MBChB *Cape Town* FCOG SA

C Nel, MBChB *Cape Town* FCOG SA

A Newham, MBChB *Cape Town* FCOG SA

MS Puzey, MBChB MMed *Cape Town* FCOG SA

JR Robinson, MBBS *Perth* MRACOG FCOG SA MRCOG

J Rowlinson, MBBCh *Witwatersrand*

SW Sandler, MBChB *Cape Town* FRCOG *London* MA MPhil *Stell*

R Sheldon, BA RN

M Wasserman, MSocSc *UFS* DHS *San Francisco*

H Wright, MBChB *Cape Town*

P Zinn, MBBCh *Witwatersrand* MRCOG *London* MMed

Doctorate:

R Saidu, MBBS *Nigeria* FMCOG MPH

Fellows Full-time:

G Essilfie-Appiah, MBChB *Ghana* FCOG SA MMed

K Kadwa, MBChB *UKZN* Dip Obs (SA) MMed *Cape Town*

KT Jere, MBBS *Malawi* FCOG SA MMed *UCTR* Majangara Karaga, MBChB *UZ* MMed *Zimbabwe*

Dip HIVMan SA

J Pottow, BSc *UPE*, PDM *Wits*, MBBCh *Wits* MMed *Wits* FCOG SA MSc in Assisted Reprod *Valencia, Spain*

M Venter, MBChB *Pret* FCOG SA MMed *Cape Town*

C Montgomery, MBChB *UFS* FCOG SA MMed *UCT*

Fellows Part-time:

P Archary, MBChB *UKZN* MMed *Cape Town* FCOG SA

G Mohlaba, MBChB *Medunsa* FCOG SA MMed *Cape Town*

L Oosthuizen, MBChB MMed *Cape Town* FCOG SA

Heads of Firm:

BR Howard, MBChB *Cape Town* FCOG SA

S Jeffrey, MBChB *Stell* FCOG SA Cert (Urogynaecology) RCOG

JO Olarogun, MBBS *Ilorin* Dip (Obstetrics & Gynaecology) FCOG SA MMed *Cape Town* Cert (Rep Med) SA

Honorary Senior Lecturers:

M Mbenge, MBChB *Pret* MMed FCOG SA

OBS2001S SPECIAL STUDY MODULES

16 NQF credits at NQF level 6

Convener: Dr V Zweigenthal

Course entry requirements: All first year MBChB courses.

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

OBS4003W OBSTETRICS

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS4103X, OBS4203X, OBS4303X, OBS4403X, OBS4503X

30 NQF credits at NQF level 8; 32 lectures comprising of 30 obstetrics lectures and two languages (IsiXhosa) lectures. Two Obstetric skills training sessions. A minimum of seven tutorials. Clinical placement at secondary level hospitals (Mowbray Maternity or New Somerset) x 3 weeks clinical placement at Midwife Obstetric Unit (Mitchell's Plain or Vanguard) x 1 week. Midwife Obstetric Unit day visits (Retreat or Hanover Park) x 5 days.

Convener: Dr TA Horak and Mr J Marcus

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

Co-requisites: PED4016W. The obstetrics and neonatal components of the course must be passed individually.

Objective: The purpose of the course is to acquaint the student with regionalised perinatal care; and to develop the knowledge, skills, and attitudes to provide safe, effective, and compassionate maternal care in primary and secondary perinatal care settings.

Course outline:

Obstetrics runs within an eight-week block using a blended learning approach. It builds on the introduction provided in the third year programme and forms part of a progressive spiral curriculum that runs through to the final year. During this time, students acquire the knowledge, skills and professional conduct required for medical practice.

Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to primary (or community-based) and secondary (hospital-based) levels of care. Practical experience for Obstetrics (and Neonatology - see PED4016W) is recorded in a logbook, and includes at least 10 deliveries under supervision and caring for at least eight women in the first stage of labour. Further details are specified in the logbook. Students are encouraged to develop professional behaviour, as well as to develop empathic and caring attitudes through compassion tutorials. The programme is supplemented by a series of online lectures, virtual and in vivo tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other disciplines, in order to provide an integrated, multidisciplinary approach to common perinatal problems. The knowledge and skills acquired during the 4th year programme form the foundation of Obstetric and Neonatal medicine.

Lecture times: All lectures will be delivered online for access by students at recommended times and days. Skills training will be provided in a simulated setting.

DP requirements: Deliver at least 10 patients; perform at least 10 vaginal examinations in labour; monitor and care for at least eight patients during the first stage of labour; do at least seven-night calls during the block; perform 5 abdominal examinations under supervision; access at least 80% of the online learning activities. Additionally, students will need to prepare two typed case reports, which must include a discussion of at least 300, but no more than 400 words, and include three references. These case reports must be submitted via the Vula platform by the end of the secondary hospital attachment. If the student has six or seven deliveries by the start of the assessment week, DP may be granted provided the minimum of seven calls has been completed during the block. If DP has not been met early in the block, for example in week 1, the entire block must be repeated. If DP has not been met by the end of week eight, regardless of circumstances, the block must be repeated. If DP has not been met by Monday of week eight due to certified illness, the student may sit for the exam provided DP is met by the end of week eight of the current block. If assessment is missed due to illness or other valid reason the student may apply for a deferred exam, which will be supported only if DP was met by end of week eight.

Assessment: The assessment for Obstetrics will comprise of an OSCE which will both take place during the last week of the block. OBS4003W Obstetrics and PED4016W Neonatology (informally called a joint perinatal medicine rotation) will be jointly examined during these examinations. Each student must achieve an OSCE mark of > 50% in order to pass the Obstetrics and Neonatology components of the two examinations. Additionally, each student must achieve a minimum of $\geq 50\%$ for the Obstetric and Neonatal components individually in order to pass the joint perinatal rotation as a whole. Any student who obtains $\leq 47\%$ for Obstetrics or Neonatology will need to repeat the full joint perinatal medicine rotation – i.e. both OBS4003W and PED4016W. Should a student obtain a mark of between 48% or 49%, a recommendation will be made to the Faculty Examinations Committee that the student be offered a supplementary assessment (OSCE)

OBS4005W OBSTETRICS AND GYNAECOLOGY EXTERNAL CREDIT

This course is taken by South African students studying towards a Cuban medical degree.

20 NQF credits at NQF level 8

Convener: Dr TA Horak and Sr C Zeelenberg

Course entry requirements: Prior courses as required by the relevant Cuban medical training 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 10 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.

150 DEPARTMENTS IN THE FACULTY

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 10 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 and 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.

OBS4006W OBSTETRICS FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS4106X, OBS4206X, OBS4306X, OBS4406X, OBS4506X
15 NQF credits at NQF level 8

Convener: Mr JK Marcus

Objective: The purpose of the course is to acquaint the student with regionalised perinatal care and to develop the knowledge, skills, and attitudes to provide safe, effective and compassionate maternal care in primary and secondary perinatal care settings.

Course outline:

Obstetrics runs within an eight-week block using a blended learning approach. During this time, students acquire the knowledge, skills and professional conduct required for medical practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to primary (or community-based) and secondary (hospital-based) levels of care. Practical experience for Obstetrics (and Neonatology - see PED4016W) is recorded in a logbook and includes at least 10 deliveries under supervision and caring for at least eight women in the first stage of labour. Further details are specified in the logbook. Students are encouraged to develop professional behaviour, as well as to develop empathic and caring attitudes through compassion tutorials. The programme is supplemented by a series of online lectures, virtual and in vivo tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other disciplines, in order to provide an integrated, multidisciplinary approach to common perinatal problems. The knowledge and skills acquired during the 4th year programme form the foundation of Obstetric and Neonatal medicine.

Lecture times: All lectures will be delivered online for access by students at recommended times and days. Skills training will be provided in a simulated setting.

DP requirements: Access at least 80% of the online learning resources Deliver at least 10 patients under supervision and examine the newborns immediately after delivery. Perform at least 10 vaginal examinations in labour. Care for at least 8 patients in the first stage of labour. Record labour progress, fetal condition and maternal condition on a partogram on at least two occasions for a minimum of 5 patients. Analyse and categorise a minimum of 5 cardiotocograph tracings of real patients. Clerk at least 5 obstetric patients (antenatal or postnatal) and write clinical notes. 2 of the cases must be submitted for grading on the Vula platform. These cases can be from the 5 clerked patients in the previous point. The cases submitted must be typed-up and must include a discussion of +-300 words with at least 3 references. Do at least 7 calls during the block: 5 at secondary hospital and 2 at the MOU. The 7 calls may also be done at a designated district hospital.

If 7 calls have been completed AND 8 or more deliveries were conducted, the student may participate in the end of block assessment. The assessment week can be used to complete deliveries. Marks will not be released until all DP requirements are met.

Assessment: Objective Structured Clinical Examination (OSCE) in the final week of the block. Each student must achieve a minimum mark of 50% in order to pass the Obstetrics component of the examination. Any student who obtains 47% or less for Obstetrics will need to repeat the full rotation. Should a student obtain a mark between 48% to 49%, a recommendation will be made to the Faculty Examinations Committee that the student be offered a supplementary assessment on a subsequent opportunity.

OBS5005W GYNAECOLOGY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS5105X, OBS5205X, OBS5305X, OBS5405X, OBS5505X. This course is also taken by South African students studying towards a Cuban medical degree. Students join the same course as UCT students.

20 NQF credits at NQF level 8

Convener: Dr C Gordon and Dr D Richards

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

Course outline:

The block consists of six weeks of Gynaecology. The Gynaecology course builds on the prior three weeks of learning in Women's Health during Semester Six. Students have already learnt to take histories from patients and to examine women using models, and have been exposed to the broader issues about women's health; and have been introduced to the role of gender in health promotion. In this course they learn about common gynaecological problems, contraception, issues of sexuality, and abuse of women, at the same time gaining clinical experience in gynaecology and women's health. Teaching takes place in a variety of clinical venues where students learn how to perform a gynaecological examination on patients, mostly in an outpatient setting, which is most appropriate for their future practice. The gynaecology clinical teaching is complemented by tutorials and clinical skills sessions, as well as further teaching in the relevant basic sciences. *Core learning outcomes:* Students are required to build on their basic *knowledge* of gynaecology practice; to formulate *professional attitudes and behaviours* by being involved in primary and tertiary gynaecologic care; to develop *empathetic attitudes* towards patients; to become *reflective* health care practitioners; to explore their attitudes and beliefs about controversial issues such as sexuality, intimate partner violence and termination of pregnancy; and to continue along the road of *self-directed learning*.

Lecture times: Friday mornings.

DP requirements: Students are required to attend and participate in all ward, clinic and theatre activities, as per the programmes of the individual firms. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Skills training sessions are compulsory. The LGBT, TOP and intimate partner violence workshops are compulsory, as are post-workshop reflective commentaries. Professionalism is assessed, which includes punctuality, attendance and conscientiousness. These are monitored by the consultants, and registrars in these firms, and form part of the in-course assessment. Should the in-course assessment be less than satisfactory, students may be required to do extra time. Completion of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the six-week block. Failure to complete the logbook by the end of the block will mean the student is not allowed to write the end-of-block exams. The submission of four portfolio case reports is also a DP requirement. A record of patient clerking is also a DP requirement. This includes eight patient clerking notes, carbon copies of which must be submitted with the portfolio. A student absent for less than three days will not have to repeat that time but will still be expected to have a completed logbook in order to sit the exam.

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A student absent for more than three days will have to meet with the convener urgently to decide on the available options, which could include extra time, a deferred exam, or repeating the block, depending on the reason for and duration of absence. The course manual includes details.

Assessment: Pass marks for all examination modalities is 50%. The pass mark for the block is 50%. There are three components to the summative assessment. 1) Portfolio exam (20%). This takes place during the block. Students must write up four patient cases which must be submitted for a written mark. Hand-in dates are arranged with firm consultants. Carbon copies of patient clerking notes must be included with the portfolio. 2) End-of-block OSCE (40%): A student must pass this to pass the block. MCQ (40%): A student must pass this to pass the block. The overall block pass mark is 50%. A mark of <50% for the OSCE or MCQ constitutes a fail. The consequence of this fail will depend on the block mark. A block mark of < 48% with either exam failed will mean that the student repeats the entire block. A block mark of greater than or equal to 48% with either exam failed will mean that the student will repeat only the exam that they failed. If the student gets less than 50% for the block overall, they will have to repeat the block.

OBS5006W GYNAECOLOGY FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS5106X, OBS5206X, OBS5306X, OBS5406X, OBS5506X
27 NQF credits at NQF level 8

Convener: Dr C Gordon and Dr K Kadwa

Course outline:

In this four-week Gynaecology course students learn about common gynaecological problems, contraception, issues of sexuality, and abuse of women, while at the same time gaining clinical experience in gynaecology and women's health. Teaching takes place in a variety of clinical venues where students learn how to perform a gynaecological examination on patients, mostly in an outpatient setting, which is most appropriate for their future practice. The gynaecology clinical teaching is complemented by tutorials and clinical skills sessions, as well as further teaching in the relevant basic sciences. Core learning outcomes: Students are required to build on their basic knowledge of gynaecology practice; to formulate professional attitudes and behaviours by being involved in primary and tertiary gynaecologic care; to develop empathetic attitudes towards patients; to become reflective health care practitioners; to explore their attitudes and beliefs about controversial issues such as sexuality, intimate partner violence and termination of pregnancy; and to continue along the road of self-directed learning.

DP requirements: All DP requirements must be fulfilled in order to write the exams. Students are expected to attend and participate in all ward, clinic and theatre activities, as per the programmes of the individual firms. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Skills training sessions are compulsory. The LGBT, TOP and intimate partner violence workshops are compulsory, as are post-workshop reflective commentaries. Professionalism will be assessed, which includes punctuality, attendance and conscientiousness. These are monitored by the consultants, and registrars in these firms, and form part of the in-course assessment. Should the in-course assessment be less than satisfactory, students may be required to do extra time. Completion of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the 4-week course. Failure to complete the logbook by the end of the course will mean the student will not be allowed to write the end of block exams. The submission by the due date of the stipulated minimum number of portfolio case reports is also a DP requirement. A record of patient clerking is also a DP requirement. This includes the stipulated minimum number of patient clerking notes as stated in the course manual, carbon copies of which must be submitted with the portfolio. A student absent for under 3 days will not have to repeat that time but will still be expected to have a completed logbook in order to sit the exam. A student absent for more than 3 days will have to meet with the convener urgently to decide on the available options, which could include extra time, a deferred exam, or repeating the course, depending on the reason for and duration of absence. Please check the course manual for more information.

Assessment: Pass marks for all examination modalities is 50%. The pass mark for the course is 50%. There are 3 components to the summative assessment. 1) Portfolio exam (20%). This takes place during the course. Students must write up and submit by the due date the stipulated minimum number of patient cases as stated in the course manual for a written mark. Hand-in dates are arranged with firm consultants. Carbon copies of patient clerking notes must be included with the portfolio. 2) End of block OSCE (40%): A student must pass this to pass the course. 3) End of block on-line MCQ (40%): A student must pass this to pass the course. The overall course pass mark is 50%. A mark of <50% for the OSCE or MCQ constitutes a fail. The consequence of this fail will depend on the course mark. For a course mark of < 48% with either exam failed, the student will be required to repeat the course. For a course mark of greater than or equal to 48% with either exam failed, a supplementary exam will be recommended for the student to repeat the exam that they failed.

OBS5007W OBSTETRICS FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS5107X, OBS5207X, OBS5307X, OBS5407X, OBS5507X
41 NQF credits at NQF level 8

Convener: JK Marcus and Dr KJ Brouard

Course outline:

This is a four week Obstetrics course. Teaching is practical and involves patient assessment and management under supervision in clinics, antenatal and postnatal wards, labour wards, and theatre. Students are expected to monitor and follow up their patients throughout labour or ward admission. All clinical and teaching activities are compulsory. There are two whole group interactive seminars per week. At the end of the block, students will be expected to be competent in obstetric history-taking and examination; including speculum examination, vaginal examinations in labour, labour monitoring and delivery and assisting at common operations. During the course, students are required to write up the minimum number of portfolio cases as stipulated in the course manual. These are examinable at the end of the course. Students are expected to dress professionally and wear white coats or scrubs and their student cards at all times.

DP requirements: All DP requirements must be fulfilled in order to write the exams. Students are required to attend and participate in all ward, clinic and labour ward duties, as per the programmes of the individual firms. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Attendance at Tuesday and Thursday seminars is compulsory. At least two formative bedside case presentations on ward rounds must be signed off by ward doctors during the block. Professionalism is assessed, which includes punctuality, attendance and conscientiousness. These are monitored by the consultants, midwives and registrars in these firms, and form part of the in-course assessment. Should the in-course assessment be less than satisfactory, students may be required to do extra time. Completion and submission by the due date of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the four-week course. Failure to complete the logbook by the end of the course will mean the student will not be allowed to write the end of rotation OSCE/OSPE. The submission of the minimum number of portfolio case reports as stipulated in the course manual is also a DP requirement. This includes the stipulated minimum number of patient clerking notes, carbon copies of which must be submitted with the portfolio. A student absent for under three days will not have to repeat that time but will still be expected to have a completed logbook in order to sit the exam. A student absent for more than three days will have to meet with the convener urgently to decide on the available options, which could include extra time, a deferred exam, or repeating the block, depending on the reason for and duration of absence. The course manual contains details.

Assessment: Pass marks for all examination modalities is 50%. The pass mark for the course is 50%. End of block assessment: There are three components to the summative assessment. 1) A formal bedside case presentation (10%); 2) a portfolio oral exam (20%); and 3) an OSCE/OSPE examination (70%). In order to qualify for the OSCE/ OSPE, all time must be completed, and all DP requirements met.

Should a student fail the OSCE/ OSPE, they may either qualify for a supplementary exam or have to repeat the course, depending on the mark. A mark of <50% for the OSCE/ OSPE constitutes a fail. The consequence of this fail will depend on the course mark. A course mark of < 48% with the OSCE/OSPE failed, will mean that the student repeats the entire course. A course mark of greater than or equal to 48% with the OSCE/OSPE failed, will mean that the student will qualify for a supplementary exam only. Finally, students must pass a skills station-part of the Multi-Disciplinary Exit OSCE. In order to pass the skills station, students must attain at least 70% for that skill demonstration. Should the student fail the skills station they will be remediated until they pass.

OBS600W OBSTETRICS

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS6100X, OBS6200X, OBS6300X, OBS6400X, OBS6500X
41 NQF credits at NQF level 8

Convener: Dr KJ Brouard and Dr CJM Stewart

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

Course outline:

This is a four-week Obstetrics block. Teaching is practical and involves patient assessment and management under supervision in clinics, antenatal and postnatal wards, labour wards, and theatre. Students are expected to monitor and follow up their patients throughout labour or ward admission. All clinical and teaching activities are compulsory. There are two whole group interactive seminars per week- also compulsory. At the end of the block, students will be expected to be competent in obstetric history-taking and examination; including speculum examination, vaginal examinations in labour, labour monitoring and delivery and assisting at common operations. Students are required to write up 4 portfolio cases during their block. These are examinable at the end of the block. Students are expected to dress professionally and wear white coats or scrubs and their student cards at all times.

DP requirements: All DP requirements must be fulfilled in order to write the exams. Students are required to attend and participate in all ward, clinic and labour ward duties, as per the programmes of the individual firms. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Attendance at Tuesday and Thursday seminars is compulsory. At least two formative bedside case presentations on ward rounds must be signed off by ward doctors during the block. Professionalism is assessed, which includes punctuality, attendance and conscientiousness. These are monitored by the consultants, midwives and registrars in these firms, and form part of the in-course assessment. Should the in-course assessment be less than satisfactory, students may be required to do extra time. Completion of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the four-week rotation. Failure to complete the logbook by the end of the rotation will mean the student will not be allowed to write the end of rotation OSCE/OSPE. The submission of four portfolio case reports is also a DP requirement. This includes eight patient clerking notes, carbon copies of which must be submitted with the portfolio. Finally, students must pass a skills station- part of the Multi-Disciplinary Exit OSCE (10%). In order to pass the skills station, students must attain at least 70% for that skill demonstration. Should the student fail the skills station they will be remediated until they pass. A student absent for under three days will not have to repeat that time but will still be expected to have a completed logbook in order to sit the exam. A student absent for more than three days will have to meet with the convener urgently to decide on the available options, which could include extra time, a deferred exam, or repeating the block, depending on the reason for and duration of absence. The course manual contains details.

Assessment: Pass marks for all examination modalities is 50%. The pass mark for the block is 50%. End-of-block assessment: There are three components to the summative assessment. 1) A formal bedside case presentation (10%); 2) a portfolio oral exam (20%); and 3) an OSCE/OSPE examination (70%). In order to qualify for the OSCE/OSPE, all time must be completed, and all DP requirements met. Should a student fail the OSCE/OSPE, they may either rewrite or have to repeat the course, depending on the mark. A mark of <50% for the OSCE/OSPE constitutes a fail.

The consequence of this fail will depend on the block mark. A block mark of < 48% with the OSCE/OSPE failed, will mean that the student repeats the entire block. A block mark of greater than or equal to 48% will mean that the student will repeat the exam only.

OBS6001W OBSTETRICS FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS6101X, OBS6201X, OBS6301X, OBS6401X, OBS6501X. This course is taken by South African students studying towards a Cuban medical degree.

20 NQF credits at NQF level 8

Convener: Dr KJ Brouard, Dr CJM Stewart and Dr D Richards

Course entry requirements: Fifth year MBChB courses.

Objective: To prepare students for best practice in primary and secondary care obstetrics.

Course outline:

This is a four-week Obstetrics block. Teaching is practical and involves patient assessment and management under supervision in clinics, antenatal and postnatal wards, labour wards, and theatre. Students are expected to monitor and follow up their patients throughout labour or ward admission. All clinical and teaching activities are compulsory. There are two whole group interactive seminars per week- also compulsory. At the end of the block, students will be expected to be competent in obstetric history-taking and examination; including speculum examination, vaginal examinations in labour, labour monitoring and delivery and assisting at common operations. Students are required to write up four portfolio cases during their block. These are examinable at the end of the block. Students are expected to dress professionally and wear white coats or scrubs and their student cards at all times.

DP requirements: All DP requirements must be fulfilled in order to write the exams. Students are expected to attend and participate in all ward, clinic and labour ward duties, as per the programmes of the individual firms. They are expected to be in attendance for the full working day and may not leave without permission from a registrar or consultant. Attendance at Tuesday and Thursday seminars is compulsory. At least two formative bedside case presentations on ward rounds must be signed off by ward doctors during the block. Professionalism will be assessed, which includes punctuality, attendance and conscientiousness. These are monitored by the consultants, midwives and registrars in these firms, and form part of the in-course assessment. Should the in-course assessment be less than satisfactory, students may be required to do extra time. Completion of the logbook is a DP requirement. Each procedure must be individually signed off. All procedures are to be completed within the four-week block. Failure to complete the logbook by the end of the block will mean the student will not be allowed to write the end of block OSCE/ OSPE. The submission of four portfolio case reports is also a DP requirement. A record of patient clerking is also a DP requirement. This includes eight patient clerking notes, carbon copies of which must be submitted with the portfolio. A student absent for under three days will not have to repeat that time but will still be expected to have a completed logbook in order to sit the exam. A student absent for more than three days will have to meet with the convener urgently to decide on the available options, which could include extra time, a deferred exam, or repeating the block, depending on the reason for and duration of absence. Please check the course manual for more information.

Assessment: Pass marks for all examination modalities is 50%. The pass mark for the block is 50%. End of block assessment: There are 3 components to the summative assessment. 1) A formal bedside case presentation (10%); 2) a portfolio oral exam (20%); 3) an OSCE/OSPE examination (70%). In order to qualify for the OSCE/OSPE, all time must be completed, and all DP requirements met. Should a student fail the OSCE/OSPE, they may either rewrite or have to repeat the course, depending on the mark. A mark of <50% for the OSCE/OSPE constitutes a fail. The consequence of this fail will depend on the block mark. A block mark of < 48% with the OSCE/OSPE failed, will mean that the student repeats the entire block. A block mark of greater than or equal to 48% will mean that the student will repeat the exam.

PAEDIATRICS AND CHILD HEALTH

ICH Building, Red Cross War Memorial Children's Hospital, Rondebosch

Professor and Head:

R Muloiwa, MBChB UKZN DCH FCPaed SA MSc LSHTM

Professors:

A Davidson, MBChB *Cape Town* DCH FCP Cert (Med Onc Paed) SA

K Donald, MBChB *Cape Town* DCH FCPaed SA MRCPCH UK

BS Eley, BScHons (Medicine) MBChB *Cape Town* FCP SA

J Lawrenson, MBBCh *Witwatersrand* MMed *Cape Town* FCP SA

M McCulloch, MBBCh *Witwatersrand* DTM&H FRCPCH *London* DCH FCPaed SA

B Morrow, BSc (Physiotherapy) PhD *Cape Town*

S Mathews, BSocSc BSocScHons (Social Work) *Cape Town* PhD *Witwatersrand*

J Wilmshurst, MBBS *London* MRCP UK FCPaed SA MD *Cape Town*

HJ Zar, MBBCh *Witwatersrand* FAAP BC Paed BC Paed Pulm USA PhD *Cape Town* FCPaed SA FRCP

Emeritus Professors:

F Bonnici, MBChB MMed *Cape Town* FCP SA ADE

G Swingler, MBChB PhD *Cape Town* DCH SA FCP SA

AC Argent, MBBCh MMed *Witwatersrand* MD *Cape Town* DCH FCPaed Cert (Critical Care) SA FRCPCH UK

Honorary Professors:

S Andronikou, MBBCh *Witwatersrand* FCRad Diag FRCR *London* PhD *Cape Town*

A Custovic, MBChB MSc MD PhD *London* MRCP

JR Carapetis, BMedSc MBBS FRACP Paeds FRACP Inf Dis FAFPHM PhD FAHMS

T Doherty, PhD *Sweden* MPH *Havard* MSc (Med) *Cape Town* BNursing *Cape Town*

P Moons, BNursing MMedSocSc PhD

N Silverman, MBBCh DSc *Witwatersrand* MD UCSF

J Warner, BSc PhD *London*

J Warner, MBChB DCH MRCP UK MD FRCP UK FRCPCH UK DMedSci AAAAI

Associate Professors:

M Coetzee, BSocScHons UFS Dip (Paediatric Nursing) PhD *Cape Town*

R De Decker, MBChB MSc *Cape Town* DCH *London* FCPaed Cert (Medical Genetics Paed) SA

C Gray, MBChB *Cape Town* MRCPCH *London* MSc *Surrey* DipAllergy *Southampton* Dip (Paediatric Nutrition)

W Hanekom, MBChB *Stell* DCH FCP (Paediatrics) SA

MC Harrison, MBChB *Cape Town* MRCP FRCPCH UK

M Hendricks, MBChB *Cape Town* Dip PEC DCH FCPaed CMO (Paediatrics) SA

A Horn, MBChB *Cape Town* FCPaed DCH CertNeon SA MRCP (Paediatrics) UK PhD *Cape Town*

C Hlela, MBChB FCDerm MSc GHS MMed PhD *Oxon*

ME Levin, MBChB MMed *Cape Town* FCPaed Dip (Allergology) SA PhD

C Scott, MBChB *Cape Town* FCPaed SA

A Westwood, MBChB MD MMed *Cape Town* FCP SA MRCP UK

L Zühlke, MBChB *Cape Town* DCH SA FCPaed SA Card Cert SA MPH *Cape Town* FESC UK

Associate Professors Part-Time:

D Gray, MBChB PhD *Cape Town* FCPaed SA

A Vanker, MBChB MMed *Stell* FCPaed Cert (Pulm Paed) SA

Honorary Associate Professor:

P Hardien, FRCP *London* MRCP *UK* MBChB BSc Dip (Geriatric Medicine)
 C Hugo-Hamman, MBChB *Cape Town* MA *USA* DCH FCP *SA*
 E McCollum, BS *Durham* MD *Virginia* FCP Ped Pulm Fellowship MPH *Baltimore*
 V Luychx, MBChB *Witswaterandss* MSc *London* PhD *Zurich*

Emeritus Associate Professors:

VC Harrison, MBChB *Cape Town* MRCP FRCPCH *UK*
 P Hartley, MBChB *Cape Town* FCPaed *SA* SAMDC
 CD Karabus, MBChB MMed *Cape Town* DCH RCP&S FRCP *Edinburgh* FRCP *London*
 AF Malan, MBChB MMed MD *Cape Town* Dip (Obstetrics & Gynaecology) *SA*
 M Mann, MBChB PhD MMed *Cape Town*
 J Wiggelinkhuizen, MBBCh MMed FCP *SA*
 DL Woods, MBChB MD *Cape Town* FRCP DCH RCP&S *UK*
 EG Weinberg, MBChB FCP *SA*

Senior Lecturers Full-time:

J Ahrens, MBChB *Cape Town* DA DCH FCPaed CIC (Paediatrics) *SA*
 J Alt, MBChB *Cape Town* DCH *SA* ATLS APLS FCP
 W Breytenbach, MBChB *Stell* FCP *SA*
 HA Buys, MBChB *Zimbabwe* LRCP LRCS *Edinburgh* MRCP *UK* FCP *SA*
 A Brink, MBChB *Pret* MMed *Cape Town* FCNP DCH *SA*
 M Carrihill, MBChB MPhil *Cape Town* FCPaed Cert (Endo & Metab) *SA*
 G Comititis, MBChB *Cape Town* DCH Dip (Anaesthesia) FCPaed *SA*
 L Cooke, MBChB PCPaed *SA*
 A Coetzee, MBChB FCPaed Cert (Paediatric Neph)
 R Dunkley, MBChB *Cape Town* FCPaed *SA*
 E Goddard, MBChB BScHons (Medicine) MMed PhD *Cape Town*
 MG Hendricks, MBChB *Cape Town* DCH Dip (Primary Emergency Care) FCPaed Cert (Med Onc Paed) *SA*
 Y Joolay, MBChB *Stell* FCPaed *SA*
 T Kerbelker, MBChB ATLS ACLS BLS PALS *Cape Town* DCH FCPaed *SA* Dip (HIV Management) *Griffiths* Neuro Dip (Allergy) Cert (Paed Rheum) *Australia*
 SM Kroon, MBChB *Cape Town* FCPaed *SA* DTM&H *London* MRCP *UK*
 G Kahl, MBChB DCH FCPaed *SA* MMed *UFS* CMO (Paediatrics)
 R de Lacey, MBChB MMed *Cape Town*
 D le Roux, MBChB MPH *Cape Town* Dip (Obstetrics & Gynaecology) FCPaed *SA*
 S Naidoo, MBChB *Cape Town* DCH *SA* FCPaeds *SA* Dip (Allergology) *SA*
 AP Nondo, MBChB *Medunsa* FCPaed *SA*
 P Nourse, MBChB MMed *Cape Town* FCP *SA* Cert (Paed Nephrol) *SA*
 JC Nuttall, MBChB *Cape Town* Dip (Obstetrics & Gynaecology) DCH FCPaed *SA* DTM&H *Witwatersrand*
 MT Richards, MBChB *Cape Town* Cert DCH FCPaed *SA* NR Rhoda FCPaed *SA* Cert (Neonatology) (Dev Paed) *SA*
 B Rossouw, MBChB Dip (Tropical Medicine Paed) MSc (Sports Medicine) *Pret* Cert (Critical Care) *SA*
 S Salie, MBChB *Cape Town* DCH *London* PCPaed Cert (Critical Care) *SA*
 G Schermbrucker, MBChB *Cape Town* DCH FCP *SA*
 A Spitaels, MBChB *Cape Town* DCH FCPaed *SA*
 L Tooke, MBChB MMed *Cape Town* FCPaed Dip (Obstetrics & Gynaecology) (Primary Emergency Care) *SA*
 M Wege, MBChB FCPaed Paed Crit Care
 P Wicomb, MBChB *Cape Town* DCH FCPaed *SA*
 M Zampoli, MBChB *Witwatersrand* DCH FCP (Paediatrics) *SA*

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Senior Lecturers Part-time:

S Ackermann, MBChB *Pret* FCPaed Cert (Paed Neurol) *SA*
G Riordan, MBChB *Cape Town* DCH MMed FCP *SA*

Honorary Senior Lecturers:

J Buckley, MBChB FCPaed BSc Cert (Paed Neph) *SA*
B Cullis, Cert in Nephrology *UK* Cert in Intensive Care Medicine *UK* Certi in Internal Medicine *UK*
Dip in Intensive care Medicine *UK* MRCP *london*
R Dippenaar, Diploma in Child Health *SA* MMed *Stell* FCP *SA* Cert in Neonatology *SA*
F Kritzinger, MBChB *Stell* FCPaed *SA* MMed *Stell* Cert Paed Pulmonology
N McKerrow, BA *Unisa* MBChB MMed *Cape Town* FCPaed *SA* DCH *S*
E McCollum, BS Biology *Durham*, MD *Virginia*, Ped Pulm Fellowship Baltimore, MPH *Baltimore*
V Ramanjam, MBChB *Cape Town* DCH FCP *SA*
PJ Sinclair, MBChB *Cape Town* DCH FCP *SA*
K van Niekerk, MBChB *Stell*
GM Walsh, MSc, BSc(Hons), DipHE (Nurs.), RN, RSCN
AJ Wright, MBChB *Witwatersrand* MRCP *UK* MRCPCH *UK* MSc *UCL* BPharmHons *Rhodesia*

Lecturers Full-time:

A Barker, MBChB *Cape Town*
H de Quintal, MBChB DCH FCPaed
A Ramcharan, MBBCH *Witwatersrand* DCH *SA* FCPaed *SA* Cert (Endocrinology & Metabolism) *SA*
A Radloff-Kingston, MBChB *Cape Town*
J Shea, MPHE
B van Stormbroek, BSc MBChB MMed *Cape Town* DCH *SA* PCPaed *SA*
M Wiggelinkhuizen, MBChB *Cape Town*

Lecturers Part-time:

A Klopper, MBChB DCH Dip (Anaesthesia) MRCP MSc
M Ledger, MBChB BSc BScHons (Medicine) *Cape Town* DCH FCPaed *SA*
WR Mathiassen, MBChB *Cape Town* MRCP *UK*
MA Meiring, MBChB *Pret* FCPaed *SA* MMed *Witwatersrand*
K Reichmuth, MBChB MPH *Cape Town*

Honorary Lecturers:

S Karabus, MBChB *Cape Town* DCH Dip (Allergology) FCPaed *SA* MRCPCH *UK*
D Reddy, MBChB DCH FCPaed *SA* MMed Cert (Paed Neph) *SA*
J Buckley, MBChB FCPaed BSc Cert (Paed Neph) *SA*

Allergology (Paediatric)

Associate Professor and Head:

ME Levin, MBChB MMed PhD *Cape Town* FCPaed Dip (Allergology) *SA*

Honorary Professors:

J Warner, BSc PhD *London*
JA Warner, BSc, PhD *London*
AL Watkins, BScHons (Nutrition and Dietetics) MSc MA *Cantab* PhD *UK*

Honorary Senior Lecturers:

S Karabus, MBChB *Cape Town* DCH Dip (Allergology) FCPaed *SA* MRCPCH *UK*

Associate Professor Part-time:

C Gray, MBChB *Cape Town* MRCPCH *London* MSc *Surrey* Dip (Allergology) (Paed Nutr) *Southampton*

Associated Paediatric Disciplines**Physiotherapy Department:**

S13 Ground Floor OPD, Red Cross Children's Hospital, Rondebosch
(Sameer.rahim@uct.ac.za or Sameer.rahim@westerncape.gov.za) 021 658 5033/5130

Head:

S Rahim, BSc (Physiotherapy) *Cape Town*

Occupational Therapy Department:

S10 Ground Floor OPD, Red Cross Children's Hospital, Rondebosch
(Mereille.pursad@westerncape.gov.za) 021 658 5038/5609

Head:

M Pursad, BSc (Occupational Therapy) *Stell*

Speech and Language Therapy Department:

S24 1st Floor OPD, Red Cross Children's Hospital, Rondebosch
(Lezanne.leroux@westerncape.gov.za) 021 658 5264

Head:

L le Roux, BSc (Speech and Audiology) *Stell*

Nutrition and Dietetics Department:

S14 Ground Floor OPD, Red Cross Children's Hospital, Rondebosch
(Shihaam.cader@westerncape.gov.za) 021 658 5471

Head:

S Cader, BScHons (Medicine) *Cape Town*

Audiology Department:

S24 1st Floor OPD, Red Cross Children's Hospital, Rondebosch
(colleen.cox@westerncape.gov.za) 021 658 5406

Head:

C Cox, BSc (Audiology) *Cape Town*

Social Work Department:

B8 B Floor Main Hospital, Red Cross Children's Hospital, Rondebosch

Head:

C Brown, Dip (Social Work) *UWC*

Child and Adolescent Psychiatry

[See Department of Psychiatry and Mental Health.]

Child Nurse Practice Development Initiative

Associate Professor:

M Coetzee, BSocScHons *UFS* Dip (Paediatric Nursing) PhD *Cape Town*

Lecturers Full-Time:

I Hendry, Master of Nursing in Child Nursing RPaedN RN *Cape Town* Forensic Nurs *Bloemfontein*

Lecturers Part-time:

C Davis, MSc (Nursing) *Cape Town* BNurs (Child) Dip (PICU) *England*

Clinical Educator:

T Castle, BCur(Nur) Hons *Western Cape* PG Dip (Child Nur) *Cape Town* PaedsRN

Clinical Learning Facilitator:

L White, BSc (Nurs) *Cape Town* Dip (Child Nur Sci) PaedsRN

Research Staff:

A Leonard, MSc (Nursing) *Cape Town* RN

N North, BAHons *London* RGN

Programme Facilitator:

J Vos, Dip (Nursing) RN

Cardiology (Paediatric)

Professor and Head:

J Lawrenson, MBBCh *Witwatersrand* MMed *Cape Town* FCP SA

Professor:

L Zuhlke, MBChB MPH *Cape Town* DCH SA FCPaed SA Card Cert SA FESC UK

Associate Professor Full-time:

R de Decker, MSc MBChB *Cape Town* DCH *London* Cert (Med Genet Paed) FCPaed SA

Senior Lecturer Full-time:

G Comitis, MBChB *Cape Town* DCH Dip (Anaesthesia) FCPaed SA

Senior Lecturers Part-time:

WR Mathiassen, MBChB *Cape Town* MRCP UK

Honorary Associate Professor:

C Hugo-Hamman, MA *Oxon* MBChB *Cape Town* DCH *London* FCPaed SA

Honorary Senior Lecturer:

H Pribut, MBChB *Cape Town* FCPaed SA

Child Health Unit

Acting Head and Lecturer:

J Shea, MPHE

Critical Care (Paediatric)

Head:

S Salie, MBChB *Cape Town* DCH *London* FCPaed Cert (Critical Care) *SA*

Professors Full-time:

AC Argent, MBCh MMed *Witwatersrand* MD *Cape Town* DCH FCPaed Cert (Critical Care) *SA*
FRCPC *UK*

M McCulloch, MBCh *Witwatersrand* DCH FCPaed *SA*

Senior Lecturers Full-time:

J Ahrens, MBChB *Cape Town* DA DCH FCPaed Cert (Critical Care) *SA*

B Rossouw, MBChB Dip (Trop Med Paed) MSc (Sports Medicine) *Pret* Cert (Critical Care) *SA*

M Wege

Dermatology (Paediatric)

Associate Professor and Head:

C Hlela, MBChB FCDerm MSc GHS MMed PhD *Oxon*

Developmental Paediatrics

Professor and Head:

K Donald, MBChB MPhil *Cape Town* DCH FCPaed Cert (Paed Neuro) *SA* MRCPCH *UK*

Senior Lecturers Part-time:

S Ackermann, MBChB *Pret* FCPaed Cert (Paed Neurol) *SA*

Honorary Senior Lecturer:

V Ramanjam, MBChB *Cape Town* DCH FCPaed Cert (Dev Paed) *SA*

Lecturers Part-time:

A Klopper, MBChB DCH Dip (Anaesthetics) MRCP MSc

W van der Meulen, MBChB

S Warner, MBChB *Cape Town* DCH *SA*

Endocrinology (Paediatric)

Head:

M Carrihill, MBChB MPhil *Cape Town* FCPaed Cert (Endocrinology & Metabolism) *SA* (Paed Endo)

Senior Lecturers Full-time:

A Ramcharan, MBCh *Witwatersrand* DCH *SA* FCPaed *SA* Cert (Endocrinology & Metabolism) *SA*
Paed

A Spitaels, MBChB *Cape Town* DCH FCPaed *SA*

Gastroenterology (Paediatric)

Head:

E Goddard, BScHons MBChB MSc (Medicine) MMed PhD *Cape Town* FCPaed Cert (Paed Gastro) *SA*

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Senior Lecturer Full-time:

R de Lacey, MBChB *Cape Town* FCPaed Cert (Paed Gastro) *SA*

Lecturers Part-time:

M Ledger, MBChB BSc BScHons (Medicine) *Cape Town* DCH FCPaed *SA*

RA Brown, MBChB *Cape Town* MPhil *Stell* DCH FCS *SA* FRCS *Edinburgh*

General Paediatrics

Associate Professors:

M Hendricks, MBChB *Cape Town* Dip (Primary Emergency Care) DCH FCPaed CMO (Paediatrics) *SA*

R Muloiswa, MBChB *UKZN* DCH FCPaed *SA* MSc *LSHTM*

Senior Lecturers Full-time:

HA Buys, MBChB *Zimbabwe* LRCP LRCS *Edinburgh* MRCP *UK* FCP *SA*

L Cooke, MBChB *Cape Town* FCPaed *SA*

R Dunkley, MBChB *Cape Town* FCPaed *SA*

T Kerbelker, MBChB ATLS ACLS BLS PALS *Cape Town* DCH FCPaed *SA* Dip (HIV Management) *Griffiths* Neuro Dip (Allergy) Cert (Paed Rheum) *Australia*

D le Roux, MBChB Dip (Obstetrics & Gynaecology) MPH *Cape Town* FCPaed *SA*

M Richards, MBChB DCH FCPaed Cert (Dev Paed) *SA*

S Naidoo, MBChB *Cape Town* DCH *SA* FCPaed *SA* Dip (Allergology) *SA*

G Schermbrucker, MBChB *Cape Town* DCH FCP *SA*

Lecturer Full-Time:

B van Stormbroek, BSc MBChB MMed *Cape Town* DCH *SA* PCPaed *SA*

Honorary Senior Lecturer:

K van Niekerk, MBChB *Stell*

Haematology/Oncology (Paediatric)

Professor and Head:

A Davidson, MBChB MPhil *Cape Town* DCH FCPaed Cert (Med Onc Paeds) *SA*

Senior Lecturers Full-time:

MG Hendricks, MBChB *Cape Town* DCH Dip (Primary Emergency Care) FCPaed Cert (Med Onc Paeds) *SA*

Lecturer Full-time:

H de Quintal, MBChB DCH FCPaed

Infectious Diseases (Paediatric)

Professor and Head:

BS Eley, BScHons (Medicine) MBChB *Cape Town* FCP *SA*

Senior Lecturer Full-time:

JC Nuttall, MBChB *Cape Town* Dip (Obstetrics & Gynaecology) DCH FCPaed *SA* DTM&H *Witwatersrand*

Neonatology

Associate Professor and Head:

MC Harrison, MBChB *Cape Town* MRCP FRCPCH *UK*

Emeritus Associate Professors:

VC Harrison, MBChB *Cape Town* MRCP FRCPCH *UK*

AF Malan, MBChB MMed MD *Cape Town* Dip (Obstetrics & Gynaecology) *SA*

DL Woods, MBChB MD *Cape Town* FRCP DCH RCP&S *UK*

Associate Professor Full-time:

A Horn, MBChB *Cape Town* FCPaed DCH Cert (Neonatology) *SA* MRCP (Paediatrics) *UK* PhD *Cape Town*

Senior Lecturers Full-time:

Y Joolay, MBChB *Stell* FCPaed *SA*

SM Kroon, MBChB *Cape Town* FCPaed *SA* DTM&H *London* MRCP *UK*

NR Rhoda, MBChB *Cape Town* FCPaed *SA* Cert (Neonatology) *SA*

L Tooke, MBChB *Cape Town* FCPaed MMed Dip (Obstetrics & Gynaecology) (Primary Emergency Care) *SA*

AM van Niekerk, MBChB *Witwatersrand* DCH FCPaed Cert (Paediatric Cardiology) *SA*

Lecturers Full-time:

MT Ismail, MBChB *Cape Town* DCH Dip (HIV Management) *SA*

Lecturer Part-time:

JCG Dyssell, MBChB *Cape Town* MMed *Witwatersrand* DCH FCPaed *SA*

Nephrology (Paediatric)

Professor and Head:

M McCulloch, MBChB *Witwatersrand* DCH FCPaed *SA*

Honorary Senior Lecturer:

J Buckley, MBChB FcPaed BSc Cer (Paed Neph) *SA*

B Cullis, Cert in Nephrology *UK* Cert in Intensive Care Medicine *UK* Certi in Internal Medicine *UK* Dip in Intensive care Medicine *UK* MRCP *London*

P Sinclair, MBChB DCH FcPaed *SA*

AJ Wright, MBChB *Witwatersrand* MRCP *UK* MRCPCH *UK* MSc *UCL* BPharm Hons *Rhodesia*

Honorary Lecturer:

D Reddy, MBChB DCH PcPaed MMed Cert (Paed Neph) *SA*

Senior Lecturer Full-time:

P Nourse, MBChB MMed *Cape Town* FCP *SA* Cert (Paed Nephrol)

A Coetzee, MBChB FCPaed Cert (Paed Neph)

Neurology (Paediatric)

Professor and Head:

J Wilmshurst, MBBS *London* MRCP *UK* FCPaed *SA* MD *Cape Town*

Senior Lecturer Full-time:

AP Nondo, MBChB *Medunsa* FCPaed Cert (Paed Neuro) SA

Senior Lecturers Part-time:

G Riordan, MBChB MMed *Cape Town* DCH CPaed SA

B Schlegel, MBChB *Cape Town* FCPaed SA

K Walker, MBChB *Cape Town* DCH SA

Honorary Lecture:

V Kander, MTech *UFS*

Pulmonology (Paediatric)

Professor and Head:

HJ Zar, MBChB *Witwatersrand* FAAP BCPaed USA BCPaed (Pulmonology) USA PhD *Cape Town* FCPaed SA FRCP

Associate Professors Part-Time:

D Gray, MBChB PhD *Cape Town* FCPaed Cert (Pulm Paed) SA

A Vanker, MBChB MMed *Stell* FCPaed Cert (Pulm Paed) SA

Senior Lecturer Full-time:

M Zampoli, MBChB *Cape Town* DCH FCPPaed Cert (Pulm Paed) SA

Honorary Senior Lecturer:

F Kritzinger, MBChB *Stell* FCPaed SA MMed *Stell* Cert Paed Pulmonology

Honorary Associate Professor:

E McCollum, BS Biology *Durham* MD *Virginia* Ped Pulm Fellowship Baltimore MPH *Baltimore*

Rheumatology (Paediatric)

Associate Professor and Head:

C Scott, MBChB *Cape Town* FCPaed SA

PED2001S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr V Zweigenthal

Course entry requirements: All first year MBChB courses.

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor.

Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

PED4016W NEONATOLOGY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PED4116X, PED4216X, PED4316X, PED4416X, PED4516X 10 NQF credits at NQF level 8; 44 Lectures comprising of 30 obstetrics lectures, 12 neonatal lectures and two languages (IsiXhosa) lectures. Two Obstetric skills training sessions. One neonatal resuscitation skills training session. A minimum of 10 tutorials (five Obstetric and five Neonatal). Placement at secondary level hospitals (Mowbray Maternity or New Somerset) x 2-weeks Placement at Midwife Obstetric Unit (Mitchell's Plain or Vanguard) x 1-week. Midwife Obstetric Unit day visits (Retreat or Hanover Park) x 2-days.

Convener: Dr N R Rhoda and Dr MT Groenewald

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

Co-requisites: The obstetrics and neonatal components of the course must be passed individually.

Objective: The purpose of the course is to acquaint the student with regionalised perinatal care; and to develop the knowledge, skills, and attitudes to provide safe, effective, and compassionate maternal/newborn care in primary and secondary perinatal care settings.

Course outline:

Obstetrics (OBS4003W) and Neonatology (PED4016W) are taught jointly in an eight -week perinatal medicine block rotation. The joint rotation builds on the introduction provided in third year MBChB, and forms part of a progressive spiral curriculum that runs through to the final year. During this time, students acquire the knowledge, skills and professional conduct required for medical practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to primary (or community-based) and secondary (hospital-based) levels of care. Practical experience for both Obstetrics and Neonatology is recorded in a logbook, and includes at least eight deliveries under supervision, as well as assessment and care of the newborn as detailed in four neonatal case reports. Further details are specified in the logbook. Students are encouraged to develop professional behaviour, as well as to develop empathic and caring attitudes through compassion tutorials and a Health and Human Rights workshop. The rotation is supplemented by a series of 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 perinatal problems. The knowledge and skills acquired during the fourth year of the MBChB programme form the foundation of Obstetric and Neonatal medicine.

Lecture times: Lectures are scheduled for the duration of week 1 (Monday to Friday) then on Monday (whole day) in weeks 3, 5 and 6 of the block.

DP requirements: Students must: (a) attend the neonatal resuscitation training in the Introductory Week; (b) attend all five of the core topics whole block neonatal seminars; (c) examine the newborns of the mothers delivered by their clinical partners on at least five night calls during the block;

(d) have one of their four neonatal case reports completed before the start of the assessment week; (e) attend at least five of their eight neonatal clinical tutorials. (f) Complete the online quiz, (g) complete the skills logbook (details in course outline)

Assessment: The Obstetrics (OBS4003W) and Neonatology (PED4016W) courses are assessed concurrently at the end of the 8-week block. The PED4016W assessment comprises an MCQ [40% of the total mark for PED4016W], OSCE [20% of the total mark for PED4016W], case reports [20% of the total mark for PED4016W], and in-course assessment [20% of the total mark for PED4016W]. For PED4016W, each student must achieve an overall mark of 50% or more. Any student who obtains 47% or less may need to repeat the 2-week neonatology course and its assessment in full. Should a student obtain a mark of 48% to 49% inclusive, a recommendation will be made to the Faculty Examinations Committee that the student be offered a supplementary assessment* as detailed in the course handbook. Should the student fail (achieve <50%) or not attend the supplementary assessment, the 2-week neonatology course will need to be repeated in the next academic year. *All supplementary assessments will take place in the supplementary time period scheduled at the start of the next calendar year.

PED4017W NEONATOLOGY FOR EXTERNAL CREDIT

7 NQF credits at NQF level 8

Convener: Dr L Linley

Objective: To impart skills to equip the student for newborn resuscitation, newborn examination and assessment, and provision of routine care for the well and sick newborn.

Course outline:

Neonatology (PED4017W) and Obstetrics (OBS4006W) are taught jointly in an eight-week perinatal medicine block. This forms part of a progressive spiral curriculum that runs through to the final year. Students acquire the skills and professional conduct required for neonatal medical practice. Teaching takes place within the Maternal and Neonatal Service: Metro West, which exposes students to community-based and hospital-based levels of care. Practical experience for Neonatology is recorded on a logsheet. It includes observation and performance under supervision of newborn examination and newborn procedures as stipulated on the log sheet, as well as assessment and care of the newborn as detailed in four neonatal case reports. Students are encouraged to develop professional behaviour, as well as to develop and become skilled in empathic and caring attitudes through perinatal bereavement seminars and tutorials. The rotation is supplemented by a series of lectures, tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other disciplines, in order to provide an integrated, multidisciplinary approach to common neonatal problems. The neonatal knowledge and skills acquired during this course form the foundation of Neonatal Medicine.

DP requirements: Students must (a) attend the neonatal resuscitation training in the Introductory Week; (b) attend the minimum stipulated number of neonatal lectures/seminars; (c) examine at least five newborns of the mothers delivered by their clinical partners during the block; (d) have one of their four neonatal case reports completed and submitted (electronically) at the beginning of the assessment week; (e) attend the stipulated minimum number of neonatal clinical tutorials AND the Friday Neonatology Academic Week tutorial; and (f) submit the hard copy of the completed neonatal logsheet by 15h00 on the Wednesday of block week 8.

Assessment: The Obstetrics (OBS4006W) and Neonatology (PED4017W) courses are assessed concurrently at the end of the 8-week block. The PED4017W assessment comprises an OSCE [60% of the total mark], case reports [10% of the total mark], and in-course assessment [30% of the total mark]. For PED4017W, each student must achieve an overall mark of 50% or more. Any student who obtains 47% or less will need to repeat the 2-week neonatology course and repeat end of course assessment in full. Should a student obtain a mark of 48% to 49% inclusive, a recommendation will be made to the Faculty Examinations Committee that the student be offered a supplementary assessment* as detailed in the course handbook. Should the student fail (achieve <50%) or not attend the supplementary examination, the 2-week neonatology course will need to be repeated in the next academic year. *All supplementary assessments will take place in the supplementary time period scheduled at the start of the next calendar year.

PED4049W INTRODUCTION TO CHILD AND ADOLESCENT HEALTH

10 NQF credits at NQF level 8

Convener: Dr J Nuttall, Dr K Reichmuth and Dr P Wicomb**Course entry requirements:** Successful completion of all courses within the preceding academic year.**Course outline:**

Child and adolescent health seek to promote the health of children and adolescents, the prevention of illness, and to minimize the consequences of illness when it does occur. The focus for this block is on the health issues of children and adolescents presenting at primary care level. This incorporates services for well individuals and an approach to the management of child and adolescent health problems commonly seen at a primary care level. Students are encouraged to apply the community-oriented primary care model of individual, family, community, and population factors to critically examine health issues affecting children and adolescents.

DP requirements: Students must fulfil all of the following: (a) Submit a completed logbook of stipulated activities and tasks; (b) complete all online quizzes by the deadline stipulated in the course handbook.

Assessment: The summative assessment comprises the following: (a) an end-of-block multiple choice/ extended matching item (MCQ/EMI)-format examination (60% of the overall course mark); (b) assessment of Integrated Management of Childhood Illness (IMCI) case-based written assignments [20% of the overall course mark] and (c) assessment of an oral presentation and contribution to the discussion at the cross-cutting seminars [20% of the overall course mark]. The overall course pass mark is 50%. In addition, a subminimum of 50% must be achieved for the end-of-block MCQ/EMI examination. Supplementary examinations: Students who attain 48-49% as the overall course mark or in the end-of-block MCQ/EMI examination will do a repeat MCQ/EMI examination in the following academic year. Students who attain <48% as the overall course mark or in the end-of-block MCQ/EMI examination fail, and must repeat the course in full, with a full summative assessment in the following academic year. Students who do not meet the Due Performance requirements fail, and must repeat the course in full, with a full summative assessment in the following academic year.

PED5001W CARING FOR CHILDREN

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PED5101X, PED5201X, PED5301X, PED5401X, PED5501X 40 NQF credits at NQF level 8; 36 lectures/seminars; 11 bedside tutorials; one site visit (SHAWCO).

Convener: Dr HA Buys, Associate Professor S Cox, Dr K Reichmuth and Dr P Wicomb**Course entry requirements:** Successful completion of all courses within the preceding academic year.

Co-requisites: The courses PED5005W and PED5006W are integrated and must be completed within the same eight-week modular block but each must be passed individually. If a course is failed, only the failed course is repeated.

Objective: Build knowledge, skills and attributes needed to promote health amongst, prevent disease in, and provide holistic medical and surgical care to children and adolescents.

Course outline:

PED5001W Caring for Children comprises two sub-courses (Caring for Children: Paediatric Medicine [PED5006W] and Caring for Children: Paediatric Surgery [PED5005W]) that are fully integrated and must thus be taken during the same eight-week modular block. As this course forms the theoretical basis for final year, it incorporates considerable, structured online and face-to-face teaching and learning activities. Caring for Children: Paediatric Medicine comprises two weeks of ambulatory paediatrics and four weeks of inpatient care. Students will be placed at Red Cross War Memorial Children's Hospital, New Somerset Hospital, or Groote Schuur Hospital. Caring for Children: Paediatric Surgery comprises two weeks of exposure to paediatric surgery in- and out-patient care, and surgical theatre; it takes place at Red Cross War Memorial Children's Hospital.

The curriculum is composed of core topics and common presentations which students address in terms of history taking, examination, and clinical reasoning; during bedside tutorials; in assembling portfolios; and engaging with online content. Students who pass this course will have knowledge of common core childhood medical and surgical diseases and conditions; skill at taking a history from children and their caregivers; examining children and adolescents; the ability to define an appropriate problem list and formulate an appropriate management plan; awareness of basic procedures; professional behaviour and attitudes appropriate to handling children and their caregivers; and awareness of the rights of children and the doctor's role as an advocate for child health.

Lecture times: Monday lecture/seminar program, with other seminars and bedside tutorials as timetabled according to the rotations.

DP requirements: To qualify for the end-of-block examination, students must fulfil ALL of the following: For Paediatric Medicine: (a) Achieve a minimum of 80% attendance* (ward, ambulatory, and scheduled activities, monitored by signed attendance); (b) complete the online quizzes within the time stipulated in the course handbook; (c) complete and bring to the end-of-block examination a written portfolio of the required minimum number of original case writeups of patients seen in ward and outpatient clinic that the students allocated to during their time in PED5006W(d) complete and submit the "AfriMEDS" assignment by the deadline stipulated in the course handbook; (e) and submit the hard copy completed, signed, and dated PED5006W logbook by the deadline stipulated in the course handbook. For Paediatric Surgery: (a) Achieve a minimum of 80% attendance* at ward, ambulatory, and scheduled activities, monitored by signed attendance; (b) complete all online quizzes within the time stipulated in the course handbook; and (c) produce and submit an original portfolio of the stipulated number of cases as outlined in the course handbook. *Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook. If a student is absent with permission for more than five working days in the six-week paediatric medicine course or for more than two working days during the two-week paediatric surgery course, the time missed will need to be made up to attain the minimum attendance criterion;- this may or may not be possible to do, given the time and/or activities missed. DP concession rules apply.

Assessment: The two sub-courses will be examined together in the last week of the eight-week modular block. The combined end-of-block summative assessment comprises a clinical and portfolio assessment [50% of the overall mark] and an online MCQ and Extended Matching items (EMI) assessment [50% of the overall mark]. Coursework from PED4049W Introduction to Child and Adolescent Health can also be assessed. In order to pass PED5001W Caring for Children, students are required to achieve 50% or more in each of the following components: (a) The clinical examination [average of the two clinical cases]; (b) the portfolio examination; (c) the paediatric medicine section of the online assessment; and (d) the paediatric surgery section of the online assessment. The pass mark for PED5001W Caring for Children is 50%; the paediatric medicine sub-course contributes 75% and the paediatric surgery sub-course contributes 25% to this mark. For the Paediatric Medicine sub-course, the following will be recommended to the Faculty Examinations Committee, that students who: (a) fail any one component of the end-of-block summative assessment with 48–49% will be required to undertake a supplementary examination* in that component; (b) fail any one component with a mark of 47% or less will be required to complete two weeks of additional time and undergo a supplementary examination* in that component; (c) fail more than one component with 48–49% will need to do two weeks of supplementary time and undergo a supplementary examination* in those components; (d) fail more than one component with a mark of 47% or less will be required to repeat the sub-course and its end-of-block summative assessment in full in the next academic year; (e) do not meet the DP requirements for the Paediatric Medicine sub-course fail it and will be required to repeat it and its end-of-block summative assessment in full in the next academic year; For the Paediatric Surgery sub-course, the following will be recommended to the Faculty Examinations Committee, that students who:(a) fail the Paediatric Surgery online assessment with a mark of 47% or less will be required to complete one week of additional time and undergo a supplementary examination* in paediatric surgery;

(b) fail the Paediatric Surgery online assessment with a mark of 48–49% will be offered a supplementary examination; (c) do not meet the DP requirements for the Paediatric Surgery sub-course fail the sub-course and will be required to repeat it and its end-of-block summative assessment in full in the next academic year.

It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in any component of the supplementary exam or who do not attend or fail any component of the deferred exam must repeat the sub-course(s) and the end-of-block summative assessment(s) in full in the next academic year.

*All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University. The two sub-courses will be examined together in the last week of the eight-week modular block. The combined end-of-block summative assessment comprises a clinical and portfolio assessment [50% of the overall mark] and an online MCQ and Extended Matching items (EMI) assessment [50% of the overall mark]. Coursework from PED4049W Introduction to Child and Adolescent Health can also be assessed. In order to pass PED5001W Caring for Children, students are required to achieve 50% or more in each of the following components: (a) The clinical examination [average of the two clinical cases]; (b) the portfolio examination; (c) the paediatric medicine section of the online assessment; and (d) the paediatric surgery section of the online assessment. The pass mark for PED5001W Caring for Children is 50%; the paediatric medicine sub-course contributes 75% and the paediatric surgery sub-course contributes 25% to this mark.

For the Paediatric Medicine sub-course, the following will be recommended to the Faculty Examinations Committee, that students who: (a) fail any one component of the end-of-block summative assessment with 48–49% will be required to undertake a supplementary examination* in that component; (b) fail any one component with a mark of 47% or less will be required to complete two weeks of additional time and undergo a supplementary examination* in that component; (c) fail more than one component with 48–49% will need to do two weeks of supplementary time and undergo a supplementary examination* in those components; (d) fail more than one component with a mark of 47% or less will be required to repeat the sub-course and its end-of-block summative assessment in full in the next academic year; (e) do not meet the DP requirements for the Paediatric Medicine sub-course fail it and will be required to repeat it and its end-of-block summative assessment in full in the next academic year;

For the Paediatric Surgery sub-course, the following will be recommended to the Faculty Examinations Committee, that students who: (a) fail the Paediatric Surgery online assessment with a mark of 47% or less will be required to complete one week of additional time and undergo a supplementary examination* in paediatric surgery; (b) fail the Paediatric Surgery online assessment with a mark of 48–49% will be offered a supplementary examination; (c) do not meet the DP requirements for the Paediatric Surgery sub-course fail the sub-course and will be required to repeat it and its end-of-block summative assessment in full in the next academic year.

It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in any component of the supplementary exam or who do not attend or fail any component of the deferred exam must repeat the sub-course(s) and the end-of-block summative assessment(s) in full in the next academic year.

*All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University.

PED5004W GENERAL CARE OF THE CHILD FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PED5104X, PED5204X, PED5304X, PED5404X, PED5504X 40 NQF credits at NQF level 8

Convener: Dr J Nuttall, Dr K Reichmuth and Dr P Wicomb

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

Course outline:

This course is an eight-week block divided into the following: Neonatology, ambulatory paediatric medicine, and a paediatric medicine ward rotation. The two-week neonatology rotation will take place at either Mowbray Maternity, New Somerset, or Groote Schuur Hospital. Students will sit an end-of-rotation neonatology examination. The two-week paediatric ambulatory rotation will take place at Red Cross War Memorial Children's Hospital. It comprises a series of tutorials on clinical methods and examination techniques, seminars on common paediatric topics relevant to the South African health care environment with a focus on guideline-based management, and attendance at various paediatric medical outpatient clinics. The four-week paediatric ward rotation will take place at New Somerset, Victoria, or Red Cross War Memorial Children's Hospital. Students will undergo a full day of compulsory Paediatric Life Support training. The curriculum is composed of common presentations (which students address in terms of history taking, examination, assessment, and management plans, as well as during bedside tutorials and in assembling their portfolio and completing their Due Performance logbook) and core topics. Students who pass this course will be able to recognize and provide appropriate treatment / management of level 1 conditions presenting in a neonate, infant, child, and adolescent, and will be able to recognize, provide emergency treatment/ management of, and ensure appropriate and safe referral of neonates, infants, children, and adolescents presenting with level ≥ 2 conditions. In addition, students will have developed professional behaviour and attitudes appropriate to handling children and their caregivers, and awareness of the rights of children and the doctor's role as an advocate for child health.

DP requirements: To qualify for the end-of-block assessment, students must fulfil all of the following: (1) Achieve at least 50% for both the paediatric and neonatal in-course assessments; (2) successfully complete the paediatric procedure and resuscitation training; (3) successfully complete the neonatal procedure and resuscitation training; (4) submit their Due Performance (DP) requirement logbook (completed, signed, and dated appropriately) to the course administrator by the stipulated deadline; (5) complete a portfolio of the minimum required number of cases; and (6) achieve a minimum of 80% attendance* in each rotation (monitored by signed attendance). *Any student missing ward attendance without a valid and approved reason will not be allowed to do the end-of-block examination. In the event of a student being absent from the ward for whatever reason, permission will need to be granted by the convener. If the period of absence is five days or more working days over the four-week paediatric rotation or two working days or more during the two-week neonatal and ambulatory rotations, the time will need to be made up. If for whatever reason the student cannot make up the time or is absent for more than two weeks of the paediatric rotation or more than one week of the neonatal rotation, the rotation has to be repeated (Faculty of Health Sciences leave of absence rules apply).

Assessment: The general paediatric end-of-block summative assessment comprises the following: (1) an in-course assessment [30% of the overall course mark]; (2) an end-of-block short-cases clinical assessment [20% of the overall course mark]; (3) oral portfolio assessment [10% of the overall course mark]; and (d) an online assessment [20% of the overall course mark]. The neonatal summative assessment comprises the following: (1) neonatology in-course assessment [10% of the overall course mark] and (2) neonatal medicine clinical case assessment [10% of the overall course mark]. While the overall course pass mark is 50%, a subminimum of 50% must be achieved for each of the following: (1) the paediatric end-of-block clinical assessment; (2) the paediatric end-of-block portfolio assessment; (3) the end-of-block online assessment; and (4) the neonatal clinical assessment. In addition, students must obtain an exempt pass in the exit examination on procedural competence (MDN6004W). Students who attain 48–49%:

(1) as the overall course mark will be required to do 2 weeks of supplementary time and undergo a supplementary clinical and oral portfolio assessment; (2) in the paediatric shortcases clinical assessment will be required to do a supplementary clinical assessment; (3) in the oral portfolio assessment will be required to do a supplementary oral portfolio assessment using existing portfolio cases; (4) in the neonatal clinical case assessment will be required to do a supplementary neonatal case assessment. Students who attain $\leq 47\%$: (1) as the overall course mark, fail and have to repeat the course; (2) in the paediatric clinical short-case assessment will be required to do 2 weeks of supplementary time and a repeat clinical assessment; (3) in the oral portfolio assessment will be required to do 2 weeks of supplementary time, collect a stipulated number of new portfolio cases, and do a repeat portfolio assessment on new or existing cases; (4) in the neonatal clinical case assessment will be required to do 1 week of supplementary time in neonatology and a repeat neonatal case assessment. The timing of all supplementary assessments will be determined by the Faculty of Health Sciences: Undergraduate Office. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in the supplementary examination or who do not attend or fail the deferred examination must repeat the full course and its end-of-block summative assessment in the next academic year. *All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University or at a time agreed to by all of the following: the Faculty of Health Sciences Undergraduate Office, the Department of Paediatrics and Child Health, any other affected department, and the student.

PED5005W CARING FOR CHILDREN: PAEDIATRIC SURGERY

10 NQF credits at NQF level 8

Convener: Assoc Prof S Cox, Dr P Wicomb and Dr K Reichmuth

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

Co-requisites: If taking this course for the first time, it must be taken together with Caring for Children: Paediatric Medicine during the same eight-week modular block

Course outline:

PED5001W Caring for Children comprises two sub-courses (Caring for Children: Paediatric Medicine [PED5006W] and Caring for Children: Paediatric Surgery [PED5005W]) that are fully integrated and must thus be taken during the same eight-week modular block. As this course forms the theoretical basis for final year, it incorporates considerable, structured online and face- to-face teaching and learning activities. Caring for Children: Paediatric Medicine comprises two weeks of ambulatory paediatrics and four weeks of inpatient care. Students will be placed at Red Cross War Memorial Children's Hospital, New Somerset Hospital, or Groote Schuur Hospital. Caring for Children: Paediatric Surgery comprises two weeks of exposure to paediatric surgery in- and out-patient care, and surgical theatre; it takes place at Red Cross War Memorial Children's Hospital. The curriculum is composed of core topics and common presentations which students address in terms of history taking, examination, and clinical reasoning; during bedside tutorials; in assembling portfolios; and engaging with online content. Students who pass this course will have knowledge of common core childhood medical and surgical diseases and conditions; skill at taking a history from children and their caregivers; examining children and adolescents; the ability to define an appropriate problem list and formulate an appropriate management plan; awareness of basic procedures; professional behaviour and attitudes appropriate to handling children and their caregivers; and awareness of the rights of children and the doctor's role as an advocate for child health.

DP requirements: To qualify for the end-of-block examination, students must fulfil ALL of the following: For Paediatric Surgery: (a) Achieve a minimum of 80% attendance* at ward, ambulatory, and scheduled activities, monitored by signed attendance and (b) complete all online quizzes within the time stipulated in the course handbook. *Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook. If a student is absent with permission for more than five working days in the four-week ward placement or for more than two working days

during either of the two-week ambulatory or paediatric surgery placements, the time missed will need to be made up to attain the minimum attendance criterion; DP concession rules apply.

Assessment: The assessment will take place in conjunction with that of Caring for Children: Paediatric Medicine in the last week of the eight-week modular block. The combined end-of-block summative assessment comprises a clinical and portfolio assessment [50% of the overall mark] and an online MCQ and Extended Matching items (EMI) assessment [50% of the overall mark]. Coursework from PED4049W Introduction to Child and Adolescent Health can also be assessed. In order to pass PED5001W Caring for Children, students are required to achieve 50% or more in each of the following components: (a) The clinical examination [average of the two clinical cases]; (b) the portfolio examination; (c) the paediatric medicine section of the online assessment; and (d) the paediatric surgery section of the online assessment. The pass mark for PED5001W Caring for Children is 50%; the paediatric medicine sub-course contributes 75% and the paediatric surgery sub-course contributes 25% to this mark. For the Paediatric Surgery sub-course, the following will be recommended to the Faculty Examinations Committee, that students who: (a) fail the Paediatric Surgery online assessment with a mark of 47% or less will be required to complete one week of additional time and undergo a supplementary examination* in paediatric surgery; (b) fail the Paediatric Surgery online assessment with a mark of 48–49% will be offered a supplementary examination; (c) do not meet the DP requirements for the Paediatric Surgery sub-course fail the sub-course and will be required to repeat it and its end-of-block summative assessment in full in the next academic year. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in any component of the supplementary exam or who do not attend or fail any component of the deferred exam must repeat the sub-course(s) and the end-of-block summative assessment(s) in full in the next academic year. *All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University.

PED5006W CARING FOR CHILDREN: PAEDIATRIC MEDICINE

30 NQF credits at NQF level 8

Convener: Dr H Buys, Dr P Wicomb and Dr K Reichmuth

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

Co-requisites: If taking this course for the first time, it must be taken together with Caring for Children: Paediatric Surgery during the same eight-week modular block.

Course outline:

PED5001W Caring for Children comprises two sub-courses (Caring for Children: Paediatric Medicine [PED5006W] and Caring for Children: Paediatric Surgery [PED5005W]) that are fully integrated and must thus be taken during the same eight-week modular block. As this course forms the theoretical basis for final year, it incorporates considerable, structured online and face-to-face teaching and learning activities. Caring for Children: Paediatric Medicine comprises two weeks of ambulatory paediatrics and four weeks of inpatient care. Students will be placed at Red Cross War Memorial Children's Hospital, New Somerset Hospital, or Groote Schuur Hospital. Caring for Children: Paediatric Surgery comprises two weeks of exposure to paediatric surgery in- and out-patient care, and surgical theatre; it takes place at Red Cross War Memorial Children's Hospital. The curriculum is composed of core topics and common presentations which students address in terms of history taking, examination, and clinical reasoning; during bedside tutorials; in assembling portfolios; and engaging with online content. Students who pass this course will have knowledge of common core childhood medical and surgical diseases and conditions; skill at taking a history from children and their caregivers; examining children and adolescents; the ability to define an appropriate problem list and formulate an appropriate management plan; awareness of basic procedures; professional behaviour and attitudes appropriate to handling children and their caregivers; and awareness of the rights of children and the doctor's role as an advocate for child health.

DP requirements: To qualify for the end-of-block examination, students must fulfil ALL of the following: (a) Achieve a minimum of 80% attendance* at ward, ambulatory, and scheduled activities, monitored by signed attendance; (b) complete the online quizzes within the time stipulated in the course handbook; (c) complete and bring to the end-of-block examination a written portfolio of the required minimum number of original case writeups of patients seen in the paediatric medicine or surgery ward and outpatient clinics that the student is allocated to during their time in PED5001W; (d) complete and submit the "AfrimEDS" assignment by the deadline stipulated in the course handbook; and (e) submit the hard copy completed, signed, and dated PED5001W logbook by the deadline stipulated in the course handbook. *Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook. If a student is absent with permission for more than five working days in the four-week ward placement or for more than two working days during either of the two-week ambulatory or paediatric surgery placements, the time missed will need to be made up to attain the minimum attendance criterion; DP concession rules apply.

Assessment: The assessment will take place in conjunction with that of Caring for Children: Paediatric Surgery in the last week of the eight-week modular block. The combined end-of-block summative assessment comprises a clinical and portfolio assessment [50% of the overall mark] and an online MCQ and Extended Matching items (EMI) assessment [50% of the overall mark]. Coursework from PED4049W Introduction to Child and Adolescent Health can also be assessed. In order to pass PED5001W Caring for Children, students are required to achieve 50% or more in each of the following components: (a) The clinical examination [average of the two clinical cases]; (b) the portfolio examination; (c) the paediatric medicine section of the online assessment; and (d) the paediatric surgery section of the online assessment. The pass mark for PED5001W Caring for Children is 50%; the paediatric medicine sub-course contributes 75% and the paediatric surgery sub-course contributes 25% to this mark. For the Paediatric Medicine sub-course, the following will be recommended to the Faculty Examinations Committee, that students who: (a) fail any one component of the end-of-block summative assessment with 48–49% will be required to undertake a supplementary examination* in that component; (b) fail any one component with a mark of 47% or less will be required to complete two weeks of additional time and undergo a supplementary examination* in that component; (c) fail more than one component with 48–49% will need to do two weeks of supplementary time and undergo a supplementary examination* in those components; (d) fail more than one component with a mark of 47% or less will be required to repeat the sub-course and its end-of-block summative assessment in full in the next academic year; (e) do not meet the DP requirements for the Paediatric Medicine sub-course fail it and will be required to repeat it and its end-of-block summative assessment in full in the next academic year. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in any component of the supplementary exam or who do not attend or fail any component of the deferred exam must repeat the sub-course(s) and the end-of-block summative assessment(s) in full in the next academic year. *All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University.

PED6000W PAEDIATRICS AND CHILD HEALTH

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PED6100X, PED6200X, PED6300X, PED6400X, PED6500X
30 NQF credits at NQF level 8

Convener: Dr S Salie/Dr J Ahrens (paediatrics), Dr L Tooke (neonatology), Dr K Reichmuth/Dr P Wicomb (co-ordinators)

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

Course outline:

This is a four-week course during which students are placed at George Provincial, Red Cross War Memorial Children's, Victoria, Grootte Schuur or New Somerset Hospital, where they are integral members of the clinical team. They participate fully in the academic and clinical activities of the firm including after-hours cover.

Learning outcomes include demonstration of core knowledge of common paediatric diseases and conditions; history-taking skills; emergency management and resuscitation; defining problem lists; formulating appropriate management plans; performing basic procedures; professional behaviour and attitude; and advocacy of the rights of children. The core curriculum focuses on common paediatric conditions. During the paediatric attachment students attend procedure and resuscitation training and are exposed to opportunities to acquire a prescribed list of necessary procedural skills

DP requirements: To qualify for the end-of-block examination, students must fulfil all of the following: (a) Achieve at least 50% for the paediatric in-course assessment; (b) successfully complete the procedure and resuscitation [Paediatric Life Support] training; (c) complete a written portfolio of the required minimum number of original case write-ups of patients seen during the time in PED6000W - this portfolio must be brought to the end-of-block clinical examination; (d) submit the hard copy completed, signed, and dated PED6000W logbook by the deadline stipulated in the course handbook; and (e) achieve a minimum of 80% attendance* in each rotation; this is monitored by signed attendance. *Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook. If a student is absent with permission for five or more working days in the four-week ward placement or for two or more working days during the two-week neonatology placement, the time missed will need to be made up to attain the minimum attendance criterion; DP concession rules apply.

Assessment: Formative assessment covering all aspects of the student's performance is given during the block. The end-of-block summative assessment is made up as follows: (a) An in-course assessment [40% of the overall mark]; (b) short-cases clinical examination [30% of the overall mark]; (c) an oral portfolio exam [15% of the overall mark] and (d) a computer-based MCQ and EMI assessment [15% of the overall mark]. While the overall pass mark is 50%, a subminimum of 50% must be met for each of the following components: (a) the end-of-block paediatric short-cases clinical examination [average of the two cases] and (b) the oral portfolio examination. In addition students must obtain an exempt pass in the exit examination on procedural competence (MDN6004W). The following will be recommended to the Faculty Examinations Committee, that students who: (a) fail any one component of the end-of-block summative assessment [clinical cases or portfolio] with 48–49% are required to undertake a supplementary examination* in that component; (b) fail two or more components of the end-of-block summative assessment [clinical cases, portfolio, or MCQ/EMI] with a mark of 48–49% are required to complete two weeks of additional time and undergo a supplementary examination* in those components; (c) fail any one component of the end-of-block summative assessment [paediatric cases or portfolio] with a mark of 47% or less are required to complete two weeks of additional time and undergo a supplementary examination* in that component; (d) fail two or more components of the end-of-block summative assessment [clinical cases, portfolio, or MCQ/EMI] with a mark of 47% or less are required to complete two weeks of additional time and undergo a full supplementary examination*; (e) fail the course overall with a mark of 48–49% are required to complete two weeks of additional time and undergo a full supplementary examination*; (f) fail the course overall with a mark of 47% or less are required to repeat the full course in the following academic year; (g) do not meet the Due Performance requirements fail the course and are required to repeat it and its end-of-block summative assessment in full in the next academic year. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in the supplementary examination or who do not attend or fail the deferred examination must repeat the full course and its end-of-block summative assessment in the next academic year. *All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University or at a time agreed to by all of the following: the Faculty of Health Sciences Undergraduate Office, the Department of Paediatrics and Child Health, any other affected department, and the student.

PED6004W NEONATAL MEDICINE

10 NQF credits at NQF level 8

Convener: Dr L Tooke

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

Co-requisites: If taking this course for the first time, it must be taken together with Paediatrics and Child Health (PED6000W) and the Short Elective (PPH6005W) during the same eight-week modular block

Course outline:

This is a two-week course in neonatal medicine which, together with the two-week short elective course (PPH6005W), constitutes an four-week modular block. Students are placed in neonatal units at Groote Schuur, New Somerset, Mowbray Maternity or George Provincial Hospital where they function as integral members of the clinical team. They participate fully in the academic and clinical activities of the firm including after-hours cover. Learning outcomes include demonstration of core knowledge of common neonatal diseases and conditions; history-taking skills; emergency management and resuscitation; defining problem lists; formulating appropriate management plans; performing basic procedures; professional behaviour and attitude; and advocacy of the rights of neonates. The core curriculum focuses on common neonatal conditions. Students attend procedure and resuscitation training and are exposed to opportunities to acquire a prescribed list of necessary procedural skills

DP requirements: To qualify for the end-of-block examination, students must fulfil all of the following: (a) Achieve at least 50% for the neonatal in-course assessment; (b) successfully complete the neonatal procedure and resuscitation training; (c) submit the hard copy of the completed, signed, and dated course logbook by the deadline stipulated in the course handbook, and (d) achieve a minimum of 80% attendance*. *Any absence is only allowed with permission subject to the leave of absence rules as stated in the course handbook. If a student is absent with permission for two or more working days in the two-week course, the time missed will need to be made up to attain the minimum attendance criterion; DP concession rules apply.

Assessment: Formative assessment covering all aspects of the student's performance is given during the block. The end-of-block summative assessment comprises a neonatal in-course assessment [50% of the overall mark] and a combined neonatal clinical case and oral examination [50% of the overall mark]. In addition, students must obtain an exempt pass in the exit examination on procedural competence (MDN6004W). The following will be recommended to the Faculty Examinations Committee, that students who: (a) fail the course overall with a mark of 48–49% are required to complete one week of additional time and undergo a supplementary examination*; (b) fail the course overall with a mark of 47% or less or do not meet the Due Performance requirements are required to repeat the full course and its assessment in the following academic year. It will be recommended to the Supplementary Faculty Examinations Committee that students who achieve 49% or less in the supplementary examination or who do not attend or fail the deferred examination must repeat the full course and its end-of-block summative assessment in the next academic year. *All additional time and supplementary examinations will take place in the supplementary time period as scheduled by the University or at a time agreed to by all of the following: the Faculty of Health Sciences Undergraduate Office, the Department of Paediatrics and Child Health, any other affected department, and the student.

PATHOLOGY

Professor and Head (UCT/NHLS joint staff):

RS Ramesar, BScHons MSc *UKZN* PhD MBA *Cape Town*

Anatomical Pathology

Level 4, Falmouth Building North/D7, Groote Schuur Hospital/1st Floor ICH Building, Red Cross Children's Hospital

Professor Full-time:

K Pillay, MBChB *UKZN* MMed *Cape Town* FCPATH SA FRCPath *UK*

Associate Professor Full-time:

R Naidoo, BScHons *UDW* MMedSc PhD *UKZN*

Emeritus Professor:

D Govender, MBChB MMed PhD *UKZN* FCPATH (Anat Path) SA FCPATH *ECSA* FRCPath *London*
IFCAP FAMB

Emeritus Associate Professor:

HC Wainwright, MBChB *Cape Town* FCPATH (Anat Path) SA

Senior Lecturers Full-time:

ML Locketz, MBChB MMed *Cape Town* FCPATH (Anat Path) SA

H-T Wu, MBBCh *Witwatersrand* MMed *Cape Town* FCPATH (Anat Path) SA FRCPath *London*

Lecturers Full-time:

D Chetty, MBBCh *Witwatersrand* MMed *Cape Town* FCPATH (Anat Path) SA

L Govender, MBChB *Pret*

B Price, MBBCh *Witwatersrand* MMed *Cape Town* FCPATH (Anat Path) SA PhD *UKZN*

A Ramburan, BScHons MMedSc SA PhD *Stell*

R Roberts, MBChB MMed *Cape Town* FCPATH (Anat Path) SA

S Singh, MBChB MMed *UKZN* FCPATH (Anat Path) SA

Assistant Lecturers / Registrars:

NM da Costa, MBChB *UFS*

JL de Stadler, MBChB *Cape Town*

M du Toit, MBChB *Pretoria*

N Gericke, MBChB *UFS*

C Jackson, MBChB *Cape Town*

A Maoito-Mokote, MBChB *Botswana*

WD Rocher, MBChB *Pretoria*

W-J Tsai, MBBCh *Witwatersrand*

P Pamacheche, MBChB *Zimbabwe*

S Tu, MBChB *Cape Town*

RJ Wessels, MBChB *Stell*

G Fakier, MBChB *Cape Town*

J Lunn, MBChB *Cape Town*

S Likumbo, MBChB *Botswana*

R Chimatira, MBChB *Zimbabwe*

Chief Scientific Officer/Research Laboratory Manager:

R Kriel, NDip (Medical Technology) *CPUT* Dip (Prof Photography) PGDip (Business Management) *UKZN*

Laboratory Managers (NHLS):

S Davids, (Cytopathology-Groote Schuur Hospital) NDip (Medical Technology) *CPUT*

E Dollie, (Histopathology-Red Cross Hospital) NDip (Medical Technology) BTech (Biomedical Technology) *CPUT*

Chemical Pathology

Level 6, Entrance 4, Falmouth Building

Head:

TBC

Associate Professor:

GF Van der Watt, MBChB *Pret MMed Cape Town FCPATH SA*

Senior Lecturers:

DM Blackhurst, PhD *Cape Town*

H Vreede, (Principal Specialist) MBChB MMed *Cape Town*

Lecturers Full-time:

J Pillay, BPharm MSc *Cape Town*

J Rusch, MBChB *Witwatersrand MMed Cape Town FCPATH SA*

Honorary Professors and Lecturers:

PH Fortgens, FCPATH *SA Chem Path PhD UKZN*

TS Pillay, MBChB *UKZN PhD Cambridge MRCPath UK*

F Omar, (Specialist) MBChB *Stell MMed Cape Town FCPATH SA*

JC Stanfliet, MBChB *Cape Town FCPATH Chem SA*

DB Sacks, MBChB NIH *Bethesda MD USA*

C Hudson, MBChB *FC Path Chem SA*

Forensic Medicine

Level 1, Entrance 3, Falmouth Building

Professor and Head:

LJ Martin, MBChB *Witwatersrand MMed Cape Town Dip (Forensic Medicine) FCForPath SA*

Senior Lecturers Full-time:

M Heyns, BScHons MSc PhD BBA MBA *Stell PGCHET QUB*

GM Kirk, MBChB *Witwatersrand Dip (Forensic Medicine) FCForPath SA*

Y van der Heyde, BSc MBChB MMed *Cape Town Dip (Forensic Medicine) SA*

Lecturers Full-time:

C De Vaal, MBChB *Stell Dip (Forensic Medicine Pathology) MPhil SA*

I Alli, MBBS *Mysore Dip (Forensic Medicine) SA Cert (Medical Law) Unisa FCForPath SA*

M Date-Chong, MBChB *Cape Town Dip (Forensic Medicine) FCForPath SA*

B Davies, BScHons *Cape Town MSc George Washington*

L Heathfield, BSc BScHons (Medicine) *Cape Town MSc Strathclyde*

IJ Molefe, MBChB *Cape Town Dip (Forensic Medicine Pathology) FCForPath SA*

L Taylor, MBChB *Cape Town Dip (Forensic Medicine) SA Path*

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M du Plessis, MBChB *Pret Cert (Medicine & Law) Unisa Dip (Forensic Medicine) SA FCFPath SA MMed Sefako Makgatho*

Medical Technologists:

Y Davies, NDip (Medical Technology) *CPUT*
M Perrins, NHDip (Medical Technology) *CPUT*

Haematology

Chris Barnard Building

Associate Professor and Head:

J Opie, MBChB *Cape Town MRCP UK FRCPA (Haematology) Aus*

Associate Professor:

K Shires, PhD *Cape Town*

Lecturers, Specialists and Haematology Pathologists:

G Bellairs, MBChB
J Bailly, MBChB *UFS FCPATH SA*
D Oelofse, MBChB *UFS MMed UFS PhD NMU*
G Davison, PhD *Cape Town*

Scientist (Senior Lecturer):

S Mowla, PhD *Cape Town*

Human Genetics

Room 3.14, Level 3, Wernher and Beit North, IDM

Professor and Head:

RS Ramesar, BScHons MSc *UKZN PhD MBA Cape Town*

Professor/Senior Specialist:

A Wonkam, MBChB *Cameroon MD Dip (Medical Genetics) Switzerland PhD Cape Town*

Professor:

C Dandara, BScHons PhD *Zimbabwe*

Emeritus Professors:

PH Beighton, MD *London PhD Witwatersrand FRCP UK FRCPCH FRS SA*
LJHL Greenberg, BSc *Stell PhD Cape Town*

Honorary Professors:

W James, BAHons *UWC MSc PhD Madison Wisconsin*
MJA Wood, MBChB *Cape Town MA DPhil Oxon*

Senior Specialist/Associate Professor:

ER Chimusa, BScHons MSc PhD *Cape Town*
K Fieggen, MBChB *Cape Town FCPaed Cert (Med Genet) SA*
C Spencer, MBChB *Stell DCH FCMG MMed Cape Town*

Senior Lecturers:

T Wessels, MSc PhD *Witwatersrand*
GM Kuzamunu, BScHons MSc *Stell PhD Cape Town*

Sessional Specialist and Honorary Senior Lecturer:

S Zieff, MBChB MMed *Cape Town FCP SA*

Laboratory Manager (Cytogenetics NHLS):

T Ruppelt, NDip BTech (Biomedical Technology) *UPE MSc Cape Town*

Immunology

Level 3, Entrance 2, Falmouth Building, and Wernher and Beit Building South, IDM

Wernher & Beit Chair, Professor and Head of Division:

CM Gray, BScHons *Western England MSc PhD Witwatersrand*

Professors:

F Brombacher, PhD *Freiburg*

M Jacobs, PhD *Cape Town*

M Hatherill, MBChB MMed MD *Cape Town*

T Scriba, PhD *Cape Town*

Honorary Professor:

GD Brown, PhD *Cape Town*

Associate Professors:

W Horsnell, PhD *UK*

R Guler, PhD *Switzerland*

Visiting Professor:

G Ferrari, MD *Genoa*

Senior Lecturer:

S Hadebe, PhD *Aberdeen*

Honorary Senior Lecturer:

J Dorfman, PhD *Berkeley*

Honorary Research Associate:

MJ Marakalala, PhD *Cape Town*

H Jaspan, BSc *USA MD PhD Tulane FAAP PaedsID Washington*

F Kirstein, PhD *Cape Town*

Research Scientists:

J Hoving PhD *Cape Town*

N-J Hsu, PhD *Cape Town*

NC Tsikiwa, PhD *Cape Town*

E Nemes, PhD *Italy/France*

NHLS Staff:

Z Vallie-Moosa, Medical Scientist

J Banks, Dip (Medical Technology)

L Johnson, Dip (Medical Technology)

K Jonas, Dip (Medical Technology)

S Maart (Lab Manager), Dip (Medical Technology)

B Pillay, Dip (Medical Technology)

N Semela, Dip (Medical Technology)

G Sheba, Dip (Medical Technology)

180 DEPARTMENTS IN THE FACULTY

M Watkins, MSc (Medicine) PhD *Cape Town*

Chief Medical Technologist:

L Fick, Dip (Med Technology) *CPUT*

Manager FACS Facility:

R Dreyer

Falmouth Laboratory Manager:

B Allinde

Wernher Beit South Laboratory Manager:

Z Sunday, (ICGEB affiliated)

Medical Microbiology

Level 5, Entrance 2/3, Falmouth Building, Faculty of Health Sciences Campus

Professor and Head:

AJ Brink, MBChB MMed *University of Pretoria*

Professor and Director (MRC/NHLS/UCT Molecular Mycobacteriology Research Unit):

V Mizrahi, BScHons PhD *Cape Town* OMS MASSAFRSSAF AAM

Professors:

H Cox, BSc MPH PhD *UM Australia*

DF Warner, BCom BScHons PhD *Witwatersrand*

Senior Lecturers Full-time:

C Centner, MBChB MMed MSc *Cape Town*

A Khumalo, MBChB FCPATH (Microbiology) *SA*

E Prentice, BA MBBCh *Witwatersrand* DTM&H FCPATH (Microbiology) *SA*

N Samodien, MBBCh *Witwatersrand* FCPATH (Microbiology) *SA*

H Tootla, MBChB *Cape Town* FCPATH (Microbiology) *SA*

Lecturers:

L Ah Tow Edries, BScHons *UWC* PhD *Cape Town*

M Kaba, MD MSc PhD *AMU France*

C Moodley, PhD *Cape Town*

L Paul, PhD *Cape Town*

S Parihar, PhD *Cape Town*

Honorary Lecturers:

JSN Govender, MBBCh FCPATH (Microbiology) MMedPath *Witwatersrand*

DA Lewis, FRCP *UK* PhD Dip (GUM) DTM&H

MP Nicol, MBChB MMed (*Witwatersrand* DTM&H FCPATH (Microbiology) *SA* PhD *Cape Town*

C Bamford, MBChB *Stell* MMedPath (Microbiology) *Stell*

P Naicker, MBBCh *UKZN* DTM&H *Witwatersrand* FCPATH (Microbiology) *SA*

S Budree, MBChB *Cape Town* FCPaed & Cert Paeds Gastro *SA*

O Majdi, MBBS DTM&H *London* MPH *UK*

A Coussens, BSc (Hons) PhD *Queensland*

Registrars:

G Booley, MBChB *Cape Town*

CF Opperman, MBChB BScHons *Stell*

AJ Overmeyer, MBChB *Cape Town*
 CY Chu, MBChB *Cape Town*
 M van der Westhuyzen, MBChB *Stell*

Medical Virology

Werner and Beit Building South (IDM), Faculty of Health Sciences Campus

Professor and Head (UCT/NHLS joint staff):

C Williamson, PhD *Cape Town*

Professor and SARChI Chair in Vaccinology (UCT):

AL Williamson, PhD *Witwatersrand*

Associate Professors (UCT):

W Burgers, PhD *Cantab*

Associate Professors (NHLS/UCT joint staff):

DR Hardie, MBChB MMed *Cape Town*

JS Passmore, PhD *Cape Town*

Senior Lecturers/Clinical Virologists (NHLS/UCT joint staff):

M Hsiao, MBChB DTM&H *Witwatersrand* MMed *Cape Town* FCPATH (Virology) *SA*

S Korsman, MBChB *Pret* MMed *Stell* FCPATH (Virology) *SA*

Senior Lecturer/Scientist (UCT/NHLS joint staff):

H Smuts, PhD *Cape Town*

Lecturers:

MR Abrahams, PhD *Cape Town*

Registrars:

M Naidoo, MCBhB *UKZN*

A Ibrahim, MBChB *Tripoli*

GJK Marias, MBChB *Pret* MSc *IMP London*

Honorary Professor:

DA Lewis, PhD *FRCP(UK)*, *FACHSHM*

Honorary Senior Lecturers:

E Andersen-Nissen, PhD *USA*

A Bere, PhD *Cape Town*

G Chege, PhD *Cape Town*

L Masson, PhD *Cape Town*

Senior Research Officers:

R Chapman, PhD *Cape Town*

C Riou, PhD *Lyon*

Research Officer:

N Douglass, PhD *Cape Town*

Junior Research Fellow:

R Keeton, PhD *Cape Town*

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Chief Scientific Officer:

MT van Diepen, MSc *NL*

Chief Medical Technologist:

H Gamiel dien, NDip (Medical Technology) *CPUT MSc Cape Town*

Senior Scientific Officers:

C Adams, MSc *Cape Town*

A Keyser, MSc *Cape Town*

R Thebus, NDip (Medical Technology) *CPUT*

T York, MSc *UKZN*

N Ndabambi, MSc *UWC*

Senior Technical Officer:

S Galant, NDip (Clinical Pathology) (Microbiology) *CPUT*

Scientific Officers:

B Kullin, PhD *Cape Town*

L Tyers, MSc *Cape Town*

P Ximba, MSc *UKZN*

DS Doolabh, MSc *Cape Town*

R Harryparasad, MSc *Cape Town*

A Gwashu-Nyangiwe, MSc *Stellenbosch*

Bioinformatician:

D Matten, BScHons *UKZN*

Project Managers/Administrators:

B Galvao, PhD *Cape Town*

C Mehoul-Loko, MSc *Switzerland*

L Ngcobo, BSocSci (HONS) *Cape Town*

Senior Secretary

Z Hartley

Paediatric Pathology

Red Cross War Memorial Children's Hospital

Senior Lecturer Full-time and Acting Head:

MHG Shuttleworth, BScHons MBChB MMed *Cape Town*

Senior Lecturers Full-time:

K Pillay, MBChB FC Path (Anat Path) *SA FRC Path UK MMed Cape Town*

G van der Watt, MBChB FCPATH (Chem Path) *DA SA*

Medical Technologists (Chemical Pathology):

B Bergstedt, NDip (Clinical Pathology) (Chemical Pathology) *BTech*

R Brown, BSc NDip (Chemical Pathology)

P Joseph, NDip (Clinical Pathology)

I Kamaar, NDip (Clinical Pathology)

S Kear, NDip (Clinical Pathology)

P Mangala, NDip (Clinical Pathology)

R Manuel, NDip (Clinical Pathology)

C Seaton, NDip (Clinical Pathology) (Haematology) *NHDip*

L Ungerer, NDip (Chemical Pathology)
 J van Helden, NDip (Chemical Pathology)
 V West, NDip (Chemical Pathology)

Medical Technologists (Haematology):

Z Abrahams, NDip (Clinical Pathology) BTech *Cape Tech*
 K Benjamin, NDip (Haematology) BTech *Cape Tech*
 A Bertscher, NDip (Blood Transfusion) (Haematology) *Jhb Tech*
 C Booysen, NDip (Clinical Pathology) (Haematology) *Cape Tech*
 S Brink, NDip (Clinical Pathology) BTech *Cape Tech*
 L de Wet, NDip (Clinical Pathology) *CPUT*
 H Hendricks, NDip (Clinical Pathology) *Pen Tech*
 M Pickard, NDip (Haematology) *Cape Tech*
 M Prins, NDip (Clinical Pathology) BTech *Cape Tech*
 G Tappan, NDip (Blood Transfusion) NDip (Haematology) *Cape Tech*
 E van der Heyde, BSc NDip (Haematology) (Clinical Pathology) *Cape Tech*
 T Zbodulja, NDip (Haematology) *Cape Tech*

Medical Technologists (Histopathology):

E Dollie, NDip (Histopath Techniques) BTech
 S Ford, NDip (Histopath Techniques)
 C Jackson, NDip (Microbiology) (Histopath Techniques) NHDip

PTY2000S INTEGRATED HEALTH SYSTEMS PART IB

47 NQF credits at NQF level 6; Lectures, PBL tutorials, Practical's. A blended approach to academic activities may be used to support and enhance face-to face-learning.

Convener: Dr J Ramesar and Dr J Jayakumar

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

Course outline:

The integrated courses HUB2017H, PTY2000S and PTY3009F extend across years 2 and 3 and provide a detailed understanding of normal structure and function of the human body and consequences of disease. Students learn core material in the basic health sciences (gross anatomy, embryology, histology, cell biology, medical biochemistry, molecular biology and physiology) and infectious diseases (medical microbiology, virology and immunology); they study changes in normal structure and function due to disease (anatomical pathology, chemical pathology and haematology) and learn principles of pharmacology/therapeutics and early management. Emphasis is placed on psycho-social matters relating to each case, drawing in relevant aspects of family medicine, primary healthcare, public health, and mental well-being. Students also learn clinical skills, interpretation of data, professional values and ethics, and procedural skills related to the cases studied. They learn about the impact of illness and disease on the individual, family and society, and the role of the healthcare services in alleviating illness. Case-based, group learning is supported by lectures, practical sessions and stand-alone modules. Students are guided to develop key life skills required for an effective healthcare professional, including a multidisciplinary team approach. Cases have relevance to healthcare issues regionally and nationally.

DP requirements: Attendance at and/or participation in all problem-based learning sessions, tutorials, and practicals and completion and submission of all set assignments, quizzes, tasks and assessment activities by the due dates. Public Health specifically requires all exercises on Vula to be completed as part of HUB2017H and PTY2000S DP requirements.

Assessment: HUB2017H and PTY2000S are assessed together in a final examination at the end of second year. Students must achieve an overall pass in semesters 3 and 4 (year 2) in order to progress to year 3. Students are required to complete a series of in-course assessments and portfolio tasks during semesters 3 and 4 that contribute 50% of the total mark for the year. Assignments, essays, learning exercises, and quizzes contribute to the portfolio mark.

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A summative assessment is held at the end of the year that assesses work from semesters 3 and 4 and contributes 50% of the total mark for Integrated Health Systems in year 2. Students thus receive identical marks at year end for HUB2017H and PTY2000S. In order to be considered eligible for a supplementary examination, students are required to have achieved a total mark for year two of 45-49%, and to have passed at least one class test or the final examination. Students who are granted a supplementary examination will have their results calculated using the same weightings as the original total mark for the year, and the mark achieved in the supplementary exam will be substituted for the final examination mark.

PTY2001S INFECTIOUS DISEASE AND VACCINES

Entrance is limited to 30 students.

24 NQF credits at NQF level 6

Convener: Assoc Prof W Burgers and Dr S Hadebe

Course entry requirements: BIO1000F, BIO1004S, CEM1000W, MAM1004F and STA1007S or MAM1000W (or equivalent)

Course outline:

The course aims to introduce students to the burden of infectious disease in South Africa and Africa, foundational epidemiological concepts (including epidemics and outbreaks) and public health, the micro-organisms (including bacteria, viruses, fungi and parasites) of importance to human health and disease, and their classification, as well as the prevention, control and treatment of infectious disease, with a focus on vaccines, integrated with an introduction to the human immune system.

Lecture times: Lectures: Monday to Friday, 2nd period; Practical's: Fridays (14h00-17h00)

DP requirements: Attendance at all practical and tutorial sessions, 40% average in class tests and an average of 50% for all assignments.

Assessment: The breakdown of course marks is as follows: the class record counts 60% (consisting of practical's, tutorials and assignments; and one 3-hour final examination written in November (40%). The class record consists of class tests (30%), practical write-ups, tutorials and assignments (30%). Supplementary examinations, in the form of written assessment, may be offered to students whose overall score is 45-49%.

PTY3009F INTEGRATED HEALTH SYSTEMS PART II

59 NQF credits at NQF level 7

Convener: Dr J Ramesar and Dr J Jayakumar

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

Course outline:

The integrated courses HUB2017H, PTY2000S and PTY3009F extend across year 2 and 3 and provide a detailed understanding of normal structure and function of the human body and consequences of disease. Students learn core material in the basic sciences (gross anatomy, embryology, histology, cell biology, medical biochemistry, molecular biology and physiology) and infectious diseases (medical microbiology, virology and immunology); they study changes in normal structure and function due to disease (anatomical pathology, chemical pathology and haematology); and learn principles of pharmacology/therapeutics and early management. Emphasis is placed on psycho-social matters relating to each case, drawing in relevant aspects of family medicine, primary healthcare, public health, and mental well-being. Students also learn clinical skills, interpretation of data, professional values and ethics, and procedural skills related to the cases studied. They learn about the impact of illness and disease on the individual, family and society, and the role of the healthcare services in alleviating illness. Case-based, group learning is supported by lectures, practical sessions and stand-alone modules. Students are guided to develop key life skills required for an effective healthcare professional, including a multidisciplinary team approach. Cases have relevance to healthcare issues regionally and nationally.

DP requirements: Attendance at and/or participation in all problem-based learning sessions, tutorials, stand-alone units and practical sessions; completion and submission of all set assignments, quizzes, tasks and assessment activities by the due dates. Public Health specifically requires all exercises on Vula to be completed as part of PTY3009F DP requirements.

Assessment: Assessment tasks include written papers, computerised tests, practical examinations and a portfolio of work that comprises written assignments, computerised EMI and MCQ tests, oral assessments and practical book work. Regular self-assessment activities provide feedback to students on their progress. In year 3, all the in-course assessments comprise 60% of the total final mark. The final examination at the end of year 3 constitutes 40% of the total final mark. In order to be considered eligible for a supplementary examination, students are required to have achieved a total mark for year three of 45-49%, and to have passed at least one class test or the final examination. Students who are granted a supplementary examination will have their results calculated using the same weightings as the original total mark for the year, and the mark achieved in the supplementary exam will be substituted for the final examination mark.

PTY4008S MEDICINA FORENSIS

This course is offered by Division of Forensic Medicine and Toxicology in Department of Pathology. The maximum intake is 30 students.

9 NQF credits at NQF level 8; 15 lectures.

Convener: Dr Y van der Heyde

Course entry requirements: None

Course outline:

This course covers the South African legal system and statutory obligations of doctors and healthcare workers; introduction to human anatomy and physiology; introduction to medico-legal concepts of life and death; the changes which occur in the body after death; the mechanisms of injury and death causation; identity and disputed parenthood; sexual offences and violence against women; choice 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.

Lecture times: Monday double lecture from 15h00 to 16h45.

DP requirements: None.

Assessment: One two-hour written examination in October/November (100%) and a 20-minute oral examination for a pass/fail result.

PTY5012W FORENSIC MEDICINE FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PTY5112X, PTY5212X, PTY5312X, PTY5412X, PTY5512X

10 NQF credits at NQF level 8

Convener: Dr I Molefe

Course outline:

This course is four weeks in duration starting with only Wednesday afternoon lectures during the two weeks of the Anaesthesia/Forensic Medicine block, followed by 2-week full rotation in the Division of Forensic Medicine and Toxicology. The course comprises eight (8) large group face to face lecture seminars, (2) online lecture seminars and four (4) practical tutorials at the Salt River Forensic Pathology Laboratory of at least four hours' duration each. The core curriculum has been designed to highlight the forensic pathology and clinical forensic medicine problems and topics encountered by generalist medical practitioners. Students are expected to be able to complete medico-legal documentation, recognise, and correctly refer cases needing expert medico-legal opinions in preparation for potential expert testimony in criminal court cases and inquest hearings for the Department of Justice & Constitutional development. Learning outcomes are based on the core knowledge and practical skills on selected topics presented in large group seminars, small group sessions and tutorials, as well as the four topics covered in the four tasks presented during the 2-week block.

DP requirements: As a DP requirement students are expected to attend of all 4 practical sessions at the Salt River Forensic Pathology Laboratory as stipulated in the course guide, attendance of and/or participation in 60% of plenary sessions and completion of 4 tasks which comprise the in-course assessment. In addition, students must achieve a subminimum of 50% in their coursework to be eligible to write the final Forensic Medicine exam.

Assessment: The final mark is made up of in-course task assignments (40%), practical skill task/procedure (10%) and the final written short answer question (SAQ) examination (50%). Competency in Forensic Medicine requires achievement of a subminimum of the 50% in the in-course, 50% in the written exam and 50% in the practical skill task/procedure.

PTY6012W FORENSIC MEDICINE

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PTY6112X, PTY6212X, PTY6312X, PTY6412X, PTY6512X
10 NQF credits at NQF level 8; Lectures (10); tutorials (7).

Convener: Dr C De Vaal

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

Co-requisites: None

Objective: The course is designed to equip students with skills to practice medicine according to South African medical laws and ethical rules, to complete medico-legal documentation encountered in general patient care, recognise medico-legal cases (clinical and pathological) that need referral to centres of expertise; to recognise what immediate steps should be taken to prevent loss of evidence before referral; and to ensure preservation of any pathology and evidence before referral.

Course outline:

This course is two weeks in duration during a four-week block with Anaesthesia. It comprises 10 large group seminars and four practical tutorials at the Salt River Forensic Pathology Laboratory of at least four hours' duration each. There are task feedback tutorials; the rest of the time is spent in self-directed learning. Learning outcomes are based on the core knowledge and topics presented in large group seminars, small group sessions and tutorials, as well as the four topics covered in the four tasks presented during the two-week block. The learning outcomes are categorised broadly into core knowledge, core skills and professional/ethical behaviour. The core curriculum has been designed to highlight the forensic pathology and clinical forensic medicine problems and topics encountered by generalist medical practitioners. Students are expected to be able to complete medico-legal documentation, recognise, evaluate, appropriately assess and offer expert opinions on core subjects, in preparation for potential expert testimony in criminal court cases and inquest hearings for the Department of Justice.

Lecture times: Specified in the course guide available at the time of registration for the block rotation.

DP requirements: As a DP requirement, students are expected to attend all practical sessions at the Salt River Forensic Pathology Laboratory as stipulated in the course guide, attendance of and/or participation in 80% of plenary sessions, completion of five tasks and deliver a presentation during the attachment. The tasks and presentation comprise the in-course assessment, as stipulated in the course guide. In addition, students must achieve a subminimum of 50% in their coursework to be legible to write the final Forensic Medicine exam. Competency in Forensic Medicine requires achievement of three aspects: a subminimum of the 50% in the in-course assessment, a subminimum of the 50% in the final examination, and passing the final exit OSCE.

Assessment: The final mark is made up of in-course assessments (40%) and the final examination (60%). The exit OSCE component forms part of the overall final MBChB clinical assessment.

PSYCHIATRY AND MENTAL HEALTH

J-Block, E36A, Groote Schuur Hospital

Professor and Head:

DJ Stein, BSc (Medicine) MBChB *Cape Town* FRCPC PhD DPhil *Stell*

Sue Struengmann Professor of Child & Adolescent Psychiatry:

PJ de Vries, MBChB *Stell* FRCPsych *London* PhD *Cantab*

Vera Grover Professor of Intellectual Disability:

S Kleintjes, MA MPhil PhD *Cape Town*

Professors:

J Joska, MBChB MMed PhD *Cape Town* FCPsych *SA*

C Lund, BA *UKZN* BAHons MA PhD *Cape Town* MSocSci *Rhodes*

J van Honk, PhD *Utrecht*

Associate Professors:

J Hoare, MBChB MPhil *Cape Town* MRCPsych FCPsych *SA*

F Howells, PhD *Cape Town*

SZ Kaliski, BA MBBCh *Witwatersrand* MMed PhD *Cape Town* FCPsych *SA*

M Schneider, BSc (Logopaedics) *Cape Town* MA *Reading* PhD *Witwatersrand*

K Sorsdahl, PhD *Cape Town*

Professors Emeritus /Associate Professors:

CM Adnams, BSc *UKZN* BScHons (Medicine) MBChB *Cape Town* FCPaed *SA*

A Berg, MBChB *Pret* MPhil *Cape Town* FCPsych *SA*

CD Molteno, MBChB MMed MD *Cape Town* BAHons PhD *Unisa* DCH RCP *UK*

BA Robertson, MD *Cape Town* Dip (Psych) *McGill* FCPsych *SA*

T Zabow, MBChB DPM *Cape Town* FCPsych *SA* MRCPsych *UK*

Lecturers/Senior Lecturers:

M Abbas, BA *Unisa* MPsych *UWC*

L Abrahams, MPsych *UWC*

T Abrahams, MA

N Alie, BSocSci *UKZN* BScHons *Unisa* MA *Rhodes*

RR Allen, BSc MBChB MBA *Cape Town* FCPsych *SA*

F Ashburner, MA *UJ*

E Benjamin, MA *Cape Town*

N Cader-Mokoa, MA *Stell*

C Capri, BSocSciHons *Cape Town* MA PhD DPhil *Stell*

O Coetzee, MA *PU for CHE*

Q Cossie, MBChB *Cape Town* FCPsych DMH *SA*

S Dalvie, BScHons (Medicine) MSc (Medicine) PhD *Cape Town*

L Dannatt, MBBCh *Witwatersrand* DMH *SA* DCH *SA* MMed *Stell* FCPsych *SA*

JJ Dawson-Squibb, MA PhD *Cape Town*

C de Clercq, MBChB *Pret* FCPsych *SA*

W de Jager, MA *UPE*

C Dean, MPsych *UWC* MBA *Milpark/Oxford Brookes*

N Dyakalashé, MBChB *WSU* FCPsych *SA* Cert Forensic Psych *SA*

L Frenkel, MA *Witwatersrand*

P Gasela, MBChB *Cape Town* FCPsych Cert (Child & Adol Psych) *SA*

N Groenewold, PhD *Groningen*

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T Henderson, MBChB *Cape Town* FCPsych Cert (Child & AdolPsych) MPhil *Cape Town*
AJ Hooper, MBChB *Cape Town* FCPsych SA
I Hoosen, MBChB *Cape Town* MRCPsych UK Dip (Occupational Health) UK Dip (Cognitive Behavioural Therapy) *Birmingham*
F Ismail, MPsych *UWC*
H Julius, BAHons *UWC* MA *Cape Town*
K Kamaloodien, BSocSc *Cape Town* MPsych *UWC*
M Karjiker, MBChB *Witwatersrand* FCPsych SA
N Koen, MBChB PhD *Cape Town*
N Lagerstrom
N Lalkhen, MA *Stell*
I Lewis, BSc MBChB MMed *Cape Town* FCPsych SA
D Liedeman-Prosch, MPsych *UWC* PGDip (Addictions Care) *Cape Town*
A Marais, MA *Stell* PhD *Cape Town*
K Mawson, MBChB MMed *Stell* DA FCPsych SA
S Mkabile, MA *UWC*
K Moloto
A Moodley, MBChB *UKZN* FCPsych SA MMed *Cape Town*
S Mkabile, MA *UWC*
P Naude, MSc *UPE* PhD *Groningen*
R Ori, MBChB *Natal* DMH FCPsych Cert Neuropsychiatry SA MMed (Psych) *Cape Town*
L Parasram, MBChB *Witwatersrand* DMH FCPsych SA
JS Parker, MBChB *Cape Town* FCPsych SA
N Parker, MPsych *UWC*
Z Parker, MA *Cape Town* MPsych *UWC*
D Pieterse, MBChB *Stell* DCH DMH FCPsych SA MMed *Cape Town*
T Roos, MBChB *Cape Town* DMH SA MMed *Stell* FCPsych SA RCPSych *London*
M Roffey, MBChB *Cape Town* FCPsych SA
L Schlebusch BSc *Stell* PhD *Pretoria*
F Schulte, MD *Germany* FCPsych SA Cert Child & Adol Psychiatry Dipl Therapeutic Communication with Children *Univ of East London* Child & Adol Psychotherapist (Diploma in Psychodynamic Psychotherapy with Children & Adolescents *Univ of Goettingen*)
NG Sibeko, MBChB *UKZN* PhD *Cape Town*
P Smith, MBChB *Cape Town* FCPsych SA
T Swart, BSc *Cape Town* MSc *UKZN* PhD *Cape Town*
L Thela, MBChB FC Psych Cert Neuropsychiatry SA MMed *UKZN*
H Temmingh, MBChB MMed *Stell* FCPsych SA MPH PhD *Cape Town*
H Thornton, MA *Rhodes* PhD *Stell*
T Timmermans, MBChB *Cape Town* FCPsych SA
CI Vlotman, MBChB *Stell* DMH FCPsych SA MMed (Psych) *Cape Town*
W Vogel, MBChB MMed MSc *Witwatersrand* FF Psych SA
MF Williams, MBChB *Cape Town* FCPsych SA
PF Williams-Ashman, MBChB *Witwatersrand* FCPsych SA
J Yako, MA *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 *London* DLSHTM
EL Davids, PhD *UWC* MPH *Cape Town*
AW Carrico, PhD *Cape Town*
L Cluver, DPhil *Oxon*
D Edwards, Psych (Hon) *Oxon* MA PhD *Rhodes*
L Franz, MBChB *Stell* MPH *Duke*

SW Jacobson, MA *Brandeis* MA PhD *Harvard*
 JL Jacobson, MA PhD *Harvard*
 C Kuo, BA *Virginia* DPhil *Oxon*
 J Leff, MBBS *London* MRCP *UK* MD *London* FRCPsych *UK*
 I Marks, MBChB MD *Cape Town* DPM MRCPsych FRCPsych *London*
 C Mathews, BA *Natal* MSc PhD *Cape Town*
 N Milburn, Ph.D *Michigan*
 B Myers, MSocSc *Natal* PhD *Cape Town*
 M Robertson, MBChB MD DSc *Cape Town* DPM FRCPsych FRCP FRCPCH MRCPsych *London*
 O Shisana, BA *UNIN* MA *Loyola* PhD *South Florida* ScD *Johns Hopkins*
 L Simbayi, BSc *Zambia* MSc *Utah* DPhil *Sussex*
 K Sikkema, PhD *Cape Town*
 M Tomlinson, BA *Rhodes* BAHons *Witwatersrand* MA *Cape Town* PhD *Reading*
 D Williams, BThHons *Southern Caribbean* MDiv *Andrews* PhD *Michigan*
 G Wyatt, Ph.D *UCLA*
 C Zlotnik, MA *Witwatersrand* PhD *Rhode Island*

Honorary Lecturers:

SE Baumann, MBChB BA *Cape Town* FCPsych SA MRCPsych *UK*
 B Dickman, PhD *Cape Town*
 A Gevers, BA *Grinnell College* MA *Missouri St. Louis* PhD *Cape Town*
 NR Horn, MBChB *Cape Town* PGDip (CogTher) *Manchester* MRCPsych *UK*
 A Mason-Jones, BAHons MA (Public Health) PhD *Nottingham*
 I McCallum, BA BSocSc MBChB *Cape Town* FCPsych SA
 U Meys, MBChB MPhil *Cape Town* FCPsych SA
 A Muller, BCur *NMMU* MCur (Psychology) *UJ*
 S Pickstone-Taylor
 A Robins, MBChB *Cape Town* MD *Witwatersrand* DRM *England* MRC Psych *London*
 D Rosenstein
 F Schulte

Research Officers/Senior Research Officers:

LS Andersen, PhD *Hofstra*
 EC Baron, BSc *Reading* MSc *Durham*
 E Breuer, BAppScHons *Sydney* MPH *Cape Town*
 NJ Chambers BAHons MA *Witwatersrand* PhD *Florida*
 SD Cooper, BAHons MPH *Cape Town*
 T Davies, BAHons *Rhodes* MPhil *Cape Town*
 BL Evans, MA *Unisa*
 S Field, BA Hons *Rhodes* MA *Southampton*
 H Gouse, PhD *Cape Town*
 S Honikman, MBChB MPhil *Cape Town* DCH DOBstet SA
 J Ipser, MSc (Epidemiology) *Columbia* PhD *Cape Town*
 S. Nightingale, MBChB MRC Neurol *UK* PhD *Liverpool*
 S Rabie, PhD *Stell*
 N Seris BA HdipEd *Bed Witwatersrand* BA(Hons) *Johannesburg* MA *Witwatersrand*
 N Shabalala PhD *UWC*
 M Viljoen BOcc *Stell* MSc (Med) *Neurosci Cape Town*

Research Fellows:

V Ives-Deliperi, BA *Unisa* PhD *Cape Town*
 J-P Fouche, MSc *Stell* Phd *Cape Town*
 N A Groenewold, PhD *Groningen*
 S Heany, PhD *Cape Town*

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S Koopowitz, PhD *Cape Town*
P Naude, MSc *Pret Phd Groningen*
A C Palk
T Williams
Z Simo, DPhil *KZN*

Addiction Psychiatry:

G Sibeko, MBChB *UKZN Phd Cape Town*
H Temmingh, MBChB MMed *Stell FCPsych SA MPH Cape Town*

Child and Adolescent Psychiatry:

W Vogel, MBChB MMed (Psych) MSc *Witwatersrand FF Psych SA*

Consultation-Liaison Psychiatry:

L Frenkel, MA *Witwatersrand*
J Hoare, MBChB MPhil *Cape Town MRCPsych FCPsych SA*

Forensic Psychiatry:

SZ Kaliski, BA MBCh *Witwatersrand MMed Phd Cape Town FCPsych SA*

General Adult Psychiatry:

RR Allen, BSc MBChB MBA *Cape Town FCPsych SA*
Q Cossie, MBChB *Cape Town FCPsych DMH SA*

Intellectual Disability Psychiatry:

S Kleintjes, MA MPhil Phd *Cape Town*

Neuropsychiatry:

J Joska, MBChB MMed Phd *Cape Town FCPsych SA*

Psychopharmacology and Biological Psychiatry:

F Howells, PhD *Cape Town*
N Koen, MBChB Phd *Cape Town*

Psychotherapy:

L Abrahams, MPsych *UWC*
W Hawa

Public Mental Health:

K Sorsdahl, PhD *Cape Town*

PRY2001S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr V Zweigenthal

Course entry requirements: All first year MBChB courses.

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments.

SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

PRY2002W PSYCHIATRY FOR OCCUPATIONAL THERAPISTS

14 NQF credits at NQF level 6; 31 lectures 14h00-16h00 Wednesdays.

Convener: Dr AJ Hooper

Course entry requirements: PSY1005S or PSY1007S

Objective: To prepare OTs for professional work with people suffering from psychiatric disorders and intellectual disability.

Course outline:

This course aims to teach occupational therapy 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%).

PRY4000W CLINICAL PSYCHIATRY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PRY4100X, PRY4200X, PRY4300X, PRY4400X, PRY4500X
30 NQF credits at NQF level 8

Convener: Dr Q Cossie

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

Course outline:

Clinical psychiatry is taught in year 4 at Valkenberg, Lentegeur, Alexandra, Groote Schuur and Red Cross hospitals in a six-week block. All of the formal teaching takes place at Valkenberg Hospital.

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At the first meeting, students are given an orientation to psychiatry and there is a discussion on the aims and objectives of the course. The first week of the block is set aside for formal teaching and from the second week onwards there is clinical teaching and formal teaching. Students 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. The basics of psychiatry (general psychiatry, child and adolescent psychiatry, women's mental 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 six to 10 students and whole-group activities during the block.

DP requirements: 80% attendance of all teaching and clinical activities. Registers of all formal teaching and clinical activities will be kept. Should the course convener and supervising consultant deem it necessary for the student to make up lost clinical time and the student cannot make up the lost time; the student will have to repeat the course in its entirety.

Assessment: The psychiatry assessment is made up of a written paper (40%); a ward assessment looking at the knowledge and skills of psychiatry as displayed in clinical interactions, and participation in ward activities (15%); a written portfolio case report (25%); and a computerised multiple choice/extended matching questions assessment (20%). The assessments take place during the last week of the block. Students require a mark of 50% or more overall to pass psychiatry. There is no supplementary examination for the course. A student who fails psychiatry will be required to repeat the course at the start of the next calendar year.

PRY401W PSYCHIATRY FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PRY4101X, PRY4201X, PRY4301X, PRY4401X, PRY4501X
15 NQF credits at NQF level 8

Convener: Dr Q Cossie

Co-requisites: None

Course outline:

Students learn the clinical basics of Psychiatry and to learn the disease categories in a bio-psycho-social context.

DP requirements: 80% attendance of all teaching and clinical activities monitored by registers of these. Completion and submission of the required number of portfolio case writeups as stipulated in the course manual. Should the course convener and supervising consultant deem it necessary for the student to make up lost clinical time and the student cannot make up the lost time, the student will have to repeat the course.

PRY501W PSYCHIATRY AND MENTAL HEALTH FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PRY5101X, PRY5201X, PRY5301X, PRY5401X, PRY5501X
30 NQF credits at NQF level 8

Convener: Dr M Karjiker

Course outline:

To work as a student intern in the multidisciplinary team and to manage cases under supervision. To become clinically competent within the nine core areas of clinical practice. To have done prescribed ward work, presentations and portfolio cases.

DP requirements: Attend clinical work, ward rounds, portfolio cases and tutorials.

PRY6000W PSYCHIATRY AND MENTAL HEALTH

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PRY6100X, PRY6200X, PRY6300X, PRY6400X, PRY6500X
21 NQF credits at NQF level 8

Convener: Dr M Karjiker

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

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: a) Full attendance of the clinical and teaching programme. If there is approved absence the student must discuss with the ward consultant and the course convener ways in which the student must make up the missed time. If the conclusion of both clinicians is that the absence of the student was not justified then DP will be refused. (b) Professional conduct, dress and punctuality as prescribed by the convener and the clinical supervisors. (c) Full integration with a professional work ethic as a student intern into the clinical team. The ward consultant and clinical team will set the parameters of the clinical work. (d) One portfolio case must be handed to the ward consultant by the last Thursday of the block and three cases must be handed to the departmental administrator at the exam venue on the last Friday of the block, before writing the written paper. A student will not be permitted to write the written paper if the portfolio is not handed in at the exam venue. Failure to hand in the portfolio is evidence of lack of engagement with clinical work and thus the student will be denied a DP. (e) Academic topic presentation to be done for the first Friday of the block for use in the whole group teaching seminar. It must be emailed by the Thursday evening of the first week of the block to the convener and the departmental administrator. It must be emailed to the entire student group after the seminar on the first Friday of the block.

Assessment: The final course mark comprises marks for the ward assessment (20%); academic presentation (10%); portfolio (20%) and end-of-block written paper (50%). No supplementary examinations are offered in this course.

PUBLIC HEALTH AND FAMILY MEDICINE

Level 5, Falmouth Building South

Professor and Director and Head of Department:

L Myer, AB *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

Environmental Health

Level 4, Falmouth Building South

Professor and Head:

HA Rother, BA MA PhD *Michigan State*

Professors:

A Dalvie, BSc BScHons (Medicine) MSc (Medicine) PhD *Cape Town*

L London, MBChB MMed MD *Cape Town* BScHons (Medicine) *Stell DOH Witwatersrand*

Visiting Professors:

T Arcury, BA *Duquesne* MA PhD *Kentucky*

S Quandt, BA *Lawrence* MA PhD *Michigan*

Honorary Professor:

K Ahmed, BSc MSc *Karachi* BSPhD *Minnesota*

Senior Lecturer Full-time:

J Irlam, BScHons (Medicine) MPhil *Cape Town*

Honorary Senior Lecturers:

G Manuweera, BSc MPhil *Peradeniya* PhD *Missouri*

M Miller, BSc BSc (Nursing) *Ohio* MSc (Nursing) *Seattle*

S Willis, BScHons *Newcastle* DPhil *Oxford*

C Godsmark, BA BScHons MSc (Medicine) PhD *Portsmouth*

Assistant Lecturer:

R Mlelwa, BSc MSc *Tanzania*

Epidemiology and Biostatistics

Level 5, Falmouth Building South

Associate Professor and Head:

M Lesosky, BSc MSc PhD *Guelph* PGDip (Health Professional Education) *Cape Town*

Professor:

L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

Honorary Professors:

D Bradshaw, BSc *UKZN* MSc *Cape Town* PhD *Oxon*

S Delaney-Moretlwe, MBCh *Witwatersrand* MSc PhD *LSHTM*

J McIntyre, MBChB *Zimbabwe* FRCOG

C Wiysonge, MD *Cameroon* MPhil *Cambridge* PhD *Cape Town*

Honorary Associate Professors:

L Dodd, BSc *Utah* MSc PhD *Washington*

M Rangaka, MBChB *Cape Town* MSc MPhil PhD *London*
 S Reynolds, BSc *Toronto* MD *McGill* MPH *Johns Hopkins*

Adjunct Associate Professor:

T Tucker, MBChB PhD *Cape Town*

Honorary Senior Lecturers:

A Cois, BSc MSc *Caligiari* MPH PhD *Cape Town*
 DJ Davey, BA *Colorado* MPH *Columbia* PhD *UCLA*
 N Ford, BSc *Warwick* MPH *Cape Town* PhD *Simon Fraser*
 K Kelly, BA MA *UKZN* PhD *Rhodes*
 M Wallace, BA *Cape Town* MSc *UCL* PhD *West England*

Senior Research Officers:

D Constant, BSc MPH PhD *Cape Town*
 B Kagina, BSc MSc *JKUAT* PhD *Cape Town*

Clinical Research Officer:

J Odayar, MBChB MPH *Cape Town*

Lecturers/Research Officers:

K Brittain, BSc *UKZN* MPH PhD *Cape Town*
 T Malaba, BSc *Zimbabwe* MPH *Cape Town*
 T Phillips, BSc *UJ* MPH PhD *Cape Town*
 H Madlala, PhD *UKZN* MPH *Cape Town*
 E Mukonda, BSc *Zimbabwe* MPhil *Cape Town*
 F Honwana, BSc MSc *UKZN*

Honorary Research Associate:

J Ncayiyana, BSc *UKZN* MSc *Witwatersrand* PhD *North Carolina*

Family Medicine

Level 2, Falmouth Building South

Associate Professor and Head:

K von Pressentin, MBChB *Stell* MMed (Family Medicine) *Stell* FCFP *SA* PhD *Stell*

Associate Professor:

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

Senior Lecturers Full-time:

N Beckett, BSc *Rhodes* BSc (Hons) *Stell* MBChB *Stell* PGDip (Family Medicine) *Cape Town* SAFRI Fellow *SA*
 N David, MBChB *Witwatersrand* MFGP *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 *UFS* MPhil PGDip (Health Professional Education) *Cape Town*
 L Morales-Perez, MBChB MMed (Family Medicine) *Stell* PGDip (Health Professional Education) *Cape Town*
 T Motsohi, BA *Harvard* MBChB MFamMed PGDip (Family Medicine) *Cape Town*
 T Ras, MBChB MFamMed *Cape Town* MFGP *SA*
 B Schweitzer, MBChB *Witwatersrand* DA MFGP *SA* MPraxMed *Medunsa*

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Senior Lecturer Part-time:

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

Lecturer Full-time:

D Matthews, MBChB *Witwatersrand* PGDip (Family Medicine) *Cape Town*

Lecturers Part-time:

AJ Barnard, MBChB Dip (Anaesthesia) MFGP *SA* MPhil *Cape Town*

DL Miller, MBChB PGDip (Palliative Medicine) MPhil *Cape Town*

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

H Salie, MBChB *Cape Town*

S Odell, Dip (Child Health) Dip (Obstetrics) *SA* MPhil (Pall Med) *Cape Town*

K Payne, BSocSc (Psych & Eng) BCur (Nursing) PG Dip (Pall Med) *Cape Town*

Emeritus Associate Professors:

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

E Gwyther, MBChB MFGP *Cape Town* Dip (Pall Med) MSc *Wales* PhD *Cape Town*

Honorary Professor:

R Harding, PhD *Kings College London*

Honorary Associate Professors:

MH Cassimjee, LLMRCP LLMRCS *Ireland* MPrax Med *UKZN* FCFP *SA* BMedScHons *UDW* Dip (Health Service Management) *UKZN*

S Mazaza, MBBS MLB MFamMed *Cape Town*

S Prasad, MBBS *Mysore Medical College and Research Institute* MPH *University of Minnesota*

Honorary Senior Lecturers:

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

F Christians, MBChB *Cape Town* MCFP *SA* MPH *Sweden* MFamMed *Cape Town* FCFP *SA* Dip (HIV Management) *SA*

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

A Razak, MBChB MMed (Family Medicine) FCFP *SA*

J Te Riele, MBChB *Witwatersrand* MMed Fam Med *Cape Town*

J Venter, MBChB *UFS* Higher Diploma in General Surgery *SA*

Honorary Lecturers:

S Craven, MBChB *Oxon* LRCP PhD *Oxford*

J Dhansay, MBChB MFGP *SA* DPT&M *Witwatersrand*

S Jacobs, MBChB *Cape Town*

D Levine, MBChB *Witwatersrand*

G Petros, Cert (Adult Education) NDip (Public Health) MPH PhD *Cape Town*

A Sebesteny, MBChB MFamMed *Cape Town*

K Stammer, MD

N Wellington, MBChB *Cape Town* DCH *SA* PGDD *Cardiff*

Facilitators:

D Biles, MBChB *Bristol* MRCP *Royal College Physicians* *UK* Dip (HIV Management) *SA*

K Conradie, MBChB *UFS* Dip (CH) *SA* Dip (HIV Management) *SA*

J Durandt, MBChB *Cape Town* PGDip (Palliative Medicine) *Cape Town*

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

Z Horowitz, MBChB *Cape Town* Dip (Advanced HIV Management) *SA*

MA Jardine, MBChB *Cape Town*

N Khan, MBChB *Cape Town*

J Makan, MBChB PGDip (Palliative Medicine) *Cape Town*
 PK Ndlovu, MBChB *Medunsa*
 D Petit, MBChB *Cape Town*
 MA Potts, MBChB *Cape Town*
 A Smith, MBChB PGDip (Family Medicine) *Cape Town*
 S Sunday, MBChB *Cape Town* MRCGP UK MMed *Warwick*
 J Tait, MBChB *Cape Town*
 R Tayob, MBBCh *Witwatersrand*
 M Setoaba, BSc *Witwatersrand* MBChB *Cape Town*
 M Margerman, MBChB *Cape Town*
 A Sumner, MBChB MFamMed *Cape Town* Dip (Child Health) *SA*

Registrars:

N Amien
 AC Anele
 A Ashwedi
 B Baheir
 F Dookith
 T Davids
 J Etonu
 S Engelbrecht
 C Ezulu
 G Hofmyer
 A Karki
 M le Roux
 B Machina
 SI Ohiagu
 R Ortel
 L Proffitt
 R Jansen
 N Snyders
 J Steyn
 J Stofberg
 J Ribeiro
 M Tanjour

Research Officer:

L Farrant, MBBCh *Wits* Dip HIV Man (SA), MPhil Pall Med

Research Assistants:

J Hunter, BA Psychology and Communication Science MPhil in Palliative Medicine *Cape Town*
 O Mzimkulu, BSW *Cape Town* MPH *Cape Town*
 R Baloyi
 N Moodaley, BSocSc *Cape Town* BEd (Hons) *UKZN*

Health Economics

Falmouth Annex

Associate Professor and Head:

E Sinanovic, BSc *Zagreb* PG Dip (Financial Management) *Maastricht* MCom *Cape Town* PGDip
 PhD *London*

Associate Professors:

JE Ataguba, BScHons *Nigeria* MPH PhD *Cape Town*

198 DEPARTMENTS IN THE FACULTY

S Cleary, BA *Rhodes* BAHons MA PhD *Cape Town*

Senior Lecturer:

OA Alaba, BScHons MSc PhD *Ibadan*

Honorary Senior Lecturer:

V Govender, BCom *UKZN* MCom *Cape Town* MPH *Boston* PhD *Cape Town*

Lecturer:

S Docrat, BSc *Ottawa* MPH *Cape Town*

Research Officers:

L Cunnama, BSc (Physiotherapy) MPH *Cape Town*

T Wilkinson, BPharm *Otago* MSc *York*

Post-doctoral Fellow:

A Obse, BA MSc *Addis Ababa* PhD *Dublin*

Health Policy and Systems

Level 1, Falmouth Building South

Professor and Head:

L Gilson, BAHons *Oxon* MA *East Anglia* PhD *London*

Associate Professors:

J Olivier, BA MPhil PhD *Cape Town*

M Shung King, MBChB *UKZN* DPhil *Oxon*

Senior Researcher:

M Orgill, BAHons *UWC* MPhil *Cape Town*

Research Officer:

G Khan, BPsych MA *UWC*

Honorary Professors:

I Aygepong, MBChB *Ghana* MCommH *Liverpool* DRPH *North Carolina*

U Lehmann, PhD *Hanover*

H Schneider, MBChB *Cape Town* DCH DTMH MMed *Witwatersrand*

Honorary Senior Lecturers:

K Daniels, BAHons MPH *Cape Town* DrPH *Nordic School of Public Health*

M Moodley, MBChB *UKZN* MBA *Cape Town*

D Molosiwa, MHealthAdmin *Ohio* PhD *Australia*

G Teddy, MA *Ghana* PhD *York*

Honorary Lecturer:

M Osman, MBChB *Cape Town* MSc *Columbia*

J Hendricks, MBChB *Stell* MPhil *Cape Town*

Honorary Research Fellow:

R English, MBChB MMed PhD *Cape Town*

Occupational Medicine

Level 4, Falmouth Building South

Professor and Head:

MF Jeebhay, MBChB *Natal* DOH MPhil (Epidemiology) *Cape Town* MPH (Occupational Medicine) PhD *Michigan*

Emeritus Professor and Senior Scholar:

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (Occupational Medicine) *SA*

Emeritus Professor:

G Todd, BSc *UKZN* MBChB PhD *Cape Town* FCDerm *SA*

Associate Professor:

S Adams, MBChB DOH MMed PhD *Cape Town* MFamMed *Stell* FCPHM (Occupational Medicine) *SA*

Senior Lecturer Part-Time:

AH Burdzik, MBChB MMed *Cape Town* Dip (Occupational Medicine) *UK* FCPHM (Occupational Medicine) *SA*

Honorary Senior Lecturers:

G Kew, MBChB DA *SA* DOH *Cape Town*

S Manjra, MBChB *Natal* MMedSc *Birmingham* BScHons (Medicine) DOH *Cape Town*

A Raynal, MBChB *Cape Town* MSc *LSHTM* MPH M FOM *UK*

J te Water Naude, MBChB MPhil *Cape Town* FCPHM *SA*

J van Zyl, MBChB MMed Dip (Medicine) (Occupational Health) *Stell* FAADEP CIME *USA* FCPHM *SA*

Honorary Lecturers:

B Andrews, MBChB *Cape Town*, DOH MMed *Stell* FCPHM (Occupational Medicine) *SA*

B Cloete, MBChB DOH MMed *Cape Town* FCPHM (Occupational Medicine) *SA*

S Fakie, MBChB DOH *Cape Town*

D Knight, MBChB MMed *Cape Town*

H Williams, MBChB DOH MMed *Cape Town* FCPHM (Occupational Medicine) *SA*

Research Co-ordinator:

R Baatjies, BTech MTech *CPUT* MPH *Witwatersrand* PhD *Cape Town*

Registrars:

I Ntamatala

Z Sunday

Public Health Medicine

Levels 2 and 4, Falmouth Building South

Professor and Head:

L London, MBChB MMed MD *Cape Town* BScHons (Medicine) *Stell* DOH *Witwatersrand*

Professor:

A Boulle, MBChB PhD *Cape Town* MSc *London* FCPHM *SA*

200 DEPARTMENTS IN THE FACULTY

Associate Professor:

M Davies, MBChB MMed PhD *Cape Town FCPHM SA*

Honorary Professors:

N Morojele, PhD *Kent*

R Matzopoulos, BBusSci MPhil PhD *Cape Town*

Visiting Professors:

F Coomans, PhD *Maastricht MA Italy*

S Whittaker, MBChB MMed PhD *Cape Town FFCH SA*

T Rehle, MD *Munich MPH LSHTM PhD Antwerp*

Honorary Associate Professors:

T Oni, BSc *London MBBS UCL MPH MMed Cape Town MD Imperial MRCP DFPH UK FCPHM SA*

Adjunct Associate Professor:

R Foster, PhD *Cape Town*

Senior Lecturers Full-time:

J Irlam, BScHons (Medicine) MPhil *Cape Town* (Joint School-Directorate of Primary Healthcare appointment)

N Jacob, MBChB MMed *Cape Town FCPHM SA*

V Zweigenthal, BSc DTM&H DPH *Witwatersrand* BSocScHons MBChB PhD *Cape Town FCPHM SA*

N Mapukata, ND BTech (Medical Technology) *CPUT/DUT* MSc *UK* MSc *Witwatersrand* Cert (HIV/AIDS Care & Counselling) *Unisa* Cert (Introduction to Theory of Change) *Witwatersrand*

Senior Lecturers Part-time:

K Begg, MBChB *Cape Town* DCH DipObs FCPHM (Deputy Dean: Joint Faculty-Department appointment)

T Naledi, MBChB *Cape Town* FCPHM (Deputy Dean: Joint Faculty-Department appointment)

Honorary Senior Lecturers:

E Goemare, MSc MD DTMH *Belgium* DSc *Cape Town*

S Moyo, MBChB MPH Dip MSHS PhD

D Pienaar, MBChB MMed *Cape Town*

Lecturers Full-time:

F Amien, BChD MChD *Cape Town*

I Datay, MBChB *Cape Town* DPhil *Oxon* (Joint School-Directorate of Primary Healthcare appointment)

S Toto, BSc (Occupational Therapy) *Cape Town*

Lecturer Part-time:

R Morar, MBChB *Natal* DHMEF MMed *Cape Town* FCPHM *SA*

Honorary Lecturers:

G Denicker, MSc *Oxford* BChD *UWC*

V Shaw, PhD *Norway*

E Morden, BSc MPH *Cape Town*

S Peters, MBChB *Cape Town* FCPHM *SA*

Senior Research Officer:

E Kalk, MBCh *Witwatersrand* PhD *Birmingham* MRCP *London* Dip (HIV Management) *SA MPH Cape Town*

U Mehta, BPharm *Witwatersrand* PharmD *Albany* DrPH *James Cook*

Post-Doctoral Research Fellow:

H Haricharan, MA *Cape Town* MJournalism *Canada* PhD *Cape Town*

Medical Natural Scientist:

N Zinyakatira, BSCHons *Zimbabwe* MPhil Cer(Project Management) *Cape Town*

Honorary Research Associates:

A Cassidy, MPH *Cape Town*

N Harker-Burnhams, PhD *Cape Town* BAHons MPhil *UPE*

J McLoughlin, MBChB MPH *Cape Town*

CJ Seebregts, BSc BSCHons (Medicine) PhD *Cape Town* BSCHons *Unisa*

Facilitators:

K Abrahams, BSocScHons *Cape Town*

B Adebisi, MSocSc PhD *UWC*

N Arends, BSc (Physiotherapy) *UWC MPH Cape Town*

C Burger, BSc (Physiotherapy)

M Chidavaeni, BSocSc *Cape Town*

N Chikte, BSCHons (Biokinetics)

Z Cindi, BSCHons *UCT*

G Cook, BSCHons *UK* Dip (Careers Guidance) *Kent*

N Cwele BSocScHons *Cape Town*

K Fataar, BSocScHons *Cape Town*

S Felaar, BSocSc *Cape Town MPH Sahmyook South Korea*

M Isiagi MSc (Medicine) *Cape Town*

G Kiarie BSCHons

I Kallon PhD *UCT*

Buhle Maseko-MacArthur BSc (Occupational Therapy) *Cape Town*

S Mohapi, BSCHons (Biochem & Human Physiology) *Cape Town*

C Makone BSocSc (Psychology)

M Nkosi BSc (Occupational Therapy) *Cape Town*

E Nwosu PhD (Med) *Cape Town*

A Parker, BAHons *Cape Town*

N Pasqualle BSc (Physiotherapy)

G Pienaar MSc (Forensic Psychology)

F Sayed, BPsych

S Sirmongpong BSocSc (Social Work)

E Tsetse, MSc (Medical Biochem) *Cape Town*

Y Waja BSocSc

Registrars:

Z Mgugudo-Sello

T Mosidi

L Mureithi

G Ngubane

A von Delft

J Werner

Y Tembo

M Ismail

202 DEPARTMENTS IN THE FACULTY

N Berkowitz
V Mudalay
B Chetty
H Hussey

Social and Behavioural Sciences

Level 3, Falmouth Building South

Associate Professor and Head:

L Knight, *BSc Cape Town MPS UKZN PhD LSHTM*

Honorary Professor:

D Cooper, *BSocSc BAHons PhD Cape Town*

C Morroni, *BA Harvard MSc Columbia MPH MBChB Cape Town PhD Columbia*

N Abrahams, *MPH PhD Cape Town*

Honorary Associate Professors:

A Harrison, *BA Penn MA MPH Johns Hopkins PhD LSHTM*

M Lurie, *BA Boston MA Florida PhD Johns Hopkins*

C Mathews, *BAHons UKZN BSocScHons MSc (Medicine) PhD Cape Town*

Adjunct Associate Professor:

C Colvin, *BA VirginiaTech MA PhD Virginia MPH Cape Town*

Senior Lecturer:

A Swartz, *BSocScHons MPH PhD Cape Town*

Lecturer:

J Githaiga, *Bed (Arts) Kenya MA (Communication) MA (Counselling Psychology) Kenya PhD Cape Town*

Research Co-ordinators:

M van Pinxteren, *BA (Journalism) Netherlands Hons (Social Anthropology) MA (Social Anthropology) Cape Town*

N Kannemeyer, *BA (Psychology) New Zealand*

M Majola

Honorary Senior Lecturer:

D Peacock, *BAHons California MA San Francisco*

E Stern, *MPH PhD Cape Town*

L Reynolds, *PhD Johns Hopkins*

Honorary Research Associates:

S Cooper, *MPH Cape Town PhD LSHTM*

Z Duby, *MPH PhD Cape Town*

E Venables, *PhD Edinburgh*

Honorary Research Affiliate:

Z Trafford, *BAHons Cape Town MSc Edinburgh*

PPH1001F BECOMING A PROFESSIONAL

15 NQF credits at NQF level 5

Convener: Ms N Mapukata**Course entry requirements:** None**Course outline:**

This course introduces first year students in all health science professions to professionalism and appropriate professional conduct. The course aims to promote the conduct, knowledge, attitudes and values associated with being a professional and a member of a professional team. Students learn interpersonal skills, including being non-judgemental, empathetic, ethical and respectful of human rights when working with colleagues, clients, patients and community members who may have different values and traditions. Students learn theory on interviewing and interpersonal skills which are applied in simulated and real interviews; theory related to group and social roles applied in simulated experiences to build team membership and leadership skills; and critical analysis of and reflection on professional conduct, diversity, health and human rights. The educational approach is participatory and experiential and all students are required to engage actively in facilitator-lead small learning groups. Academic, digital and information literacies are systematically integrated from the outset. The course also includes a workshop on HIV-AIDS, designed to introduce students to the relevance of HIV-AIDS issues in their private and professional lives.

DP requirements: Attendance of all small group learning sessions and other academic commitments, including the HIV-AIDS workshop; completion of all set assignments and assessment activities.

Assessment: Continuous, performance-based in-course assessments provide students with regular feedback. Those students who achieve an average of 60% or above for these in-course assessments are not required to write the final written examination. Those students who average below 60% for their in-course assessments are required to write a final examination and must achieve a minimum of 50% in this examination in order to pass the course.

PPH1002S BECOMING A HEALTH PROFESSIONAL

15 NQF credits at NQF level 5

Convener: Ms N Mapukata**Course entry requirements:** PPH1001F**Course outline:**

This course builds on the knowledge and skills gained in PPH1001F Becoming a Professional. Focus is on the primary healthcare approach and disability. The course equips students to work collaboratively on a community-oriented project based on the primary healthcare principles and approach, including comprehensive health care (promotive, preventive, curative, rehabilitative and palliative care within the primary, secondary and tertiary levels of care), intersectoral collaboration, community involvement, and accessibility of and equity in healthcare. Students are required to apply the knowledge, skills and values from PPH1001F to develop an appreciation of the contribution of all healthcare professionals to the promotion, maintenance and support of health and the healthcare of individuals, families and communities within the context of disability. The educational approach is participatory and project-based and all students are required to engage actively in the project and in facilitator-lead small learning groups. Academic, digital and information literacies are systematically integrated from the outset. The course includes a basic life support skills workshop.

DP requirements: Attendance of all group sessions, community and health service site visits and the life support skills workshop; completion of all assignments and assessment activities.

Assessment: Continuous, performance-based in-course assessments provide students with regular feedback. Those students who achieve an average of 60% or above for these in-course assessments are not required to write the final written examination. Those students who average below 60% for their in-course assessments are required to write a final examination and must achieve a minimum of 50% in this examination in order to pass the course.

PPH2000W BECOMING A DOCTOR PART 1A

BaDr is comprised of three strands – Family Medicine, Clinical Skills and Languages (isiXhosa & Afrikaans). SLL2002H (Languages code) Becoming a Doctor part IB and SLL3002H (Languages code) Becoming a Doctor Part IIB are integrated with the course content of PPH2000W and PPH3000H but separate course outlines are given in this Handbook.

21 NQF credits at NQF level 6; Lectures (3), tutorials (19), site visits for Family Medicine (5), tutorials for Clinical Skills (24), tutorials for Languages (24) - has separate entry under SLL2002H.

Convener: Dr N Parker and Dr R Weiss

Course entry requirements: Registration in MBChB II and having completed all first year courses.

Co-requisites: All DP requirements must be met. The three strands of BaDR courses (Languages, Family Medicine and Clinical Skills) are integrated and must be completed concurrently, but be passed individually in order to pass the course. If one strand is failed, all strands must be repeated.

Course outline:

The three strands of the BaDr course aims to integrate family medicine, clinical skills and languages. Students learn and practise interviewing skills. They are exposed to primary, secondary and tertiary care in both the public and private sectors. The family medicine strand develops understanding of delivery of healthcare including palliative care and its management and aspects of health promotion and disease prevention. Students gain practical experience of the doctor-patient relationship, of a bio-psycho- social approach to patient care and the consultation process within a community setting. Learning takes place on campus in small tutorial groups, in community health centres, clinics and other centres where students interact with patients

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 $< \text{or} = 45\%$) 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.

PPH2002S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr V Zweigenthal

Course entry requirements: All first year MBChB courses.

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments.

SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

PPH3000F BECOMING A DOCTOR PART 2A

BaDr is comprised of 3 strands – Family Medicine, Clinical Skills and Languages (isiXhosa & Afrikaans). SLL2002H (Languages code) Becoming a Doctor part IB and SLL3002H (Languages code) Becoming a Doctor Part IIB are integrated with the course content of PPH2000W and PPH3000H but separate course outlines are given below.

10 NQF credits at NQF level 7; Lecture (1), on-campus tutorials (9), site visits for Family Medicine (6), tutorials for Clinical Skills (15), tutorials for Languages (15) – have separate entry under SLL3002H].

Convener: Professor L Meyer and Dr T Motsosi

Course entry requirements: Must have done BECOMING A DOCTOR PART 1 in the preceding year and have passed all 2nd year courses.

Co-requisites: All DP requirements must be met. The three strands of BaDr courses (Languages, Family Medicine and Clinical Skills) are integrated and must be completed concurrently, but be passed individually in order to pass the course. If one strand is failed, all strands must be repeated.

Objective: To help produce an integrated health care professional who is empathic, reflective and knowledgeable.

Course outline:

The three strands of the BaDr course aims to integrate family medicine, clinical skills and languages. Students learn and practise interviewing skills. They are exposed to primary, secondary and tertiary care in both the public and private sectors. The family medicine strand develops understanding of delivery of healthcare including palliative care and its management and aspects of health promotion and disease prevention. Students gain practical experience of the doctor-patient relationship, of a bio-psycho-social approach to patient care and the consultation process within a community setting. Learning takes place on campus in small tutorial groups, in community health centres, clinics and other centres where students interact with patients.

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 $<$ or $=$ 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.

PPH4056W HEALTH IN CONTEXT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PPH4156X, PPH4256X, PPH4356X, PPH4456X, PPH4556X 40 NQF credits at NQF level 8; 20 Lectures; 25 Tutorials and 11 Community visits.

Convener: Professor T Oni, Dr N Beckett, Dr P Wicomb, Dr M Richards, L Ganca and Dr I Datay

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

Co-requisites: All third-year MBChB courses.

Objective: The overall aim of the course is to introduce students to the practice of community-oriented primary care through theoretical and experiential learning. Specific objectives are to a) understand the impact of socio-economic and environmental factors on quality of an individual's life and health, so that appropriate clinical and social management decisions can be made; b) to enable students to assess and become involved in initiatives that address socio-economic and environmental causes of ill health within communities and c) to refine teamwork skills through participation in group projects and activities.

Course outline:

This integrated course comprises public health, family medicine, palliative care and health promotion. The six-week 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 and palliative care at a primary care level is integrated with a public health research project, followed by a health promotion intervention. In public health, students study epidemiology, biostatistics, research methods, human rights, research ethics, demography, occupational and environmental health, communicable disease control, health economics, and health needs of vulnerable groups. In health promotion, during projects at community sites and during home visits, students learn skills such as networking, advocacy, communication, organising, facilitation, planning and negotiation, reflection, teamwork, community participation and empowerment. Family medicine and palliative care include clinical attachments in primary care settings and an intermediate healthcare facility, during which students conduct and review video-taped patient consultations and home visits.

DP requirements: Completion of all assignments submitted by the deadline/s as stipulated in the course manual; Completion of summative and formative assessments by the stipulated deadlines; Participation in and equal contribution to group-work; Attendance at all clinical and community teaching and group presentations; and 90% attendance of in-class sessions prior to the end-of-block assessment.

Assessment: The following components contribute to the overall mark (a) An epidemiology research protocol (group mark) (12.5%) (b) A health promotion project report (group mark) (12.5%) (c) A combined epidemiology and health promotion oral presentation (group mark) (5%) (d) A motivational interview assessment (4%) (e) A family medicine patient case study (8%) (f) A home visit assignment (8%) (g) The end-of-course written examination is weighted at 50%. This comprises of Public Health, Health Promotion, Family Medicine and Palliative Care. Penalty for late submission of the FM patient study or Home Visit assignment is 5% per day, to a maximum of five days, following which a student will get zero. Students must obtain an overall aggregate of 50% for the course, as well as 50% overall for the in-course assessments and 50% for the end-of-block assessment in order to pass the block. Accordingly, the criteria for failure are: (a) Failure to achieve an overall course mark of 50% (b) Failure to achieve 50% for coursework as above (c) Failure to achieve 50% for the end of block EOB assessment.

Students who achieve 48-49% in any of the above components, will be offered a supplementary examination. Students who achieve 47% or less in any of the above components will be required to repeat the course.

PPH6000W FAMILY MEDICINE AND PALLIATIVE MEDICINE

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PPH6100X, PPH6200X, PPH6300X, PPH6400X, PPH6500X
21 NQF credits at NQF level 8

Convener: Dr N Beckett and Mrs L Ganca

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

Course outline:

The four-week rotation 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. The clerkship aims to provide students with a basis for postgraduate training in the practice of family medicine and palliative care and to enter the four-month family medicine internship with the necessary confidence and competence. During the block, all students are based at community health centres (CHCs) within the district health system in the Cape Town metropolitan area for three weeks, and spend one week in Vredenburg, within the rural district health services in the Western Province. Palliative care learning focuses on clinical aspects such as pain management and introduces paediatric palliative care. Palliative care activities include visits to a hospice, patient's home, intermediate care facility, CHC, paediatric health care facilities and district hospital exposure.

DP requirements: (a) Completion of all required coursework (including a logbook) and attendance of compulsory academic activities on campus (including orientation day session and tutorials/seminars). (b) Attendance of all clinical activities at the community health clinics (CHC), palliative care sites and Vredenburg. (c) Attendance at one SHAWCO session during the family medicine course/clerkship. Any student who misses up to two supervised CHC clinical sessions will be allowed to make up the missed clinical time by doing an additional SHAWCO session for each clinical session missed. A student who misses more than four clinical sessions will be required to do night call in casualty to make up time (in consultation with the convener). (d) Any student who does not submit a signed logbook with completed activities by the last Wednesday of the block will be denied entry to the end of -block OSCE examination. All logbook activities must be signed off immediately by the supervising clinician or healthcare worker, on the day the activity is done.

Assessment: The final mark is made up of (a) an in-course mark, comprising a patient study (20%) and a facility clinical mark (CHC & Vredenburg) (25%) (the facility mark is weighted according to the time spent at Vredenburg and the CHC); and (b) an OSCE (55%). A penalty of 5% per day will be deducted from the patient study component for late submissions of patient studies to a maximum of five days, following which a mark of zero will be allocated. The facility clinical mark includes 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 as well as the mini-CEX cases. Any student who achieves less than 50% for the facility clinical component of the in-course assessment, and less than 50% for the end-of-block OSCE will have failed Family Medicine and Palliative Medicine and will not be eligible for a supplementary examination. The student will have to repeat the course.

PPH6001W LONG ELECTIVE

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PPH6101X, PPH6201X, PPH6301X, PPH6401X, PPH6501X
20 NQF credits at NQF level 8

Convener: Mr J Irlam

Course entry requirements: Students are eligible to take this course once in the fifth academic year of study (upon application to and with written permission from the Elective Convener and year or MBChB years 4-6 Convener and limited to the vacation period) or in the sixth year of study.

Objective: To provide students with an opportunity over four weeks to enhance their clinical competence and understanding of the social context of disease and health, and/or their skills in clinical or public health research.

Course outline:

Students are eligible to take this course once in the fifth academic year of study (upon application to and with written permission from the Electives Convener and year 5 or MBChB years 4-6 Convener and limited to the vacation period) or in the sixth academic year.

DP requirements: An evaluation form and activity form (if applicable) signed by the elective supervisor.

Assessment: A written report on the elective for 100 marks within four weeks of the elective. A penalty of one mark per day applies for late submission. The marking rubrics are available on the VULA Electives site. Students who fail (i.e. obtain less than 50% for the elective report) will be given one opportunity to amend the report and re-submit, otherwise they may be required to repeat the elective in the following year.

PPH6005W SHORT ELECTIVE

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PPH6105X, PPH6205X, PPH6305X, PPH6405X, PPH6505X
10 NQF credits at NQF level 8

Convener: Mr J Irlam

Course entry requirements: Student are eligible to take this course once in the fifth academic year of study (upon application to and with written permission from the Electives Convener and year 5 or MBChB years 4-6 Convener and limited to the vacation period) or in the sixth year of study.

Objective: To provide students with an opportunity over two weeks to enhance their clinical competence and understanding of the social context of disease and health.

Course outline:

Students are required to undertake a self-funded clinical elective anywhere they choose. Students formulate and submit their learning objectives as motivation for their elective at least two weeks prior to the elective. Students identify a supervisor on site at their elective to direct and supervise their elective activities and to evaluate their performance on completion.

DP requirements: A completed student evaluation of the elective using the standard template provided, as well as an evaluation form and activity form signed by the elective supervisor.

Assessment: A Pass/Not Pass assessment is made by the electives convener. No mark is awarded for the report. Students who do not pass (i.e. who do not submit a report) will be given one opportunity to re-submit, otherwise they may be required to repeat the elective in the following year.

RADIATION MEDICINE

Professor and Head:*Rotating head Currently:*J Parkes, MBBCh *Witwatersrand* FCRad Onc SA**Medical Physics***L-Block, Groote Schuur Hospital***Head:**N Joubert, BMedScHons MMedSc *UFS***Lecturers:**JD Bruwer, BScHons MSc *Stell*H Mac Gregor, BScHons *Stell*A Groenewald, BScHons MScMedSc PhD *Stell*H Burger, MSc (Med Phys) *UP*B Smith, BMedScHons *UCT***Nuclear Medicine***C4/C3, New Groote Schuur Hospital***Head of Division and Senior Lecturer Full-time:****Consultants:**R Steyn, MBChB *UFS* FCNP SA**Red Cross Hospital:**A Brink, MBChB *Pret* DCH FCNP SA MMed *Cape Town***Paediatric Radiology***Red Cross Children's Hospital***Senior Lecturers Full-time:**T Kilborn, MBChB *Cape Town* FRCR *UK*NA Wieselthaler, MBChB *Cape Town* FCRadDiag SA**Lecturer Full-time:**E Banderker, MBChB *Cape Town* FCRadDiag SAA Rajkumar, MBChB *Cape Town* FCRadDiag SA**Radiation Oncology***L-Block, Groote Schuur Hospital***Professor and Head:**J Parkes, MBBCh *Witwatersrand* FCRad Onc SA**Senior Lecturers Full-time:**AJ Hunter, BScHons (Medicine) PhD *Cape Town*Z Mohamed, MBChB *Stell* MMed *Cape Town*

Lecturers Full-time:

S Dalvie, MBChB *Cape Town* FCRadOnc SA
N Fakie, MBChB *Cape Town* FCRadOnc SA
AS Hendrikse, BScHons PhD *Cape Town*
T Naiker, MBBCh *Witwatersrand* FCRadOnc SA
B Robertson, MBChB *Cape Town* FCRadOnc SA
T Thebe, MBChBFCRadOnc SA
J Wetter, MBChB *Cape Town* FCRadOnc SA MMedRadOnc UFS

Radiology

C16, New Groote Schuur Hospital

Professor and Head:

TBC

Emeritus Associate Professor:

SE Candy, BSc HED MBChB FCRadDiag SA
SJ Beningfield, MBChB FFRad(D) SA

Senior Lecturers Full-time:

N Ahmed, MBChB *Cape Town* FCRadDiag SA
SEI Moosa, MBChB MPhil *Cape Town* BScHons *Stell* FFRadDiag SA
Q Said-Hartley, MBChB *Cape Town* FCRadDiag SA
R Gamieldien, MBChB *Cape Town* FCRadDiag SA
K Lorenc Henning, MBChB *Cape Town* FCRadDiag SA

Senior Lecturers Part-time:

H Ball, MBChB *St Andrews* FFRad SA
A Scher, MBChB *UCT DMRD (RCP&S)(London)* FCRad(D) SA

Lecturers Full-time:

M Smith, MBChB *UCT* FCRadDiag SA MMed *UCT* PG Dip Paeds Rad *UCT*
N Paruk, MBChB *Natal* FCRadDiag SA PGCME *DundeeUK*
ID Vorster, MMed Diagnostic Radiology *UCT* PG Dip Paediatric Radiology *UCT* FCRadDiag SA
MBChB *Pret* CIME AMA

RAY2001W RADIOBIOLOGY

For students in Faculty of Science; not offered every year.

48 NQF credits at NQF level 6

Convener: Dr AS Hendrikse and Dr AJ Hunter

Course entry requirements: At least two full courses or the equivalent chosen from: MTH105W, MAM100W, H101F/S, MAM104F, MAM105S/H, BIO100F/S, BOT102S, ZOO103S, ZOO104F, BIO101F, BIO104S, CEM100W, CEM101W, CEM102W, CEM109S, CEM110H, PHY100W, PHY104W, PHY106S, PHY107F/S.

Objective: To be introduced to the basic concepts of radiobiology including its application in radiotherapy.

Course outline:

This course examines the biological effects of ionizing radiation (x-rays, gamma-rays, alpha particles, beta particles and neutrons) on mammalian systems, including radiation-induced cell death, DNA and chromosome damage, mutations and carcinogenesis as well as the mechanisms of radioprotectors and sensitisers. Medical aspects including the radiobiology of radiation therapy of cancer forms a significant part of this course. The radiation pathology of normal tissues and a basic introduction to cancer biology will also be presented.

Students who perform well in the course may apply to do the BMedScHons (Radiobiology) once they have completed their undergraduate degrees.

DP requirements: Attendance at all lectures and tutorials and completion of all practicals. Satisfactory marks in tests during the year.

Assessment: Essays, tests and practicals count 50%. Two three-hour examinations written in November count 50%.

RAY2004S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr V Zweigenthal

Course entry requirements: All first year MBChB courses.

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

SURGERY

J Floor, Old Main Building, Grootte Schuur Hospital

Professor and Head:

AG Fieggen, BSc (Medicine) MBChB *Cape Town* MSc *London* MD *Cape Town* FCS *SA*

Emeritus Professors:

PC Bornman, MMedSurg FRCS *Edinburgh* FCS *SA* FRCS *Glasgow*

DM Dent, MBChB ChM *Cape Town* FCS *SA* FRCS *UK* FRCPS *Glasgow* (Hon)

JEJ Krige, MBChB MSc (Medicine) *Cape Town* FRCS *Edinburgh* FCS *SA*

J Terblanche, MBChB ChM *Cape Town* FCS *SA* FRCS *UK* FRCPS *Glasgow* FACS (Hon) FACP

(Hon) FRCS *UK* (Hon) FRCSC (Hon) FRCS *Edinburgh* FMC *SA* FRCSI (Hon)

D Kahn, MBChB CRM FCS *SA*

Emeritus Associate Professor:

JG Brink, MBChB *Cape Town* FC Cardio *SA*

Cardiothoracic Surgery (Chris Barnard Division of Cardiothoracic Surgery)

Grootte Schuur Hospital; Red Cross Children's Hospital; Cape Heart Centre, Health Sciences Campus

The Division of Cardiothoracic Surgery provides clinical cardiac and thoracic surgery services for the community of Cape Town and the Western Cape region at both 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:

To be reappointed for 2021

Associate Professors Full-time:

J Scherman, MBChB *Pret Dip* (Occupational Medicine) *Stell* FC Cardio *SA* MMed *Cape Town*

Associate Professors Part-time:

A Linegar, MBChB *Cape Town* PhD *UFS* FC Cardio *SA*

J Hewitson, MBChB *Cape Town* FCS *SA*

JG Brink, MBChB *Cape Town* FC Cardio *SA*

Senior Lecturers Full-time:

A Brooks, MBChB *Stell* FCS *SA*

P Human, PhD *Cape Town*

C Ofoegbu, MBBS (IBADAN) FWACS FC Cardio *SA* MMed *Cape Town*

T Pennel, MBChB *Stell* MMed *Cape Town* FC Cardio *SA* PhD *Cape Town*

R Manganyi, MBChB *Cape Town* FC Cardio *SA*

Senior Lecturers Part-time:

L Moodley, MBBS *India* FC Cardio *SA*

J Rossouw, MBChB PhD *Stell* MMed Thorax *Stell* *SA*

Emergency Medicine

F51 Old Main Building, Grootte Schuur Hospital, and Bellville Health Park, Karl Bremer Hospital

Professor and Head:

L Wallis, MBChB FRCSc (A&E) *Edinburgh* MD DIMCRCS Dip (Sport Medicine) *Glasgow* FRCS Ed FCEM UK FCEM SA FIFEM

Honorary Professor:

P Brysiewicz, BSocSc (Nursing) *UKZN* BA MCur PhD *UKZN*

Associate Professor:

P Hodgkinson, MBBCh *Witwatersrand* MPhil PhD *Cape Town* Dip (Primary Emergency Care) DA Dip (Obstetrics & Gynaecology) *SA* DTM&H *Witwatersrand* PGDip (HPE)

Honorary Associate Professor:

S Bruijns, MBChB *Pret* MPhil PhD *Cape Town* Dip (Primary Emergency Care) *SA* FCEM UK FCEM SA

Honorary Senior Lecturer:

H Bergquest, MD (*Pennsylvania*) MSc *London* UK

Senior Lecturers Full-time:

W Khan, MBChB *Witwatersrand* MMED *Cape Town* FCEM SA PGDip (HPE)

Lecturers Full-time:

C Saunders, BScHons PhD *Cape Town*

W Stassen, BTEMC *UJ* MPhil *Cape Town* PhD *Karolinska & Stell*

C Cunningham, BSocSc (Nursing) *UFS* PhD *Cape Town* BTech AdvDip (Management) MBA *Sunderland*

Junior Research Fellow:

S Rhambarose, BMedSciHons MMedSci PhD *UKZN*

Lecturers (Joint Staff):

B Cheema, MBBS BSc MRCPCH *London* DTM&H *Liverpool* MPhil *Cape Town*

P Cloete, MBChB *Pret* FCEM SA MMed *Cape Town*

K Cohen, MBChB MMed MPhil *Cape Town*

M De Man, MBChB PGDip (Family Medicine) *Stell* MMed *Cape Town* FCEM SA

S De Vries, MBChB *Cape Town* Dip (Primary Emergency Care) MPhil *Cape Town*

R Dickerson, MBBCh *Witwatersrand* Dip (Primary Emergency Care) DA SA FCEM SA Cert (Critical Care) SA ATCL UK

K Evans, MBChB *Cape Town* FCEM SA MMed *Cape Town*

D Fredericks, MBChB *Cape Town* FCEM SA

C Hendrikse, MBChB *Stell* FCEM SA MMed *Cape Town*

A Kropman, MBChB *Cape Town* Dip (FEC) FCEM SA

W Smith, BSc MBChB *Cape Town* EMDM FCEM SA

C van Koningsbruggen, MBChB *UKZN* Dip (Primary Emergency Care) SA MMed *Cape Town* FCEM SA

P Xafis, MBBCh *Witwatersrand* MMed *Stell* FCEM SA

W Jooste, MBChB BMedSci MMed *Stell* FCEM SA

Honorary Lecturers:

J Fleming, MBBCh *Witwatersrand* MPhil *Cape Town*

A Oosthuizen, MBChB *Stell* Dip (Primary Emergency Care) FCEM SA MMed *Cape Town*

214 DEPARTMENTS IN THE FACULTY

A Parker, MBChB FCEM SA MMed Cape Town

H Tuffin, MBChB Cape Town

C Wylie, BTech DUT MPhil Cape Town

P D'Andrea, MBChB Stell Dip Stell FCEM Stell MMed(EM) Stell

Honorary Research Affiliate/Associate:

E Callachan, NDip AECT UJ MHealSc Otago PhD Cape Town

E Dippenaar, NDEMC BTEMC MScMed PhD Cape Town

General Surgery

J-Floor, Old Main Building, Grootte Schuur Hospital

Professor and Head:

E Muller, MBChB Pret MMed Cape Town MRCS FCS

Professors:

P Navsaria, MBChB MMed Cape Town FCS SA

E Jonas, MBChB MMed FCS SA PhD

Emeritus Professors:

PC Bormann, MMedSurg FRCS Ed FCS SA FRCS Glasgow

DM Dent, MBChB ChM Cape Town FCS SA FRCS UK FRCPs Glasgow (Hon)

JEJ Krige, MBChB MSc Cape Town FRCS Edinburgh FCS SA

J Terblanche, MBChB ChM Cape Town FCS SA FRCS UK FRCPs Glasgow FAC (Hon) FACP

(Hon) FRCS UK (Hon) FRCSC (Hon) FRCS Edinburgh FMC SA FRCSI (Hon)

D Kahn, MBChB CRM FCS SA

Associate Professors:

AJ Nicol, (Head: Trauma Unit) MBChB Cape Town FCS SA

E Panieri, (Head: Oncology, Endocrinology) MBChB MMed Cape Town FCS SA

L Cairncross, MBChB Cape Town FCS SA

Adjunct Professor:

RJ Baigrie, BSc MD Cape Town FRCS UK

Senior Lecturers Full-time:

M Bernon, MBBCh Witwatersrand FCS SA Cert (Gastro)

ABT Boutall, MBBCh Stell FCS SA Cert (Gastro)

H Bougard, MBChB

S Burmeister, MBChB Cape Town FCS SA Cert (Gastro)

G Chinnery, MBChB Witwatersrand MMed FCS SA Cert (Gastro)

JM du Toit, MBChB Stell MMed Cape Town FCS SA FEBS

S Edu, Dip (Medicine) Romania FCS SA

F Gool, MBChB DA SA FCS SA CertGastro

JH Klopper, MBChB Pret MMed Surg UFS Cum laude

JC Kloppers, MBChB Stell Dip (Primary Emergency Care) FCS SA MRCS FRCS GenSurg
Edinburgh

F Malherbe, MBChB FCS SA

F Noor, MBBCh Witwatersrand FCS SA NG

NG Naidoo, (Head: Vascular Unit) MBChB UKZN FCS SA

S Rayamajhi, MBChB MMed Cape Town

DA Thomson, MBChB UKZN FCS SA MMed Cape Town

C Warden, MBChB Cape Town MMed FCS SA

J Plaskett, MBChB MMed FCS SA

L Bertels, MBChB MMed FCS SA
A Coccia, MBChB MMed FCS SA

Senior Lecturers Part-time:

M Forlee, MBChB FCS SA Cert (Vascular Surgery)
B Natha, MBChB FCS SA Cert (Vascular Surgery)
JA Tunnicliffe, MBChB Cape Town FCS SA
ME Dalwai, MBChB FCS SA Cert (Surgical Gastroenterology)

Neurosurgery

H53, Old Main Building, Grootte Schuur Hospital

Helen & Morris Mauerberger Professor and Head:

AG Fiegggen, BSc (Medicine) MBChB Cape Town MSc London MD Cape Town FCS SA

Professors:

AA Figaji, MBChB MMed PhD Cape Town FCNeurosurg SA
PL Semple, MBChB MMed PhD Cape Town FCS SA

Honorary Professor:

MJA Wood, MBChB Cape Town DPhil Oxon

Associate Professors:

DEJ Le Feuvre, MBChB MMed Cape Town MSc Paris/Mahidol FCS SA
AG Taylor, MBBCh Witwatersrand MMed Cape Town MSc Paris/Mahidol FCS SA

Senior Lecturers:

JMN Enslin, BPhysT Pret MBChB Pret MMed Cape Town FCNeurosurg SA
SJ Röthemeyer, MBBCh Witwatersrand FCNeuroSurg SA

Senior Lecturers Part-time:

ND Fisher-Jeffes, MBChB Stell FCS SA
CF Kieck, MBChB Stell MD Cape Town FCS SA
RL Melvill, MBChB Cape Town FCS SA
SA Parker, MBChB Cape Town FCS SA
C Thompson, MBChB MMed Cape Town FCNeuroSurg SADG Welsh MBChB Cape Town FRCS London FCS SA
DG Welsh, MBChB Cape Town FRCS London FCS SA
GA White, MBChB Cape Town FCS SA

Lecturer:

N Mankahla, MBChB UKZN FCS SA

Senior Research Officer:

NG Langerak, BSc (Physiotherapy) Utrecht MSc Nijmegen PhD Cape Town

Research Officer:

UK Rohlwink, BA Bosphorus MSc (Medicine) PhD Cape Town

Honorary Research Associate:

R Balchin, BSocScHons MA PhD Cape Town

Ophthalmology

H52, Old Main Building, Groote Schuur Hospital

Morris Mauerberger Professor of Ophthalmology and Head:

N Du Toit, MBChB MMed PhD *Cape Town* Dip (Ophthalmology) SA FRCS *Edinburgh* FCOphth SA

Emeritus Professor:

A Murray, MBChB *Witwatersrand* FRCS *Edinburgh* FRCOphth

Senior Lecturers Full-time:

J Rice, MBChB *Witwatersrand* FCOphth SA MPH

J Steffen, MBChB *Stell* FCOphth SA MMed

C Tinley, MBChB *Cape Town* FRCOphth

N Freeman, MBChB *Stell* FCOphth SA MMed

S Mustak, MBChB MMed *Cape Town* Dip (Ophthalmology) SA FCOphth SA

Senior Lecturers 5/8:

J de Villiers, MBChB *Witwatersrand* FCOphth SA

T van der Lecq, MBChB MMed *Pret* FCOphth SA

Director Community Eye Health Programme:

D Minnies, NHDMT (Haematology) SA MPH *Cape Town*

Senior Lecturers Part-time:

E Albrecht, MBChB *Stell* FCOphth SA

R Grötte, MB BS *Newcastle* FRCS *Edinburgh* DO RCP *London* RCS UK

K Suttle, MBChB *Cape Town* FCS (Ophthalmology) SA

H van Velden, MBChB *Stell* FCOphth SA

M Lenake, MBChB *Witwatersrand* FCOphth SA MMed

D Steven, MBChB *Franzco*

J van der Merwe, MBChB *Stell* MMed Dip (Ophthalmology) SA FCOphth SA

L Heydenrych, MBChB FCOphth SA MMed

D McClunan, MBChB *Stell* Dip (Ophthalmology) SA FCOphth SA MMed

Orthopaedic Surgery

H49 Old Main Building, Groote Schuur Hospital

Pieter Moll & Nuffield Professor of Orthopaedic Surgery and Head:

R Dunn, MBChB MMed *Cape Town* FCSOrth SA

Associate Professors:

M Held, Med Cert *Heidelberg* MD *Munich* MMed PhD *Cape Town* FC Orth SA

S Maqungo, MBChB *Natal* FCSOrth SA

S Roche, MBChB *Cape Town* LMCC *Canada* FCSOrth SA

M Solomons, MBChB *Cape Town* FCSOrth SA

Honorary Associate Professor:

BC Vrettos, MBChB *Zimbabwe* FRCS *England* MMed *Cape Town* FCSOrth SA

Adjunct Professors:

G Grobler, MBChB MMed *Cape Town* FRCS *Edinburgh* FCS (Orth) SA

WM van der Merwe, MBChB *UFS* Social Studies *Oxon* BMedScHons *Cape Town* FCSOrth SA

Senior Lecturers Full-time:

S Dix-Peek, MBBCh *Witwatersrand FCSOrth SA MMed Cape Town*
 P Hardcastle, MBChB *Stell MMed FCSOrth SA*
 A Horn, MBChB *Pret MMed Cape Town FCSOrth SA*
 J Kauta, MBChB *MMed Cape Town*
 N Kruger, MBChB *Cape Town FCSOrth SA*
 M Laubscher, MBChB Dip (Primary Emergency Care) *FCSOrth SA MMed Cape Town*
 F Louw, MBChB *Stell MMed Cape Town FCS (Orth) SA*
 G McCollum, MBChB *MMed Cape Town Dip (Primary Emergency Care) FCSOrth SA*
 T Munting, MBChB *Cape Town MMed FCSOrth SA*
 M Nortje, MBChB *MMed Cape Town FCSOrth SA Dip (Primary Emergency Care) SA*
 P Rowe, MBBCh *Witwatersrand FCSOrth SA*
 S Swanepoel, MBChB *MMed Cape Town FC Ortho SA*

Senior Lecturers Part-time:

B Dower, MBChB *Cape Town FCSOrth SA*
 JP Du Plessis, MBChB *Cape Town MMed Cape Town FCSOrth SA*
 Y Hassan, MBChB *MPhil Cape Town FCSOrth SA*
 I Koller, MBChB *Pret FC Orth SA MMed Cape Town*
 T Hilton, MBChB *MMed Cape Town FCSOrth SA*
 M Maree, MBChB *MMed Cape Town FCSOrth SA*
 B Gray, *FCSOrth SA HDip (Orth) SA MBChB Pret*
 D McGuire, MBChB *Witwatersrand MMed Cape Town FCSOrth SA*

Honorary Senior Lecturers:

B Bernstein, MBBCh *Witwatersrand FCSOrth SA*
 D Engela, MBChB *Pret FCSOrth SA*

Otorhinolaryngology

H53, Old Main Building, and Ward F8, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital and New Somerset Hospital

Leon Goldman Professor of Otorhinolaryngology and Head:

JJ Fagan, MBChB *MMed Cape Town FCS SA*

Senior Lecturers Full-time:

V Pretorius, MBChB *Stell FCSOtol SA*
 T Harris, MBChB *Cape Town FCSOtol SA*
 DE Lubbe, MBChB *Stell FCSOtol SA*
 J McQuire, MBChB *FCSOtol SA*
 S Peer, MBChB *FCSOtol SA*

Lecturer Five-eighths:

E Meyer, MBChB *Pret FCSOtol SA*

Lecturers Part-time:

MD Broodryk, MBBCh *Stell FCSOtol SA*
 L Nel, MBChB *Pret FCS SA*
 PS Traub, MBBCh *Witwatersrand FCSOtol SA*
 MJRR Vanlierde, MBChB *Cape Town FCSOtol SA*
 A van Lierop, MBChB *Stell FCSOtol SA*

Paediatric Surgery

Institute of Child Health, Red Cross War Memorial Children's Hospital, Rondebosch

Charles F M Saint Professor of Paediatric Surgery and Head:

A Numanoglu, MBChB *Turkey* FCS *SA*

Professor:

AB van As, MBChB *Netherlands* FCS *SA* PhD *Cape Town* MBA *SA*

Associate Professor:

S Cox, MBChB *Cape Town* FCS *SA* Cert (Paediatric Surgery) *SA*

Emeritus Professors Part-Time

AJW Millar, MBChB *Cape Town* FRCS *UK* FRCS *Edinburgh* FRACS DCH (RCP&Seng) FCS *SA*

H Rode, MBChB *Pret* MMed Surg FRCS *Edinburgh* FCS *SA*

Adjunct Professor Part-time:

RA Brown, MBChB *Cape Town* MPhil *Stell* DCH *SA* FRCS *Edinburgh* FCSSurg *SA*

Senior Lecturers:

M Arnold, MBChB *Pret* DCH *SA* FC Paed Surg *SA* MMed *Stell*

D von Delft, MBChB *UFS* MRCS *Edinburgh* FC Paed Surg

G Dos Passos, MBChB *Witwatersrand* FC Plast Surg *SA* MMed *Cape Town*

Child Accident Prevention Foundation of Southern Africa (Childsafe):

P Nyakaza, BA *UWC*

Senior Medical Technologist:

J Raad, D (Medical Technology) *UJ*

Surgical Skills Training Centre:

C van Geems

Plastic, Reconstructive and Maxillo-facial Surgery

F26, New Groote Schuur Hospital

Associate Professor and Head:

DA Hudson, MBChB MMed *Cape Town* FCS *SA* FRCS *Edinburgh* FACS

Consultants Full-time:

KG Adams, MBChB *Cape Town* FC Plast (Plastic & Reconstructive Surgery) *SA*

S Adams, MBChB *Cape Town* FC Plast (Plastic & Reconstructive Surgery) *SA*

Senior Lecturers Part-time:

G Dos Passos, MBChB *Witwatersrand* FC Plast Surg *SA* MMed *Cape Town*

DB Fernandes, MBChB FRCS *Edinburgh*

S Geldenhuys, MBChB FCS *SA*

A Landau, MBChB *Cape Town* FCS *SA*

S Moodley, MBChB FCS *SA* MMed *Cape Town*

C Pienaar, MBChB *UOFS* FCS *SA*

JE van Zyl, MBChB *Stell* FCS *SA*

M van der Velde, MBChB FCS *SA*

Part-time Dental Surgeon and Acting Head of Oral and Dental Surgery:

GJ Hein, BChD MChD *UWC*

Dentists:

J Thompson

Maxillo-facial Part-time consultants:

S Aniruth, BChD *UWC*

S Singh, BChD *UWC* BSc *UKZN*

Surgical Gastroenterology

E23, New Main Building, Groote Schuur Hospital

Professor and Head:

E Jonas, MBChB MMed FCS *SA* PhD

Head Colorectal Clinic:

ABT Boutall, MBChB *Stell* FCS *SA* Cert (Gastroenterology)

Senior Lecturers:

M Bernon, MBChB *Witwatersrand* FCS *SA* Cert (Gastroenterology)

S Burmeister, MBChB *Cape Town* FCS *SA* Cert (Gastroenterology)

G Chinnery, MBChB *Witwatersrand* MMed FCS *SA* Cert (Gastroenterology)

C Warden, MBChB *Cape Town* MMed FCS *SA*

Urology

E26, New Groote Schuur Hospital

Associate Professor and Head:

JM Lazarus, MBChB *Cape Town* FCSUrol *SA*

Emeritus Associate Professor:

RD Barnes, MBChB *Cape Town* FCSUrol *SA*

Senior Lecturers Full-time:

J Howlett, FC Urol *SA* MMed Urol *UKZN* MBChB *Cape Town*

L Kaestner, MBChB *Stell* FCSUrol *SA* MMed *Cape Town*

AS Salukazana, MBChB *WSU* FCSUrol *SA* MMed *Cape Town*

Senior Lecturers Part-time:

TM Borchers, MBChB *Cape Town* FCSUrol *SA*

MJ Dewar, MBChB *Cape Town* FCSUrol *SA* MMed *Cape Town*

JH Wicht, MBChB *Stell* FCSUrol *SA* MMed *Cape Town*

CE De Wet, MBChB *UFS* FCSUrol *SA* MMed *Cape Town*

CHM2001S SPECIAL STUDY MODULE

16 NQF credits at NQF level 6

Convener: Dr V Zweigenthal

Course entry requirements: All first year MBChB courses.

Objective: The Special Study Module (SSM) is designed to give students an opportunity for independent supervised work in an area of interest and develop skills for rigorous scientific medical practice.

Course outline:

The Special Study Module (SSM) comprises a compulsory four-week period of supervised study, designed to complement the core curriculum and to broaden the learning experience. During this experience, each student undertakes a project designed to give opportunities to explore particular interests and develop intellectual and practical skills in a selected subject area. Each student selects one module from a list of modules offered by different Health Sciences departments. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology, and community health. An SSM may take the form of data interpretation, a literature review, a patient record review, a survey, a practical project (language/ music/other) or a laboratory-based study. To encourage depth of learning, students work individually or in small groups, and with a designated supervisor. Where human participants are the subject of the SSM, students are required to abide by the ethical requirement obtained for the project, adopt an ethical approach and obtain informed, signed consent from research participants.

DP requirements: Attendance of the library training session. 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.

CHM5003W SURGERY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5103X, CHM5203X, CHM5303X, CHM5403X, CHM5503X

40 NQF credits at NQF level 8

Convener: Dr S Burmeister and Associate Professor DA Hudson

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

Course outline:

The general surgery component is taught over eight weeks at Groote Schuur Hospital within the units dealing with acute care and with hepatobiliary, upper gastro-intestinal vascular, colorectal, breast and endocrine medicine units. Daily seminars present common important clinical presentations and their initial management. Students attend regular interactive, patient-based tutorials where they develop and enhance clinical proficiency and diagnostic skills. They are exposed to theatre and procedural cases as an introduction to interventional management and produce a portfolio of at least six cases as a starting point for case-/problem-based learning. Core curriculum topics are divided into “must know” (detailed knowledge); and “must recognise” (awareness of topic and its inclusion in a differential diagnosis). Core learning outcomes include recognition of urgent, life-threatening clinical scenarios; ability to recognise common surgical diseases and less common but dangerous problems, initiate primary or emergency care as appropriate, initiate appropriate investigation(s), identify conditions requiring specialised services and understand therapeutic procedures in surgical conditions.

In plastic surgery, core learning outcomes comprise knowledge of the important conditions requiring treatment by a plastic surgeon (e.g. skin cover, grafts and flaps, trauma, cosmetic surgery, burns) and skills of examination, initiating treatment and selecting patients for referral to a specialist centre.

DP requirements: Attendance of a minimum of 37 out of the 44 seminars; completion of six portfolio cases. Attendance is required at all tutorials. A student who for any reason is or has been unable to attend an activity or submit a requirement by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Approved absence beyond a certain maximum may require the student to repeat the course.

Assessment: Students are provided with continuous feedback from their tutors informally during their block. This is not recorded, and does not form part in the final mark. The final mark is made up of an end-of-block MCQ (33,3%); end-of-block clinically-based MCQ (33,3%); and an end-of-block oral and portfolio assessment (33,3%). The general surgery component of the course must be passed with 50%. Both tutorials and witnessed procedures are signed off in a logbook, which may be reviewed during the end-of-block assessment. A recommendation will be made that students who fail the course with 48% or 49% be granted a supplementary examination.

CHM5004H TRAUMA

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5104X, CHM5204X, CHM5304X, CHM5404X, CHM5504X

10 NQF credits at NQF level 8; Lectures (12), Skills Laboratory modules (suturing and intercostal simulation insertion) (2), on-site calls (3), on-site bedside teaching, and on-site equipment tutorial (1).

Convener: S Edu, Professor P Navsaria and Associate Professor AJ Nicol

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

Objective: Build knowledge and basic skills necessary to manage common trauma problems.

Course outline:

The four-week block, which is shared with Orthopaedic Surgery, comprises a series of lectures incorporating the “Advanced Trauma Life Support” (ATLS) format. Lectures are provided on the Vula Trauma Site, F2F lectures will consist of clinical scenarios. The course will combine online learning(VULA) with face to face teaching (either physical or Zoom)clinical skills will be taught during “on call time”, skills courses will resume once labs are functional. Students are rostered for duties in the Trauma Centre at Groote Schuur Hospital in order to gain first-hand experience in managing trauma patients under the supervision of the on-call surgical registrars and consultants. Core learning outcomes include the initial assessment and management of the trauma patient; an approach to specific injuries; skills in resuscitation and basic life-saving techniques; application of splints and plasters; and debridement and suturing of wounds. A core curriculum has been divided into: “must know”, “must recognise”, “may hear or see” and “must be aware of” face to face lectures will be announced at beginning of the block. DP requirements: Completion of online lectures and quizzes, 100% attendance of F2F lectures, participate in a minimum of 4 “calls” in C14 Trauma Centre GSH(signed off by consultant on call). A student who for any reason is or has been unable to attend an activity must supply reasons to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. The maximum amount a time a student may miss with permission before becoming ineligible to write the examination is one week. 2 face to face lectures and 1 C14 call.

Lecture times: Wednesday and Thursday 09h30 – 11h30, and Fridays 10h00 – 12h00.

DP requirements: Full attendance for lectures and clinical skills courses. A student who for any reason is or has been unable to attend an activity must supply reasons to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. The maximum amount a time a student may miss with permission before becoming ineligible to write the examination is one week (four lectures and one clinical skills course).

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Assessment: The end-of-block examination comprises an MCQ (80%) and an OSCE (20%). A student who fails the course with 48% of 49% may be required by the Faculty Examinations Committee to undergo additional training time before writing a supplementary examination.

CHM5004W TRAUMA FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5104X, CHM5204X, CHM5304X, CHM5404X, CHM5504X

10 NQF credits at NQF level 8

Convener: Professor P Navsaria, Associate Professor AJ Nicol and S Edu

Course entry requirements: None

Course outline:

Four week block, shared with orthopaedics. Formal lectures on Wednesdays and Thursdays and Clinical Skills courses on Fridays. The students are required to do after hours call in C14 and complete a logbook of essential procedures. Attendance is compulsory.

DP requirements: Full attendance for lectures, clinical skills courses, and calls. A student who for any reason is or has been unable to attend an activity must supply reasons to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. The maximum amount a time a student may miss with permission before becoming ineligible to write the examination is one week (four lectures and one clinical skills course, one call). Completed logbook.

Assessment: The end-of-block examination comprises an MCQ (50%) and an OSCE (50%). A student who fails the course with 48% of 49% may be required by the Faculty Examinations Committee to undergo additional training time before writing a supplementary examination.

CHM5005H ORTHOPAEDIC SURGERY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5105X, CHM5205X, CHM5305X, CHM5405X, CHM5505X

10 NQF credits at NQF level 8; 30 tutorials, 14 practicals, one course assignment.

Convener: Dr N Kruger

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

Co-requisites: None

Objective: Competency in basic orthopaedic knowledge and skills at a general practitioner level.

Course outline:

This course aims to cover the common entities in adult and paediatric orthopaedic surgery. Core learning outcomes include knowledge of common musculoskeletal trauma and pathological conditions; skills in examination of the musculoskeletal trauma and pathological conditions, application of treatments and carrying out procedures specific to the specialty; x-ray assessment; and professional behaviour appropriate to clinical practice. The curriculum has been organised into core clinical problems students are expected to be able to evaluate clinically and core clinical topics students are expected to be knowledgeable about. The topics have been further stratified into “must know” (have a detailed knowledge of the clinical presentation, laboratory investigation and management of these important, common conditions); “must recognise” (have a basic understanding of the clinical features suggestive of this diagnosis, appropriate investigations that would assist in making the diagnosis and a limited understanding of the principles of treatment of these important conditions, all of which have serious implications if missed); “must be aware of” (the student should be aware of the condition but is not expected to accurately diagnose or manage the condition) and “may hear of or see” (rare conditions that the student should refer for specialist opinion and management). The blended learning course has an E-learning component and a clinical contact component. The E-learning component, comprised of lecture videos and the New Student Textbook for Primary care Orthopaedics, are expected to be completed online during the block. The clinical contact component includes rostered attendance in clinics, ward rounds, orthopaedic tutorials and theatre.

Lecture times: 08h00 daily.

DP requirements: Full and punctual attendance of all ward rounds, clinics and tutorials as per timetable. Contact with allocated registrar as rostered. Completion of the practical log sheet with skills signed off by registrar. Completion of all requisite E-learning by the due dates. Compulsory completion of all orthopaedic course evaluations on Vula. A student who for any reason is or has been unable to meet the above requirements by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Approved absence beyond a certain maximum will require the student to repeat the course. A student who fails to meet the following by the due dates and without a valid and approved medical certificate will not be permitted to write the end-of-block examination.

Assessment: End-of-course examination consists of Vula computer exam 50 SBA MCQ's and OSCE counting 40% each towards the course mark. A video submission counts further 20% to course mark. Minimum average pass mark is 50%. Minimum marks for MCQ 40% and OSCE 40%

CHM5005W ORTHOPAEDIC SURGERY FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5105X, CHM5205X, CHM5305X, CHM5405X, CHM5505X

10 NQF credits at NQF level 8

Convener: Dr N Kruger

Course entry requirements: Completion of semester 1 of NMFC program.

Co-requisites: None

Course outline:

This course aims to cover the common entities in adult and paediatric orthopaedic surgery. Core learning outcomes include knowledge of common musculoskeletal trauma and pathological conditions; skills in examination of the musculoskeletal trauma and pathological conditions, application of treatments and carrying out procedures specific to the specialty; x-ray assessment; and professional behaviour appropriate to clinical practice. The curriculum has been organised into core clinical problems students are expected to be able to evaluate clinically and core clinical topics students are expected to be knowledgeable about. The topics have been further stratified into “must know” (have a detailed knowledge of the clinical presentation, laboratory investigation and management of these important, common conditions); “must recognise” (have a basic understanding of the clinical features suggestive of this diagnosis, appropriate investigations that would assist in making the diagnosis and a limited understanding of the principles of treatment of these important conditions, all of which have serious implications if missed); “must be aware of” (the student should be aware of the condition but is not expected to accurately diagnose or manage the condition) and “may hear of or see” (rare conditions that the student should refer for specialist opinion and management). The blended learning course has an E-learning component and a clinical contact component. The E-learning component, comprised of lecture videos and the New Student Textbook for Primary care Orthopaedics, are expected to be completed online during the block. The clinical contact component includes rostered attendance in clinics, ward rounds, orthopaedic tutorials and theatre.

DP requirements: Full and punctual attendance of all ward rounds, clinics and tutorials as per timetable. Contact with allocated registrar as rostered. Completion of the practical log sheet with skills signed off by registrar. Completion of all requisite E-learning by the due dates. Compulsory completion of all orthopaedic course evaluations on Vula. A student who for any reason is or has been unable to meet the above requirements by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Approved absence beyond a certain maximum will require the student to repeat the course. A student who fails to meet the following by the due dates and without a valid and approved medical certificate will not be permitted to write the end-of-block examination.

Assessment: End-of-course examination consists of Vula computer exam 50 SBA MCQ's (20%) and OSCE (80%) for the course mark. Minimum average pass mark is 50%. Minimum marks for MCQ 40% and OSCE 40%.

CHM5006W SURGERY EXTERNAL CREDIT

[Note: A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5106X, CHM5206X, CHM5306X, CHM5406X, CHM5506X. This course is taken by South African students studying towards a Cuban medical degree.]

41 NQF credits at NQF level 8

Convener: Dr S Burmeister

Course entry requirements: Fourth year MBChB courses.

Course outline:

The general surgery component is taught over eight weeks at Groote Schuur Hospital within units dealing with acute care and hepatobiliary, upper gastro-intestinal vascular, colorectal, breast and endocrine medicine. Daily seminars present common important clinical presentations and their initial management. Students attend regular interactive, patient-based tutorials to develop and enhance clinical proficiency and diagnostic skills. They are exposed to theatre and procedural cases to introduce interventional management and encouraged empathy and communication competence. They produce a portfolio of at least six cases as a starting point for case-/problem-based learning. Core curriculum topics are divided into “must know” (detailed knowledge); and “must recognise” (awareness of the topic and its inclusion in a differential diagnosis). Core learning outcomes include recognition of urgent and life-threatening clinical scenarios; ability to recognise common surgical diseases and less common but dangerous problems, initiate primary or emergency care as appropriate, initiate appropriate investigation(s), identify conditions requiring specialised services and to understand therapeutic procedures in surgical conditions. In plastic surgery, core learning outcomes comprise knowledge of the important conditions requiring treatment by a plastic surgeon (e.g. skin cover, grafts and flaps, trauma, burns); and skills of examination, initiating treatment and in selecting patients for referral to specialist centres.

DP requirements: Students are expected to attend a minimum of 33 out of the 41 seminars. This and the six portfolio cases represent the DP requirements. Tutorials are however considered compulsory. Both tutorials and witnessed procedures are signed off in a logbook, which may be reviewed during the end-of-block assessment.

Assessment: Students are provided with continuous feedback from their tutors informally during their block. This is not recorded, and does not form part in the final promotion mark. The final mark is made up of an end-of-block written paper (33,3%), end-of-block clinically-based MCQ (33,3%), end-of-block oral and portfolio assessment (33,3%). The general surgery component of the course must be passed with 50%.

CHM5007W NEUROLOGY AND NEUROSURGERY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5107X, CHM5207X, CHM5307X, CHM5407X, CHM5507X

20 NQF credits at NQF level 8

Convener: Dr LM Tucker and Associate Professor DEJ le Feuvre

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

Objective: The objective of this course is to give students an understanding of the presentation, assessment, investigation and management of common disorders of the nervous system.

Course outline:

This course aims to cover common entities in adult neurosurgery in a mixed rotation where teaching takes place in both disciplines. In this way, the student develops an understanding of how patients with neurological disorders present. Core learning outcomes include knowledge of common neurological diseases and conditions, skill in examining the nervous system, in applying treatments and carrying out procedures specific to the speciality and in radiologic assessment, as well as professional behaviour appropriate to clinical practice. The core curriculum comprises core clinical problems that students are able to evaluate clinically and core clinical topics they are expected to know.

The latter includes content the student “must know” (detailed knowledge of the clinical presentation, laboratory investigation and management of important, common conditions); “must recognise” (a basic understanding of the clinical features suggestive of this diagnosis, and appropriate investigations that assist in making the diagnosis and understanding the principles of treatment of these important conditions, all of which have serious implications if missed); and “must be aware of” (be aware of but not expected to accurately diagnose or manage). Students become familiar with rare conditions that they should refer for specialist opinion and management.

Lecture times: Tutorials and bedside teaching are scheduled every day, with exposure to other clinical environments such as OPD, ICU, theatre and cathlab. Time is also allocated for self-directed learning and students are expected to do at least two after-hours calls with a neurosurgery registrar.

DP requirements: Students are expected to attend all scheduled teaching activities and have at least 75% attendance where a register is taken.

Assessment: Formative assessment occurs in the block through feedback from clinical teachers. The final marks are made up of: (a) a neurosurgery case report (15%); (b) a neurology in-course assessment (15%); and (c) an end-of-block MCQ examination (70%).

CHM5008W OPTHALMOLOGY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5108X, CHM5208X, CHM5308X, CHM5408X, CHM5508X

10 NQF credits at NQF level 8; 10 tutorials.

Convener: Professor N du Toit

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

Course outline:

This course covers common entities in adult and paediatric ophthalmology. Students undergo experiential learning in the outpatient clinics at Groote Schuur Hospital over a 10-day period. Core learning outcomes are categorised into core knowledge; skills, including clinical, clinical reasoning and procedural skills; and professional behaviour and personal attributes. The core curriculum comprises core clinical problems which students are expected to be able to evaluate clinically and core clinical topics students are expected to be knowledgeable about. Clinical topics are stratified into “must know” (have a detailed knowledge of the clinical presentation, limited management and appropriate referral); and “must recognise” (have a basic understanding of the clinical features suggestive of this diagnosis, take appropriate steps in the treatment of the condition and an understanding which needs to be referred to an ophthalmologist). As key outcomes, students should be able to diagnose and manage common, primary care eye problems, recognise and initiate the treatment of emergencies and know when to refer. Students’ mastering of a problem-orientated approach and their plan of management for every patient manifest in the necessary 30 cases that form part of each student’s portfolio.

DP requirements: Full attendance of all course requirements, including clinical and tutorial sessions, completion of portfolio cases, and satisfactory completion of practice examination skills by the due dates. Any student missing a session without a valid and approved reason will not be allowed to do the clinical and portfolio exam at the end of the block. If missed due to illness, a medical certificate will be required, but no more than two clinic sessions may be missed. If this happens, the student will not be permitted to sit the end-of-course clinical and portfolio examinations. Such student will be required to attend a supplementary one-week clinical attachment either in the July vacation (for first semester defaulters) or in the December vacation (for second semester defaulters) before the clinical and portfolio exams can be done. Any students not having the required number of cases to present at the portfolio exam will fail the end-of-block assessment and will not be allowed to do the clinical examination. The student will be required to attend a supplementary one week clinical attachment either in the July vacation or in the December vacation to complete their portfolios before the examination can be done. If this is not logistically possible the student may need to repeat the course.

Assessment: The final mark is made up of an in-course assessment (clinical and portfolio exams) (50%) and an end-of-block slide show/MCQ computer-based exam (50%). A subminimum applies in respect of the clinical exam. Should any student fail the clinical exam or obtain less than 50% as an overall final ophthalmology mark a recommendation will be made to the Faculty Examinations Committee that the student spend an extra week in ophthalmology at a time to be decided, before undergoing a supplementary examination.

CHM5009W OTORHINOLARYNGOLOGY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5109X, CHM5209X, CHM5309X, CHM5409X, CHM5509X

10 NQF credits at NQF level 8

Convener: Dr J McGuire and Dr V Pretorius

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

Course outline:

This course aims to cover the common entities in adult and paediatric ear, nose and throat (ENT) diseases. Students undergo experiential learning in ENT wards, outpatient clinics and theatres, they also attend afternoon lectures and watch DVDs. The core curriculum comprises content categorised as “must know” (have a detailed knowledge of the clinical presentation, assessment and management of these important, common conditions); and “must recognise” (recognise features suggestive of these conditions, have knowledge of appropriate examination and investigation to assist in confirming/excluding the conditions and have an understanding of the principles of treatment of the conditions which may have serious implications if missed). Students will become familiar with the spectrum of diseases/disorders managed by an ENT division, the examination techniques, investigations and management methods employed to refer and counsel patients appropriately.

DP requirements: Clinical skills competency, 3 clinic sessions, 1 theatre session and the problem-based learning session.

Assessment: The students’ clinical skills and history taking ability will be evaluated during the block. Students are to achieve competency in these evaluations. The final mark for the block will be from both the clinical skills assessment and the computer-based, single best answer, multiple choice end-of-block examination.

CHM5010W UROLOGY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5110X, CHM5210X, CHM5310X, CHM5410X, CHM5510X

10 NQF credits at NQF level 8

Convener: Associate Professor JM Lazarus

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

Course outline:

The Urology apprenticeship lasts two weeks and includes video tutorials and attendance and work at urology wards, clinics and in theatre. The curriculum has been organised into core clinical problems students are expected to be able to evaluate clinically and core clinical topics students are expected to be knowledgeable about. The course work is made up of the video tutorials and the textbook, “A handbook of Urology” which is available at Ward E26.

Lecture times: Activities start daily at 07h15.

DP requirements: Full attendance and completion of all requisite coursework/clinical work. A student who for any reason is or has been unable to meet the above requirements by the due date must supply a reason to the convener, who has the discretion to decide whether the reason is adequate to avoid being given a DPR. Activities will need to be made up where required. If this is not possible, the student may have to repeat all or a portion of the course.

Assessment: The final mark is made up of a case report. This comprises a case report (20%) a logbook/ward performance (30%) and an end-of-block MCQ examination (50%).

CHM5011W SURGERY FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5211X, CHM5311X, CHM5411X, CHM5511X

19 NQF credits at NQF level 8

Convener: Dr S Burmeister

Course outline:

The course incorporates a hands-on, practical, four-week rotation during which students implement the clinical and management components of their previous training. The course consolidates and refines clinical examination, diagnosis and management of the major symptom complexes in surgery. Students are placed within a secondary level unit based at one of Victoria, Mitchell's Plain, Somerset or Groote Schuur Hospitals where it is felt they will have greater exposure to common general surgical conditions. They are involved in all aspects of their units' activities, including ward rounds, patient management and academic activities. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Students present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. They accompany their patients to interventional procedures and present at least two cases per week to attending consultants; this is signed off in a logbook. Students produce a portfolio of at least six cases which provides a starting point for case / problem based learning. Additional weekly interactive tutorials and seminars by consultant staff review core theoretical knowledge. Students keep a logbook documenting their presentation of cases to consultants, and this may be reviewed during at the end-of-block assessment.

DP requirements: Completion of the six portfolio cases and a completed logbook of eight presented cases comprise the DP for the course. However, full attendance and participation in unit is considered compulsory.

Assessment: The end-of-block assessment comprises a clinical, scenario-based and portfolio oral assessment (50%); a patient-based oral examination (50%);

CHM6000W SURGERY (INCLUDING ALLIED DISCIPLINES)

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM6100X, CHM6200X, CHM6300X, CHM6400X, CHM6500X

41 NQF credits at NQF level 8

Convener: Dr S Burmeister

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

Course outline:

Final year Surgery incorporates a hands-on, practical, four-week rotation during which student interns implement the clinical and management components of their previous training. The course consolidates and refines clinical examination, diagnosis and management of the major symptom complexes in surgery. Student interns are placed within one of the secondary level units based at Victoria, Mitchell's Plain, Somerset and Groote Schuur Hospitals where they have greater exposure to common general surgical conditions. They are involved in all aspects of their units' activities, including ward rounds, patient management and academic activities. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Students present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. They accompany their patients to interventional procedures and present at least two cases per week to attending consultants; this is signed off in a logbook. Students produce a portfolio of at least six cases which provides a starting point for case / problem based learning. Additional weekly interactive tutorials and seminars by consultant staff review core theoretical knowledge. Students keep a logbook documenting their presentation of cases to consultants, and this may be reviewed at the end-of-block assessment.

DP requirements: Completion of the six portfolio cases and a completed logbook of eight presented cases comprise the DP for the course. Full attendance and participation in unit are considered compulsory.

Assessment: The end-of-block assessment comprises a clinical, scenario-based and oral assessment (25%); a patient-based oral examination (25%); a computerised, clinically-based MCQ (25%); and a theoretically-based MCQ (25%). A supplementary examination will be recommended for students who fail the course with 48% or 49% (subject to supplementary examination guidelines).

CHM6020W SURGERY EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM6120X, CHM6220X, CHM6320X, CHM6420X, CHM6520X

19 NQF credits at NQF level 8

Convener: Dr S Burmeister

Course entry requirements: Fifth year MBChB courses.

Course outline:

Final year Surgery incorporates a hands-on, practical, two-week rotation during which student interns implement the clinical and management components of their previous training. The course consolidates and refines clinical examination, diagnosis and management of the major symptom complexes in surgery. Student interns are placed within a secondary level unit based at Victoria, Mitchell's Plain, Somerset and Groote Schuur Hospitals where it is felt they will have greater exposure to common general surgical conditions. They are involved in all aspects of their units' activities, including ward rounds, patient management and academic activities. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Students present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. They accompany their patients to interventional procedures and present at least two cases per week to attending consultants; this is signed off in a logbook. Students produce a portfolio of at least six cases which provides a starting point for case / problem-based learning. Additional weekly interactive tutorials and seminars by consultant staff review core theoretical knowledge. Students keep a logbook documenting their presentation of cases to consultants, and this may be reviewed during at the end-of-block assessment.

DP requirements: Completion of the six portfolio cases and a completed logbook of eight presented cases comprise the DP for the course. However, full attendance and participation in unit is considered compulsory.

Assessment: The end-of-block assessment comprises a clinical, scenario-based and portfolio oral assessment (25%); a patient-based oral examination (25%); a computerised, clinically-based MCQ (25%); and a computerised theoretical knowledge-based MCQ (25%).

OTHER COURSES OFFERED

AXL1301S INTRODUCTION TO SOCIOLINGUISTICS

18 NQF credits at NQF level 5

Convener: Mr J Brown

Course entry requirements: None

Course outline:

This course focuses on the study of language in its social context, a branch of Linguistics that is referred to as sociolinguistics. On completion of the course students would have covered topics 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.

Lecture times: 3rd period, Monday – Wednesday.

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

Assessment: Continuous assessment (essays, projects, tests, etc.) counts 100%.

AXL1302S LINGUISTICS FOUNDATION

18 NQF credits at NQF level 5

Convener: Dr B Ige

Course entry requirements: None

Course outline:

This foundational course revisits core areas of 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, and indicate how they are related to the study of communication sciences and disorders; ensure that students have a solid grounding in key concepts in phonetics, phonology, morphology, syntax and semantics, and that they have the skills to use these concepts in the analysis of data. Others are pragmatic rule, regional and social dialectology, elements of neurolinguistics and language families. Upon successful completion, students will understand the nature and interrelationship of language systems; grasp and work with the levels of abstraction involved in phonology, morphology, syntax and semantics; and describe, analyse and explain selected linguistic processes and types of data and use appropriate conventions to present these descriptions, analyses and explanations.

Lecture times: Monday and Thursday (11h00-13h00), Tuesday (self-study) (14h00-16h00).

DP requirements: Full attendance of and participation in all lectures, tutorials and self-directed learning sessions.

Assessment: In-course assessment contributes 60% and comprises tutorial tasks (10%); and two tests (weighted at 25% each). The examination contributes 40% of the final mark. Students who fail the final assessment may be allowed to register for a summer term course and write another examination in the same year.

AXL1303F SOCIOLINGUISTICS FOUNDATION

18 NQF credits at NQF level 5

Convener: Dr B Ige

Course outline:

This course forms part of the (foundational) Intervention Programme. It aims to prepare students for what they will encounter in AXL1301S when they re-enter the standard curriculum, and will ensure that students understand the ways in which social context affects all aspects of language use. The course will give students a solid grounding in key areas of sociolinguistics: language in interaction; language variation and change; language and identity; language contact; and multilingualism and language policy, particularly in South Africa.

230 OTHER COURSES OFFERED

It helps to: prepare students for phenomena and problems they are likely to encounter in their profession; assist students to learn to read and understand graphs, tables and other modes of data presentation in sociolinguistic texts; and develop students' ability to present their own descriptions and explanations of sociolinguistic phenomena appropriately in essays. At the end of the course students will be able to identify the attitudinal, aspirational, and other social factors which commonly have an impact on who speaks (or writes) to whom, about what, under what circumstances, and how these factors could shape aspects of actual and desired language use among the communities and individuals with whom they will engage in their clinical training and professional work. Students draw on the work they did in the previous semester (particularly phonetics, phonology, morphology and syntax).

Lecture times: Monday (10h00-12h00); Tuesday (self-study/fieldwork -14h00-16h00); and Thursday (11h00-13h00).

DP requirements: Full attendance of and participation in all lectures, fieldwork and self-directed learning sessions.

Assessment: In-course assessment contributes 60% and comprises fieldwork and self-directed learning tasks (10%), a test (25%) and an assignment (25%). The final examination contributes 40% to the final mark. These assessments and examination contribute 60% towards the final year mark at the end of Intervention Programme 2.

CEM1011F CHEMISTRY FOR MEDICAL STUDENTS

(Faculty of Science)

18 NQF credits at NQF level 5

Convener: Dr S Wilson

Course entry requirements: None

Course outline:

This introductory course is designed to provide first year medical students with knowledge of the fundamental aspects of chemical theory. The course also serves as a diagnostic tool to explore students' scientific knowledge and the possible need for intervention. Topics in physical and organic chemistry relevant to biochemistry, physiology, pharmacology, chemical pathology and medical microbiology are covered and have been selected to equip students with the basic understanding of those key chemical principles they require for the medical programme. Lecture material is augmented by a practical course and weekly tutorials. The practical course seeks to expose students to a variety of laboratory techniques and to the methods used in the acquisition, recording and manipulation of scientific data and expects students to derive inferences from such data. Some of the learning activities may be delivered online at the discretion of the course convener to support and enhance face-to-face-learning.

Lecture times: Monday - Friday, 1st period. Tutorial/practical: Friday, 2nd-5th period.

DP requirements: Irrespective of whether learning activities are delivered online or face-to-face, attendance and/or participation in all scheduled academic activities, completion of all set written course activities (i.e. practical reports, course tests and tutorial exercises).

Assessment: The class record counts 45% and comprises a practical record (10%); tutorial exercises (5%); two class tests (20%); and a practical test (10%). The final examination counts 55%. A subminimum of 45% is required in the final examination.

CEM1111S CHEMISTRY FOR MEDICAL STUDENTS

(Faculty of Science) CEM1111S is currently under review and might not be offered in its current format in 2021.

0 NQF credits at NQF level 5

Convener: Dr S Wilson

Course entry requirements: 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 final examination for CEM1111S, to qualify for the CEM1011X final examination in June the following year, students are required to meet the DP requirements for both CEM1111S and CEM1011X, which entail: attendance and completion of practicals, tests and tutorial exercises.

Assessment: The CEM1111S class record counts 31%. The CEM1111S class record and the CEM1011X class record count 45%. The CEM1011X examination counts 55%. A subminimum of 45% is required in the final examination.

CEM1011X CHEMISTRY FOR MEDICAL STUDENTS

(Faculty of Science) This course will not be offered in 2021.

18 NQF credits at NQF level 5

Convener: Dr S Wilson

Course entry requirements: 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 and completion of tests and tutorials exercises.

Assessment: The CEM1011X class record (comprising tests and tutorials) counts 14%. The CEM1011X class record and the CEM1111S class record count 45%. The CEM1011X examination counts 55%. A subminimum of 45% is required in the final examination.

PHY1025F PHYSICS 1025

18 NQF credits at NQF level 5

Convener: Associate Professor 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 and 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 three class tests (10% each) and a laboratory record (10%); and the final examination counts 60%.

232 OTHER COURSES OFFERED

PSY1004F INTRODUCTION TO PSYCHOLOGY PART 1

Preference will be given to students who list Psychology as a major in a Humanities degree (BA or BSocSc), and students in one of the following programmes: Social Work, Physiotherapy, Occupational Therapy, Speech and Communication Disorders (Speech Therapy and Audiology) or any other approved Health Sciences service programme, and student majoring in Organisation Psychology.

18 NQF credits at NQF level 5

Convener: TBA

Course outline:

The course aims to introduce the student to some of the areas of specialisation within psychology. These include history of psychology, biopsychology and memory, genetics and evolutionary psychology, health psychology, developmental psychology, psychopathology and psychotherapy, and learning. Students are taught a great deal about plagiarism and develop skills necessary to write essays and prepare other submissions to the Psychology department.

Lecture times: Tuesday to Friday 1st or 5th period.

DP requirements: Satisfactory completion of all assignments by due date, attend at least 80% of tutorials, complete one of the two class tests. In addition, obtain one Student Research Participation Programme (SRPP) point or equivalent.

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

PSY1005S INTRODUCTION TO PSYCHOLOGY PART 2

18 NQF credits at NQF level 5

Convener: TBA

Course entry requirements: PSY1004F

Course outline:

This course builds on the content covered in Introduction to Psychology Part 1. There is emphasis on research methods, both quantitative and qualitative methods. The student is also introduced to other areas of specialisation, including intelligence, consciousness, emotion and motivation, personality and social psychology. With a focus on research methods, students develop skills necessary to write a research report and prepare other submissions to the Psychology department and to carry out conceptual analyses of research materials and results.

Lecture times: Tuesday to Friday 1st or 5th period.

DP requirements: Satisfactory completion of all assignments by due date, attend at least 80% of classroom tutorials, submit all statistics lab-based exercises, complete one of the two class tests. In addition, obtain 3 Student Research Participation Programme (SRPP) points or equivalent.

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

PSY1006F INTRODUCTION TO PSYCHOLOGY PART 1 +

10 NQF credits at NQF level 5

Convener: TBA

Course entry requirements: None (extended programme students only).

Co-requisites: PSY1004F.

Course outline:

The purpose of this course is to augment and support its co-requisite course: PSY1004F INTRO TO PSYCHOLOGY PART 1. It aims to improve students' performance by enhancing their grasp of key ideas and concepts, and by developing their mastery of the disciplinary discourse. It provides additional pedagogic enrichment in the form of regular Plus Tuts that extend into Writing Hub exercises and consultations. In these tutorials, students will receive explicit support around the co-requisite course assignments and detailed feedback on their written work.

Lecture times: Tutorial times by sign-up with the department.

DP requirements: There are no DP requirements for this course. Pass or fail grade will be awarded.
Assessment: Coursework 100% comprising of tutorial assessments and other written work. 100% tutorial attendance plus successful completion of all coursework assignments required to pass this course.

PSY1007S INTRODUCTION TO PSYCHOLOGY PART 2 +

10 NQF credits at NQF level 5

Convener: TBA

Course entry requirements: None (extended programme students only).

Co-requisites: PSY1005S.

Course outline:

The purpose of this course is to augment and support its co-requisite course: PSY1005S INTRO TO PSYCHOLOGY PART 2. It aims to improve students' performance by enhancing their grasp of key ideas and concepts, and by developing their mastery of the disciplinary discourse. It provides additional pedagogic enrichment in the form of regular Plus Tuts that extend into Writing Hub exercises and consultations. In these tutorials, students will receive explicit support around the co-requisite course assignments and detailed feedback on their written work.

Lecture times: Tutorial times by sign-up with the department.

DP requirements: There are no DP requirements for this course. Pass or fail grade will be awarded.

Assessment: Coursework 100% comprising of tutorial assessments and other written work. 100% tutorial attendance plus successful completion of all coursework assignments required to pass this course.

PSY2013F SOCIAL AND DEVELOPMENTAL PSYCHOLOGY

Was previously PSY2003S (Social Psychology and Intergroup Relations) and PSY2009F (Developmental Psychology)

24 NQF credits at NQF level 6

Convener: Dr M Malinga

Course entry requirements: PSY1004F and PSY1005S or equivalent.

Co-requisites: None

Course outline:

This course provides an introduction to two major areas of psychological research and theory. Social Psychology is taught in one half of the course. The social psychology module introduces students to some basic concepts and theories in social psychology, exposes students to current research within the field, and provides an opportunity for students to engage critically with existing theories and their relevance to the South African context. Some of the major topics covered will include race and racism, social identity and social change, intergroup contact, and social influence. Developmental psychology is taught in the other half of the course. The developmental psychology module focuses on understanding the changes and continuities that occur in children from conception through adolescence. The sessions will cover central theoretical issues and research strategies in developmental psychology, prenatal development, cognitive and language development, social and emotional development, and contexts of development.

Lecture times: Tuesday to Friday, 7th period.

DP requirements: Completion of all coursework, and 80% attendance at tutorials.

Assessment: Coursework will be weighted at 50%, and will include completion of tutorial assignments, essays and tests as required. An exam at the end of the semester will be weighted 50%.

PSY2014S COGNITIVE NEUROSCIENCE AND ABNORMAL PSYCHOLOGY

Was previously PSY2010S (Cognition and Neuroscience) and PSY2011F (Clinical Psychology I)

24 NQF credits at NQF level 6

Convener: TBA

Course entry requirements: PSY1004F and PSY1005S

Course outline:

This course aims to introduce students to a variety of topics relevant to normal cognitive functioning as well as psychopathology. While one half of the course takes a neuroscientific approach, the other half of the course draws on psychological, sociocultural, cognitive and biological perspectives.

Lecture times: Tuesday to Friday, 7th period.

DP requirements: Completion of all coursework, attendance at all tutorials, and obtaining 3 points through the Student Research Participation Programme (SRPP).

Assessment: Coursework: 70% (*assignment submissions = 40% and class test = 30%*) Exam: 30%.

PSY2015F RESEARCH IN PSYCHOLOGY I

Was previously PSY2006F (Research in Psychology I)

24 NQF credits at NQF level 6

Convener: Professor C Ward

Course entry requirements: PSY1004F, PSY1005S; and meeting mathematics criterion for entrance into PSY1004F.

Co-requisites: None

Course outline:

This course introduces students to research in Psychology. We will cover four major approaches to research in Psychology, namely quantitative research methods, qualitative research methods, statistical analysis of data, and psychometrics.

Lecture times: Tuesday and Wednesday, Meridian.

DP requirements: Completion of all coursework, 80% attendance at tutorials, and obtaining 3 points through the Student Research Participation Programme (SRPP).

Assessment: Coursework will be weighted at 50%, and will include completion of tutorial assignments, and tests as required. An exam at the end of the semester will be weighted 50%.

SLL1028H XHOSA FOR HEALTH AND REHABILITATION SCIENCES

For students registered in the School of Health and Rehabilitation Sciences only.

18 NQF credits at NQF level 5; 25 lectures.

Convener: S Deyi

Course entry requirements: None

Course outline:

This course introduces students to communication skills required for a successful interaction between a healthcare professional and a client. The course takes an integrated approach to language learning through incorporation of clinical experiences related to the disciplines of physiotherapy, occupational therapy, and communication and speech disorders. The main focus of this course is on pronunciation, grammar and interaction with clients. Interaction is used as a means of exposing students to Xhosa ways of expression, as well as to issues of cross-cultural and inter-cultural communication. At the end of this course students will be able to communicate with a speaker of Xhosa about common everyday topics; be able to elicit and understand information from a client using terminology specific to the fields of physiotherapy, occupational therapy and communication 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%).

SLL1041S BEGINNERS' XHOSA FOR MBChB

Offered in the Faculty of Health Sciences

18 NQF credits at NQF level 5

Convener: Ms S Deyi

Course entry requirements: This course is offered to 1st year students who are registered for the MBChB degree. Students seeking exemption from this course are required to pass an oral proficiency test prior to the commencement of the course in Semester 2.

Course outline:

An introduction to the noun class system of Xhosa and how this generates the concords used in creating sentences. A treatment of the tense system of Xhosa, positive and negative, including the stative (which is used extensively in talking about medical conditions). The development of relevant vocabulary banks and skills to manipulate the lexicon to form prepositions, pronouns and possessives. A simple explanation of Xhosa moods: indicative (making a statement), subjunctive (giving advice and making suggestions), participial (used in a wide range of contexts). An explanation of the difference between the active and passive voice in Xhosa, and a focus on how these are used in medical dialogues and patient interviews.

DP requirements: Attendance of all tutorials.

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

SLL1044S BEGINNERS' AFRIKAANS FOR MBChB

Offered in the Faculty of Health Sciences

18 NQF credits at NQF level 5

Convener: Dr M Lewis

Course entry requirements: This course is offered to 1st year students who are registered for the MBChB degree. Students seeking exemption from this course are required to pass an oral proficiency test prior to the commencement of the course in Semester 2

Course outline:

This is a course on the basic grammar of Afrikaans. It prepares students with limited or no prior knowledge in Afrikaans for the SLL2002H (Becoming a Doctor Part IB) course and is taken a year prior to SLL2002H registration. By the end of the course, students are ready to apply the acquired grammatical knowledge in a medical context.

Lecture times: Arranged internally.

DP requirements: Attendance of all lectures AND students are required to complete all in-course vocabulary and listening comprehension tests.

Assessment: In-course assessments (50%) and one oral summative assessment (50%). The students receive a PA (pass) or F (fail) grade at the end of the course.

SLL1048H AFRIKAANS FOR HEALTH AND REHABILITATION SCIENCES

For students registered in the School of Health and Rehabilitation Sciences only.

18 NQF credits at NQF level 7

Convener: Dr I van Rooyen

Co-requisites: Students must be registered for a degree in physiotherapy, occupational therapy, speech and language pathology or audiology.

Course outline:

The content of the course is based on case studies covered in the streams of physiotherapy, occupational therapy and communication sciences and speech disorders.

236 OTHER COURSES OFFERED

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.

Lecture times: Arranged internally.

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%.

SLL2002H BECOMING A DOCTOR: PART IB

Offered to students registered for the MBChB degree only.

18 NQF credits at NQF level 6

Convener: Dr I van Rooyen (Afrikaans) and Ms S Deyi (Xhosa)

Course entry requirements: SLL1044S and SLL1041S or passing the corresponding SLL1044S and SLL1041S oral proficiency tests.

Co-requisites: PPH2000W

Course outline:

The course teaches basic Afrikaans and Xhosa communication skills for doctors. The content of the languages course is synchronized with the content of PPH2000W (*Becoming a Doctor Part IA*). The focus of the course is on communication skills and specifically on those skills required for a doctor-patient interaction, including skill in asking questions and in effectively entering into dialogue with the patient. The course also deals with the unique pronunciation and stylistic variants of individual patients, culture-specific words and expressions, and the possible ‘indigenisation’ of language.

Lecture times: 6th – 8th period, Tuesdays to Fridays.

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

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

SLL3002H BECOMING A DOCTOR: PART 2B

Offered to students registered for the MBChB degree only.

30 NQF credits at NQF level 7

Convener: S Deyi

Course entry requirements: SLL2002H

Course outline:

This course comprises “Afrikaans and Xhosa Communication Skills for Doctors” and further develops the skills learnt in the second year. Attention is given to history-taking within a clinical context and responses to individual speech acts. At the end of this course, students should be able to communicate with a speaker of Afrikaans or Xhosa about common everyday topics and elicit and understand information from a patient using case-specific terminology; and should have an awareness of some cultural issues that emanate from cross-cultural communication.

Lecture times: Arranged internally.

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

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

SLL3003W CLINICAL LANGUAGE

Offered to students registered for the MBChB degree only.

0 NQF credits at NQF level 7

Convener: Dr I van Rooyen (Afrikaans) and T Jacobs (Xhosa)

Course entry requirements: 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.

Lecture times: Arranged internally.

DP requirements: 100% class attendance. Students who miss a session will be required to write a case report of a patient interviewed and present this to a facilitator for oral discussion in Afrikaans/Xhosa.

Assessment: One summative assessment, which includes an interview in Afrikaans as well as an interview in Xhosa. The marks contribute towards the MDN4011W end-of-block clinical exam mark.

RESEARCH STRUCTURES

Adolescent Health Research Unit (AHRU)

Division of Child & Adolescent Psychiatry, 46 Sawkins Road, Rondebosch, 7700

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. The specific research themes in the AHRU include sexual & reproductive health, adolescent mental health, intimate partner violence in adolescence, abuse & bullying, and health & education systems for adolescents.

Website: www.ahr.u.uct.ac.za

PJ de Vries, MBChB *Stell* FRCPsych London PhD *Cantab*
C Mathews, BA Natal MSc (Medicine) PhD *Cape Town*
EL Davids, PhD *UWC MPH 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

The Alan J Flisher Centre for Public Mental Health (CPMH, www.cpmh.org.za), based in the Department of Psychiatry and Mental Health, Health Sciences Faculty at UCT, was established in April 2010, through approval by the UCT Senate Executive Committee and a Memorandum of Understanding signed between UCT and Stellenbosch University. Since its establishment the Centre has grown substantially, has been appointed as a World Health Organization Collaborating Centre and now conducts research in 13 countries in sub-Saharan Africa, South America, south Asia and southeast Asia with a research budget of over US\$14 million. It is one of the leading international research centres in Public Mental Health based in a developing country. The CPMH is currently (2020) involved in three major mental health research consortia and one multi-country research capacity-building programme: the NIHR-funded Health System Strengthening in sub-Saharan Africa (ASSET, www.healthasset.org), the Research Council UK-funded Strengthening responses to dementia in developing countries (STRiDE, www.stride-dementia.org/), the Economic and Social Research Council UK-funded Poverty reduction, mental health and the chances of young people: understanding mechanisms through analyses from 6 low- and middle-income countries (CHANCES, <https://www.centreforglobalmentalhealth.org/chances-poverty-reduction-mental-health-and-the-chances-of-young-people-understanding-mechanisms>) and the Wellcome Trust-funded African Mental health Research Initiative (AMARI, www.amari-africa.org) capacity building programme. The CPMH also runs a distance learning Masters (MPhil) programme in Public Mental Health, with students from several African countries, as well as a PhD programme. The CPMH is also home to the Perinatal Mental Health Project (www.pmhp.za.org). The CPMH employs a multi-disciplinary team dedicated to undertaking high quality research in the areas of public mental health, mental health policy and services.

C van der Westhuizen, MBChB *Stell* PhD *Cape Town*

Brain and Behaviour Unit (BBU)

Dept of Psychiatry, Groote Schuur Hospital

The Brain and Behaviour Unit is a multi-disciplinary hub for psychiatric neuroscience research based in the Division of Psychopharmacology and Biological Psychiatry of the Dept of Psychiatry & Mental Health. The Brain and Behaviour Unit focuses on psychiatric neuroscience (i.e. psychiatric neurogenetics, psychiatric neuroimaging, translational neuroscience relevant to mental disorders), and provides a mechanism for supporting postgraduate students and postdoctoral fellows; for psychiatric neuroscience education; and for multi-disciplinary collaborative relationships. It comprises three groups; the Psychiatric Neurogenetics Group, the Psychiatric Neuroimaging Group, and the Translational Neuroscience Group. The Brain and Behaviour Unit aims to contribute to issues that are particularly relevant to the South African and African contexts, such as psychological trauma, substance use, and neuroHIV. Members of the Brain and Behaviour Unit employ a range of methods in this work, including phenotyping, cognotyping, genotyping, brain imaging and characterizing molecular signatures.

DJ Stein, BSc (Medicine) MBChB Cape Town FRCPC PhD DPhil Stell

Cancer Research Initiative

Room 3.45 Falmouth Building, FHS, UCT and J52-12, Old Main Building, Groote Schuur Hospital

The Cancer Research Initiative (CRI) was established in 2013 with the aim of facilitating integrated, interdisciplinary cancer research in the Faculty. Through collaborative research, the CRI pursues innovative, effective and relevant approaches to the prevention, diagnosis, and treatment of cancer. The CRI connects world-class researchers conducting basic, clinical and population-oriented cancer research in the Faculty and supports partnerships with national and international research institutions, NGO's and funders. Explore our website for information on current news, cancer projects, recent publications and research funding opportunities.

<http://www.health.uct.ac.za/fhs/research/groupings/cri>

Professor and Director:

J Moodley, MBChB MMed PhD Cape Town

Cape Heart Institute

Christiaan Barnard Building, Faculty of Health Sciences

This combined research entity is the largest heart research group in South Africa. The synergism between its two components, the Medicine-based "Hatter Institute for Cardiovascular Research in Africa" (HICRA) and the Surgery-based "Cardiovascular Research Unit" (CVRU) allows a holistic research focus on neglected yet dominant African health problems such as Rheumatic Heart Disease (RHD). The Hatter Institute is involved in the study of the molecular and cellular biology of ischaemic heart disease, as well as the molecular and cellular pathophysiology of cardiac hypertrophy and heart failure. The goals of the research programme are to contribute to the fundamental understanding of the mechanisms in the development of ischaemic heart disease, cardiac hypertrophy and heart failure including lipid and lipoprotein disorders in patients and novel treatment strategies for these disorders. The Cardiovascular Research Unit's focus is on replacement heart valves for the young patients with RHD, from tissue regeneration to the search for biocompatible materials. The University of Cape Town's start-up company "Strait Access Technologies" (SAT) is embedded in the CVRU. It is in its year of developing long-lasting, easily insertable heart valve replacements and repairs for the young patients in Africa with Rheumatic Heart Disease who have no access to open heart surgery.

Professors and Co-Directors:

K Sliwa, MD Berlin PhD Johannesburg FESC FACC

P Zilla, MD Vienna PD Vienna DMed Zurich PhD Cape Town FCS(Cardio)

Cardiovascular Research Unit

Second, Third and Fifth Floor, Cape Heart Institute, Chris Barnard Building, Faculty of Health Sciences

The Cardiovascular Research Unit is an integral part of the Cape Heart Institute. It provides postgraduate training in the disciplines of Cardiovascular Biomaterials and Cardiothoracic Surgery Research. Both MSc (Medicine) and PhD degrees by dissertation are offered in these disciplines.

Laboratory-based research is carried out in the fields of bioprosthetic and polymeric heart valves, biomaterials research, myocardial regeneration, regenerative vascular grafts and tissue engineering.

Professor and Director:

P Zilla, MD PD Vienna DMed Zurich PhD Cape Town

Deputy Director:

P Human, PhD Cape Town

Professor:

D Bezuidenhout, PhD US

Associate Professor:

N Davies, PhD Oxon

Associate Members:

J Scherman, MBChB FCS (Cardio)

TPennel, MBChB PhD Cape Town FCS (Cardio)

Financial Officer:

J Brooks

Centre for Environmental and Occupational Health Research (CEOHR)

Level 4, Falmouth Building South

The Centre, a WHO collaborating centre in occupational health between 2005 – 2014 and an MRC research entity between 2001-2005, was upgraded in 2009, following its initial establishment as a research unit in 1993. The SA Swiss Bilateral Research Chair in Global Environmental Health is based in the Centre. The core objectives of the Centre are:

To be a principal Centre of environmental and occupational health research, teaching and training, occupational medical clinical services, policy advisory, technical consultancy services, advocacy and a source of supportive outreach activities in South Africa, in the Southern and Eastern regions of Africa, Africa more generally, and internationally;

To conduct multidisciplinary research, teaching and service provision integrating laboratory, clinical, epidemiological and policy skills in relation to environmental and occupational health problems that have high priority in Southern Africa in order to facilitate identification and improved characterisation of these and other problems and to better understand the determinants of these problems and their solution;

To explore and develop means of maintaining the health of individuals and the environment, especially in relation to environmental health risks and the work environment, and of preventing the development of health problems in those exposed to injurious environments at work or more generally.

To conduct public policy research into issues ranging from toxic or injurious exposures through to health surveillance, the functioning of relevant health services including promotive, preventive, curative and rehabilitative/ compensation aspects;

To foster inter-institutional research, teaching and service (including outreach) collaboration with United Nations and other agencies;

To foster inter-institutional research, teaching and service (including outreach) collaboration and capacity development; and

To translate and implement the results of research in teaching, training, policy, service provision and outreach.

Professor and Director:

MA Dalvie, BSc BScHons (Medicine) MSc (Medicine) PhD *Cape Town*

Professor and Deputy Director:

HA Rother, BA MA PhD *Michigan State*

Professors:

MF Jeebhay, MBChB *Natal* DOH MPhil *Cape Town* MPH PhD *Michigan*

L London, MBChB MMed MD *Cape Town* BScMedHons *Stell* DOH *Witwatersrand*

Associate Professor:

S Adams, MBChB DOH PhD *Cape Town* MFamMed *Stell* FCPHM (Occupational Medicine) *SA*

Emeritus Professors:

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (Occupational Medicine) *SA*

JE Myers, BSc MBChB MD *Cape Town* DTM&H MFOM *UK*

ML Thompson, BScHons *Natal* PhD *Gottingen*

Research Co-ordinator:

R Baatjies, BTech MTech *CPUT* MPH *Witwatersrand* PhD *Cape Town*

Honorary Professor:

R Matzopoulos, BBusSc MPhil PhD *Cape Town*

Post-Doctoral Research Fellows:

A Saban, BSc BScHons MA PhD *Cape Town*

BO Fagbayigbo, BSc MSc PhD

Centre for Infectious Disease Epidemiology and Research (CIDER)

Level 5, Falmouth Building South, & Standard Bank Building, Mowbray

The Centre for Infectious Disease Epidemiology and Research is a World Health Organization (WHO) Collaborating Centre in HIV Epidemiology and Research) and conducts multidisciplinary research on priority infectious diseases in Southern Africa, in order to improve disease prevention and management. The Centre has strong links to service providers at provincial and national level, and a long track record of conducting operations research around service delivery challenges. Staff includes epidemiologists, biostatisticians, mathematical modellers, data scientists, social scientists and public health specialists.

Associate Professor and Director:

M Davies, MBChB MMed PhD *Cape Town FCPHM SA*

Centre Manager:

C Sylvester, BA *Unisa AIM Cape Town*

Professors Full-time:

A Boulle, MBChB PhD *Cape Town MSc London FCPHM SA*

L Myer, AB *Brown MA MBChB Cape Town MPhil PhD Columbia*

Senior Clinical Research Officers Full-time:

E Kalk, MBChB *Witwatersrand PhD Birmingham MRCP London Dip (HIV Management) SA MPH Cape Town*

M Tlali, BA MBChB *Cape Town MSc DTMH LSHTM*

Senior Research Officers Full-time:

L Johnson, BBusSc PGDip (Actuarial Science) PhD *Cape Town*

U Mehta, BPharm *Witwatersrand DPharm Albany DrPH James Cook*

R Kassanjee, PhD *Witwatersrand*

M Cornell, MPH PhD *Cape Town*

M Osler, BS *Colorado MPH Cape Town*

Clinical Research Officers Part-time:

R de Waal, MBChB MPH *Cape Town Dip (Pharm Medicine) UK*

K Anderson, MBChB MPH *Cape Town Dip (HIV Management) SA*

Research Officers Full-time:

P Nyakato, BSc *Makarere MSc LSHTM*

G Patten, BSc *Cape Town MSc LSHTM*

J Euvrard, BA MA *Rhodes*

Research Officer Part-time:

K Hilderbrand, BSc *Sussex MSc London*

Project Managers:

N Tena-Coki, BScHons *UWC MSc PhD Cape Town*

W Wiemers, BCom *Unisa BSocScHons Cape Town*

Research Coordinators:

H Madladla, BSc *Durban MSc PhD UKZN*

Data Managers:

A Heekes, BSc *Cape Town*

T Mutemaringa, BSc MSc *Zimbabwe MPhil Cape Town*
 M Smith, BSc *Stell MSc Erasmus*
 N Maxell, RN *UK*

Software Managers:

M Bosland, BSc *Stell*
 R Burley, BSc *Unisa*
 A Cardoza, BSc BEng MSc *Stell*
 P Buddiga, MD *College of Andhra University*

Honorary Senior Lecturers:

D Pienaar, MBChB MMed *Cape Town*
 M Schomaker, Dip (Statistics) Dr.rer.nat. *Munich*

Honorary Research Associate:

G van Cutsem, BSc *FNDP Namur MD UCL Brussels DTM ITM Antwerp MPH Cape Town*

Post-Doctoral Research Fellow:

B Burmen, MBChB PhD *Kenya MPH Liverpool*

Children's Institute

46 Sawkins Road, Rondebosch

Universities play an important role in contributing to strategies that address the circumstances of children. As one of the duty-bearers responsible for intervention to improve children's lives, universities are increasingly being called upon to exercise their social responsibility towards this important sector of society. Against this background, the Children's Institute aims to harness the collective academic capability in the University to promote enquiry into the situation of children, to share this capacity through teaching and training programmes, and to present evidence to guide the development of laws, policies and interventions for children. In addition, in positioning itself as an independent broker of evidence, the Institute is also able to provide evidence to those who are advocating on behalf of children. The work of the Children's Institute is aimed at promoting the principle of taking the best interest of the child into account, and at ensuring that children are given primary consideration by society. In particular, the Institute pays special attention to promoting child participation in its work, and advocates for their voices to be heard, and their opinions to be taken seriously.

The Children's Institute is a multi-disciplinary institute aiming to contribute to policies, laws and interventions that promote equality and realise the rights and improve the conditions of all children in South Africa, through research, advocacy, education and technical support.

Research

- *defining research questions in specific child policy areas*
- *conducting quality policy research*
- *stimulating inter-disciplinary research*
- *collating and analysing secondary research and data sets*

Education

- *conducting policy research training for graduate students from different disciplines*
- *contributing child policy modules to existing programmes*
- *delivering short courses or other appropriate training to child practitioners and policy makers*

Technical assistance and support

- providing technical assistance to policy makers and practitioners
- supporting child policy role players with information, training and practice guidelines

Advocacy

- using evidence-based communication with government decision-makers
- producing publications directed at the policy, service provider, academic and popular fields
- information dissemination through a range of platforms
- participating in and supporting social movements that prioritise and promote children's well-being
- increasing the cadre of practitioners, scholars and researchers versed in evidence-based approaches to child-focused policies and practice.

Director and Associate Professor:

S Mathews, MPH PhD

Chronic Disease Initiative for Africa (CDIA)

J47/86 Old Main Building, Groote Schuur Hospital

The CDIA is unique in South Africa, as well as in the region. It strives to connect a wide range of experts in NCD public health, clinical medicine, epidemiology, lifestyle modification, health economics, health behaviour, and implementation research and health service management in an expanding collaborative network. CDIA supports the World Health Organisation's model for innovative, integrated care for chronic conditions (ICCC) and focuses on underprivileged patients attending public sector primary health care facilities. Consequently, CDIA is committed to the development, evaluation and dissemination of methods and programmes to prevent NCD and to improve the quality of care for people with these diseases and their risk factors. This commitment has already impacted on practice in South Africa and other African countries. Further, the initiative is developing the next generation of NCD researchers, by mentoring postgraduate students, as well as developing clinical capacity for NCD in health care providers who participate in CDIA research projects. Many CDIA network members have been actively involved with the Departments of Health in contributing to NCD policy development in South Africa.

Originally, CDIA research network members were drawn from three major tertiary academic institutions in Cape Town: (the University of Cape Town (UCT), Stellenbosch University (US) and the University of the Western Cape (UWC), as well as the South African Medical Research Council (MRC) and Harvard University (HU), USA. Since 2012, the membership has expanded to include members from Malawi, Kenya, Botswana, the Universities of Witwatersrand, North-West and Pretoria. In addition, Western Cape and National Departments of Health representatives sit on our management committee and governing board respectively.

Professor and Director:

N Levitt, MBChB MD FCP SA

Wellcome Centre for Infectious Diseases Research in Africa (CIDRI-Africa)

IDM, UCT Faculty of Health Sciences

The Wellcome Centre for Infectious Diseases Research in Africa (CIDRI-Africa) at the University of Cape Town conducts high quality translational infectious disease research in a setting of tremendous disease burden. The juxtaposition of infection burden with sophisticated research laboratories offers unique advantage.

We foster investigator-led approaches via an overarching scientific theme:

1. *To combat infection, especially HIV-1 and tuberculosis, via clinical and laboratory research*
Specific subthemes within this are:
2. *To understand overlap between infections and non-communicable diseases of poverty, especially where the latter impact susceptibility to, or arise as a consequence of, infection*
3. *To understand and tackle the challenges (e.g. metabolic complications, resistance) of largescale antiretroviral therapy.*

Honorary Professor and Director:

RJ Wilkinson, BMBCh FMedSci MA PhD DTM&H FRCP

Collaborating Centre for Optimising Antimalarial Therapy (CCOAT)

UCT Division of Clinical Pharmacology, K Floor, Old Main Building, Groote Schuur Hospital

UCT's Collaborating Centre for Optimising Antimalarial Therapy (CCOAT, www.ccoat.uct.ac.za) serves to bring together the expertise of clinical and laboratory researchers, working together to improve malaria treatment. Our strong track record of successful malaria research initiatives has led to our being selected to lead the Pharmacology module of Worldwide Antimalarial Resistance Network (WWARN) and as one of three South African Medical Research Council Collaborating Centres for Malaria Research.

Our clinical research studies conducted in Cape Town, and in malaria areas in South Africa and elsewhere in Africa, aim to inform policy-making at national, regional and global levels. As there are now countries where resistance has been confirmed to all currently available malaria medicines, there is an urgent need for new treatments. The first clinical step to develop novel antimalarials involves studies in healthy adults, which we conduct with participants identified from our adult volunteer database comprising a source population who are contactable and willing to be involved in our Cape Town-based clinical research studies. Most recently we conducted the first-in-human clinical trial on the novel antimalarial MMV390048, discovered by the team lead by UCT's Professor Kelly Chibale and our field clinical trials and field work are now contributing to efforts to eliminate malaria from South Africa and its neighbours.

We also have an interest in finding optimal methods to evaluate the efficacy and safety of malaria treatments. The world-class quality of all our research is driven by our research staff, who also serve as members of The Global Health Network (www.tghn.org). Our coordination of 3 programmes for the Network (www.globalhealthtrials.org South Africa, www.globalresearchnurses.org and www.globalpharmacovigilance.org) creates a synergistic relationship; our staff contribute to and work with both local and global clinical research communities to use Global Health Network eLearning and other resources to enhance clinical research standards in low and middle income settings., while internal resources developed for our clinical research studies are shared with the broader Global Health Network community.

WWARN (www.wwarn.org) aims to provide the information necessary to prevent or slow antimalarial drug resistance and therefore reduce malaria morbidity and mortality. Through WWARN, our data is combined with those contributed by research groups globally, to conduct pooled individual patient data analyses to answer pivotal questions to inform the best use of available antimalarials to prolong their useful therapeutic life and develop regulatory-compliant data standards for malaria clinical trials. Building on WWARN's experience in collating and curating individual patient data from >400 clinical trials in >135,000 malaria patients, we have facilitated the development of CDISC standards for malaria (<https://www.cdisc.org/>) that are now required for submissions for licensing novel treatments by regulatory authorities (e.g. US Food and Drug Administration).

As our work involves many different methods to answer key questions on optimising malaria treatments, we collaborate with various other groups including the UCT Clinical Research Centre (www.crc.uct.ac.za), the UCT Pharmacometrics unit and Analytical laboratories within the Division of Clinical Pharmacology and H3D (www.h3d.co.za), as well as our many WWARN collaborators, the South African National Institute for Communicable Diseases, and the Universities of Pretoria and the Witwatersrand. The dynamic nature of this model results in a sustainable collaborating centre that impacts on malaria treatment policy and practice.

Professor and Director:

K Barnes, MBChB MMed *Cape Town*

Senior Clinical Research Manager:

E Allen, BScHons (Pharmacy) MPH CHP PhD

Lead Investigator:

P Sinxadi, MBChB MMed PhD *Cape Town*

Senior Data Manager:

L Workma, RN MPH

Project coordinator, The Global Health Network:

E Pietersen, RN MCur PhD

Clinical Research Assistant:

F Davids

Community Eye Health Institute

H53, Old Main Building, Groote Schuur Hospital

The Community Eye Health Institute provides postgraduate training in community eye health and eye care programme management. Both a Postgraduate diploma and an MPH (community eye health) track are offered. Consultancy for programme planning, evaluation and research is provided for blindness prevention programmes in developing countries.

Director:

D Minnies, MPH

Desmond Tutu HIV/AIDS Research Centre

IDM, Wernher & Beit Building North

Professor and Head:

R Wood, MBChB *Cape Town* DCH DTM&H FCP SA

Professor:

LG Bekker, MBChB PhD *Cape Town* DCH DTM&H FCP SA

Associate Professor:

C Orrell, MBChB *Cape Town* MSc DCH SA

Senior Research Officers:

K Middelkoop, MBChB PhD *Cape Town*

B Mkhize, MBChB *Natal* ADOH UFS

Affiliate Member:

L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

Principal Scientific Officer:

C Morrow, PhD *Cape Town*

Research Officers:

S Arnolds, MBChB *Stell*

F Bango, MBChB *UFS*

N Chigorimbo-Tsikiwa, BSc *Rhodes* BScHons (Medicine) MSc PhD *Cape Town*

L Fleurs, MBChB *Cape Town*

D J Onwumeh, MBBS *Nigeria*

T Radzilani, MBBCh *Witwatersrand*

S Sattar, MBChB *Cape Town*

GW Skinner, MBChB *Witwatersrand*

Academic Facilitator:

M May, BEd MEd *NMMU*

Gender, Health and Justice Research Unit

Room 101, Entrance 1, Falmouth Building

e-mail: mrd-gender@uct.ac.za or Lillian.Artz@uct.av.za

The GHJRU is an interdisciplinary research unit that unites scholars, NGOs and practitioners to develop and implement innovative, interdisciplinary research and social interventions on social exclusion and violence in a range of social, political and institutional settings. We have a proven history of empirical, evaluation and monitoring projects, many of which are well cited in the literature and are foundational studies in the areas of gender-based violence, sexual and gender minority rights, and reproductive rights. We use our empirical research to develop well-informed, evidence-based advocacy positions to support legal and policy reform in South Africa and similarly situated countries. Our research is almost exclusively conducted in interdisciplinary teams, frequently including NGOs and government departments. The Unit also has a well-established history of providing technical assistance to a wide range of implementing partners including government and NGOs.

The mission of the Gender, Health and Justice Research Unit is to improve service provision to victims of crime, violence and human rights violations, to facilitate violence prevention, and to promote access to justice in Southern and Eastern Africa through interdisciplinary research, advocacy and education.

Director and Associate Professor:

LM Artz, BAHons *SFU* MA *Cape Town* PhD *Queens University Belfast*

Associate Professor:

A Muller, Dr Med *Georg-August University Gottingen, Germany*

Senior Researcher:

A Heath, BA *Trinity College Dublin* MA *Queen's University Belfast* PhD *Trinity College Dublin*

Researchers:

K Daskilewicz, BAHons *College of New Jersey MPH Cape Town*

T Meer, BAHons *UKZN* MA *Dalhousie University Halifax*

Administration and Research Support:

L Stott

Research Affiliates:

G Aschman, BA BSocScHons *Cape Town*, MSc *Oxford*
H Combrink, B Iur LLB BAHons *North West* LLM *Cape Town* PhD *UWC*
C Corral, Licenciatura (Psychology) MA PhD *University of Deusto*
J Flavin, BA *Kansas* MA PhD *American University Washington*
S Tiedemann, MA *University of Hamburg*
E Smit, BA BAHons MA *Stell*

Geriatric Medicine and the Albertina and Walter Sisulu Institute of Ageing in Africa

L-51 Old Main Building, Groote Schuur Hospital

The Albertina and Walter Sisulu Institute of Ageing in Africa conducts interdisciplinary research in Geriatric Medicine, Neurosciences, Neuropsychology, Old Age Psychiatry and Social Gerontology. Current research interests include physical, cognitive and social functioning in old age: quality of life; vascular risk factors and stroke; falls in older persons; quality of care; dementia and cognitive disorders; and social and economic well-being; Covid-19 and older persons

William P Slater Chair of Geriatric Medicine and Associate Professor:

MI Combrinck, MBChB BSc (Med)(Hons) PhD *Cape Town* FCP *SA* Neurology MRCP *UK*
DTM & H *London*

Professors:

JA Joska, MBChB MMed PhD *Cape Town* FC *Psych SA*

Associate Professor and Director Institute of Ageing in Africa

SZ Kalula, BSc MBChB *Zambia* MRCP *UK* MMed MPhil PhD *Cape Town* FRCP *London*

Associate Professor Part-time:

KGF Thomas, PhD *Arizona*

Senior Lecturer:

L de Villiers, MBChB *Cape Town* FCP *SA*

Honorary Senior Lecturers:

CA de Jager, BSc Hons HDE *Natal* PhD *Cape Town*
L Geffen, MBChB *Cape Town* MCFP *SA*

Visiting Associate Professor:

JR Hoffman, BA Hons DPhil *Oxon*

Honorary Research Associate:

M Chait, BA *Cape Town* MSc *London* DPhil *Oxford*

Hatter Institute for Cardiovascular Research in Africa (HICRA)

4th and 5th floor of the Chris Barnard Building, Faculty of Health Sciences

The Hatter Institute for Cardiovascular Research in Africa (HICRA), within the Department of Medicine, is an active and productive arena for the training of both clinician-scientists and biomedical scientists with a focus on condition common in Africa. HICRA is comprised of several groups, namely the Cardiac Disease and Maternity Group, Cardioprotection Group,

Cardiovascular Genetics and Heart of Africa Projects. Our state-of-the-art Translational Research hub provides a vibrant and stimulating space for interaction between members from the different research groups. A major focus is on translational research and to serve as a centre of training for post-graduate students from South Africa and other African countries. We are linked with the Institute of Infectious Diseases and Molecular Medicine, University of Cape Town. The vision of HICRA is to facilitate national and international collaborations in its fields of expertise.

Aims and Objectives

- *To investigate cardiac disease interlinked with pregnancy (Cardiac Disease in Maternity Group, led by Prof K Sliwa);*
- *To study ways of protecting the heart against insults such as lack of blood flow (ischaemia) (Cardiac Protection Group, led by Prof S Lecour);*
- *To study the genetic basis of cardiomyopathy and other forms of heart disease (Cardiovascular Genetics Group; led by Dr G Shaboodien);*
- *To undertake African population studies, with a focus on translational research (Heart of Africa projects, led by Prof K Sliwa).*
- *To develop awareness projects linked to health education in South Africa and Africa*
- *In order to achieve research excellence, we strive to produce work that is published in high impact factor journals and that relevant to the society in which we live.*
- *A major focus is on translational research and serving as a centre of training for post-graduate students from South Africa and other African countries.*

Professor and Director:

K Sliwa, MD *Germany* PhD DTM&H *Witwatersrand* FESC FACC

Emeritus Professor:

LH Opie, DPhil *Oxon* MD DSc (Medicine) *Cape Town* FRCP *UK*

Professor:

S Lecour, PharmD PhD *Dijon*

Senior Research Officer:

G Shaboodien, BScHons PhD *Cape Town*

Honorary Professors:

PJ Schwartz, MD PhD *Pavia*

S Stewart, PhD *Glasgow* NFESC FAHA FCSANZ

DM Yellon, PhD FESC FRCP *UK*

Honorary Associate Professor:

G Cotter, MD FACC FESC *Israel*

Honorary Research Associate:

M Carrington, BA PGDip (Psychology) PhD *Australia*

Health Economics Unit

Health Economics Unit

The Health Economics Unit (HEU) works to improve the performance of health systems by informing health policy and enhancing technical and managerial capacity in sub-Saharan Africa. Its foundation is academic excellence in research in health economics and related health systems issues.

The four core objectives of the HEU are:

- To conduct high-quality research in health economics and health systems;*
- To train at the postgraduate level to improve technical research and health systems capacity;*
- To develop capacity in health economics and related health systems research in South Africa and Africa; and*
- To provide technical support to facilitate the translation of health policies into practical programmes.*

Associate Professor and Director:

JE Ataguba, BScHons Nigeria MPH PhD Cape Town

Associate Professors:

S Cleary, BA Rhodes BAHons MA PhD Cape Town

E Sinanovic, BSc Zagreb PG Dip (Financial Management) Maastricht MCom Cape Town PhD London

Senior Lecturer:

OA Alaba, BScHons MSc PhD Ibadan

Lecturer:

S Docrat, BScHons Ottawa MPH PhD Cape Town

Research Officers:

L Cunnama, BSc (Physiotherapy) MPH Cape Town

TD Wilkinson, BPharm Otago MSc York

Post-doctoral Fellows:

A Obse, BA MSc Addis Ababa PhD Dublin

CR Tamandjou, BSc Walter Sisulu BScHons MSc PhD Stell

Honorary Research Associate:

G Solanki, BChD Western Cape MSc London BAHons Western Cape DrPH Berkeley

Emeritus Professor:

D McIntyre, BCom BAHons MA PhD Cape Town

HIV Mental Health Unit

Neuroscience Institute, Groote Schuur Hospital

The HIV Mental Health Research Unit is involved in neurobehavioral (specifically adherence and psycho-therapeutic interventions) and neuro-biological (specifically brain imaging, genetic, neurocognitive aspects, as well as drug interventions) research in HIV-associated neuropsychiatric disorders. Our work includes both adults and adolescents affected by HIV. The Unit is funded by the NIMH, MRC and NRF, as well as the University. It is collaborating with senior investigators from leading international and local groups. Further information may be found at www.hivmentalhealth.uct.ac.za

Director and Professor:

J Joska, MBChB MMed PhD Cape Town FCPsych SA

Co-director and Associate Professor:

J Hoare, MBChB MPhil Cape Town PhD Cape Town MRCPsych UK FCPsych SA

Psychiatrist/Senior lecturer Part-time:

C Freeman, MBChB *Cape Town* MMed MPhil *Cape Town* FC Psych SA

Chief Research Officer:

H Gouse, PhD *Cape Town* (SCID lab director)

Senior Research Officers:

LS Andersen, PhD *Hofstra*

N Phillips, PhD

B Mtukushe, Mphil

S Rabie, PhD

S Nightingale, MBChB PhD

Honorary professors:

L Cluver, PhD *Oxford*

C Kuo, PhD *Brown*

K Sikkema, *Columbia*

L Simbayi, *HSRC*

Administrative assistant:

K Poggenpoel, B Admin *UWC*

Institute of Infectious Disease and Molecular Medicine

Wolfson Pavilion Building

The Institute of Infectious Disease and Molecular Medicine (IDM) is a trans-faculty, multidisciplinary postgraduate research enterprise that operates in the fields of infectious disease and molecular medicine research. It is situated on the health sciences campus of the University of Cape Town (UCT) in a 7 100m² state-of-the-art facility.

The IDM is distinguished by the ability to drive world-class research at the laboratory-clinic-community interface by engaging a wide range of scientific and clinical disciplines.

These include medical biochemistry; chemical biology; genetics; clinical and experimental immunology; paediatrics; microbiology; molecular and cell biology; virology; infectious diseases; vaccinology; epidemiology; medicinal chemistry; pre-clinical pharmacology; structural biology; bioinformatics and computational biology.

Established in 2004, the IDM has become the largest research entity at UCT and a national leader in research and human capital development in the field of health sciences.

Web address: <http://www.idm.uct.ac.za/>

Professor and Director:

V Mizrahi, BSc (Hons) PhD *Cape Town* OMS MASSAf FRSSAf FAAM (Fellow of UCT)

Full Members and Professors:

S Barth, BSc MSc *Bonn* PhD *Bonn* DMSc *Cologne*

LG Bekker, MBChB DCH DTM&H FCP PhD SA

J Blackburn, BA MA DPhil *Oxon*

F Brombacher, PhD *Freiburg* Chibale BSc *Zambia* PhD *Cantab* FRSC FRSSAf

C Dandara, PhD *University of Zimbabwe*

CM Gray, BSc (Hons) *Western England* MSc PhD *Witwatersrand*

J Hapgood, BSc (Hons) PhD *Cape Town*

252 RESEARCH STRUCTURES

M Hatherill, MBChB DCH MMed MRCP FCPaed MD *Cape Town*

G Hussey, MBChB MMed *Cape Town* MSc (Clinical Tropical Medicine) *London* DTM&H UK FCH SA

M Jacobs, BSc (Hons)(Medicine) PhD *Cape Town*

AA Katz, PhD *Weizmann Institute*

G Meintjes, BSc (Hons) MBChB PhD *Cape Town* FRCP UK FCP Dip (HIV Management) SA MPH *Johns Hopkins*

R Millar, BSc (Hons) MSc *London* PhD *Liverpool* MRCP FRCP

N Mulder, BSc (Hons) PhD *Cape Town*

RS Ramesar, BSc (Hons) MSc *UKZN* PhD *Cape Town*

EP Rybicki, BSc (Hons) MSc PhD *Cape Town* MASSAf FRSSAf (Fellow of UCT)

T Scriba, BSc (Hons) MSc *Stell* DPhil Oxon

ED Sturrock, BSc (Hons) (Medicine) PhD *Cape Town* MASSAf FRSSAf (Fellow of UCT)

J van Honk, PhD *Utrecht* FISN

DF Warner, BCom BSc (Hons) PhD *Witwatersrand*

A Williamson, BSc (Hons) PhD *Witwatersrand* MASSAf FRSSAf (Fellow of UCT)

C Williamson, BSc (Hons) PhD *Cape Town* MASSAf FRSSAf (Fellow of UCT)

A Wonkam, MBChB *Cameroon* MD Dip (Medical Genetics) *Switzerland* PhD UCT

R Wood, BSc (Hons) BMBCh *Oxon* MMed DSc FCP SA (Fellow of UCT)

Full Members and Associate Professors:

W Burgers, BSc (Hons) MSc *Cape Town* PhD *Cantab*

H Cox, BSc (Hons) MPH PhD *UniMelb*

W Horsnell, BSc (Hons) *Leeds* PhD *London*

H Jaspán, BSc USA MD PhD *Tulane* FAAP PaedsID *Washington*

D Martin, BSc (Hons) MSc *UKZN* PhD *Cape Town*

C Orrell, MBChB MSc MMed PhD *Cape Town*

JA Passmore, BSc (Hons) *UKZN* PhD *Cape Town*

BSc (Hons)

Full Member and Honorary Professor:

RJ Wilkinson, MA *Cantab* BM BCh *Oxon* PhD DTM&H FRCP FMed Sci Group Leader *Francis Crick Institute* *London* Wellcome Trust Senior Fellow in Clinical Science and Professor of Infectious Diseases *Imperial College London*

Affiliate Members and Professors:

K Barnes, MBChB MMed (Clinical Pharmacology) *Cape Town*

A Boulle, MBChB PhD *Cape Town* MSc *London* FCPHM SA

K Dheda, MBBCh *Witwatersrand* FCP SA FCCP PhD FRCP *London*

T Egan, PhD *Cape Town*

BS Eley, MBChB FCP (Paediatrics) SA BSc (Hons) (Medicine) *Cape Town*

G Maartens, MBChB MMed FCP SA DTM&H

H McIlleron, MBChB PhD *Cape Town*

L Myer, BA *Brown* MBChB MA *Cape Town* MPhil PhD *Columbia*

K Naidoo, BSc (Hons) MSc *Cape Town* PhD *Michigan* FRSSAf

M Ntshekhe, MD PhD FCP SA FACC

MI Parker, BSc (Hons) PhD *Cape Town* MASSAf FIAS fTWS

K Sliwa-Hahnle, MD PhD FESC FACC

DJ Stein, BSc (Medicine) MBChB *Cape Town* FRCP PhD *Stell* DPhil

HJ Zar, MBBCh *Witwatersrand* BCPaed BCPaed Pulmonology USA PhD FCPaed SAFRCP *Edinburgh*

Affiliate Member and Associate Professor:

D Coetzee, BA *Cape Town* MBChB DPH DTM&H DOH *Witwatersrand* FCPHM SA MS *Columbia*
L Zuhlke, MBChB DCH MPH PhD *Cape Town* FC Paeds FESC FACC

Associate Members and Professors:

V Leaner, PhD *Cape Town*

Associate Members and Associate Professors:

BSc (Hons)

E Chimusa, BSc (Hons) BSc (Hons) PhD *Cape Town*

R Guler, BSc (Hons) MSc PhD *Geneva*

Associate Members and Researchers:

A Coussens, BSc (Hons) *Adelaide* PhD *Brisbane*

Felix Sizwe Dube, BSc (Hons) PhD *Cape Town*

J Hoving, BSc (Hons) BSc (Hons) MSc (Med) PhD *Cape Town*

L Masson, BSc (Hons) MSc (Med) PhD *Cape Town*

K Middelkoop, MBChB MPH PhD *Cape Town*

S Parihar, PhD *Cape Town*

J Raimondo, MBChB *Cape Town* DPhil *Oxon*

C Riou, PhD *Lyon*

G Schafer, PhD *Humboldt*

K Smith, BSc (Hons) *Imperial College London* PhD *Cambridge*

Kidney and Hypertension Research Unit

E13, Groote Schuur Hospital

The Kidney and Hypertension Research Unit is a group of approximately 40 staff and students, who through their academic and clinical activities seek to reduce death rates and improve the quality of health of people with kidney disease and hypertension particularly in the Black population of South Africa. This would be in keeping with the strategic goal of the University of Cape Town namely expanding and enhancing South Africa's Development Challenges.

The focus areas of research will concentrate on aspects of hypertension and kidney disease in African (Black) people of our country, who are prone to excess morbidity and mortality from both hypertension and chronic kidney disease. For example, HIV associated nephropathy is an almost exclusive disease of Blacks. The thrust of the research will explore the underlying causes and translate this into preventive and treatment strategies. The specific focus areas are resistant hypertension in indigenous people, genetics of salt sensitive hypertension, genetics of hypertensive kidney disease, therapeutic drug monitoring, physiological treatment of hypertension, classification of HIV and the kidney or HIVAN, effects of antiretroviral treatment of blood pressure and vascular stiffening, MRI findings in HIVAN, effects of tenofovir on renal function, kidney biopsy finding in HIV+ve to HIV+ve kidney transplants, outcomes and genetics of systemic lupus erythematosus (SLE), bioinformatics of SLE and glomerulonephritis in Africa. In the past 5 years, the unit has published 84 peer reviewed publications.

From the capacity point of view the Unit has at least 16 post graduate students registered for Master's degrees and 1 intended PhD candidate, and is involved in the teaching of post graduate students through degrees, lectures, seminars, and courses. Teaching and training of nephrologists from Sub-Saharan Africa through the International Society of Nephrology is a major component of our programme. Acquisition of a state of the art ultrasound machine has resulted in upskilling of post graduate registrars in the insertion of vascular access and performance of renal biopsies. Two major NRF research grants to the value of nearly R3 million were awarded to Brian Rayner and Ike Okpechi.

Head:

KCZ Ndlovu, MBChB *Cape Town* FCP SA Cert (Nephrol Phys) PhD *KwaZulu-Natal*

Honorary Professor:

P Heering, MD Fellow of the *American Society of Nephrology*

Associate Professor:

N Wearne, MBChB BMedSciHons *Sydney* FCP SA Cert (Nephrol Phys) SA PhD

Emeritus Professor:

BL Rayner, MBChB MMed *Cape Town* FCP SA PhD *Cape Town*

Emeritus Associate Professors:

CR Swanepoel, MBChB *Cape Town* MRCP FRCP UK

I Okpechi, MB BS FWACP Cert (Nephrol Phys) SA PhD *Cape Town*

Senior Lecturers:

Z Barday, MBChB FCP Cert (Nephrol Phys) SA

E Jones, MBBCh FCP Cert (Nephrol Phys) SA PhD *Cape Town*

B Davidson, MBBCh FCP Cert (Nephrol Phys) SA

Honorary Senior Lecturer:

M Pascoe, MBChB FCP SA

Surgeons (Transplants and Dialysis Access):

JM Du Toit, MBChB *Stell* FCS SA

D Kahn, MBChB *Birmingham* ChM *Cape Town* FCS SA

E Muller, MBChB *Pret* MMed *Cape Town* MRCS FCS SA

DA Thomson, MBChB *UKZN* FCS SA MMed *Cape Town*

Social Worker:

L Hlakudi

Transplant coordinators:

F McCurdie

L Steenkamp

Transplant Clinic/Unit Nursing Staff:

K Goliath

R Solomon

F Du Plessis

Administrative and Clerical Staff:

M Appolis

A Oosthuizen

A Daniels

University of Cape Town Lung Institute

George Street, Mowbray

The University of Cape Town Lung Institute is a privately registered company, wholly owned by the University of Cape Town. The Institute opened for business in 1999 and as a private registered company retains its own separate corporate identity, administration department, staffing procedures and finance. The Institute benefits from representation from the University on its Board and Finance committees, and the Institute collaborates with many departments within the Health Sciences Faculty. Associate Professor Rod Dawson has been Director of the UCT Lung Institute since January 2016.

There are five Clinical Research Units (CRU'S) that are part of the Lung Institute:

Allergy and Immunology Unit

University of Cape Town Lung Institute, George Street, Mowbray

The Allergy and Immunology Unit (AIU) of the UCT Lung Institute serves as a centre for the investigation, diagnosis and management of allergic diseases.

It has five main areas of operation:

- *A state of the art diagnostic and research Allergology laboratory for investigation of allergic reactions to environmental agents, including several allergens unique to Southern Africa.*
- *A clinical trial section research unit focusing on studies of paediatric and adult asthma, rhinitis, urticaria, eczema, allergen immunotherapy, immune mediated diseases, vaccinology, drug allergy and allergy diagnosis.*
- *Specialist allergy clinics for investigation and treatment of children and adults with allergic diseases, with a special focus on sublingual and subcutaneous allergen immunotherapy, food allergy, chronic urticaria and drug allergy.*
- *Training of undergraduates and postgraduate students in clinical and laboratory aspects of Allergology.*
- *Postgraduate training of subspecialist allergists*

Associate Professor and Head:

JG Peter, MBChB FCP SA MMED PhD UCT

Centre for TB Research Innovation

2nd Floor, University of Cape Town Lung Institute, George Street, Mowbray

Tuberculosis is one of the most important global health problems. The vast majority of TB cases are in developing countries and South Africa has an exceedingly high TB case rate. New drug treatment regimens for tuberculosis are a global priority and the current TB regimen although effective in drug sensitive disease but is not user friendly and requires prolonged observed therapy. Developing drug- resistance fuelled by poor compliance is a growing concern.

Our mandate at the CTBRI is to facilitate the development of innovative new drug compounds aimed at reducing duration of therapy, pill burden and improved patient outcomes. We have developed extensive clinical experience in conducting relevant and quality tuberculosis drug research.

Our particular strengths are:

- *An experienced team of dedicated research staff dedicated to improving quality of life in our patients living with tuberculosis.*

- *A proven patient recruitment network and established relationships with local TB authorities with excellent patient compliance profiles developed through our day to day experience with monitoring patients on clinical trials.*
- *Broad experience gained through an extensive network of collaborating institutions, funders and NGO's.*
- *A proven academic record at the University of Cape Town Lung Institute.*
- *Extensive experience in bronchial lavage studies and lung immunology studies in tuberculosis.*
- *Access to a state of the art, FDA compliant digital database.*
- *Our state of the art inpatient drug testing unit is situated on Level 1 of the UCT Lung Institute. Our medical staff of TB research sisters and an on-site clinicians and pulmonologists handle the clinical and regulatory aspects required for quality research. We also are able to provide advice and guidance on investigating new treatments for multi drug resistant (MDR) tuberculosis and new TB vaccine candidates.*

Associate Professor and Head:

R Dawson, MBChB FCP SA Cert (Pulmonology) UCT

Knowledge Translation Unit

4th Floor, University of Cape Town Lung Institute, George Street, Mowbray

The Knowledge Translation Unit is a Clinical Research Unit of the University of Cape Town Lung Institute. It was formally established in 2005 to continue work begun in 2000 to provide primary care guidelines and training on respiratory disease. It has since expanded its scope to address priority conditions in primary care in line with the Lung Institute's mandate to "address priority health issues in Southern Africa through education, research and service."

Knowledge Translation defines the interactions between researchers, health services and patients to expedite the implementation of research findings into practice, to strengthen health services and to improve patient outcomes. It is about bridging the gap between evidence based research (what we know) and its use and implementation by health services (what we do). The Knowledge Translation Unit has developed, rigorously tested and implemented at provincial and national scale programmes that have helped to standardize and integrate healthcare delivered at primary level. At the core of these programmes are clinical practice guidelines that are evidenced-based, aligned with policy and regularly updated, and that use an evidence-based implementation strategy called educational outreach. KTU has been responsible for Western Cape and National guidelines, training and implementation during the COVID-19 pandemic.

Associate Professor and Head:

L Fairall, MBChB PhD

Lung Clinical Research Unit

3rd Floor, University of Cape Town Lung Institute, George Street, Mowbray

The LCRU has been in existence from the beginning of the Lung Institute, and has gained international recognition for work done on asthma COPD drug and clinical management in addition to the epidemiology of lung disease in South Africa. The Unit's strategic focus remains in three areas – airways disease drug evaluation, Poverty related respiratory disease and tobacco cessation, with a broad objective "to perform research and provide highly specialized services in the field of pulmonology, relevant to the needs of Africa".

Research:

Research in the LCRU is in four distinct directions: Asthma and COPD drug development with Industry partners, Clinical research in COPD and non-tobacco COPD epidemiology and mechanisms, Clinical research in smoking cessation strategies and laboratory research in environmental exposures and infectious diseases (tobacco, indoor air pollution and pneumonia, tuberculosis).

Clinical service:

The Unit provides a dedicated world class clinical trial unit capable of conducting phase II-IV clinical trials including detailed respiratory physiology and radiology. The Unit houses a dedicated research laboratory focusing on tobacco and indoor air pollution and respiratory infection. The unit also serves as a referral centres for complicated asthma and COPD review for the public and private sectors.

Associate Professor and Head:

R van Zyl-Smit, MBChB MRCP UK Dip (HIV Management) MMed FCP SA Cert (Pulmonology) SA PhD

Lung Infection and Immunity Unit

University of Cape Town Lung Institute, George Street, Mowbray

The Lung Infection and Immunity Unit is a WHO-associated Center for Diagnostic Excellence. The group's main research interests are the study of pulmonary regulatory immunological pathways in relation to infection, development and validation of rapid and field-friendly diagnostics for pulmonary infections, and outcome and intervention studies of drug-resistant tuberculosis.

The Lung Infection and Immunity unit has been associated with the University of Cape Town Lung Institute since 2009 and has conducted seminal studies into new diagnostics for tuberculosis. The unit has successfully managed and completed multiple national and international research grants and has published widely in the fields of tuberculosis immunology, new TB diagnostics and drug-resistant TB. Prof Dheda's team of experienced researchers conduct studies ranging from basic science to pragmatic clinical trials of new tuberculosis drugs.

Holder of the SARChI Research Chair in "Lung Infection and Immunity in Poverty-related Diseases" Professor and Head:

K Dheda, MBChB Witwatersrand FCP SA FCCP PhD London FRCP London

Senior Lecturer and Pulmonologist:

R van Zyl-Smit, MBChB MMed PhD Cape Town MRCP UK FCP Dip (HIV Management) Cert (Pulm Phys) SA

Chief Research Officer Part-Time:

G Theron, BScHons MSc PhD Cape Town

Principal Scientific Officer:

M Tomasicchio, BSc BScHons MSc PhD Rhodes

Medical Officer and Clinical Trial Co-ordinator:

M Pascoe, MBChB Cape Town

Honorary Professor:

TG Clark, BCom MSc New Zealand DPhil Oxon

Honorary Associate Professors:

R McNerney, CBiol PhD UK

K Steingart, MD PhD USA

Honorary Research Associates:

A Binder, PhD Germany

R Hendricks, BChD MChD Cape Town

Laboratory Technologists:

R Meldau, BScHons (Medicine) Cape Town

V Woodburne

SAMRC Medical Research Council (MRC) Unit on Risk & Resilience in Mental Disorders

Department of Psychiatry & Mental Health, University of Cape Town, and Department of Psychiatry, University of Stellenbosch.

The Medical Research Council (MRC) Unit on Risk & Resilience in Mental Disorders was founded with the mandate to: 1) Strengthen and grow existing research and multi-disciplinary collaborations in mental disorders and mental health to improve health in South Africa and the region.; 2) Develop and expand new research programs specifically focused on translational research and new collaborations addressing major African mental disorders; 3) Provide a platform for the training and support of clinician-scientists working in the area of mental disorders and mental health, including women and African scientists; 4) Promote implementation of research findings from the fields of psychiatry and mental health into policy and practice.

Professor and Head:

DJ Stein, BSc (Medicine) MBChB Cape Town FRCPC PhD DPhil Stell

SAMRC/NHLS/UCT Molecular Mycobacteriology Research Unit

The SAMRC/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 tuberculosis (TB) drug discovery and drug resistance, mycobacterial persistence and TB transmission. As recipient of several major grants from the South African government through the South African Medical Research Council, the National Research Foundation and the Department of Science and Technology, the Unit makes research capacity development a key focus of laboratory work. The Unit, which currently comprises senior scientists, post-doctoral fellows, PhD, MSc and Honours 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 (SHORTEN) and the SAMRC through its Strategic Health Innovation Partnerships division. Other areas of research in the MMRU are funded by grants from the National Institutes of Health (USA) and the Research Council of Norway.

Professor and Director:

V Mizrahi, BScHons PhD Cape Town AfTwas MASSAf FRSSAfOMS FAAS

Professor:

DF Warner, BCom BScHons PhD Witwatersrand

Research Officers:

M Chengalroyen, BScHons PhD Witwatersrand

C Evans, BScHons PhD *Cape Town*

Junior Research Fellow:

A Koch, BScHons MSc *Witwatersrand PhD Cape Town*

MRC/UCT unit on Child & Adolescent Health

Red Cross War Memorial Children's Hospital, Cape Town,

The MRC Unit on Child & Adolescent Health undertakes translational research focused on priority childhood diseases including TB, pneumonia, HIV and the intersection of infectious diseases and non-communicable diseases such as asthma. Research integrates perspectives from basic, clinical and population science. Studies are conducted at several hospital or community based sites. A flagship study is a longitudinal birth cohort study, the Drakenstein Child Health study, to investigate the antenatal and early life determinants of child health, with a focus on childhood pneumonia, growth, neurocognitive development and the impact of early exposures on chronic disease. This unique study integrates comprehensive measurements of maternal factors, environmental exposures and childhood exposures, with underlying mechanisms and measures of child health in a low and middle-income country context.

Professor and Director:

HJ Zar, MBBCh FCPaedS SA BC Pediatr BC Pediatr Pulm USA FRCP *Edinburgh PhD*

MRC/UCT Drug Discovery and Development Research (DDD) Unit

Institute of Infectious Disease and Molecular Medicine (IDM), Wernher & Beit Building North

The MRC/UCT Drug Discovery and Development Research (DDD) Unit, amongst other things, focuses on prosecuting drug discovery projects while also undertaking the following:

- *Becoming a principal **integrated** Drug Discovery and Development Research (DDD) Unit in South Africa, in Africa and internationally;*
- *Establishment of a scientific infrastructure as well as capacity for drug discovery and development;*
- *Development of infrastructural and operational systems for new drug discovery and development;*
- *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;*
- *Enhancing the value of the identified therapeutics, by strengthening pre-clinical development capacity including the introduction of predictive (in silico, in vitro and in vivo) 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 FRSC MASSAf FAAS*

Affiliate Members and Principal Research Officer:

G Basarab, PhD *MIT*

Senior Research Officer:

V Singh, PhD *Central Drug Research Institute Lucknow*

Research Officers:

L Arendse, PhD *Cape Town*

K Wicht, PhD *Cape Town*

Post-Doctoral Fellows:

G Dziwornu, BSc MSc *Ghana PhD Cape Town*

A Mabhula, BSc Fort Hare MSc *UKZN PhD Cape Town*

M Mulubwa, PhD *UWC*

PhD Students:

D Mambwe, BSc *Zambia*

C Cloete, BSc *UWC MSc Cape Town*

H Attram, BSc *Ghana*

M Morake, BSc MSc *NWU*

G Gachuhi, BSc MSc *Nairobi*

S Kamunya, BSc *Nairobi*

R Alnajjar, BSc MSc *Benghazi*

C Korkor, BSc *Ghana*

L Wambua, BSc MSc *Rhodes*

UCT Human Genetics Research Unit

Room 3.14, Level 3, Wernher and Beit North, IDM

The UCT 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:

RS Ramesar, BScHons MSc *UKZN PhD Cape Town MBA*

MRC/UCT Immunology of Infectious Diseases Research Unit

Room S1.27, Werhner 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*

Biomedical Engineering Research Centre

Room 514, Anatomy Building

The Biomedical Engineering Research Centre has the goal of conducting research that supports and leads to technological innovation for improved health and wellbeing, particularly in developing contexts. At the same time, it aims to generate scholarship that has global value. The Centre is underpinned by postgraduate programmes in Biomedical Engineering, Health Innovation, and Healthcare Technology Management, and integrates UCT's strengths in these areas into a synergistic whole. The broad research mandate of the Centre spans a range of disciplines, including engineering, computing and physical sciences, health and life sciences, and social sciences. The Centre incorporates the Medical Imaging Research Unit.

Professor and Director:

T Douglas, BScEng MBA *Cape Town* MS *Vanderbilt* MPhil *Stell* PhD *Strathclyde*

UCT Research Unit for Receptor Biology

Werhner and Beit Building North

The mission of the Unit 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 Unit focuses on the gonadotropin-releasing hormone receptors and on the kisspeptin receptor, which are central regulators of reproductive function and, on the prostaglandin receptors and their role in cervical cancer. In addition, the Unit studies the polymorphism of EphA2, the host cell receptor for KSHV which causes Kaposi's Sarcoma (KS) and the impact of the receptor polymorphism on KSHV infection and on KS susceptibility and severity among HIV-AIDS patients. Lastly, the Unit is studying a host cell receptor for the Human Papiloma virus the causative agent of cervical cancer.

Co-Directors:

AA Katz, PhD *Weizmann Institute*

RP Millar, BScHons MSc *London* PhD *Liverpool*

Neurosciences Institute (NI)

UCT Faculty of Health Sciences and Groote Schuur Hospital

The Neurosciences Institute (NI) was established in 2016 as a flagship interdisciplinary research in initiative of the University. The NI's mission is to create a vibrant environment where clinicians, basic scientists and colleagues from other disciplines can share ideas about the human brain in health and disease, thereby accelerating scientific discovery and innovation.

Professor and Interim Director:

AG Fieggen, MSc MD FCS

Research Centre for Adolescent and Child Health (REACH)

Red Cross Children's Hospital

REACH is a paediatric clinical research unit within the Faculty of Health Sciences, University of Cape Town, based at Red Cross War Memorial Children's Hospital (RCH).

Opened in October 2013, it follows a decade of successful clinical research at RCH. The centre comprises 50 staff members funded through grant support, is involved in the training of 48 postgraduate students (18 masters, 25 doctoral and 5 post-doctoral) and is host to several African healthcare professionals, building clinical and research capacity to improve child health in Africa.

The research program is locally responsive, addressing national priorities such as HIV, TB and childhood pneumonia as well as globally relevant, fostering international, national and local collaborations. Directed by Prof Heather Zar, this centre is a remarkable partnership between RCH, the Western Cape Health Department and the Department of Paediatrics and Child Health, UCT.

Professor and Director:

HJ Zar, MBCh FCPaed BC Pediatr BC Pediatr Pulm USA PhD

South African Tuberculosis Vaccine Initiative (SATVI)

Institute of Infectious Disease and Molecular Medicine

The South African Tuberculosis Vaccine Initiative (SATVI) is a University of Cape Town-based tuberculosis research group housed within the Institute of Infectious Disease and Molecular Medicine, accommodating several disciplines including paediatrics, infectious diseases, epidemiology, public health, immunology and clinical/biological sciences. SATVI has a large and well-developed clinical field site in the Boland Overberg region, with the core on the premises of the Brewelskloof TB Hospital in Worcester, from where most clinical/epidemiological studies and clinical trials of new TB vaccines are conducted. Clinical immunology research is led by Associate Professor Tom Scriba; and clinical trials research is led by SATVI Director, Professor Mark Hatherill.

SATVI has achieved international recognition as a world-leader in the evaluation of the safety, immunogenicity, and efficacy of novel TB vaccines. SATVI's research mandate spans clinical vaccinology and TB immunology, including the search for correlates of risk for TB, correlates of vaccine-induced protection against TB, and most recently, application of TB biomarker tests for prevention of TB. The group's focus on this research agenda has underpinned SATVI's academic success, in terms of research funding secured, students graduated, and papers published.

SATVI has been extraordinarily productive in the clinical trials arena, having conducted 21 Phase I-IIb trials of nine novel TB vaccine candidates, among more than 4,000 research participants.

Additionally, the group has enrolled more than 20,000 participants in observational and immunological TB studies and clinical trials of BCG vaccine. The SATVI postgraduate program has produced many PhD and Masters graduates since 2006. The group has a prolific publication output with a number of high-impact and highly cited papers in the fields of TB immunology, vaccinology, diagnostics and therapeutics.

Professor and Director:

M Hatherill, MD FCPaed

Associate Professor and Deputy Director (Immunology):

T Scriba, PhD

Chief Operations Officer:

M Kaskar, MBChB MBA Cape Town

Worcester Field Site Manager:

M de Kock, MPhil

Structural Biology Research Unit

Institute of Infectious Diseases and Molecular Medicine, Wolfson Pavilion

The Structural Biology Research Unit co-ordinates and promotes the experimental determination of biological structure at the University of Cape Town. The Unit is a grant funded entity, operationally located in the Integrative Biomedical Sciences Department in the Health Sciences Faculty. It employs staff, provides a home for post-graduate students and post-doctoral fellows and conducts research. It has members who are UCT academics and PASS staff who wish to conduct structural research and who are prepared to apply for grants to fund research in the Unit. The Unit also has affiliates, either from South Africa or abroad, who participate in the activities of the Unit in a variety of ways – including but not limited to: providing advice and expertise, exchanging materials, providing resources and using the resources of the Unit.

The visualization of the structure of biological objects ranging from cells to macromolecules with microscopic or atomic detail is essential for understanding how living systems work. The knowledge of the structures can be exploited to produce medicines and vaccines, ecologically friendly industrial processes and agricultural products. The unit specializes in determining structures experimentally by electron microscopy and X-ray crystallography and makes extensive use of computer-based modelling to extend the results. The unit has access to unique resources for the purification and preliminary characterization of proteins, cryo-electron microscopy and X-ray diffraction at a synchrotron beamline. It plays a pivotal role in South Africa's BioEconomy strategy by providing the core expertise for establishment of the discipline of Structural Biology in the whole country and applying the technology to a wide range of problems of scientific, medical and industrial interest.

Members:

J Woodward, PhD Cape Town

BT Sewell, PhD London

ED Sturrock, PhD Cape Town

L Lubbe, PhD Cape Town

T Zininga, PhD Zululand

A Rabagliati, BA Eng Cantab

UCT Leukaemia Unit

Room 6.06, Chris Barnard Building

Director:

N Novitzky, PhD *Cape Town FCP SA*

Researchers:

L du Pisani, MBChB FPath (Haematology)

C du Toit, MBChB MMed *UFS*

R Mohamed, NDMedTech

S Mowla, PhD *Cape Town*

M Ntombogwana, MBChB FPath (Haematology)

J Opie, MBChB FCP *SA*

K Shires, PhD *Cape Town*

W van Schalkwyk, MBChB FCPPath (Haematology) MMed

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 areas of reproductive health and rights, women's health and gender and health. It is made up of a multidisciplinary team of researchers with expertise in public health, epidemiology and anthropology. The overall aim of the Unit is to improve the health of women through research that informs policy and practice.

Senior Research Officer and Director:

D Constant, BSc (Physiotherapy) BScHons MSc (Medicine) MPH PhD *Cape Town*

Professor:

J Moodley, MBChB *Natal* MMed PhD *Cape Town*

Senior Lecturer:

M Endler, MD PhD *Karolinska Institutet Sweden*

Honorary Professors:

D Cooper, BSocSc BAHons PhD *Cape Town*

N Abrahams, MPH PhD *Cape Town*

C Morroni, BA *Harvard* MSc *Columbia* MPH MBChB *Cape Town* PhD *Columbia*

Honorary Associate Professor:

C Mathews, BAHons *UKZN* BSocScHons MSc (Medicine) PhD *Cape Town*

Emeritus Associate Professor:

M Hoffman, BScHons (Medicine) MBChB DCM *Cape Town*

ADDITIONAL INFORMATION

FORMULAE FOR UNDERGRADUATE DEGREES WITH HONOURS AND DISTINCTION

[Subject to review and approval at time of print]

		POINTS TOWARD HONOURS AND DISTINCTION		
		FIRST 75%+	UPPER 2ND 70-74%	LOWER 2ND 60-69%
FIRST YEAR				
CEM1011F	Chemistry for Medical Students	4	2	1
PHY1025F	Physics	4	2	1
PPH1001F	Becoming a Professional	4	2	1
PPH1002S	Becoming a Health Professional	4	2	1
HUB1006F	Integrated Health Sciences Part I	8	6	3
IBS1007S	Integrated Health Sciences Part II	8	6	3
Maximum points for first year examinations		32		
SECOND YEAR				
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
Maximum points for second year examinations		40		
THIRD YEAR				
LAB3009H	Integrated Health Systems Part II	12	10	5
PPH3000F	Becoming a Doctor Part IIA	6	4	2
SLL3002H	Becoming a Doctor(languages) Part IB	6	4	2
MDN3001S	Introduction to clinical Practice	14	12	6
Maximum points for third year examinations		38		
FOURTH YEAR				
MDN4011W	Medicine Module 1	8	7	3
MDN4001W	Medicine Module 2	4	3	2
AAE4002W	Anaesthesia Part I	3	2	1
OBS4003W	Obstetrics & Gynaecology	6	4	2
PED4016W	Neonatology	4	2	1
PED4049W	Child Health	4	2	1
PPH4056W	Health in Context	6	4	2
PRY4000W	Psychiatry	6	4	2
MDN4015W	Pharmacology& Applied Therapeutics	4	2	1
Maximum points for fourth year examinations		45		
FIFTH YEAR				

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CHM5003W	Surgery	8	6	3
CHM5004H	Trauma	2	1	0.5
CHM5005H	Orthopaedic Surgery	2	1	0.5
MDN5008W	Dermatology	2	1	0.5
MDN5006W	Rheumatology	2	1	0.5
CHM5007W	Neurology and Neurosurgery	2	1	0.5
CHM5008W	Ophthalmology	2	1	0.5
CHM5009W	Otorhinolaryngology	2	1	0.5
CHM5010W	Urology	2	1	0.5
MDN5003H	Pharmacology & Applied Therapeutics	4	2	1
OBS5000W	Gynaecology	4	2	1
PED5001W	Caring for Children	10	8	4
	Maximum points for fifth year examinations	42		
SIXTH YEAR				
AAE 6000W	Anaesthesia Part II	3	2	1
MDN6000W	Medicine (including Allied Disciplines)	10	8	4
OBS6000W	Obstetrics	10	8	4
PED6000W	Paediatrics and Child Health	7	6	43
PED6004W	Neonatal Medicine	3	2	1
CHM6000W	Surgery	10	8	4
PPH6000W	Family Medicine and Palliative Medicine	6	4	2
PRY6000W	Psychiatry	6	4	2
PTY6012W	Forensic Medicine	4	2	1
PPH6001W	Long Elective	6	4	2
	Maximum points for sixth year examinations	65		
	Maximum points for clinical examinations (years 1 to 3)	110		
	Maximum points for clinical examinations (years 4 to 6)	152		
	Maximum overall points (years 1 to 6)	262		

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	114 out of 152
Award of degree with honours	Student must achieve an overall point score of at least 75% of the maximum overall points	197 out of 262
Award of degree with first class honours	Student must achieve an overall point score of at least 85% of the maximum overall points	308 out of 262

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%.

MODULAR BLOCK SYSTEM: MBChB YEARS 4 TO 6**1. RATIONALE FOR A MODULAR PROGRAMME**

- a. Some key advantages of a modular programme are the following:
- b. Most final exams are written off at the end of a block, when training is still fresh in a student's mind; there will no longer be a long delay before final examinations are written at the end of the year.
- c. Students who repeat a course will no longer repeat other courses that they have already passed.
- d. Since it is no longer necessary to repeat a whole year when a failed course is repeated, a student who has repeated and passed a course can proceed to the courses for the next academic year, within the same calendar year once they have been informed so by the FHS Undergraduate Administration Office (*See 6.2*). A student could, for example, proceed with fifth-year courses after repeating a fourth-year course at the start of the calendar year. A tailored course rotation allocation will be compiled for such a student by the MBChB Years 4-6 Convener and Academic Administrator: FHS Undergraduate Office in an endeavour to complete their academic programme in the best time possible.

1. DEFINITIONS

- a. An academic year is a suite of courses that must be completed at a specific academic level (for example fourth year MBChB, fifth year MBChB, final year MBChB). **A student may progress from one academic year to the next only once all the courses at the previous level have been successfully completed.** In a modular block system, a calendar year may contain courses from more than one academic year. [*Note: The short and long (Primary Health Care) elective courses are the only courses a student may complete in either the fifth or sixth academic year, or one elective in the fifth academic year and the other elective in the sixth academic year. If done in the fifth academic year, an elective course is limited to the vacation period. Application must be made at least 2 months in advance to and written permission received from the Electives Convener and either the Year 5 Convener or the MBChB Years 4-6 Convener.*]
- b. A calendar year starts in January and ends in December.
- c. A course is a collection of teaching and learning events in a particular discipline that carries a unique course code and has a title (e.g. PPH40564 Health in Context), an NQF credit value and carries a result.
- d. A clinical rotation is a sub-component of a course that does not carry its own code but, together with one or more other sub-component/s, falls under an umbrella course code (e.g. within MDN6000W there are rotations in Ambulatory Care, Internal Medicine (Ward Care) and Acute Care). A course may contain only one rotation (e.g. in CHM5005H Orthopaedic Surgery), or more than one rotation (as in MDN600W, mentioned above).

- e. A modular block is a period of teaching and learning of eight weeks, within which one or more courses are offered.
- f. A formative assessment is an assessment that does not count towards the final mark for the course. The purpose of formative assessments is to enable students and conveners to gauge the students' progress in a course, with a view to introducing remediation before the final examinations are undertaken.
- g. A summative assessment is any assessment within or at the end of a course that counts towards the final mark for the course.
- h. A Year Convener chairs a Conveners' Group (consisting of all the course conveners for the courses within an academic year). The Conveners' Group collectively plans the administrative arrangements for the particular academic year, such as when assessments take place.
- i. The Faculty Examinations Committee has the final authority to decide a student's progression status.

1. **FORMAT OF THE MODULAR PROGRAMME**

- a. All modular blocks within a particular academic year are multiples of a single unit of time; for example, an academic year based on an eight-week modular block system can accommodate courses of two (2), four (4) or eight (8) weeks.
- b. A modular block may contain only one course or may contain more than one course.
- c. A student may not swap course or block rotations without written confirmation from the MBChB Years 4-6 Convener, the Academic Administrator: FHS Undergraduate Office and the conveners of the courses affected by such a swap.
- d. A student may take courses from more than one academic year within a calendar year.
- e. Two courses may not be undertaken simultaneously unless so timetabled within the academic year rotation (as in CHM5004H and CHM5005H which are both within a four-week rotation).

4. **ASSESSMENT IN A MODULAR BLOCK SYSTEM**

- a. Summative assessments within a modular block system are as far as possible conducted at the end of the modular block, ideally on the last Thursday and/or Friday of the modular block, to prevent loss of training time. [*Note: It is possible, however, that some assessments - for example for a two-week course within a modular block - may take place on a Wednesday afternoon, to enable discussion with external examiners by Friday; or, as in the case of the four-week Family Medicine and Psychiatry sixth year courses, at the end of each course within the modular block, rather than the end of a modular block; or, as in the case of a four-week Obstetrics sixth year course, at the end of the eight-week modular block.*]
- b. The Conveners' Group will finalise the modular blocks and assessment schedules before the start of an academic year. These will be published on Vula. The timing of assessments at the end of a block will be guided by the number of assessments (timetable clashes) and the number of students undergoing assessments (capacity).
- c. Assessment packages for courses should be rationalised to eliminate "assessment redundancy" and to reduce total time required for assessment.
- d. There should be at least two, and ideally more than two, summative assessment components per course; a single final assessment is insufficient.
- e. Before the final mark is uploaded, a re-evaluation may be offered to a student who fails a sub-minimum (*See 5.4*).
- f. The final marks for a course shall be uploaded by the course administrator on Gradebook within two weeks of the final assessments and forwarded to the Undergraduate Administration Office for upload on PeopleSoft.

For courses with a written component requiring manual marking and external moderation, this may be delayed until up to four weeks after the assessment.

- g. Students remain eligible for deferred examinations (contingent on approval from the Senate Deferred Examinations Committee) as well as supplementary examinations (see 5.5 – 5.7) for all courses in the modular block system.
- h. Deferred examinations may be offered as part of the standard set of examinations at the end of a subsequent modular block provided that the number of assessments (timetable clashes) and the number of students undergoing assessments (capacity) are considered and that approval is granted by both courses involved. The date then agreed upon in writing by the respective course conveners and student cannot be deferred for a second time.
- i. Supplementary examinations are decided by the year-end Faculty Examinations Committee and as such are only to be conducted as part of the set of examinations offered in the time set aside in January preceding the start of the next academic year and not at any other time.

1. FAILURE OF A COURSE OR DISCIPLINARY SUBCOMPONENT OF A COURSE

- a. A student who fails to obtain a DP (Due Performance certificate) fails the course (final result: DPR). A DP comprises the absolute minimum course requirements as stated in the Faculty Undergraduate Handbook and in the course manual that the student must meet to be permitted to sit the exam. A student with DPR or who is absent for an examination fails and must repeat the course (subject to the progression rules for the programme) at the start of the next academic year. *[Note: In circumstances outside of a student's control, for example the availability of enough clinical cases in a particular month to enable the student to complete the minimum number of cases, a more flexible approach will be taken. This concession will be clearly detailed in the respective course manual/s.]*
- b. There are instances where an otherwise well-performing student may risk missing one or more DP requirement/s due to circumstances beyond the student's control. In such instances a student must apply for a Due Performance (DP) concession. If a DP concession is granted the student will only be permitted to sit the exam once the outstanding DP requirement has been fulfilled. *[Note: See 'Concession to miss classes/academic activities' SOP to assess applications from MBChB Students in Years 4 to 6 who are not able to meet their Due Performance Requirements.]*
- c. Sub-minima apply in the case of courses containing more than one subcomponent (such as sixth year Medicine, which contains Ambulatory Care, Internal Medicine (Ward Care) and Acute Care). A student is therefore required to pass each sub-component with 50%, regardless of the overall course mark. Where a sub-minimum is not achieved, the result is UFSM.
- d. Before the final mark is uploaded, a re-evaluation may be offered to a student who fails a sub-minimum with 48% to 49% but has attained an overall pass mark for the course. The re-evaluation is offered where a student has otherwise performed well in the remaining sub-minima as the purpose of this re-evaluation is to establish whether the student has the specific requisite knowledge/skill. A student who sits an exam offered as a re-evaluation may subsequently qualify for a supplementary examination should the Faculty Examinations Committee decide accordingly.
- e. Should a student obtain an overall fail mark for a course of any duration that does not contain any sub-components, the student may, if the student has obtained 48% or 49% as the fail mark, be offered a supplementary examination. *[See notes on supplementary examinations below.]*

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- f. Should a student obtain an overall fail mark for a course of any duration that does contain sub-components, the student may, if the student has obtained 48% or 49% as the fail mark, be required to undergo additional training time before doing a supplementary examination. Such additional training and supplementary examination will take place in the time set aside in January before the start of the next academic year.
- g. A student who fails a subcomponent of a course with less than 48% but has an overall course pass mark will be required to undergo additional training time before doing a supplementary examination.
- h. A student who fails a course with less than 48% must re-register for, repeat and pass the course before starting the next academic year
- i. [Notes:
 - *Supplementary examinations are offered at the discretion of the Faculty Examinations Committee (FEC). Supplementary examination requirements must be stipulated by each course consistent with the overall course or subcomponent results as stated above.*
 - *The decision to offer supplementary examinations only on overall course results of 48% or 49% is based on the experience of course conveners that students who fail courses with less than 48% lack the knowledge and skills required to write off the course after a short burst of extra study. The consensus is that, for the student to be sufficiently prepared to proceed and eventually to practise in the discipline concerned, the student needs to repeat the course.*
 - *Course-specific entries may stipulate further requirements for each course particularly regarding sub-minima and/or subcomponents.]*

1. APPROVAL OF RESULTS IN THE MODULAR BLOCK SYSTEM

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

SOP (Standard Operating Procedure) to assess APPLICATIONS FOR A CONCESSION TO MISS CLASSES / Academic ACTIVITIES FROM UNDERGRADUATE students in FACULTY OF HEALTH SCIENCES PROGRAMMES who ARE NOT ABLE TO MEET their COURSE Due Performance requirements

Issue:

- A student who does not meet one or more Due Performance requirements of a course is denied access to the course examination/s in any of the Health and Rehabilitation or MBChB programme. A fail result is recorded and the student must repeat the course. (A student who is unable to write an examination must apply for a deferment to the central Deferred Examinations Committee.)

- There are instances where an otherwise well-performing student may risk missing one or more DP requirement/s either due to circumstances beyond the student's control – e.g. a death in the family, a car accident, etc – or where other exceptional circumstances – e.g. when representing the university or country in an event. It would be unacceptable for such a student to fail the course and then repeat it, given the cost, and given the fail result on a student's academic record. In some cases, students would – if required to repeat the course – extend their studies and lose sponsorship for their studies as a result.

Proposal:

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

Recommended principles:

- It is vital that all applications are treated consistently across courses and across years of study. All appeals are therefore to be considered by the same group of academic staff (see below) to ensure consistency across courses in all programmes and years of study. Individual course conveners can recommend but not decide a concession.
- It is students' responsibility to ensure that they meet the DP requirements for a course. If students realise that they cannot meet the DP, and they believe that they have a valid reason for not being able to meet the DP, they must apply for a concession immediately, as soon as the problem manifests.
- The application will as far as possible be considered and a decision taken within three working days after it has been received, and a decision taken about whether any special arrangements can be made to accommodate the students (e.g. to see if time missed can be made up elsewhere without students extending their period of study).
- The principles that govern the award of deferred examinations (by the central Deferred Examinations Committee) shall guide the staff responsible for considering the application. (See rule G28 in the 2017 General Rules and Policies Handbook). Key to these principles are the following:
- A concession can be approved only on the basis of sound medical or compassionate grounds. Such reasons may include illness, or a recurring medical complaint, or a history of illness, or a physical disability.
- A recurring medical complaint or a history of illness or a physical disability will be considered possible grounds for a concession only if the student has reported the complaint, the history or the disability to the Student Wellness Services at least three weeks before the application for a concession has been submitted and a documented effort has been made to avert a recurrence of the complaint or illness or overcome the disability.
- The production of a medical certificate will not necessarily be sufficient to secure approval of an application for a concession.
- The serious illness or death of a near relative may be accepted as good cause.
- Students must submit documentary evidence in support of their applications to prove that circumstances were beyond their control.

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- Any pattern of poor attendance across courses and the student's academic performance to date may be considered in deciding on an application.
- Students who may qualify for leave of absence based on medical grounds should be referred to the Student Development and Support Committee.
- All finalised applications with documentary evidence shall be kept in a file in the Faculty Office (separate copy also to be placed in student file). The Faculty Office will track progress and do follow-up where required.

Proposed SOP:

STEP 1:

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

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STEP 2:

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

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STEP 3:

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

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

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STEP 4:

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

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

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STEP 5

Faculty Office administration

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

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.]

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

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

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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 if required.

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
AUDILOGISTS 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.

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.

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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.

DEPARTMENT OF MEDICINE

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).

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.

ISADORE JACOB WALT PRIZE For the best student in Health in Context in fourth year MBChB (PPH4056W).

JOHN FLEMING BROCK PRIZE For the best student in Health in Context in fourth year MBChB (PPH4056W).

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.

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Neurosurgery

KAY DE VILLIERS PRIZE For the best performance in Neurosurgery in CHM5007W

Ophthalmology

J S DU TOIT MEMORIAL PRIZE For the winner of a competition in Ophthalmology open to fifth year MBChB students.

WELCH ALLYN S.A. For the top student in Ophthalmology fifth year MBChB.

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.

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.

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 IBS1007S 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
 PPH3000F 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
 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

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- (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 the 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.

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

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

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

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

The Faculty expects its students to:

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

General Behaviour

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

Dress

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

Academic and clinical training

- 3 Students need to take responsibility for their own learning and to maintain their learning and skills throughout their careers. This means that they need to keep up to date and practice as much as possible the skills that they are taught.

Health sciences professionals learn through seeing procedures done, trying these skills under supervision or in a clinical skills laboratory and then practising the skills in a clinical environment under supervision until they are skilled enough to do these alone. Students are expected to gain as much clinical proficiency as they can.

Students are expected to:

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

Relationship with patients

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

Students are expected to:

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

Relationship with colleagues

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

Clinical Practice

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

Students are expected to:

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

Social Media

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

Be aware of:

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

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

PROCESS TO INVESTIGATE REPORTED STUDENT IMPAIRMENT OR UNPROFESSIONAL CONDUCT

Introduction

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

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

Definitions

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

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

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

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

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

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

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

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

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

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

IMPAIRMENT REVIEW PROCESS

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

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

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

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

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

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

UNPROFESSIONAL CONDUCT

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

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

Avoiding Plagiarism: A Guide for Students

What is Plagiarism?

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

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

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

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

Forms of Plagiarism

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

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

Obvious forms of plagiarism include:

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

Less obvious forms of plagiarism include:

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

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

- a. your own insights, work or experiences. Ideas from co-authored papers, however, still need to be acknowledged;
- b. writing up your own field notes or lab reports;
- c. "common knowledge", common sense observations, well-established facts, historical events (but you would obviously have to give a reference if you use an historical *document*) and myths. It is, of course, difficult to know exactly when something is "common knowledge", but a general rule to follow is: if the same observation is made in multiple sources without any attached references, or if it is something that the general public is well aware of, then no references are needed.

9. *Improper paraphrasing.*

The rule to "put it in your own words" is not always helpful, because many of the accepted key words in academic discourse have precise meaning or are accepted expressions that you shouldn't change. However, whenever you do written work you must distinguish what you have written from what you are paraphrasing or quoting. To paraphrase is to summarize someone else's ideas in your own writing style, sentence structures and, where applicable, own words. This is a particularly demanding task for writers whose first language is not English.

10. *Failing to give a proper reference*
You may copy word for word (but not significant chunks), and you are expected to build on the ideas of others, but then you must give proper credit to the source of the quotation or the paraphrased argument, idea or reasoning.
11. *Not acknowledging outsourcing of substantive data analysis*
You may have someone else do the descriptive statistics or statistical data analysis for you, but you need to acknowledge the extent to which it is not your own analysis. In cases where the statistical analysis (model fitting or estimation) forms the central thesis, instead of just being a minor section, or where the thesis is in a discipline that requires you to demonstrate this skill of analysis, it is unacceptable to outsource it, even if you do acknowledge it.

How to Avoid Plagiarism

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

1. *Fully reference and acknowledge the work of others*
While academic staff will teach you about systems of referencing, and how to avoid plagiarizing, you too need to take responsibility for your own academic career. Knowing how to give proper credit, cite appropriately, and acknowledge the original source and reference accurately is an essential step in avoiding plagiarism. There are numerous referencing conventions and you are expected to use a referencing convention that is accepted in your discipline. There are many guides on how to reference properly. See “Referencing Conventions” below for resources and guides.
2. *Use your own expressions and present your work in your own writing style*
It is tempting to use someone else’s elegantly structured phrase or sentence/s, but doing so without proper quoting (acknowledging your use of their exact words) constitutes plagiarism. It is not enough to change just a word here and there when paraphrasing; you need to use your own sentence constructions. Of course, there are accepted key words in specific academic discourses that have precise meaning or are accepted expressions; you shouldn’t try to put these precise and commonly accepted expressions in your own words.
3. *Organise your work and structure your reasoning in your own way*
Don’t merely give properly acknowledged summaries of other people’s work (paraphrasing), develop your own sequence of reasoning and line of argumentation.
4. *Use TURNITIN*
Turnitin is an internet-based service that checks the extent of unoriginal content in your paper or thesis. It will identify all the parts where you have copied text from elsewhere. Where you have acknowledged doing so with direct quotes, that is acceptable. Of course, you should not have too many direct quotes since you are required, after all, to demonstrate your own academic writing and critical thinking skills. Identified copied content that is not acknowledged is plagiarism and you must reword and restructure these identified sections. Note that Turnitin is not a guarantee that there is no plagiarism – it is only a guide. See more about Turnitin [here](#).

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

UCT Rules and Senate Policy

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

RCS2.4 A student:

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

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

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

SENATE POLICY

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

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

Declaration

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

Plagiarism Declaration:

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

Signature:

Declaration to be included in your thesis

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

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

Harvard UCT: Handbook on citation:
http://www.lib.uct.ac.za/sites/default/files/image_tool/images/516/documents/HarvardReferencingStyle%20new%20name-20200629-Web.pdf

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

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

Consequences of plagiarising

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

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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 or 021-650 5500

Assistance for staff and students

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

UCT Library staff for general queries about referencing:
Amina Adam; Jen Eidelman; Cyril 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 ≥ 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.

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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.

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
- Quote on a slideshare at <http://www.slideshare.net/SuzanneHardy/amee2011-workshop-3phardybrown-slides> “*Many medical students seem unaware of or unconcerned with the possible ramifications of sharing personal information in publicly available online profiles even though such information could affect their professional lives*”.

STUDENT TRANSPORT POLICY

1

Purpose

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

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

2

Principles

The policy is informed by the following underlying principles:

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

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

3 **Transport options**

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

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

- | Walking
- | Cycling
- | Public transport
- | Own car
- | Lift provided by a fellow-student
- | Lift provided by a staff member
- | Partner-owned vehicle (partners including government and NGOs)
- | 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 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:

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

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