



UNIVERSITY OF CAPE TOWN

FACULTY OF HEALTH SCIENCES (UNDERGRADUATE)

2019

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

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

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

Internet: UCT's Home Page <http://www.uct.ac.za>
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 also 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 and Wernher & Beit North
(Tel: 021 406 6346 and 021 406 6634)*

Professor and Interim Dean:

C Williamson, BSc (Hons) PhD Cape Town

Professor and Deputy Dean: Research:

A Wonkam, MBChB Cameroon MD Dip (MedGenet) Switzerland PhD Cape Town

Professor and Deputy Dean: Postgraduate Education:

E Ramugondo, BSc (OccTher) MSc (OccTher) PhD Cape Town

Associate Professor and Deputy Dean: Undergraduate Education:

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

Deputy Dean: Clinical Health Services:

To be confirmed

Faculty Manager: Academic Administration:

*K Munesar, BA Social Work *UDW PG* Dip Personnel Management *Durban, Natal**

Manager: Postgraduate Administration:

*DJA Winckler, BA *Pret**

Manager: Undergraduate Administration:

To be confirmed

PRIMARY HEALTH CARE DIRECTORATE

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

Chair and Director:

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

Senior Lecturers:

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

*J Irlam, BSc (Med)(Hons) MPhil *Cape Town* MSc (ClimChange&Dev) *Cape Town**

*C Tsampiras, MA (AfrHist) *London* PhD (PolHist) *Rhodes**

Lecturer:

*S Crawford-Browne, MSocSc ClinSocW *Cape Town**

Honorary Associate Professor:

*L Jenkins, Dip (Anae) (Obs) (HthServMan) CMCA MBChB *Stell* MFamMed *UKZN* PhD (FamMed) *Stell**

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Honorary Lecturers:

K du Pré le Roux, IMCH MA (IntHlth) *Sweden* MBChB *Cape Town*
B Gaunt, Dip (Anae) Dip (Obs) SA MSc (IntPHC) *London* MBChB *Cape Town*

Clinical Teaching Platform Manager:

D Swart, BSc (Med)(Hons) HDE (PG) *Cape Town* MPhil (PubHth) *UWC*

CBE Coordinator Eden District:

H Reuter, HDE *Rhodes* MBChB *Stell* Dip (AddicCare) *Stell*

Student Coordinator Eden District:

F Marais, MBChB *Stell*

Facility Manager:

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

Site Facilitators:

C Beauzac, Hons (DevStud) MA (ComHth) PhD (ComHlth) *UWC*

L Davids, BSc (Diet) *Stell* BSocSc *Cape Town*

F Jordaan

P Ncamile, BA (HumSci) *Unisa*

T Xapa, Dip (AdEd/BusPlan) *Cape Town*

Site Coordinators:

N Daniels

Z Geyer, BA (Eng/Soc Anth) *Cape Town* BSc (MedBiosc) *UWC*

U Ismail, BSocSc *Cape Town*

F Le Roux

A Solomons, Dip (HRMan) *Unisa*

Administrative Officer & PA to Director:

C Johnston, BA (Psych/ArtHist) *UJ*

Senior Secretary:

E Kennell, PDSD *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, BSocSc (Hons) PhD *Cape Town*

Emeritus Professor:

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

Associate Professor:

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

Emerita Associate Professor:

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

Senior Lecturers:

T Burgess, BSc, BSc (Med)(Hons) PhD *Cape Town*

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

G Fried, BA (Hons) *Cape Town MPhil PhD Cantab*

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

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

Honorary Senior Lecturer:

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

Lecturer:

D Chapman, BSc *Cape Town BSc (Hons) Rhodes MA Cape Town PhD New York*

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 Faculty Office of Health Sciences	(021) 406 6340 / 6028
Admission: Undergraduate	Undergraduate Faculty Office of Health Sciences	(021) 406 6328
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 Faculty Office of Health Sciences	(021) 650 3004
Registration issues: Undergraduate	Undergraduate Faculty Office of Health Sciences	(021) 406 6634

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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
Student support: Undergraduate (other than academic support)	Undergraduate Administration section of Faculty Office of Health Sciences	(021) 406 6614
Undergraduate curriculum matters	Undergraduate Administration section of Faculty Office	(021) 406 6634

Health Sciences Student Council

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

Phone number: 021 406 6421

Office Hours: 13h00-14h00 weekdays

Term dates 2019

The 2019 term and registration dates for the various undergraduate degrees are given below:

MBChB

First Year	Second Year	Third Year	Fourth and Fifth Year	Sixth Year
11 Feb – 12 Apr	14 Jan – 12 Apr	28 Jan – 12 Apr	04 Feb – 23 Jun	04 Feb – 23 Jun
23 Apr – 07 June	23 Apr – 21 Jun	23 Apr – 21 Jun	08 Jul – 24 Nov	08 Jul – 24 Nov
15 July – 23 Aug	15 Jul – 06 Sept	15 Jul – 15 Nov		
02 Sept – 15 Nov	16 Sept – 22 Nov			
Registration Date:	Remote Registration Period:	Remote Registration Period:	Remote Registration Period:	Remote Registration Period:
28 Jan 2019	02 Jan – 07 Jan 2019	14 Jan – 20 Jan 2019	21 Jan – 27 Jan 2019	21 Jan – 27 Jan 2019

BSc AUDIOLOGY AND BSc SPEECH-LANGUAGE PATHOLOGY

First Year	Second Year	Third Year	Fourth Year
11 Feb – 12 Apr	21 Jan – 12 Apr	21 Jan – 12 Apr	21 Jan – 12 Apr
23 Apr – 07 June	23 Apr – 07 Jun	23 Apr – 07 Jun	23 Apr – 28 Jun
15 July – 23 Aug	15 Jul – 23 Aug	15 Jul – 23 Aug	15 Jul – 23 Aug
02 Sept – 15 Nov	02 Sept – 15 Nov	02 Sept – 15 Nov	02 Sept – 15 Nov
Registration date:	Remote Registration Period:	Remote Registration Period:	Remote Registration Period:
28 Jan 2019	02 Jan – 07 Jan 2019	02 Jan – 07 Jan 2019	02 Jan – 07 Jan 2019

BSc OCCUPATIONAL THERAPY

First Year	Second Year	Third Year	Fourth Year
11 Feb – 12 Apr	21 Jan – 12 Apr	14 Jan – 12 Apr	14 Jan – 12 Apr
23 Apr – 07 June	23 Apr – 21 Jun	23 Apr – 21 Jun	23 Apr – 21 Jun
15 July – 23 Aug	15 Jul – 23 Aug	15 Jul – 23 Aug	29 Jul – 06 Sept
02 Sept – 08 Nov	02 Sept – 15 Nov	02 Sept – 15 Nov	16 Sept – 22 Nov
Registration date:	Remote Registration Period:	Remote Registration Period:	Remote Registration Period:
28 Jan 2019	02 Jan – 07 Jan	02 Jan – 07 Jan	02 Jan – 07 Jan

BSc PHYSIOTHERAPY

First Year	Second Year	Third Year	Fourth Year
11 Feb – 12 Apr	21 Jan – 12 Apr	21 Jan – 19 Apr	21 Jan – 19 Apr
23 Apr – 07 June	23 Apr – 21 Jun	29 Apr- 21 Jun	29 Apr – 28 Jun
15 July – 23 Aug	15 Jul – 23 Aug	15 Jul – 23 Aug	15 Jul – 23 Aug
02 Sept – 15 Nov	02 Sept – 15 Nov	02 Sept – 15 Nov	02 Sept – 15 Nov
Registration date:	Remote Registration	Remote Registration	Remote Registration
	Period:	Period:	Period:
28 Jan 2019	02 Jan – 07 Jan	02 Jan – 07 Jan	02 Jan – 07 Jan

Definitions of terms used in this handbook

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

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

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

Exemption and credit: Exemption from a course means that a student need not complete this course since he/she has passed an equivalent course before. He/she is then also given credit towards the programme for the course he/she passed before.

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

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

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

ISCE: Integrated Structured Clinical Examination.

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

OSCE: Objective Structured Clinical Examination.

OSPE: Objective Structured Practical Examination.

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

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

Semester: A half-year.

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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 HEQFs 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.]

Qualification and course codes

Degree, diploma and plan codes: Each degree and diploma programme has a code, indicating

M = Faculty of Health Sciences

B = Bachelor's degree

G = Postgraduate Diploma

H = Honours degree

M = Master's degree

D = Doctoral degree

+ a 3-digit number

(See list of qualification codes below.)

Each individual course within a degree or diploma programme has its own code, starting with the organisational code of the Department that offers it (see notes on course codes below).

The University of Cape Town uses the PeopleSoft electronic student administration system. In terms of this system, each qualification must have at least one plan code. Plans represent majors or areas of specialisation. Where a postgraduate programme has more than one specialisation, each specialisation will have its own plan. Programmes without majors or specialisations have a single plan.

Qualification codes are given below; both qualification and plan codes are also included with each curriculum description.

Course codes: Every course in this handbook has a course name 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.

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

- Z Non-Standard Period

- X Clinical Block Courses

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 a year's community service.

Upon qualifying in their final year of study, students in the BSc Audiology, BSc Speech-Language Pathology, BSc Occupational Therapy and BSc Physiotherapy degree programmes are required to register with the relevant professional board of the Health Professions Council of South Africa and do a year's community service before they may practise in their respective disciplines.

- FGU2.2 From the second year of study, BSc Physiotherapy students are required to subscribe to the South African Society of Physiotherapy in order to obtain student professional malpractice insurance.

Hepatitis B immunisation

FGU3 It is compulsory for all undergraduate students to have received a full course of Hepatitis B immunisation by the end of July of their first year of study. Students will not be permitted to register for the second year of study until they have submitted to the Faculty Office written proof that they have received a full course of such vaccination.

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

FGU4.1 Every candidate for a degree or diploma must attend and complete such qualifying courses or perform such work as may be specified in the rules for that degree, diploma or certificate. The University reserves the right to revise its rules from time to time, and any alteration of or addition to the rules for any degree or diploma shall, on the date specified in the notice of promulgation of such alteration or addition, become binding upon all candidates for that degree or diploma.

FGU4.2 The University has made every effort to ensure the accuracy of the information in its handbooks. However, it reserves the right at any time, if circumstances dictate, to:

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

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

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

14 GENERAL RULES FOR UNDERGRADUATE STUDENTS

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.

FGU5.1 Students doing 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 he/she is registered, or where a student, in the course of his/her studies, following professional assessment, is deemed unfit to practise healthcare, the Dean will report the outcome of such professional assessment to the relevant regulatory body and inform the student accordingly.

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 his/her 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). Before the Fit for Study Panel takes a final decision about whether the student is fit to return, the Panel will – in cases where the student will be working with patients or clients on return - consult the Chair and/or Co-Chair of the Faculty's Student Development and Support Committee (SDSC), with a view to establishing whether the student is fit to work with patients or clients. The SDSC may require the student to see a health professional of the Faculty's choice before reporting back to the Fit for Study Panel. The Fit for Study Panel will then inform the student of the final decision. The SDSC may set additional conditions for return, which may include 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 short leave of absence 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 him/her 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 him/her in that course and/or the student's progression to the next year of study in the programme for which he/she is registered.

FGU6.2 The Senate may permit a student who fails a course if, in its judgement, he or she has performed adequately in the work of the course, to write a supplementary examination. The mark for the supplementary examination is usually added to the class (or year-) mark in order to determine the final result for the course.

16 GENERAL RULES FOR UNDERGRADUATE STUDENTS

Admission, progression, readmission and re-registration of candidates

FGU7.1 Applicants to this Faculty of Health Sciences who have been refused re-registration in this or another faculty will not generally be accepted.

FGU7.2 Except by permission of the Senate, a student shall not be admitted to register in the following academic year of study unless he/she has satisfactorily completed all the courses prescribed and satisfactorily performed all the work required for the preceding year.

[Notes:

(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. 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. 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 is not applicable to the MBChB.*

(c) *In the case of the MBChB a student 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 he/she:

- (a) has not met the minimum admission or readmission requirements set for the course or qualification concerned which include, but are not limited to:
 - i. failure to attend academic or clinical service commitments;
 - ii. failure to make sufficient academic progress;
- (b) has been found guilty of unethical behaviour or unprofessional conduct;
- (c) has, following professional assessment, been found unfit to practise healthcare.

FGU7.5 An undergraduate student who is repeating one or more courses in any academic year of study and who applies and is permitted to register for one or more courses from the next academic year of study in addition to the courses which he/she is repeating, will be subject to the readmission rules of the faculty in respect of the number of courses for which he/she is registered.

FGU7.6 Except by permission of the Senate, an undergraduate student who fails the same course twice, or who fails a course in a year in which he/she is repeating this or another course (where this is allowed), may be required to withdraw from the programme for which he/she is registered.

FGU7.7 A first-year undergraduate student who was admitted to an undergraduate programme in the Faculty subject to his/her obtaining conditional Matriculation Board exemption is required to submit proof of having applied for such exemption before he/she will be allowed to register for the second year of study.

FGU7.8 An undergraduate student who fails any course or courses may be permitted by the Senate to write a supplementary examination and/or may be required to spend additional clinical training time in one or more of the courses failed and repeat the examination/s in the course/s failed. Supplementary examinations are offered at the discretion of the Faculty Examinations Committee. A supplementary examination is not usually offered when

- a. a student has failed a course with less than 48%;
- b. a student 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. a student has performed poorly throughout the course, as opposed to only during the final examination;
- d. a student fails more than two courses;
- e. a student fails and has to repeat another course; or
- f. a student fails foul of the readmission rules for the programme for which she/he is 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).

18 GENERAL RULES FOR UNDERGRADUATE STUDENTS

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. 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 his/her studies on grounds of illness or bereavement, or in other exceptional cases at the discretion of the course conveners. To apply, he/she is required to submit a completed "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 he/she wishes 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 his/her 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 he/she was ill is not acceptable.*
- *In the case of bereavement, a student is required to submit a copy of the death certificate upon his/her return from the funeral. This application is usually made beforehand.*
- *In the case of illness for only a portion of a day, or any other exceptional situations of very short duration, an explanatory letter may be accepted. This application is usually retrospective.]*

FGU11.2 A student in clinical years of an undergraduate degree who misses 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 his/her performance at the time he/she took leave of absence. (If, for example, a student has transgressed readmission rules at the time he/she went on leave of absence, the Committee may at its next meeting decide to exclude the student.)

FGU11.4 Save in exceptional circumstances, no leave of absence shall be granted in the last quarter of the year, or granted retrospectively, or granted more than once. (See *General Rules handbook*.)

FGU11.5 Unbroken registration is normally required to ensure that students' knowledge and/or clinical skills do not deteriorate. In the event that a student has interrupted his/her studies for more than a year, the Faculty, if it has decided that a student may return, may require the student to repeat one or more courses which the student may already have passed. Each case will be considered on merit, and the student's academic record and period of absence will be taken into account before a decision is made.

RULES AND CURRICULA FOR UNDERGRADUATE PROGRAMMES

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBChB)

[SAQA ID: 3195]

Conveners:

Dr P Wicomb (Department of Paediatrics) and Prof G Louw (Department of Human Biology)

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

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	HEQSF 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 Medical Students.....	18	5
SLL1041S	Beginners isiXhosa for Medical Students.....	18	5
<i>Total credits for year 1.....</i>		<i>167</i>	

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

FBA3.3 Second Year

Code	Course	NQF Credits	HEQSF Level
PTY2000S	Integrated Health Systems Part 1B.....	35	6
PPH2000W	Becoming a Doctor Part 1A	43	6
SLL2002H	Becoming a Doctor Part 1B.....	18	6
HUB2017H	Integrated Health Systems Part 1A.....	57	6
<i>Total credits for year 2</i>		153	

FBA3.4 Third Year

Code	Course	NQF Credits	HEQSF Level
PPH3000H	Becoming a Doctor Part 2A	25	7
MDN3001H	Introduction to Clinical Practice.....	68	7
SLL3002H	Becoming a Doctor Part 2B.....	30	7
PTY3009F	Integrated Health Systems Part II.....	59	7
<i>Total credits for year 3</i>		182	

FBA3.5 Fourth Year

Code	Course	NQF Credits	HEQSF Level
SLL3003W	Clinical Languages	1	7
PRY4000W	Psychiatry	30	8
AAE4002W	Anaesthesia Part 1	20	8
OBS4003W	Obstetrics	30	8
MDN4011W	Medicine	60	8
MDN4015W	Pharmacology & Applied Therapeutics.....	20	8
PED4016W	Neonatology.....	30	8
PPH4056W	Health in Context.....	40	8
<i>Total credits for year 4</i>		231	

FBA3.6 Fifth Year

Code	Course	NQF Credits	HEQSF Level
PED5001W	Caring for Children	40	8
CHM5003W	Surgery	40	8
MDN5003H	Pharmacology & Applied Therapeutics	20	8
CHM5004H	Trauma	10	8
OBS5005W	Gynaecology.....	20	8
CHM5005H	Orthopaedic Surgery.....	10	8
MDN5005W	Dermatology.....	10	8
MDN5006W	Rheumatology	10	8
CHM5007W	Neurology and Neurosurgery	20	8
CHM5008W	Ophthalmology.....	10	8
CHM5009W	Otorhinolaryngology	10	8
CHM5010W	Urology.....	10	8
<i>Total credits for year 5</i>		210	

FBA3.7 Sixth Year

Code	Course	NQF Credits	HEQSF Level
CHM6000W	Surgery	41	8
MDN6000W	Medicine (including Allied Disciplines)	41	8
OBS6000W	Obstetrics and Gynaecology.....	41	8
PED6000W	Paediatrics and Child Health	41	8
PPH6000W	Family Medicine and Palliative Medicine.....	21	8
PRY6000W	Psychiatry and Mental Health	21	8
AAE6000W	Anaesthesia Part 2	10	8
PPH6001W	Long Elective	20	8

22 RULES AND CURRICULA FOR UNDERGRADUATE PROGRAMMES

Code	Course	NQF Credits	HEQSF Level
MDN6004W	Exit Examination on Procedural Competence	0	8
PPH6005W	Short Elective	10	8
PTY6012W	Forensic Medicine	10	8
	Total credits for year 6.....	256	
	Total NQF credits for programme:	1199	

Programme Rules

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

Intervention programme

[MB026]

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

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

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

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

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

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

Intervention Programme Part 1

Code	Course	NQF Credits	HEQSF 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	HEQSF Level
CEM1011X	Chemistry for Medical Students	18	5
HSE1002F	Fundamentals of Integrated Health Sciences Part II.....	105	5
PHY1025F	Physics.....	18	5
	Total 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. He/she 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, he/she 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 he/she 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 team-work and group-work, responsibility for self-learning and respect amongst fellows are key features of the curriculum that are assessed in DP requirements.

FBA6.4 Students are required to obtain an overall pass mark of at least 50% for each course and (unless otherwise specified) if the course includes more than one sub-discipline, to pass each of the subcomponents of the course with at least 50%.

FBA6.5 Apart from continuous assessment throughout each course, students are also assessed and/or examined at the end of a course or clinical block, and are required to undergo such written, clinical and oral examinations at the end of the year as may be prescribed.

FBA6.6 **Failure of a course in second and third academic years of study:**

- (a) A student who fails any course in the second or third year MBChB may be required to repeat courses already passed.
- (b) Except by permission of the Senate, students who repeat the Special Study Module (SSM) will be required to pass the repeat SSM in the same year in which they are repeating other third year courses. They will also be required to complete the repeat SSM in a discipline other than that of their original SSM.

FBA6.7 Failure of a course in fourth, fifth and final academic year of Study:
(Note: The courses for years 4, 5 and 6 of the MBChB programme are presented in modular blocks of equal length. A modular block may contain one or more courses, but all modular blocks within a particular AYOS are multiples of a single unit of time; for example, an AYOS based on an eight-week modular block system will accommodate courses of two (2), four (4) or eight (8) weeks. *See Modular Block System for MBChB Years 4 to 6 under 'Additional Information'.*)
A student who fails any courses in the clinical years (years 4 to 6) may, at the discretion of the Faculty Examinations Committee

- (i) be required to repeat the course if the student has obtained less than 48% for the overall course mark;
- (ii) 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;

(iii) (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;

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

(v) 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.)

FBA6.8 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.

FBA6.9 A student with a DPR (Due Performance Certificate Refused) or who is absent for an examination, fails and must repeat the course (subject to the progression rules for the programme.)

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

Readmission rules

FBA7.1 A student may be refused permission to renew their registration in the following semester, or may cancel their registration, if he/she:

- a. fails a course which the student is repeating;
- b. is 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 he/she is registered;
- g. in an academic year in which he or she is repeating a course, fails any course;
- h. will be unable to complete the whole degree within eight years of study; (or, if the student has passed through the Intervention Programme, nine years of study);
- i. has been found guilty of unprofessional behaviour or has been found to be impaired.

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

[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, 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 for Medical Students (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) HSE1001S and HSE1002F Fundamentals of Integrated Health Sciences I and II; and
- (d) HUB2017H, LAB2000S and LAB3009H Integrated Health Systems I and II; and
- (e) PPH2002S/HUB2020S/LAB2002S/MDN2001S/OBS2001S/PRY2001S/A AE2001S/PED2001S/ CHM2001S/RAY2004S Special Study Module; and
- (f) LAB3020W Molecular Medicine; or
- (g) to have passed third year MBChB as well as an approved third year level Bachelor of Science course with an average of at least 70%; and to have undergone a successful interview with a selection committee.

FBA9.2 MBChB students doing an intercalated honours degree who wish to continue with MBChB after completing the honours programme shall be required, whilst registered for the BMedScHons programme concerned, to also register for and pass MDN3003H Introduction to Clinical Practice II.

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

FBA9.4 A student in the MBChB who holds a BMedScHons may be admitted concurrently to a research master's in the clinical years of the MBChB on recommendation of the Faculty and with permission of the Senate. A student thus registered whose research dissertation is of sufficient scope may subsequently be permitted, on application and with special permission of the Senate, to upgrade to a PhD. The Faculty may require the student to spread the load of the clinical years of the MBChB whilst registered for research degree studies. The student will graduate with the MBChB when the requirements for that degree have been met, and continue thereafter with the PhD.

NELSON MANDELA FIDEL CASTRO MEDICAL TRAINING PROGRAMME (NMFCMTP)

Convener:

Dr N Gogela

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.

First Year Curriculum outline

Code	Course	NQF Credits	HEQSF Level
AAE4003W	Anaesthesia for External Credit	8	0
MDN4017W	Medicine for External Credit	15	8
PED4017W	Neonatology for External Credit.....	7	8
OBS4006W	Obstetrics for External Credit	15	0
PRY4001W	Psychiatry for External Credit	15	0

Second Year Core Modules

Code	Course	NQF Credits	HEQSF Level
AAE5000W	Anaesthesia for External Credit.....	10	8
PTY5012W	Forensic Medicine for External Credit	0	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

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 and Princess Alice Orthopaedic Hospitals; and by the staff of the City Park Hospital, Valkenberg Hospital, day hospitals, municipal clinics, the Public Vaccination Station and at various fieldwork sites.

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 team-work and group-work, responsibility for self-learning and respect amongst fellows are key features of the curriculum that are assessed in DP requirements.

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).

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

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

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

FBB5.5 A student who fails any course in semester 1 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

- i. be required to repeat the course if the student has obtained less than 48% for the overall course mark;

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- ii. 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;
- iii. (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;
- iv. 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:

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

A student who is permitted to renew his/her registration despite not having met the requirements set out above may be required to follow a specific curriculum and may be set specific performance and readmission criteria determined by the NDoH.

Appeals for readmission to the NMFCMTP programme are not considered by UCT and must be referred to the NDoH for consideration.

BACHELOR OF SCIENCE IN MEDICINE (BSC MEDICINE)

[SAQA Registration awaited]

Convenor:
Prof A A 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	HEQSF 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	35	6
HUB2017H	Integrated Health Systems Part IA	57	6
IBS2001S	Special Study Module *	16	6
PPH2000W	Becoming a Doctor Part 1A	43	6
SLL2002H	Becoming a Doctor Part 1B (languages)	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]

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.]

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Courses offered by Departments in the Faculty of Health Sciences:

Code	Course	NQF Credits	HEQSF 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 his/her 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	HEQSF 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	HEQSF Level
AHS1045S	Basis of Hearing and Balance	18	5

Course for Speech-Language Pathology students:

Code	Course	NQF Credits	HEQSF Level
AXL1301S	Introduction to Applied Language Studies	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	HEQSF Level
PSY1006F	Introduction to Psychology Part 1+	10	5
PSY1007S	Introduction to Psychology Part 2+	10	5

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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	HEQSF 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	HEQSF 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	HEQSF Level
PSY1005S	Introduction to Psychology Part II.....	18	5
AHS1025S	Early Intervention	18	5
AXL1301S	Introduction to Applied Language Studies	18	5

[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	HEQSF Level
SLL1028H	Xhosa for Health and Rehabilitation Sciences* or.....	18	5
SLL1048H	Afrikaans for Health and Rehabilitation Sciences*.....	18	5
PSY2015F	Research in Psychology I	24	6
PSY2014S	Cognition and Neuroscience.....	24	6
AHS2047S	Paediatric Rehabilitative Audiology	18	6
AHS2106F	Child Language.....	21	6

Courses for Audiology students:

Code	Course	NQF Credits	HEQSF 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	HEQSF 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 yearCommon courses for Speech-Language Pathology and Audiology students:

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

Courses for Audiology students:

Code	Course	NQF Credits	HEQSF 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	HEQSF Level
AHS3004H	Clinical Speech Therapy II.....	30	7
AHS3071F	Acquired Neurogenic Language Disorders	22	7
AHS3072S	Paediatric Dysphagia and Motor Speech.....	22	7
AHS3073F	Adult Dysphagia and Motor Speech.....	22	7
AHS3102S	Child Language II.....	15	7
AHS3103F	Voice	15	7

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

FBD2.6 Fourth yearCommon courses for Speech-Language Pathology and Audiology students:

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

Courses for Audiology students:

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

Courses for Speech-Language Pathology students:

Code	Course	NQF Credits	HEQSF 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 622/632

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	HEQSF Level
HSE1003S	Preparation for Entry-level Psychology for Health and Rehabilitation Sciences Part 1	18	5
HSE1004S	Fundamentals of Speech and Hearing Sciences	18	5
HSE1005S	Foundational Concepts in Human Communication Development	18	5
AXL1302S	Linguistics Foundation.....	18	5

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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 he/she 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	HEQSF 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 (Speech-Language Pathology students)		18
Total NQF credits for IP		118	

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

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

Attendance and DP (Due Performance) requirements

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. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the staff of the Division.

(d) All coursework must be completed.

(e) Students who do not demonstrate professional conduct will receive a written warning. Thereafter, violations of professional conduct will result in DP being refused for the course in question.

Progression rules

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, he/she will have to deregister from the clinical course AHS2108W at the start of the second semester. The student will continue with the clinical course AHS2108W following successful completion of AHS2107F and/or AHS2106F in the following year, if permitted to repeat these courses.

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, he/she 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 AHS3062F Rehabilitation Technology in order to continue with second semester of AHS3008H Clinical Audiology II. If a student fails AHS3062F, he/she 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.

FBD5.6 If a student is registered only for theoretical modules for any semester, he/she may continue to be involved in clinical work under the direction of the clinical co-ordinator, and receive credit for additional clinical hours.

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%, he/she 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, he/she 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

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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 qualifying 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 4th 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.

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 his/her registration for the degree, or may have his/her registration cancelled:

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

Convenor:

P Gretschel (Department of Health & 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	HEQSF 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 Part IB	18	5
AHS1032S	Occupational Perspectives on Health and Well-being	20	5
AHS1035F	Human Occupation and Development.....	22	5
<i>Total NQF credits in first year:</i>		144	

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

Code	Course	NQF Credits	HEQSF 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	HEQSF 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	HEQSF 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	HEQSF Level
AHS2002W	Clinical Sciences I	13	6
PRY2002W	Psychiatry for Occupational Therapy	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	HEQSF Level
SLL1028H	Xhosa for Health and Rehabilitation Sciences*	18	5
SLL1048H	Afrikaans for Health and Rehabilitation Sciences *	18	5
AHS3078H	Research Methods and Biostatistics I	10	7
AHS3107W	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 OT Practice I	26	7
Total NQF credits in third year:			148

FBE2.6 Fourth year

Code	Course	NQF Credits	HEQSF Level
AHS4119W	Occupational Therapy Research and Practice Management.....	48	8
AHS4120W	Foundation Theory for OT Practice II	48	8
AHS4121W	Occupational Therapy Practice and Service Learning.....	48	8
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 his/her 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	HEQSF Level
HSE1008S	Fundamentals of Anatomy and Physiology IA.....	0	5
HSE1003S	Preparation for Entry-level Psychology for Health and Rehabilitation Sciences Part I	18	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 he/she again fails during the summer term, he/she may be refused readmission.

FBE3.3 A student entering IP who failed PSY1004F or PSY1006F in the first semester of the standard first year programme will be required to register for all IP1 courses including 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	HEQSF Level
PSY1006F	Introduction to Psychology Part I Plus*	10	5
HSE1009F	Fundamentals of Anatomy and Physiology IB.....	36	5
HSE1011F	Fundamentals of Human Occupation and Development IB	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, he/she 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.
- (c) To qualify for the summative assessment (final examinations) in all Occupational Therapy courses, students have to attend all compulsory educational activities listed in course booklets.
- (d) A student who fails a course may be permitted to write a supplementary examination. The class (or year-) mark is not added to the result of any such supplementary examination in determining the final result for the course.

Readmission

FBE5.1 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree, or may have his/her registration cancelled:

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

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]

Convenor:

Dr Soraya Maart (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 p6 for explanatory notes about HEQSF levels and NQF credits.]

FBF.2.1 First year

Code	Course	NQF Credits	HEQSF 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
<i>Total NQF credits for year 1</i>		142	

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

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Code	Course	NQF Credits	HEQSF 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	HEQSF 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

FBE2.3 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	HEQSF 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	HEQSF Level
SLL1028H	Xhosa for Health and Rehabilitation Sciences* or	18	5
SLL1048H	Afrikaans for Health and Rehabilitation Sciences*.....	18	5
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
<i>Total NQF credits for year 2</i>		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	HEQSF Level
AHS3004W	Clinical Sciences II.....	10	7
AHS3069W	Clinical Physiotherapy II	62	7
AHS3070H	Becoming a Rehabilitation Professional I	22	7
AHS3076H	Movement Science III	24	7
AHS3077H	Applied Physiotherapy II.....	22	7
AHS3078H	Research Methods and Biostatistics I	10	7
<i>Total NQF credits for year 3</i>		150	

FBF2.6 Fourth year

Code	Course	NQF Credits	HEQSF Level
AHS4065W	Clinical Physiotherapy III	98	8
AHS4066H	Becoming a Rehabilitation Professional II	4	8
AHS4071H	Applied Physiotherapy III	20	8
AHS4072H	Research Methods and Biostatistics II	10	8
<i>Total NQF credits for year 4:</i>		132	
<i>Total NQF credits for programme:</i>		588	

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	HEQSF 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 I	18	5
HSE1014S	Fundamentals of Movement Science and		
	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 he/she again fails HSE1003S during the summer term, he/she 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	HEQSF Level
HSE1009F	Fundamentals of Anatomy and Physiology IB.....	36	5
HSE1013F	Fundamentals of Biosciences for Physiotherapy IB.....	0	5
HSE1015F	Fundamentals of Movement Science &		
	Applied Physiotherapy IB	36	5
PSY1006F	Introduction to Psychology Part 1+*	10	5
<i>Total NQF credits in IP:</i>		136	

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

DP (Due Performance) requirement

FBF4 A minimum of 80% attendance is required for clinical practice, lectures, practicals and tutorials in all professional modules and courses. Absence on medical grounds requires a medical certificate.

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 are required to do a nursing elective as part of AHS2050H. The elective must be for a total of 40 hours, at a facility recognised by the Divisional Board of Physiotherapy, and must be completed before the start of the second semester. Students whose performance in the nursing elective is deemed unsatisfactory have to repeat the elective before progressing to the next year of study.

FBF5.2 Students are required to complete a three-week elective satisfactorily as part of AHS4065W and before the start of the second semester, during which they may arrange to work at any healthcare facility recognised by the Divisional Board. Students whose performance is deemed unsatisfactory are required to undertake a period of additional clinical work, at the discretion of the Divisional Board.

FBF5.3 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree:

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

FBF5.4 A student who has not fulfilled the required number of clinical hours will not be permitted to proceed to the next year of study (or to graduate, if he/she is in his/her final year of study).

FBF5.5 A student who fails any course and is required to repeat any year will be required to repeat the Clinical Physiotherapy course for that year (AHS2050H Clinical Physiotherapy I; AHS3069W Clinical Physiotherapy II; AHS4065W Clinical Physiotherapy III) and to pay full fees.

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).

HIGHER CERTIFICATE IN DISABILITY PRACTICE

[SAQA ID: 93691]

Conveners:

Prof T Lorenzo and A Hansen (Department of Health & Rehabilitation Sciences)

Programme Codes: MU002AHS21 (January intake) and MU004AHS21 (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.
- (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.
- (c) evidence that they are proficient in English.

FGC1.2 An applicant is also recommended to submit two letters of support from his/her employer, granting the applicant study leave for the weeks requiring block attendance, and undertaking to provide support to enable the applicant to complete assigned tasks and assignments within the work context.

Structure and duration of programme

FGC2 The programme comprises four taught courses and one practical course. The curriculum extends over one year (from January to December or from June 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 learning (a total of 24 weeks which will run from February to November). Participation in tutorials and group projects is compulsory. All coursework must be completed in a minimum of one year and a maximum of two years

Programme outline FGC3: The prescribed courses for the January intake are:

Code	Course	NQF Credits	HEQSF Level
AHS1048W	Disability Information Management & Communication Systems	15	5
AHS1049S	Promoting Healthy Lifestyles.....	10	5
AHS1050W	Health, Wellness and Functional Ability.....	30	5
AHS1051F	Inclusive Development and Agency.....	15	5
AHS1052F	Work-Integrated Practice Learning Part I	25	5
AHS1053S	Work-Integrated Practice Learning Part II	25	5
Total NQF credits:			120

Programme outline FGC4: The prescribed courses for the July intake are:

Code	Course	NQF Credits	HEQSF Level
AHS1060S	Disability Info Management & Communication Systems Pt I	0	5
AHS1063S	Health Wellness & Functional Ability Pt I.....	15	5
AHS1065S	Inclusive Development & Agency.....	15	5
AHS1066S	Work-Integrated Practice Learning Pt I.....	25	5
AHS1061F	Disability Info Management & Communication Systems Pt II.....	7	5
AHS1062F	Promoting Healthy Lifestyles	10	5
AHS1064F	Health Wellness & Functional Ability Pt II.....	15	5
AHS1067F	Work-Integrated Practice Learning Pt II	25	5

Readmission and progression rules and supplementary examinations

FGC5.1 In order to undergo the final examinations, students have to meet the following requirements:

- (a) A minimum of 90% attendance for all lectures.
- (b) A minimum of 100% attendance for the work-integrated practice learning. If this attendance requirement is not met, the student will be required to repeat the course or the practice learning block (clinical rotation).
- (c) All coursework must be completed within the prescribed time period, unless otherwise approved by the programme convener. Participation in tutorials and group projects is compulsory and will be monitored.
- (d) A year mark of at least 50% is required for examination entrance to each course, unless approved otherwise by the programme convener.

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

FGC5.2 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree, or may have his or her registration cancelled

- (a) if he/she fails a course which he/she is repeating.
- (b) unless he/she successfully completes all the prescribed courses for any single year in two years.
- (c) if he/she is unable to complete the standard programme in two years.
- (d) if he/she is found guilty of unprofessional behaviour.

FGC5.3 A student who has not fulfilled the required number of clinical hours for practice learning will not be permitted to graduate.

FGC5.4 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

[MU003MDN27 [SAQA Registration awaited]]

Convenor:
Prof 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 An applicant may be considered for admission to this Advanced Diploma on the basis of:

- (a) having obtained at least a Bachelor of Science or equivalent science qualification with first year-level physics and second-year level mathematics or statistics. Other preferable subjects include Human Biology, Molecular Cell Biology, Microbiology and Biochemistry.
- (b) evidence of proficiency in English.

FGD2 An applicant should submit a letter of support from his/her employer, granting the applicant study leave for the weeks requiring block attendance and undertaking to provide support to enable the applicant to complete assigned tasks and assignments within the work context.

Structure and duration of the programme

FGD3 The programme comprises five courses and extends over one year. Participation in 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	HEQSF 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 his/her registration for the degree, or may have his or her registration cancelled, if

- (a) he/she fails more than one course;
- (b) he/she fails a course which he/she is repeating;
- (c) he/she is unable to successfully complete all the prescribed courses in two years;
- (d) he/she is found guilty of unprofessional behaviour.

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 Clinical Skills Unit Intervention Programme Unit Education Development Unit
Health Sciences Education	Biomedical Engineering Cell Biology Clinical Anatomy & Biological Anthropology Exercise Science & Sports Medicine Human Nutrition Physiological Sciences
Human Biology	Medical Biochemistry & Structural Biology Chemical & Systems Biology Computational Biology
Integrative Biomedical Sciences	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
Medicine	General Obstetrics & Gynaecology Gynaecological Oncology Maternal-Fetal Medicine Reproductive Medicine Urologygynaecology Allergology (Paediatric) Associated Paediatric Disciplines Child & Adolescent Psychiatry Child Nursing Practice Cardiology (Paediatric) Child Health Unit
Obstetrics & Gynaecology	
Paediatrics & Child Health	

	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 *Stell DA SA MMed Anes 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, BSc (Hons) *Stell MBChB PhD Cape Town FCA SA*

Associate Professors:

IA Joubert, MBBCh *Witwatersrand DA SA FCA SA*

RE Parker, PhD (Psych) MSc (Pain) *Queen Margaret University BSc (Med)(Hons) PG Dip (Health Professional Educ) BSc (Phys) Cape Town*

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 *Cape Town MRCP UK FCA SA MMed Anes*

A Ernst, MBChB *Pret DA SA FCA SA*

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

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

N Hadebe, MBBCh *Witwatersrand FCA SA*

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

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

SAM Heijke, MBChB *Cape Town FFA SA*

MR Hofmeyr, MBChB *Stell Dip Pec 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 *Stell DA SA MMed Anes 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 Neithardt, BScHons Physiology MBBCh *Witwatersrand DA SA FCA SA*

RW Nieuwveld, BSc MBBCh *Witwatersrand FFA SA*

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

JL Piercy, BScHons MBBS *London FCA SA Cert Crit Care SA*

O Porrill, MBBCh *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 Steinhause, 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*

Course Outlines

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

16 NQF credits at HEQSF 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 HEQSF level 8

Convener: Dr E Cloete

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

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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 and sixth years of study. The four-week fourth year course is integrated with Medicine in an eight-week rotation and is based on tutorials with clinical teaching and practical training in the operating theatres. In the sixth year, a two-week course of practical clinical instruction is presented during the combined four-week Forensic Medicine and Anaesthesia rotation. In addition, in fifth and sixth year, students are required to include an anaesthesia assessment in all surgical clinical case studies done during the General Surgery rotation, concentrating on the pre-operative workup, potential anaesthesia strategies and alternatives, and the postoperative intravenous fluid and pain management. The fourth to sixth years' learning in anaesthesia are complementary. Core knowledge includes basic knowledge of anaesthesia techniques and equipment. Learning in the fourth year is based on developing an understanding of the academic basis of anaesthesia, and the related physiology and pharmacology.

DP requirements: (1) Satisfactory completion of a logbook of anaesthesia skills; (2) Attendance of at least 5 seminars (formal teaching sessions); (3) Attendance of Pain Management Workshop

Assessment: Summative assessment consists of an end-of-block examination made up of the following two components: (a) A single best answer multiple choice examination testing theoretical and clinical anaesthesia knowledge (weighting: 50%); (b) A short-answer question examination assessing knowledge of anaesthesia related equipment, clinical scenarios and techniques. To pass the course, students must meet the following requirements: (a) Fulfil all DP requirements as stipulate and (b) Obtain an aggregate of 50% or more in the end-of-block examination.

AAE4003W ANAESTHESIA PART 1 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 HEQSF level 0

Convener: Dr A Ernst

Course entry requirements: None

Co-requisites: None

Course outline:

This is a two 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: Assessment consists of (1) a slide based OSPE (50%) and (2) a written exam of single best answer multiple choice and short answer questions (50%). An overall mark of 50% or more must be obtained to pass the course.

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 HEQSF 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 HEQSF 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 in the fourth and sixth years of study with a case-studies component during the fifth and sixth year surgery rotations. In sixth year, a two-week course of practical clinical instruction is presented during the combined four-week Forensic Medicine and Anaesthesia rotation. The fourth and sixth years' learning in anaesthesia are complementary. Learning in the sixth year is based on a series of anaesthetics which the student administers under supervision, including the pre-operative assessment of the patient and their postoperative management. Students are required to perform a minimum of two general anaesthetics and two spinal anaesthetics case that they personally manage under specialist supervision. These assessments are "open" and known to the student. Students are encouraged to perform as many anaesthetics as possible; the best four scores are counted. In addition, students are required to include an anaesthesia assessment in all surgical clinical case studies done during the General Surgery rotation; concentrating on the pre-operative workup, potential anaesthesia strategies and alternatives, and the postoperative intravenous fluid and pain management. 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.

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 (CommSci&Dis) *Fresno State* MA (Audiology) *San Diego* PGDip (Health Economics) *Cape Town* MPH *Witwatersrand* AuD *Florida*

Communication Sciences and Disorders

F45, F56 Old Main Building, Groote Schuur Hospital

Associate Professor and Head:

M Pascoe, BSc (Log) MSc (Speech-Language Pathology) *Cape Town* PhD *Sheffield*

Associate Professor:

SA Singh, B (SPHT) *UDW* MA PhD (Sp-Lang Path) *Northwestern*

Senior Lecturers:

M Harty, B (CommPath) MA (AAC) PhD *Pret*

V Norman, BSc (Log) *Cape Town* M (CommPath) *Pret*

L Petersen, B (Spraak&Audiologie) *Stell* MSc (Audiology) *Cape Town*

C Rogers, MSc (Audiology) *Cape Town*

Lecturers Full-time:

T Cloete, BSc MSc (Audiology) *Cape Town*

O Mahura, BSc (Speech-Language Pathology) MSc (Speech-Language Pathology) *Cape Town*

Senior Clinical Educators Part-time

N Keeton, BSc (Audiology) MSc (Audiology) *Cape Town*

F Walters, B (SpLang&HearTh) *Stell*

Clinical Educators Part-time:

F Camroodien-Surve, BSc (Speech-Language Pathology) *Cape Town* M(ECI) *Pret*

C Edwardes, BSc (Speech-Language Pathology) *Cape Town*

G Gonsalves, BSc (Audiology) *Cape Town*

T Kuhn, BSc (Log) *Cape Town*

N Luwaca, BSc (Audiology) *Cape Town*

J le Roux, BSc (Log) *Cape Town* M(ECI) *Pret*

J Chohan, MSc (Audiol) *Cape Town*

Intervention Programme Lecturer:

G Gonsalves, BSc (Audiology) *Cape Town*

Disability Studies

F45, F56 Old Main Building, Groote Schuur Hospital

Associate Professor and Head:

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

Professor:

T Lorenzo, BSc (OccTher) HDEdAd *Witwatersrand* MSc (CommDisStud) *London* PhD *Cape Town*

Honorary Professor:

R McConkey, BA Hons (Psych) *Queen's University Belfast PhD Manchester*

Lecturers:

A Hansen, BSc (Audiology) *Cape Town*

S Gabriels, BSc (Physio) *UWC*

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

Guest Lecturers:

D Brand, BSc (Human Life Sciences) BSc Hons (Psych) PG Dip (Monitoring & Evaluation) *Stell MSocSci (Psych) Cape Town*

K Fischer Mogensen, BSc (Ethnography and Social Anthropology) *Aarhus PGDip (Monitoring and Evaluation) Stell MSocSci (Development Studies) Aalborg*

T Gorgens, MSc *Cape Town*

C Howell, BA (Social Work) BA Hons (Social Work) MEd *Witwatersrand PhD Cape Town*

N Mayat, BA (Social Work) *UDW BA Hons Unisa MPhil Cape Town*

K Mohamed, BA BA Hons *UWC MA (Anthropology) Chicago*

S Rule, BA (Sp & H Th) *Witwatersrand PhD UKZN*

L Swartz, MSc (Clin Psych) *PhD Cape Town*

Senior Research Officer:

B Watermeyer, MA (Clin Psych) *Cape Town DPhil Stell*

Post-Doctoral Fellow:

V McKinney, PhD *Cape Town*

Nursing and Midwifery

F45, F56 Old Main Building, Groote Schuur Hospital

Senior Lecturer and Head:

NA Fouché, PhD MSc (Nurs) AUDNEd *Cape Town DipIntNurs Science RM Carinus Nursing College RN Andrew Fleming Hospital*

Honorary Professors:

N Abrahams, PhD MPhil Public Health *UWC CHN PenTech RN RM*

S Ersser, PhD *Kings College University of London BSc (Hons) London South Bank University RGN Guys Hospital London CertHE Oxford Brookes University*

Associate Professor:

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

Emeritus Associate Professor:

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

Lecturers Full-time:

A Stubbs, RN RM BCur PG Dip (Nurse ED) MSc Nursing

Y van der Nest, Dip Nursing Ed & Admin *UJ Dip Nephrology Nursing NMMU RN RM CHN Coronation Nursing College*

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Occupational Therapy

F45, F56 Old Main Building, Groote Schuur Hospital

Head of Division:

A Sonday, BSc (Occ Ther) UWC M(ECI) Pret PhD Cape Town

Professors:

R Galvaan, BSc (Occ Ther) MSc (Occ Ther) PhD Cape Town

E Ramugondo, BSc (Occ Ther) MSc (Occ Ther) PhD Cape Town

Associate Professors:

H A Buchanan, BSc (Occ Ther) MSc (Occ Ther) PhD Cape Town

Lecturers:

*S Allie, BSc (Occ Ther) Project Management *Stell MPH Unisa**

*P Gretschel, B (Occ Ther) M(ECI) *Pret PhD Cape Town**

*M Motimele, BSc (Occ Ther) MSc (Occ Ther) *Cape Town**

*L Peters, BSc (Occ Ther) MSc (Occ Ther) *Cape Town**

*M Ramafikeng, BSc (Occ Ther) MSc (Occ Ther) *Cape Town**

Clinical Educators Part-time:

*S Barker, BSc (Occ Ther) *Cape Town**

*S Damonse, BSc (Occ Ther) *UWC**

*A Ebrahim, BSc (Occ Ther) *Cape Town* MEd CPUT, BSocSc *Cape Town**

*H Flieringa, BArb *Stell MSc (Occ Ther) Cape Town* PG Dip (Health Professional Educ) *Cape Town**

*F Gamieldien, BSc (Occ Ther) MSc (Occ Ther) *Cape Town* DipBusManagement *Varsity College**

*R Hassam, BSc (Occ Ther) *UWC**

*L Lewis, BSc (Occ Ther) *Cape Town**

*T Mohomed, BSc (Occ Ther) *UWC**

*L Richards, BSc (Occ Ther) *Cape Town**

Physiotherapy

F45, F56 Old Main Building, Groote Schuur Hospital

Senior Lecturer and Head:

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

Senior Lecturers:

*T Burgess, BSc (Physio) BSc (Med)(Hons) PhD Cape Town MHS (Bioethics) *University of Toronto**

*G Ferguson, BSc (Physio) MSc *Cape Town* PhD *Katholieke Universiteit Leuven**

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

Lecturers:

*C Hendricks, BSc (Physio) MSc *UWC**

*S Manie, BSc (Physio) UWC MSc *Stell**

Part-time Lecturers:

*K Buchholtz, BSc (Physio) MPhil *Cape Town**

*H Talberg, BSc (Physio) MPhil (Ed) *Cape Town**

Assistant Director, Department of Physiotherapy, Groote Schuur Hospital:
C Davids, BSc (Phyio) *UWC*

Senior Clinical Educators Part-time:
N Edries, BSc (Phyio) MSc *Cape Town*
L Rustin, BSc (Phyio) MSc *Cape Town*
D Scott, BSc (Phyio) MSc *Cape Town*

Clinical Educators Part-time:
I Du Plessis, BSc (Phyio) MSc *Pret*
F Harris, BSc (Phyio) *UWC*
M Naidoo, BSc (Phyio) MSc *UWC*
F Solomons, BSc (Phyio) *UWC*

Honorary Professor:
B Smits-Engelsman, BA *Polytechnic Nijmegen* MA *Utrecht* MEd *Maastricht* MSc *MA Avansplus Breda* PhD *Nijmegen*

Honorary Lecturer:
P Versveld, BSc (Phyio) MSc *Cape Town*

Intervention Programme Lecturer:
S Gabriels, BSc (Phyio) *UWC*

Course Outlines

AHS1003F SPEECH AND HEARING SCIENCES

18 NQF credits at HEQSF level 5

Convenor: Assoc Prof L Ramma

Course entry requirements: None

Course outline:

The aim of this course is an understanding of the nature of sound, how sound is perceived by humans and how speech is produced. Content 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 at all academic activities is required. Students are required to submit all coursework by the due date.

Assessment: The final mark is made up of coursework marks (60%) and examination marks (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.

AHS1025S EARLY INTERVENTION

18 NQF credits at HEQSF level 5

Convenor: 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.

Assessment: The final mark is made up of coursework marks (60%) and examination marks (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.

AHS1032S OCCUPATIONAL PERSPECTIVES ON HEALTH AND WELL-BEING

20 NQF credits at HEQSF level 5

Convenor: 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%; exam mark: 50%.

AHS1033F MOVEMENT SCIENCE I

18 NQF credits at HEQSF level 5

Convenor: N Naidoo**Course entry requirements:** None**Course outline:**

Students are introduced to the basic terminology and science associated with human movement. Course content includes basic assessment and mobilisation of joints, principles of muscle strengthening and soft tissue mobilising techniques. This course is taught through lectures, practical demonstrations, workshops, self-study sessions and tutorials. At the end of this course, students will be able to apply techniques of joint mobilisation (passive movements); measure and record joint range of motion; evaluate muscle strength and apply the principles of strengthening; and will understand soft tissue healing and apply techniques to treat soft tissue dysfunction.

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

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

AHS1034S INTRODUCTION TO APPLIED PHYSIOTHERAPY

22 NQF credits at HEQSF level 5

Convenor: N Naidoo**Course entry requirements:** All first semester courses in the BSc Physiotherapy programme.**Course outline:**

This course builds on the foundational concepts, terminology and science covered in Movement Science 1. Course content includes exercise prescription, posture analysis and correction of postural dysfunction, normal development, gait analysis, assistive devices, lifting, transfers and introduction to NMS conditions. The course is taught through lectures, practical demonstrations and workshops, self-study sessions and weekly tutorials. Students are exposed to the clinical situation in order to familiarise them with the scope of physiotherapy practice. At the end of the course students will understand the concepts of tissue healing, will be able to describe normal infant development, and will be able to assess posture and apply the principles of postural re-education.

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

Assessment: Tutorial tests (alternate week tests) (15%); theory test (September) (15%); final exam (Oct/Nov) theory (25%); and SPE (25%). Final course mark will be calculated out of 80%.

AHS1035F HUMAN OCCUPATION AND DEVELOPMENT

22 NQF credits at HEQSF level 5

Convenor: 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

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engaged in by people in urban as well as rural or informal settlements, students begin to appreciate the relationship between human occupation and the environment. Students also engage with issues of diversity through open and constructive dialogue that aims to facilitate an understanding of inter-group relations, conflict and community.

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

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

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

AHS1042F HUMAN COMMUNICATION DEVELOPMENT

18 NQF credits at HEQSF level 5

Convener: Dr M Pascoe

Course entry requirements: None

Course outline:

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

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

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

AHS1045S BASIS OF HEARING AND BALANCE

18 NQF credits at HEQSF level 5

Convener: C Rogers

Course entry requirements: None

Course outline:

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

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due dates.

Assessment: The final mark is made up of coursework (60%) and examination marks (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.

AHS1048W DISABILITY INFORMATION MANAGEMENT AND
COMMUNICATION SYSTEMS

15 NQF credits at HEQSF level 5

Convenor: I Nwanze**Course entry requirements:** None **Course outline:**

The students will learn basic information and communication systems in relation to care pathways and referral systems for people with disabilities. By the end of this course, students should appreciate critical enquiry; know how to use a variety of participatory rural appraisal methods; be able to apply 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 assignments by the due dates.

Assessment: Coursework mark counts 50% and is comprised of the following: on-site assessment, assignments and structured practical tests. The examination mark counts 50% and comprises of a structured practical examination.

AHS1049S PROMOTING HEALTHY LIFESTYLES

10 NQF credits at HEQSF level 5

Convenor: S Gabriels**Course entry requirements:** None**Course outline:**

The course aims to cultivate an understanding of the relevance of health promotion actions and advocacy strategies. By the end of the course, students will be able to define health promotion; identify social determinants of health; enable community participation in active health promotion campaigns; mediate between health services and families/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.

AHS1050W HEALTH, WELLNESS AND FUNCTIONAL ABILITY

30 NQF credits at HEQSF level 5

Convenor: S Gabriels**Course entry requirements:** None**Course outline:**

The overall purpose of the course is to provide participants with the basic foundation of knowledge and skills to teach and care for the learner within the special care centre. It will also provide participants with the basic knowledge for disability inclusive development on a theoretical and practical level.

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 and practical tests. The examination mark counts 50% and comprises a structured practical examination.

AHS1051F INCLUSIVE DEVELOPMENT AND AGENCY

15 NQF credits at HEQSF level 5

Convenor: Prof T Lorenzo

Course entry requirements: None

Course outline:

This course aims to cultivate knowledge of the rights of people with disabilities and strategies and actions to enable participation in opportunities for development. By the end of this course, students should be able to explain the concepts of disability, inclusion development, identity, agency and power; explain the purpose of disability rights policies; identify and 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.

AHS1052F WORK-INTEGRATED PRACTICE LEARNING PART 1

25 NQF credits at HEQSF level 5

Convenor: A Hansen

Co-requisites: Students need to have fully attended and participated on the theory blocks to be allowed onto the practice learning blocks.

Course outline:

The course provides various practice learning opportunities to help students acquire the ability to screen, provide basic care, follow up and refer a person with a disability, as it relates to health, education, social development and empowerment needs of the communities in which they are placed. By the end of this course, students should be able to demonstrate an understanding of the disability issues within a wider context and in relation to the community in which they practice; be able to apply essential methods, procedures and techniques to address the difficulties and disorders experienced by people in the community; demonstrate ability to solve problems as required; demonstrate efficient information-gathering, analysis and decision-making abilities; demonstrate ability to evaluate and reflect in and on action; and demonstrate appropriate written and verbal communication skills.

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

Assessment: Coursework contributes 50% and the examination contributes 50% toward the final course mark. The examination consists of an OSPE, a final demonstration, and a video and/or poster of the student's work with a client group or organisation.

AHS1053S WORK-INTEGRATED PRACTICE LEARNING PART 2

25 NQF credits at HEQSF level 5

Convenor: A Hansen

Co-requisites: Students need to have fully attended and participated on the theory blocks to be allowed onto the practice learning blocks

Course outline:

The course provides various practice learning opportunities to help students acquire the ability to screen, provide basic care, follow up and refer a person with a disability, as it relates to health, education, social development and empowerment needs of the communities in which they are placed. By the end of this course, students should be able to demonstrate an understanding of the disability issues within a wider context and in relation to the community in which they practice; apply essential methods, procedures and techniques to address the difficulties and disorders experienced by people in the community; demonstrate ability to solve problems as required; demonstrate efficient information-gathering, analysis and decision-making abilities; demonstrate

ability to evaluate and reflect in and on action; and demonstrate appropriate written and verbal communication skills.

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

Assessment: Coursework contributes 50% and the examination contributes 50% towards the final mark. The examination consists of an OSPE, final demonstration, and a video and/or poster of the student's work with a client group or organisation.

AHS1054W SOUTH AFRICAN SIGN LANGUAGE

8 NQF credits at HEQSF level 5

Convener: L Petersen

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 dates.

Assessment: The final mark is made up of a coursework mark (60%) and an examination mark (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.

AHS1060S DISABILITY INFORMATION MANAGEMENT AND

COMMUNICATION SYSTEMS PART I

0 NQF credits at HEQSF level 5

Convener: I Nwanze

Course entry requirements: None

Co-requisites: AHS 1063S, AHS1065S, 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%; Examination 25%

AHS1061F DISABILITY INFORMATION MANAGEMENT & COMMUNICATION SYSTEM PART II

7 NQF credits at HEQSF level 5

Convener: I Nwanze

Course entry requirements: AHS1060S

Co-requisites: AHS1064F, AHS1062F, 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%; Exam 25%

AHS1062F PROMOTING HEALTHY LIFESTYLES

10 NQF credits at HEQSF level 5

Convener: S Gabriels

Course entry requirements: None

Co-requisites: AHS1064F, AHS1061F and AHS1067F

Course outline:

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

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

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

AHS1063S HEALTH WELLNESS AND FUNCTIONAL ABILITY PART 1

15 NQF credits at HEQSF level 5

Convener: S Gabriels

Course entry requirements: None

Co-requisites: AHS1060S, AHS1065S, 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 AHS 1064F). The Summative exam will take place in AHS1064F and is weighted 55%.

AHS1064F HEALTH WELLNESS AND FUNCTIONAL ABILITY PART 2

15 NQF credits at HEQSF level 5

Convener: S Gabriels

Course entry requirements: AHS1063S

Co-requisites: AHS1061F, AHS1062F, 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%.

AHS1065S INCLUSIVE DEVELOPMENT AND AGENCY

15 NQF credits at HEQSF level 5

Convener: Prof T Lorenzo

Course entry requirements: None

Co-requisites: AHS1063S, AHS1060S, 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.

AHS1066S WORK INTEGRATED PRACTICE LEARNING PART I

25 NQF credits at HEQSF level 5

Convener: Anthea Hansen

Course entry requirements: None

Co-requisites: AHS1060S, AHS1063S, 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

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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% toward the final course mark.

AHS1067F WORK INTEGRATED PRACTICE LEARNING PART II

25 NQF credits at HEQSF level 5

Convener: A Hansen

Course entry requirements: None

Co-requisites: AHS1064F, AHS1062F, 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 HEQSF level 6

Convener: Dr M A 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 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 HEQSF level 6; Lectures (54, including pracs/OSPE) and two site visits. No tutorials, except for student support tutorials approximately every second Friday.

Convenor: M Motimela

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 and Thursday. Mondays: 08.00 – 10.45, 14.00 – 16.45. Thursdays 14.00 – 16.45

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 HEQSF level 6

Convenor: 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 dates.

Assessment: The course mark is made up of a coursework mark (60%) and examination mark (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.

AHS2047S PAEDIATRIC REHABILITATIVE AUDIOLOGY

18 NQF credits at HEQSF level 6

Convener: To be appointed

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 at all academic activities is required. Students are required to submit all coursework by the due dates.

Assessment: The final mark is made up of a course work mark (60%) and a final examination mark (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.

AHS2050H CLINICAL PHYSIOTHERAPY I

18 NQF credits at HEQSF level 6

Convener: Prof S Amosun and D Scott

Course entry requirements: All first-year courses.

Course outline:

This course comprises three parts: The *clinical component* addresses the theory and practical application of respiratory, orthopaedic, paediatric neurology and musculoskeletal therapy. An introductory module introduces the students to the concepts of the International Classification of Functioning and how to relate these concepts to assessment. Students spend a portion of the week in various clinical areas, working with patients under supervision. Clinical reasoning sessions are included. Students are required to do a *nursing elective* of 40 hours at an approved facility. *Disability in Primary Healthcare* is a 160 hour, multidisciplinary module spread over the second and third years of study. It integrates vertically with the Becoming a Professional/Becoming a Health Professional multidisciplinary courses at first year level. The module consists of lectures and facilitated site visits. The content focuses on health promotion, culture, psyche and illness; and equity, health and human rights. Disability theory and the theory of health promotion and community development are also addressed.

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

Assessment: *Clinical component:* This component is assessed entirely through continuous assessment in the clinical area. Students complete a portfolio of tasks including reflections, patient assessment, journal submissions and practical skill tests. The introductory ICF module is assessed via an online test at the end of the module. *Disability in Primary Healthcare module:* Students are assessed by means of group poster presentation, group assignment, peer assignment and reflective tasks. An overall average of 50% is required to pass this course. No supplementary examinations are awarded. The mark allocation is as follows: PCHD (20%); ICF module (10%) clinical block portfolio (70%). Students whose performance in the nursing elective is deemed unsatisfactory have to repeat the nursing elective before progressing to the next year of study.

AHS2052H MOVEMENT SCIENCE II

38 NQF credits at HEQSF level 6

Convenor: Dr T Burgess**Course entry requirements:** All first year courses**Course outline:**

This course covers orthopaedics and neuromusculoskeletal physiotherapy. The *orthopaedics* component covers the physiotherapy assessment and management of orthopaedic conditions, focusing on the assessment and treatment of traumatic orthopaedic conditions of the spine and lower limbs, amputations and paediatric orthopaedic conditions. The *neuromusculoskeletal* component covers the physiotherapy assessment and treatment and rehabilitation of neuromusculoskeletal (NMS) conditions, focusing on NMS conditions of the spine and lower limbs. This course is taught through lectures, practical demonstrations and workshops, self-study sessions and tutorials. At the end of this course, students will be able to assess traumatic orthopaedic conditions of the spine and lower limbs, amputations and paediatric orthopaedic conditions; and NMS conditions of the spine and lower limbs according to the International Classification of Functioning (ICF); apply joint and soft tissue mobilisation techniques to treat NMS conditions of these areas; and prescribe progressive exercises to rehabilitate 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%); March/April tests (NMS: 2.5%; orthopaedics: 2.5%); June tests (theory: NMS 10%; orthopaedics 10%; structured practical evaluation: 10%); September assignment (10%); and November examination (theory: NMS 25% and structured practical evaluation: 15%).

AHS2053H APPLIED PHYSIOTHERAPY I

32 NQF credits at HEQSF level 6

Convenor: S Manie**Course entry requirements:** All first year courses**Course outline:**

This course covers modules in paediatric neurology, cardiopulmonary rehabilitation, electrotherapy, geriatrics, proprioceptive neuromuscular facilitation (PNF) and key requirements for becoming a rehabilitation professional, including ethics. 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 agents module includes the theoretical and practical application of such agents, including the application of electro-physical modalities in the management of patients. The rehabilitation professional/ethics component includes the ethics of individual patient care and explores the concepts of primary healthcare in more depth. The geriatrics component covers the process of ageing and the assessment and treatment techniques used by physiotherapists in the field of gerontology. The proprioceptive neuromuscular facilitation component covers the theory and practical application of PNF as it applies to the assessment and rehabilitation of patients.

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 contributes 48% and the final November examination mark (comprising marks for a theory examination (42%) and a practical examination (10%)) contributes 52% to the final mark for the course. Coursework assessment includes assignments and tests in April, a theory test and practical test in June, and assignments and tests in September. The individual weighting for tests, assignments and practical tests that contribute to the coursework mark will be provided by the course convenor.

AHS2054S SPECIAL STUDY MODULE

16 NQF credits at HEQSF 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 HEQSF 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 multilingualistic, 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.

Assessment: The course mark 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 coursework mark will still be included in the final mark.

AHS2107F CHILD SPEECH

18 NQF credits at HEQSF level 6

Convenor: 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.

AHS2108W CLINICAL SPEECH THERAPY 1

24 NQF credits at HEQSF level 6

Convenor: F Walters**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 academic activities, including clinics; completion of all coursework and required documentation (e.g. ELOs, hours) by the due dates; and professional conduct.

Assessment: Formative assessments; Summative assessments during each clinical block contributes 90% to coursework total; Project Design and Management contributes 10% to coursework total.

AHS2109S SCHOOL-BASED INTERVENTIONS

21 NQF credits at HEQSF level 6

Convenor: J le Roux & F Walters**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.

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

AHS2110W CLINICAL AUDIOLOGY I

24 NQF credits at HEQSF level 6

Convener: T Kuhn

Course entry requirements: AHS2046F see FBC 5.3

Course outline:

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

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

Assessment: Formative assessments; Summative assessments during each clinical block contributes 90% to coursework total; Project Design and Management contributes 10% to coursework total.

AHS2111S DIAGNOSTIC AUDIOLOGY IN SPECIAL POPULATIONS

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

Convener: 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 dates.

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

AHS3004H CLINICAL SPEECH THERAPY II

30 NQF credits at HEQSF level 7

Convener: F Camroodien-Surve

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

Course outline:

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

DP requirements: Minimum 80% attendance of all clinics; completion of all coursework and required documentation (e.g. ELOs, hours) by the due dates; and professional conduct.

Assessment: Formative assessments; summative assessments during each clinical block contribute 80% of the course mark; Project Design and Management =10%; exam in November = 10%.

AHS3004W CLINICAL SCIENCES II

10 NQF credits at HEQSF level 7

Convener: Dr M A 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: Eighty per cent 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.

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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 HEQSF level 7

Convenor: N Luwaca

Course entry requirements: AHS2046F, AHS2047S, AHS2110W, and AHS2111S; see FBC 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: Minimum 80% attendance of all clinics; completion of all coursework and required documentation (e.g. ELOs, hours) by the due dates; professional conduct.

Assessment: Formative assessments; summative assessments during each clinical block contribute 80% of the course mark; Project Design and Management =10%; exam in November = 10%.

AHS3062F REHABILITATION TECHNOLOGY

22 NQF credits at HEQSF level 7

Convenor: 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.

AHS3065S ADULT REHABILITATIVE AUDIOLOGY

18 NQF credits at HEQSF level 7

Convenor: To be appointed**Course entry requirements:** AHS2046F and AHS3062F**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.

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.

AHS3069W CLINICAL PHYSIOTHERAPY II

62 NQF credits at HEQSF level 7

Convenor: H Talberg

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

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: Mon-to Fri mornings 8h00-12h00: on general hospital and musculoskeletal clinical placements. Care of the older persons and paediatrics: Two mornings a week from 8-12pm 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: Clinical placements: Students undergo a clinical examination at the end of the general hospital and musculoskeletal rotation, in the format of either a patient treatment or a patient assessment. In addition, students' professional conduct during each clinical rotation is assessed in a performance evaluation form by their clinical educator and/or clinician. The final block mark consists of the clinical exam mark (60%) and the block performance mark (40%). The care of the elderly and paediatrics modules are evaluated through continuous summative assessments during the block, weighted 40% of the block, with a final summative assessment weighted 60% of the block. The final course mark is made up of the two clinical block marks and the marks from the care of elderly and paediatrics module. The general hospital and musculoskeletal rotation will each carry a weighting of 35% and care of the older persons and paediatrics each 15%. Students need to obtain an average of 60% for the course mark to be exempt from further testing. Students who obtain an

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average of less than 50% for the course mark fail the course and have to repeat the full course the following year. Students who obtain a course mark of between 50 – 59% are required to undergo a further clinical examination in November. Should the student achieve a pass of 50% or more for this clinical examination, this mark will be incorporated into the course mark (equivalent to a combined block and examination mark) and the student will pass the course. Should a student obtain less than 50% for this additional examination, he/she will be required to repeat the course in the following year. No supplementary examinations are offered.

AHS3070H BECOMING A REHABILITATION PROFESSIONAL I

22 NQF credits at HEQSF level 7

Convener: Dr S Maart

Course entry requirements: AHS2050H

Course outline:

In this course students' 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 first semester students focus on the health system within South Africa, to understand the context of service delivery. During the second semester, in the module 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: Essays, assignments and tests (60%); Disability in Primary Healthcare (10%) and November examination (30%).

AHS3071F ACQUIRED NEUROGENIC LANGUAGE DISORDERS

22 NQF credits at HEQSF level 7

Convener: C Legg

Course entry requirements: None

Course outline:

This course aims to enable students to describe and critically discuss the consequences of an adult neurogenic language disorder with reference to the international classification of functioning, disability and health (ICF) and from a disability perspective. They learn the aetiologies and nature of adult neurogenic language disorders and the nature of assessments and comprehensive management of adults with neurogenic language disorders. Content includes the nature and prevalence of CVA, TBI and degenerative diseases; principles and 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:

Assessment: The final mark is made up of 60% course work and 40% examination. 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.

AHS3072S PAEDIATRIC DYSPHAGIA AND MOTOR SPEECH

22 NQF credits at HEQSF level 7

Convener: V Norman**Course entry requirements:** None**Course outline:**

This course aims to enable the student to describe and discuss aetiologies, the nature and consequences of (i) dysphagia; (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.

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

AHS3073F ADULT DYSPHAGIA AND MOTOR SPEECH

22 NQF credits at HEQSF level 7; Lectures 64; 16 practicals; 16 tutorials.

Convener: Associate Prof 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.

Assessment: The final mark is made up of 60% course work and 40% examination. 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.

AHS3075S OAES AND ELECTROPHYSIOLOGY

22 NQF credits at HEQSF 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 at all academic activities is required. Students are required to submit all coursework by the due date.

Assessment: The final mark is made up of 60% course work (includes formative and summative assessments) and 40% examination. 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.

AHS3076H MOVEMENT SCIENCE III

24 NQF credits at HEQSF level 7

Convener: Dr T Burgess and Mrs H Talberg

Course entry requirements: All second year courses

Course outline:

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

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 mark allocation is as follows: April tests (10%); June tests (Theory: 30% and structured practical evaluation: 10%); continuous MCQ based assessment over the year (15%) and November examination (theory: 20% and structured practical evaluation: 15%).

AHS3077H APPLIED PHYSIOTHERAPY II

22 NQF credits at HEQSF level 7

Convenor: G Ferguson**Course entry requirements:** AHS2053H and all second year courses**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, management of burn injuries, 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. The *management of burn injuries* module equips the student with knowledge and skills to enable management of burn injuries, using case studies relevant to the South African context. 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.

Assessment: Coursework contributes 60% toward the final mark and comprises of: Neuro tests (theory and practical), assignments and tasks (45%), CPR tests (theory and practical) and assignments and tasks (35%), Women's health theory tests/ assignments (10%) and Burns theory tests/assignments (10%). The final examination contributes 40% to the final mark and comprises of: Neuro (45%), CPR (35%), Women's health (10%) and Burns (10%). Students who achieve a final mark of 45%-49% may qualify to write a supplementary examination. If a supplementary examination is granted, the year mark is not included in the final mark.

AHS3078H RESEARCH METHODS & BIOSTATISTICS I

10 NQF credits at HEQSF level 7

Convenor: Prof R Galvaan**Course entry requirements:** None**Course outline:**

The course provides students with the necessary skills and conceptual knowledge to conduct research in occupational therapy and physiotherapy. Students receive lectures which cover the theory of qualitative and quantitative research, the ethics of research, epidemiology and basic biostatistics. Students learn how to analyse research articles critically and to develop a research proposal. This course is taught through lectures, tutorials and online assignments.

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

Assessment: The mark allocation is as follows: research methodology continuous assessment (April:10%); research methodology paper (July: 10%); epidemiology paper (July: 10%); research protocol (50%); biostatistics (20%)

AHS3102S CHILD LANGUAGE II

15 NQF credits at HEQSF 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.

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.

AHS3103F VOICE

15 NQF credits at HEQSF level 7

Convener: V Norman and 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.

Assessment: Formative assessments – 60%; final summative examination – 40%.

AHS3104S VESTIBULAR MANAGEMENT

15 NQF credits at HEQSF level 7

Convener: C Rogers

Course entry requirements: None

Course outline:

This course aims to enable the student to discuss the nature and impact of dizziness and vertigo, and to assess and manage vestibular disorders. Content includes the anatomy, physiology and pathology of vestibular and related balance disorders; clinical and technological assessments of vestibular disorders; and vestibular rehabilitation therapy. Students acquire skills of analysis and the

interpretation of results of clinical and objective evaluation, as well as the ability to select the appropriate management paradigm. They learn that balance disorders are multifactorial in nature, that management is possible at all levels of care, and that the audiologist is an integral part of management. Teaching and learning activities include lectures, web-based learning, case study and group learning. Themes underpinning the course include disability and burden of disease, the bio-psycho-social model, and ethical conduct.

DP requirements: Attendance of all academic activities is required. Students are required to submit all coursework by the due date.

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.

AHS3105F PUBLIC HEALTH AUDIOLOGY

15 NQF credits at HEQSF level 7

Convener: Assoc Prof 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 at all academic activities is required. Students are required to submit all coursework by the due date.

Assessment: The final mark is made up of 60% course work (includes formative and summative assessments) and 40% examination. 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.

AHS3107W OCCUPATIONAL THERAPY THEORY AND PRACTICE IN PHYSICAL HEALTH

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

Convener: A Sonday

Course entry requirements: AHS2043W, AHS2002W and HUB2015W

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-centred 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-centred occupational therapy plan that assists people with physical health concerns to participate in life through the everyday

things that they need and want to do. Students learn to select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of 'physical' health conditions. Students develop skills in selecting, implementing and applying change modalities which enable performance and/or remediate performance component deficits. Students begin to understand how policies inform service delivery and facilitate participation of people with a range of 'physical' health conditions at an individual level.

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 HEQSF level 7; Lectures (51), tutorials (19), practice learning (20 weeks), site visits (2).

Convenor: Ms S Allie

Course entry requirements: AHS2043W, PRY2002W, PSY2003S and PSY2009F

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 09:00-16:45 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 HEQSF level 7; 85 Lectures.

Convenor: M Ramafikeng

Course entry requirements: AHS2043W

Course outline:

This course includes occupational therapy models and philosophy, theories of empowerment and development, equity and diversity, and disability in primary healthcare. Themes underpinning the

course are primary healthcare and contextual relevance, and developing agents for change. Course objectives include skills of knowledge translation, problem-solving, professional writing and presentation, ethical reasoning and an attitude of professionalism. Teaching and learning activities include lectures, small group discussions, class presentations, and visits to service sites. By the end of this course, students will be able to understand the philosophy of client-centred practice; demonstrate competence in following the occupational therapy process; demonstrate skill in selecting, implementing and applying activity as a means and occupation as an end; understand and work effectively with diversity in context; understand professional and ethical use of self in relationships with individuals, groups, and other stakeholders; demonstrate an ability to select and apply an appropriate OT practice model matched to the client; demonstrate skill in documenting OT plans; demonstrate skill in using the five modes of clinical reasoning; and demonstrate a multidisciplinary approach.

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

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

AHS4000W RESEARCH REPORT

30 NQF credits at HEQSF level 8

Convener: T Cloete

Course entry requirements: None

Course outline:

The aim of this course is the formulation of a research proposal with guidance. Students learn to review and critique the literature; plan and manage data collection; analyse and interpret results; and describe, discuss, critique and present (oral and written) research findings. Content includes topic definition, quantitative and qualitative research methods, proposal writing, literature review, data management, research ethics, and referencing. Students learn skills of working in teams; identifying, reviewing and critiquing appropriate literature; academic writing; succinct reporting and the interpretation of results. They learn the importance of appreciating individual and group contributions, develop awareness of personal bias, and acquire a willingness to accept feedback. Teaching and learning activities include workshops, lectures, group-work, supervision sessions, written feedback on drafts, and oral presentations. Themes underpinning the course are primary healthcare and contextual relevance, disability and burden of disease, ethics and human rights, bio-psycho-social models of health, developing agents for change, and equity and affirmation of diversity.

DP requirements: Attendance of all academic activities, supervision sessions, workshops and presentations, and participation in group-work.

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

AHS4005H CLINICAL SPEECH THERAPY IIIA

45 NQF credits at HEQSF level 8

Convener: C Samuels

Course entry requirements: AHS3004H

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

Assessment: Formative assessments; summative assessments during each clinical block contribute to 60% of course mark; final qualifying examination in June contributes 40% of course mark.

AHS4006H CLINICAL SPEECH THERAPY IIIB

45 NQF credits at HEQSF level 8

Convener: C Samuels

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

Assessment: Formative assessments; summative assessments during each clinical block contribute to 60% of course mark; final qualifying examination in November contributes 40% of course mark.

AHS4008H CLINICAL AUDIOLOGY IIIA

45 NQF credits at HEQSF level 8

Convener: G Gonsalves

Course entry requirements: AHS3008H

Course outline:

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

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

Assessment: Formative assessments; summative assessments during each clinical block contribute to 60% of course mark; final qualifying examination in June contributes 40% of course mark.

AHS4009H CLINICAL AUDIOLOGY IIIB

45 NQF credits at HEQSF level 8

Convenor: 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: Formative assessments; summative assessments during each clinical block contribute to 60% of course mark; final qualifying examination in November contributes 40% of course mark.

AHS4065W CLINICAL PHYSIOTHERAPY III

98 NQF credits at HEQSF level 8

Convenor: N Edries

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

Course outline:

This course provides clinical exposure to the areas of paediatrics, cardiopulmonary, orthopaedic, neurological, musculoskeletal and other tertiary level skills as well as a community placement. Students spend approximately 30 hours per week in clinical areas, working under supervision with patients/clients. This course is taught entirely through clinical practice and group teaching sessions.

Lecture times: Mon, Tues, Thurs 8-15h30 and Wed, Fri 8-12h00.

DP requirements: Students need to complete the necessary course hours as prescribed by the HPCSA. Further requirements are full attendance of and participation in all coursework activities and submission of clinical requirements by the due dates.

Assessment: Students complete five clinical blocks during the year, each comprising a professional performance mark (40%) and clinical examination (60%). The end-of-block clinical examination is either a patient treatment or an assessment. During the community placement, a presentation takes the place of a patient treatment or assessment. Should multi-professional practice occur on a clinical rotation, student participation is assessed by a variety of methods, including portfolios and case and project presentations. The final course mark is made up of the five block marks and an additional end of year clinical examination. This additional examination takes the form of a patient evaluation. Students need to obtain an average of 60% for the course mark to be exempt from further testing. Students who obtain a course mark of between 50 – 59% undergo a further clinical examination. Should a student achieve 50% or more for this clinical examination, the mark is incorporated into the course mark (equivalent to a combined block and examination mark) and the student will pass the course. Should the student obtain less than 50% for this additional examination, he/she will be

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required to do a further six months of clinical work in the following year. There are no supplementary examinations.

AHS4066H BECOMING A REHABILITATION PROFESSIONAL II

4 NQF credits at HEQSF level 8

Convener: S Maart

Course entry requirements: All third year courses.

Course outline:

The emphasis of the course is on developing appropriate knowledge, skills and attitudes for independent physiotherapy practice. This course includes two modules viz Professional Ethics and Practice Management. Lectures are offered during block teaching weeks. At the end of the professional ethics module, students should have an understanding of the ethical codes and policies that regulate physiotherapy practice in the private and public sector. At the end of the practice management module, students should have the basic knowledge for starting a physiotherapy private practice, and managing a physiotherapy department in the public sector.

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

Assessment: Year mark: April assignment (10%); June test (30%); September assignment (20%); November examination (40%). Should a student obtain between 45 – 49% in the final mark, he/she may be eligible for an additional assessment before the final mark is submitted.

AHS4067S SEMINARS IN COMMUNICATION SCIENCES

4 NQF credits at HEQSF level 8

Convener: O Mahura

Course entry requirements: None

Course outline:

The aims of this course are: To enable students to review and critique literature; develop and present integrated and coherent oral and written arguments; and facilitate academic discussion and debate. Content includes topical and professional issues in audiology and speech-language pathology (SLP). Students acquire skills of knowledge translation; they develop academic writing skills through the ability to integrate and critique relevant literature; and learn the skill of self-directed learning for continuing professional development. They acquire an appreciation of the professions in context. Teaching and learning activities include guided self-study, small group discussions, tutorials and class presentations. Themes underpinning the course include the provision of contextually relevant services in a multilingual, multicultural society, evidence-based practice and developing agents for change.

DP requirements: Attendance of all academic activities and participation in group-work, tutorials and presentations.

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

AHS4071H APPLIED PHYSIOTHERAPY III

20 NQF credits at HEQSF level 8

Convener: C Hendricks

Course entry requirements: All third year courses.

Course outline:

This course consists of a variety of workshops/teaching sessions on specialist/advanced topics within physiotherapy and South African healthcare. The course also comprises modules on sports physiotherapy, adult and paediatric ICU management, adult neurology and pharmacology. This course is taught through lectures, practical sessions and tutorials.

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

Assessment: The assessment is weighted as follows: March theory test/assignment (10%); June theory test and practical test (OSCE) (35%); August theory test/assignment (15%); November theory examination (40%). A student who obtains between 45% and 49% for their final mark may be offered an additional oral or written assessment. A student who obtains less than 50% for this additional assessment will fail the course and – subject to readmissions rules – will need to repeat their 4th year.

AHS4072H RESEARCH METHODS AND BIOSTATISTICS II

10 NQF credits at HEQSF level 8

Convenor: Prof R Galvaan

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%); and project (50%). The course mark will be calculated out of 85%. individual student's contribution to the project will be peer evaluated and this mark will be incorporated into the project.

AHS4119W OCCUPATIONAL THERAPY RESEARCH AND PRACTICE MANAGEMENT

48 NQF credits at HEQSF level 8

Convenor: Associate Prof E Duncan

Course entry requirements: AHS3078H, AHS3107W, AHS3108W, AHS3113W, and SLL1028H or SLL1048H

Course outline:

This course equips students with the knowledge, skills and attitudes required for learning through research, effective management and leadership, and a sound appreciation of OT philosophy and ethics. Students enter with a completed research proposal developed in AHS3078H. They implement and document a research project and acquire skill in writing and presenting findings to professional and stakeholder audiences. Content includes organisational development, practice management and service administration. Core functions include marketing, human resources, project and financial management and the theory of planning, implementing and evaluating health and development programmes across a range of public and private sectors. At the end of this course, students can demonstrate knowledge, skills and attitudes required for rigorous and ethical OT; are able to implement evidence-based OT interventions; appreciate relationships between management functions of controlling, leading, planning and organising in OT practice contexts; describe organisational development; recognise dynamics within an organisation; and identify strategies for working within the limitations imposed by these dynamics. They 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 HEQSF level 8

Convenor: P Gretschen and L Peters

Course entry requirements: AHS3113W

Course outline:

This course focuses on occupation-based approaches to human and social development appropriate for the health needs of individuals, groups and populations across the life span within the South

African context. 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 HEQSF level 8; Lectures (4), tutorials (9), practice learning (21 weeks).

Convenor: L Peters and T Mohamed

Course entry requirements: AHS3107W and AHS3108W

Course outline:

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

DP requirements: Attendance 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, Groote Schuur Hospital

Professor and Head of Department:

FJ Cilliers, MBChB HonsBSc (MedSc) MPhil (HE) *Stell PhD Maastricht*

Administrative Assistant and PA to HoD:

I Ntshwanti

Chief Scientific Officer:

G de Bie, BSc Rhodes BSc (Hons) *Free State MPhil Stell PhD Rhodes*

Programme Administrator (Postgraduate):

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

Clinical Skills Unit

G13, New Groote Schuur Hospital

Senior Lecturer & Acting Director:

R Weiss, MBChB MPhil PhD *Cape Town*

Lecturer:

M Jansen, BTech (Emergency Medical Care) NDip (Emergency Medical Care) *PUT MPhil (Emergency Medicine) Cape Town*

Clinical Educators:

S Billington, BSc London MBBS London MFamMed *RCGP*

S Buthelezi, BCur (Nursing) Master of Nursing (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, BA (Hons) *Stell MPhil Cape Town*

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

BO Ige, BA (Hons) *Ilorin Nigeria MA PhD UKZN PGDip (Health Professional Educ) Cape Town*

Education Development Unit

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

Senior Lecturer and Acting Director: Education Development Unit

BO Ige, BA (Hons) *Ilorin Nigeria MA PhD UKZN PGDip (Health Professional Educ) Cape Town*

Senior Secretary:

C Joseph

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Senior Lecturer:

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

Lecturer:

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

IT Education Manager:

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

E-Learning Technologists:

S Mandyoli, BA (Hons) *UWC*

D Sias, BA HDE BEd (Hons) *UWC* BPhil (Info and Knowledge Management) *Stell* PGDip (Ed Tech) *Cape Town*

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

Web developer (e-learning):

F Hendricks, BA (Communications, Psychology) *UNISA*

The Writing Lab

E53 – 27, Old Main Building, Groote Schuur Hospital

Co-ordinator and Lecturer:

N Muna, PhD *Cape Town*

Lecturer

T Moola, BSc *UKZN* BSc (Med)(Hons) MSc(Med) PGCE *Cape Town*

Consultants:

S Louw

K Montjane

N Mthembu

E Nwosu, MSc

Course Outlines

HSE1001S FUNDAMENTALS OF INTEGRATED HEALTH SCIENCES PART 1

0 NQF credits at HEQSF level 5

Convener: E Badenhorst

Course entry requirements: None

Course outline:

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

DP requirements: Attendance of and participation in all activities: PBL, lectures, tutorials, practicals; completion of all set assignments by the due dates and completion of all assessment activities. Absence on the ground of illness requires a medical certificate. Validity of absence on other grounds will be considered on an individual basis.

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

HSE1002F FUNDAMENTALS OF INTEGRATED HEALTH SCIENCES PART 2

105 NQF credits at HEQSF level 5

Convener: E Badenhorst

Course entry requirements: HUB1010S

Course outline:

This course builds on the knowledge, skills and attitudes acquired in HUB1010S, and prepares students for 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 REHAB SCIENCES PART I

The credits are included in those for PSY1104F.

18 NQF credits at HEQSF level 5

Convener: Dr B Ige and E Badenhorst

Course entry requirements: None

Course outline:

This course develops and strengthens students' understanding of the basic psychological concepts, principles and terminology introduced in semester one by revisiting material covered in PSY1004F. Students are introduced to the building blocks, core principles and concepts of PSY1004F, such as learning, memory, developmental psychology, health psychology and psychopathology, in order to develop and strengthen a basic knowledge of central areas in psychology. The course also develops and strengthens empirical skills in order to allow students to critically assess studies on which psychological theory is based. Students engage with the discipline in a critical and analytical way by revisiting the core principles of theory and research. In order to familiarise 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.

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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 HEQSF level 5

Convener: Assoc Prof 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 HEQSF level 5

Convener: Dr B Ige and Dr M Pascoe

Course entry requirements: None

Course outline:

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

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

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

HSE1006F FOUNDATIONAL CONCEPTS IN EARLY INTERVENTION

18 NQF credits at HEQSF level 5

Convenor: Dr B Ige and V Norman**Course entry requirements:** None**Course outline:**

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

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

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

HSE1007F FOUNDATIONS OF HEARING AND BALANCE

18 NQF credits at HEQSF level 5

Convenor: Dr B Ige and C Rogers**Course entry requirements:** None**Course outline:**

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

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

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

HSE1008S FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IA

0 NQF credits at HEQSF level 5

Convenor: 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 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

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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 (9-10:45am), Tuesday (11-12:45pm), Thursday (12-12:45pm), Friday (9-9.45am)

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 HEQSF level 5

Convenor: 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 (9-10.45am), Wednesday (2-2.45pm), Friday (9-9.45am)

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 HEQSF level 5

Convener: Dr B Ige and 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 14:00-16:00 and Thursday 09:00-11:00

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 HEQSF level 5

Convener: Dr B Ige and 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; 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 14:00-16:00 and Thursday 09:00-11:00

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 HEQSF level 5; Four lectures and two tutorial sessions a week per term.

Convener: Dr NTL Chigorimbo-Tsikiwa, Dr B Ige, and Dr 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 principles 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. Principles of matter, atoms and elements, basic stoichiometry and the mole concept, chemical reactions and equilibria, acids, bases, buffers and gases are covered. By the end of the course students should be able to assess simple problems and determine displacement, velocities and accelerations in linear and angular systems; understand the relationship between displacement, velocity and acceleration; understand 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

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

Convener: Dr NTL Chigorimbo-Tsikiwa, Dr 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 1A. 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 10:00-11:45am; Tutorials on Tuesday/Thursday 14:00-16:00

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 HEQSF level 5

Convenor: Dr B Ige and N Naidoo

Course entry requirements: None

Course outline:

This foundation (Intervention Programme) course builds on the foundational concepts, terminology and science covered in AHS1033F Movement Science I. It re-visits aspects of the basic assessment and mobilisation of joints, muscle and soft tissue structure and function, and principles of muscle strengthening and theories on soft tissue healing. The principles and rationale underpinning the evaluation and treatment of movement dysfunction as covered in Movement Science I are re-emphasised. Teaching/learning strategies include lectures, practical demonstrations and workshops, tutorials, 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 HEQSF level 5

Convenor: Dr B Ige and 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. 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

100 DEPARTMENTS IN THE FACULTY

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%).

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:

M R Collins, BSc (Hons) *Stell* PhD *Cape Town* FECSS

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

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

Professor and NRF/DST South African Research Chair in BrainImaging:

E Meintjes, BSc (Hons) MSc *UKZN* MS PhD *Oregon State*

Professors:

EV Lambert, BA (PhysEd) MSc *South Carolina* PhD *Cape Town*

MI Lambert, BSc (Agric) *UKZN* BA (PhysEd)(Hons) *Rhodes* MSc *South Carolina* PhD *Cape Town*

GJ Louw, BVSc DVSc *Pret*

S Prince, BSc (Hons) HDE PhD *Cape Town*

M Senekal, BSc (Hons)(Diet) MSc PhD *Stell*

T Franz, PhD *Bremen*

Emeritus Professors:

LA Kellaway, BSc (Hons) MSc PhD *Cape Town*

AG Morris, BSc *WLU* PhD *Witwatersrand*

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

VA Russell, BSc (Hons) MSc *Cape Town* PhD *Stell*

CL Vaughan, BSc (Hons) Rhodes PhD *Iowa* DSc (Med) *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* PhD *Boulders* MBA *Berkeley*

W Van Mechelen, MD PhD *VU Amsterdam* FACSM

Associate Professors:

AN Bosch, BSc *UKZN* BA (PhysEd)(Hons) MA *Rhodes* PhD *Cape Town*

DM Lang, Dr rer nat *Konstanz Germany*

S Sivarasu, PhD (Biomed Eng) *VIT University India*

Associate Professor and Chief Research Officer:

AV September, BSc (Med)(Hons) MSc (Med) PhD *Cape Town*

Adjunct Associate Professor:

W van der Merwe, MBChB *UFS Social Studies Oxon*, BSc (Med)(Hons) *Cape Town* FCS (SA) Ortho

Honorary Associate Professors:

JH Goedecke, BSc (Med)(Hons) PhD *Cape Town* RD(SA)
RP Lamberts, BSc (Physiotherapy) MSc (Pedagogics/Human Movement Science) *Netherlands* PhD
Cape Town FECSS
G Limbert, BSc MSc *Toulouse* MPhil *Bordeaux* PhD *Southampton* CEng FIMechE
LK Mickelsfield, BA (Human Movement Studies) *Rhodes* BSc (Med)(Hons) MSc (Med) PhD *Cape Town*
A van der Kouwa, BEng MEng *Pret* PhD *Ohio State*

Senior Lecturers:

A Abrahams, BSc (Hons) PhD *Cape Town*
Y Albertus-Kajee, BSc (Med)(Hons) PhD *Cape Town*
R Ballo, MSc (Med) PhD *Cape Town*
K Bugarith, BSc (Hons) *UKZN* PhD *Washington State*
J Fortuin, BOH *UWC* M eHealth & Telemedicine *UQ* PhD *UWC*
J Friedling, MSc (Med) PhD *Cape Town*
VE Gibbon, BArts (Adv) *Manitoba* PhD *Witwatersrand*
G Gunston, MBChB *Cape Town*
A Gwanyanya, MBChB DA *S4* MMed (Anaesthetics) *Zimbabwe* PhD *Leuven*
J Harbron, BSc (Diet) MSc PhD *Stell*
T Mutsvangwa, BScEng MSc (Med) PhD *Cape Town*
V Naidoo, BSc *UKZN* BSc (Hons) *Pret* MMedSci *UKZN* PhD *Michigan*
J V Raimondo, MBChB *Cape Town* DPhil *Oxon*
D Shamley, BSc PhD *Witwatersrand*
CP Slater, MBChB MPhil *Cape Town* FFRad(T) *SA*
J Swart, MBChB MPhil PhD *Cape Town*
EL van der Merwe, BSc (Med)(Hons) MSc (Med) PhD *Cape Town*

Honorary Senior Lecturers:

B S Spottiswoode, BSc *Witwatersrand* PhD *Cape Town*
S Taliep

Lecturers:

E Badenhorst, BA (Hons) *Stell*
S Booley, MSc (Nutr Manag) *UWC*
J Kroff, BSc (Human Movement Science) BHons (Biokinetics) MSc (Medical Physiology) PhD
Stell
M Theron, BSc (Hons)(Diet) *Pret*

Assistant Lecturer:

KS Mpolokeng, BSc *UFS* BMedSc (Hons) Anatomy and Cell Morphology

Honorary Lecturers:

V Gouttebarge
M G Kiessig
M K Patrick, MA *Cape Town*
J Scholefield, PhD *Cape Town*

Senior Research Officers:

C Draper, BSocSc (Psych) BSocSc (Hons)(Psych) MA (Psych) PhD *Cape Town*
T Kohn, BSc BSc (Hons)(Biochemistry) PhD *Stell*
D Rae, BA (Human Movement Studies) *AUS* BSc (Med)(Hons) PhD *Cape Town*

Clinical Educators:

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

Research Officers:

M Holmes, BS *Western Washington MS* PhD *Vanderbilt*
 M Jankiewicz, MS *Copernicus* PhD *Vanderbilt*
 M Ngazi, BSc (Microbiology) *Zambia MPH* *Cape Town*
 L Rauch, BSc (Physiology) BSc (Med)(Hons) PhD *Cape Town*
 F Robertson, BSc (Eng) MSc PhD *Cape Town*
 J Smith, PhD *Cape Town*

Honorary Research Associate:

M Posthumus, BSc (Med)(Hons) PhD *Cape Town*

Principal Technical Officers:

S Cooper, BSc BMedSc (Hons) BEd MMedSc MBA *UFS*
 C Harris, NTC (Tool, Jig and Die Making) *Athlone Tech Coll*

Chief Technical and Scientific Officers:

D A Bouwers, BSc (Hons) *Cape Town MSc Stell*
 I Fakier, NDElectricEng *CPUT*
 P Steyn BSc (Hons) MSc PhD *Stell*
 H Victor, Dip (Datametrics) *UNISA*

Senior Technical and Scientific Officers:

M Cassar
 J Peres, BSc BSc (Hons) *Witwatersrand PhD Cape Town*

Technical Officers:

D Abrahams
 T Mkatazo, BSc BMedScHons *Cape Town*

Human Nutrition

Level 3, Anatomy Building

Associate Professor and Head:

NP Steyn, BSc (Diet) Hons MSc *UKZN MPH Cape Town PhD Stell*

Professor:

M Senekal, BSc (Hons) PGDip Diet MNutr PhD *Stell RD (SA)*

Senior Lecturer:

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

Lecturer:

S Booley, MSc (NutrManagement) *UWC RD (SA)*

Senior Clinical Educator:

B Najaar, MSc (Nutritional Sciences) *Stell RD (SA)*

Lecturers/Clinical Educators Full-time/Part-time:

L Cornelissen, BA HE (Hons) MA HE *UWC*

N Jaffer, BSc (Med)(Hons) *Cape Town*

K Sexton, BSc (Med)(Hons) *Cape Town RD (SA)*

M Theron, BDiet (Hons) *Pret RD (SA)*

M Blacker, BSc (Hons)(Diet) *Cape Town*

Course Outlines

HUB1006F INTRODUCTION TO INTEGRATED HEALTH SCIENCES PART 1

30 NQF credits at HEQSF level 5

Convener: Dr K Bugarith and Mrs 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. At the conclusion of this course, students will have gained an introductory overview of the human life-span as well as the necessary core knowledge and skills from a range of disciplinary domains (e.g. anatomy, physiology, psychology and sociology).

DP requirements: Attendance at all academic activities, including lectures, problem-based learning sessions, tutorials, workshops, and BHS practical sessions. Submission of all written assignments on time and completion of all in-course assessment activities. Students 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 students miss Teaching and Learning Activities without approved Leave of Absence, then students will not be awarded a DP certificate for the course. If students are not awarded a DP certificate, then they will not be allowed to write the examinations and therefore will not pass the course. 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 leave of absence 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 may 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 HEQSF level 5

Convener: Dr C Warton

Course entry requirements: None

Course outline:

This course gives an overview of the anatomy relevant for the practice of the communication sciences. It covers the morphological anatomy of the head and neck and relevant parts of the thorax, neuro-anatomy, and the areas of embryology relating to these subjects. The course consists of five lectures and one practical per week for one semester. The practical involves the examination of pre-dissected specimens of the related body parts.

DP requirements: Completion of all coursework by the due dates.

Assessment: Continuous assessment involves written and practical tests. The in-course assessments carry 45% of the marks and the final written and practical examinations the remaining 55%.

HUB1019F ANATOMY AND PHYSIOLOGY IA

18 NQF credits at HEQSF level 5

Convener: Dr C Warton

Course entry requirements: None

Course outline:

This course consists of five lectures and one practical/tutorial per week. It includes an introduction to anatomy and the structure of the upper limb. It also includes an introduction to the cellular basis of physiology, tissue and body systems, with emphasis on nerve, muscle and body fluids.

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

Assessment: The course comprises written and on-going practical assessments, which make up 45% of the course mark. The other 55% comprises marks for the final written and practical exams. 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 HEQSF level 5

Convener: Dr. V Gibbon

Course entry requirements: HUB1016F or HUB1019F

Course outline:

This course consists of five lectures and one practical/tutorial per week. It focuses on human body systems and includes the anatomy and physiology of the cardiovascular system, thorax and respiratory systems and the lower limb. The main aim is to integrate anatomical and physiological knowledge in order to understand the human body as a complete organism. Content also includes the anatomy of the lower limbs.

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

Assessment: The course comprises written and on-going practical assessments, which make up 45% of the course mark. The other 55% is made up of marks for the final written and practical examinations. 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 HEQSF 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 HEQSF 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 1A. 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 HEQSF level 6

Convenor: 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 HEQSF level 6

Convenor: 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: Full attendance of and participation in all learning activities and completion of all coursework by the due dates.

Assessment: The in-course mark contributes 45% and comprises tutorial and practical tasks (15%) and a term test (30%). The summative assessment comprises two examinations, weighted at 55% and consisting of a written theory examination and structured practical examination. 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.

HUB2017H INTEGRATED HEALTH SYSTEMS PART IA

57 NQF credits at HEQSF level 6; Lectures (198 hours), group-work (70 hours) and tutorials and practicals (159 hours).

Convenor: Dr G Gunston, Dr C Slater (co-convener)

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 all problem-based learning sessions, tutorials (including small group and computer-based material), stand-alone units and practical sessions (consisting mostly of anatomy dissection, physiology and histology practicals); completion of all set assignments and assessment activities. 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 during semesters 3 and 4 that contribute 55% of the total mark for the year by the end of semester 4. Completion of all assignments and an essay for Critical Health Humanities contributes 5% of the total mark for the year. A summative assessment is held at the end of the year that assesses work from semesters 3 and 4, and contributes 40% of the total mark for 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 HEQSF level 6; 60 lectures, 10 practicals.

Convener: Dr E L van der Merwe**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: 8h00- 8h45 Monday to Friday; Practicals: 14h00-17h00 Mondays or Tuesdays

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 HEQSF 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.

110 DEPARTMENTS IN THE FACULTY

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 HEQSF level 6; 60 lectures; 10 practicals.

Convener: Dr E L van der Merwe; Co-convener: Dr A Gwanyanya

Course entry requirements: HUB2019F or approved equivalent, CEM1000W (or 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: 8h00- 8h45 Monday to Friday; 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 HEQSF level 6

Convener: S Steiner

Course entry requirements: HUB1023S, AHS1033F or AHS1040F

Course outline:

This course builds on the concepts taught in Biosciences IA and IB. The course content includes principles in orthopaedics; biomechanics of bone; fractures of the femur and the pelvis; joint biomechanics; ankle, knee, shoulder and elbow; waves and basic electricity relevant to the principles of electrotherapy; laser, ultrasound, shortwave diathermy, interferential stimulation; gait analysis;

and electromyography. The course is taught by means of lectures, practical demonstrations and assignments. By the end of the course, students should understand joint mechanics, modes of bone fracture and the influence of forces and torques on bones and joints; select the appropriate treatment modality for electrotherapy, with an understanding of the physics involved; analyse human movement and gait using Gaitlab software; and demonstrate an understanding of EMG as a predictor for muscle activity.

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

Assessment: The course mark contributes 60% and comprises assignments (15%), ad hoc mini tests (5%) and class tests in April, June and September (40%). There is a three-hour written theory examination in November (40%). The final exam must be passed with a subminimum of 40%.

HUB3006F APPLIED HUMAN BIOLOGY

36 NQF credits at HEQSF level 7

Convener: Assoc Prof A 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%); assignments/seminar presentation (5%); practicals (15%); and examinations (written theory and practical theory) (50%). A subminimum of 40% is required for the theory and practical examinations to pass this course. An oral examination may be required in the case of selected students.

HUB3007S HUMAN NEUROSCIENCES

36 NQF credits at HEQSF 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%); tutorial project assignments (5%); practical experiments (15%); and examinations (theory and practical) (50%). An oral examination may be offered in case of selected students. A subminimum of 40% is required for the theory and practical examinations to pass this course.

HUB4071F APPLIED ELECTROPHYSIOLOGY

12 NQF credits at HEQSF level 8

Convener: Dr L R John

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

Course outline:

This course provides an introduction to electrical activity in the human body from an engineering perspective. As such, it is located between cellular electrophysiology and the design of non-invasive electrophysiological equipment. Lecture topics are selected from cellular membrane potentials, electrocardiology (ECG), cardiac fibrillation, pacemakers, electromyography (EMG), electrical stimulation (FES, TES) of muscles and nerves, electroencephalography (EEG), brain-computer interfacing (BCI), electrooculography (EOG), electrical bioimpedance, heart-rate 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:

E D Sturrock, BSc (Med)(Hons) PhD *Cape Town* FRSSAf Fellow of UCT

Medical Biochemistry and Structural Biology

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

Professor and Head:

V Leaner, BSc (Med)(Hons) PhD *Cape Town*

Professors:

AA Katz, PhD *Rehovot*

PN Meissner, BSc (Med)(Hons) PhD *Cape Town* Fellow of UCT

BT Sewell, MSc *Witwatersrand* PhD *London*

Emeritus Professors:

W Gevers, MBChB DSc(hc) ad eundem *Cape Town* MA DPhil *Oxon* DSc(hc) *UPE CMSA* Fellow of UCT

RP Millar, PhD *Liverpool* FRCPPath (Chem) FRSE Life Fellow of UCT (UCT Senior Scholar)

MI Parker, BSc (Hons) PhD MASSAf (UCT Senior Scholar)

Honorary Professors:

K R Acharya, BSc MSc PhD *Bangalore*

CGP Mathew, BSc (Hons) *UPE* PhD *London* FRCPPath *Royal College of Pathologists*

W-D Schubert, BSc (Hons) MSc *Cape Town* PhD *Berlin*

Associate Professor:

DT Hendricks, BSc (Med)(Hons) PhD *Cape Town*

Emeritus Associate Professor:

LR Thilo, MSc *Pret Dr rer Nat Heidelberg*

Senior Lecturer:

Z Woodman, BSc (Med)(Hons) PhD *Cape Town*

Honorary Senior Lecturer:

KJ Sales, BSc (Med)(Hons) MSc PhD *Cape Town*

Senior Researcher:

G Schäfer, PhD *Berlin*

Lecturers/NRF career:

P van der Watt, PhD *Cape Town*

J Woodward, PhD *Cape Town*

Chemical and Systems Biology

Levels 2 & 3, Wernher and Beit Building North

Professor and Head:

J Blackburn, BSc (Hons) DPhil *Oxon* (South African Research Chair)

Professors:

S Barth, PhD *Bonn DMSc Cologne*
ED Sturrock, BSc (Med)(Hons) PhD *Cape Town FRSSAf Fellow of UCT*

Honorary Professors:

M Mhlanga, PhD *New York*
DL Tabb, PhD *Washington*

Honorary Associate Professor:

L Zerbini, MSc PhD *São Paulo, Brazil*

Lecturer:

HH Ndlovu, BSc (Hons) *Natal PhD Cape Town*

Junior Research Fellow:

NC Soares, BSc (Hons) *Westminster PhD Lisbon*

Computational Biology

Level 1, Wernher and Beit Building North, IDM

Professor and Head:

NJ Mulder, BSc (Hons) PhD *Cape Town*

Honorary Professor:

S Bergmann, PhD *Rehovot*

Associate Professors:

D Martin, PhD *Cape Town*
N Tiffin, PhD *London MPH Cape Town*

Course Outlines

IBS1007S INTRODUCTION TO INTEGRATED HEALTH SCIENCES PART 2

35 NQF credits at HEQSF level 5

Convenor: Dr Z Woodman; Co-convenor: 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, including lectures, problem-based learning sessions, tutorials, workshops, and BHS practical sessions; submission of all written assignments on time and completion of all in-course assessment activities. Students may not miss any scheduled activities without the written permission of the academic staff responsible for these activities. Students are required to apply for short leave of absence and submit appropriate supporting documentation should they miss a scheduled activity due to illness or approved non-medical reasons. 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 HEQSF level 6

Convenor: Dr J Kloppen

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 HEQSF level 7

Convener: Prof A Katz

Course entry requirements: For students admitted to the intercalated BMedSc(Hons)-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(Med):** Students must have passed second year MBChB with an average of at least 60% and with no less than 55% for any of the courses mentioned above (exceptions to be considered on merit by the course Convenor.).

Course outline:

The course includes lectures, tutorials and practical work that cover core and advanced topics on the molecular basis of disease. Core topics include DNA, RNA and protein structure, function, and how these are integrated to control normal cellular process such as signalling, proliferation, apoptosis, development and differentiation. Fundamentals of molecular and cellular immunology and molecular genetics are introduced. Advanced topics include stem cells, their biology and application, cancer biology, and infectious agents, infectious diseases and inherited diseases. These topics are presented in a multidisciplinary fashion, integrating principles of genetics and genomics, eukaryotic gene regulation, and cell signalling. Basic bioinformatics of DNA and proteins are introduced. Practical laboratory work covers theoretical and practical aspects of molecular, cellular and biochemical laboratory techniques, with emphasis on recombinant DNA techniques. There is also an introduction to genomic, proteomic and computational approaches to study molecular systems.

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

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

MEDICINE

J46, Old Main Building, Groote Schuur Hospital

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

Professor and Head:

NBA Ntusi, BSc (Hons) MBChB FCP SA MD *Cape Town* DPhil *Oxon* Cert Cardiol Phys SA

Professor of Clinical Medicine and Deputy Head:

VC Burch, MBChB *Witwatersrand* MMed *Cape Town* FCP SA FRCP *London* PhD *Rotterdam*

Emeritus Professors:

ED Bateman, MBChB MD *Cape Town* DCH FRCP UK

SR Benatar, MBChB DSc (Med) *Cape Town* FFA FRCP

PJ Commerford, MBChB *Cape Town* FCP SA FACC

LH Opie, DPhil *Oxon* MD DSc (Med) *Cape Town* FRCP UK

S Saunders, MBChB MD *Cape Town*

JL Seggie, BSc (Hons) MBChB MD *Birmingham* FRCP *London* FCP SA

G Todd, BSc (Agric) 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 Wilcox, BSc (Hons) MBChB *Birmingham* FRCP UK

Honorary Professors:

M Badri, BSc (Hons) MSc Statistics *India* MSc (Med) PhD *Cape Town*

JP Bassand, MD FESC FACC

TG Clark, BCom MSc *New Zealand* DPhil *Oxon*

T Forrester, DM (Med) PhD MBBS *West Indies* MSc

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, PhD *Sweden* DPhil BSc (Hons) *Zimbabwe*

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, PhD *London* MSc DipSci *England* BSc *Lesotho*

Visiting Associate Professors:

FS Hellig, BSc MBBCh *Witwatersrand*
JR Hoffman, DPhil *Oxon* BA (Hons)
F Thienemann, MD DTMPIII PhD MScIH *Germany*

Associate Professors:

ME Engel, BSc (Hons) 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 BSc (Med)(Hons) *Cape Town* MSc (Medicine) DIC DPhil *UK*
R McNerney, PhD *UK*
RN van Zyl-Smit, MBChB MMed *Cape Town* FCP Cert Pulm Dip HIV Man *SA* MRCP *UK*
K Wilkinson, MSc (Chem) PhD (Chem&PetideImmunol) *Budapest*

Senior Lecturers part-time:

NP Gina, MBBCh *Witwatersrand* FCP DipHIVMan *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 (Path) *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, BSc (Hons) 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 Gnechi, MD PhD
C Kenyon, MBChB *Cape Town* FCP *SA*
J Kuehne, MBChB *Cape Town* MPhil (Applied Medical Ethics) *Stell* Dip HIV Man *SA*
MA Latib, MBChB FCP Cert Cardiol Phys *SA*
S Mathee, MBChB *Cape Town* MMed (Fam Med) *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 MD MMed PG Dip (Palliative Medicine) *Cape Town* FCP *SA* FCCP
D Woolf, MBChB FCP *SA*

Lecturers part-time:

A Barnard, MBChB *Cape Town*

Honorary Lecturers:

A Bruning, MBBCh *Witwatersrand FCP SA*
R Cornick, MBChB MPhil *Cape Town*
KD Ebrahim, MBChB *Cape Town FCP SA*
J Hitleroth, MBChB *Stell DA FCP Cert Cardiol Phys SA*
J Hugo, MBChB *Pret MMed (Anes) UFS FCA SA*

Honorary Research Affiliate:

P Howlett, Bioethics, Philosophy & Law BSc (Intercalation) MBChB *Bristol MRCP UK*

Honorary Research Associates:

A Binder, PhD (Biology) *Germany*
M Carrington, BA Postgrad Dip (Psych) PhD *Australia*
A Davis, BSc (Psychology), MBBS, MRCP *UK*
R Hendricks, BChD MChD, *Cape Town*
V Ives-Deliperi, PhD *Cape Town*
A Orren, MBChB *Cape Town MD*
N Peer, MBChB, *Natal MPH PhD Cape Town*
M Rangkaka, MBChB *Cape Town, MSc MPhil PhD UK*
C Stek, MD *Netherlands*
H Struthers, MBA MSc BSc (Hons) BSc *Witwatersrand*
D Watkins, MD MPH *USA*

Senior Research Officers Full-time:

J de Vries, DPhil *Oxon BSc MSc Netherlands*
G Shaboodien, BSc (Hons) 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

Head of Division:

JG Peter, MBChB FCP SA MMED PhD *Cape Town*

Emeritus Professors:

PC Potter, MD *Cape Town MBChB DCH FCP (Paed) SA BSc (Hons)(Immunology) FACAAI 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 Allergy

Honorary Lecturer:

S Emanuel, MBChB *Cape Town*

Medical Officer:

D Hawarden, MBChB BSc DipMedTech

Research Medical Officers:

K Coovadia, MBChB Dip Allergy

C Holmgren, MBChB

R Mistry, MBBS *New Delhi* Dip Allergy Dip HIV Man 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, New Groote Schuur Hospital

Helen and Morris Mauerberger Professor of Cardiology and Head:

M Ntsekhe, BA MD *Columbia* FCP Cert Cardiol Phys SA MPhil PhD *Cape Town* FACC

Emeritus Professor:

PJ Commerford, MBChB *Cape Town* FCP SA FACC

Emeritus Associate Professor:

RN Scott Millar, MBBCh *Witwatersrand* FCP SA

Honorary Professors:

B Gersh, MBChB DPhil *Oxon* FCP SA FRCP UK

PJ Schwartz, MD PhD

Visiting Associate Professor:

FS Hellig, BSc MBBCh *Witwatersrand*

Senior Lecturers Full-time:

A Chin, MBChB FCP SA Cert Cardiol Phys SA MPhil CEPS CCDS *IBHRE*

BJ Cupido, MBChB FCP Cert Cardiol Phys SA

S Pandie, MBChB FCP Cert Cardiol Phys SA

Senior Lecturer Part-time:

JE Stevens, MD FRCP UK

Honorary Senior Lecturers:

MJ Abelson, MBChB *Witwatersrand* MRCP UK FCP SA

AM Latib, MBChB FCP Cert Cardiol Phys SA

Lecturer Part-time:

M De Andrade, MBChB *Cape Town* MRCGP UK

Honorary Lecturer:

J Hitzeroth MBChB *Stell DA* FCP Cert Cardiol Phys *SA*

Senior Registrars:

NP Duze, MBChB *Medunsa* DipHIVMan *Natal* FCP *SA*

ZV Jama, MBChB *Limpopo* MMed *Cape Town* FCP *SA*

P Mkoko, MBChB *Limpopo* FCP *SA*

A Mutyaba, MBChB FCP *SA*

Clinical Haematology

Chris Barnard Building

Professor and Head:

V Louw

Senior Lecturers Full-time:

C du Toit, MBChB MMed (Int Med) *UFS*

E Verburgh, MBChB MMed

Senior Registrars:

JR Du Toit, MBChB *Pret* FCP *SA*

Chief Professional Nurses:

R Charles, RN Groote Schuur Hospital, Nico Malan College *Cape Town*

W Vries, RN Groote Schuur Hospital, Nico Malan College *Cape Town*

Clinical Trials Co-ordinator:

H Vermeulen, RN

Haemophilia Nurse Co-ordinator Western Cape:

AL Cruickshank, RN Groote Schuur Hospital *Cape Town*

Medical Scientist:

S Mowla, PhD *Cape Town*

Medical Technologist:

C Seaton, Nat Dip Med Tech *SA*

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 McIlheron, MBChB PhD *Cape Town*

Honorary Professors:

C Masimirembwa, PhD *Sweden* BSc (Hons) DPhil *Zimbabwe*
G Pillai, PhD (Pharm) MPharm BPharm

Associate Professors:

K Cohen, MBChB MSc (Epidemiol) MCFP Dip HIV Man Dip Obst *SA*
PJ Smith, BSc (Hons) PhD *Cape Town*

Senior Lecturers:

PZ Sinxadi, MBChB PhD *Cape Town* DA *SA*
L Wiesner, PhD *Cape Town*

Lecturer:

S Allie, MBChB *Stell*

Honorary Senior Lecturer:

A Robins, MBChB *Cape Town* MD *Witwatersrand* DPM *RCP London* RCS *Eng*

Senior Research Officer:

P Denti, PhD *Italy*

Research Officer:

JP Mouton, MBChB *Pret*

Registrars:

R Griesel, MBChB *Pret*
H Gunter, MBChB *Stell*

Study Managers:

Clinical: E Allen, MPH *Cape Town*
Analytical: S Castel, PhD *Cape Town*

Medicine Information Centre Manager and Pharmacist:

A Swart, BSc (Pharm) *Stell*

Medicines Information Centre Pharmacists:

BS Chisholm, BPharm *Rhodes*
J Jones, BPharm *Cape Town*
E Tommy, BPharm *Rhodes*
V Raath, DipPharm *Cape Town*
A Uys, MSc (Pharm) BPharm *PU for CHE*

South African Medicines Formulary (SAMF) Pharmacist:

D Rossiter, DipPharm *Pret* MPharm PhD *Medunsa*

Principal Technical Officers:

AC Evans, NatDip (MedLabTech) *CPUT*

Principal Scientific Officers:

A Joubert, BSc (Hons) *UFS*
T A Kellerman, PhD *Cape Town*

Critical Care Medicine

New Groote Schuur Hospital

Associate Professor and Head:

IA Joubert, MBBCh *Witwatersrand DA FCA (Crit Care) SA*

Professor:

K Dheda, MBBCh *Witwatersrand FCP SA FCCP PhD FRCP London*

Emeritus Professors:

WL Michell, MBChB *Cape Town DA FFA (Crit Care) SA*

PA Willcox, BSc (Hons) MBChB *Birmingham FRCP UK*

Associate Professor:

GM Ainslie, MBChB *Cape Town FRCP UK*

Associate Professors Part-time:

J Brink, MBChB *Cape Town FCS (Cardiothoracic) SA*

PL Semple, MBChB MMed PhD *Cape Town FCS (Neurosurg) SA*

Honorary Associate Professor:

R Dawson, MBChB *Cape Town FCP Cert Pulm Phys SA*

Senior Lecturers Full-time:

G Calligaro, MBChB *Cape Town BSc (Hons) Witwatersrand FCP SA*

M Miller, MBChB *Stell FCA SA Cert Crit Care (Anaes)*

J Piercy, BSc (Hons) MBBS *London FCA SA Cert Crit Care (Anaes)*

RI Raine, MBChB FCP *SA MMed Cape Town*

G Symons, MBChB Dip PEC *Cape Town FCP Cert Pulm Phys SA*

Senior Registrars in Pulmonology:

TBA

Senior Technology Staff:

G Strathie, BTech *Durban*

Y Wells, DipClinTech (Pulmonology/Critical Care)

Dermatology

G23, New Groote Schuur Hospital

Professor and Head:

NP Khumalo, MBChB *UKZN FC Derm SA PhD Cape Town*

Emeritus Professor:

G Todd, BSc (Agric) *UKZN MBChB PhD Cape Town FC Derm SA*

Senior Lecturers Full-time:

C Hlela, MBChB MMed (Derm) *UKZN FC Derm SA PhD Oxon*

T Isaacs, MBChB *Cape Town*

R Ngwanya, MBBCh *UKZN DTM&H Witwatersrand MFGP FC DERM SA*

Senior Lecturers Part-time:

F Esmail, MD *Dar-es-Salaam FC Derm SA*

SJ Jessop, MBChB *Cape Town FC Derm SA*
R Lehloenya, BSc *Lesotho MBChB Medunsa FC Derm SA*
MH Omar, MBChB *Cape Town FCP SA*

Senior Research Officer:
H Adeola, PhD *Cape Town BDS Nigeria*

Research Officer:
J van Wyk, BSc (Hons) 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 and Diabetic Medicine

J47, Old Main Building, Groote Schuur Hospital

Professor and Head:
TBA

Associate Professors:
JA Dave, MBChB *Cape Town FCP PhD Cert Endocrinol & Metab Phys SA*
IL Ross, MBChB *Stell FCP Cert Endocrinol & Metab Phys SA PhD Cape Town*

Research Officer:
N Folb, MBChB PhD *Cape Town MRCGP*

Clinical Educator:
B C Majikela-Dlangamandla, DipGenNursing&Midwifery DipCommNursingScience BACur *Unisa*

General Internal Medicine

G8, New Groote Schuur Hospital

Chief Specialist and Head:
P Raubenheimer, MBChB *Witwatersrand FCP SA*

Associate Professors:
B Hodkinson, MBChB *Witwatersrand FCP Cert Rheum Phys SA PhD*
JG Peter, MBChB *FCP SA MMED PhD Cape Town*
M Setshedi, MBChB *UKZN FCP SA MPhil MPH Cert Gastro Phys PhD Cape Town*
M Sonderup, MBChB *Cape Town FCP SA*

Senior Lecturers Full-time:
T Bana, MBChB *Natal FCP SA*
NA Gogela, MBChB *Medunsa FCP SA*
A Kropman, MBChB *Cape Town FCEM SA*
F Moosajee, MBChB *Cape Town FCP SA*
G Parolis, MBChB *Cape Town FCP SA*
G Symons, MBChB *DipPEC Cape Town FCP Cert PulmPhys SA*
PZ Szymanski, MBChB *MMed Cape Town FCP SA*

Senior Lecturers Part-time:

S Botha, MBChB *Stell Specialisation Intern. Med and Rheum PhD LUMC*

Lecturer Part-time:

W Latief, MBChB *Cape Town*

Geriatric Medicine

L-51 Old Main Building, Groote Schuur Hospital

The Albertina and Walter Sisulu Institute of Ageing in Africa (IAA) conducts interdisciplinary research in Geriatric Medicine, Neurosciences, Neuropsychology, Old Age Psychiatry and Social Gerontology. Current research interests include physical, cognitive and social functioning in old age: quality of life; vascular risk factors and stroke; falls in older persons; quality of care; dementia and cognitive disorders; and social and economic well-being.

William P Slater Chair of Geriatrics and Associate Professor:

MI Combrinck, MBChB BSc (Med)(Hons) PhD *Cape Town FCP SA Neurology MRCP UK DTM&H 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 UK*

Associate Professor:

JA Joska, MBChB MMed PhD *Cape Town FC Psych SA*

Visiting Associate Professor:

JR Hoffman, DPhil (Sociology) *Oxon BA (Hons)*

Senior Lecturer Full-time:

L de Villiers, MBChB *Cape Town FCP SA*

Honorary Associate Professor:

KGF Thomas, PhD (Clin Psych) *Arizona*

Honorary Senior Lecturers:

CA de Jager, BSc (Hons) HDE *Natal PhD Cape Town*

L Geffen, MBChB *Cape Town FCFP SA*

Lecturer Part-time:

W Latief, MBChB *Cape Town*

Hepatology

K-Floor, Old Main Building, Groote Schuur Hospital

Associate Professor and Head:

CWN Spearman, MBChB MMed PhD *Cape Town FCP SA*

Emeritus Professor:

SJ Saunders, MBChB MD *Cape Town FRCP UK FCP SA*

Honorary Professor:

MC Kew, MBChB PhD MD DSc *Witwatersrand FCP FRS SA FRS London*

Associate Professor:

M Sonderup, MBChB MMed *Cape Town FCP SA*

Senior Lecturer:

NA Gogela, MBChB *Medunsa FCP SA*

Medical Technical Officer

B Jennings, MSc (Med)

Medical Technologist

G Abdullah, Nat Dip Biomed Tech (SA)

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 DipHIVMan SA MPH Johns Hopkins*

Honorary Professor:

RJ Wilkinson, MA *Cantab PhD BM BCh Oxon DTM&H FRCP London*

Associate Professors:

L-G Bekker, MBChB PhD *Cape Town DCH DTM&H FCP SA*

S Dlamini, MBChB FCP Cert ID Phys *SA*

Honorary Associate Professor:

K Wilkinson, MSc (Chem) PhD (Chem&PetideImmunol) *Budapest*

Senior Lecturer Full-time:

TBA

Honorary Senior Lecturers:

J Black, MBChB FCP Dip HIV Man *SA*

AJ Brink, MBChB MMed (Path) *Pret*

K Rebe, MBChB *Cape Town FCP SA DTM&H*

Senior Registrar:

D Reddy, MBChB *Cape Town, Pret FCP SA*

Honorary Research Associate:

H Struthers, MBA BSc BSc (Hons) MSc *Witwatersrand*

Lipidology

Fifth 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, NatDipDiagRad *SA***Trial Co-ordinator Part-time:**R Taylor, RN *Groote Schuur Hospital***Medical Gastroenterology***E23, New Groote Schuur Hospital***Professor and Head:**

TBA

Senior Lecturers Full-time:S Hlatshwayo, BSc MBChB *Cape Town* HDipIntMed FCP Cert Gastro Phys *SA*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:**NN Mokhele, *Transkei* FCP *SA*CJ Rush, MBChB *Cape Town* FCP *SA***Nephrology and Hypertension***E13, New Groote Schuur Hospital***Professor and Head:**BL Rayner, MBChB MMed *Cape Town* FCP *SA* PhD *Cape Town***Emeritus Professor:**

LH Opie, MD DPhil DSc (Med) FRCP DMed (Hon)

Honorary Professor:

P Heering, MD Fellow of the American Society of Nephrology

Associate Professors:I Okpechi, MBBS FWACP Cert Nephrol Phys *SA* PhD *Cape Town*N Wearne, MBChB BMedSci (Hons) *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 Neph Phys *SA*

Honorary Lecturer:

JL Ensor, MBChB *Cape Town* FCP *SA*

Senior Research Officer Full-time:

Y Trinder, MBChB *Birmingham*

Senior Registrars:

TBA

Neurology

E8, New Groote Schuur Hospital

Associate Professor and Head:

A Bryer, MBBCh *Witwatersrand* MMed PhD *Cape Town* FC Neurol FCP *SA*

Associate 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, BSc (Hons) HDE *Natal* PhD *Cape Town*

Honorary Research Associate:

V Ives-Deliperi, PhD *Cape Town*

Senior Registrars:

S Chetty, MBChB *Cape Town*

H Cross, MBChB *Cape Town* Dip HIV Man *SA* MSc (Med)

W Matshikiza, MBChB *WSU*

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:

M F Jeebhay**, MBChB UKZN DOH MPhil *Cape Town* MPH (OccMed) PhD *Michigan*

Emeritus Professors:

R Ehrlich, BBusSc MBChB PhD *Cape Town DOH Witwatersrand FFCH FCPHM (OccMed) SA*
 G Todd, BSc (Agric) *UKZN MBChB PhD Cape Town FCDerm SA*

Senior Lecturer:

S Adams**, MBChB DOH MMed PhD *Cape Town MFamMed Stell FCPHM (OccMed) SA*

Lecturer Part-time:

ADH Burdzik, MBChB MMed *Cape Town DipOccMed UK FCPHM (Occ Med) 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 (Med) *Cape Town FFA FRCP (Hon) FCP (Hon) SA*

Honorary Professors:

TG Clark, BCom MSc *New Zealand DPhil Oxon*
 VK Somers, MBChB *Natal DPhil Oxon*

Associate Professor:

GM Ainslie MBChB *Cape Town FRCP UK*

Emeritus Associate Professor:

PA Willcox, BSc (Hons) MBChB *Birmingham FRCP UK*

Honorary Associate Professors:

R Dawson, MBChB *Cape Town FCP Cert Pulm Phys SA*
 LR Fairall, MBChB PhD *Cape Town*
 R Mcnerney, CBiol PhD *UK*
 K Steingart, MD PhD *USA*
 RN van Zyl-Smit, MBChB MMed *Cape Town FCP Cert Pulm Phys Dip HIV Man SA MRCP UK*

Senior Lecturers:

G Calligaro, MBChB *Cape Town BSc (Hons) Witwatersrand FCP SA (CertPulm) SA*
 RI Raine (Head: Respiratory Critical Care), MBChB MMed *Cape Town FCP SA*
 G Symons, MBChB Dip PEC *Cape Town FCP (CertPulm) SA*

Lecturers Full-time:

ME Bateman, MBChB *Cape Town*
 SM Oelofse, MBChB *Pret*

Honorary Lecturer:

A Bruning, MBChB *Witwatersrand FCP SA*

Honorary Research Associates:

A Binder, PhD (Biology) *Germany*

130 DEPARTMENTS IN THE FACULTY

R Hendricks, BChD MChD *Cape Town*

Senior Research Officer Part-time:

G Theron, BSc (Hons) MSc PhD *Cape Town*

Senior Registrars:

TBA

Research Officers Full-time:

B Bam, DipClinTech (Pulm)

D Carter, DipNursing

R Cornick, MBChB MPhil *Cape Town*

B Draper, MBChB Pret MMed *Cape Town* FCPHM SA

J Etheridge, DipClinTech (Pulm/CritCare)

M Evreva, DipNursing

G Faris, AdvCertAdultEducation *Cape Town* General Nursing (Midwifery, Oncology, Psych)

D Georgeu, DipNursing

J Gershman, NDip (Pharmacy)

R Gillespie, BNursing (GenPsych) DipMidwifery DipIC BNursing (Hons)(Education and

CommunityHealth) MNursing

HJ Golakai, BSc Zululand BSc (Hons) *Cape Town* MScMed Stell

B Green, DipNursing

J Holborn, DipNursing

S Hood, DipMedTech (Lab)

N James, BTechClinicalTechnology (Pulm)

L Kapa, DipClinTech (Pulm)

R Lehloenya, BSc MBChB FC Derm SA

L Lenders, BSc (Med) *Cape Town*

K Narunsky, MBChB *Cape Town*

MB Ngobese, DipClinTech (Pulm)

A Olkers, DipClinTech (Pulm)

J Philips, DipNursing

A Smith, DipNursing

N Tsutsu, DipClinTech (PulmCard)

V Timmermann, MSc Pret

K Uebel, BScMed MBBS Australia DCH DO MFamMed UFS

Y Wells, DipClinTech (PulmCritCare)

C Wilson, DipNursing

C Whitelaw, NDip (Pharmacy)

Senior Research Officer:

M Tomasicchio, BSc BSc (Hons) MSc PhD *Rhodes*

Research Officers Part-time:

A Esmail, MD FCP SA FCP (CertPulm) SA

E Dommissie, MBChB *Cape Town* MRCGP DRCOG UK DCH SA

J Holtzhausen, MBChB Stell DCH SA BSc (Hons) Pharmacology

L Semple, BSc (Hons) MSc PhD *Cape Town*

Laboratory Technologist:

R Meldau, BSc (Med)(Hons) *Cape Town*

Rheumatology

J-Floor, Old Main Building, Groote Schuur Hospital

Professor and Head:

TBA

Associate Professor:

B Hodkinson, MBChB *Witwatersrand FCP Cert Rheum Phys SA*

Senior Lecturer Full-time:

A Gcelu, MBChB *Cape Town FCP Cert Rheum Phys SA*

Senior Lecturers Part-time:

SJ Jessop, MBChB *Cape Town FC Derm SA*

I Joubert, MBChB *Stell*

S Botha, MBChB *Stell Specialisation Intern. Med and Rheum PhD LUMC*

R Breeds, MBChB *Cape Town FCP SA*

Senior Registrar:

U Brijjal, MBChB *Natal MMed (Int Med) Stell 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:

T J Gould, MBChB MMed (IntMed) *Witwatersrand*

KHAYELITSHA COMMUNITY CENTRE

Honorary Senior Lecturers Part-time:

J Kuehne, MBChB *Cape Town MPhil (Applied Medical Ethics) Stell Dip HIV Man SA*

S Mathee, MBChB *Cape Town MMed (FamMed) Stell*

II MILITARY HOSPITAL

Senior Lecturer and Head:

G Smit, MBChB MMed (Med) *Stell*

Senior Lecturer Full-time:

A Tooke, MBChB *Cape Town FCP SA*

MITCHELL'S PLAIN HOSPITAL

Senior Lecturer and Head:

T Credé, MBChB Dip HIVFCP *SA*

Senior Lecturer:

DF Maughan, MBChB *Cape Town FCP SA*

NEW SOMERSET HOSPITAL

Senior Lecturer and Head:

Y Vallie, MBChB *Cape Town FCP SA*

Senior Lecturers Full-time:

MS Moosa, MBChB *Natal FCP SA*

I Banderker, MBChB *Cape Town FCP SA*

Senior Lecturer Part-time:

H Spilg, FCS *SA*

VICTORIA HOSPITAL

Senior Lecturer and Head:

N van der Schyff, MBChB *Cape Town FCP SA*

Senior Lecturers Full-time:

B Brink, (Head of Unit) FCS *SA*

C Cupido, MBChB *Cape Town FCP SA*

Senior Lecturers Part-time:

H Allison, FCS *SA*

S Cullis, FCS *SA*

L de Villiers, MBChB *Cape Town FCP SA*

N Fuller, MBChB *Cape Town FCP SA*

K Goldberg, FCS *SA*

A Lachman, MBBCh *Witwatersrand FCP SA*

K Michalowski, FCS *SA*

J Turner, MBChB MD MMed PG Dip (Palliative Medicine) *Cape Town FCP SA FCCP*

Honorary Lecturer:

KD Ebrahim, MBChB *Cape Town FCP SA*

Course Outlines

MDN2001S SPECIAL STUDY MODULES

16 NQF credits at HEQSF 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.

MDN3001H INTRODUCTION TO CLINICAL PRACTICE

68 NQF credits at HEQSF level 7

Convener: Dr M Karjiker and M Jansen

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

Course outline:

This course is designed to allow students to consolidate and broaden the clinical skills, knowledge and behaviours acquired in the Becoming a Doctor courses and to apply the principles learnt in the Integrated Health Systems courses to clinical practice. Students start acquiring professional life skills and behaviours while in the wards. They rotate through five clinical attachments of three weeks each, covering the domains of adult health, women's health, mental health, perinatal health and a clinical skills module. Students interview, examine and assess patients in hospitals and healthcare institutions. These clinical attachments are complemented by a lecture and tutorial programme introducing the principles of ethics, therapeutics and genetics.

DP requirements: Attendance of clinical tutorials and activities and all clinical skills training sessions; demonstration of competence in key resuscitation skills; ability to identify, interview, examine, assess and present cases to the satisfaction of the lecturer in charge of each clinical attachment; attendance of ethics and all other tutorials; a satisfactory portfolio of clinical teaching; satisfactory completion of all set assignments, including reading, self-study, written and oral presentations.

Assessment: An OSCE is done at the end of the clinical skills block. A summative assessment at the end of the course is based on an MCQ examination covering all the clinical modules and teaching done in tutorials and lectures and an oral examination which is clinically based and includes an assessment of the students' portfolio. Students are required to pass all components i.e. the OSCE, the MCQ and the oral/portfolio examinations independently to pass the course. The supplementary examination (should you be eligible for this) will take place during the first week of December.

MDN3003H INTRODUCTION TO CLINICAL PRACTICE PART II

10 NQF credits at HEQSF level 8

Convener: Dr N Gogela

Course entry requirements: Students must be in the third year of the MBChB.

Course outline:

This course is designed for medical students completing the intercalated BMedScHons programme. The course aims to build on the clinical skills and knowledge acquired in the Introduction to Clinical Practice course offered in the third year of the MBChB programme. Students will attend two bedside tutorials and clerk one patient per week for the duration of the course (25 weeks). Students will be expected to further develop their skills in history-taking, physical examination and diagnostic

reasoning by interviewing and examining patients with medical problems commonly encountered in clinical in South Africa. Students will be able to conduct a full medical consultation and write a comprehensive set of clinical notes documenting the clinical encounter. They will also be expected to develop a clinical assessment of the medical problem including a differential diagnosis. A basic understanding of the treatment required for the medical problem will also be expected. Students will be expected to further develop their skills in history-taking, physical examination and diagnostic reasoning by interviewing and examining patients with medical problems commonly encountered in clinical practice in South Africa.

DP requirements: Students will be required to attend all bedside tutorials and complete a portfolio of 25 patient encounters to fulfil the DP requirements of the course.

Assessment: Students will receive an in-course mark based on their performance in the weekly bedside tutorial sessions and this mark will contribute 40% to the final year mark. Students will also do an oral portfolio-based examination at the end of the course and this will contribute 60% to the final course mark. Coursework percentage 40%, examination percentage 60%.

MDN3005W SCIENTIFIC PRINCIPLES OF COSMETIC FORMULATIONS

30 NQF credits at HEQSF level 7

Convenor: 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 convenor.

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 HEQSF level 7

Convenor: 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 his/her 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 HEQSF level 7

Convenor: 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 HEQSF level 7

Convenor: 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 HEQSF level 7

Convener: 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.

MDN4011W MEDICINE

MDN4111X, MDN4211X, MDN4311X, MDN4411X, MDN4511X

60 NQF credits at HEQSF level 8

Convener: A/Prof N Wearne (overall convener, and convener of Ward Care); Dr S Botha (AmbuCare); Dr C Tsampiras (Primary Health Care); Dr A Barnard (Palliative Care); Dr A Kropman (Acute Care); J Irlam (Evidence-based Medicine); and Dr L Ngwanya (Dermatology)

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

Course outline:

This course consists of two modules: [1 x 8 week module and 1 x 4 week module]

Module 1 consists of Ward Care, during which students clerk and present 12 patients from intake to discharge. These patients must be included in the portfolio for medicine. Students attend seminars on topics relevant to the practice of medicine, as well as practical bedside teaching sessions and a presentation on the use of the Practical Approach to Care Kit [PACK]. Dermatology presentations are provided to teach terms to define and classify skin lesions into specific reaction patterns and clarify the relationship between the skin and other body systems. Evidence-based medicine presentations are aimed at teaching skills to critically appraise a systematic review. Primary Health Care teaching is aimed at implementing PHC principles to in-patient care and the submission of a portfolio of patients. Languages teaching, where students learn Afrikaans, and isiXhosa at the bedside will occur through the module.

Module 2 consists of Acute Care: teaching the triaging and management of acutely unwell and undifferentiated patients in an emergency centre; AmbuCare, during which students produce diagnostic maps and structured reflection charts for patients seen in an outpatient setting as well as attend outpatient clinics; and Palliative Care, during which students assess patients' palliative needs (including physical, psychosocial and spiritual).

Lecture times: Seminars Monday - Friday afternoons

DP requirements: (a) Medicine: Module 1: (i) Ward Care: Attendance at bedside tutorials and PACK tutorials; Medicine portfolio cases with assessment templates, MiniCEX cases, intakes and PIWRs. The numbers required will be stipulated in the course manual (ii) Primary Health Care: Attendance at one PHC tutorial and completion of portfolio cases by due date/s as stipulated in the course manual. (iii) Attendance of Language tutorials (b) Medicine: Module 2: (i) Acute Care: Attendance at 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) Ambucare: Attendance at clinics; with completion of diagnostic maps, group reflections and miniCEX cases by due dates/s as stipulated in

the course manual. (iii) Palliative Care: Attendance at Palliative Care Introductory tutorial, renal replacement meeting, two inter-disciplinary team meetings and a SOCKS feedback session; and submission of a discharge letter by the due date. (iv) MOPD attendance: Attendance at MOPD clinics with patient write-ups from the clinics attended; attendance of 1 diabetes session. (v) Fundoscopy training session (vi) Completion of an EBM task by due date. On completion of the two modules, the Medicine logbook must be handed in by the due date.

Assessment: Module 1: Clinical examination [35%] including languages (5%); Theory of Medicine: MCQ (20%) and PACK MCQ (5%), Dermatology Slide Show (5%), Portfolio of Medicine (Medicine [12,5%] and PHC [7,5%]); Work-place Assessment (MiniCEX and Firm assessment) (10%).Module 2: Theory Assessment: MCQ exam from AmbuCare, Acute Care and Palliative Care (60%); EBM task (5%); Work-place assessment: MiniCEX from acute care and AmbuCare (35%). Module 1 [8 WEEKS] will contribute to 70% of the MDN4011W Assessment with Module 2 contributing to 30%. To pass the course a student requires: 50% for each module independently: in addition the following subminimum is required: (a). Must pass 2 of 3 clinical examination cases (with pass being $\geq 50\%$) (b) MCQ examination in module 1 and 2 must be passed with $\geq 48\%$. (c) Medicine portfolio (must pass 2 out of 3 cases with a pass being $\geq 50\%$). A subminimum of $\geq 48\%$ is required for all other components/examinations.

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 HEQSF level 8

Convener: 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: None

Assessment: The final mark is made up of in-course assessments (30%) and an end-of-rotation examination (70%).

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 HEQSF level 8

Convener: Associate Professor W 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) Work-place 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 HEQSF level 8

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).

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 HEQSF level 8

Convenor: Dr 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 specialities (dermatology, ENT, neurology and neurosurgery), and builds on the foundation of Clinical Pharmacology and Applied Therapeutics learnt in fourth year. The course focuses on applying an understanding of pharmacokinetics and pharmacodynamics to the management of common conditions. It aims to

equip students with the skills for critically appraising evidence and judging the risk-benefit profiles of available treatment options and promotes rational drug prescribing to ensure optimal patient care.

Lecture times: Lectures 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%).

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 HEQSF level 8

Convener: Dr 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 HEQSF level 8; 15 face-to-face lectures and 23 Vula modules.

Convener: Dr R M Ngwanya

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. 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: The final mark is made up of an in-course assessment (information pamphlet for patient), to be presented to and marked by the group (20%); 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 HEQSF 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 HEQSF 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 (Ambulance); Mr 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 Oudtshoorn Hospital.

During Ward Care students undertake compulsory clinical clerkship attachments where they interview and examine or clerk patients and writing patient reports. There are compulsory after-hours clinical duties. They develop a portfolio of learning in which they collate all the case records of patients.

During Ambulatory Care students attend the outpatient department clinic from Monday to Thursday where they clerk two new patients under supervision. They make diagnostic maps on at least 12 other patients attending the clinic.

During Acute Care students learn the importance of triaging, assessing and managing acutely unwell patients and managing undifferentiated patients. They are allocated to an Emergency Centre and attend shifts in that centre working as part of the team during their shift. They clerk and manage patients and write up the patient encounters in their portfolio of learning.

DP requirements: Attendance of all activities and completion of all coursework stipulated below:

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 HEQSF level 9; 4 weeks minimum of 12 clinical tutorials over this time.

Convener: Associate Professor B Hodkinson

Course entry requirements: All 5th year MBChB courses

Objective: Proficiency in clinical medicine

Course outline:

Students complete a four-week rotation in general medicine attached to an acute general medicine firm at one of the UCT-affiliated teaching hospitals. They are expected to become an integrated member of the clinical team participating in all the weekly clinical activities including intakes, ward rounds, x-ray meetings, clinical meetings and bedside tutorials. 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.

MDN6004W EXIT EXAMINATION ON PROCEDURAL COMPETENCE

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: MDN6104X, MDN6204X, MDN6304X, MDN6404X, MDN6504X

0 NQF credits at HEQSF level 8

Convener: Dr R Weiss

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

Course outline:

This is an integrated, exit-level examination for MBChB students on procedural competence. The examination takes place in the form of an Objective Structured Clinical Examination (OSCE) conducted in the Clinical Skills Centre, consisting of eight to ten stations, of a maximum of ten minutes each. Students are required to show competence in skills which include but are not limited to performance of venepuncture, IV cannulation or blood culture; insertion of a nasogastric tube; performance of bladder catheterization; endotracheal intubation of an adult or infant; CPR of an adult or infant; IM or IC or SC injection with dose calculation; completion of a death certificate or discharge letter; suturing a wound; writing a prescription; performance of a complicated delivery or another obstetric emergency; setting up an intraosseous infusion; and umbilical vein catheterisation.

DP requirements: None

Assessment: Assessment comprises an integrated OSCE examination. Each student is required to demonstrate satisfactory performance in each of the stations in the OSCE. No mark is given for the examination but student performance is rated as “satisfactory” or “not satisfactory” at each OSCE station. Competence is based on the following criteria: (1) the overall ability to correctly handle the required equipment; (2) perform the procedure safely (limited to two attempts) and without potential harm or injury to the patient; (3) adherence to aseptic technique; and (4) safe handling and disposal of sharp equipment, where relevant. Students who are rated as “not satisfactory” at any of the stations are re-examined on the specific station(s) after appropriate training and are required to demonstrate satisfactory performance prior to being considered eligible to graduate.

OBSTETRICS AND GYNAECOLOGY

H-Floor, Old Main Building, Groote 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 (Hons) MBBS *London* MRCOG FRCOG UK
ZM van der Spuy, MBChB *Stell* PhD *London* FRCOG FCOG SA

Honorary Professors:

CA Matthews, MD *Charlottesville*
DJM Neaiyiana, MD *Groningen* FACOG
R Parkar, MBBS *Mysore* MMed *Nairobi*
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
IM Meinhold-Heerlein
SP Puntambekar, MBBS *India*
PS Steyn, MBChBMMed FCOGSA DFFP *London* MPhil (Social Sciences of Methodology) *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)

Chief Specialist Level Two Service and Head New Somerset Hospital:

GA Petro, MBChB *Cape Town* FCOG SA

Chief Specialist Level Two Service

CJM Stewart, BA MBChB MMed *Cape Town* FCOG SA MRCOG

Senior Lecturers Full-time:

T Adams, MBChB *Cape Town* FCOG SA Cert Gynaecol Oncol SA
C Gordon, MBChB *Cape Town*
TA Horak, MBChB *Stell* FCOG SA MMed (O&G)
J Marcus, MPhil PGDN (AdvMid) RM RPN RCN RPsychN
NH Mbatani, MBChB *Medunsa* FCOG SA
M Patel, MBChB *Cape Town* FCOG SA MMed (O&G) 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:

A Alperstein
CMC Dehaeck, MBChB *Stell FCOG SA*
PR de Jong, MBChB *Pret MMed Cape Town FCOG SA MRCOG*
C Elliott, MBChB *FCOG SA*
S Jeffrey, MBChB *Stell FCOG SA Cert Urogynaecology RCOG*
AS Lachmann, MBBCh *Witwatersrand MD FCP SA*
JO Olarogun, MBBS *Ilorin DipObst FCOG SA MMed Cape Town*
LJ Rogers, MBChB *Cape Town MMed FCOG SA Cert Gynaecol Oncol SA RCOG*
P Roos, MBChB *Cape Town FRCOG UK*
R Soeters, MD PhD *MMMC*

Lecturers Full-time:

S Allie, MBChB *Cape Town FCOG SA*
KJ Brouard, MBChB *Cape Town FCOG SA*
A Fakier, MBChB *Cape Town FCOG SA*
K Kadwa, MBChB *UKZN MMed Cape Town FCOG SA*
D Kennedy, MBChB *Stell FCOG SA MMed (O&G)*
Dr Z Momberg, MBChB *Cape Town FCOG SA MMed Cape Town MFM SA*
A Osman, MBChB *Cape Town FCOG SA MMED*
L Ras, MBChB *Cape Town FCOG SA MMed Cape Town*
T Spence, MBChB *Cape Town FCOG SA*

Lecturers Part-time:

U Botha, MBChB *Stell MMed Cape Town FCOG SA*
G Breeds, MBChB *Cape Town FCOG SA*
JPF Dalmeyer, MBChB *Pret FCOG SA PhD Stell*
AR Dhansay, BSc *UDW MBChB UKZN FCOG SA*
D Dumbrill, MBChB *Cape Town FCOG MRCOG DA SA*
BR Howard, MBChB *Cape Town FCOG SA*
L Jansen, MBChB *Cape Town FCOG SA*
M Kleyn, MBChB *Cape Town FCOG SA*
C Nel, MBChB *Cape Town FCOG SA*
A Newham, MBChB *Cape Town FCOG SA*
MS Puzeys, MBChB *MMed Cape Town FCOG SA*
JR Robinson, MBBS *Perth MRACOG FCOG SA MRCOG*
J Rowlinson, MBBCh *Witwatersrand*
SW Sandler, MBChB *Cape Town FRCOG MA Stell*
R Sheldon, BA RN
M Wasserman MSocSc *UFS DHS San Francisco*
H Wright, MBChB *Cape Town*
C Zeelenberg, PN PGDN
P Zinn, MBBCh *Witwatersrand MRCOG London MMed*

Fellows Full-time:

J Birungi, MBChB *Makerere MMed Makerere*
G Essilfie-Appiah, MBChB *Ghana FCOG SA MMed*
D Muavha, MBChB *Pret FCOG SA Diploma in Obstetrics MMed*
N Ngxola, MBChB *WSU FCOG SA*
A Owusu-Bempah, MBChB *KNUST Ghana FWACS West Africa College*
R Saidu, MBBS *Nigeria FMCOG MPH*
C Senaya, MBChB *Ghana FWACS*

Fellows Part-time:

P Archary, MBChB *UKZN MMed Cape Town FCOG SA*
 L Oosthuizen, MBChB *MMed Cape Town FCOG SA*

Honorary Senior Lecturers:

M Mbenge, (Dora Nginza Hospital) MBChB *Pret MMed FCOG SA*
 CP Nel, MBChB *Cape Town MRCOG FRANZCOG FRCOG*
 VEM Perrott, MBChB *Cape Town MRCGP MA (Linguistics)*
 E van Wyk, (HOD Wynberg Military Hospital) MBChB *Cape Town FCOG SA*

Honorary Lecturers:

F Abdurahman, (Wynberg Military Hospital) MBChB *Cape Town FCOG SA*
 RD Boa, MBBCh *Witwatersrand*
 S MacPherson, (Wynberg Military Hospital) MBChB *Cape Town FCOG SA*

Medical Officers Full-time:

A Boutall, MBChB *Stell*
 A Ciesielski, MBChB *Cape Town*
 SN Constantatos, MBChB *Cape Town*
 L Dietrich, MBChB *Cape Town*
 B Schilder, MBChB *Cape Town*

Medical Officers Part-time:

M De Souza, MBChB *Cape Town*
 C Floweday, MBChB *Cape Town*
 B Hendricks, MBChB *UKZN*
 LS Matthews, (Ultrasound) MBChB MD *Cape Town*
 J McInroy, MBChB *Cape Town*
 ME Moss, (Family Planning) MBChB *Manchester DCH* (Head of Family Planning and Reproductive Health)
 K Soeters, MD *Leiden*

Course Outlines

OBS2001S SPECIAL STUDY MODULES

16 NQF credits at HEQSF 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 HEQSF 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 Obstetrics Unit day visits (Retreat or Hanover Park) x 5 days.

Convener: Dr TA Horak and JK 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. 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 and a Health and Human Rights workshop. The programme is supplemented by a series of lectures, tutorials and skills training sessions that cover topics within the discipline, as well as contributions from other disciplines, in order to provide an integrated, multidisciplinary approach to common perinatal problems. The knowledge and skills acquired during the 4th year 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 8 of the block.

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; attend and participate in at least five obstetric ward rounds at a secondary level hospital, as well as seven obstetric tutorials given by either student interns or clinicians; and attend at least six of the eight Academic Day lecture series. 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 will be presented to clinicians/tutors during the secondary-level hospital attachment, and the student needs to achieve at least 60% to obtain DP. 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 at the end of the following block, 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 and an MCQ examination, 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 a combined OSCE + MCQ mark of $\geq 50\%$ 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 + MCQ) in a subsequent block.

OBS4005W OBSTETRICS AND GYNAECOLOGY EXTERNAL CREDIT

This course is taken by South African students studying towards a Cuban medical degree.

20 NQF credits at HEQSF level 8

Convener: Dr A 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. 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 & 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 HEQSF level 0

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 HEQSF 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. 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 HEQSF level 8

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.

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 HEQSF level 8

Course outline:

This is a 4 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.

OBS6000W OBSTETRICS

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: OBS6100X, OBS6200X, OBS6300X, OBS6400X, OBS6500X 41 NQF credits at HEQSF level 8

Convenor: Dr K Brouard and Dr C J M 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 convenor 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 HEQSF level 8

Convener: Dr K Brouard, Dr C J M 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:

A Argent, MBBCh MMed (Paed) *Witwatersrand MD Cape Town DCH FCPaed CertCritCare SA FRCPCH UK*

Professors:

A Davidson, MBChB *Cape Town DCH FCP CertMedOnc (Paed) SA*

BS Eley, BSc (Med)(Hons) MBChB *Cape Town FCP SA*

B Morrow, BSc (Physiotherapy) PhD *Cape Town*

J Wilmshurst, MBBS *London MRCP UK FCPaed SA MD Cape Town*

HJ Zar, MBBCh *Witwatersrand FAAP BC Paed USA 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*

J Wiggleton, MBBCh MMED (Paeds) FCP *SA*

Honorary Professors:

S Andronikou MBBCh *Witwatersrand FCRad Diag FRCR London PhD Cape Town*

A Custovic, MBChB MSc MD *London PhD London MRCP*

DMB Hall (Sir), MBBS UK BSc (Pharm) MRCS LRCR MRCP UK FRCP FRCPH

SM Hall, MBBS BSc (Pharm) MSc (SocMed) *London MFPH FFPH FRCP ERCPCH*

M Levin, MBBCh *Witwatersrand MRCP(Paed) FRCP UK PhD London Foundation Fellow Medical Science*

D Saunders, MBChB *Birmingham DCH England DTPH CertEpid and Med Stats London DSc Cape Town*

N Silverman, MBBCh DSc *Witwatersrand MD UCSF*

D Tibboel, MBChB PhD *Amsterdam FCPaed Rotterdam*

J Warner, BSc PhD *London*

J Warner, MBChB DCH MRCP UK MD FRCP UK FRCPCH UK DMedSci AAAAI

Associate Professors:

M Coetze, BSocSc (Hons) *UFS DipPaedNurs PhD Cape Town*

R De Decker, MBChB MSc *Cape Town DCH London FCPaed CertMedGenetics (Paed) SA*

K Donald, MBChB *Cape Town DCH FCPaed SA MRCPCH UK*

C Gray, MBChB *Cape Town MRCPCH London MSc Surrey DipAllergy Southampton DipPaedNutri*

W Hanekom, MBChB *Stellenbosch DCH FCP (Paed) SA*

M Harrison, MBChB *Cape Town MRCP FRCPCH UK*

M Hendricks, MBChB *Cape Town DipPEC DCH FCPaed CMO (Paed) SA*

A Horn, MBChB *Cape Town FCPaed DCH CertNeon SA MRCP (Paed) UK PhD Cape Town*

C Hlela, MBChB *FCDerm MSc GHS MMed PhD Oxon*

ME Levin, MBChB MMed *Cape Town FCPaed DipAllerg SA PhD*

M McCulloch, MBBCh *Witwatersrand DTM&H FRCPCH London DCH FCPaed SA*

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*

Emeritus Associate Professors:

MD Bowie, BSc *UKZN MBBChB MD Cape Town FRCP Edinburgh DCH RCP&S UK*

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 (O&G) SA
 M Mann, MBChB PhD MMed (Paed) MMed (Nuclear Med) *Cape Town*
 J Wiggelinkhuizen, MBBCh MMed FCP SA
 DL Woods, MBChB MD *Cape Town* FRCP DCH RCP&S UK

Senior Lecturers Full-time:

J Ahrens, MBChB *Cape Town* DA DCH FCPaed CIC(Paed) SA
 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 CertEndo&Metab SA (PaedEndo)
 R Dunkley, MBChB *Cape Town* FCPaed SA
 MG Hendricks, MBChB *Cape Town* DCH Dip PEC FCPaed CertMedOnc (Paed) SA
 Y Joolay MBChB *Stell* FCPaed SA
 T Kerbelker, MBChB ATLS ACLS BLS PALS *Cape Town* DCH FCPaed SA DipHIVMan *Griffiths*
 Neuro DipAllergy CertPaedRheum *Australia*
 SM Kroon, MBChB *Cape Town* FCPaed SA DTM & H *London* MRCP UK
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 S Naidoo, MBChB *Cape Town* DCH SA FCPaeds SA DipAllerg SA
 AP Ndondo, MBChB *Medunsa* FCPaed SA
 P Nurse, MBChB MMed *Cape Town* FCP SA CertPaedNephrol
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 R Petersen, MBChB FCP (Paed) *Cape Town* DHC SA
 S Raban, MBChB *Cape Town* DCH DipHIVMan FCPaeds CertNeon SA
 A Ramcharan, MBBCH *Wits*, DCH SA, FCPaed SA, Certificate in Endocrinology and Metabolism
 SA Paed
 MT Richards, MBChB CertDevPaed *Cape Town* DCH FCPaed SA
 NR Rhoda, MBChB *Cape Town* FCPaed SA Cert (Neon) SA
 B Rossouw, MBChB DipTropMed (Paed) MSc (Sports Medicine) *Pret* CertCritCare SA
 G Schermbrucker, MBChB *Cape Town* DCH FCP SA
 A Spitaels, MBChB *Cape Town* DCH FCPaed SA
 L Tookey, MBChB *Cape Town* FCPaed MMed DipObst Dip (PEC) SA
 AL van Eyssen, MBChB *Stell* DCH FCPaed CertMedOnc (Paed) SA
 M Zampoli, MBChB *Witwatersrand* DCH FCP (Paed) SA

Senior Lecturers Part-time:

D Gray, MBChB *Cape Town* FCPaed SA PhD *Cape Town*
 E Goddard, MBChB BSc (Med)(Hons) MMed PhD *Cape Town*
 G Riordan, MBChB *Cape Town* DCH MMed FCP SA
 A Vanker, MBChB MMed *Stell* FCPaed CertPulmPaed SA

Honorary Senior Lecturers:

J Alt, MBChB *Cape Town* DCH SA ATLS APLS FCP
 W Breytenbach, MBChB *Stell* FCP SA
 R Cullis, MBChB *Cape Town* DCH SA FCPaed SA APLS ACLS PALS ATLS
 R Dippennar, MBChB *Cape Town* DCH MMed *Stell* CertNeon SA Adv Paed Life Support USA
 L Henley, BSocSc MSocSc PhD MPhil AdvDipPsychSocWrk *Cape Town*
 C Hugo-Hamman, MBChB *Cape Town* MA USA DCH FCP SA
 N McKerrow, MBChB *Cape Town* BA Unisa MMed (Paed) *Cape Town* FCPaed SA DCH SA

154 DEPARTMENTS IN THE FACULTY

V Ramanjam, MBChB *Cape Town DCH FCP SA*
PJ Sinclair, MBChB *Cape Town DCH FCP SA*

Lecturers Full-time:

H Mohamed, MBChB MMed *Cape Town*
S Moyo, MBChB MPH *Cape Town*
M Tameris, MBChB *Cape Town*
J Shea, MPHE
P Wicomb, MBChB *Cape Town DCH FCPaed SA*

Lecturers Part-time:

M Ledger, MBChB BSc (Physiology) BSc (Med)(Hons) *Cape Town DCH FCPaed SA*
WR Mathiassen, MBChB *Cape Town MRCP UK*
MA Meiring, MBChB *Pret FCPaed SA MMed (Paed) Witwatersrand*
K Reichmuth, MBChB MPH *Cape Town*

Honorary Lecturers:

S Karabus, MBChB *Cape Town DCH Dip in Allergology FCPaed SA MRCPCH UK*
D van der Merwe, MBChB *Cape Town FCPaeds Griffiths Neuro CertEndocr ATLS ACLS APLS SA MMed Stell APLS North Ireland*
AL Watkins, MSc (Allergy) BSc (Hons) (Nutrition and Dietetics) MA *Cantab* (Social and Political Science) *UK*

Allergology (Paediatric)

Associate Professor and Head:

M Levin, MBChB *Cape Town FCPaed MMed DipAllergy SA PhD*

Honorary Professors:

M Levin, MBBCh *Witwatersrand MRCP (Paed) FRCP UK PhD London* Foundation Fellow Medical Science
J Warner, BSc PhD *London*
AL Watkins, MSc (Allergy) BSc (Hons) (Nutrition and Dietetics) MA *Cantab* (Social and Political Science) *UK*

Honorary Senior Lecturers:

S Karabus, MBChB *Cape Town DCH Dip in Allergology FCPaed SA MRCPCH UK*

Part-time Lecturer:

C Gray, MBChB *Cape Town MRCPCH London MSc Surrey DipAllergy Southampton DipPaedNutr*

Associated Paediatric Disciplines

Head:

S Rahim, BSc (Physiotherapy) *Cape Town*

Physiotherapy Department:

S13 Ground Floor OPD, Red Cross Children's Hospital, Rondebosch
(Sameer.rahim@uct.ac.za or Sameer.rahim@westerncape.gov.za) 021 658 5033/5130

Head:

S Rahim, BSc (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, B (OccTher) 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, B (Speech and Audiology) Stell

Nutrition and Dietetics Department:

*S14 Ground Floor OPD, Red Cross Children's Hospital, Rondebosch
(Shihaam.cader@westerncape.gov.za) 021 658 5471*

Head:

S Cader, BSc (Med)(Hons) 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 Worker 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 Coetze, BSocSc (Hons) UFS DipPaedNurs PhD Cape Town

Clinical Educator:

J Stuurman, BCur RN MCurNursing Educ PGDip (Child Critical Care Nursing) Cape Town

Lecturers Full-Time:

T Castle, BCur RN UWC RPaedN

I Hendry, BN RPaedN Cape Town ForensicNurs Bloemfontein

Lecturers Part-time:

C Davis, BNurs (Child) DipPICU England

L Rees, BSc Nursing Cape Town DipCommHealth CPUT DipPaedNurs RAU MSc Nursing with Nurs Ed Witwatersrand Cert in PHC Clinical Skills Witwatersrand

Research Staff:

C Bonaconsa, BNurs *Stell RN*
A Leonard, MSc (Nursing) *Cape Town RN*
N North, BA (Hons) Social Policy *London RGN*

Programme Facilitator:

J Vos, DipNurs RN

Cardiology (Paediatric)

Associate Professor and Head:

J Lawrenson, MBBCh *Witwatersrand MMed Cape Town FCP SA*

Senior Lecturers Full-time:

G Comitis, MBChB *Cape Town DCH DipAnaes FCPaed SA*
R de Decker, MSc MBChB *Cape Town DCH London CertMedGenet (Paed) FCPaed SA*
L Zuhlke, MBChB *Cape Town DCH SA FCPaed SA Card Cert SA MPH Cape Town FESC UK*

Senior Lecturers Part-time:

H Pribut, MBChB *Cape Town FCPaed SA*
WR Mathiassen, MBChB *Cape Town MRCP UK*

Honorary Senior Lecturer:

C Hugo-Hamman, MA *OXON MBChB Cape Town DCH London FCPaed SA*

Child Health Unit

Acting Head and Senior Lecturer:

J Shea, MPHE

Critical Care (Paediatric)

Professor and Head:

A Argent, MBBCh MMed (Paed) *Witwatersrand MD Cape Town DCH FCPaed CertCritCare SA*
FRCPCH UK

Honorary Professor

D Tibboel, MBChB PhD *Amsterdam FCPaed Rotterdam*

Associate Professor Full-time:

M McCulloch, MBBCh *Witwatersrand DCH FCPaed SA*

Senior Lecturers Full-time:

J Ahrens, MBChB *Cape Town DA DCH FCPaed CertCritCare SA*
B Rossouw, MBChB DipTropMed (Paed) MSc (Sports Medicine) *Pret CertCritCare SA*
S Salie, MBChB *Cape Town DCH London FCPaed CertCritCare SA*

Dermatology (Paediatric)

Associate Professor and Head:

C Hlela, MBChB FCDerm MSc GHS MMed (Derm) PhD *Oxon*

Developmental Paediatrics

Associate Professor and Head:

K Donald, MBChB MPhil *Cape Town* DCH FCPaed CertPaedNeuro *SA* MRCPCH *UK*

Senior Lecturer Full-time:

R Petersen, MBChB *Cape Town* DCH FCPaed CertDevPaed *SA*

Senior Lecturers Part-time:

S Ackermann, MBChB *Pret* FCPaed CertPaedNeurol *SA*

V Ramanjam, MBChB *Cape Town* DCH FCPaed CertDevPaed *SA*

Lecturers Part-time:

W van der Meulen, MBChB

S Warner, MBChB *Cape Town* DCH *SA*

Endocrinology (Paediatric)

Head:

A Ramcharan, MBBCh *Witwatersrand* DCH *SA* FCPaed *SA* Certificate in Endocrinology and Metabolism *SA* Paed

Senior Lecturers Full-time:

M Carrihill, MBChB MPhil *Cape Town* FCPaed CertEndo&Metab *SA* (PaedEndo)

A Spitaels, MBChB *Cape Town* DCH FCPaed *SA*

Gastroenterology (Paediatric)

Head:

R Goddard, BSc (Hons) MSc (Med) MBChB PhD MMed *Cape Town* FCPaed CertPaedGastro *SA*

Senior Lecturer Full-time:

R de Lacey, MBChB *Cape Town* FCPaed CertPaedGastro *SA*

Lecturers Part-time:

M Ledger, MBChB BSc (Physiology) BSc (Med)(Hons) *Cape Town* DCH FCPaed *SA*

RA Brown, MBChB *Cape Town* MPhil (Ancient Cultures) *Stell* DCH FCS *SA* FRCS *Edinburgh*

General Paediatrics

Associate Professors:

C Scott, MBChB *Cape Town* FCPaed *SA*

M Hendricks, MBChB *Cape Town* DipPEC DCH FCPaed CMO (Paed) *SA*

ME Levin, MBChB MMed *Cape Town* FCPaed DipAllerg *SA* PhD

A Westwood, MBChB MD MMed *Cape Town* FCP *SA* MRCP *UK*

Senior Lecturers Full-time:

HA Buys, MBChB *Zimbabwe* LRCP LRCS *Edinburgh* MRCP *UK* FCP *SA* (Head of Unit: Emergency and Ambulatory)

L Cooke, MBChB *Cape Town* FCPaed *SA*

R Dunkley, MBChB *Cape Town* FCPaed *SA*

R Muloiwa, MBChB *UKZN* DCH FCPaed *SA* MSc *LSHTM*

M Richards, MBChB DCH FCPaed CertDevPaed *SA*

Haematology/Oncology (Paediatric)

Professor and Head:

A Davidson, MBChB MPhil *Cape Town* DCH FCPaed CertMedOnc (Paeds) *SA*

Senior Lecturers Full-time:

MG Hendricks, MBChB *Cape Town* DCH Dip PEC FCPaed CertMedOnc (Paeds) *SA*
AL van Eyssen, MBChB *Stell* DCH FCPaed CertMedOnc (Paeds) *SA*

Lecturer Part-Time

WR Mathiassen, MBChB *Cape Town* MRCP *UK*

Infectious Diseases (Paediatric)

Professor and Head:

BS Eley, BSc (Med)(Hons) MBChB *Cape Town* FCP *SA*

Senior Lecturer Full-time:

J C Nuttall, MBChB *Cape Town* DipObst 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* DipO&G *SA*
DL Woods, MBChB MD *Cape Town* FRCP DCH RCP&S *UK*

Associate Professor Full-time:

A Horn, MBChB *Cape Town* FCPaed DCH CertNeon *SA* MRCP(Paed) *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*
L Linley, MBChB *Cape Town* FCPaed *SA*
NR Rhoda, MBChB *Cape Town* FCPaed *SA* Cert (Neon) *SA*
L Tooke, MBChB *Cape Town* FCPaed MMed DipObst DipPEC *SA*

Lecturers Full-time:

MT Ismail, MBChB *Cape Town* DCH DipHIV *SA*
AM van Niekerk, MBBCh *Witwatersrand* DCH FCPaed CertPaedCardiol *SA*

Lecturer Part-time:

JCG Dyssell, MBChB *Cape Town* MMed (Paed) *Witwatersrand* DCH FCPaed *SA*

Honorary Lecturer:

D van der Merwe, MBChB *Cape Town* FCPaeds *Griffiths* Neuro CertEndocr ATLS ACLS APLS *SA* MMed (Paed) *Stell* APLS *North Ireland*

Nephrology (Paediatric)

Associate Professor and Head:

M McCulloch, MBBCh *Witwatersrand DCH FCPaed SA*

Senior Lecturer Full-time:

P Nourse, MBChB MMed *Cape Town FCP SA CertPaedNephrol*

Neurology (Paediatric)

Professor and Head:

J Wilmshurst, MBBS *London MRCP UK FCPaed SA MD Cape Town*

Senior Lecturer Full-time:

AP Ndondo, MBChB *Medunsa FCPaed CertPaedNeuro SA*

Senior Lecturers Part-time:

V Kander, MTech (Neurophysiol) *UFS*

G Riordan, MBChB *Cape Town DCH MMed FCPaed SA*

B Schlegel, MBChB *Cape Town FCPaed SA*

K Walker, MBChB *Cape Town DCH SA*

Pulmonology (Paediatric)

Professor and Head:

H J Zar, MBBCh *Witwatersrand FAAP BCPaed USA BCPaed Pulmonology USA PhD Cape Town FCPaed SA FRCP*

Senior Lecturer Full-time:

M Zampoli, MBChB *Cape Town DCH FCPPaed CertPulmPaed SA*

Senior Lecturers Part-time:

D Gray, MBChB *Cape Town FCPaed CertPulmPaed SA PhD Cape Town*

A Vanker, MBChB MMed *Stell FCPaed CertPulmPaed SA*

Rheumatology (Paediatric)

Associate Professor and Head:

C Scott, MBChB *Cape Town FCPaed SA*

Course Outlines

PED2001S SPECIAL STUDY MODULE

16 NQF credits at HEQSF 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 30 NQF credits at HEQSF 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 LL Linley 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 a six-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 at least five of the 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 and the Friday Neonatology Academic Week tutorial.

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 [10% of the total mark for PED4016W], and in-course assessment [30% 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 HEQSF level 8

Convenor: Dr L Linley

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 logsheets. 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 3pm on the Wednesday of block week 8.

PED4049W INTRODUCTION TO CHILD HEALTH

10 NQF credits at HEQSF level 8

Course outline:

Child Health seeks to promote the health of children, the prevention of illness, and to minimise the consequences of illness when it does occur. The focus for this block is on the health issues of children presenting at primary care level. This incorporates services for well children and an approach to the management of child health problems commonly seen at a primary care level. Students are encouraged to apply the COPC model of individual, family, community, and population factors to critically examine child health issues.

DP requirements: Students must fulfil all of the following:(a) Submit the completed logbook of stipulated activities; (b) submit a portfolio of two narrative cases of 1500 words each, via Turnitin, by the end of the course; and (c) meet the minimum clinical attendance requirements as defined below*.* Any student missing clinic visits, bedside tutorials, or the cross-cutting seminar 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 for whatever reason, permission will need to be granted by the convener. If the period of absence is more than two working days over the two-week course, 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 one week, the course has to be created (Faculty of Health Sciences leave of absence rules apply).

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 a written portfolio of two narrative cases of 1500 words each (25% of the overall course mark); and (c) assessment of an oral presentation and contribution to the discussion at the cross-cutting seminars [15% 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:

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 HEQSF level 8; 36 lectures/seminars; 11 bedside tutorials; one site visit (SHAWCO).

Convener: Dr H Buys, Dr S Cox and Dr P Wicomb

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

Objective: Build knowledge, skills and attributes needed for the holistic medical care of children and teenagers.

Course outline:

This course is an eight-week block divided into two four-week rotations. One rotation comprises two weeks of paediatric surgery and two weeks of ambulatory paediatrics both done at Red Cross Children's Hospital. The other rotation focuses on inpatient care and is a ward placement where the student will spend time in Red Cross Children's, New Somerset or Groote Schuur Hospital paediatric wards. In addition, whole group seminars in aspects of the care of children run weekly.

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 core topics – designated as 'core' and 'core plus' topics. 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 neonates, children and adolescents; the ability to define an appropriate problem list and formulate an appropriate management plan; awareness of basic procedures; professional behaviour and attitudes

appropriate to handling children and their caregivers; and awareness of the rights of children and the doctor's role as an advocate for child health.

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: (a) Achieve a minimum of 80% attendance* in each of the three rotations (ward, ambulatory, and paediatric surgery) and scheduled activities/allocations, monitored by signed attendance; (b) complete a written portfolio of the required minimum number of original case write-ups of patients seen in the paediatric medicine or surgery ward and outpatient clinic that is allocated to during time in PED5001W with associated tasks (Primary Health Care and Q&A for each case) and the required clinical methods templates; this portfolio MUST be brought to the end-of-block clinical examination; (c) submit the hard copy of the completed, signed, and dated PED5001W logbook by 3PM on the Wednesday afternoon of block week 8; and (d) complete the online lessons and quizzes for paediatric surgery by 2PM on Tuesday of block week 8. *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 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 PPH4056W Health in Context will also be assessed. The overall course pass mark is 50% (paediatric medicine and surgery). In addition, in order to pass the course, 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/neonatology section of the online assessment; and (d) the paediatric surgery section of the online assessment. The following will be recommended to the Faculty Examinations Committee, that students who: (a) fail any component of the end-of-block summative assessment with 48–49% will be required to undertake a supplementary examination* and (b) fail any component of the end-of-block summative assessment with a mark of 47% or less may be required to complete additional time* AND undergo a supplementary examination*. Students who fail the course overall with a mark of 48–49% will be required to repeat the four week paediatric medicine rotation, collect a stipulated minimum number of new portfolio cases, and will be required to undergo a paediatric medicine clinical, portfolio, and online examination in the following academic year and will not progress to final year until this is successfully done. Students who fail the course overall with a mark of 47% or less will be required to repeat the course and its end-of-block summative assessment in full in the following academic year and will not progress to final year until this is successfully done. Students who do not meet the Due Performance (DP) requirements fail the course and will be required to repeat the course 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 less than 50% in any component of the supplementary examination may be required to repeat the course and its end-of-block summative assessment in full in the next academic year.*ALL additional time and supplementary examinations will take place in the supplementary time period scheduled at the start of the next calendar year.

PED5003W CARING FOR CHILDREN 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: PED5103X, PED5203X, PED5303X, PED5403X, PED5503X. This course is taken by South African students who are studying toward the Cuban Doctor of Medicine.

40 NQF credits at HEQSF level 8; 36 lectures/seminars; 11 bedside tutorials; 1 site visit (SHAWCO).

Convenor: Dr H Buys, Dr S Cox and Dr P Wicomb

Course entry requirements: All fourth year MBChB courses.

Objective: Build knowledge, skills and attributes needed for the holistic medical care of children and teenagers.

Course outline:

This course is an eight-week block divided into two four-week rotations. One rotation comprises two weeks of paediatric surgery and two weeks of ambulatory paediatrics both done at Red Cross Children's Hospital. The other rotation focuses on inpatient care and is a ward placement where the student will spend time in Red Cross Children's, New Somerset or Groot Schuur Hospital paediatric wards. In addition, whole group seminars in aspects of the care of children run weekly. 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 core topics – designated as 'core' and 'core plus' topics. 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 neonates, children and adolescents; the ability to define an appropriate problem list and formulate an appropriate management plan; awareness of basic procedures; professional behaviour and attitudes appropriate to handling children and their caregivers; and awareness of the rights of children and the doctor's role as an advocate for child health.

Lecture times: Monday lecture/seminar program, with other seminars and bedside tutorials as timetabled according to the rotations.

DP requirements: To qualify for sitting the end-of-block examination, students must fulfil ALL of the following:(a) Minimum of 80% attendance in each of the three rotations (ward, ambulatory and paediatric surgery) monitored by signed attendance in the log book.(b) A written portfolio of the required minimum number of cases with associated tasks (Primary Health Care and Question & Answer for each case) and the required clinical methods templates. (c) A signed paediatric medicine logbook (bedside teaching, ward tutorials, outpatient clinics). (d) Completion of online lessons and quizzes for paediatric surgery by the last Tuesday of the eight-week block. (e) 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. If any of the DP requirements are not met, a student will not be allowed to enter the examinations and will have to repeat the block.

Assessment: The end-of-block summative assessment comprises a clinical and portfolio assessment: 50%; and an online MCQ and Extended Matching Items assessment: 50%. The overall course pass mark is 50%. In addition, in order to pass the course, students are required to achieve 50% or more in EACH of the following components:(a) the overall paediatric medicine assessment (clinical + portfolio assessment + medicine MCQ);(b) the clinical examination assessment (average of the 2 clinical cases), (c) the oral portfolio assessment; (d) the paediatric medicine (including neonatology) section of the online assessment; and (e) the paediatric surgery section of the online assessment. Students who score 48– 49 %(a) in the overall paediatric medicine assessment will attend a supplementary two-week paediatric medicine rotation (including new portfolio cases) followed by a repeat examination comprising a clinical (two short cases), an oral portfolio and a paediatric medicine MCQ;(b) in the clinical assessment only will have a repeat clinical examination comprising two short cases;(c) in the oral portfolio assessment only will have a repeat oral portfolio examination based on two of the existing paediatric medicine cases; (d) in the paediatric medicine

section of the online assessment only will have a repeat oral portfolio examination based on two of the existing paediatric medicine cases; (e) in the online assessment of paediatric surgery only will have a repeat examination comprising a paediatric surgery MCQ and an oral based on one existing paediatric surgery case in the portfolio. Students who fail with a mark of 47% or less(a) in either of the clinical or oral portfolio paediatric medicine assessments will attend a supplementary two-week paediatric medicine rotation (including new portfolio cases) followed by a repeat examination comprising a clinical (two short cases) and an oral portfolio; (b) in the paediatric medicine MCQ assessment only will attend a supplementary two-week paediatric medicine rotation (including new portfolio cases) followed by a repeat examination comprising an oral portfolio and a paediatric medicine MCQ; (c) in the overall paediatric medicine assessment will repeat the 4-week paediatric medicine rotation (including new portfolio cases) followed by a repeat examination comprising a clinical (two short cases), an oral portfolio and a paediatric medicine MCQ; (d) in paediatric surgery will attend a supplementary one-week paediatric surgery rotation followed by a repeat examination (paediatric surgery MCQ and an oral based on one existing paediatric surgery case).

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 HEQSF level 8

Convener: Dr K Reichmuth and Dr P Wicomb

Course outline:

This 8-week course teaches the student about 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 Due Performance (DP) logbook) and core topics necessary for the general care of children. 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. Students who pass this course will have knowledge of common core childhood diseases and conditions; skill at taking a history from children and their caregivers; the ability to competently examine neonates, children, and adolescents; the ability to define an appropriate problem list and formulate an appropriate management plan; awareness of and the ability to perform 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. Teaching takes place at UCT-associated teaching hospitals.

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 41 NQF credits at HEQSF level 8; 10.

Convener: Dr S Salie, Dr L Tooke (Neonatology) and Dr P Wicomb

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

Course outline:

This six-week course has two rotations – paediatric medicine and neonatal medicine – which, together with the two-week short elective course (PPH6005W), constitute an eight-week modular block.

In the paediatrics rotation students spend four weeks at either George Provincial, Red Cross Children's, Victoria, Groote Schuur or New Somerset Hospitals. The two-week rotation in neonatology is at either of Groote Schuur, New Somerset, Mowbray Maternity or George Hospitals. During final year, students 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 and 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 children. The core curriculum focuses on common paediatric and neonatal conditions. During the paediatric and neonatal attachments students attend the respective procedure and resuscitation training and are exposed to opportunities to acquire a prescribed list of necessary procedural skills.

DP requirements: To qualify for the PAEDIATRIC 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 with associated tasks (Primary Health Care and Q&A for each case); this portfolio MUST be brought to the end-of-block clinical examination; (d) submit the hard copy of your completed, signed, and dated PED6000W logbook by 3PM on the Wednesday afternoon of week 4 of the paediatric rotation; and (e) achieve a minimum of 80% attendance* in each rotation; this is monitored by signed attendance. To qualify for the NEONATOLOGY end-of-rotation 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 PED6000W logbook by 3PM on the Wednesday afternoon of week 2 of the neonatal rotation, and (d) 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 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: 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 in paediatrics [20% of the overall mark]; (b) an end-of-block paediatric short-cases clinical examination [30% of the overall mark]; (c) an end-of-block oral portfolio exam [15% of the overall mark]; (d) a neonatal in-course assessment [10% of the overall mark]; (e) a neonatal clinical case examination [10% of the overall mark]; and (f) an end-of-block, computer-based MCQ and EMI [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 paediatric in-course assessment; (b) the end-of-block paediatric short-cases clinical examination [average of the two cases]; (c) the neonatal in-course assessment; and (d) the neonatal clinical 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 component of the end-of-block summative assessment with 48–49% may be required to undertake a supplementary examination*; (b) fail any component with a mark of 47% or less may be required to complete additional time* AND undergo a supplementary examination*. Students who fail the course overall with a mark of 48–49% may be required to complete additional time* AND undergo a full supplementary examination*. Students who fail the course overall with a mark of 49% or less maybe required to repeat the full course in the following academic year. Students who do not meet the Due Performance (DP) requirements fail the course and may be required to repeat the course and its end-of-block summative assessment in full in the next academic year. Students who achieve 49% or less in any component of the supplementary exam may be required repeat the course and its end-of-block summative assessment in full.

*All additional time and supplementary examinations will take place as soon as these can be scheduled

PED6001W PAEDIATRICS 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: PED6101X, PED6201X, PED6301X, PED6401X, PED6501X. This course is taken by South African students who are studying towards a Cuban Doctor of Medicine degree.

41 NQF credits at HEQSF level 8

Convener: Dr S Salie and Dr P Wicomb

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

Course outline:

For this four-week course students are placed on the wards at either of Red Cross Children's, Victoria, Groote Schuur or New Somerset Hospitals. Students 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 the respective 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 your time in PED6001W with associated tasks (Primary Health Care and Q&A for each case); this portfolio MUST be brought to the end-of-block clinical examination; (d) submit the hard copy of the completed, signed, and dated PED6001W logbook by 3PM on the Wednesday afternoon of week 4 of the paediatric rotation; 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 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: 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 in paediatrics [30% of the overall mark]; (b) an end-of-block paediatric short-cases clinical examination [35% of the overall mark]; (c) an end-of-block oral portfolio exam [20% of the overall mark]; and (d) an end-of-block, computer-based MCQ and EMI [15% of the overall mark]. While the overall pass mark is 50%, a subminimum of 50% must be met for each of the following: (a) The paediatric in-course assessment and (b) the end-of-block paediatric short-cases clinical 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 component with 48–49% will be offered a supplementary examination and (b) fail any component of the end-of-block summative assessment with a mark of 47% or less may be required to complete additional time* AND undergo a supplementary examination*. Students who fail the course overall with a mark of 48–49% may be required to complete additional time* AND undergo a full supplementary examination*. Students who fail the course overall with a mark of 47% or less may be required to repeat the full course in the following academic year. Students who do not meet the Due Performance (DP) requirements fail the course and will be required to repeat the course and its end-of-block summative assessment in full in the next academic year. Students who achieve 49% or less in any component of the supplementary examination will be required to repeat the course and its end-of-block summative assessment in full.*All additional time and supplementary examinations will take place in the supplementary time period scheduled at the start of the next calendar year.

PATHOLOGY

Professor and Head (UCT/NHLS joint staff):

RS Ramesar, BSc (Hons) 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

Wernher & Beit Professor and Head:

D Govender, MBChB MMed (AnatPath) PhD UKZN FCPATH (Anat) SA FCPATH ECSA FRCPath London IFCAP FAMM

Associate Professors Full-time:

R Naidoo, BSc (Hons) UDW MMedSc PhD UKZN

K Pillay, MBChB UKZN MMed *Cape Town* FCPATH (Anat) SA FRCPath London

Emeritus Associate Professor:

HC Wainwright, MBChB *Cape Town* FCPATH (Anat) SA

Senior Lecturers Full-time:

MS Duffield, MBChB *Rhodes LRCP&S Edinburgh & Glasgow* MMed *Cape Town* MRCPATH

ML Locketz, MBChB MMed *Cape Town* FCPATH (Anat) SA

H-T Wu, MBBCh *Witwatersrand* MMed *Cape Town* FCPATH (Anat) SA

Honorary Senior Lecturer:

GM Learmonth, MBChB BAO *Galway* FCPATH (Anat) SA MIAC

Lecturers Full-time:

FCJ Botha, MBChB *UFS* FCPATH (Anat) SA

D Chetty, MBBCh *Witwatersrand*

L Govender, MBChB *Pret*

N Osman, MBChB *Cape Town* FC Path (Anat) SA

MJ Otto, MBChB *UFS* FCPATH (Anat) SA

A Ramburan, BSc (Hons) MMedSc (Anat) SA

R Roberts, MBChB MMed *Cape Town* FCPATH (Anat) SA

Assistant Lecturers / Registrars:

A Aldera, MBChB *Cape Town*

S Ayub, MBChB *Stellenbosch*

J de Stadler, MBChB *Cape Town*

N Gericke, MBChB *UFS*

M le Grange, MBChB *Cape Town*

C Jackson, MBChB *Cape Town*

C Kazembe, MBChB *Zambia*

D MacKenzie, MBBCh *Witwatersrand*

P Pamacheche, MBChB *Zimbabwe*

S Tu, MBChB *Cape Town*

Chief Scientific Officer/Research Laboratory Manager

R Kriel, NatDip (MedTech) CPUT Dip (ProfPhotography) PostGradDip (BusManagement) UKZN

Laboratory Managers (NHLs):

C Bilobrk (Histopathology-Groote Schuur Hospital), NatDip (MedTech) *CPUT*
S Davids (Acting) (Cytopathology-Groote Schuur Hospital), NatDip (MedTech) *CPUT*
E Dollie (Histopathology-Red Cross Hospital), NatDip (MedTech) BTech (BioMedTech) *CPUT*

Chemical Pathology

Level 6, Entrance 4, Falmouth Building

Professor and Head:

AD Marais, MBChB *Cape Town FCP SA*

Associate Professor:

GF Van der Watt, MBChB *Pret MMed Cape Town FCPATH SA*

Senior Lecturers:

DM Blackhurst, PhD *Cape Town*

H Vreede (Senior Specialist), MBChB *MMed Cape Town*

Lecturer Full-time:

J Pillay, B Pharm MSc *Cape Town*

C Hudson, MBChB FC Path Chem 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 Stanflet, MBChB *Cape Town FCPATH Chem SA*

DB Sacks, MBChB *NIH Bethesda, MD, USA*

Forensic Medicine

Level 1, Entrance 3, Falmouth Building

Professor and Head:

LJ Martin, MBBCh *Witwatersrand MMed Cape Town DipForMed FCForPath SA*

Senior Lecturers Full-time:

M Heyns, BSc Hons MSc PhD Hons BBA MBA *Stell PGCHET QUB*

GM Kirk, MBBCh *Witwatersrand DipForMed FCForPath SA*

Y van der Heyde, BSc MBChB *MMed Cape Town DipForMed SA*

Lecturers Full-time:

I Alli, MBBS *Mysore DipForMed Clin/Path SA Cert Medical Law UNISA FCForPath SA*

M Date-Chong, MBChB *Cape Town DipForMed Path FCForPath SA*

B Davies, BSc (Hons) *Cape Town MSc (For Sci) George Washington*

L Heathfield, BSc BSc (Med)(Hons) *Cape Town MSc (For Sci) Strathclyde*

IJ Molefe, MBChB *Cape Town DipForMed Path FCForPath SA*

L Peddle MBChB *Cape Town DipForMed SA Path*

M du Plessis, MBChB *Pret Cert Med & Law Unisa DipForMed SA FCForPath SA MMed Sefako Makgatho*

Medical Technologists:

Y Davies, NDMedTech *CPUT*

M Perrins, NHDMedTech *CPUT*

Haematology

Chris Barnard Building

Associate Professor and Head of Haematology (Department of Pathology)

J Opie, MBChB Cape Town MRCP UK FRCPA (Haem) Aus

Senior Lecturer, Specialist and Haematologist:

N Mashigo, MBChB FCPATH (Haem) SA

Lecturers, Specialists and Haematology Pathologists:

G Bellairs, MBChB

M Ntobongwana, MBChB FCPATH (Haem) SA

L Phillips, MBChB FCPATH (Haem) SA MMed Cape Town

C Swart, MBChB, FCPATH (Clin Path) SA MMed Cape Town

Medical Scientist (Principal):

K Shires, PhD Cape Town

Scientist (Senior Lecturer)

S Mowla, PhD Cape Town

Laboratory Manager:

D Rousseau, BTech (Haem)

Chief Technologist:

J Blackbeard, NDMedTech (Haem)

Human Genetics

Room 3.14, Level 3, Wernher and Beit North, IDM

Professor and Head:

RS Ramesar, BSc (Hons) MSc UKZN PhD MBA Cape Town

Professor/Senior Specialist:

A Wonkam, MBChB Cameroon MD Dip (MedGenet) Switzerland PhD Cape Town

Professor:

C Dandara, BSc (Hons) 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, BA (Hons) UWC MSc PhD Madison Wisconsin

MJA Wood, MBChB Cape Town MA DPhil Oxon

Senior Specialist/Senior Lecturer:

K Fiegen, MBChB Cape Town FCPaeds CertMedGenet SA

Senior Lecturers:

T Wessels, MSc (Genetic Counselling) PhD Witwatersrand

ER Chimusa, BSc (Hons) MSc PhD Cape Town

Sessional Specialists and Honorary Senior Lecturers:

S Zieff, MBChB MMed *Cape Town FCP SA*

Laboratory Manager (Cytogenetics NHLS):

T Ruppelt, NDip BTech (BiomedicalTechnology) *UPE MSc Cape Town*

Immunology

Falmouth Building, and Wernher and Beit Building South, IDM

Wernher & Beit Chair, Professor and Head:

CM Gray, BSc (Hons) *Western England MSc PhD Witwatersrand*

Professors:

F Brombacher, PhD *Freiburg*

M Jacobs, PhD *Cape Town*

M Hatherill, MBChB MMed MD *Cape Town*

Honorary Professor:

GD Brown, PhD *Cape Town*

Associate Professor:

W Horsnell, PhD *UK*

T Scriba, PhD *Cape Town*

Visiting Professor:

G Ferrari, MD *Genoa*

Senior Lecturers:

S Hadebe, PhD *Aberdeen*

H Jaspan, BSc *USA MD PhD Tulane FAAP PaedsID Washington*

MJ Marakalala, PhD *Cape Town*

Honorary Senior Lecturer:

J Dorfman, PhD *Berkeley*

Research Scientists:

R Guler, PhD *Switzerland*

J Hoving PhD *Cape Town*

N-J Hsu, PhD *Cape Town*

NC Tsikiwa, PhD *Cape Town*

E Nemes, PhD *Italy/France*

NHLS Staff:

J Banks, DipMedTechnology

L Johnson, DipMedTechnology

K Jonas, DipMedTechnology

S Maart, (Lab Manager) DipMedTechnology

B Pillay, DipMedTechnology

N Semela, DipMedTechnology

G Sheba, DipMedTechnology

M Watkins, MS PhD *Cape Town*

Chief Medical Technologist:

L Fick, DipMedTechnology *CPUT*

Manager FACS Facility:

R Dreyer

Falmouth Laboratory Manager:

B Allinde

Medical Microbiology

Level 5, Entrance 2/3, Falmouth Building, Faculty of Health Sciences Campus

Professor and Head:

MP Nicol, MBBCh MMed (MedMicro) *Witwatersrand DTM&H FCPATH (Microbiol) SA PhD Cape Town*

Professor and Director: MRC/NHLS/UCT Molecular Mycobacteriology Research Unit

V Mizrahi, BSc (Hons) PhD *Cape Town AfTWAS MASSAf FRSSAfOMS*

Associate Professors:

H Cox, BSc MPH PhD *UM Australia*

DF Warner, BCom BSc (Hons) PhD *Witwatersrand*

Senior Lecturers Full-time:

N Beyliss, MBBCh Dip HIV Management *Witwatersrand DTM&H FCPATH (Microbiol) SA*

C Centner, MBChB MMed (Med Micro) MSc (Med) *Cape Town*

A Khumalo MBChB (UL) FCPATH (Microbiology)

E Prentice BA, MBBCH *Witwatersrand, DTM&H, FCPATH (Micro) SA*

Lecturers:

L Ah Tow Edries, BSc (Hons) *UWC PhD Cape Town*

M Kaba, MD MSc PhD *AMU France*

C Moodley, PhD *Cape Town*

L Paul, PhD *Cape Town*

Honorary Lecturers:

JSN Govender, MBBCh FCPATH (Microbiol) MMedPath (Microbiol) *Witwatersrand*

DA Lewis, FRCP UK PhD DipGUM DTM&H

J Simpson, MMed *Cape Town*

Registrars:

G Booley, MBChB *Cape Town*

CF Opperman, MBChB BSc Hons *Stell*

H Tootla, MBChB *Cape Town*

Medical Virology

Werner and Beit Building South (IDM), Faculty of Health Sciences Campus

Professor and Head (UCT/NHLS joint staff):

C Williamson, BSc (Hons) PhD *Cape Town*

Professor and SARChI Chair in Vaccinology (UCT):

A-L Williamson, BSc (Hons) PhD *Witwatersrand*

Associate Professors:

W Burgers, PhD *Cantab*

DR Hardie, MBChB MMed *Cape Town*
 JA Passmore, PhD *Cape Town*

Senior Lecturers/Clinical Virologists (NHLS/UCT joint staff):

M Hsiao, MBChB DTM&H *Witwatersrand* MMed *Cape Town* FCPATH (Virol) *SA*
 S Korsman, MBChB *Pret* MMed (VirolPath) *Stell* FCPATH (Virol) *SA*

Registrars:

A Enoch, MBChB *Pret*
 M Naidoo, MCBhB *UKZN*
 A Ibrahim, MBBCh *Tripoli*
 GJK Marias, MBChB *Pret* MSc *IMP Lond*

Senior Lecturer/Scientist (UCT/NHLS joint staff):

H Smuts, PhD *Cape Town*

Lecturers:

M-R Abrahams, PhD *Cape Town*
 C Anthony, PhD *Cape Town*
 L Masson, PhD *Cape Town*

Medical Scientists/Lecturers (UCT/NICD joint staff):

Z Mbulawa, PhD *Cape Town*
 Z Valley-Omar, PhD *Cape Town*

Honorary Professor:

D Katzenstein, PhD *USA*

Honorary Senior Lecturers:

E Andersen-Nissen, PhD *USA*
 A Bere, PhD *Cape Town*
 G Chege, PhD *Cape Town*

Senior Researcher:

C Riou, PhD *Lyon*

Research Officers:

R Chapman, PhD *Cape Town*
 N Douglass, PhD *Cape Town*

Bioinformaticians:

D Matten, BSc (Hons) *UKZN*
 R Ketteringham, BEng *US*

Senior Scientific Officers:

C Adams, MSc *Cape Town*
 A Keyser, MSc *Cape Town*
 H Munyanduki, MSc *Zimbabwe*
 R Omar, MSc *Cape Town*
 R Thebus, NatDip (MedTech) *CPUT*

Scientific Officers:

C Combrinck, MMedSc *UFS*
 L Cruywagen, MSc *Cape Town*

B Kullin, PhD *Cape Town*
N Ndabambi, MSc *UWC*
G Nthambeleni, MSc *Witwatersrand*
L Tyers, MSc *Cape Town*
P Ximba, MSc *UKZN*
T York, MSc *UKZN*

Senior Technical Officers:

S Galant, NatDip (ClinPath) NatDip (Microbiology II) *CPUT*
H Gamaldien, NatDip (MedTech) *CPUT MSc Cape Town*

Chief Scientific Officer:

MT van Diepen, MSc *NL*

Laboratory Manager:

F Abrahams, MSc *Stell*

Project Manager / Administrator:

B Galvao, PhD *Cape Town*

K Norman

Paediatric Pathology

Red Cross War Memorial Children's Hospital

Senior Lecturer Full-time and Acting Head:

MHG Shuttleworth, BSc (Hons) MBChB MMed *Cape Town*

Senior Lecturers Full-time:

K Pillay, MBChB FC Path (AnatPath) *SA FRC Path UK MMed Cape Town*
G van der Watt, MBChB FCPATH (ChemPath) *DA SA*

Medical Technologists (Chemical Pathology):

B Bergstedt, NatDip (ClinPath) NatDip (ChemPath) BTech
R Brown, BSc (Microbiol) NatDip (ChemPath)
P Joseph, NatDip (ClinPath)
I Kamaar, NatDip (ClinPath)
S Kear, NatDip (ClinPath)
P Mangala, NatDip (ClinPath)
R Manuel, NatDip (ClinPath)
C Seaton, NatDip (ClinPath) NatDip (Haem) Higher NatDip
L Ungerer, NatDip (ChemPath)
J van Helden, NatDip (ChemPath)
V West, NatDip (ChemPath)

Medical Technologists (Haematology):

Z Abrahams, NatDip (ClinPath) BTech *Cape Tech*
K Benjamin, NatDip (Haem) BTech *Cape Tech*
A Bertscher, NatDip (BloodTransfus) NatDip (Haem) *Joburg Tech*
C Booysen, NatDip (ClinPath) *Cape Tech*
S Brink, NatDip (ClinPath) BTech *Cape Tech*
L de Wet, NatDip (ClinPath) *CPUT*
H Hendricks, NatDip (ClinPath) *Pen Tech*
M Pickard, NatDip (Haem) *Cape Tech*
M Prins, NatDip (ClinPath) BTech *Cape Tech*

G Tappan, NatDip (BloodTransfus) NatDip (Haem) *Cape Tech*
 E van der Heyde, BSc (Microbiol) NatDip (Haem) NatDip (ClinPath) *Cape Tech*
 T Zbodulja, NatDip (Haem) *Cape Tech*

Medical Technologists (Histopathology):

E Dollie, NatDip (HistopathTechniques) BTech
 S Ford, NatDip (HistopathTechniques)
 C Jackson, NatDip (Microbiol) NatDip (HistopathTechniques) Higher NatDip

Course Outlines

PTY2000S INTEGRATED HEALTH SYSTEMS PART IB

35 NQF credits at HEQSF level 6; 154 hrs lectures, 56 hrs PBL tutorials, 126 hrs practicals.

Convener: Dr J Ramesar

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 of all problem-based learning sessions, tutorials, stand-alone units and practical sessions; completion of all set assignments and all assessment activities. Public health requires all online learning exercises on Vula to be completed.

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 during semesters 3 and 4 that contribute 55% of the total mark for the year by the end of semester 4. Completion of all assignments and an essay for Critical Health Humanities contributes 5% of the total mark for the year. A summative assessment is held at the end of the year that assesses work from semesters 3 and 4, and contributes 40% of the total mark for 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.

PTY3009F INTEGRATED HEALTH SYSTEMS PART II

59 NQF credits at HEQSF level 7

Convenor: Dr J E Ramesar

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

Assessment: Assessment tasks include written papers, computerised tests, practical examinations and a portfolio of work that comprises written assignments, computerised EMI and MCQ tests, oral assessments and practical book work. Regular self-assessment activities provide feedback to students on their progress. In year 3, all the in-course assessments comprise 60% of the total final mark. The final examination at the end of year 3 constitutes 40% of the total final mark. The weightings for the final mark are: 20% March Test, 5% Introduction to Neuroscience Test, 7.5% Neuroscience Test 1, 20% Neurosciences Test 2, 7.5% portfolio and 40% final examination. 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 HEQSF level 5; 15 lectures.

Convenor: 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
 0 NQF credits at HEQSF level 8

Course outline:

This course is 4 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.

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 HEQSF level 8; Lectures (10); tutorials (7).

Convener: Dr I J Molefe

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: Students are expected to attend of all four 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.

PTY6018F 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: PTY6118X, PTY6218X, PTY6318X, PTY6418X, PTY6518X
4 NQF credits at HEQSF level 8

Course outline:

This course is 3 weeks in duration starting with only Wednesday afternoon lectures during the two weeks of the Psychiatry block, followed by one week full rotation in the Division of Forensic Medicine and Toxicology. The course comprises six (6) large group face to face lecture seminars, three (3) 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, 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. 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 1-week block. The learning outcomes are categorised broadly into core knowledge, core skills and professional/ethical behaviour.

PSYCHIATRY AND MENTAL HEALTH

J-Block, E36A, Groote Schuur Hospital

Professor and Head:

DJ Stein, BSc (Med) MBChB *Cape Town FRCPC PhD DPhil Stell*

Sue Struengmann Professor of Child & Adolescent Psychiatry:

PJ de Vries, MBChB *Stell MRCPsych London PhD Cantab*

Vera Grover Professor of Intellectual Disability:

S Kleintjes, MA (ClinPsych) MPhil PhD *Cape Town*

Professors:

J Joska, MBChB MMed PhD *Cape Town FCPsych SA*

C Lund, BA *UKZN BAHons MA Cape Town MSocSci (ClinPsych) Rhodes PhD Cape Town*

J van Honk, PhD *Utrecht*

Associate Professors:

J Hoare, MBChB MPhil *Cape Town MRCPsych FCPsych SA*

SZ Kaliski, BA MBChB *Witwatersrand MMed PhD Cape Town FCPsych SA*

K Sorsdahl, PhD *Cape Town*

Emeritus Professors/Associate Professors:

CM Adnams, BSc *UKZN BSc (Med)(Hons) MBChB Cape Town FCPaed SA*

A Berg, MBChB *Pret MPhil Cape Town FCPsych SA*

LS Gillis, MD DPM *Witwatersrand FRC (Psych) UK*

CD Molteno, MBChB MMed MD *Cape Town BA (Hons) (Sociology) PhD Ubisa DCH RCP UK*

BA Robertson, MD *Cape Town DipPsych McGill FCPsych SA*

T Zabow, MBChB DPM *Cape Town FCPsych SA MRCPsych UK*

Lecturers:

M Abbas, BA *Unisa MPsych UWC*

L Abrahams, MPsych *UWC*

T Abrahams, MA (ClinPsych)

N Alie, BSocSci Psychology *UKZN BSc Hons Psychology Unisa MA (ClinPsych) Rhodes*

RR Allen, BSc (CompScience Maths Stats) MBChB MBA *Cape Town FCPsych SA*

E Benjamin, MA (ClinPsych) *Cape Town*

N Cader, MA (ClinPsych)

C Capri, BSocSci Hons *Cape Town MA (cum laude) Clinical Psychology and Community Counselling, International Relations PhD Psychology/Intellectual Disability DPhil Political Science Stell*

B Charles

O Coetzee, MA (ClinPsych) *PU for CHE*

Q Cossie, MBChB *Cape Town FCPsych DMH SA*

S Dalvie, BSc (Med)Hons MSc (Med) PhD *Cape Town*

L Dannatt, MBBCh *Witwatersrand DMH SA DCH SA MMED Psych Stell FCPsych SA*

JJ Dawson-Squibb, MA (ClinPsych) PhD *Cape Town*

C de Clercq, MBChB *Pret FCPsych SA*

W de Jager, MA (ClinPsych) *UPE*

C Dean, M Psych *UWC MBA Milpark/Oxford Brookes*

G Douglas, MSc Nursing *Witwatersrand MA (ClinPsych) Cape Town*

N Dyakalashe, MBChB MMed *Cape Town*

I Eloff

180 DEPARTMENTS IN THE FACULTY

L Frenkel, MA (ClinPsych) *Witwatersrand*
P Gasela, MBChB *Cape Town* FCPsych Cert in Child and Adolescent Psych *SA*
N Groenewold, MSc (Behavioural and Cognitive Neuroscience) *cum laude* MSc (Clinical and Developmental Psychology) *cum laude* PhD (Psychiatry and Neuroscience) *Groningen*
G Hendricks, BSc *Cape Town* Hons *Unisa* MA (ClinPsych) *Cape Town*
AJ Hooper, MBChB *Cape Town* FCPsych *SA*
I Hoosen, MBChB *Cape Town* MRCPsych *UK* DipOcc Health *UK* Dip CBT *Birmingham*
F Howells, PhD *Cape Town*
H Julius, BA Hons *UWC* MA (Clin Psych) *Cape Town*
I Lewis, BSc MBChB MMed *Cape Town* FCPsych *SA*
J Ipser, PhD *Cape Town* MSc Epidemiology *Columbia*
H Julius, MA (Clin Psych) *Cape Town*
Z Kahn, MBChB MMed
K Kamaloodien, BSocSc *Cape Town* MPsych *UWC*
M Karjiker, MBChB *Witwatersrand* FCPsych *SA*
N Koen, MBChB PhD *Cape Town*
N Lalkhem, MA (ClinPsych) *Stell*
I Lewis, BSc MBChB MMed *Cape Town* FCPsych *SA*
D Liedeman, MPsych *UWC*, PGDip (Addictions Care) *Cape Town*
A Marais, PhD *Cape Town* MA (ClinPsych) *Stell*
K Mawson, MBChB MMed *Stell DA* *SA*
S Mkabile, MA (ClinPsych) *UWC*
K Moloto
A Moodley, MBChB *UKZN* FCPsych SAMMED *Cape Town*
L Moodley, MBChB *Witwatersrand* FCPsych *SA* PGDip (Palliative Medicine) *Cape Town*
S Mkabile, MA (ClinPsych) *UWC*
N Matross, MBChB MMed *Cape Town*
PNaude, MSc (Pharmacology) *cum laude* UPE PhD Medical Science (Neuroscience/Biological psychiatry/Molecular neurobiology) *cum laude* *Groningen*
R Ori, MBChB *Natal* DMH FCPsych *SA* MMed *Cape Town*
L Pararsram, MBBCh *Witwatersrand* DMH FCPsych *SA*
JS Parker, MBChB *Cape Town* FCPsych *SA*
N Parker, MPsych (Clinical) *UWC*
Z Parker, MA *Cape Town* MPsych *UWC*
D Pieterse, MBChB *Stell DCH* DMH FCPsych *SA* MMed (Psych) *Cape Town*
T Roos, MBChB *Cape Town* DMH *SA* MMED Psych *Stell* FCPsych *SA* RCPsych *London*
M Roffey, MBChB *Cape Town* FCPsych *SA*
M Schneider, BSc (Logopaedics) *Cape Town* MA (Applied Linguistics) *Reading* PhD (Public Health) *Witwatersrand*
F Schulte, MD *Humboldt* Dr med *Germany Marburg* FCPsych *SA* Cert Child & Adolescent Psychiatry *SA* Diploma Therapeutic Communication with Children *Tavistock*
NG Sibeko, MBChB *UKZN* PhD *Cape Town*
N Siegfried, MBChB *Cape Town* MPH (Hons) *Sydney* DPhil *oxon*
P Smith, MBChB *Cape Town* FCPsych *SA*
T Swart, BSc (Biochem) *Cape Town* MSc (ClinPsych) *UKZN* PhD *Cape Town*
H Temmingh, MBChB MMed (Psych) *Stell* FCPsych *SA* MPH *Cape Town*
H Thornton, MA (ClinPsych) *Rhodes* PhD *Stell*
T Timmermans, MBChB *Cape Town* FCPsych *SA*
W Vogel, MBChB MMed (Psych) MSc *Witwatersrand* FF Psych *SA*
MF Williams, MBChB *Cape Town* FCPsych *SA*
PF Williams-Ashman, MBBCh *Witwatersrand* FCPsych *SA*
J Yako, MA (ClinPsych) *Cape Town*

Honorary Professors/Associate Professors:

C Allgulander, MD PhD *Karolinska Institutet*
 D Baldwin, DM *Southampton FRCPsych MRCPsych MB BS London*
 D Castle, MBChB MD *Cape Town MRCPsych FRCPSYCH MSc (Epi) London DLSHTM FRANZCP GCUT Melbourne*
 D Edwards, Psych (Hons) *Oxon MA (ClinPsych) PhD Rhodes*
 SW Jacobson, MA *Brandeis MA PhD Harvard*
 JL Jacobson, MA *PhD Harvard*
 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 (Med) PhD Cape Town*
 B Myers, MSocSc *cum laude Natal PhD Cape Town*
 M Robertson, MBChB MD DSc (Med) *Cape Town DPM FRCPsych FRCP FRCPCH MRCPsych London*
 O Shisana, BA *UNIN MA (ClinPsych) Loyola PhD South Florida ScD Johns Hopkins*
 L Simbayi, BSc *Zambia MSc Utah DPhil Sussex*
 M Tomlinson, BA *Rhodes BA (Hons) Witwatersrand MA (ClinPsych) Cape Town PhD Reading*
 D Williams, BTh (Hons) *Southern Caribbean MDiv cum laude Andrews PhD (Sociology) Michigan*
 C Zlotnik, MA *Witwatersrand PhD Rhode Island*

Honorary Lecturers:

T Amos, MA *UWC PhD Cape Town*
 SE Baumann, MBChB BA *Cape Town FCPsych SA MRCPsych UK*
 L Cluver, DPhil *Oxon*
 B Dickman, PhD *Cape Town*
 A Gevers, BA (Psych) *Grinnell College MA (ClinPsych) Missouri St. Louis PhD Cape Town*
 NR Horn, MBChB *Cape Town PGDipCogTher Manchester MRCPsych UK*
 V Ives-Deliperi, BA *Unisa PhD Cape Town*
 C Kuo, BA *Virginia DPhil Oxon*
 A Mason-Jones, BA (Hons) 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 (Psych) UJ*
 A Robins, MBChB *Cape Town MD Witwatersrand DRM England MRC Psych London*
 C F Zier vogel, MBChB *Cape Town FCPsych SA*

Research Officers:

EC Baron BSc *Reading MSc Durham*
 E Breuer BAppSc (Pty) Hons *Sydney MPH Cape Town*
 SD Cooper, BA (Hons) MPH *Cape Town*
 T Davies, BA Hons *Rhodes MPhil Cape Town*
 B L Evans, MA (ClinPsych) *Unisa*
 S Field, BA Hons *Rhodes MA Southampton*
 S Honikmann, MBChB MPhil *Cape Town DCH DOBstet SA*

Addiction Psychiatry

B Myers, MSocSc *cum laude Natal PhD Cape Town*
 H Temmingh, MBChB MMed (Psych) *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 (ClinPsych) *Witwatersrand*

J Hoare, MBChB MPhil *Cape Town* MRCPsych FCPsych SA

Forensic Psychiatry

SZ Kaliski, BA MBBCh *Witwatersrand* MMed PhD *Cape Town* FCPsych SA

General Adult Psychiatry

RR Allen, BSc (CompScience Maths Stats) MBChB MBA *Cape Town* FCPsych SA

Intellectual Disability Psychiatry

S Kleintjes, MA (ClinPsych) MPhil *Cape Town*

Neuropsychiatry

J Joska, MBChB MMed PhD *Cape Town* FCPsych SA

Psychopharmacology and Biological Psychiatry

DJ Stein, BSc (Med) MBChB *Cape Town* FRCPC PhD DPhil Stell

Psychotherapy

L Abrahams, MPsych *UWC*

Public Mental Health

K Sorsdahl, PhD *Cape Town*

Course Outlines

PRY2001S SPECIAL STUDY MODULE

16 NQF credits at HEQSF level 6

Convenor: 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 HEQSF level 6; 31 lectures 14h00-16h00 Wednesdays.

Convener: Dr A 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.

Lecture times: 14h00 during term time

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 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 HEQSF 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. 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.

PRY4001W 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 HEQSF level 0

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-psychosocial 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.

PRY5001W PSYCHIATRY AND MENTAL HEALTH FOR EXTERNAL CREDIT

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: PRY5101X, PRY5201X, PRY5301X, PRY5401X, PRY5501X
30 NQF credits at HEQSF 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 HEQSF 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, Lenteger 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 / Head of School:

L Myer, AB Brown MA MBChB Cape Town MPhil PhD Columbia

Environmental Health

Level 4, Falmouth Building South

Professor and Head:

H-A Rother, BA MA PhD Michigan

Professor:

A Dalvie, BSc BSc (Med)(Hons) MSc (Med) PhD Cape Town

Visiting Professors:

T Arcury, BA Duquesne MA PhD Kentucky

S Quandt, BA Lawrence MA PhD Michigan

Honorary Professor:

K Ahmed, BSc MSc Karachi BSPhD Minnesota

Senior Lecturer Full-time:

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

Honorary Senior Lecturers:

G Manuweera, BSc MPhil Peradeniya PhD Missouri

M Miller, BSc BSc (Nursing) Ohio MSc (Nursing) Seattle

S Willis, BSc (Hons) Newcastle DPhil Oxford

Honorary Research Associate:

A Zimba, BA MA Cape Town PhD Fort Hare

Teaching Assistant:

R Mlelwa, BScMSc 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

J McIntyre, MBChB Zimbabwe FRCOG

Honorary Associate Professors:

A Lefevre, BA Lehigh MHS PhD Johns Hopkins

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*

Honorary Adjunct Associate Professor

T Tucker, MBChB PhD *Cape Town*

Senior Lecturer:

J Ncayiyana, BSc *UKZN* MSc *Witwatersrand* PhD *North Carolina*

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*
 D Maman, MD *Lannec* PhD *Lyon*
 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*

Lecturers / Research Fellows:

K Brittain, BSc *UKZN* MPH *Cape Town*
 N Langwenya, BSc *York* MPH *Cape Town*
 T Malaba BSc *Zimbabwe* MPH *Cape Town*
 T Phillips, BSc *UJ* MPH *Cape Town*
 J Odayar, MBChB MPH *Cape Town*

Family Medicine

Level 2, Falmouth Building South

Associate Professor and Head:

D Hellenberg, MBChB *Cape Town* MFamMed *Stell* FCFP SA Certificate in Policy, Planning and Management for Health Sector Reform (*COPHE*) *UWC* ACLS

Honorary Professor:

R Harding, PhD *Kings College London*

Honorary Associate Professors:

MH Cassimjee, LLMRCP LLMRCS *Ireland* MPrax Med *UKZN* FCFP SA BMedSc (Hons) *UDW* DipHealthServiceManagement *UKZN*
 S Mazaza, MBBS MLB MFamMed *Cape Town*

Honorary Adjunct Professor:

AW Barday, MBChB *Cape Town* DPT&M *Witwatersrand* FCFP SA

Senior Lecturers Full-time:

G Bresick, MBChB MPH *Cape Town* DCH SA
 A de Sa, MBChB *Cape Town* MCFP SA
 E de Vries, MBChB *Stell* MFamMed *Medunsa* FCFP SA
 A Isaacs, MBChB *Cape Town* MFamMed *Stell*
 R Krause, MBChB MFamMed *UFS* MPhil *Cape Town* 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*

M Namane, MBChB MPhil *Cape Town BSc MSc UNIN CertCommRheum Pret MSc (MedSci)(ClinEpi) Stell*

T Ras, MBChB MFamMed *Cape Town MFGP SA*

B Schweitzer, MBChB *Witwatersrand DA MFGP SA MPraxMed Medunsa*

Senior Lecturer Part-time:

E Gwyther, MBChB MFGP *Cape Town DipPallMed MSc (PallMed) Wales*

Lecturers Full-time:

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

L Ganca, BASocSc (Hons) (Social Work) *DipSecEd Transkei MPhil PGDip (Health Professional Education) Cape Town*

D Matthews, MBChB *Witwatersrand PGDip (Family Medicine) Cape Town*

Lecturers Part-time:

AJ Barnard, MBChB *Dip Anaes MFGP SA MPhil Cape Town*

C Chouler, MBChB *Cape Town FCFP SA*

DL Miller, MBChB PGDip (Palliative Medicine) *MPhil Cape Town*

M Navsa, MBChB MPhil (FamMed and PHC) *Cape Town*

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

Honorary Senior Lecturers:

K Adamson MBChB *Stell FCFP SA MMed Stell*

J Morgan MBChB MMed *Cape Town FCFP SA*

Honorary Lecturers:

S Craven, MBChB *Oxon LRCP*

J Dhansay, MBChB *MFGP SA DPT&M Witwatersrand*

S Jacobs, MBChB *Cape Town*

D Levine, MBChB *Witwatersrand*

G Petros, PhD CertAdEd NatDip (Public Health) MPH *Cape Town*

A Sebesteny, MBChB MFamMed *Cape Town*

K Stammer, MD

N Wellington, MBChB *Cape Town DCH SA PGDD Cardiff*

Facilitators:

J Burger, MBChB *Cape Town*

K Conradie, MBChB *UFS DipCH DipHIVMan SA*

J Durandt, MBChB *Cape Town PGDip (Palliative Medicine) Cape Town*

R Holdman, MBChB *Cape Town PGDipFamMed Stell*

M Ismail, MBChB MFamMed *Cape Town DipHIVMan SA*

MA Jardine, MBChB *Cape Town*

N Khan, MBChB *Cape Town*

D Klemp, MBChB *Cape Town*

J Makan, MBChB PGDip (Palliative Medicine) *Cape Town*

MI Moosa, MBChB *Natal FCFP SA PGDipOccMed Stell*

D Petit, MBChB *Cape Town*

MA Potts, MBCB *Cape Town*

A Smith, MBChB PGDip (Family Medicine) *Cape Town*

S Sonday, MBChB *Cape Town MRCGP UK MMed Warwick*

J Taite, MBChB *Cape Town*

R Tayob, MBBCh *Witwatersrand*
 M Setoaba, BSc *Witwatersrand* MBChB *Cape Town*
 M Margerman MBChB *Cape Town*
 N Dole MBChB *Stell DipPEC SA*
 H Salie MBChB *Cape Town*
 A Sumner MBChB MFamMed *Cape Town* Dip Child Health *SA*

Registrars:

N Amien
 AC Anele
 A Ashwedi
 F Dookith
 J Etonu
 G Hofmyer
 B Machina
 SI Ohiagu
 R Ortel
 N Snyders
 J Steyn
 J Stofberg

Health Economics

Falmouth Annex

Associate Professor and Head:

E Sinanovic, BSc (Econ) *Zagreb PG DipFinMgt Maastricht MCom (HealthEcon) Cape Town*
 PGDip PhD *London*

Associate Professors:

JE Ataguba, BSc (Econ) *Nigeria MPH PhD Cape Town*
 S Cleary, BA *Rhodes BA (Hons)(Econ) MA (Econ) PhD Cape Town*

Senior Lecturer:

OA Alaba, BSc (Econ) MSc (Econ) PhD (Econ) *Ibadan*

Honorary Senior Lecturer:

V Govender, BCom *UKZN MCom Cape Town MPH Boston PhD Cape Town*

Research Officers:

L Cunama, BSc (Physiotherapy) MPH *Cape Town*
 T Wilkinson, BPharm *Otago MSc (HealthEcon) York*
 V Mutyambizi-Mafunda, BBusSciMCom (Econ) *Cape Town*

Health Policy and Systems

Level 1, Falmouth Building South

Professor and Head:

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

Honorary Professors:

I Aygepong, MBChB *Ghana* MCommH *Liverpool* DRPH *North Carolina*

U Lehmann, PhD *Hanover*

H Schneider, MBChB *Cape Town* DCH DTMH MMed (Public Health) *Witwatersrand*

Honorary Senior Lecturers:

K Daniels, BA (Hons) MPH *Cape Town* DrPH *Nordic School of Public Health*

M Moodley, MBChB *UKZN* MBA *Cape Town*

D Molosiwa, Master of Health Administration *Ohio* PhD *Australia*

G Teddy, MA Sociology *Ghana* PhD *York*

Honorary Lecturer:

M. Osman, MBChB *Cape Town* MSc *Columbia*

Junior Research Fellow:

L Brady, MBChB *Pret* MPH *London*

Senior Scholar Emeritus:

J Cochrane, BSc (Chemistry) PhD *Cape Town* MDivinity *Chicago*

Honorary Research Associate:

R English, MBChB MMed (Public Health Medicine) *Cape Town*

Occupational Medicine

Level 4, Falmouth Building South

Professor and Head:

*MF Jeebhay, MBChB *Natal* DOH MPhil (Epi) *Cape Town* MPH (OccMed) PhD *Michigan*

Emeritus Professor and Senior Scholar:

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (OccMed) *SA*

Emeritus Professor:

*G Todd, BSc (Agric) *UKZN* MBChB PhD *Cape Town* FCDerM *SA*

Senior Lecturer:

*S Adams, MBChB DOH MMed PhD *Cape Town* MFamMed *Stell* FCPHM (OccMed) *SA*

Senior Lecturer Part-Time:

AH Burdzik, MBChB MMed *Cape Town* DipOccMed *UK* FCPHM (Occ Med) *SA*

Honorary Senior Lecturers:

S Kisting, MBChB DOH *Cape Town* MFamMed *Witwatersrand* MCFP *SA*

S Manjra, MBChB *Natal* MMedSc (OccHealth) *Birmingham* BSc (Med)(Hons) DOH *Cape Town*

A Raynal, MBChB *Cape Town* MSc *LSHTM* MPH MFOM *UK*

J te Water Naude, MBChB MPhil *Cape Town* FCPHM *SA*

J van Zyl, MBChB MMed DipMed DipOccHealth *Stell* FAADEP CIME *USA* FCPHM *SA*

G Kew, MBChB ACPHM *SA* Occ Med

Honorary Lecturers:

D Knight, MBChB MMed *Cape Town*

A van der Walt, DipMidw *SA* DOH MPhil *Cape Town*
 H Williams, MBChB DOH MMed *Cape Town* FCPHM (OccMed) *SA*
 B Cloete, MBChB DOH MMed *Cape Town* FCPHM (OccMed) *SA*

Research Co-ordinator:

R Baatjes, BTech MTech *PUT MPH Witwatersrand PhD Cape Town*

Registrars:

F Al Badri
 V Faruk
 I Ntatamala
 F Omran
 N van de Water

*Joint appointment with Department of Medicine

Public Health Medicine

Levels 2 and 4, Falmouth Building South

Professor and Head:

L London, MBChB MMed MD *Cape Town* BSc (Med)(Hons) *Stell DOH Witwatersrand FCPHM SA*

Professor:

A Boulle, MBChB PhD *Cape Town* MSc *London FCPHM SA*

Honorary Professors:

W Pick, MBChB MMed *Cape Town* DPH DTM&H *Witwatersrand FFCH SA*
 T Rehle, MD *Munich MPH LSHTM PhD Antwerp*

Visiting Professors:

L Baldwin-Ragaven, AB USA MDCM CCFP FCFP *Quebec*
 F Coomans, PhD *Maastricht MA (Human Rights) Italy*
 S Whittaker, MBChB MMed PhD *Cape Town FFCH SA*

Associate Professor:

D Coetzee, BA *Cape Town* MBChB DPH DTM&H DOH *Witwatersrand FFCH SA MSc (Epi) Columbia*

Associate Professor Part-time:

G Perez, BDentistry *Algiers DHSM MDent (CommDentistry) Witwatersrand (Deputy Dean; Joint Faculty-Department appointment)*

Honorary Associate Professors:

L Bourne, BSc (Dietetics) *UKZN BSc (Med)(Hons) MSc (Med) PhD MPH Cape Town*
 N Morojele, PhD *Kent*

Honorary Adjunct Associate Professor

R Foster, PhD *Cape Town*

Senior Lecturers Full-time:

J Irlam, BS c(Med)(Hons) 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* BSocSc (Hons) MBChB PhD *Cape Town*
FCPHM *SA*

Honorary Senior Lecturers:

E Goemare, MSc MD DTMH *Belgium* DSc(hc). *Cape Town*
T Hawkridge, MBChB FCPHM *Cape Town* DTM&H MSc (Med) *Witwatersrand*
S Moyo, MBChB MPH Dip MSHS PhD
T Naledi, MBChB *Cape Town* FCPHM
D Pienaar, MBChB MMed *Cape Town*
M Stuttaford, PhD *UK*

Lecturers Full-time:

F Amien, BChD MChD (CommDentistry) *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* (Deputy Dean; Joint Faculty-
Department appointment)

Honorary Lecturers:

G Denicker, MSc *Oxford* BChD *UWC*
J Evans, PhD BSc (Med)(Hons) BSc *Cape Town*
K Stinson, MPH PhD *Cape Town*
M Willems, BA Occupational Therapy *Stell MPH* *Cape Town*
V Shaw, PhD *Norway*

Senior Research Officer:

T Boulle, BSc (Occ Ther) MPH *UWC*

Research Officers:

H Haricharan, MA (SocAnthrop) *Cape Town* MJournalism *Canada*
M Heap, PhD *Cape Town*

Medical Natural Scientist:

N Zinyakatira, BSc (Hons) Statistics *Zimbabwe* MPhil (Demog) CertProjMgt *Cape Town*

Honorary Research Associates:

A Cassidy MPH (Epi) *Cape Town*
N Harker-Burnhams, PhD *Cape Town* BA Honours Social Sciences MPhil in Health and Welfare
Management *UPE*
R Matzopoulos, BBusSci MPhil (Epi) PhD *Cape Town*
J McLoughlin, MBChB MPH *Cape Town*
T Oni, BSc *London* MBBS *UCL* MPH MMed *Cape Town* MD *Imperial* MRCP DFPH *UK* FCPHM
SA
K Rees, MBBCh *Witwatersrand* DOH MPH *Cape Town* FCPHM *SA*
M Richter, LLM BA (Hons) BA *Witwatersrand* MA (International Peace) *USA*
CJ Seebregts, PhD BSc (Med)(Hons) BSc *Cape Town* BSc (Hons) *Unisa*
A Saban, BSc (Zoo & Psych) BSc (Hons) MA PhD *Cape Town*

Facilitators:

B Adebiyi, MSocSci
D Aldera, BSocSci *Cape Town*

M Botsis, BA *Rhodes* Dip (HE) *Stell*
N Chikte, BSc (Hons) Biokinetics
Z Cindi, BSc (Hons) *UFS*
G Cook, BSc (Hons) Psych *UK* Dip (Careers Guidance) *Kent*
S Cotton, PhD *Cape Town*
K Fataar, BSocSc (Hons) *Cape Town*
S Felaar, BSocSc *Cape Town* MPH *Sahmyook South Korea*
A Gelderbloem-Waddilove, BSc (Occupational Therapy) *Cape Town*
P Hoffman, BSocSc (Hons) (SocWrk) *Cape Town*
J Jayakumar, PhD *Cape Town*
L Khalema, BA (Psychol) *Cape Town*
T Mautsa, BSocSc (Hons) *Cape Town*
M May, MSc Ed *NMMU*
N Mohapeloa BSc (Occupational Therapy) *Cape Town*
S Mohapi, BSc (Hons) Biochem & Human Physiology
T Muzenda, BSc (Hons)
A Parker, BA (Hons) *Cape Town*
F Sayed, BPsych
E Tsetse, BMedScHons (Medical Biochemistry) *Cape Town*

Registrars:

K Bobrow
Z Mgugudo-Sello
T Mosedi
L Mureithi
G Ngubane
S Peters
A von Delft
J Werner
Y Tembo

Social and Behavioural Sciences

Level 3, Falmouth Building South

Associate Professor and Head:

C Colvin, BA *Virginia Tech* MA PhD *Virginia MPH* *Cape Town*

Honorary Professor:

D Cooper, BSocSci BA (Hons) PhD *Cape Town*

Associate Professor:

J Harries, BA (Hons) MPhil MPH PhD *Cape Town*

Honorary Associate Professors:

A Harrison, BA *Penn* MA MPH *Johns Hopkins* PhD *LSHTM*

M Lurie, PhD *Johns Hopkins* MA *Florida BA Boston*

C Mathews, BA *UKZN* BSocSc (Hons) MSc (ComHealth) PhD *Cape Town*

C Morroni, MPhil MBChB *Cape Town* PhD (Epi) *Columbia DTM&H LSHTM DFSRH*

Honorary Senior Lecturer:

D Peacock, BA (Hons) *California MA (SocWrk) San Francisco*

Lecturer:

A Swartz, BSocSc BA (Hons) MPH PhD *Cape Town*

Honorary Research Associates:

S Cooper, MPH *Cape Town* PhD *LSHTM*

E Stern, MPH PhD *Cape Town*

Z Duby, MPH PhD *Cape Town*

E Venables, PhD *Edinburgh*

Course Outlines

PPH1001F BECOMING A PROFESSIONAL

15 NQF credits at HEQSF level 5

Convener: L Olckers and S Toto

Course entry requirements: None

Course outline:

This course introduces first year students in all health science professions to professionalism and appropriate professional conduct. The course aims to promote the conduct, knowledge, attitudes and values associated with being a professional and a member of a professional team. Students learn interpersonal skills, including being non-judgemental, empathetic, ethical and respectful of human rights when working with colleagues, clients, patients and community members who may have different values and traditions. Students learn theory on interviewing and interpersonal skills which are applied in simulated and real interviews; theory related to group and social roles applied in simulated experiences to build team membership and leadership skills; and critical analysis of and reflection on professional conduct, diversity, health and human rights. The educational approach is participatory and experiential and all students are required to engage actively in facilitator-lead small learning groups. Academic, digital and information literacies are systematically integrated from the outset. The course also includes a workshop on HIV-AIDS, designed to introduce students to the relevance of HIV-AIDS issues in their private and professional lives.

DP requirements: Attendance of all small group learning sessions and other academic commitments, including the HIV-AIDS workshop; completion of all set assignments and assessment activities.

Assessment: Continuous, performance-based in-course assessments provide students with regular feedback. Those students who achieve an average of 60% or above for these in-course assessments are not required to write the final written examination. Those students who average below 60% for their in-course assessments are required to write a final examination and must achieve a minimum of 50% in this examination in order to pass the course.

PPH1002S BECOMING A HEALTH PROFESSIONAL

15 NQF credits at HEQSF level 5

Convener: L Olckers and S Toto

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 1B and SLL3002H (Languages code) Becoming a Doctor Part 1B are integrated with the course content of PPH2000W and PPH3000H but separate course outlines are given in this Handbook.

43 NQF credits at HEQSF 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: Successful completion of all courses within the preceding academic year

Course outline:

This course integrates family medicine, clinical skills, and language and communication and builds on what has been learnt in BP and BHP in 1st year. Students learn and practise interviewing skills, history-taking and physical examination skills and learn concepts of professionalism and human rights. They use diagnostic equipment and apply basic skills essential for diagnosis. They use reflective journals to record their personal development as professionals. They are exposed to primary, secondary and tertiary care in both the public and private sectors. They learn appropriate clinical skills on simulated models and peers and later on patients. They also learn language and communication skills and, by the end of the course, are able to obtain the main points of history from a patient in English, isiXhosa and Afrikaans. The family medicine strand develops understanding of the delivery of healthcare, its management and organisation, and aspects of health promotion and disease prevention. Students gain practical experience of the doctor-patient relationship, the bio-psycho-social approach to patient care and the consultation process and develop skills in the basic clinical examination of patients within a community setting. Tutorials integrate the learning of clinical skills with language acquisition and understanding of cultural aspects of patient interaction. Later, learning takes place in community practices, clinics and other centres, where students interact with patients.

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

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

PPH3000H 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 1B and SLL3002H (Languages code) Becoming a Doctor Part 1B are integrated with the course content of PPH2000W and PPH3000H but separate course outlines are given below.

25 NQF credits at HEQSF 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: Dr N Parker and Dr R Weiss

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

Objective: To help produce an integrated health care professional who is empathic, reflective and knowledgeable.

Course outline:

This course integrates family medicine, clinical skills, and language and communication and builds on what has been learnt in BP and BHP in 1st year and BaDr Part IA and IB in 2nd year. Students learn the skills required to work with patients, including interviewing skills, history-taking and physical examination, concepts of professionalism and human rights. They learn how to use diagnostic equipment and apply other skills essential for diagnosis. The course aims to develop

reflective, empathic and knowledgeable practitioners. Students are exposed to primary, secondary and tertiary care in the public and private sectors. They learn appropriate clinical skills on simulated models, peers and patients. By the end of the course, students are able to obtain the main points of history from a patient in English, isiXhosa and Afrikaans. The family medicine strand aims to develop an understanding of healthcare delivery, its management and organisation and aspects of health promotion and disease prevention. It also aims for the student to gain practical experience of the doctor-patient relationship, the bio-psycho-social approach to patient care and the consultation process and to develop skills in the basic clinical examination of patients within a community setting. Tutorials integrate the learning of clinical skills with language acquisition and understanding of cultural aspects of patient interaction. Learning takes place on campus, in community practices, clinics and other centres where students are given opportunities to interact with patients.

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

Assessment: An integrated, structured clinical examination (ISCE), covering the three course components forms the basis of assessment. The ISCE tests practical skills, the ability to conduct an appropriate consultation, to communicate with patients and peers, and to communicate (in English, Afrikaans and isiXhosa) at a level sufficient for a basic sharing of health-related information. Students also complete a portfolio of learning using a reflective model. The portfolios are assessed. The in-course assessments (assignments, written assessments and ISCEs held during and at the end of semester 5) constitute the final semester 5 mark. Each of the course components (family medicine, clinical skills and languages) must be passed independently. Where a student has failed one of the components, a maximum mark of 45% (where the fail mark is < 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 HEQSF level 8; 20 Lectures; 25 Tutorials and 11 Community visits.

Convenor: Prof T Oni (Overall Health in Context and Public Health); Dr N Beckett (Family Medicine); Dr P Wicomb (Child Health); Dr M Richards (Child Health); Ms L Ganca (Palliative Care); and Dr MI Datay (Health Promotion)

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; and b) to enable students to assess, and become involved in initiatives that address socio-economic and environmental causes of ill health within communities.

Course outline:

This integrated course comprises public health, family medicine, palliative care, health promotion, and child health. The eight-week block introduces students to community-oriented primary care, where the care and determinants of health of individuals and communities are studied. Clinical experience in family medicine, child health and palliative care at a primary care level is integrated with a public health research project, followed by a health promotion intervention. In public health, students study epidemiology, biostatistics, research methods, human rights, research ethics, demography, occupational and environmental health, communicable disease control, health economics, and health needs of vulnerable groups. In health promotion, during projects at

community sites and during home visits, students learn skills such as networking, advocacy, communication, organising, facilitation, planning and negotiation, reflection, team-work, community participation and empowerment. Family medicine and palliative medicine include clinical attachments in primary care settings and an intermediate healthcare facility, during which students conduct and review video-taped patient consultations and home visits. In child health, students study the WHO Integrated Management of Childhood Illness (IMCI) and learn to use IMCI. Ambulatory tutorials and case presentations focus on general paediatric examinations, anthropometry and nutritional and developmental assessments within the context of population-based child health.

DP requirements: (a) Completion of all portfolio cases and assignments submitted by the deadline/s as stipulated in the course manual;(b) Completion of summative and formative assessments by the stipulated deadlines;(c) Participation in and equal contribution to group-work; and(d) Attendance at all clinical and community teaching and group presentations; and 90% attendance of in-class sessions prior to end-of-block assessment.

Assessment: The following components contribute 80% of the over-all mark:(a) An epidemiology project report (group mark) (10%); (b) A health promotion project report (group mark) (10%); (c) A combined epidemiology and health promotion oral presentation (group mark) (5%); (d) A motivational interview assessment (5%); (e) A family medicine patient case study (10%); (f) A home visit assignment (10%); (g) The end-of-course written examination is weighted at 50%. This comprises of Public Health, Health Promotion, Family Medicine and Palliative Medicine. Child Health contributed 20% of the overall mark and comprises of a portfolio and online MCQ. Penalty for late submission of child case portfolio and FM patient study 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. Students may be granted an opportunity during the block to re-submit assignments they have failed, provided they achieve a minimum of 40% for the first submission of the assignment. 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 oral 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 HEQSF level 8

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

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 HEQSF level 8

Convener: J Irlam

Course entry requirements: Students are eligible to take this course once in the fifth academic year of study (upon application to and with written permission from the Elective Convener and year or MBChB years 4-6 Convener and limited to the vacation period) or in the sixth year of study.

Co-requisites: None

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.

Lecture times: Not applicable

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 HEQSF level 8

Convener: 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 MBCChB 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/ NO 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: SJ Beningfield, MBChB Cape Town FFRadDiag SA

Medical Physics

L-Block, Groote Schuur Hospital

Head:

H Burger, BSc (Hons) MSc (MedPhys) *Pret*

Lecturers:

JD Bruwer, BSc (Hons) MSc (Phys) *Stell*

EV Jonas, BMedSc (Hons) *UFS*

H MacGregor, BSc (Hons) *Stell*

N Willemse (Joubert), BMedSc (Hons) MMedSc (MedPhys) *UFS*

Nuclear Medicine

C4/C3, New Groote Schuur Hospital

Head of Division and Senior Lecturer Full-time:

T Kotze, MBBCh *Witwatersrand FCNP SA*

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:

TN Kilborn, MBChB *Cape Town FRCR UK*

NA Wieselthaler, MBChB *Cape Town FCRadDiag SA*

Lecturer Full-time:

E Banderker, MBChB *Cape Town FCRadDiag SA*

A Rajkumar, MBChBFCRDiag *SA*

Radiation Oncology

L-Block, Groote Schuur Hospital

Professor and Head:

J Parkes, MBBCh *Witwatersrand FCRad Onc SA*

Senior Lecturers Full-time:

AJ Hunter, BSc (Med)(Hons) PhD *Cape Town*

Z Mohamed, MBChB *Stell MMed Cape Town*

Lecturers Full-time:

D Anderson, MBChB *Cape Town FCRadOnc SA*
S Dalvie, MBChB *Cape Town FCRadOnc SA*
N Fakie, MBChB *Cape Town FCRadOnc SA*
AS Hendrikse, BSc (Hons) 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:

SJ Beningfield, MBChB *Cape Town FFRadDiag SA*

Senior Lecturers Full-time:

N Ahmed, MBChB *Cape Town FCRadDiag SA*
SE Candy, BSc HDE MBChB *Cape Town FFRadDiag SA*
SEI Moosa, MBChB MPhil *Cape Town BScHons (Pharm) Stell FFRadDiag SA*

Senior Lecturers Part-time:

H Ball, MBChB *St Andrews FFRad SA*
HT Goodman, MBChB *Cape Town MPraxMed Pret MFGP FFRadDiag SA FRCR UK*

Lecturers Full-time:

R Gamieldien, MBChB *Cape Town FCRadDiag SA*
Q Said-Hartley, MBChB *Cape Town FCRadDiag SA*

Course Outlines

RAY2001W RADIOBIOLOGY

For students in Faculty of Science; not offered every year.

48 NQF credits at HEQSF level 6

Convenor: Dr A S Hendrikse and Dr A J Hunter (Department of Radiation Medicine)

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 sensitizers. 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 HEQSF level 6

Convenor: 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 convenor and a second marker (either another member of staff in that unit, and/or the overall convenor, 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, Groote Schuur Hospital

Professor and Head:

AG Fiegen, BSc (Med) 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 (Med) *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)*

Emeritus Associate Professor:

JG Brink, MBChB *Cape Town FC Cardio SA*

Cardiothoracic Surgery (Chris Barnard Division of Cardiothoracic Surgery)

Groote Schuur Hospital; Red Cross Children's Hospital; Cape Heart Centre, Health Sciences Campus

The Division of Cardiothoracic Surgery provides clinical cardiac and thoracic surgery services for the community of Cape Town and the Western Cape region at both Groote Schuur Hospital and Red Cross Children's Hospital. In addition, this Division is the only academic unit that provides cardiac transplantation in South Africa. This Division also has an active laboratory research programme centering on the development of an 'easy to implant' synthetic heart valve for developing countries; myocardial regeneration, restenosis and angiogenesis in tissue engineering.

Chris Barnard Chair of Cardiothoracic Surgery and Head:

P Zilla, MD Vienna DMed Zurich PhD *Cape Town PD Vienna FCS SA*

Associate Professors Full-time:

D Bezuidenhout, PhD

J Hewitson, MBChB *Cape Town FCS SA*

N Davies, PhD *Cape Town*

Associate Professor Part-time:

A Linegar, MBChB *Cape Town PhD UFS 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 Ph.D Cape Town*

J Scherman, MBChB *Cape Town FCS SA*

Senior Lecturers Part-time:

L Moodley, MBBS *Natal FCS SA*

J Rossouw, MBChB PhD *Stell*

Emergency Medicine

F51 Old Main Building, Groote Schuur Hospital, and Bellville Health Park, Karl Bremer Hospital

Professor and Head:

L Wallis, MBChB FRCS (A&E) *Edinburgh MD DIMCRCS DipSportMed Glasgow FRCS Ed FCEM UK FCEM SA FIFEM*

Honorary Professor:

P Brysiewicz, BSocSc (Nursing) *UKZN BA MCur PhD UKZN*

Honorary Associate Professor:

S Bruijns, MBChB *Pret MPhil PhD Cape Town DipPEC SA FCEM UK FCEM SA*

Senior Lecturer Full-time:

P Hodkinson, MBBCh *Witwatersrand MPhil PhD Cape Town DipPEC DA Dip Obst SA DTM&H Witwatersrand*

W Khan, MBChB *Witwatersrand MMED Cape Town FCEM SA*

W Jooste, MBChB *BMedSci Stell MBChB Stell FCEM SA MMed Stell*

Lecturer Full-time

W Stassen, BTEMC *Johannesburg MPhil Cape Town PhD Karolinska*

Junior Research Fellow:

S Rhambarose, BMedSci (Hons) *MMedSci PhD UKZN*

C Saunders, BScHons *PhD Cape Town*

Lecturers (Joint Staff):

B Cheema, MBBS BSc (Psychology) *MRCGPCH London DTM&H Liverpool MPhil Cape Town*

P Cloete, MBChB *Pret FCEM SA MMed Cape Town*

K Cohen, MBChB *MMed MPhil Cape Town*

S De Vries, MBChB *Cape Town DipPEC MPhil Cape Town R Dickerson, MBBCh Witwatersrand Dip PEC 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*

H Geduld, MBChB *MMed Cape Town DipPEC FCEM SA*

C Hendricks, MBChB *Stell FCEM SA MMed Cape Town*

M Kalla, MBChB *FCEM SA MMed Cape Town*

A Kropman, MBChB *Cape Town Dip FEC FCEM SA*

J Malan MBChB *Pret Dip PEC FCEM SA*

W Smith, BSc MBChB *Cape Town EMDM FCEM SA*

K Vallabh, MBBCh *Witwatersrand FCEM SA*

Lecturer Part Time:

C Cunningham BSocSc (Nursing) *UFS BTech Adv Dip Management MBA Sunderland*

Honorary Lecturers:

P D'Andrea, MBChB *Pret Dip PEC FCEM SA MMed Stell*

J Fleming, MBBCh *Witwatersrand MPhil Cape Town*

C Groenewald, MBChB *UFS Dip PEC FCEM SA MMed Cape Town*

H Lamprecht, MBChB *Stell DAnaes London FCEM UK FRCPI Ireland*

G Lemke, MBChB *UFS Dip PEC FCEM SA MMed Stell*

T Mabasa, MBChB *UFS FCEM SA MMed Stell*

D Moiloa, MBChB *Pret FCEM SA MMed Stell*

A Oosthuizen, MBChB *Stell Dip PEC FCEM SA MMed Cape Town*

A Parker, MBChB FCEM SA MMed *Cape Town*

H Tuffin, MBChB *Cape Town*

C Wylie, BTech (EMC) DUT MPhil *Cape Town*

P Xafis, MBBCh *Witwatersrand* MMed *Stell* FCEM SA

Honorary Research Affiliate/Associate:

E Callachan, NDip AECT *Johannesburg* MHealSc *Otago* PhD *Cape Town*

E Dippenaar, NDEMC BTEMC MScMed PhD *Cape Town*

General Surgery

J-Floor, Old Main Building, Groote Schuur Hospital

Professor and Head:

E Muller, MBChB *Pret* MMed *Cape Town* MRCS FCS

Professors:

A Mall, BSc (Med)(Hons) MSc (Med) *Cape Town* PhD *Newcastle-upon-Tyne*

P Navsaria, MBChB MMed *Cape Town* FCS SA

Emeritus Professors:

PC Borman, 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* FACS (Hon) FACP (Hon) FRCS UK (Hon) FRCSC (Hon) FRCS *Edinburgh* FMC SA FRCSI (Hon)

Associate Professors:

K Chu, MD *UCSF* MPH *LSHTM* UK FACS FACRS

PA Goldberg, (Head: Colorectal Unit), MBChB MMed *Cape Town* FCS SA

E Jonas, MBChB MMed FCS SA PhD

AJ Nicol, (Head: Trauma Unit) MBChB *Cape Town* FCS SA

E Panieri, (Head: Oncology, Endocrinology) MBChB MMed *Cape Town* FCS SA

Adjunct Professor:

RJ Baigrie, BSc MD *Cape Town* FRCS UK

Senior Lecturers Full-time:

M Beron, MBBCh *Witwatersrand* FCS SA CertGastroABT Boutall, MBBCh *Stell* FCS SA CertGastro

H Bougard, MBChB

S Burmeister, MBChB *Cape Town* FCS SA CertGastro

L Cairncross, MBChB *Cape Town* FCS SA

G Chinnery, MBChB *Witwatersrand* MMed FCS SA CertGastro

W Christian-Kambarami, MBChB *Cape Town* FCS SA

JM du Toit, MBChB *Stell* MMed *Cape Town* FCS SA FEBS

S Edu, Dip in 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* DipPEC FCS SA MRCS FRCS (GenSurg) *Edinburgh*

F Malherbe, MBChB FCS SA

F Noor, MBBCH *Witwatersrand* FCS SANG

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

Senior Lecturers Part-time:

S Bhaila, MBChB FRCS Cert Surgical Gastroenterology
 M Forlee, MBChB FCS SA Cert Vascular Surgery
 KJ Goldberg, MBChB *Cape Town* FCS SA
 K Michalowski, MD *Poland* FCS SA
 B Natha, MBChB FCS SA Cert Vascular Surgery
 JA Tunnicliffe, MBChB *Cape Town* FCS SA

Neurosurgery

H53, Old Main Building, Groote Schuur Hospital

Helen & Morris Mauerberger Professor and Head:

AG Fiegen, BSc (Med) 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 Professors:

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

Honorary Associate Professor:

LC Padayachy, MBChB *Pret* MMED PhD *Cape Town* FCNeurosurg 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 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 (Physio) *Utrecht* MSc (Human Movemnet) *Nijmegen* PhD *Cape Town*

Research Officer:

UK Rohlwink, BA *Bosphorus* MSc (Med) PhD *Cape Town*

Honorary Research Associate:

R Balchin, BSocSci (Hons) MA PhD *Cape Town*

Ophthalmology

H52, Old Main Building, Groote Schuur Hospital

Morris Mauerberger Professor of Ophthalmology and Head:

C Cook, MBChB MPH *Cape Town* FCS (Ophth) SA FRCOphth

Emeritus Professor:

A Murray, MBChB *Witwatersrand* FRCS *Edinburgh* FRCOphth

Senior Lecturers Full-time:

N du Toit, MBChB *Cape Town* DipOphth FCSOphth SA

K Lecuona, MBChB *Cape Town* FCSOphth SA

T Pollock, MBChB *Cape Town* FCSOphth SA

J Rice, MBChB *Witwatersrand* FCSOphth SA

J Steffen, MBChB *Stell* FCSOphth SA

C Tinley, MBChB *Cape Town* FCSOphth

Director: Community Eye Health Programme

D Minnies, NHDMT(Haematology) SA MPH *Cape Town*

Senior Lecturers Part-time:

E Albrecht, MBChB *Stell* FCSOphth SA

M Attenborough, MBChB *Witwatersrand* FRCOphth

N Cockburn, MBChB *Cape Town* FCSOphth SA

J de Villiers, MBChB *Cape Town* FCSOphth SA

R Grötte, MB BS *Newcastle* FRCS *Edinburgh* DO RCP *London* RCS UK

D Harrison, MBChB *Cape Town* FCSOphth SA

F J Kupper, MBChB *Cape Town* DO RCP *London* RCS UK

A Perrott, MBChB *Cape Town* FCSOphth SA

P Steven, MBChB *Cape Town* DOMS RCP *London* RCS UK

K Suttle, MBChB *Cape Town* FCSOphth SA

H van Velden, MBChB *Stell* FCSOphth SA

Orthopaedic Surgery

H49 Old Main Building, Groote Schuur Hospital

Pieter Moll & Nuffield Professor of Orthopaedic Surgery and Head:

R Dunn, MBChB MMed *Cape Town* FCSOrth SA

Emeritus Professor:

J Walters, MBChB *Cape Town* FCSOrth SA

Associate Professor:

S Maqungo, MBChB *Natal* FCSOrth SA

S Roche, MBChB *Cape Town* LMCC *Canada* FCSOrth SA

M Solomons, MBChB *Cape Town* FCSOrth SA

Emeritus Associate Professor:

EB Hoffman, MBChB *Stell* FCSOrth SA

Honorary Associate Professor:

BC Vrettos, MBChB *Zimbabwe* FRCS *England* MMed *Cape Town* FCSOrth *SA*

Adjunct Professor:

G Grobler, MBChB MMed *Cape Town* FRCS *Edinburgh* FCS (Orth) *SA*

WM van der Merwe, MBChB *UFS* Social Studies *Oxon* BMedSc (Hons) (Sport) *Cape Town* FCSOrth *SA*

Senior Lecturers Full-time:

S Dix-Peek, MBBCh *Witwatersrand* FCSOrth *SA* MMed *Cape Town*

A Horn, MBChB *Pret* MMed Orth *Cape Town* FC Orth *SA*

M Held, Med Cert *Heidelberg* MD *Munich* MMed PhD *Cape Town* FC Orth *SA* Facharzt Ortho/Unfall *Germany*

N Kruger, MBChB *Cape Town* FCSOrth *SA*

M Laubscher, MBChB Dip PEC FC Orth *SA* MMed Ortho *Cape Town*

G McCollum, MBChB MMed *Cape Town* DIP PEC FCSOrth *SA*

M Nortje, MBChB MMed Orth *Cape Town* FC Orth *SA* DipPEC *SA*

P Rowe, MBBCh *Witwatersrand* FCSOrth *SA*

Senior Lecturers Part-time:

B Dower, MBChB *Cape Town* FCSOrth *SA*

I Koller, MBChB *Pret* FC Orth *SA* MMed (Orth) *Cape Town*

T Hilton, MBChB *Cape Town* FCSOrth *SA* MMed (Orth) *Cape Town*

M Maree, MBChB *Cape Town* FCSOrth *SA* MMed (Orth) *Cape Town*

D McGuire, MBChB *Witwatersrand* MMed *Cape Town* FCOrth *SA*

Honorary Senior Lecturers:

B Bernstein, MBBCh *Witwatersrand* FCSOrth *SA*

D Engela, MBChB *Pret* FCSOrth *SA*

Honorary Lecturer:

RK Marks, MBChB *Cape Town* FRCS *Edinburgh* FCSOrth *SA* CIME

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*

Emeritus Professor:

SL Sellars, FRCS FCS *SA*

Senior Lecturers Full-time:

O Edkins, MBChB *Witwatersrand* FCSOtol *SA*

T Harris, MBChB *Cape Town* FCSOtol *SA*

D E 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*

Professors:

AB van As, MBChB *Netherlands FCS SA PhD Cape Town MBA SA*

Associate Professor:

S Cox, MBChB *Cape Town FCS SA CertPaedSurg 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 (Ancient Cultures) Stell DCH SA FRCS Edinburgh FCSSurg SA*

Senior Lecturers:

M Arnold, MBChB *Pretoria DCH SA FC Paeds Surg SA MMeD Paed Surg Stell*

D von Delft, MBChB *UFS MRCS Edinburgh FC Paed Surg*

G Dos Passos, MBChB *Witwatersrand FC Plast Surg SA MMeD Cape Town*

Research Social Worker:

R Albertyn, BSocSc (MW) *UFS BA (Hons)(GMW) Stell PhD Cape Town*

Child Accident Prevention Foundation of Southern Africa (Childsafe):

P Nyakaza, BA (SocWrk) *UWC*

Senior Medical Technologist:

J Raad, DipMedTech (Microbiol)(Haem) *UJ*

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 (Plast&ReconSurg) SA*

S Adams, MBChB *Cape Town FC Plast (Plast&ReconSurg) 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*

Maxillo-facial Prostheticist:

R Goolam, BDChD MChD

Dentists:

S Aniruth, BChD *UWC*
A Kassan, BDS *RAU*
S Singh, BChD *UWC BSc UKZN*

Maxillo-facial Prosthetics Technologist:

R Wallis, DipDentTech *SA CertAdvOrthod&MaxilloFacialTech*

Surgical Gastroenterology

E23, New Main Building, Groote Schuur Hospital

Professor and Head:

E Jonas, MBChB MMed FCS SA PhD

Associate Professor and Head Colorectal Clinic:

PA Goldberg, MBChB *Cape Town FCS SA*

Senior Lecturers:

M Beron, MBBCh *Witwatersrand FCS SA Cert Gastroenterology*
ABT Boutall, MBBCh *Stell 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*
S Sinha, MB BS *Ranchi HDipSurg FCSUrol SA FRCS Glasgow*

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*

Course Outlines

CHM2001S SPECIAL STUDY MODULE

16 NQF credits at HEQSF level 6

Convenor: 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 convenor and a second marker (either another member of staff in that unit, and/or the overall convenor, 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 HEQSF level 8

Convenor: Dr S Burmeister (General Surgery) and Dr D Hudson (Plastic Surgery)

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 HEQSF 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: Dr S Edu, Prof P Navsaria and Prof A Nicol

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

Co-requisites: None

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. Two surgical skills courses are included to provide instruction with wound-suturing, pleural drain insertion, intravenous access and airway management. 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”.

Lecture times: 930am – 1130am Wed & Thurs 10am – 12pm Friday

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).

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 HEQSF level 8

Convener: Prof P Navsaria, Prof A Nicol and Dr S Edu

Course entry requirements: None

Course outline:

4 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 HEQSF level 8; 30 tutorials, 14 practicals, one course assignment.

Convener: Dr N A Kruger

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

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).

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 all requisite coursework/clinical work by the due dates. 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: Completion of the practical log sheet with skills signed off by registrar. Clinical Video Production submitted by the last Thursday of the rotation at 15h00.

Assessment: The end-of-course examination consists of (a) VULA computer-based MCQ 50 question SBA (40%); an OSCE (40%); and a video submission (20%).

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 HEQSF level 8

Convener: Dr N A Kruger

Course outline:

4 weeks Orthopaedic block comprising of tutorials, attendance in OPD, theatre and teaching/working ward rounds. Course handbook will have selected "must know" reading material selected, Core knowledge template for medical students will be abbreviated to suit this course as bare essential knowledge. Online course material available on VULA along with clinical examination videos. Practical examination skills will be the focus of the course and POP skills, clinical examination and basic orthopaedic skills will be reinforced. The focus of the course will be on orthopaedic emergencies.

DP requirements: Full and punctual attendance of all ward rounds, clinics and tutorials as per timetable. Contact with allocated registrar as rostered. Completion of all requisite coursework/clinical work by the due dates. 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: Completion of the practical log sheet with skills signed off by registrar.

Assessment: The end-of-course examination consists of (a) VULA computer-based MCQ 50 question SBA (20%); an OSCE of 6 stations (80%).

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 HEQSF 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 HEQSF level 8

Convenor: Dr L M Tucker (Neurology) and Assoc Prof D E J le Feuvre (Neurosurgery)

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 OPHTHALMOLOGY

A student will be registered for one of the following equivalent courses, to be determined by the group that the student is allocated to: CHM5108X, CHM5208X, CHM5308X, CHM5408X, CHM5508X

10 NQF credits at HEQSF level 8; 10 tutorials.

Convener: Assoc Prof 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 HEQSF level 8

Convener: Dr S Peer, Dr J McGuire

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: The following are required: attending at least three clinic sessions, attending one theatre session, attending at least six tutorials (three of which are compulsory afternoon tutorials), attending the problem-based learning session and achieving competency in the six clinical skills. These need to be signed off in the student's attendance register at the time of contact and the register handed in at the time of the end-of-block examination.

Assessment: Assessment comprises an end-of-block examination (50%), an online learning and appraisal assessment (30%) and a clinical skills assessment (20%).

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 HEQSF level 8

Convener: Prof J 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 HEQSF level 8

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.

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 HEQSF level 8

Convenor: 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 HEQSF level 8

Convener: Dr S Burmeister

Course entry requirements: Fifth year MBChB courses

Course outline:

Final year Surgery incorporates a hands-on, practical, two-week rotation during which student interns implement the clinical and management components of their previous training. The course consolidates and refines clinical examination, diagnosis and management of the major symptom complexes in surgery. Student interns are placed within a secondary level unit based at Victoria, Mitchell's Plain, Somerset and Groote Schuur Hospitals where it is felt they will have greater exposure to common general surgical conditions. They are involved in all aspects of their units' activities, including ward rounds, patient management and academic activities. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Students present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. They accompany their patients to interventional procedures and present at least two cases per week to attending consultants; this is signed off in a logbook. Students produce a portfolio of at least six cases which provides a starting point for case / problem-based learning. Additional weekly interactive tutorials and seminars by consultant staff review core theoretical knowledge. Students keep a logbook documenting their presentation of cases to consultants, and this may be reviewed during at the end-of-block assessment.

DP requirements: Completion of the six portfolio cases and a completed logbook of eight presented cases comprise the DP for the course. However, full attendance and participation in unit is considered compulsory.

Assessment: The end-of-block assessment comprises a clinical, scenario-based and portfolio oral assessment (25%); a patient-based oral examination (25%); a computerised, clinically-based MCQ (25%); and a computerised theoretical knowledge-based MCQ (25%).

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AXL1300F INTRODUCTION TO LANGUAGE STUDIES

18 NQF credits at HEQSF level 5

Convener: S Bowerman**Course entry requirements:** None**Course outline:**

On completion of the course students would have covered topics such as: phonetics (the production and classification of speech sounds, the International Phonetic Alphabet, suprasegmentals); phonology (how speech sounds are organised in language; the phoneme-allophone distinction); morphology (form-meaning pairs; morphemes and word-formation; syntax (the rules that govern the phrase, structures of language; elements of generative grammar); and semantics relations, semantic features; an introduction to psychological and neurobiological aspects of how humans acquire 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%.

AXL1301S INTRODUCTION TO SOCIOLINGUISTICS

18 NQF credits at HEQSF level 5

Convener: Professor A Deumert**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. 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 HEQSF level 5

Convener: Dr B Ige and S Bowerman**Course entry requirements:** None**Course outline:**

This foundational course revisits core areas of AXL1300F. It aims to: move students beyond a lay person's understanding of the nature of language; generate a clear, basic understanding of the kinds and purposes of enquiry in linguistics and selected sub-disciplines, 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,

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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 HEQSF level 5

Convener: Dr B Igé and S Bowerman

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. 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 HEQSF level 5

Convener: Dr S Wilson

Course entry requirements: None

Course outline:

This introductory course is designed to provide first year medical students with knowledge of the fundamental aspects of chemical theory. The course also serves as a diagnostic tool to explore students' scientific knowledge and the possible need for intervention. It comprises 60 formal contact hours during which selected topics in physical and organic chemistry relevant to biochemistry, physiology, pharmacology, chemical pathology and medical microbiology are covered. Topics have been selected to equip students with the basic understanding of those key chemical principles they require for the medical programme. Formal contact sessions are augmented by a practical course and weekly tutorials. Specific support activities are provided to students who show difficulty in understanding the scientific domain. During the practical component, students are required to demonstrate that they are able to use a variety of laboratory techniques with precision and accuracy.

The practical course also seeks to expose students to the methods used in the acquisition, recording and manipulation of scientific data and expects students to derive inferences from such data.

Lecture times: Monday - Friday, 1st period. Tutorial/practical: Friday, 2nd-5th period.

DP requirements: Attendance and completion of practicals 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% and consists of a 3-hour written examination. A pass 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 2019.

0 NQF credits at HEQSF 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% and consists of a 3-hour written examination. A pass is required in the final examination.

CEM1011X CHEMISTRY FOR MEDICAL STUDENTS

(Faculty of Science)

18 NQF credits at HEQSF 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% and consists of a 3-hour written examination. A pass is required in the final examination.

PHY1025F PHYSICS 1025

18 NQF credits at HEQSF level 5

Convener: Dr K E Cole

Course entry requirements: None

Course outline:

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

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

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

PSY1004F INTRODUCTION TO PSYCHOLOGY PART 1

18 NQF credits at HEQSF 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 all 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 HEQSF 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 all class tests. In addition, obtain 1 Student Research Participation Programme (SRPP) point 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 HEQSF 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 HEQSF 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 HEQSF level 6

Convener: TBA

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

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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 HEQSF level 6

Convener: Dr G Lipinska

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 will be weighted at 50%, and will include completion of weekly class quizzes, tutorial assignments, and tests as required. An exam at the end of the semester will be weighted 50%.

PSY2015F RESEARCH IN PSYCHOLOGY I

Was previously PSY2006F (Research in Psychology I)

24 NQF credits at HEQSF level 6

Convener: TBA

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.

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 HEQSF level 5; 25 lectures.

Convener: T Jacobs

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 HEQSF level 5

Convener: T Jacobs

Course entry requirements: Registration for MBChB

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 HEQSF level 5

Convenor: Dr M Lewis

Course entry requirements: This course is only available to students who have no prior knowledge of Afrikaans and who are registered for the MBChB degree. Students with limited knowledge of Afrikaans will be allowed entry to the course at the discretion of the course convenor.

Course outline:

This is a course on the basic grammar of Afrikaans. It prepares beginner students 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: One oral summative assessment, for which students receive a PA (pass) or F (fail) grade.

SLL1048H AFRIKAANS FOR HEALTH AND REHABILITATION SCIENCES

For students registered in the School of Health and Rehabilitation Sciences only.

18 NQF credits at HEQSF level 5

Convenor: 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. 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 HEQSF level 6

Convenor: Dr I van Rooyen (Afrikaans) and (Xhosa) TBA

Course entry requirements: SLL1044S or equivalent.

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 HEQSF level 7

Convener: Dr I van Rooyen (Afrikaans) and T Jacobs (Xhosa)

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.

1 NQF credits at HEQSF 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.

230 OTHER COURSES OFFERED

SLL3004W AFRIKAANS AND XHOSA CLINICAL LANGUAGE IN CARING FOR CHILDREN

Offered in the Faculty of Health Sciences

2 NQF credits at HEQSF level 7

Convenor: C Reyneke

Course entry requirements: All 4th year MBChB courses

Co-requisites: None

Course outline:

Languages learning in Caring for Children aims to improve communication with Afrikaans and isiXhosa speaking caregivers and their sick children, in order to optimise the child's medical care. Students will build on languages skills learnt in Years 1 to 4, with a focus on the context of a caregiver and sick child. The course consists of preparatory work, and three tutorials in each language, conducted in the ward in which they are working. At the end of the course, the student will submit a portfolio consisting of a isiXhosa patient summary, an Afrikaans patient summary, and a reflective review.

Assessment: Coursework 100%

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.ahru.uct.ac.za

P J de Vries, MBChB Stell MRCPsych London PhD Cantab
 C Mathews, BA Natal MSc (Med) Cape Town PhD Cape Town

Alan Flisher Centre for Public Mental Health

Department of Psychiatry and Mental Health, University of Cape Town, and Department of Psychology, University of Stellenbosch

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 and now conducts research in 8 countries in sub-Saharan Africa and south 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 currently leads two major mental health research consortia: the DfID-funded Programme for Improving Mental health carE (PRIME, www.prime.uct.ac.za) and the NIMH-funded Africa Focus on Intervention Research for Mental health (AFFIRM, www.affirm.uct.ac.za), and is a partner in a third European Commission funded consortium, the Emerging mental health systems in low and middle-income countries project (EMERALD, www.emerald-project.eu). The CPMH also runs a distance learning Masters (MPhil) programme in Public Mental Health, with students from 7 African countries, as well as a PhD programme (currently supporting 9 PhD students) and 2 Postdoctoral Fellowships. Fellowships for these programmes are supported through the the Wellcome Trust funded African Mental health Research Initiative (AMARI). The CPMH is also home to the Perinatal Mental Health Project (www.pmhp.za.org). The CPMH employs a multi-disciplinary team dedicated to undertake high quality research in the areas of public mental health, mental health policy and services.

K Sorsdahl, 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 signature.

DJ Stein, BSc (Med) MBChB Cape Town FRCPC PhD DPhil Stell

Cancer Research Initiative

J52-12, Old Main Building, Groote Schuur Hospital

Cancer is an important cause of morbidity and mortality worldwide, with an increasing proportion of the burden falling on low- and middle-income countries.

The aim of the Cancer Research Initiative is to foster an integrated, interdisciplinary cancer research program, enabling the Faculty to be at the forefront of research endeavors to address the alarming cancer burden in South Africa, Africa and beyond. There are many excellent researchers conducting high quality basic, clinical and population oriented cancer research in the Faculty.

The Initiative builds on current strengths and promotes collaborative research into effective and relevant approaches to prevention, diagnosis, and treatment of cancer. It supports translation of this knowledge into preventive, therapeutic and public health strategies. In this context the Initiative encourages and supports local, national and international partnerships.

The Initiative will also develop research capacity among clinicians, other health professionals and scientists with a view to developing and maintaining a critical mass of expert cancer researchers.

Professor and Director:

J Moodley, MBChB MMed (Public Health Medicine) PhD

Cape Heart Centre

Christiaan Barnard Building, Faculty of Health Sciences

This combined research entity is the largest heart research group in South Africa. 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. The Cardiovascular Research Institute is focusing on tissue regeneration, heart valve prostheses and biocompatible materials for vascular and valvular prostheses. Lipidology is concerned with the research into lipid and lipoprotein disorders in patients in the region and novel treatment strategies for these disorders. Additionally, their research includes new diagnostic assays for local problems in healthcare and lipid peroxidation. The University of Cape Town start-up company with its 32 engineers and technologists occupies 2 floors of the Cape Heart Centre. 'Strait Access Technologies' (SAT) is in its 5th 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.

Professor and Director:

P Zilla, MD PhD Vienna DMed Zurich PhD Cape Town
Christiaan Barnard Chair

Cardiovascular Research Unit

Third Floor, Chris Barnard Building, Faculty of Health Sciences

The Cardiovascular Research Unit is an integral part of the Division of Cardiothoracic Surgery. As such, it provides postgraduate training in the disciplines of Biomaterials, Cardiothoracic Surgery and Computational Biomechanics. Both MSc (Medicine) and PhD degrees by dissertation are offered in these disciplines.

Laboratory-based research is carried out in the fields of biomaterials, myocardial regeneration, cardiovascular biomechanics, regenerative vascular grafts and tissue engineering.

Professor and Director:

P Zilla, MD PhD Vienna DMed Zurich PhD Cape Town

Deputy Director:

P Human, PhD Cape Town

Associate Professors:

N Davies PhD Oxon
D Bezuidenhout PhD US

Laboratory Assistant:

R Michaels

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 since 2005, was upgraded in 2009, following its initial establishment as a research unit in 1993. The core objectives of the Centre are:

- *To be a principal centre of occupational and environmental health research, teaching and training occupational medical clinical services, policy advisor, technical consultant services, advocacy and a source of supportive outreach activities in South Africa, in the Southern and Eastern regions of Africa, in Africa more generally, and internationally;*
- *To conduct multidisciplinary research, teaching and service provision integrating laboratory, clinical, epidemiological and policy skills in relation to occupational-health problems that have high priority in Southern Africa in order to facilitate identification and improved characterisation of these and other problems and to better understand the determinants of these problems and their solutions;*

- *To explore and develop means of maintaining the health of individuals and the environment, especially the work environment, and of preventing the development of health problems in those exposed to injurious environments at work or more generally;*
- *To conduct public policy research into issues ranging from toxic or injurious exposures through to health surveillance and the functioning of relevant health services including promotive, preventive, curative and rehabilitative/compensation aspects;*
- *To foster inter-institutional research, teaching and service (including outreach) collaboration with United Nations and other agencies;*
- *To foster local and global networks for environmental and occupational health promotion through collaboration with United Nations and other agencies; and*
- *To implement the results of research in teaching, training, policy, service provision and outreach.*

Professor and Director:

MA Dalvie, BSc BSc (Med)(Hons) MSc (Med) PhD *Cape Town*

Associate Professor and Deputy Director:

HA Rother, BA MA PhD *Michigan*

Professors:

MF Jeebhay, MBChB *Natal* DOH MPhil (Epi) *Cape Town* MPH (OccMed) PhD *Michigan*
L London, MBChB MMed MD *Cape Town* BScMed (Hons) *Stell DOH Witwatersrand*

Professor Part-time:

ML Thompson, BSc (Hons) *Natal* PhD *Gottingen*

Senior Lecturer:

S Adams, MBChB DOH PhD *Cape Town* MFamMed *Stell FCPHM (OccMed) SA*

Emeritus Professors:

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH *Witwatersrand* FFCH FCPHM (OccMed) SA
JE Myers, BSc MBChB MD *Cape Town* DTM&H MFOM UK

Research Co-ordinator:

R Baatjies, BTech MTech *PUT MPH Witwatersrand* PhD *Cape Town*

Honorary Research Associate:

R Matzopoulos, BBusSc MPhil (Epi) PhD *Cape Town*

Post-Doctoral Research Fellows:

P Konecny, BSc MSc PhD *Palacky*
A Saban, BSc (Zoo & Psych) BSc (Hons) M.A PhD *Cape Town*

Centre for Infectious Disease Epidemiology and Research (CIDER)

Level 5, Falmouth Building South, & Standard Bank Building, Mowbray

The Centre for Infectious Disease Epidemiology and Research conducts multidisciplinary research on priority infectious diseases in Southern Africa, in order to improve disease prevention and management. The Centre has strong links to service providers at provincial and national level, and a long track record of conducting operations research around service delivery challenges. Staff

includes epidemiologists, biostatisticians, mathematical modellers, social scientists and public health specialists.

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 Officer Full-time:

E Kalk, MBBCh *Witwatersrand PhD Birmingham MRCP London DipHIVMan SA*

Senior Research Officers Full-time:

L Johnson, BBusSc PGDipActSc PhD *Cape Town*

U Mehta, BPharm *Witwatersrand DPharm Albany DrPH James Cook*

M Schomaker, Dip Stat Dr.rer.nat. *Munich*

N Tiffin, BSc MPH *Cape Town PhD London*

Clinical Research Officer Full-time:

J Odayar, MBChB MPH *Cape Town*

Clinical Research Officer Part-time:

R de Waal, MBChB MPH *Cape Town DipPharmMed UK*

Research Officers Full-time:

M Cornell, MPH PhD *Cape Town*

P Nyakato, BSc *Makarere MSc LSHTM*

M Osler, BS *Colorado MPH Cape Town*

G Patten, BSc *Cape Town MSc LSHTM*

B Fanampe, BSc *UKZN MSc PhD UCT*

Research Officer Part-time:

K Hilderbrand, BSc *Sussex MSc London*

Project Managers:

C Delpot, BTech PHC *CPUTPG-DIP Nursing Stell*

N Tena-Coki, BSc (Hons) *UWC MSc PhD Cape Town*

Research Coordinators:

H Madladla, BSc *Durban, Natal MSc PhD UKZN*

T Malaba, BSc *Zimbabwe MPH Cape Town*

Data Managers:

T Dabula BSc *UZKN*

A Heekes, BSc *Cape Town*

E Mukonda, BSc *Zimbabwe MPhil Cape Town*

T Mutemaringa, BSc MSc *Zimbabwe MPhil Cape Town*

M Smith, BSc *Stell MSc Erasmus*

R Titus, BSc *Unisa*

Software Managers:

E Beneke, BCom *UWC*

M Bosland, BSc *Stell*

R Burley, BSc *Unisa*

A Cardoza, BSC BEng MSc *Stell*

J Euvrard, BA MA *Rhodes*

K Hanslo, BA *Unisa BA Cape Town*

S Zulu, NDip *VUT*

Honorary Professor:

T Rehle, MD *Munich MPH London PhD Antwerp*

Honorary Research Associates:

V Cox, BA *Stanford MD Colorado*

G van Cutsem, BSc *FNDP Namur MD UCL Brussels DTM ITM Antwerp MPH Cape Town*

L Wilkinson, LLB *Witwatersrand MSc London*

Visiting Professor:

M Egger, MD *Bern MSc DTM&H LSHTM FFPH UK*

Post-Doctoral Research Fellow:

A Slogrove, MBChB MMed *Stell FCPaed (SA) PhD British Columbia*

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, FCP (SA) MD MBChB

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, MA PhD BMBCh DTM&H FRCP FMed Sci

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 WWA&N 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 (Clinical Pharmacology)

Senior Clinical Research Manager:
E Allen, BSc (Hons) Pharmacy MPH CHP PhD

Lead Investigator:
P Sinxadi, MBChB MMed (Clinical Pharmacology) PhD

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 BSc (Med)(Hons) MSc PhD Cape Town*

L Fleurs, MBChB *Cape Town*

D J Onwumeh, MBBS *Nigeria*

T Radzilani, MBBCh *Witwatersrand*

S Sattar, MBChB *Cape Town*

G W 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.ac.za

The GHJRU is an interdisciplinary research unit that unites scholars, NGOs and practitioners to develop and implement innovative, interdisciplinary research and social interventions on social exclusion and violence in a range of social, political and institutional settings. We have a proven history of empirical, evaluation and monitoring projects, many of which are well cited in the literature and are foundational studies in the areas of gender-based violence, sexual and gender minority rights, and reproductive rights. We use our empirical research to develop well-informed, evidence-based advocacy positions to support legal and policy reform in South Africa and similarly situated countries. Our research is almost exclusively conducted in interdisciplinary teams, frequently including NGOs and government departments. The Unit also has a well-established history of providing technical assistance to a wide range of implementing partners including government and NGOs.

The mission of the Gender, Health and Justice Research Unit is to improve service provision to victims of crime, violence and human rights violations, to facilitate violence prevention, and to promote access to justice in Southern and Eastern Africa through interdisciplinary research, advocacy and education.

Director and Associate Professor:

L M Artz, BA (Hons) 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, BA (Hons) *College of New Jersey*, MPH *Cape Town*
 T Meer, BA (Hons) *UKZN MA Dalhousie University Halifax*

Administration and Research Support:

L Stott

Research Affiliates:

G Aschman, BA BSocSc (Hons) *Cape Town*, MSc *Oxford*
 H Combrink, B Jur LLB BA (Hons) *North West LLM Cape Town* PhD *UWC*
 C Corral, Licenciatura (Psychology) MA (Clinical Psych) PhD *University of Deusto*
 J Flavin, BA *Kansas* MA PhD *American University (Washington)*
 S Tiedemann, MA *University of Hamburg*
 E Smit, BA BA Hons 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.

William P Slater Chair of Geriatrics and Associate Professor:

M I Combrinck, MBChB BSc (Med)(Hons) PhD *Cape Town FCP SA* Neurology MRCP UK
 DTM&H *London*

Associate Professors:

JA Joska, MBChB MMed PhD *Cape Town FC Psych SA*
 SZ Kalula, BSc MBChB *Zambia MMed MPhil PhD Cape Town FRCP UK*

Senior Lecturer:

L de Villiers, MBChB *Cape Town FCP SA*

Senior Lecturer Part-time:

KGF Thomas, PhD (Clin Psych) *Arizona*

Honorary Senior Lecturers:

CA de Jager, BSc (Hons) HDE *Natal PhD (Medicine) Cape Town*
 L Geffen, MBChB *Cape Town MCFP SA*

Visiting Associate Professor:

JR Hoffman, DPhil (Sociology) *Oxon BA (Hons)*

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 (Med) Cape Town FRCP UK

Professor:

S Lecour, PharmD PhD Dijon

Senior Research Officer:

G Shaboodien, BSc (Hons) 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 (Psych) PhD Australia

Health Economics Unit

Falmouth Annex

The Health Economics Unit (HEU) works to improve the performance of health systems through informing health policy and enhancing technical and managerial capacity in Sub-Saharan Africa. Its foundation is academic excellence in research in health economics and related health systems issues.

The four core objectives of the HEU are:

- *To conduct high-quality research in health economics, health policy and health systems;*
- *To train at the postgraduate level to improve technical research and health systems capacity;*
- *To develop capacity in health economics and related health systems research in Africa; and*
- *To provide technical support to facilitate the translation of health policies into practical programmes.*

Associate Professor and Director:

JE Ataguba, BSc (Econ) *Nigeria MPH PhD Cape Town*

Associate Professors:

S Cleary, BA *Rhodes BA(Hons)(Econ) MA (Econ) PhD Cape Town*

E Sinanovic, BSc (Econ) *Zagreb DipFinMg Maastricht MCom (HealthEcon) Cape Town PhD (Health Econ) London*

Senior Lecturer:

OA Alaba, BSc (Econ) MSc (Econ) PhD (Econ) *Ibadan*

Research Officers:

L Cunnama, BSc (Physio) MPH *Cape Town*

N Foster, BPharm *UPE MPH Cape Town*

Post-doctoral Fellows:

J Hunter, BA *Wellesley MA Witwatersrand MPH Boston PhD Cape Town*

A Obse, BA (Economics) MSc (Economics) *Addis Ababa PhD Dublin*

HIV Mental Health Unit

J-Block, Groote Schuur Hospital

The HIV Mental Health Research Unit is involved in neurobehavioral (specifically adherence and psycho-therapeutic interventions) and neuro-biological (specifically brain imaging, genetic, neurocognitive aspects, as well as drug interventions) research in HIV-associated neuropsychiatric disorders. 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

Professor:

J Joska, MBChB MMed PhD *Cape Town FCPsych SA*

Associate Professor:

J Hoare, MBChB MPhil (Neuropsychiatry) *Cape Town PhD Cape Town MRCPsych FCPsych SA*

Psychiatrist/senior lecturer part-time:

Dr Carla Freeman MBChB *Cape Town MMed MPhil Cape Town FC Psych SA*

Chief Research Officer:

Dr Hetta Gouse, PhD *Cape Town (SCID lab director)*

Senior Research Officer:

Dr Lena S. Andersen PhD *Hofstra*

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* MSc AfTWAS MASSAf FRSSAfOMS

Full Members and Professors:

S Barth, BSc (Biol) MSc (Biol) *Bonn* PhD *Bonn* DMSc *Cologne*

L-G Bekker, MBChB DCH DTM&H FCP PhD *SA*

J Blackburn, BA (Chem) MA (Chem) DPhil (Chem) *Oxon*

F Brombacher, PhD *Freiburg*

K Chibale, BSc (Ed) *Zambia* PhD *Cantab* FRSC FRSSAf

CM Gray, BSc (Hons) *Western England* MSc PhD *Witwatersrand*

J Hapgood BSc (Hons) PhD *Cape Town*

M Hatherill, MBChB DCH MMed MRCP FCPaed MD *Cape Town*

G Hussey, MBChB MMed *Cape Town* MSc ClinTropMed *London* DTM&H UK FFCH *SA*

M Jacobs, BSc (Med)(Hons) PhD *Cape Town*

AA Katz, PhD *Weizmann Institute*

S Kidson, BSc (Hons) MSc PhD *Witwatersrand* H Dip Ed *JCE*

G Meintjes, MBChB PhD *Cape Town* FRCP UK FCP DipHIVMan *SA* MPH *Johns Hopkins*

R Millar, BSc (Hons) MSc *London* PhD *Liverpool* MRCP FRCP

N Mulder, BSc (Hons) PhD *Cape Town*

MP Nicol, MBChB MMed (MedMicro) *Witwatersrand* DTM&H FCPPath (MicroBiol) *SA* 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)

BT Sewell, MSc *Witwatersrand* PhD *London*

ED Sturrock, BSc (Med)(Hons) PhD *Cape Town* MASSAf FRSSAf (Fellow of UCT)

J van Honk

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 (MedGenet) *Switzerland* PhD *UCT*

R Wood, BSc (Hons) BMBCh *Oxon* MMed DSc (Med) 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*
 D Martin, BSc (Hons) MSc *UKZN* PhD *Cape Town*
 J Passmore, BSc (Hons) *UKZN* PhD *Cape Town*
 T Scriba, BSc (Hons) MSc *Stell DPhil Oxon*

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
 A Boulle, MBChB PhD *Cape Town* MSc *London* FCPHM SA
 K Dheda, MBBCh *Witwatersrand* FCP SA FCCP PhD FRCP *London*
 BS Eley, MBChB FCP(Paed) SA BSc (Med)(Hons) *Cape Town*
 G Maartens, MBChB MMed FCP SA DTM&H
 H Mclleron, MBChB PhD *Cape Town*
 L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*
 K Naidoo, BSc (Hons) MSc *Cape Town* PhD *Michigan* FRSSAf
 M Ntsekhe, MD PhD FCP SA FACC
 MI Parker, BSc (Hons) PhD *Cape Town* MASSAf FIAS fTWAS
 K Sliwa-Hahnle, MD PhD FESC FACC
 DJ Stein, BSc (Med) MBChB *Cape Town* FRCPC PhD *Stell DPhil*
 HJ Zar, MBBCh *Witwatersrand* BCPaed BCPaed Pulmonology *USA* PhD FCPaed SAFRCP *Edinburgh*

Affiliate Member and Associate Professor:

D Coetze, BA *Cape Town* MBBCh DPH DTM&H DOH *Witwatersrand* FCPHM SA MS *Columbia*

Associate Members and Professors:

C Dandara, PhD *University of Zimbabwe*
 V Leaner, PhD *Cape Town*

Associate Members and Associate Professors:

W Horsnell, BSc (Hons) Leeds PhD London
 C Orrell, MBChB MSc MMed PhD *Cape Town*
 DF Warner, BCom BSc (Hons) PhD *Witwatersrand*

Associate Members and Researchers:

A Coussens, BSc (Hons) *Adelaide* PhD *Brisbane*
 R Guler, BSc (Hons) MSc PhD *Geneva*
 J Hoving, BSc (Hons) MSc PhD *Cape Town*
 H Jaspan, BSc *USA* MD PhD *Tulane* FAAP PaedsID *Washington*
 M Marakalala, BSc (Hons) PhD *Cape Town*
 M Mhlanga, PhD *New York*
 K Middelkoop, MBChB MPH PhD *Cape Town*
 J Raimondo, MBChB *Cape Town* DPhil *Oxon*
 C Riou, PhD *Lyon*
 G Schafer, PhD *Humboldt*
 K Smith, PhD *Cantab* BSc (Hons) *Imperial College, London* ARCS

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 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.

Professor and Head:

BL Rayner, MBChB MMed Cape Town FCP SA PhD Cape Town

Honorary Professor:

P Heering, MD Fellow of the American Society of Nephrology

Associate Professors:

I Okpechi, MB BS FWACP Cert Nephrol Phys SA PhD Cape Town

N Wearne, MBChB BMedSci (Hons) 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

E Jones, MBBCh FCP Cert Nephrol Phys SA PhD Cape Town

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
 D A Thomson, MBChB *UKZN FCS SA MMed Cape Town*

Social Worker:

L Hlakudi

Transplant coordinators:

F McCurdie
 M Reyneke

Transplant Clinic/Unit Nursing Staff:

K Goliath
 R Solomon
 F Du Plessis

Administrative and Clerical Staff:

D Blankenberg
 A Oosthuizen
 J Eiman
 A Daniels

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 2000 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 Diagnostic and Clinical Research Unit

University of Cape Town Lung Institute, George Street, Mowbray

The Allergy Diagnostic & Clinical Research Unit (ADCRU) 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, drug allergy and allergy diagnosis.*
- *Specialist allergy clinics for investigation and treatment of children and adults with allergic diseases, with a special focus on sublingual and subcutaneous allergen immunotherapy, food allergy, chronic urticaria and drug allergy.*
- *Training of undergraduates and postgraduates students in clinical and laboratory aspects of Allergology.*
- *Postgraduate training of subspecialist allergists*

Associate Professor and Head:

J 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 fueled 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.

Associate Professor and Head:

R Dawson, MBChB FCP (SA), Cert Pulm (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.

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 Man MMED FCP SA Cert Pulm 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 Man Cert Pulm Phys SA

Chief Research Officer Part-Time:

G Theron, BSc (Hons) MSc PhD *Cape Town*

Principal Scientific Officer:

M Tomasicchio, BSc BSc (Hons) 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 (Biology) *Germany*

R Hendricks, BChD MChD *Cape Town*

Laboratory Technologists:

R Meldau, BSc (Med)(Hons) *Cape Town*

V Woodburne

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 of: 1) To 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) To develop and expand new research programs specifically focused on translational research and new collaborations addressing major African mental disorders; 3) To 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) To promote implementation of research findings from the fields of psychiatry and mental health into policy and practice.

Professor and Head:

DJ Stein, BS c(Med) MBChB *Cape Town* FRCPC PhD DPhil *Stell*

MRC/NHLS/UCT Molecular Mycobacteriology Research Unit

The MRC/NHLS/UCT Molecular Mycobacteriology Research Unit (MMRU) is based in the Institute of Infectious Diseases and Molecular Medicine (IDM) and forms the UCT node of the DST/NRF Centre of Excellence for Biomedical TB Research (CBTBR). Research in the MMRU is focused on aspects of mycobacterial physiology and metabolism that are of relevance to tuberculosis drug discovery and drug resistance, mycobacterial persistence and TB transmission. The 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, and both PhD and MSc students, also participates in several major TB drug discovery consortia funded by grants from the Bill & Melinda Gates Foundation under the TB Drug Accelerator programme (SHORTEST), and the SAMRC through its Strategic Health Innovation Partnerships division. Other areas of research in

the MMRU are funded by grants from the Howard Hughes Medical Institute, the USA National Institutes of Health and the Bill & Melinda Gates Foundation

Professor and Director:

V Mizrahi, BSc (Hons) PhD *Cape Town AfTWAS MASSAf FRSSAfOMS FAAS*

Associate Professor:

DF Warner, BCom BSc (Hons) PhD *Witwatersrand*

Research Officers:

M Chengalroyen, BSc (Hons) PhD *Witwatersrand*

C Evans, BSc (Hons) PhD *Cape Town*

MRC/UCT Child & Adolescent Health Unit

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. 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, development and the impact of early infection on chronic disease. This study is unique in integrating the impact of maternal factors, environmental exposures and childhood exposures with the development of child health in a low and middle-income country context.

Professor and Director:

H Zar, MBBCh FCPaeds BC Pediatr (USA) BC Pediatr Pulm (USA) 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:

- *Becoming a principal Drug Discovery and Development Research (DDD) Unit in South Africa, in Africa and internationally;*
- *Establishment of a scientific infrastructure as well as capacity for drug discovery and development of natural products in the broad sense using general biodiversity, including traditional medicines;*
- *Development of infrastructural and operational systems for new drug discovery and development, with special reference to natural product-guided medicinal chemistry as well as biological screening platforms against infectious and other diseases;*
- *Performing customised synthesis of compounds with important biological activities;*
- *Attracting young South African scientists, and scientists from elsewhere on the African continent, and in doing so to make a concerted effort at transformation and capacity building;*
- *Providing career development opportunities for mid-career researchers;*
- *The introduction of modern innovative drug-discovery tools including novel accessible screening;*
- *Enhancing the value of the identified therapeutics, by strengthening pre-clinical development capacity including the introduction of predictive (in silico and in vitro) drug metabolism and pharmacokinetic (DMPK) studies as reflected in the processes of*

Absorption, Distribution, Metabolism and Excretion (ADME).

Professor and Director:

K Chibale, BScEd Zambia PhD Cantab FRSSAF

Affiliate Members and Professors:

KI Barnes, MBChB MMed *Cape Town*

TJ Egan, BSc (Hons) PhD *Witwatersrand* MSACI

V Mizrahi, BSc (Hons) PhD *Cape Town* AfTWAS MASSAf FRSSAf OMS

ED Sturrock, BSc (Med)(Hons) PhD *Cape Town* FRSSAf (Fellow of UCT)

Associate Professors:

PJ Smith, BSc BSc (Hons) PhD *Cape Town*

D Warner, BCom BSc (Hons) PhD *Witwatersrand*

Senior Lecturer:

L Wiesner, PhD *Cape Town*

Lecturer:

S Sunassee, PhD *Rhodes*

Drug Discovery and Development Scientist:

D Taylor, BSc BSc (Med)(Hons) *Cape Town*

Researchers/ Affiliates:

C Lategan, PhD *Cape Town*

S Schwager, MSc *Cape Town*

Post-doctoral Fellows:

M Njoroge, BSc BSc Pharm MSc *Nairobi* PhD *Cape Town*

E Pavadai, BSc MSc *Madras* MPhil *Bharathidasan* PhD *Taipei*

K Singh, PhD *Guru Nanak Dev*

Principal Scientific Officer:

T Kellerman, BSc BSc (Hons) Stell MSc *Witwatersrand* PhD *Cape Town*

Scientific Officer:

S Salie

Laboratory Technologist:

R Seldon

Technical Officer:

W Olifant

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, BSc (Hons) MSc UKZN PhD Cape Town

MRC/UCT Immunology of Infectious Diseases Research Unit

Room S1.27, Werner and Beit Building South

The control and eradication of infectious diseases, leading cause of childhood and adult morbidity and mortality, is a high priority area for South Africa and the African continent. The unit investigates the underlying cellular and molecular immunological mechanisms for host protection or failure thereof in experimental murine models for human diseases like:

- *Tuberculosis*
- *Leishmaniasis*
- *Helminthis 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

Medical Imaging Research Unit

Room 514, Anatomy Building

The late Allan Cormack, who won the Nobel Prize for Medicine in 1979 for his pioneering work on the computed tomography (CT) scanner, was the inspiration that led to the creation of MIRU. Professor Cormack was an alumnus of UCT who performed his research at Groote Schuur Hospital in the mid-1950s. The mission of the Unit is to conduct world-class research in medical imaging that specifically addresses the healthcare needs of Africa. The Unit has an interdisciplinary focus, attracting talented physicists, engineers, computer scientists and clinicians. Research in the Unit focuses on problems such as trauma, cancer, tuberculosis, cardiovascular disease, neuromuscular disorders, brain disorders, orthopaedic disorders and the effects of alcohol abuse.

Professor and Director:

T Douglas, BScEng MBA Cape Town MS Vanderbilt PhD Strathclyde

UCT Research Unit for Receptor Biology

Wernher 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, BSc (Hons) 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 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:

G Fiegen, 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:

H Zar, MBBCh FCPaeds BC Pediatr (USA) 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 Brewesloof 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 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.

Professor and head:

T Sewell, PhD *Lond*

UCT Leukaemia Unit

Room 6.06, Chris Barnard Building

Director:

N Novitzky, PhD *Cape Town FCP SA*

Researchers:

L du Pisani, MBChB FPath (Haem)

C du Toit, MBChB MMed (Int Med) *UFS*

R Mohamed, NDMedTech

S Mowla, PhD *Cape Town*

M Ntombogwana, MBChB FPath (Haem)

J Opie, MBChB FCP *SA*

K Shires, PhD *Cape Town*

W van Schalkwyk, MBChB FCPPath (Haem) MMed (Haem)

Women's Health Research Unit

Level 3, Falmouth Building South

The Women's Health Research Unit (WHRU) was established in the Faculty of Health Sciences at the University of Cape Town (UCT) in 1996. The Unit is involved in research, teaching and technical health service support in the area of women's health and gender and health. It is made up of a multidisciplinary team of researchers with expertise in public health, epidemiology and anthropology. The overall aim of the Unit is to improve the health of women through research that informs policy and practice.

Associate Professor and Director:

J Harries, BA(Hons) MPhil MPH PhD *Cape Town*

Professor:

J Moodley, MBChB *Natal MMed PhD Cape Town*

Research Officer:

D Constant, BSc (Physio) BSc (Hons) MSc (Med) MPH PhD *Cape Town*

Honorary Professor:

D Cooper, BSocSc BA(Hons) PhD *Cape Town*

Honorary Associate Professor:

C Mathews, BA (Hons) MSc (Med) PhD *Cape Town*

Emeritus Associate Professor:

M Hoffman, BSc (Med)(Hons) 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	LOWER 2ND	
		70-74%	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	
PPH3000H	Becoming a Doctor Part IIA	6	4	2	
SLL3002H	Becoming a Doctor(languages) Part IB	6	4	2	
MDN3001H	Introduction to clinical Practice	14	12	6	
Maximum points for third year examinations		38			
FOURTH YEAR					
MDN4011W	Medicine	12	10	5	
OBS4003W	Obstetrics & Gynaecology	6	4	2	
PPH4013W	Public Health	4	2	1	
PPH4043H	Health Promotion	4	2	1	
PRY4000W	Psychiatry	6	4	2	
MDN4015W	Pharmacology& Applied Therapeutics	4	2	1	
SLL3003W	Clinical Languages	2	1	0.5	
Maximum points for fourth year examinations		38			
FIFTH YEAR					
AAE5000H	Anaesthesia	6	4	2	
CHM5003W	Surgery	8	6	3	
CHM5004H	Trauma	2	1	0.5	
CHM5005H	Orthopaedic Surgery	2	1	0.5	
LAB5008H	Forensic Medicine	4	2	1	

MDN5002W	Medical & Surgical Specialities	8	6	3
MDN5003H	Pharmacology & Applied Therapeutics	4	2	1
OBS5000W	Obstetrics & Gynaecology	4	2	1
PED5001W	Paediatrics and Child Health	10	8	4
Maximum points for fifth year examinations		52		
SIXTH YEAR				
MDN6000W	Medicine (including Allied Disciplines)	10	8	4
OBS6000W	Obstetrics and Gynaecology	10	8	4
PED6000W	Paediatrics and Child Health	10	8	4
CHM6000W	Surgery	10	8	4
PPH6000W	Family Medicine and Palliative Medicine	6	4	2
PRY6000W	Psychiatry	6	4	2
Maximum points for sixth year examinations		52		
Maximum points for clinical examinations (years 1 to 3)		110		
Maximum points for clinical examinations (years 4 to 6)		142		
Maximum overall points (years 1 to 6)		252		

Award	Criteria	Minimum Point Score
Distinction in the basic sciences	Student must score at least 80% of the maximum points for the preclinical examinations	88 out of 110
Distinction in the clinical sciences	Student must score at least 75% of the maximum points for the clinical examinations	106 out of 142
Award of degree with honours	Student must achieve an overall point score of at least 75% of the maximum overall points	189 out of 252
Award of degree with first class honours	Student must achieve an overall point score of at least 85% of the maximum overall points	214 out of 252

For students who transfer from other universities/faculties, an average will be allocated for their previous courses, based on achievement at UCT. "Repeat" results do not count.

Health and Rehabilitation Sciences:

BSc Audiology and BSc Speech-Pathology:

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

BSc Occupational Therapy:

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

BSc Physiotherapy:

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

CLASS MEDALS, DEAN'S MERIT LIST AND PRIZES

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

GENERAL NAMED PRIZES

BARNARD FULLER PRIZE	For the best student qualifying for MBChB with first class honours.
FORMAN PRIZE	For the undergraduate student who has made a special contribution to student affairs.
THE DEAN'S PRIZE	For the top final year MBChB student.
PROFESSOR MARY ROBERTSON PRIZE FOR EXCELLENCE	For the top female MBChB graduate.
PROFESSOR MARY ROBERTSON PROGRESS PRIZE	For the graduating female MBChB student from a disadvantaged background who made the most progress over the six years of study.
STANLEY PHILIP NEUMANN MEMORIAL AWARD	Awarded to the overall outstanding student completing the courses prescribed for semesters 3 to 5 of the MBChB programme.
ZALMEN ATLAS MEMORIAL PRIZE	For the best student in the first year of the MBChB programme.
ZWARENSTEIN PRIZE	For the best student in the first year of the MBChB programme.

NAMED PRIZES BY DEPARTMENT

DEPARTMENT OF ANAESTHESIA

PRISMAN PRIZE	For two final year MBChB students submitting the best portfolios in Anaesthesia. This submission is voluntary. It will entail a detailed and comprehensive essay on all aspects of the peri-operative Anaesthetic management and issues of one of their surgical clinical case studies already included in their sixth year MBChB Surgery portfolio. A monetary prize will be awarded to the two best portfolios. The Department of Anaesthesia reserves the right to withhold the prize if the standard of the essays is deemed to be inadequate.
SA SOCIETY OF ANAESTHETISTS' MEDAL	For the best fifth year MBChB student in Anaesthesia.

DEPARTMENT (SCHOOL) OF CHILD & ADOLESCENT HEALTH

DOWIE DUNN MEMORIAL PRIZE	Awarded to the best sixth year MBChB student in Paediatrics.
DR I MIRVISH PRIZE	Awarded to the top student in fifth year MBChB Paediatrics.
DR KATHY CHUBB MEMORIAL PRIZE	For the final year MBChB student (preferably female) who has shown excellent overall performance in the fields of Paediatrics and Surgery, and recognised dedication to the practice of Medicine.
NESTLÉ PRIZE	For the best final year MBChB student in Paediatrics oral and clinical examinations.

DEPARTMENT OF CLINICAL LABORATORY SCIENCES**General**

LAFRAS STEYN CLINICAL LABORATORY SCIENCES PRIZE	Awarded at the bi-annual research day for the best student oral presentation of the day.
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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.
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Forensic Pathology

DIVISIONAL PRIZE	For the top student in LAB5008H Forensic Pathology
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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.
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Medical Biochemistry

MARK HORWITZ PRIZE	For the best MBChB student in Molecular Medicine (LAB3020W).
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SANTILAL PARBHOO PRIZE

	For the best Special Study module in Molecular Medicine.
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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)
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Virology

GOLDA SELZER PRIZE

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

DEPARTMENT (SCHOOL) OF HEALTH & REHABILITATION SCIENCES

Communication Sciences and Disorders (Audiology and Speech-Language Pathology)

A B CLEMONS AWARD

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

P DE V PIENAAR PRIZE

Awarded by the South African Speech-Language-Hearing Association to the student who maintained the highest academic standard over four years, with a minimum average of 75% throughout the programme.

SA ASSOCIATION OF AUDIOLOGISTS PRIZE

For the best clinical performance in Audiology.

SUSAN SWART PRIZE

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

THE SOUTH AFRICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PRIZE

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

THE SOUTH AFRICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PRIZE

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

Occupational Therapy

OCCUPATIONAL THERAPY ASSOCIATION OF SOUTH AFRICA (OTASA)

For the BSc Occupational Therapy student/s who presented the best final year research project.

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

For the BSc Physiotherapy student with the overall

AWARD	highest marks during second and third year clinical practical courses.
PAGET PHYSIOTHERAPY SHIELD	For the student achieving the highest academic standard during the four years of BSc Physiotherapy study.
PHYSIOTHERAPY THIRD YEAR SHIELD	For the best overall student in third year BSc Physiotherapy.
SOUTH AFRICAN SOCIETY FOR PHYSIOTHERAPY TROPHY	For the best overall student in final year BSc Physiotherapy.

DEPARTMENT OF HUMAN BIOLOGY

AW SLOAN PRIZE	For the best performance in Integrated Health Sciences Parts 1 and 2 (HUB1006F and HUB1007S).
IONE SELLARS MEMORIAL PRIZE	For the best student in Anatomy & Physiology II for Health & Rehabilitation Sciences. (HUB2015W).
KURT GILLIS PRIZE	For the best performance in Fundamentals of Integrated Health Sciences Parts 2 (HUB1011F).
MR DRENNAN MEMORIAL PRIZE	For the best student in HUB2017F and LAB2000S Integrated Health Systems Parts IA and Part IB in second year MBChB.
RICHARD WILLIAM SPENCER CHEETHAM PRIZE	For the highest mark in the neuroscience component of LAB3009H Integrated Health Systems Part II.
UCT SURGICAL SOCIETY PRIZE	For the second year MBChB student with the highest score in the Anatomy sections of OSPE and SAQ examinations throughout the year.
W A AND GORDON JOLLY PRIZES (3 awards)	For the best practical performance in each of the following: <ul style="list-style-type: none"> 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.

264 ADDITIONAL INFORMATION

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 Primary Healthcare in fourth year MBChB (PPH4043W).

JOHN FLEMING BROCK PRIZE For the best fourth year Public Health MBChB student. (PPH4013W).

DEPARTMENT OF SURGERY

General Surgery

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

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

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

J H LOUW PRIZE IN SURGERY	For the most distinguished student in the final MBChB surgical examination (the student with the highest mark).
MOFFATT MEMORIAL PRIZE	For a fifth year MBChB student who has demonstrated excellence in Surgery and an interest in the Humanities.
Neurosurgery	
KAY DE VILLIERS PRIZE	For the best performance in Neurosurgery in CHM5007W
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.
SYNTHES 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
PPH3000H Becoming a Doctor Part IIA, and
SLL3002H Becoming a Doctor Part IIB

Final year class medal for best overall performance in
PRY6000W Psychiatry

Final year class medal for best overall performance in
OBS6000W Obstetrics and Gynaecology

Final year class medal for best overall performance in
MDN6000W Medicine (including Allied Disciplines)

Final year class medal for best overall performance in
CHM6000W Surgery

Final year class medal for best overall performance in
PED6000W Paediatrics and Child Health

Final year class medal for best overall performance in
PPH6000W Family Medicine and Palliative Medicine

Gold medal for overall top performance throughout the MBChB programme

HEALTH & REHABILITATION SCIENCES

BSc Occupational Therapy:

(a) (i) A class medal to be awarded for best performance in each year of study (provided an average of 75% or above is obtained);
(ii) A class medal to be awarded for top performance in the following clusters:

- AHS3113W Foundation Theory for OT Practice I and AHS4119W Occupational Therapy Research & Practice Management.
- AHS3113W Foundation Theory for OT Practice I and AHS4120W Foundation Theory for OT Practice II.
AHS3107W OT Theory and Practice in Physical Health, AHS3108W OT Theory and Practice in Mental Health, and AHS4121W Occupational Therapy Practice and Service Learning.

(b) Distinction for the degree: Overall average of 75% throughout all four years of study.

BSc Physiotherapy:

- (a) (i) A class medal to be awarded for best performance in each year of study (provided an average of 75% or above is obtained);
- (ii) A class medal to be awarded at the end of final year in the following three professional courses, provided a result of 75% or above has been obtained in each case:
 - AHS4065W Clinical Physiotherapy III
 - AHS4071H Applied Physiotherapy III
 - AHS3076H Movement Science III
- (b) Distinction for the degree: Overall average of 75% throughout all four years of study.

BSc Audiology and BSc Speech-Language Pathology:

- (a) (i) A class medal to be awarded for best performance in each year of study (provided an average of 75% or above is obtained);
- (ii) A class medal to be awarded for the best clinical performance in the following courses provided a result of 75% is obtained in each case:
 - AHS3004H Clinical Speech Therapy II (third year BSc Speech-Language Pathology);
 - AHS3008H Clinical Audiology II (third year Audiology);
 - AHS4005H Clinical Speech Therapy IIIA and AHS4006H Clinical Speech Therapy IIIB (combined) (fourth year Speech-Language Pathology)
 - AHS4008H Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB (combined) (fourth year Audiology).
- (b) Distinction for 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 slippers);
- (c) Refrain from sporting hairstyles and jewellery that may offend patients and their families;
- (d) Maintain a high standard of personal hygiene; and
- (e) Wear uniforms or clean white coats where appropriate.

Academic and clinical training

3

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

Students are expected to:

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

Relationship with patients

4

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

Students are expected to:

- (a) Be respectful, polite and considerate towards everyone including patients, their escorts, community members, staff and fellow students;
- (b) Greet patients politely and address them appropriately being mindful of age differences and sensitive to the cultural context;
- (c) Build relationships with patients and their families based on honesty, openness, trust and good communication;
- (d) Maintain a professional boundary between themselves, their patients and anyone else close to the patient;
- (e) Ensure that patients or their caregivers give their informed consent for any activity performed by the student on the patient;
- (f) Ensure that they are adequately supervised when performing any procedures on patients;
- (g) Be aware of the rights of the patient and respect the decisions made by

patients;

- (h) Not unfairly discriminate against patients nor allow personal views to affect the treatment that they provide. (This includes views about ethnic origin, race, age, colour, culture, gender, sex, religious beliefs, political orientation, lifestyle, marital status, disability, sexual orientation, social and economic status etc).
- (i) Ensure that they maintain patient confidentiality and not discuss the patient with anyone not directly involved in the patient's care;
- (j) Be aware of ethical issues in relation to the care of the patient;
- (k) Ensure that they are clearly identified as students;
- (l) Be aware of their own limitations in relation to the care of the patient and refer to their supervisors; and
- (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 (DJP1.1).

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

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

Forms of Plagiarism

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

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

Obvious forms of plagiarism include:

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

Less obvious forms of plagiarism include:

8. *Not giving proper credit to someone else's ideas or findings.*
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 TURNTIN*

Turnitin is an internet-based service that checks the extent of unoriginal content in your paper or thesis. It will identify all the parts where you have copied text from elsewhere. Where you

have acknowledged doing so with direct quotes, that is acceptable. Of course, you should not have too many direct quotes since you are required, after all, to demonstrate your own academic writing and critical thinking skills. Identified copied content that is not acknowledged is plagiarism and you must reword and restructure these identified sections. Note that Turnitin is not a guarantee that there is no plagiarism – it is only a guide. See more about Turnitin [here](#).

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

UCT Rules and Senate Policy

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

RCS2.4 A student:

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

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

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

SENATE POLICY

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

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

Declaration

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

Plagiarism Declaration:

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

Signature:

Declaration to be included in your thesis

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

Declaration

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

Signature: Date:

Referencing conventions

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

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

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

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

For advice and guides on referencing see:

UCT Library Referencing Help:
<http://libguides.lib.uct.ac.za/refworks>
and

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

Harvard UCT: Handbook on citation:
<http://www.lib.uct.ac.za/wp-content/uploads/2014/02/harvard-uct-2014.pdf>

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

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

Consequences of plagiarising

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

If this is the case, and the plagiarism is substantial, the Registrar has indicated that, unless there are unusual circumstances, the prosecution will ask for your expulsion. Even if you are not expelled, a conviction for cheating on your academic record is likely to limit your career opportunities. If you are preparing for a profession, you should know that a conviction for cheating in academic work may bar you from professional licensing temporarily or permanently.

Web-based information and resources

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

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

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

[UCT Faculty of Health Sciences Guide](#) A site listing different referencing conventions and guide to Turnitin

UCT information on [RefWorks](#)

Information on [APA referencing](#) convention

Guide on the [Harvard referencing](#) convention

UCT Writing Centre [on referencing](#)

UCT writing Centre on [postgraduate writing](#)

UCT Writing Centre on resources in [grammar](#)

The UCT [Senate policy declaration on plagiarism](#)

Turnitin services – [Student Guide](#)

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

Assistance for staff and students

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

UCT Library staff for general queries about referencing:

Amina Adam; Jen Eidelman; Cyrill Walters

UCT Library staff for queries about RefWorks:

Dilshaad Brey; Dianne Steele; Gill Morgan; Khumbulele Faltein

UCT Library staff for queries about Mendeley:

Tamzyn Suliaman

Research Ethics:

Dr Robert McLaughlin (UCT Office for Research Integrity)

UCT Writing Centre

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

Tel: 021 650 5021

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.

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/amec2011-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:

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

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