

# MISSION STATEMENT

UCT aspires to become a premier academic meeting point between South Africa, the rest of Africa and the world. Taking advantage of expanding global networks and our distinct vantage point in Africa, we are committed through innovative research and scholarship, to grapple with the key issues of our natural and social worlds. We aim to produce graduates whose qualifications are internationally recognised and locally applicable, underpinned by values of engaged citizenship and social justice. UCT will promote diversity and transformation within our institution and beyond, including growing the next generation of academics.

Foundation statement underpinning the mission statement

## **Our research-led identity is shaped by a commitment to:**

- academic freedom as the prerequisite to fostering intellectual debate and free inquiry;
- ensuring that research informs all our activities including teaching, learning and service in the community;
- advancing and disseminating knowledge that addresses the key challenges facing society – South African, continental and global;
- protecting “curiosity driven” research;
- nurturing and valuing creativity in the sciences and arts including the performing and creative arts;
- stimulating international linkages of researchers and research groupings;

## **We strive to provide a superior, quality educational experience for undergraduate and postgraduate students through:**

- providing an intellectually and socially stimulating environment;
- inspired and dedicated teaching and learning;
- exposure to the excitement of creating new knowledge;
- stimulating the love of life-long learning;
- the cultivation of competencies for global citizenship;
- supporting programmes that stimulate the social consciousness of students;
- offering access to courses outside the conventional curricula;
- attracting a culturally and internationally diverse community of scholars;
- guaranteeing internationally competitive qualifications;
- offering a rich array of social, cultural, sporting and leadership opportunities;
- providing an enabling physical and operational environment.

## **In advancing UCT as an Afropolitan university, we will**

- expand our expertise on Africa and offer it to the world;
- extend our networks on the continent, along with our global connections and partnerships;
- promote student and staff exchanges and collaborative research and postgraduate programmes;
- engage critically with Africa’s intellectuals and world views in teaching and research;
- contribute to strengthening higher education on our continent.

## **We strive to provide an environment for our diverse student and staff community that:**

- promotes a more equitable and non-racial society;
- supports redress in regard to past injustices;
- is affirming and inclusive of all staff and promotes diversity in demographics, skills and backgrounds;
- offers individual development opportunities to all staff;
- is welcoming as a meeting space for scholars from Africa and around the world.



# UNIVERSITY OF CAPE TOWN

## FACULTY OF HEALTH SCIENCES

### UNDERGRADUATE PROGRAMMES

### 2013

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

**Dean's & Faculty Offices:** Faculty of Health Sciences  
Private Bag X3  
7935 OBSERVATORY

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

**Fax:** (021) 447-8955

**Telephones:** General reception: (021) 406 6634  
For other contact details see p4.

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

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

- Book 1:** Undergraduate Prospectus
- Book 2:** Authorities and Information of Record
- Book 3:** General rules and Policies
- Book 4:** Academic Calendar and Meetings
- Book 5:** Student Support and Services
- Books 6-11:** Handbooks of the Faculties of Commerce, Engineering and the Built Environment, Health Sciences, Humanities, Law, Science
- Book 12:** Student Fees
- Book 13:** Financial Assistance for Undergraduate Students
- Book 14:** Financial assistance for Postgraduate students

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# GUIDE TO THE USE OF THIS HANDBOOK

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

*General Information:* This section includes contact details of key central offices, term dates, definitions of terminology used and 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 undergraduate degrees, and includes undergraduate courses that the Faculty of Health Sciences offers to students in other faculties, or to South African students registered at UCT but studying towards a Cuban degree, and courses that MBChB students doing an intercalated honours programme are permitted to take.

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

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

All students must familiarise themselves with the General Rules for Undergraduate Students, the Rules and Curricula for their undergraduate degree programmes, and also with the University rules in Handbook 3, General Rules and Policies. Students are also expected to check annually whether the rules or curriculum requirements have changed since the last edition.

## DISCLAIMER

The University has made every effort to ensure the accuracy of the information in its handbooks. However, we reserve the right at any time, if circumstances dictate, to

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

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



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# GENERAL INFORMATION

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

### DEAN'S OFFICE AND FACULTY OFFICE

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

#### Professor and Dean:

To be appointed (at time of print).

#### Professor and Acting Deputy Dean: Research

To be appointed (at time of print).

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

S Kidson, BSc (Hons) MSc PhD *Wits* H Dip Ed *JCE*

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

G Perez, B Dentistry *Algiers* DHSM MDent (Community Dentistry) *Wits*

#### Deputy Dean: Clinical Health Services:

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

#### Faculty Manager: Academic Administration:

B Klingenberg, BA HED *UFS*

#### Manager: Undergraduate Administration:

J Stoffberg, Dip Management *CPUT*

#### Manager: Postgraduate Administration:

A Winckler, BA *UPE*

### PRIMARY HEALTH CARE DIRECTORATE

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

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

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

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

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

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

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

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

#### Assistant Lecturer:

S Crawford-Browne, MsocSc ClinSocW *Cape Town*

#### Honorary Lecturers:

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

## 2 GENERAL INFORMATION

Dr P Bock, MBChB MPH(Epi) *Cape Town* MRCP *Edinburgh* MRCGP *UK*  
Dr B Gaunt, MBChB *Cape Town* MSc Int PHC *London* DipAnaes DipObst SA

### **Clinical Teaching Platform Coordinator:**

F Molteno, BsocSc (Hons) MsocSc *Cape Town*

### **Junior Research Officer:**

C Naidu, Msoc HonSoc *Cape Town*

### **Recruitment Officer: Rural Students:**

S January, BA *Grahamstown*

### **Facility Manager:**

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

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

C Beauzac, Hons DevStud *UWC*

B Dube, MA ClinSocSc BsocSc Clin SocW (Hon) *Cape Town*

T Xapa, Dip AdEd/BusPlan *Cape Town*

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

P Botha, BSocSc SocW *Cape Town* BA (HonsSocW) *UNISA*

A-L Botsis, BA *Grahamstown* Higher Ed Dip *Stell*

### **Site Coordinators:**

S Adams

N Daniels

F Le Roux

Z Nyati, Dip Office Admin *Cape Town*

## **EDUCATION DEVELOPMENT UNIT**

*Second Floor, Anatomy Building*

*(Tel: 021 406 6646)*

### **Director of Education Development Unit:**

N Hartman, Barts *Stell* BsocSc (Hons) MsocSc PhD *Cape Town*

### **Curriculum Development Officer:**

M Alperstein, BsocSc (Nursing) *UKZN* Dip PHC (Ed) *Wits* MPhil(Adult Ed) *Cape Town*

### **Academic Development Officer:**

V Janse van Rensburg, B Occ Ther *Stell* MPhil PhD *UWC*

### **IT Education Manager:**

G Doyle, BSc (Hons) HDE *Rhodes*

## **CENTRE FOR BIOETHICS**

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

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



To arrange bioethics consultations please email: [bioethicsconsult@uct.ac.za](mailto:bioethicsconsult@uct.ac.za) (all emails to this address are confidential).

For general enquiries to the Bioethics Centre please email: [bioethics@uct.ac.za](mailto:bioethics@uct.ac.za)

**Emeritus Professor and Director:**

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

**Professor and Deputy Director:**

D Benatar, BSocSc (Hons) PhD *Cape Town*

**Honorary Senior Lecturer:**

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

**Associate Professor:**

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

**Senior Lecturers:**

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

L Henley, MsocSc Mphil (Bioethics) PhD *Cape Town*

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

**Post-doctoral fellow:**

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

## Undergraduate degrees offered and programme conveners

**MBChB (MB014)**

**Convener:** Prof V C Burch, MBChB *Wits* MMed *Cape Town* FCP SA PhD *Rotterdam* FRCP *UK*

**BSc (Med) (MB001)**

**Convener:** Assoc Prof A A Katz, MSc PhD *Rehovot*

**BSc Audiology (MB011)**

**Convener:** Dr L Ramma, BA(CommSci&Dis) *Fresno State* MA(Audio) *San Diego* AuD *Florida*  
PGDip(Health Economics) *Cape Town* MPH *Wits*

**BSc Speech-Language Pathology (MB010):**

**Convener:** Dr M Pascoe, BSc(Log) MSc(SpeechPath) *Cape Town* PhD *Sheffield* *UK*

**BSc Occupational Therapy (MB003)**

**Convener:** A Sunday, BSc(Occ Ther) *UWC* M(ECI) *Pret*

**BSc Physiotherapy (MB004)**

**Convener:** S Maart, BSc(Phys) MPH *UWC*

## 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.]

## 4 GENERAL INFORMATION

<b>Query:</b>	<b>Whom to approach:</b>	<b>Telephone:</b>
Academic transcripts/degree certificates	Records Office	(021) 650 3595
Admission: Undergraduate	Undergraduate Administration section of Faculty Office of Health Sciences	(021) 406 6328
Computer laboratory queries	ICTS, Anatomy Building, Health Sciences campus	(021) 406 6729
Deferred examinations	Records Office	(021) 650 2132
Fee problems/accounts	Central Fees Office (Kramer Law Building)	(021) 650 2142
Fee payments	Cashier's Office (Kramer Law Building) (09h30 to 15h30)	(021) 650 2207/ 2146
Financial assistance	Student Financial Aid Office (Kramer Law Building)	(021) 650 2125
Medical Library queries	Medical Librarian, Health Sciences Faculty Library	(021) 406 6130
Registration issues	Academic Administration section of Faculty Office of Health Sciences: Undergraduate	(021) 406 6634
Student health matters	Student Wellness	(021) 650 1020
Undergraduate curriculum matters	Undergraduate Administration section of Faculty Office	(021) 406 6634
Undergraduate student support (other than academic support)	Undergraduate Administration section of Faculty Office of Health Sciences	(021) 406 6614

## Contact details of Health Sciences Student Council

*Office: downstairs from Dean's Office in Barnard Fuller Building*

*Office hours: 13h08 – 13h45 week-days.*

Moratoa Joale	Chair	moratoa.joale@hotmail.co.uk
Nomakhosi Msimango	Deputy Chair	mmsnmom007@myuct.ac.za
Ntoetse Lerotholi	HIV & Student Wellness	ntoetse09@gmail.com
Bokang Mauba	Transformation	mbxbok001@myuct.ac.za
Kgomotso Mzimba	Secretary-General	mzmkgom001@myuct.ac.za
Moepeng Maseko	Media & IT	mskmoe001@myuct.ac.za
Samke Nyamathe	Community Outreach	ss.nyamathe@gmail.com
Tabudi Jason Magaela	Marketing & Fundraising	mgljab001@myuct.ac.za
Sarvesh Balkaran	MBCbB Academic Officer	sarvesh.balkaran@gmail.com
S'misosenkosi Skosana	Sport & Entertainment	smiso.skosana@gmail.com
Ahmed Tayob	Treasurer	ahmadtayob@gmail.com
Portia Thobeka Ngcobo	H&R Academic Officer	thobeka.p.ngcobo@gmail.com

## Term dates 2013

The 2013 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 - 22 Mar 02 Apr - 07 Jun 15 Jul - 30 Aug 09 Sep - 13 Nov <b>Registration date:</b> 30 January 2013	14 Jan - 22 Mar 02 Apr - 21 Jun 15 Jul - 30 Aug 09 Sep - 15 Nov <b>Registration date:</b> 14 January 2013	14 Jan - 22 Mar 02 Apr - 21 Jun 15 Jul - 08 Nov <b>Registration date:</b> 11 January 2013	07 Jan - 20 Jun 15 Jul - 22 Nov <b>Registration date:</b> 04 January 2013	07 Jan - 21 Jun 15 Jul - 22 Nov <b>Registration date:</b> 03 January 2013

### BSc AUDIOLOGY AND BSc SPEECH-LANGUAGE PATHOLOGY

First Year	Second Year	Third Year	Fourth Year
11 Feb - 20 Mar 02 Apr - 07 Jun 15 Jul - 30 Aug 09 Sep - 13 Nov <b>Registration date:</b> 30 January 2013	14 Jan - 20 Mar 02 Apr - 05 Jun 15 Jul - 30 Aug 09 Sep - 07 Nov <b>Registration date:</b> 14 January 2013	21 Jan - 20 Mar 02 Apr - 05 Jun 08 Jul - 30 Aug 09 Sep - 23 Nov <b>Registration date:</b> 21 January 2013	14 Jan - 20 Mar 02 Apr - 21 Jun 15 Jul - 30 Aug 09 Sep - 07 Nov <b>Registration date:</b> 14 January 2013

### BSc OCCUPATIONAL THERAPY

First Year	Second Year	Third Year	Fourth Year
11 Feb - 20 Mar 02 Apr - 07 Jun 15 Jul - 30 Aug 09 Sep - 13 Nov <b>Registration date:</b> 30 January 2013	14 Jan - 20 Mar 02 Apr - 05 Jun 15 Jul - 30 Aug 09 Sep - 22 Nov <b>Registration date:</b> 11 January 2013	14 Jan - 20 Mar 02 Apr - 07 Jun 08 Jul - 30 Aug 09 Sep - 22 Nov <b>Registration date:</b> 11 January 2013	14 Jan - 20 Mar 02 Apr - 21 Jun 15 Jul - 30 Aug 09 Sep - 22 Nov <b>Registration date:</b> 11 January 2013

### BSc PHYSIOTHERAPY

First Year	Second Year	Third Year	Fourth Year
11 Feb - 20 Mar 02 Apr - 07 Jun 15 Jul - 30 Aug 09 Sep - 13 Nov <b>Registration date:</b> 30 January 2013	14 Jan - 20 Mar 02 Apr - 07 Jun 15 Jul - 30 Aug 09 Sep - 15 Nov <b>Registration date:</b> 14 January 2013	14 Jan - 20 Mar 02 Apr - 07 Jun 08 Jul - 30 Aug 09 Sep - 15 Nov <b>Registration date:</b> 14 January 2013	14 Jan - 20 Mar 02 Apr - 07 Jun 15 Jul - 30 Aug 09 Sep - 15 Nov <b>Registration date:</b> 14 January 2013

## Definitions of terms used in this handbook

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

**Co-requisite course:** A subject or course for which a student must be registered concurrently with (at the same time as) another course.

**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.

## 6 GENERAL INFORMATION

**Exemption and credit:** Exemption from a course means that a student need not register for 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.

**Formative or continuous assessments:** Evaluation of a student's performance (by means of written, oral or clinical work) during the year, before the final examination in a particular course.

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

**HEQF credits and HEQF course level:** The University is required to align its qualifications with the Higher Education Qualifications Framework. In terms of the Framework, the following criteria apply: A Bachelor's degree of four or more years (exit level 8): Minimum of 480 credits. Minimum credits at level 7: 120; minimum credits at level 8: 96. (Courses with content pitched at first year level are at level 5; those at second year level at level 6; those at third year level at level 7; and those at fourth to six year at level 8.

HEQF credit: 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.

**Prerequisite course:** A subject or course that a student must have completed in order to gain admission to a more senior course.

**Programme/course convener:** Academic staff member in charge of offering the degree or diploma programme or a course within the degree or diploma 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 academically excluded.

**Semester:** A half-year.

## Degree, plan and course codes

Each degree programme has a code, indicating

M = Faculty of Health Sciences

B = Bachelor's degree

+ a 3-digit number

Example: BSc Physiotherapy = MB004.

**The undergraduate degree codes are as follows:**

MB001	BSc(Med)
MB003	BSc Occupational Therapy
MB004	BSc Physiotherapy
MB010	BSc in Speech-Language Pathology
MB011	BSc in Audiology

MB014	MChB
MZ001	Occasional (Undergraduate)
MZ094	South African Affiliation
MZ097	SADC Affiliation

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
J	Summer Term First Session
L	Winter Term
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 HEQF credit value of the course.]*

Within a qualification there may also be several streams or plans; e.g. the BSc(Med) has a range of possible plans each ending in a different set of major courses.

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# GENERAL RULES FOR UNDERGRADUATE STUDENTS

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

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

- FGU1.1 All students are required to renew their registration formally each year by completing registration forms for submission to the Faculty Office. No retrospective registration is allowed.
- FGU1.2 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.
- FGU1.3 Except by permission of the Senate, a person who has not registered for the current year shall not be allowed to attend academic commitments and shall have no access to University facilities. Students who have not re-registered because they have fees outstanding may apply formally to the Deputy Vice-Chancellor concerned, via the Faculty Office, for a specified “grace period” while they make arrangements to have their fees paid. In cases where students have been granted a grace period and allowed to attend despite not being registered, they may not be given results of any assessments.

## Registration of students with professional bodies

- FGU2.1 All undergraduate students are required to register with the Health Professions Council of South Africa upon admission to their respective degree programmes and are bound by that Council's regulations. Final year MBChB students are registered as student interns with the Health Professions Council of South Africa and, upon their qualification, as interns, and 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

- FGU5.1 Students doing degrees involving clinical work are expected to act in accordance with the ethical norms laid down by the Health Professions Council of South Africa. Students who are found guilty of unprofessional conduct may be required to terminate their registration in the Faculty.

A student who is found to be physically or otherwise impaired may also be required to terminate their registration in the Faculty.

A student with a self-reported or observed disability may be asked to undergo an assessment to determine fitness to practise.

Where a student who qualifies for the award of the degree or diploma for which he/she is registered, or where a student, in the course of his/her studies, following professional assessment, is deemed unfit to practise healthcare, the Dean will report the outcome of such professional assessment to the relevant regulatory body and inform the student accordingly.

*[Note: The following definitions apply:*

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

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

*In terms of the Medical Dental and Supplementary Health Service Professions Act of 1974 a student or practitioner is required to*

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

- FGU5.2 Students are expected to behave professionally and dress appropriately. Professional behaviour includes attendance of all scheduled academic activities and respectful behaviour towards teachers, patients and colleagues.

*[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*

## 10 GENERAL RULES FOR UNDERGRADUATE STUDENTS

*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 degree. The student's academic standard of work performed during any course and, where relevant, the student's attendance, will be taken into account in determining the result obtained by him/her in that course and/or the student's progression to the next year of study in the programme for which he/she is registered.

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

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

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

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

FGU7.3 A student in any undergraduate degree who fails one or more courses prescribed in any year of study may be required to repeat all courses prescribed for that year, including courses he/she may have passed before, unless the Senate exempts him/her from re-attendance and/or re-examination in a course or courses passed by him/her on grounds that he/she has attained a standard regarded by the Senate as satisfactory in the course/s concerned. Students who are repeating courses which they have passed will be liable for fees for such courses.

FGU7.4 The Senate may refuse to admit an applicant to a 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 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 course(s) in any academic year of study and who applies and is permitted to register for one or more course(s) from the next academic year of study in addition to the course(s) which he/she is repeating, will be subject to the readmission rules of the Faculty in respect of the full load of courses for which he/she is registered.

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

FGU7.7 A first year undergraduate student who was admitted to an undergraduate programme in



the Faculty subject to his/her obtaining conditional Matriculation Board exemption is required to submit proof of having applied for such exemption before he/she will be allowed to register for the second year of study in the programme.

- FGU7.8 An undergraduate student who fails any course or courses may be permitted by the Senate to write a supplementary examination and/or may be required to spend additional clinical training time in one or more of the courses failed and repeat the examination/s in the course/s failed.

### **Examination dates and results**

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

### **Fieldwork and insurance cover**

- FGU9.1 Undergraduate students receive clinical instruction in a variety of settings, which include community settings. The Faculty will take every precaution at its disposal to ensure the safety of students who are trained in community settings. While the University arranges professional indemnity and some personal accident insurance cover for all registered students, students who use their own vehicles to travel to fieldwork sites are advised to take out their own insurance cover for their vehicles.
- FGU9.2 In many cases, University transport is made available to enable groups of undergraduate students to attend fieldwork sites that are some distance from the Faculty's campus. Students who are required to attend fieldwork requirements for which Faculty transport is not available will be responsible for their own transport and transport costs to fieldwork sites.

### **Withdrawal from a programme or course**

- FGU10.1 Students wishing to withdraw from a programme for which they are registered must complete the required forms and submit these to the Faculty Office by the specified dates to avoid being charged the full year's fees. (*See Fees handbook.*)
- FGU10.2 Students wishing to change their curricula (where this is allowed) must do so before the University deadlines for such changes, to avoid being charged a penalty fee. (*See Fees handbook.*)

### **Plagiarism**

- FGU11 Plagiarism is the act of stealing and using as one's own, the ideas, or the expression of the ideas, of another. A student who is found guilty of plagiarism by the University Court shall be penalised. The severity of the penalty will depend on the nature and circumstances of the act of plagiarism. Students are required to submit all assignments with a declaration indicating that they are aware that plagiarism is wrong, and that they have adopted an appropriate convention.

### **Leave of absence and readmission after absence**

- FGU12.1 A student may apply for short leave of absence (three to five days) from his/her studies on grounds of illness or bereavement, or in other exceptional cases at the discretion of the course conveners. To apply, he/she is required to submit a completed "short leave of absence" form, which can be collected from the Faculty Undergraduate Student Administration Office.

## 12 GENERAL RULES FOR UNDERGRADUATE STUDENTS

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

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

*[Please note:*

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

- FGU12.2 A student in clinical years who misses more than a week (with permission) and is unable to make up the time may have to repeat the block.
- FGU12.3 Students may be granted long leave of absence for a specified period, 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.)*
- FGU12.4 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.
- FGU12.5 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)

[Degree code: MB014.]

*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 (page 138).*

### Age limit

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

### Curriculum outline

*The curriculum for the MBChB aims to produce a competent, undifferentiated doctor with the attitudes, knowledge and skills to enter the health care field with confidence. This entails a balance between preventive, promotive, curative and rehabilitative health care, in a primary health care setting. It promotes communication skills, teamwork, professional values and competent clinical practice, in the context of the primary, secondary and tertiary health care systems. The educational approach equips students with critical thinking and lifelong learning skills. The curriculum consists of core components and options (where students select from various Special Study Modules). The curriculum structure is set out below.*

**Programme convener:** Prof V Burch (Department of Medicine).

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

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

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		HEQF level	HEQF credits	
FBA3.2	<b>Semesters 3 to 6</b> ( <i>second and third years</i> )			
	SLL2002H	Becoming a Doctor Part IB	6	24
	LAB2000S	Integrated Health Systems Part IB	6	35
	PPH2000W	Becoming a Doctor Part IA	6	43
	HUB2017H	Integrated Health Systems Part IA	6	57
	In <b>semester 4</b> , one of the following Special Study Modules	6	16	
	PPH2002S/HUB2020S/LAB2002S/OBS2001S/MDN2001S/ PRY2001S/AAE2001S/PED2001S/CHM2001S/RAY2004S/ LAB2002S/AHS2054S			
	PPH3000H	Becoming a Doctor Part IIA	7	25
	MDN3001H	Introduction to Clinical Practice	7	68
	SLL3002H	Becoming a Doctor Part IIB	7	24
	LAB3009H	Integrated Health Systems Part II	7	59
	<i>Total HEQF credits:</i>			351
FBA3.3	<b>Semesters 7 and 8</b> ( <i>fourth year</i> )			
	SLL3003W	Clinical Language	7	0
	PRY4000W	Psychiatry	8	21
	AAE4002W	Anaesthesia	8	0
	OBS4003W	Obstetrics	8	25
	MDN4011W	Medicine (including Dermatology)	8	53
	PPH4013W	Public Health	8	17
	MDN4015W	Pharmacology & Applied Therapeutics	8	13
	PED4016W	Neonatology	8	0
	PPH4043W	Health Promotion	8	17
	<i>Total HEQF credits:</i>			146
FBA3.4	<b>Semesters 9 and 10</b> ( <i>fifth year</i> )			
	AAE5000H	Anaesthesia	8	19
	PPH5000H	Primary Health Care Elective	8	19
	PED5001W	Paediatrics (including Paediatric Surgery)	8	44
	MDN5002W	Medical & Surgical specialities (including Dermatology, Neurology, Neurosurgery, Ophthalmology, Otorhinolaryngology and Rheumatology)	8	35
	CHM5003W	Surgery (including General Surgery, Plastic Surgery and Urology)	8	35
	MDN5003H	Pharmacology & Applied Therapeutics	8	19
	CHM5004H	Trauma	8	7
	CHM5005H	Orthopaedic Surgery	8	7
	OBS5005W	Gynaecology	8	14
	LAB5008H	Forensic Medicine	8	10
	<i>Total HEQF credits:</i>			209
FBA3.5	<b>Semesters 11 and 12</b> ( <i>sixth year</i> )			
	CHM6000W	Surgery	8	41
	MDN6000W	Medicine (including Dermatology)	8	41
	OBS6000W	Obstetrics and Gynaecology	8	41
	PED6000W	Paediatrics (including Paediatric Surgery)	8	41
	PPH6000W	Family Medicine	8	21
	PRY6000W	Psychiatry	8	21

		<b>HEQF level</b>	<b>HEQF credits</b>
MDN6004W	Exit examination on procedural competence	8	0
	<i>Total HEQF credits:</i>		206
	<i>Total HEQF credits for programme:</i>		1061

### Clinical instruction for MBChB students

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

### Intervention Programme

FBA5.1 Any 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 Any 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 medicine.

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 doing the Intervention Programme.

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

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

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

- FBA6.1 A student who has successfully completed the Intervention Programme (Parts 1 and 2 OR Part 2, as the case may be) will proceed to Semester 2 of the standard curriculum. He/she will register for:  
HUB1007S Introduction to Integrated Health Sciences Part II  
PPH1002S Becoming a Health Professional.  
Once the student has passed these two second semester courses, he/she may proceed to semester 3 (second academic year of the standard curriculum).
- FBA6.2 A student who has previously passed PPH1002S Becoming a Health Professional with more than 65% may be exempted from repeating this course. No exemption is possible from HUB1007S, regardless of how well his course may have been passed before.
- FBA6.3 Students must meet the Due Performance (DP) requirements for a course that has such requirements in order to qualify to write the examination in that course. DP requirements reflect their importance in the development of professional attitudes. Continuous assessment, contribution to team- and group-work, responsibility for self-learning and respect amongst fellows are key features of the curriculum that are assessed in DP requirements.
- FGA6.4 Students are required to obtain an overall pass mark of at least 50% for each course and (unless otherwise specified), if the course includes more than one sub-discipline, to pass each of the subcomponents of the course with at least 50%.
- FBA6.5 Apart from continuous assessment throughout each course, students are also assessed and/or examined at the end of a course or clinical block, and are required to undergo such written, clinical and oral examinations at the end of the year as may be prescribed.
- FBA6.6 **Failure of a course in Semesters 3 to 6** (*second and third academic years of study*):
- A student who fails any course in the second or third year MBChB may be required to repeat all courses, including those already passed.
  - Except by permission of the Senate, students who repeat the Special Studies Module (SSM) will be required to pass the repeat SSM in the same year in which they are repeating other second year courses. They will also be required to complete the repeat SSM in a discipline other than that of their original SSM.
- FBA6.7 **Failure of a course in Semesters 7 to 12** (*fourth, fifth and final academic year of study*):  
A student who fails any course in the clinical years (semesters 7 to 12) may be
- required to do additional clinical training during the vacation, and write a supplementary examination; or
  - required to repeat all courses prescribed for these semesters; or
  - required to repeat those courses for which he/she obtained less than 60%; or
  - refused readmission if he/she falls foul of the readmission rules under FBA8 below.
- FBA6.8 A student who has passed but obtained less than 55% for any of the courses in fourth year, or who, in the opinion of the Faculty Examination Committee, has otherwise not obtained a sufficiently solid foundation in any clinical course or subcomponents of such course, may be required to undergo additional, remedial clinical training in the disciplines/s concerned during the primary health care elective block (PPH5000H) in the fifth year, and undergo an assessment during and/or at the end of such additional training time.
- FBA6.9 Students are required to complete a logbook and portfolio for certain clinical year courses

by a due date. Should these be incomplete, or should a student despite warning fail to complete the requisite amount of clinical work and/or coursework by the due date in the clinical years of study, the student may be refused access to the final examination in the course/s concerned and/or may be prevented from registering for the next year of study.

FBA6.10 In the case of courses that are not written off at the end of semester 8 (fourth year) - e.g. Neonatology - but where the mark is carried over and included in a course mark in semesters 9 and/or 10 (fifth year), a student has to obtain an overall pass mark for the in-course assessments in fourth year and complete all other course requirements (e.g. a logbook) in order to qualify to proceed into fifth year. Where the student does not obtain such overall pass-mark, he/she may be required to undergo additional clinical training and to write and pass a supplementary assessment before being allowed to proceed to the following year. If he/she fails such supplementary assessment, the Senate may require the student to repeat the whole year, including the courses he/she has already passed.

### **Fifth Year Primary Health Care Elective (PPH5000H)**

FBA7 It is the responsibility of fifth year medical students to confirm with their elective supervisors at the site of their choice that anti-retroviral medication will be available for their use, if required, for the full duration of their elective period. When motivating their elective placements to the convener of PPH5000H, students are required to include a signed statement confirming that they have established that ARV medication will be supplied by the elective host in the event of a needle-stick injury or other accidental exposure to HIV.

### **Readmission rules**

FBA8.1 *[Note: To be read in conjunction with the general rules for students in the front section of this handbook.]*

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

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

FBA8.2 A student who is permitted to renew his/her registration despite not having met the requirements set out above may be required to follow a specific curriculum and may be set specific performance and readmission criteria determined by the Senate.

### **Distinction**

FBA9 This degree may be awarded with distinction, with first class honours or with honours.

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

FBA10.1 MBChB students who wish to apply to interrupt their MBChB studies in order to do a BSc(Med)(Hons) specialising in Applied Anatomy, Biological Anthropology, Bioinformatics, Cell Biology, Physiology, Exercise Science, Human Genetics, Medical

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Biochemistry or Infectious Disease and Immunology, shall generally be required

- (a) to have passed third year MBChB with an average of at least a 70% in the following courses, with no less than 60% for any single course:
- EM1011F or CEMO011S and CEM1011X Chemistry (the latter two chemistry courses are taken by Intervention Programme students); and
  - PHY1025F Physics; and
  - HUB1006F and HUB1007S Introduction to integrated Health Sciences I and II or (for Intervention Programme Students) HUB1010S and HUB1011F Fundamentals of Integrated Health Sciences I and II; and
  - HUB2017H, LAB2000S and LAB3009H Integrated Health systems I and II; and
  - PPH2002S/HUB2020S/LAB2002S/MDN2001S/OBS2001S/PRY2001S/AAE2001S/PED2001SCHM2001S/RAY2004S Special Study Module; and
  - LAB 3020W, Molecular Medicine.
- OR
- (b) to have passed third year MBChB course as well as an approved third year level Bachelor of Science course with an average of at least 70%; and
- (c) to have undergone a successful interview with a selection committee.

FBA10.2 MBChB students doing an intercalated honours who wish to continue with MBChB after completing the honours programme shall be required, whilst registered for the BSc(Med)(Hons) programme concerned, also to register for and pass MDN3003H Introduction to Clinical Practice II.

FBA10.3 On completing the honours programme, the student returns to the remaining years of the MBChB after graduating with the BSc(Med)(Hons).

FBA10.4 A student in the MBChB who holds a BSc(Med)(Hons) 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 Executive Committee. A student thus registered whose research dissertation is of sufficient scope may subsequently be permitted, on application and with special permission of the SEC, to upgrade to a PhD. The Faculty may require the student to spread the load of the clinical years of the MBChB whilst registered for research degree studies. The student will graduate with the MBChB when the requirements for that degree have been met, and continue thereafter with the PhD.

### Course outlines for MBChB curriculum

#### PPH1001F BECOMING A PROFESSIONAL

HEQF credits: 15 HEQF level: 5

Course conveners: L Olickers and L Dlamini.

Prerequisite: PPH1001F.

**Course outline:** Becoming a Professional is a first semester course that introduces all first year students registered in the Faculty of Health Sciences to the process of developing professional conduct. As the first building block in this process, the course aims to promote the conduct, attitudes and values associated with being a professional as well as a member of a professional team. The focus is on interpersonal skills and reflective practice, which include being non-judgemental, sensitive, ethical and respectful of human rights when working with colleagues, clients, patients and community members who may have different values and traditions. In order to achieve this, students learn

- theory on the stages of interviewing, which is applied in simulated and real interviews
- theory related to group and social roles, applied in simulated experiences, to build team membership and leadership skills



- critical analysis of and reflection on professional conduct, including non-judgementalism, empathy, health and human rights.

The educational approach is participatory and experiential, therefore all students are required to engage actively in the small learning groups. Information literacy and computer skills are systematically integrated from the outset to assist students in the range of learning, teaching and assessment activities elsewhere in the curriculum.

**DP requirements:** To qualify for the summative assessment (final examination) in the course, students must meet the DP requirements, which entail:

- Attending all small group learning sessions
- Completing set assignments
- Undergoing all assessment activities.

Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department.

In cases where students fail to complete or are unable to complete a particular in-course assessment, the percentage value of that assessment may be added to the next assessment, or students may be required to undergo an additional assessment.

**Assessment:** Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a range of in-course assignments, which comprise 60% of the total mark. The final, summative assessment makes up 40% of the total mark.

#### **Developing awareness of HIV/AIDS:**

**Outline:** Developing awareness of HIV/AIDS is an additional component of PPH1001F. It is taught in the “me and HIV/AIDS” workshop, designed specifically to introduce first year students to the basic relevance of HIV/AIDS issues in both their private and professional lives.

**DP requirement:** Compulsory attendance.

**Assessment:** Student learning is assessed as part of the end-of-semester summative assessment in PPH1001F.

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

**HEQF credits:** 15    **HEQF level:** 5

**Course conveners:** L Olckers and L Dlamini.

**Prerequisite:** PPH1001F.

**Course outline:** This is a second semester course that builds on the knowledge acquired and skills developed in PPH1001F Becoming a Professional. The focus is on primary health care and disability. The course equips students to work collaboratively on a community-oriented project based on primary health care principles and a primary health care approach, which include comprehensive health care (promotive, preventive, curative and rehabilitative care within the primary, secondary and tertiary levels of care); intersectoral collaboration; community involvement; and accessibility of and equity in health care. Students are required to apply the knowledge, skills and values from Becoming a Professional to the community-oriented project to develop an appreciation of the contribution of all health care professionals to the promotion, maintenance and support of health and the health care of individuals, families and communities within the context of disability. The educational approach is participatory and project-based, therefore all students are required to engage actively in the project and in small learning groups. Information literacy and computer skills are systematically integrated from the outset.

*Basic Life Support Skills Workshop (BLSS)*

BLSS is the first building block in CPR (cardiopulmonary resuscitation). Instruction in BLSS takes the form of a once-off workshop session for each student. Attendance is compulsory.

**DP requirements:** To qualify for the summative assessment (final examination) in PPH1002S, students must meet the DP requirements, which entail:

- Attending group sessions
- Completing set assignments

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- Attending community visits, health service site visits, and the BLSS workshop
- Undergoing all assessment activities.

Group learning sessions and community visits are compulsory. Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department. In cases where students fail to complete or are unable to complete a particular in-course assessment, the percentage value of that assessment may be added to the next assessment, or students may be required to undergo an additional assessment.

**Assessment:** Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a number of in-course assignments, which comprise 60% of the total mark. The summative assessment makes up 40% of the total mark.

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

**HEQF credits:** 30 **HEQF level:** 5

**Course convener:** Dr K Bugarith.

**Co-convener (PBL):** Dr F Amien.

**Course structure and timetable:** Four lectures (Tuesdays and Thursdays at 10h00 and 12h00), one practical session (either Tuesday, Wednesday or Thursday afternoon), four hours of problem-based learning (PBL) sessions (Wednesday mornings and some Tuesday mornings) and one quantitative literacy tutorial (Monday 10h00 to 12h00) (attendance requirement dependent on NBT Maths score) per week. At the commencement of the course, students are provided with a handbook and other relevant course information (including the timetable of scheduled activities).

**Course outline:** This first semester course introduces students to the whole person via the bio-psycho-social model. The human life cycle is used as the theme of the course. Students are introduced to the key physical, psychological, social and developmental factors and issues that shape the human life cycle from conception to death.

Problem-based learning [PBL] is the central learning activity of the course. Each student is allocated to a PBL group that meets regularly to discuss and analyse a number of carefully designed cases illustrating the key objectives of the course. In addition, students are provided with a range of activities [e.g. lectures and practical sessions] to support their learning.

Apart from providing students with the means to develop content knowledge, a key aim of the PBL curriculum is to allow students the structured opportunity to develop important professional life skills [e.g. work effectively in teams, learn independently, problem-solve and think critically]. The course is also a key diagnostic course, and there is regular assessment to help determine whether students have the requisite foundational knowledge and skills to participate and learn successfully in the subsequent semesters of the MBChB programme.

At the conclusion of this course, students would 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 and physiology, psychology and sociology).

**DP requirements:** To qualify to undergo the end-of-course written assessment and the basic health sciences (BHS) practical examination, students are expected to meet the following DP requirements:

Attend all

- weekly problem-based learning sessions
- scheduled tutorials
- scheduled BHS practical sessions

and complete all

- set written activities
- scheduled in-course assessment activities.

Students may not miss any PBL sessions, tutorials or BHS practical sessions without the written permission of the academic staff responsible for these activities, as attendance of these activities is compulsory. A medical certificate or an explanatory letter from a parent, relative or guardian must support absence on the ground of illness or personal/ family difficulties.

**Assessment:** Students are required to write a number of in-course assessments and end-of-course assessments. The assessment components include written and practical assessments. The written

assessments use a case-based format.

In cases where students are unable to sit a written in-course assessment, for what are considered to be legitimate reasons, a deferred assessment will be given. In instances where students fail to provide legitimate reasons 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. The weighting of in-course assessment components is 40% and of end-of-course components is 60%. Subminima may be applied in certain areas of the assessments.

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

**HEQF credits:** 35 **HEQF level:** 5

**Course convener:** Dr G Gunston.

**Co-convener (PBL):** Dr F Amien.

**Prerequisites:** PPH1001F, HUB1006F, PHY1025F and CEM1011F.

**Course structure and timetable:** Five lectures (Mondays 9h00 and 10h00 and Thursdays 8h00, 9h00 and 10h00), one practical session (either Tuesday, Wednesday or Thursday afternoon), 4.5 hours of problem-based learning (PBL) sessions (Wednesday mornings and every second Tuesday morning) and one quantitative literacy (QL) tutorial (attendance requirement dependent on QL marks in HUB1006F) per week. In addition, students complete twenty hours of computer-based anatomy/physiology activities and approximately fourteen hours of clinical skills/family medicine tutorials per semester.

At the commencement of the course, students are provided with a handbook and other relevant course information (including the timetable of scheduled activities).

**Course outline:** 'Transitions in Health' is the theme of the course, and it was chosen to reflect the changing disease profile of the country, with both infectious and non-communicable diseases being common.

The course introduces students to key principles and concepts of the basic health sciences of anatomy, biochemistry and physiology and of public health and family medicine.

Problem-based learning [PBL] is the central learning activity of the course. Each student is allocated to a new PBL group that meets regularly to discuss and analyse a number of carefully designed cases illustrating the key objectives of the course. In addition, students are provided with a range of activities [e.g. lectures, practical sessions, computer-based sessions] to support their learning.

At the conclusion of this course, students would have acquired an integrated understanding of

- the 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
- the basic structure and function of the biochemical components of the human body.

**DP requirements:** To qualify to undergo the end-of-course written assessment and the basic health sciences (BHS) practical examination, students are expected to meet the following DP requirements:

Attend all:

- problem-based learning sessions
- scheduled tutorials and computer-based sessions (anatomy, physiology, biochemistry, quantitative literacy and clinical skills/family medicine)
- scheduled BHS practical sessions

and complete all:

- set written activities
- scheduled in-course assessment activities.

Students may not miss any scheduled activities without the written permission of the academic staff responsible for these activities, as attendance of these activities is compulsory. A medical certificate or an explanatory letter from a parent, relative or guardian must support absence on ground of illness or personal/family difficulties.

**Assessment:** Students are required to write a number of in-course assessments and end-of-course assessments. In addition, regular self-assessment activities provide feedback to students on their

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progress. The assessment components include written, computer-based and practical assessments. The written assessments use a case-based format.

In cases where students are unable to sit a written in-course assessment or complete the BHS practical assessment, for what are considered to be legitimate reasons, a deferred assessment will be given. In instances where students fail to provide legitimate reasons 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.

The weighting of in-course assessment components is approximately 40% and of end-of-course components is approximately 60%. Subminima may be applied in certain areas of the assessments. The course handbook, provided to students at the commencement of the course, will include details of the assessment weightings and of subminima, if applicable.

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### **HUB1010S FUNDAMENTALS OF INTEGRATED HEALTH SCIENCES PART I**

**HEQF credits:** 0    **HEQF level:** 5

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

**Course convener:** Dr D Shamley.

**Course outline:** This is a semester course which revisits the content of the course HUB1006F Introduction to Integrated Health Sciences Part I. As in HUB1006F, students will study the health and well-being of the whole person (bio-psycho-social model) through each of the phases of the life cycle. The problem-based learning cases 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 aim of the course is to develop skills, knowledge and attitudes that will enable them to overcome learning obstacles encountered in HUB1006F. On-going analysis of student performance throughout this course is used to identify the skills that require systematic attention.

Students receive guidance in developing the relevant language and cognitive skills essential for an integrated study of the health sciences; have the opportunity to strengthen computer and information literacy skills; and explore and apply appropriate orientations to learning.

The basis for scientific understanding is taught by integration through PBL sessions, lectures, tutorials and practicals. The purpose of this approach is 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 health professional.

**DP requirements:** In order to progress to HUB1011F Fundamentals of Integrated Health Sciences Part 2, students must meet the following DP requirements:

- Attendance of and participation in all activities: PBL, lectures, tutorials, practicals
- Completion of all set assignments
- 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 three written in-course assessments, which contribute 75% of the semester mark. Class work and assignments contribute 25% of the semester mark. There is no summative examination for this course. Students are required to obtain an overall pass mark of at least 50% for each course and (unless otherwise specified), where the course includes more than one sub-discipline, to pass each of the subcomponents of the course with at least 50%.

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### **CEM1011F CHEMISTRY FOR MEDICAL STUDENTS**

*(Faculty of Science)*

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** Dr S Wilson.

**Course outline:** This is a compulsory half-course offered by the Department of Chemistry for first year medical students. It does not qualify as a first year course in the Faculty of Science. It is an

introductory course in chemistry specifically designed to provide first-year medical students with knowledge of the fundamental aspects of chemical theory. At the same time the course is used as a diagnostic tool to explore students' scientific knowledge and the possible need for intervention. The course comprises 60 formal contact hours during which selected topics in physical and organic chemistry that are 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.

The formal contact sessions are augmented by a practical course and weekly tutorial sessions that run in parallel with the lectures. Specific support activities are provided to those students who show difficulty in understanding the scientific domain. During the practical course, 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. At the start of the course, students are provided with details of the weekly timetable and scheduled learning activities.

**DP requirements:** To qualify for the summative assessment (final examination) students have to meet the DP requirements, which entail:

- Attending and completing practical sessions
- Attending tutorial sessions and writing weekly tutorial tests
- Completing worksheets
- Writing class tests and taking the practical examination.

Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis. A student who misses a test for approved medical or compassionate reasons will be required to write a deferred test.

**Assessment:** The class record, which comprises two tests, practical and tutorial records and a practical examination, counts 45%, and one three-hour examination paper written in June counts 55% of the total mark. It is necessary to pass both the final examination and the course as a whole in order to secure an overall pass.

## **CEM1011X CHEMISTRY FOR MEDICAL STUDENTS**

*(Faculty of Science)*

*[Students in the Intervention Programme are required to take this course in the Intervention Programme Part 2.]*

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** Dr S Wilson.

**Course outline:** CEM1011X is a foundational chemistry course and together with CEM1111S, 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 CEM1011X course comprises three lectures and one two-hour tutorial session per week in the first quarter of the first semester and one two-hour tutorial session in the second quarter of the first semester.

**DP requirements:** To qualify for the summative assessment in June (final examination), students have to meet the DP requirements, which entail:

- Attending all tutorial sessions and writing tutorial tests
- Completing all worksheets
- Writing both class tests.

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

In addition, a student who misses a test for valid and substantiated medical or compassionate reasons will be required to write an additional test.

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**Assessment:** The CEM1011X class record (comprising two tests and the tutorial record), together with the CEM1111S class record, counts 45%. The CEM1011X written examination in June counts 55%. It is necessary to pass this examination as well as the whole course in order to secure an overall pass.

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### HUB1011F FUNDAMENTALS OF INTEGRATED HEALTH SCIENCES PART II

**HEQF credits:** 105 **HEQF level:** 5

**Course convener:** Dr D Shamley.

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

**DP requirements:** To qualify for the final examination, students must meet the following DP requirements:

- Attendance of and participation in all activities: PBL, lectures, tutorials, practicals
- Completion of all set assignments
- Sitting all assessment activities.

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

**Assessment:** This comprises three written assessments that will examinationine the range of knowledge, skills and attitudes developed in this course. These assessments will contribute 60% of the total mark, and a final, end-of-programme examination will contribute 40% of the total mark for the semester. Students are required to obtain an overall pass mark of at least 50% for each course and (unless otherwise specified), where the course includes more than one sub-discipline, to pass each of the subcomponents of the course with at least 50%.

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### PHY1025F PHYSICS FOR MEDICAL STUDENTS

*(Faculty of Science)*

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr SW Peterson.

**Course outline:** 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, 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, interference, Doppler effect, ultrasound and medical imaging; electric charge and field, electric potential and potential difference, capacitance, electric current, resistivity and simple circuits; light, reflection and refraction, thin lenses, the human eye.

**Practicals/tutorials:** Students will be required to attend one practical or tutorial session each week.

**DP requirements:** To qualify to sit the final examination, students have to meet the following DP requirements:

- Attend all scheduled tutorials and practical sessions
- Complete all set written course activities [i.e. tutorial assignments, practical reports and course tests]
- Attain a minimum class record of 35%.

**Assessment:** Coursework counts 40%, final examination counts 60%.

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### SLL1044H BEGINNERS AFRIKAANS FOR MEDICAL STUDENTS

*(Faculty of Humanities)*

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr I van Rooyen.

**Course outline:** This is a course on the basic grammar of Afrikaans. This supplementary course is exclusive to students with no prior knowledge of Afrikaans who are registered for the MBChB degree. It prepares beginners in Afrikaans for the SLL2002H course (Becoming a Doctor Part 1B) and is taken a year prior to the registration of SLL2002H.

**Contact time:** 10 x 1 hour lessons = 10 sessions in total; plus 1 x 7 minute oral assessment per student at exit of course.

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

## CEM1111S CHEMISTRY FOR MEDICAL STUDENTS

*(Faculty of Science)*

*[Students in the Intervention Programme are required to take this chemistry course in the Intervention Programme Part 1.]*

**HEQF credits:** 0    **HEQF level:** 5

**Course convener:** Dr S Wilson.

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

**DP requirements:** Although there is no summative assessment in CEM1111S, to qualify for the CEM1011X summative assessment (final examination) in June the following year, students have to meet the DP requirements for both CEM1111S and CEM1011X, which together entail:

- Attending and completing all practical sessions
- Attending all tutorial sessions
- Completing all worksheets
- Writing all class tests and taking the practical examination.

Absence on the ground of illness requires a medical certificate. Validity of absence on the grounds of personal or other problems will be considered on an individual bases. In addition, a student who misses a test for valid and substantiated medical or compassionate reasons will be required to write an additional test.

**Assessment:** The CEM1111S class record (comprising three tests, the practical record, practical examination and the tutorial record), together with the CEM1011X class record (comprising two tests and the tutorial record), counts 45%. The CEM1011X written examination in June counts 55%. It is necessary to pass this examination as well as the whole course in order to secure an overall pass.

## PPH2000W BECOMING A DOCTOR PART IA

**HEQF credits:** 43    **HEQF level:** 6

## PPH3000H BECOMING A DOCTOR PART IIA

**HEQF credits:** 25    **HEQF level:** 7

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

**Course conveners:** Assoc Prof D Hellenberg and Dr R Weiss.

**Co-conveners:** Dr I van Rooyen (Afrikaans: Faculty of Humanities); S Deyi (isiXhosa: Faculty of Humanities).

**Course outline:** The course occupies 40% of students' total study time over semesters 3 to 5. It consists of and integrates three main sections:

1. Family Medicine
2. Clinical skills
3. Language and communication

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These courses consolidate the knowledge, skills and attitudes learned in PPH1001F Becoming a Professional and PPH1002S Becoming a Health Professional, and students are given the opportunity to apply them in the clinical environment. They learn and practise the skills required to work with patients, including the essential elements of interviewing skills, history-taking and physical examination, and concepts of professionalism and human rights. Students are guided through the clinical, individual and contextual components in the assessment of a patient. This patient assessment teaches students to recognise the patient as an individual with fears, anxieties and concerns within a specific context. Students learn how to use diagnostic equipment and apply other basic skills essential for diagnosis. This course builds on the concept of the reflective, empathic and knowledgeable practitioner and students are required and encouraged to continue their reflective journals, commenced in previous courses, recording their personal development as professionals. All students are exposed to a diversity of health care settings in primary, secondary and tertiary care in both the public and private sectors.

**Clinical skills:** A structured approach to the development of clinical skills aims to produce the confidence and competence required of students when dealing with patients. An integrated and contextual approach to learning, based upon the problem-based learning scenarios used in the Integrated Health Systems courses, allows students to learn the appropriate clinical skills, initially on simulated models and peers and eventually on patients selected as illustrative of the clinical cases.

**Language and communication:** Having learned the basics of the grammatical framework of isiXhosa in semester 2, students learn how to communicate with patients whose language (English, Afrikaans or isiXhosa) and culture are different from their own. This includes not only linguistic skills, but also an awareness of the contribution of cultural background to the doctor's and patient's concept of health and illness and to the doctor-patient relationship. By the end of the course, students will be able to establish a relationship with a patient and obtain the main points of history in English, isiXhosa and Afrikaans. The focus is on oral communicative competence rather than written skills. (See separate outlines for SLL2002H and SLL3002H below.)

**Family Medicine:** This aspect of the course offers students an opportunity to develop an understanding of delivery of health care, its management and organisation; aspects of health promotion and disease prevention when applied to medical consultations; and to gain practical experience of the doctor-patient relationship, bio-psycho-social approach to patient care and the consultation process, as well as to develop skills in the basic clinical examination of patients within a community setting. In order that students gain the maximum benefit from their tutorials, it is essential that the reading material provided is studied in detail beforehand.

**Learning method:** Student learning takes place in a variety of settings. The Clinical Skills Unit provides a practical setting for students to develop their history-taking and clinical skills. Students are expected to prepare for practicals and tutorials using reading and computerised material provided. Simulated models, diagnostic materials and learning resources are readily available.

Tutorials, using case scenarios and case illustrations, integrate the learning of clinical skills with language acquisition and understanding of cultural aspects of patient interaction. Students explore two languages other than English, through group tutorials, peer learning and self-directed learning, which includes the clinical skills CDs in Afrikaans and isiXhosa.

Language learning also makes use of group-work, the language laboratory, peer learning and multimedia sessions. A small group tutorial environment permits students' discussion of the doctor-patient relationship and the consultation prior to working with patients. Later, learning takes place in community practices, clinics and other centres, where students are given opportunities to interact with patients and observe and practise skills learned in the Clinical Skills Centre, applying language acquisition and participating in health promotion.

At the start of the course, students are provided with details outlining the weekly timetable and scheduled learning activities.

At the conclusion of semester 3, students will have undertaken:

*General:*

- 48 hours of dedicated self-directed learning
- 110 hours of self-learning, outside of the standard working day



- 2.5 hours of assessments.

*Family Medicine:*

- 33 hours of small group learning tutorials, including health promotion activities
- 12 hours of field-work.

*Language and communication*

- 66 hours of small group learning.

*Clinical skills*

- a minimum of 36 hours of practicals, tutorials and ward visits.

At the conclusion of semester 4, students will have undertaken:

*General:*

- 33 hours of dedicated self-directed learning
- 50 hours of self-learning, outside of the standard working day
- 3 hours of assessments.

*Family Medicine:*

- 24 hours of small group learning tutorials, including health promotion activities
- 6 hours of field-work.

*Language and communication*

- 30 hours of small group learning.

*Clinical skills*

- a minimum of 28 hours of practicals, tutorials and ward visits.

At the conclusion of semester 5, students will have undertaken:

*General:*

- 48 hours of dedicated self-directed learning
- 90 hours of self-learning, outside of the standard working day
- 3 hours of assessments.

*Family Medicine:*

- 27 hours of small group learning tutorials, including health promotion activities
- 21 hours of field-work.

*Language and communication*

- 54 hours of small group learning.

*Clinical skills*

- a minimum of 80 hours of practicals, tutorials and ward visits.

All sessions and practicals are compulsory. Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department.

**DP requirements:** To qualify for the summative assessment at the end of semester 4, students have to meet the DP requirements, which entail:

- Attending clinical skills sessions
- Attending language and communication activities, tutorials, and practicals
- Attending Family Medicine tutorials
- Completing the portfolios of learning
- Attending visits to community organisations
- Undergoing assessment activities.

Students may not miss more than two sessions in each of the strands per semester (i.e. no more than two family medicine sessions, two languages sessions, or two clinical skills sessions) 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), used in an objective way to cover the three topics within the course, forms the basis of assessment. The abilities tested in the ISCE will include practical skills, the ability to conduct an appropriate consultation, the ability to communicate

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with patients and peers, and the ability 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 that translates group or individual activities into a structured approach to learning, using a reflective model. These portfolios are assessed both in a formative way and as a DP requirement during the course of a semester, and in a summative way, contributing to the assessment mark.

The in-course assessments (assignments, written and ISCE's held during and at the end of semester 3) constitute 50% of the final mark for year 2. The ISCE's, written assessment and assignments during and at the end of semester 4 constitutes 50% of the year 2 mark. In addition, each of the components of the course (family medicine, clinical skills and languages) contributes equally to the course mark and has to be passed independently. The pass mark for each strand of BaDr is 50%.

The year 2 final mark is independent of the year 3 final mark. Failure to achieve a 50% aggregate at the end of year 2, and/or failure to pass a supplementary assessment if awarded, means the student has failed the course. Failure to achieve a 50% aggregate at the end of year 3 and failure to pass a supplementary assessment, if awarded, means the student has failed the course. Where a student has failed on of the strands, a maximum mark of 45% (where the fail mark is <45%) or 46% to 49% (where the fail mark is >45%) will be recorded as the final overall mark for that BaDr assessment for all three strands. However, if a student passes the supplementary examination (if awarded) for the failed strand/s, the original pass mark for the strand/s will be used to calculate the final mark.

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

**HEQF credits:** 16    **HEQF level:** 6

**Course convener:** Assoc Prof A Katz.

**Course outline:** The Special Study Module (SSM) is a compulsory four-week period of supervised study, designed to be complementary to the core curriculum and intended to broaden the learning experience. Each student selects one module from a list of modules offered by different departments. They are research modules, designed to encourage a diversity of approach and to give opportunities to explore particular interests, while developing in-depth intellectual and practical skills essential for rigorous scientific and medical practice. SSMs cover a wide range of topics, including basic medical science, pathology, clinical science, behavioural science, epidemiology and community health. A module may take the form of data interpretation, a literature review, a survey or a laboratory-based study. To encourage depth of learning, students work individually or in small groups and with a designated supervisor. Assessment is based on a written report, submitted at the end of the four weeks. Where human participants are the subject of the research module, students are required to adopt an ethical approach, and must obtain informed, signed consent. At the conclusion of each SSM, students will have undertaken:

- A minimum of four hours of face-to-face teaching
- A minimum of 18 hours of supervisor-directed learning
- A minimum of 72 hours of self-directed learning and/ or practical/ field-work activity
- 60 hours of self-learning.

**DP requirements:** Attendance and completion of specified learning objectives decided upon by the student and supervisor at the start of the SSM.

**Assessment:** (*This section must be read in conjunction with the Special Study Modules information booklet. Students receive this document during semester 3, prior to choosing their SSM.*) 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), are double-marked by the module convener and a second marker (either another member of staff in that unit, 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 during Semester 4.

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**SLL2002H BECOMING A DOCTOR PART 1B**

*(Faculty of Humanities)*

**HEQF credits:** 24    **HEQF level:** 6

**Course conveners:** Dr I van Rooyen and Somikazi Deyi.

**Prerequisite:** SLL1044H or equivalent.

**Course outline:** "Afrikaans and Xhosa Communication Skills for Doctors": The content of the languages course is synchronised with the content for PPH2000W Becoming a Doctor Part 1A. The focus of the course is on communication skills, and specifically on those skills that may be required for a doctor-patient interaction, including skill in asking questions and in effectively entering into dialogue with a 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.

**Contact time:** One 90-minute lecture per language per week.

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

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

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**HUB2017H (Semester 3) INTEGRATED HEALTH SYSTEMS PART IA**

**HEQF credits:** 57    **HEQF level:** 6

**LAB2000S (Semester 4) INTEGRATED HEALTH SYSTEMS PART IB**

**HEQF credits:** 35    **HEQF course level:** 6

**LAB3009H (Semester 5) INTEGRATED HEALTH SYSTEMS PART II**

**HEQF credits:** 59    **HEQF level:** 7

**Course conveners:** Dr C Slater (HUB2017H), Dr J Ramesar (LAB2000S & LAB3009H) and Prof G Louw.

**Prerequisites:** HUB1007S is a prerequisite for HUB2017H; HUB2017H is a prerequisite for LAB2000S; and LAB2000S is a prerequisite for LAB3009H.

**Course outline:** These courses, which extend across years 2 and 3, 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. In a completely integrated way, students learn core material in the basic health sciences (gross anatomy, embryology, histology, cell biology, medical biochemistry, molecular biology and physiology), core material on infectious diseases (medical microbiology, virology and immunology), changes that occur from normal structure and function (anatomical pathology, chemical pathology and haematology), and the principles of pharmacology and early management. Emphasis is placed on psychosocial matters relating to each case, drawing in all relevant aspects of family medicine, primary health care, public health, and mental well-being. Concurrently, students learn clinical skills, interpretation of data, professional values and ethics, and certain procedural skills directly related to the cases studied. Whilst initially the emphasis is on normal structure and function, the student also learns what happens when the normal structure and function change during illness and disease, what the impact is on the well-being of the individual, family and society, and what the role is of the health care services in alleviating illness. The approach of these courses remains that of supported problem-based learning, as begun in earlier semesters. This entails case-based, group learning supported by lectures, practicals and stand-alone modules. Students are guided to develop the key life skills that are the central requirements of an effective health care professional, including that of a multi-disciplinary team approach. Twenty cases, all of which have relevance to health care issues in the greater Cape Town area, in the Western Cape, or in South Africa as a whole, have been selected to provide vehicles for the study of each of the systems of the body, fully integrated with anatomical and chemical pathology and medical microbiology, as follows:

**Semester 3:** Skin inflammation, lower backache, cardiac failure, cardiac ischaemia, acute glomerulonephritis, asthma, TB, pneumonia.

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**Semester 4:** HIV/AIDS, diarrhoea, jaundice, anaemia, prostatic hyperplasia.

**Semesters 5 and 6:** Carcinoma of cervix, leukaemia, diabetes mellitus types I and II, neural tube defect, meningitis, stroke, maternal alcohol abuse and foetal alcohol syndrome.

At the start of the course, students are provided with details outlining the weekly timetable and scheduled learning activities.

At the conclusion of the semester 3 course, students will have undertaken:

- 96 hours of full-body dissection in anatomy
- 84 hours of pathology practicals
- 84 hours of practicals related to other basic health sciences disciplines
- 100 hours of problem-based learning
- 100 hours of self-directed learning
- 132 hours of lectures
- 220 hours of self-learning, outside of the standard working day.

At the conclusion of the semester 4, course students will have undertaken:

- 60 hours of practicals related to health sciences disciplines
- 45 hours of problem-based learning
- 55 hours of scheduled self-directed learning
- 100 hours of lectures
- 100 hours of self-learning, outside of the standard working day.

At the conclusion of semester 6, students will have undertaken:

- 96 hours of practicals related to health sciences disciplines
- 88 hours of problem-based learning
- 88 hours of self-directed learning
- 96 hours of lectures
- 160 hours of self-learning, outside of the standard working day.

**DP requirements:** To qualify for the final examination in the course, students have to meet the following DP requirements:

- Attend all problem-based learning sessions
- Attend all tutorials, stand-alone units and practicals
- Complete all set assignments
- Sit all assessment activities.

In cases where students fail to complete a particular in-course assessment, they must apply for a deferred class test to the course convener. Students may not miss problem-based learning sessions without a valid reason and absenteeism will be reported to the Head of Department and the Dean's office. Problem-based learning sessions, tutorials, stand-alone units and practicals are compulsory. Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other reasons is considered on an individual basis.

**Assessment:** Assessment tasks include written papers, computerised tests, practical examinations and a portfolio of work that comprises written assignments, computerised MCQ tests, oral assessments and practical book work. Regular self-assessment activities provide feedback to students on their progress. 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 that contribute 60% of the total mark by the end of semester 4. A summative assessment is held at the end of semester 4 that contributes 40% of the total mark for year 2. In year 3, all the in-course assessments comprise 45% of the total final mark. The final examination at the end of year 3 constitutes 55% of the total final mark.

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### MDN3001H INTRODUCTION TO CLINICAL PRACTICE

**HEQF credits:** 68 **HEQF level:** 7

**Course conveners:** Dr M Karjiker and Dr C Thompson.

**Course outline:** This course is designed to allow students to consolidate and broaden the clinical skills, knowledge and behaviours acquired in their Becoming a Doctor courses and to apply the principles learnt in the Integrated Health Systems courses to clinical practice. Students should also start acquiring professional life skills and behaviours while in the wards. The students rotate through five clinical attachments of three weeks each. They cover the domains of adult health, women's health, mental health, perinatal health and a clinical skills module. Within these attachments, students interview, examine and assess patients in hospitals and health care institutions. The purpose of the attachments is to build upon the core knowledge and clinical skills learnt in previous semesters, through the medium of exposure to patients, and to give students added confidence in their interaction with patients. These clinical attachments are complemented by a lecture and tutorial programme introducing the principles of medical ethics, therapeutics and genetics.

**DP requirements:** All clinical attachments are equally important and students need to complete all the required tasks and assignments as set out by the individual course conveners. Failure to fulfil these requirements may result in refusal of a DP. Students who are refused a DP for any of the five attachments may be refused permission to write the final examination and will thus fail the year.

Students are required to

- attend clinical tutorials and activities
- attend clinical skills training sessions and on assessment demonstrate competence in key resuscitation skills
- identify, interview, examine, assess and present cases to the satisfaction of the lecturer in charge of each clinical attachment
- attend ethics and all other tutorials
- develop a satisfactory portfolio of clinical teaching
- satisfactorily complete all set assignments, including reading, self study, written and oral presentations
- conduct themselves in a professional and respectful manner towards their teachers and their patients.

**Assessment:** 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
- An oral examination which is clinically based and includes an assessment of the students' portfolio.

Students are expected to pass both components i.e. the MCQ and the Oral/Portfolio examinations to pass the course.

## **SLL3002H BECOMING A DOCTOR PART 2B**

*(Faculty of Humanities)*

**HEQF credits:** 24    **HEQF level:** 7

**Course conveners:** Dr I van Rooyen and S Deyi.

**Prerequisite:** SLL2002H.

**Course outline:** "Afrikaans and Xhosa Communication Skills for Doctors": The course 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.

**Key outcomes:** At the end of this course, students will be able to:

- Communicate with a speaker of Afrikaans or Xhosa about common everyday topics
- Elicit and understand information from a patient using case specific terminology
- Have an awareness of some cultural issues that emanate from cross-cultural communication.

**Contact time:** Lectures; one 60-minute session per language per week in semester 5 (January – April) plus an additional 5 hours contact time per language in semester 6.

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

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**Assessment:** Two oral summative assessments, which count 70% and 30% respectively.

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### SLL3003W CLINICAL LANGUAGE

*(Faculty of Humanities)*

**HEQF credits:** 0    **HEQF level:** 7

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

**Course conveners:** Dr I van Rooyen and S Deyi.

**Prerequisite:** SLL3002H.

**Course outline:** To develop oral proficiency in Afrikaans and Xhosa within a clinical environment. The aim is that students will be proficient in Afrikaans and Xhosa relating to the history-taking pertaining to a patient's primary presenting complaint and other relevant details.

**Contact time:** Practical sessions; one 60-minute session per language per week for 6 weeks at designated hospitals.

**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. Assessments count 8% towards the MDN4011W year-mark.

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### PRY4000W PSYCHIATRY

**HEQF credits:** 21    **HEQF level:** 8

**Course convener:** Dr N Shortall.

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

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

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

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### AAE4002W ANAESTHESIA

**HEQF credits:** 0    **HEQF level:** 8

*[The credits for this course are included in those of AAE5000H.]*

**Course convener:** Dr R Nieuwveld.

**Course outline:** Anaesthesia is formally taught in the fourth and fifth years of study with a case studies component in the sixth year. The four-week fourth year course is integrated with acute care medicine and therapeutics, and is based on tutorials with clinical teaching and exposure in the operating theatres. In the fifth year, practical clinical instruction is presented in theatre during the

four-week orthopaedics and trauma rotation. The fourth and fifth years' learning in anaesthesia is a long continuum.

*Core learning outcomes:* The student will demonstrate:

- Knowledge of clinical anaesthesia
- Skills in the pre-operative and post-operative care of patients necessary for safe anaesthetic practice
- Professional behaviour appropriate to the pivotal role of the anaesthetist in the surgical setting.

*Core knowledge:*

- Basic knowledge of anaesthetic techniques
- Pharmacology related to anaesthesia.

Learning in the fourth year is based on developing an understanding of the academic basis for anaesthesia and of the related physiology and pharmacology.

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

**Assessment:** The coursework mark is included in that for AAE5000H.

Summative assessment will be as follows:

End-of-block examination	35%
End-of-year examination	65%

*% contribution to total mark*

Students may be offered a pass/fail oral examination if they achieve 45% to 54%.

Students who fail to achieve 55% may be required to attend further training at the end of the fourth year. (Rules FBA6.8 and FBA6.9). This must occur before the fifth year anaesthesia rotation.

### **OBS4003W OBSTETRICS**

**HEQF credits:** 25    **HEQF level:** 8

**Course conveners:** Dr A Horak and Dr T Adams.

**Course outline:** The block consists of an eight-week programme which is shared between obstetrics and neonatology. It builds on the introduction provided in the third year programme and forms part of a progressive spiral curriculum that runs through to the final year. During the obstetrics programme 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. Practical experience is recorded in a logbook and includes at least 15 deliveries under supervision. This programme is examined at the end of the block and at the end of the fourth year. The programme is supplemented by a series of lectures and clinical seminars that cover topics within the discipline as well as contributions from other divisions in order to provide an integrated approach to common problems.

**DP requirements:** Satisfactory attendance and completion of all requisite coursework and logbook.

**Assessment:** Completion of the required number of practical procedures is mandatory and has to be signed off in the logbook provided. There is an end-of-block assessment which includes an in-course assessment (10%), case presentations (10%), an OSCE (30%), and the presentation of research projects (10%). A computer-based EMQ examination at the end of the year contributes 25%. The multidisciplinary portfolio assessment at the end of the year contributes 15% to the final mark.

### **MDN4011W MEDICINE**

**HEQF credits:** 53    **HEQF level:** 8

**Overall course convener:** Dr N Wearne.

#### **INTERNAL MEDICINE**

**Course convener:** Dr N Wearne.

**Course outline:** Internal Medicine, including Acute Care Medicine and Ambulatory Medicine, is taught in fourth year MBChB at Groote Schuur Hospital, Victoria Hospital, GF Jooste Hospital, Somerset Hospital and Khayelitsha Community Health Centre. During the year, students undertake

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clinical clerkship attachments at assigned health care service sites. During each attachment, students have daily access to the wards and clinics from 08h00 – 17h00 in order to engage in self-directed learning activities (i.e. interviewing and examining patients or clerking patients) and writing patient reports. Most of the contact teaching is clinically orientated and takes place in bedside-based small group tutorials conducted by senior clinicians attached to the respective health care service sites. In addition, a series of seminars during the year addresses topics in all the divisions of medicine as well as broad issues relevant to the practice of medicine. A core component of the clerkship attachment is the development of a portfolio of learning, in which students are required to collate a number of case records reflecting patient encounters during the course. This portfolio of learning forms part of the assessment process. Three core elements of the primary health care approach will be taught and assessed in the course. These are (i) health promotion, (ii) culture, psyche and illness and (iii) the referral system. The three components that inform comprehensive health care, including promotive, preventive, curative, rehabilitative, and palliative care, at the primary, secondary, and tertiary levels are: (i) Multi-disciplinary and inter-sectoral collaborations, (ii) community involvement and (iii) equity in health care. These components of health care will also be assessed in the course.

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

**Assessment:** A broad-based assessment, inclusive of:

(i) an in-course assessment	5%
(ii) an end-of-block clinical examination (including a languages clinical assessment)	40%
(iii) an OSCE of chest X-ray and ECG interpretation	5%
(iv) an end-of-year portfolio interview	20%
(v) an end-of-year written multiple choice question examination	30%

### DERMATOLOGY

**Course convener:** Dr R Lechloenya.

**Course outline:** Dermatology is offered to fourth year MBChB students in the form of inter-active, small-group, block tutorials. An introductory tutorial on the language of dermatology is followed by a case-based demonstration of the application of these terms. The aim is to introduce the terms and descriptions used to describe skin lesions. Their classification into specific reaction patterns is explained. Students should familiarise themselves with these terms by applying them in general medicine clerkships in preparation for the fifth year.

*Learning outcomes: The student should be able to:*

- introduce the terms and descriptions used to describe skin lesions
- recognise the morphologic reaction patterns of the skin
- recognise the relationship between the skin and other body systems.

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

**Assessment:** Dermatology is examined as part of the general medical clinical and portfolio examinations at the end of the block. A minimum of two dermatology cases must be included in the fourth year portfolio.

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### PPH4013W PUBLIC HEALTH

**HEQF credits:** 17 **HEQF level:** 8

**Course convener:** Dr V Zweigenthal.

**Course outline:** This is an eight-week course integrated with the course PPH4043W Health Promotion. The Public Health component consists of lectures, seminars, group work and field visits. Students conduct investigative projects at their community sites and present their results to colleagues and stakeholders. The course emphasises the following areas: Epidemiology, biostatistics, research methods, human rights, research ethics, demography, evidence-based practice, occupational and environmental health, communicable disease control, health economics and health needs of vulnerable groups. The course aims to prepare students for population-orientated practice in South Africa.

**Fieldwork:** Students conduct community-based research projects in Khayelitsha, Mitchells Plain, Vanguard and in two placements with local NGOs, HPCA and CANSA. They also undertake on-site



visits to health services in communities, factories and special settings as part of their learning experience.

**DP requirements:** Satisfactory attendance and completion of all requisite coursework.

**Assessment:** A three-hour written examination takes place at the end of the course. Students' assignments include a protocol, presentation and a written report on their research project. Students must obtain an overall aggregate of 50% and a sub-minimum of 45% for the end-of-block examination to pass the block. Students who fail to achieve 45% in the end-of-block examination may be invited to an oral examination at the end of the year, to allow them an opportunity to demonstrate adequate competence in Public Health, provided that neither their coursework nor end-of-block examination result is less than 33%. Students thus orally examined may have their marks adjusted to 50%, should they demonstrate adequate competence in public health.

### MDN4015W PHARMACOLOGY AND APPLIED THERAPEUTICS

**HEQF credits:** 13    **HEQF level:** 8

**Course convener:** Dr P Sinxadi.

**Course outline:** This course is integrated within two of the rotations in fourth year: Mixed rotation 1, when students learn about acute care therapeutics, and mixed rotation 2 when students develop a foundation in clinical pharmacology, which provides them with an understanding of basic pharmacology (pharmacokinetics and pharmacodynamics) and the principles of prescribing rationally. Students are expected to apply these skills when considering the management of each patient they see, regardless of which rotation they are in.

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

**Assessment:** The course is assessed during and at the end of both mixed rotation 1 and mixed rotation 2. There is no end-of-year examination. In addition, students must compile their portfolio tasks for assessment during the end-of-block and/or end-of-year multi-disciplinary portfolio task assessment. Students are required to obtain an overall mark of 50% or more in order to pass this course. The contribution of each component to the final mark is as follows:

In-course assessments (acute care therapeutics)	20%
In-course assessment (foundation in clinical pharmacology)	10%
Acute care therapeutics end-of-block assessment	35%
Foundation in clinical pharmacology end-of-block assessment	35%

### PED4016W NEONATOLOGY

**HEQF credits:** 0    **HEQF level:** 8

*[The credits for this course are included in those for PED5001W.]*

**Course convener:** Dr L Linley.

**Course outline:** The neonatal component of the perinatal block (previously fourth year Obstetrics) of semester 7/8 is designed to consolidate clinical skills and knowledge in neonatal medicine which is introduced in semester 6. The core topics are: the small baby, respiratory distress in the newborn, neonatal jaundice, and hypoxic ischaemic encephalopathy. Feeding the newborn and routine care of the newborn are revisited and infections of the newborn are introduced. Knowledge of all these topics is assessed.

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

**Assessment:** Formative assessments include the following: clinical ward assessment of clinical skills and knowledge, professional attitude and case presentations (60%) and end-of-block MCQ assessment (40%). The final course mark is carried over to the fifth year and counts 20% towards the mark for PED5001W.

The provisional neonatal mark will be published at the end of the perinatal block. This will consist of the ward assessment mark and the quiz mark. The case report mark will be added to make up the final neonatal mark.

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The final neonatal mark will be incorporated with the 5th year paediatric mark. If a student fails perinatal block by failing the obstetric component in the 4th year, he/she will have to repeat both components viz neonatal and obstetric if the neonatal mark is less than 70%. If the neonatal mark is above 70%, this mark will be carried to be incorporated into the 5th year paediatric mark as above. The student must have completed all three components (ward assessment, neonatal quiz, four neonatal case reports in order to pass the neonatal component.)

### **PPH4043W HEALTH PROMOTION**

*[Note: This course also includes Family Medicine and Palliative Medicine.]*

**HEQF credits:** 17    **HEQF level:** 8

**Course conveners:** J Keikelame (Health Promotion); Dr N Beckett (Family Medicine and Palliative Care.)

**Course co-ordinators:** L Ganca (Palliative Medicine); Dr MS Saban (Family Medicine)

#### HEALTH PROMOTION:

**Course outline:** This course is an integrated eight-week block rotation offered by the School of Public Health & Family Medicine. The course builds on students' theoretical understanding of the Primary Health Care (PHC) approach and health promotion covered in BHP (Becoming a Health Professional), TiH (Transitions in Health) and BaDr (Becoming a Doctor) semesters. Students are placed in three community-based teaching sites, namely: Khayelitsha, Vanguard and Mitchell's Plain and in two NGO sites. This placement provides students with the opportunity to engage with communities and to gain a contextual understanding of factors affecting health. Through practical engagement on site, students learn and apply various skills used in health promotion, such as networking, advocacy, communication, organising, facilitation, planning and negotiation. The course emphasises experiential learning and reflection, team-work, community participation and empowerment.

**DP requirements:** Satisfactory attendance and completion of all requisite coursework for Health Promotion, Family Medicine and Palliative Medicine. To write the final examinations students must

- obtain an overall average of 50% as a DP requirement for assignments in Palliative Medicine and Health Promotion
- complete the logbook for Family Medicine and obtain a combined average of 50% for the logbook and the Family Medicine and Health Promotion.

**Assessment:** In-course assessment counts 80% of all Health Promotion projects listed below:

- |   |     |
|---|-----|
| • Health Promotion oral presentation (group mark) | 20% |
| • Health Promotion report (group mark)            | 30% |
| • Reflective journal                              | 10% |
| • Written assignment (individual work)            | 20% |
| • Family Medicine and Palliative Medicine         | 20% |

\* Marks will be weighted according to percentages above.

#### FAMILY MEDICINE AND PALLIATIVE MEDICINE:

**Course outline:** This block includes rotations in family medicine and palliative medicine. Building on the second year BaDr course, the block furthers the students' knowledge of the foundations and principles of family medicine and palliative medicine, and the practice of essential skills. It includes general practice and hospice attachments and each student conducts and reviews a video-taped CHC-based patient consultation. Students will be expected to have

- a working knowledge of applied pharmacology in palliative care, including the generic names of drugs used, dosage, use and special considerations
- the knowledge and approach to demonstrate that palliative medicine firmly adopts the primary health care approach in keeping with the Declaration of Alma Ata
- an integrated approach to palliative care learning so that it dovetails with internal medicine learning requirements in respect of system and symptoms.

**Tutorials/seminars:** Students are required to attend all on- and off-campus tutorials and other learning activities as scheduled. Should a student miss the required tutorial or learning activity for any reason, it is the student's responsibility to arrange another attendance to make up the lost opportunity.

**DP requirements:** Satisfactory attendance and completion of all requisite coursework and clinical work. This includes completing the skills list which forms part of the logbook, as well as the assignment for family medicine. Failure to earn a DP will result in the student being excluded from the end-of-block exam in palliative medicine, and therefore in his/her failing the course.

**Assessment:** Family medicine contributes 10% and palliative medicine 10% of the 20% total mark. There is no end-of-block examination in family medicine. The palliative medicine component of the health promotion block has a pass mark of 50%, to be achieved at the end-of-block examination. If this mark is not achieved, students will be required to rewrite the following week. If they again do not achieve a pass, they will have an oral examination with an external examiner at the end of the year. In order to pass, students must obtain an overall pass mark of 50% in the end-of-year examination which requires students to obtain a 50% mark for all projects. Students obtaining a final mark of 45% to 49% will qualify for an oral examination at the end of the year. Students obtaining a final mark of below 45% will fail the block.

## AAE5000H ANAESTHESIA

**HEQF credits:** 21    **HEQF level:** 8

**Course convener:** Dr R Nieuwveld.

**Course outline:** Anaesthesia is formally taught in the fourth and fifth years of study with a case studies component in sixth year. The four-week fourth year course is integrated with acute care medicine and therapeutics and is based on tutorials with clinical teaching and exposure in the operating theatres. In the fifth year, practical clinical instruction is presented in theatre during the four-week Orthopaedics and Trauma rotation. The fourth and fifth years' learning in anaesthesia must be considered as a single continuum.

*Core learning outcomes:* The student will demonstrate:

- Knowledge of clinical anaesthesia
- Skills in the pre-operative, intra-operative and post-operative care of patients necessary for safe anaesthetic practice
- Professional behaviour appropriate to the pivotal role of the anaesthetist in the surgical setting.

*Core knowledge:*

- Basic knowledge of anaesthetic techniques
- Pharmacology related to anaesthesia.

Learning in the fourth year is based on developing an understanding of the academic basis for anaesthesia and of the related physiology and pharmacology. In the fifth year, learning is centred round a series of anaesthetics which the student administers under supervision, involving also the pre-operative assessment of patients and their post-operative management. Students are required to perform a minimum of two such cases that they personally manage and this is assessed by the supervising anaesthetist. (Further details are contained in the student course guide.) In fifth and sixth year, students are required to include an anaesthesia section in all surgical clinical case studies done during the general surgery rotations; and are involved in discussing the pre-operative workup, anaesthesia strategies and alternatives, and the post-operative intravenous fluid and pain management.

**DP requirements:** Satisfactory attendance and completion of all requisite coursework/clinical work in each year of study. In addition, a logbook of skill tasks to be performed is prescribed for the fourth year and must be completed and signed off. A fifth year logbook of in-theatre discussion questions must be completed and signed off. Failure to complete these requirements or to perform the requisite amount of coursework/clinical work may prevent the student from writing the final examination. A penalty may be imposed for course work handed in late.

**Assessment:** Students undergo formative and summative assessments using various methods both during the course as well as at the end-of-block and end-of-year. Formative assessments occur in

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each block by the specialist anaesthetists who supervise the student's administration of a series of anaesthetics.

Summative assessment is based upon:	<i>% contribution to total mark</i>
Fourth year end-of-block clinical examination	20%
Fourth year end-of-year examination	35%
Fifth year clinical case assessments (2), group-work and end-of-block test	(5% each) 15%
Fifth year end-of-year examination	30%

Students may be offered a pass/fail oral examination if they achieve 45% to 49%.

Students must achieve a final fifth year mark of 50% or more to pass the course.

The anaesthesia mark for the course AAE5000H is finalised at the end of the fifth year, but anaesthesia is represented in the surgical portfolio examinations at each sixth year end-of-block surgical examination, where the anaesthesia component of the surgical clinical case studies may be assessed.

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### PPH5000H PRIMARY HEALTH CARE ELECTIVE

**HEQF credits:** 19 **HEQF level:** 8

**Course convener:** J Irlam.

**Purpose:** To provide students with a four-week learning experience that will enhance their clinical competency, their research skills, and their understanding of the social context of disease and health. Students are required to undertake one of two of the following elective categories:

#### **Category 1: Free Choice Electives**

Students who have performed satisfactorily throughout their fourth year of study.

These students are required to undertake the elective at a placement of their choice:

- A clinical placement at a site of the student's choice within Africa (SADC region), or
- A research placement at an approved site of the student's choice. The research topic is chosen by the student subject to approval by the convener.

**Placements and supervision:** Placements are self-funded by students. Subsidies will be provided to students who do their entire electives at level 1 district hospitals in rural areas. Supervision is undertaken by an external supervisor of the student's choice at the placement site.

**Assessment of clinical placement:** An assessment is made, based on:

- A written elective report by the student.
- A standardised evaluation by the external supervisor.

**OR**

#### **Category 2: Guided Electives**

Students who have achieved less than 55% in their fourth year Medicine or Obstetrics & Gynaecology courses are placed at a local secondary teaching hospital to enhance their skills in that discipline.

**Supervision:** Supervision is by a Faculty staff member appointed by the department in which the student undertakes his/her clinical skills enhancement.

**Assessment:** A written elective report by the student that includes a portfolio of patients seen by the student.

*Also see rule FBA7 (page 18).*

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### PED5001W PAEDIATRICS

**HEQF credits:** 44 **HEQF level:** 8

**Course conveners:** Dr S Delpont and Dr A Spitaels.

**Course co-ordinator:** D P Wicomb.

**Course structure and timetable:** Weekly whole class paediatric seminars/lectures (Monday 08h00 to 17h00) and paediatric therapeutic sessions (Friday 14h00 to 17h00); twice weekly small group

bedside teaching tutorials (Tuesday and/or Wednesday and/or Thursday 14h00 to 15h30) and paediatric surgery tutorials (Tuesday 11h30 to 12h30, Friday 08h00 to 09h00); daily ward work and out-patient attendance; scheduled academic/clinical meetings at individual hospitals; and seminars in family practice, dermatology and allergy (Thursday 08h00 to 09h00) during the four week rotation at Red Cross Children’s Hospital.

(Further details are outlined in the student course handbook.)

**Course outline:** The course code covers general paediatric medicine (including a period of neonatal medicine in fourth year covered under course code PED4016W) and an introduction to paediatric surgery. In fifth year the course is an eight-week block. Students are provided with a structured learning environment with no service commitment. (A service commitment as student interns forms the basis of learning in sixth year.) The working day is 08h00 to 17h00. Four weeks of the block are spent at the Red Cross Children’s Hospital, alternating with four weeks at either New Somerset Hospital or Groote Schuur Hospital. During each block there is also a series of weekly seminars (ending with an MCQ summative assessment) relating to paediatric therapeutics. However, the fifth and sixth years must be considered as a single learning continuum.

*Core learning outcomes:* The student will demonstrate:

- knowledge of common core paediatric diseases and conditions
- skills such as taking a paediatric history; ability to examination a neonate; defining an appropriate problem list, formulating an appropriate management plan, being aware of basic procedures
- professional behaviour and attitude appropriate to handling children and their caregivers; consideration of the rights of the child and being advocates for child health.

*Core curriculum:*

*Core knowledge*, as defined by the School of Child and Adolescent Health, forms the backbone of the curriculum and the learning of paediatrics is along two lines:

- Learning is centred in a list of core presentations (common paediatric conditions) e.g. a wheezy child, which students address in terms of history-taking, examination, assessment and management plans, as well as during bedside tutorials and in self-directed learning. Some of these presentations are covered in seminars.
- The extent of learning is based on what are considered to be core topics (common conditions or diseases).

The *core topics* have been subdivided into:

- *Must know:* Detailed knowledge of the topic is mandatory
- *Must recognise:* Requiring awareness of the topic and its inclusion in a differential diagnosis - omission of which could be detrimental to the child.

(Further details are contained in the student course handbook.)

**DP requirements:** Satisfactory attendance and completion of all requisite coursework/clinical work is mandatory. If a student is absent for more than one week, the time will need to be made up and if absent for more than three weeks, the block will need to be repeated.

(Leave of absence and DP requirement rules are stipulated in the student course handbook.)

**Assessment:** Students undergo formative and summative assessments using various methods.

*Formative assessment* is scheduled at the end of the first four weeks during the portfolio discussion.

*Summative assessment* is based upon five components, as follows:

	<i>% contribution to total mark</i>
In-course assessment (bedside tutorials)	20%
End-of-block clinical and portfolio examination	30%
End-of-year computer-based/online electronic examination as MCQ and EMI* (including 15% neonatology, 10% paediatric surgery)	30%
Neonatal medicine (from fourth year, PED4016W)	20%

(\*: Extended matching items)

Students are required to achieve 50% or more in each of the four components in order to pass the

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course. Any student not meeting this requirement may be required to undergo a pass/fail oral examination (based on the portfolio) and/or a repeat clinical examination and may have to spend additional time in paediatrics followed by another assessment.

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### MDN5002W MEDICAL AND SURGICAL SPECIALTIES

**HEQF credits:** 35 **HEQF level:** 8

**Overall course convener:** Dr N du Toit.

*[This course incorporates dermatology, neurology, neurosurgery, ophthalmology, otorhinolaryngology and rheumatology.]*

Please note:

- *Each speciality must be passed for the course to be successfully completed.*
- *Should a student fail one or two specialities, s/he may be required to spend two weeks in each failed speciality at the end of the year.  
This additional time needs to be completed before the vacation.*
- *Should a student fail three or more of the specialities, s/he fails the course and will have to repeat fifth year.*
- *Portfolio cases from each speciality are required for the portfolio examination in sixth year.]*

#### DERMATOLOGY

**Course convener:** Dr R Lehloeny.

**Course outline:** The course is four weeks in duration (as part of the "specialties" block which has two components, namely dermatology and otorhinolaryngology). There is a special focus on ambulatory and day-care services in addition to the more traditional hospital-based clinical clerkship. Students spend two days on a field trip to rural primary care clinics where, under supervision, they run skin clinics for the local population.

*Core learning outcomes:* The student will demonstrate:

- Knowledge of common core dermatological diseases and conditions
- Skills, including clinical, clinical reasoning and procedural
- Professional behaviour and personal attributes.

*Core curriculum:*

A core curriculum has been defined for the course. There are three categories of required learning, each of which is subdivided into "must know", "must recognise" and "nice-to know":

- *Core clinical problems* which students are expected to be able to evaluate clinically, e.g. a patient presenting with itchy skin
- *Core clinical topics* about which the students are expected to be knowledgeable, e.g. eczema
- *Core procedures* in which students are expected to be competent.

These core categories are further stratified as follows:

- *Must know:* The student is expected to have a detailed knowledge of the clinical presentation, laboratory investigation and management, including procedural hands-on skills of these important, common conditions.
- *Must recognise:* The student is expected to have a basic understanding of the clinical features suggestive of this diagnosis, a few basic appropriate investigations that would assist in making the diagnosis and a certain level of understanding of the management and treatment of these important conditions.
- *Nice-to-know:* Additional topics/procedures which will broaden the student's knowledge base and competency, but which do not form part of the assessment.

(Further details are contained in the student course guide.)

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

**Assessment:** Students undergo formative and summative assessment.

*Formative assessment:* Tutors provide students with feedback on their performance whenever

patients are interviewed or examined during teaching sessions and when presenting on ward rounds and tutorials. Registers of attendance are kept.

*Summative assessment* is based upon components as follows:

In-course assessment (Information pamphlet for patient use to be presented to the group who will mark the assignments)	15%
End-of-block OSCE (includes clinical cases, paper cases, pictures, ulcers, therapeutics)	45%
End-of-year short answer written examination based on computer images	40%

Students must achieve a final mark of 50% or more to pass the course.

## NEUROLOGY AND NEUROSURGERY

**Course conveners:** *Neurology:* Assoc Prof A Bryer. *Neurosurgery:* Dr DEJ le Feuvre.

**Course outline:** This integrated course aims to cover the common entities in adult neurology and paediatric and adult neurosurgery.

*Core learning outcomes:*

- Knowledge of common neurological diseases and conditions
- Skills in
  - examination of the nervous system
  - application of treatments specific to the speciality
  - carrying out procedures specific to the speciality
  - radiologic assessment.
- Professional behaviour appropriate to clinical practice.

(Further details are contained in the student course guide.)

*Core curriculum:*

A core curriculum has been defined for each of the four components of the course. The required learning is categorised in two ways:

- A list of *core clinical problems* students are expected to be able to evaluate clinically, e.g. a patient presenting with hemiparesis
- A list of *core clinical topics* students are expected to be knowledgeable about, e.g. stroke.

In order to facilitate learning, the clinical topics have been further stratified as follows:

- *Must know:* The student is expected to have a detailed knowledge of the clinical presentation, laboratory investigation and management of these important, common conditions.
- *Must recognise:* The student is expected to have a basic understanding of the clinical features suggestive of this diagnosis, appropriate investigations that would assist in making the diagnosis and a certain level of 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.
- *May hear of or see:* Rare conditions affecting the nervous system that the student should refer for specialist opinion and management.

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

**Assessment:** Students undergo formative and summative assessments using various methods, both during the course as well as at the end of the block and end of the year. *Formative assessment* occurs in each block. *Summative assessment* is based upon:

End-of-block clinical examination	50%
End-of-year written paper	50%

Students must achieve a final mark of 50% or more to pass the course.

## OPHTHALMOLOGY

**Course convener:** Dr N du Toit.

**Course outline:** The two-week course runs during the eight-week gynaecology and forensic medicine block, but the final mark contributes to the mixed specialities course (MDN5002W). Students undergo experiential learning in the ophthalmology wards, outpatient clinics and theatres in

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Groote Schuur Hospital over a two-week period.

*Core learning outcomes:* The course is based on a list of core learning outcomes, categorised into the widely used framework of

- core knowledge
- skills, including clinical, clinical reasoning and procedural skills
- professional behaviour and personal attributes.

*Core curriculum:* A core curriculum had been defined for the ophthalmology course. The required learning is categorised in two ways:

- *Core clinical problems* which students are expected to be able to evaluate clinically e.g. a patient presenting with acute red eye.
- *Core clinical topics* students are expected to be knowledgeable about, e.g. glaucoma.

In order to facilitate student learning, the clinical topics have been further stratified into:

*Must know:* The student is expected to have a detailed knowledge of the clinical presentation, limited management and appropriate referral of these important, common conditions.

*Must recognise:* The student is expected to have a basic understanding of the clinical features suggestive of this diagnosis, a few basic appropriate steps in the treatment of the condition and an understanding of which conditions need to be referred to an ophthalmologist.

(Further details are contained in the student course guide.)

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

**Assessment:** Students undergo formative and summative assessments using various methods, both during the course as well as at the end of the block and end of the year. *Formative assessment* occurs in the block. *Summative assessment* is based upon components as follows:

In-course assessment (based upon performance in tutorials, presentations and tasks)	20%
End-of-course clinically-based written examination	50%
End-of-year written examination	30%

Students are required to maintain their logbook of procedural skills in respect of ophthalmology. They must achieve a final year mark of 50% or more to pass the course. If they fail this component they are required to spend one week in ophthalmology at the end of the year.

### OTORHINOLARYNGOLOGY (ENT)

**Course convener:** Dr G Copley.

**Course outline:** The course in ear, nose and throat (ENT) diseases forms a component of the eight-week "medical and surgical specialities" block. Students undergo experiential learning in the ENT wards and outpatient clinics in Groote Schuur, Red Cross and Somerset Hospitals and spend two days on a field trip to rural primary care clinics where, under supervision, they run "ear clinics" for the local population.

*Core curriculum:* The core knowledge that the student requires has been stratified into two categories:

- *Must know:* The student is expected to have a detailed knowledge of the clinical presentation, assessment and management of these important, common conditions.
- *Must recognise:* The student is expected to recognise features suggestive of these conditions, have some knowledge of appropriate examination and investigation to assist in confirming/excluding the conditions and have a certain level understanding of the principles of treatment of the conditions which may have serious implications if missed.

*Core learning outcomes:* The student must become competent in the examination of the ear, nose, throat and neck and in the ability to undertake a simple assessment of hearing. The student must demonstrate rational reasoning as defined by the ability to make a differential diagnosis and ultimately arrive at a specific diagnosis. The student is expected to become familiar with the spectrum of diseases/disorders managed by an ENT Division, the special examination techniques and investigations and management methods employed to facilitate their ability to refer and counsel patients appropriately. (Further details are contained in the student course guide.)



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

**Assessment:** Students undergo assessment using various methods, both during the course as well as at the end of the block and end of the year. Assessment is based on the following components:

End-of-year multiple choice examination 50%

Course mark [OSCE mark + (presentation mark divided by 2) + (skills mark multiplied by 2), all divided by 170] 50%

Students are required to maintain their logbook of procedural skills in respect of otorhinolaryngology. Students must achieve a final mark of 50% or more to pass the course.

## RHEUMATOLOGY

**Course conveners:** Prof A Kalla and Dr A Gcelu.

**Course outline:** This course aims to cover the common entities in adult (and paediatric) rheumatology.

*Core learning outcomes:*

- 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
  - radiological assessment.
- Professional behaviour appropriate to clinical practice.

(Further details are contained in the student course guide.)

*Core curriculum:*

A core curriculum has been defined for each of the four components of the course. The required learning is categorised in two ways:

- A list of *core clinical problems* students are expected to be able to evaluate clinically
- A list of *core clinical topics* students are expected to be knowledgeable about.

In order to facilitate learning, the clinical topics have been further stratified as follows:

- *Must know:* The student is expected to have a detailed knowledge of the clinical presentation, laboratory investigation and management of these important, common conditions.
- *Must recognise:* The student is expected to have a basic understanding of the clinical features suggestive of this diagnosis, appropriate investigations that would assist in making the diagnosis and 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.
- *May hear of or see:* Rare conditions that the student should refer for specialist opinion and management.

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

**Assessment:** Students undergo formative and summative assessments using various methods, both during the course as well as at the end of block and end of year. *Formative assessment* occurs in each block. *Summative assessment* is based upon components as follows:

End-of-block clinical examination 50%

End-of-year written paper 50%

If the course is failed, the student is required to spend one week in rheumatology at the end of the year.

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## CHM5003W SURGERY

[This course includes general surgery, plastic surgery and urology.]

**HEQF credits:** 35 **HEQF level:** 8

**Overall course convener:** Dr E Muller.

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### GENERAL SURGERY

**Course convener:** Dr E Muller.

**Course outline:** In the fifth year general surgery is learned at Groote Schuur Hospital within specialised units (hepatobiliary, vascular, colorectal, breast and endocrine.) The fifth year surgery programme is carefully planned around an integrated, student-centred, problem-based core curriculum designed for the modern medical student. A series of daily seminars serves to present the essential core curriculum in general surgery and is representative of the common important clinical presentations, the recognition and initial management of which are of relevance to general practitioners in South Africa. The provision of essential core knowledge is supported by notes and supplemented by daily handouts of the core surgical seminars. Fundamental to the departmental philosophy of empowering students are the interactive bed-side tutorials where students develop and enhance their clinical proficiency and diagnostic skills and are encouraged to acquire the empathy and communication competence intrinsic to the surgical ethos of excellence in holistic patient care. The students are expected to produce a portfolio of at least seven case reports.

*Core curriculum:*

The core topics are divided into:

- *Must know:* Detailed knowledge of the topic is mandatory.
- *Must recognise:* Requiring awareness of the topic and its inclusion in a differential diagnosis - omission of which could be detrimental to the patient.

(Further details are contained in the student course guide.)

*Core learning outcomes:*

- To recognise urgent and life-threatening clinical scenarios
- To recognise common surgical diseases, as well as some less common but dangerous problems
- To be able to initiate primary or emergency care as appropriate
- To be able initiate appropriate investigation(s)
- To be able to recognise conditions or identify patients who need referral to specialised services.

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

**Assessment:** Assessment is both formative and summative.

*Formative assessment:* Students are provided with feedback from their tutors informally during their block. This is not recorded, and has no part in the final promotion mark. *Summative assessment* is based upon:

	<i>% contribution to total mark</i>
In-course assessment (bedside tutorials)	10%
End-of-block clinical examination	35%
End-of-block written paper	20%
End-of-year written examination (incorporating the surgical specialities)	35%

*Logbook of surgical procedures:* The students are expected to complete a logbook of observed or performed procedures. The general surgery component of the course must be passed with 50%.

### PLASTIC SURGERY

**Course convener:** Assoc Prof D Hudson.

**Course outline:**

*Core learning outcomes:*

- Knowledge of the important conditions requiring treatment by a plastic surgeon, e.g. skin cover, grafts and flaps, trauma, cosmetic surgery, burns
- Skills of examination, initiating treatment and in selecting patients for referral to a specialist centre.

*Core curriculum:*

Core topics have been identified. (Further details are contained in the student course guide.)

In the sixth year students see and experience plastic surgery at the Red Cross Children's hospital in the way of congenital anomalies such as tumours, cleft lip and palate and hand abnormalities.

**DP requirements:** Satisfactory attendance and completion of all requisite coursework/clinical work.  
**Assessment:** Plastic surgery is contained in the end-of-block clinical examination and end-of-year written examination in general surgery.

#### UROLOGY

**Course convener:** Assoc Prof R D Barnes.

**Course outline:**

During the eight-week general surgery block in sixth year, students have a two-week block in Urology. This includes daily tutorials and attendance at Urology clinics and theatre slates.

*Core learning outcome:* Knowledge of common urological conditions.

*Core curriculum:* Core topics have been identified. (Details in the student course guide.)

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

**Assessment:**

1. Single case report by each student (marked by a consultant).
2. End-of-block viva.

Students must pass the Urology component of the course with 50%.

### MDN5003H PHARMACOLOGY AND APPLIED THERAPEUTICS

**HEQF credits:** 19 **HEQF level:** 8

**Course conveners:** Dr E Decloedt, Dr K Cohen and Dr R Gounden.

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

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

**Assessment:** The fifth year pharmacology mark will be calculated as follows:

Clinical case presentation during medical specialties rotation	15%
End of paediatrics block examination	35%
End of surgery block examination	25%
End of medical specialties block examination	25%

There are no end-of-year pharmacology examination and the end-of-block examinations are final examinations in pharmacology.

### CHM5004H TRAUMA

**HEQF credits:** 7 **HEQF level:** 8

*[This course is integrated with orthopaedics and anaesthetics in a four-week block.]*

**Course conveners:** Assoc Prof A Nicol, Assoc Prof P Navsaria, Dr W Bekker and Dr S Edu.

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

*Core learning outcomes:*

- Initial assessment and management of the trauma patient
- Approach to specific injuries
- Skills in resuscitation and basic life-saving techniques
- Application of splints and plasters
- Debridement and suturing of wounds.

*Core curriculum:* The core trauma surgical topics have been divided into; “must know”, “must recognise”, “may hear or see” and “must be aware of”.

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

**Assessment:** Students undergo formative and summative assessments using various methods, both during the course as well as at the end of the block and end of the year.

*Formative assessment* occurs during the block. *Summative assessment* is based upon components as follows:

End-of-course examination (OSCE and written examination)	55%
End-of-year written examination	45%

Students must achieve a final mark of 50% or more to pass the course.

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### **OBS5005W GYNAECOLOGY**

**HEQF credits:** 14 **HEQF level:** 8

**Course conveners:** Dr C Gordon and Dr L Walmsley.

**Course outline:** The block consists of four weeks of gynaecology, two weeks of ophthalmology and two weeks of forensic medicine. 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 the issues of sexuality, abuse of women and contraception, 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* by being involved in primary and tertiary gynaecologic care
- to develop *empathetic and reflective* health care standards for themselves
- to continue along the road of *self-directed learning*.

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

**Assessment:** Students undergo formative and summative assessments both during the course as well as at the end of block and end of year. Case reports in gynaecology are added to the portfolio.

*Summative assessment* is based upon the following components:

End-of-year multiple choice paper	40%
End-of-block assessment based on the portfolio	30%
End-of-block clinical examination	30%

In addition, it is mandatory that all students complete a logbook of procedures. These must be signed by the attending consultant or registrar. As this is a course requirement, failure to complete the logbook will mean the student can be prevented from sitting the final examination.

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### **CHM5005H ORTHOPAEDIC SURGERY**

**HEQF credits:** 7 **HEQF level:** 8

**Course convener:** Prof R Dunn.

**Course outline:** This course aims to cover the common entities in adult and paediatric orthopaedic surgery.

*Core learning outcomes:*

- Knowledge of common musculoskeletal trauma and pathological conditions
- Skills in
  - examination of the musculoskeletal trauma and pathological conditions
  - application of treatments specific to the speciality
  - carrying out procedures specific to the speciality

- x-ray assessment
- Professional behaviour appropriate to clinical practice.

*Core curriculum:*

- A list of *core clinical problems* students are expected to be able to evaluate clinically
- A list of *core clinical topics* students are expected to be knowledgeable about.

In order to facilitate student learning, the clinical topics have been further stratified as follows:

- *Must know:* The student is expected to have a detailed knowledge of the clinical presentation, laboratory investigation and management of these important, common conditions.
- *Must recognise:* The student is expected to have a basic understanding of the clinical features suggestive of this diagnosis, appropriate investigations that would assist in making the diagnosis and 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.
- *May hear of or see:* Rare conditions that the student should refer for specialist opinion and management.

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

**Assessment:** Students undergo formative and summative assessments using various methods both during the course as well as at the end-of-block. *Formative assessment* occurs in each block. *Summative assessment* is based upon components as follows:

In-course assessment	15%
End-of-block clinical examination	85%

Students must achieve a final mark of 50% or more to pass the course.

Failure to achieve this mark will require an additional assessment by special arrangement.

*Pass/fail and distinction candidates:* An additional clinical and oral examination at the end of the year will be held for students who have not achieved the required standard for this course. Students who fail this examination will spend an additional two weeks in training at the end of the year but prior to commencing the sixth year, as a 'clinical attachment' to a registrar in the Division and will again be reassessed by an examiner.

For the top students, in the event that a clear distinction between the top performers cannot be drawn, an additional examination will be arranged.

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## LAB5008H FORENSIC MEDICINE

**HEQF credits:** 10    **HEQF level:** 8

**Course convener:** Prof L J Martin.

**Course outline:** The forensic medicine course is two weeks in duration during the eight-week obstetrics and gynaecology block. It comprises 16 large group seminars (two every Wednesday afternoon) and four practical tutorials at the medico-legal laboratory in Salt River, of at least two hours' duration each. Students are expected to complete four tasks during the attachment and tutorial sessions, participate in a quiz and deliver a presentation. There are four task feedback tutorials, held in the Division of Forensic Medicine with tutors. The rest of the time is spent in self-directed learning.

*Core learning outcomes:* These are based on the core knowledge and topics presented in the large group seminars, small group sessions and tutorials, as well as the topics covered in the four tasks presented during the two-week block. The learning outcomes are further delineated in the procedural skills students are expected to acquire during semesters 7 to 12, and as recorded by them in their procedural skills logbook. The learning outcomes are categorised broadly into:

- Core knowledge
- Core skills
- Professional practice and behaviour.

(Further details are contained in the student course guide.)

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*Core curriculum:* The course has been designed to highlight the forensic pathology and clinical forensic medicine problems and topics that the practitioner will encounter as a generalist. Students are expected to be able to 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. Students must be able to 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.

**DP requirements:** Satisfactory attendance and completion of all requisite coursework/clinical work. 80% of plenary sessions must be attended. Students must achieve a subminimum of 50% in their examination and in coursework.

**Assessment:** A final year mark of 50% or more to pass the course. Assessment is both formative and summative. *Formative assessment:* Tutors provide students with feedback on their performance whenever an interaction occurs during the large group sessions or small group tutorials.

*Summative assessment* is based upon the following:

In-course assessment	40%
End-of-year written paper	60%

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### CHM6000W SURGERY

**HEQF credits:** 41 **HEQF level:** 8

**Course convener:** Dr E Muller.

**Course outline:** The surgery curriculum extends over the fifth and sixth years of the MBChB degree. The surgery teaching programme in the sixth year incorporates a 'hands-on' practical eight-week rotation during which student interns implement the clinical and management components of the theoretical background of surgery they were exposed to in their fifth year. The goals of the sixth year course are to consolidate and refine clinical examination, diagnosis and management of the major symptom complexes in surgery. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Student interns spend four weeks of their rotation in one of the four surgical firms at Groote Schuur Hospital, functioning as integrated members of the therapeutic team. Student interns are in the wards each week from 07h30, starting with the firm ward round and work until 17h00 for the completion of the post-operative round. As part of the team, the student interns assist the intern and registrar on call on the firm intake day. Student interns are expected to be visible and involved with patient care. Among other clinical duties, under supervision, the student interns attend ward rounds with the head of firm, consultants and registrars, and present their patients on the ward rounds, at firm meetings and the combined X-ray conferences. In addition, student interns accompany their patients to interventional procedures, e.g. endoscopy, ERCP, angiography or the operating theatre. Six interactive tutorials are given each week by the consultant staff. The remaining four weeks are spent under supervision at one of the three secondary teaching hospitals, GF Jooste, Somerset or Victoria Hospital, where a structured programme is in place.

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

**Assessment:** The end-of-block assessment comprises a performance-based in-course evaluation (20%), a formal OSCE examination (20%), a clinical examination (20%), a clinical scenario short case problem-based examination (20%) as well as an interview based on a core knowledge portfolio of 10 surgical patients selected from the list of recommended core topics (20%). Students who obtain an average mark less than 55% for their end-of-block assessment are examined in the November final examination. The performance-based in-course assessment comprises five components:

Attendance record	20%
Procedural skills	20%
Examination skills	20%
Presentation and communication skills	20%
Clinical acumen and patient management	20%

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**MDN6000W MEDICINE**

**HEQF credits:** 41 **HEQF level:** 8

**Overall course convener:** Dr A Gcelu.

**INTERNAL MEDICINE**

**Course conveners:** Dr A Gcelu.

**Course outline:** This is an eight-week student internship that builds on the fourth and fifth year courses in Medicine and prepares the student for practice as a pre-registration intern. For six weeks of this eight-week final clerkship in Medicine, students are deployed to the following secondary hospitals as student interns: 2 Military, GF Jooste, Somerset and Victoria. As student interns they are expected to operate with the specialist physician-led clinical team to which they are assigned from 08h00 to 17h00 each day and, on a rotation basis, over the whole 24 hours of any intake day, weekends included. Student interns are responsible, under supervision, for a cohort of patients admitted to the care of their clinical team. Among their clinical duties are attendance at ward rounds with the head of firm, consultants on the firm, and interns and registrars, and presentation of their cases on some ward rounds. In addition, student interns are expected to attend, and participate in, all the firm's academic meetings. Contact teaching is clinically orientated and takes place in bedside-based small group tutorials conducted by senior clinicians; typically such teaching will be based on the patients in the care of student interns. For the remaining two weeks of the clerkship, students attend in cohorts from their secondary hospital attachments for a *special units attachment* at Groote Schuur Hospital. A core component of the clerkship is the development of a portfolio of learning for which students are required to collate a number of patients' case records reflecting the patients in whose management they have directly participated during the clerkship. A minimum of 15 patient records is required.

As was the case in fourth and fifth Year Medicine, core elements of the "primary health care approach" are addressed, including health promotion, culture, psyche and illness and the referral system and components that inform comprehensive health care, including promotive, preventive, curative, rehabilitative, and palliative care, at the primary, secondary, and tertiary level. This portfolio of learning forms part of the assessment process. In addition, the procedural skills base specific to the discipline of medicine will be practised, supervised and logged as was the case in the fourth and fifth years. A year-long series of seminars and lectures addresses topics in all the Divisions of Medicine as well as broad issues relevant to the practice of medicine.

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

**Assessment:** Assessment includes the following:

An in-course assessment	10%
An end-of-block clinical examination	25%
An end-of-block portfolio interview	20%
An end-of-year written multiple-choice question examination	15%
An end-of-year slide test	10%
An end-of-year multidisciplinary portfolio examination	20%

**DERMATOLOGY**

**Course convener:** Dr R Lechloenya.

**Course outline:** Dermatology is offered to MBChB students predominantly in the form of interactive, small group block tutorials and clinical demonstrations. An integrated approach to dermatology based on reaction patterns of the skin forms part of the general medicine course in the sixth year of study. Additionally, lectures are given to help consolidate learning.

**Learning outcomes:**

- Consolidation of learning outcomes of fourth and fifth year
- Demonstration of practical application of knowledge in the clinical setting
- Incorporation of dermatology findings in the evaluation of all patients.

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

**Assessment:** Dermatology is examined as part of the general medical clinical and portfolio

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examinations at the end of the block. A minimum of two dermatology cases should be included in the portfolio for sixth year. A short answer examination based on slides is held at the end of the year.

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### **OBS6000W OBSTETRICS AND GYNAECOLOGY**

**HEQF credits:** 41 **HEQF level:** 8

**Course conveners:** Dr C J M Stewart and Dr K Brouard.

**Course outline:** The course consists of two four-week blocks in obstetrics and gynaecology. The blocks run back-to-back. Teaching is practical and involves patient assessment and management under supervision. This takes place in clinics, antenatal and postnatal wards, labour ward, gynaecology ward and theatre. Students are exposed to clinical scenarios which they will encounter after qualifying. There are two whole group seminars per week and these are interactive.

**Key outcomes:** At the end of the block, students will be expected to be competent in obstetric and gynaecological history taking and examination, including speculum examination and pap smears. They will also be expected to be able to perform procedures such as evacuations of the uterus, vaginal examinations in labour, labour monitoring and delivery and assist at common operations.

**Contact time:** Two one-hour seminars per week; practical teaching throughout the week.

**DP requirements:** Students are expected to attend and participate in ward, clinic and labour ward duties as per the programmes of the individual firms. Attendance is monitored by the consultants and registrars in these firms. In addition, the two weekly seminars are compulsory.

**Assessment:**

End-of-block case presentations	(10% each) 20%
OSCE/OSPE examination	50%
Portfolio examination	20%
Skills station	10%

Students are required to obtain a mark of more than 60% for each section of the end-of-block examination to be exempted from writing an examination at the end of the year.

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### **PED6000W PAEDIATRICS (INCLUDING PAEDIATRIC SURGERY)**

**HEQF credits:** 41 **HEQF level:** 8

**Course conveners:** Dr P Gajjar, Dr K Donald and Dr S Salie.

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

**Course structure and outline:** Sixth year must be considered as a continuum of learning following on fifth year training. The learning of paediatrics in the sixth year centres on a service commitment wherein the student is an integral member of the paediatric team caring for the children. During the eight-week block, students spend four weeks in a general paediatric ward (based at either the Red Cross Children's Hospital, Victoria, Groote Schuur, or New Somerset Hospitals); two weeks in neonatology (based at Groote Schuur, New Somerset or Mowbray Maternity Hospitals); and two weeks in general paediatric surgery (based at the Red Cross Children's Hospital.) During the day (week days 08h00 to 17h00, including weekend and public holiday routine ward work), students take part in the routine day-to-day management of patients as well as participate in the academic activities of the ward/hospital to which they have been allocated. The detailed timetable of all learning and ward activities are outlined in the student course handbook.

**Core learning outcomes:** The student will demonstrate

- knowledge of common core paediatric diseases and conditions
- skills such as taking a paediatric history; ability to examination any neonate; defining an appropriate problem list; formulating an appropriate management plan; ability to perform basic procedures
- professional behaviour and attitude appropriate to handling children and their caregivers
- consideration of the rights of the child and being advocates for child health.

**Core curriculum:** Core knowledge, as defined by the School of Child and Adolescent Health, forms the backbone of the curriculum and the learning of paediatrics will be along two lines:

- Learning focuses on a list of core presentations (common paediatric conditions), e.g. a wheezy



child, which the students address by clerking admissions to their respective wards. Clerking consists of history-taking, examination, assessment and suggesting management plans, which are then presented to a more senior member of the ward staff. These cases form the basis of the in-course assessment and portfolio of learning.

- The extent of learning is based on what are considered to be core topics (common conditions or diseases.)

The *core topics* have been subdivided into

- *Must know:* Detailed knowledge of the topic is mandatory.
- *Must recognise:* Requiring awareness of the topic and its inclusion in a differential diagnosis – omission of which could be detrimental to the child.

(Further details are contained in the student course handbook.)

**DP requirements:** Satisfactory attendance and completion of all requisite coursework/clinical work. In addition, students must complete a logbook of paediatric skills and neonatal and paediatric surgery activities as detailed in the student course handbook. If a student is absent for more than one week, the time will need to be made up and if absent for more than three weeks, the block will need to be repeated. A DP certificate is also requested for the paediatric surgery component.

(Leave of absence and DP requirements are stipulated in the student course handbook.)

**Assessment:** Students will undergo formative and summative assessments using various methods.

*Formative assessment:* covering all aspects of the student’s performance will be given during the block. *Summative assessment:* is based upon six components as follows:

	<i>% contribution to total mark</i>
In-course assessment (presentation of cases)	15%
End-of-block clinical examination	20%
End-of-neonatal block assessment	15%
End-of-year computer-based/online electronic examination as MCQ and EMI*	20%
(including 25% neonatology, 25% paediatric surgery)	
An oral based on the portfolio (as part of a multi-discipline portfolio examination)	15%
Paediatric surgery	15%

(\*: Extended matching items)

Notwithstanding the fact that the overall pass mark for the summative assessments is 50%, students are required to attain a mark of 50% or more in each of the in-course assessment and the end-of-block clinical examination in order to pass the course. Students who do not meet this requirement may be required to undergo a pass/fail clinical re-examination at the end of the year. Over and above these requirements, students must also attain 50% in at least four of the six above components to pass the year and need to get an exempt pass in the multi-disciplinary exit skills assessment.

*Multi-discipline Exit Skills Assessment:* The HPCSA requires that all sixth year medical students pass a multi-disciplinary exit skills assessment. The skills are assessed as exempt or non-exempt (pass/fail) in an OSCE examination format. Any student who fails any of the skills assessed will be required to repeat the assessment after a period of remediation before the final year mark is given.

## **PPH6000W FAMILY MEDICINE**

**HEQF credits:** 21    **HEQF level:** 8

**Course conveners:** Dr N Beckett and Dr M Namane.

**Course outline:** The four-week sixth year Family Medicine clerkship emphasises the theoretical and clinical integration of clinical, public health and behavioural science knowledge and skills required for family and community orientated primary care. Students are expected to consolidate prior learning by applying the knowledge, skills and professional values gained in all clinical disciplines (particularly in 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.

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Students are expected to review these before entering the clerkship. The clerkship aims to provide students with a basis for postgraduate training in the practice of family medicine and palliative care and to enter the four-month family medicine internship with the necessary confidence and competence.

**Course structure:** Students will be based at community health centres (CHCs) within the district health system in Cape Town metropolitan and rural district health services in the Western Province. Palliative care learning activities include attending hospice and home-based care.

**Assessment:** comprises the following:

A CHC assessment (includes the completion of a skills logbook)	25%
A multi-station OSCE based on clinical and procedural skill and simulated consultations	40%
A patient study assignment	20%
A group project	15%

Students who do not achieve an exemption in the end-of-block clinical examinations (i.e. 60%), or who obtain less than 50% for any of the assessment components or the total block assessment, will be re-examined at the end of year. Students who achieve less than 50% at re-examination will have failed family medicine. Students who obtain less than 50% for their patient studies are required to re-submit the amended study for re-marking. A penalty of 5% per day will be deducted for late submissions after the deadline, which is Monday 12 noon, following the end-of-block. Students who achieve less than 50% for their patient study as a result of late submission will be required to re-submit another patient study using a new patient with different learning needs.

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### PRY6000W PSYCHIATRY

**HEQF credits:** 21    **HEQF level:** 8

**Course conveners:** Dr M Karjiker.

**Course outline:** This is a full-time clinical block of four weeks (120 hours) which builds on the semester 6 and fourth year block. It includes the responsibility of managing patients, which entails clerking, investigating and presenting of completed data, all under supervision of either a registrar or consultant. The students will be expected to attend all ward meetings, departmental academic meetings and journal clubs. Every Friday, they will present cases and discuss clinical material with the course convener/ senior supervisor. The students will be attached to units at Valkenberg Hospital, Lentegeur Hospital or Groote Schuur Hospital.

A core component of the clerkship is the continued development of a portfolio of learning, where the student intern is expected to collate at least four patients' case records, reflecting the involvement that the intern has had in their management. This portfolio of learning forms part of the assessment process.

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

**Assessment:** During the block, 30% is allocated for ward involvement and case presentation or discussion, as well as knowledge and participation in the seminars, and for portfolio submission and assessment. At the end of the block, 20% is allocated for an oral examination and 20% for a written examination.

At the end of the year there is an EMI/MCQ (10%) and an end-of-year multi-disciplinary examination focusing mainly on psychiatry (20%).

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### MDN6004W EXIT EXAMINATION ON PROCEDURAL COMPETENCE

**HEQF credits:** 0    **HEQF level:** 8

**Convener:** Prof V Burch.

**Outline:** This is an integrated exit level examination for MBChB students on procedural competence. The examination takes place in the form of an OSCE style examination; consisting of eight to ten stations of a maximum of ten minutes each; and is conducted in the Clinical Skills Centre. The range of OSCE stations require students, amongst others, to show competence in areas which include but are not limited to the following:

- Perform venipuncture, IV cannulation or blood culture
- Insertion of a nasogastric tube

- Perform bladder catheterisation
- 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
- Perform a complicated delivery
- Perform a bimanual pelvic or vaginal speculum examination
- Set up an intraosseous infusion
- Umbilical vein catheterisation

**DP requirements:** Completion of all coursework and assessment activities, including final examinations, in all sixth year courses.

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

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

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

*Degree code: MB001 Plan codes: HUB27 General and Applied Physiology  
HUB28 Biophysics and Neurophysiology  
LAB30 Molecular Biology*

**Programme convener:** Assoc Prof A Katz.

### **Eligibility**

FBB1 A candidate who has successfully completed at least the second year of the MBChB curriculum (MEDB014) at this University may, upon application, be allowed to register for this programme.

### **Duration of the degree programme**

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

### **Curriculum**

FBB3.1 The BSc(Med) shall have at least 360 credits, of which a minimum of 120 credits shall be at HEQF level 7 (third year level) and a maximum of 96 credits at HEQF level 5 (first year level).

Credit may be given towards the BSc(Med) for specific MBChB courses passed (see FBB3.2) and for specific additional courses taken (see FBB3.3).

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

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		HEQF level	HEQF credits
HUB1006F	Introduction to Integrated Health Sciences Part I	5	30
HUB1007S	Introduction to Integrated Health Sciences Part II	5	35
CEM1011F	Chemistry for Medical Students	5	18
PHY1025F	Physics	5	18
LAB2000S	Integrated Health Systems Part 1B	6	35
HUB2017H	Integrated Health Systems Part IIA	6	57
HUB2020S or LAB2002S	Special Study Module	6	16
LAB3009H	Integrated Health Systems Part II	7	59

- FBB3.3 In addition, several of the following courses shall be taken towards the BSc(Med), provided the total number of credits (MBChB and other) meet the criterion given in (FBB3.1) and provided the entry criteria for the courses below are met.  
*[Note: There is a limit on the number of students that may enter the courses below and admission is competitive.]*

Courses offered by Departments in the Faculty of Science:

MCB2014F	Molecular Components of Cells	6	24
MCB2015S	Metabolism	6	24
MCB2016F	Introduction to Microbiology	6	24
MCB2017S	Microbial Biotechnology	6	24
MCB2018F	Introduction to Genetics	6	24
MCB2019S	Eukaryotic Gene Regulation and Cell Signalling	6	24

Courses offered by Departments in the Faculty of Health Sciences:

LAB3020W	Molecular Medicine	7	72
HUB3006F	General & Applied Physiology	7	36
HUB3007S	Biophysics & Neurophysiology	7	36

*Total HEQF Credits:* 360

### Progression and minimum requirement for re-registration

- FBB4 Except by permission of the Senate, a candidate who has not satisfactorily completed all the courses prescribed for the degree within one year of full-time study shall not be permitted to renew his/her registration for the degree.

### Distinction

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

### Course outlines for BSc(Med)

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

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#### MCB2014F MOLECULAR COMPONENTS OF CELLS

**HEQF credits:** 24 **HEQF level:** 6

*NOTE: Entrance is limited to 140 students.*

**Course convener:** Dr J Rodrigues.

**Prerequisites:** CEM1000W or an approved equivalent or BIO1000F.

**Course outline:** This course deals with the structures and properties of biological molecules and macromolecules as a basis to understanding the distinctive properties of living systems. Topics include: properties of water, pH, amino acids, protein primary and higher order structure, carbohydrates, lipids, membranes, nucleotides and nucleic acids, prokaryotic DNA replication, transcription and translation. Protein synthesis, chromatin structure, thermodynamics and enzymes are also covered.

**Period**

**Mon Tue Wed Thu Fri**

**Lectures:** 4 4 4 4 4

**Tutorials:** One tutorial per week.

**Practicals:** One practical per week, Monday or Tuesday, 14h00-17h00.

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

**Assessment:** Tests count 40%; practicals, tutorials, essays and assignments count 10%; one 3-hour paper written in June counts 50%. A subminimum of 40% in the examination is required.

**MCB2015S METABOLISM**

**HEQF credits:** 24 **HEQF level:** 6

*NOTE: Entrance is limited to 140 students.*

**Course convener:** Dr Z L Woodman.

**Prerequisites:** MCB2014F or an approved equivalent.

**Course outline:** This course deals with aspects of prokaryotic and eukaryotic metabolism. The following are covered: energetics and thermodynamics, glycolysis, citric acid cycle, oxidative phosphorylation, photosynthesis, gluconeogenesis, glycogen and the pentose phosphate pathway, lipid and amino acid metabolism and nitrogen fixation.

**Period**

**Mon Tue Wed Thu Fri**

**Lectures:** 4 4 4 4 4

**Tutorials:** One tutorial per week.

**Practicals:** One practical per week, Monday or Tuesday, 14h00-17h00.

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

**Assessment:** Tests count 40%; practicals, tutorials, essays and assignments count 10%; one 3-hour paper written in November counts 50%. A subminimum of 40% in the examination is required.

**MCB2016F INTRODUCTION TO MICROBIOLOGY**

**HEQF credits:** 24 **HEQF level:** 6

*NOTE: Entrance is limited to 100 students.*

**Course convener:** Assoc Prof S Reid.

**Prerequisites:** CEM1000W or an approved equivalent or BIO1000F.

**Course outline:** Prokaryote cell structure and function; bacterial growth and control; microbial diversity and taxonomy.

**Period**

**Mon Tue Wed Thu Fri**

**Lectures:** 5 5 5 5 5

**Tutorials:** One tutorial per week.

**Practicals:** One practical per week, Thursday or Friday, 14h00-17h00.

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

**Assessment:** Tests count 40%; practicals, tutorials, essays and assignments count 10%; one 3-hour paper written in June counts 50%. A subminimum of 40% in the examination is required.

**MCB2017S MICROBIAL BIOTECHNOLOGY**

**HEQF credits:** 24 **HEQF level:** 6

**Course convener:** Dr S Rafudeen.

**Prerequisites:** MCB2016F or an approved equivalent.

**Course outline:** Microbial biotechnology; production of fine chemicals; basics of fermentation; water purification; introduction to bacterial genetics.

**Period**

	Mon	Tue	Wed	Thu	Fri
Lectures:	5	5	5	5	5

**Tutorials:** One tutorial per week.**Practicals:** One practical per week, Thursday or Friday, 14h00-17h00.**DP requirements:** 40% test average; 50% average for assignments; attendance at practicals.**Assessment:** Tests count 40%; practicals, tutorials, essays and assignments count 10%; one 3-hour paper written in November counts 50%. A subminimum of 40% in the examination is required.**MCB2018F INTRODUCTION TO GENETICS****HEQF credits:** 24 **HEQF level:** 6*NOTE: Entrance is limited to 90 students.***Course convener:** Dr C O'Ryan.**Prerequisites:** BIO1000F, BIO1004S, CEM1000W or an approved equivalent.**Course outline:** This course will cover an introduction to the basic principles of genetics. Topics include the chromosomal theory of inheritance, genome organisation, chromosome numbers, duplications, rearrangements and transposons, sex determination and sex-linked genes, basic genetic linkage and mapping, human genetics, extranuclear inheritance. An introduction will also be given to population genetics and conservation/evolution genetics.**Period**

	Mon	Tue	Wed	Thu	Fri
Lectures:	3	3	3	3	3

**Tutorials:** One tutorial per week.**Practicals:** One practical per week, Wednesday, 14h00-17h00.**DP requirements:** 40% test average; 50% average for assignments; attendance at practicals.**Assessment:** Tests count 40%; practicals, tutorials, essays and assignments count 10%; one 3-hour paper written in June counts 50%. A subminimum of 40% in the examination is required.**MCB2019S EUKARYOTIC GENE REGULATION & CELL SIGNALLING****HEQF credits:** 24 **HEQF level:** 6*NOTE: Entrance is limited to 90 students.***Course convener:** Prof N Illing.**Prerequisites:** MCB2014F or MCB2018F or an approved equivalent.**Course outline:** Principles of eukaryotic gene regulation including: gene structure; regulation of gene transcription and chromatin modification; post-transcriptional regulation: RNA processing, RNAi, RNA stability and storage; translation; post-translational modifications; protein degradation. Principles of cell signalling including receptors and signal transduction pathways. Integration of principles of genetics, eukaryotic gene regulation and cell signalling in a cellular context using the following examples: Drosophila axis determination, regulation of the cell cycle and apoptosis, cancer, circadian rhythms.**Period**

	Mon	Tue	Wed	Thu	Fri
Lectures:	3	3	3	3	3

**Tutorials:** One tutorial per week.**Practicals:** One practical per week, Wednesday, 14h00-17h00.**DP requirements:** 40% test average; 50% average for assignments; attendance at practicals.**Assessment:** Tests count 40%; practicals, tutorials, essays and assignments count 10%; one 3-hour paper written in November counts 50%. A subminimum of 40% in the examination is required.

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**HUB3006F GENERAL AND APPLIED PHYSIOLOGY**

**HEQF credits:** 36 **HEQF level:** 7

**Course convener:** Assoc Prof A Bosch.

**Prerequisites:** HUB2013S, CEM1000W or an approved equivalent.

**Entry requirement:** A result of at least 60% in HUB2017H. Exceptions at the discretion of the convener.

**Course outline:** The semester theme is “Living, working and playing”. Topics dealt with in detail include: metabolism and homeostasis, cellular homeostasis, nutrition and metabolism, obesity and diabetes, muscle physiology, cardio-respiratory physiology, exercise physiology, thermoregulation, physiology in extreme environments.

**Key outcomes:** At the end of this course students should have a good understanding of the physiology related to movement and exercise. They should understand physiological control (homeostasis), 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.

**Period**

**Mon Tue Wed Thu Fri**

**Lectures:** 1 1 1 1 1 (45 mins each). All lectures are held in the Department of Human Biology, Faculty of Health Sciences.

**Practicals:** One practical per week, 14h00 – 17h00 Wednesdays and Thursdays, held in Human Biology and at the Sports Science Institute in Newlands. Class size necessitates an equal number of students on each day. The nature of the practicals will sometimes require work outside of these formal times.

**Tutorials:** Two tutorials, held during the “practical” time slot.

**Seminar:** Students will prepare a seminar topic which will be presented as a PowerPoint presentation towards the end of the semester, during the “practical” time slot.

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

**Assessment:**

Class test	30%
Assignments/seminar presentation	5%
Practicals	15%
Examinations (written theory and practical theory)	50%

An oral examination may be required in the case of selected students.

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**HUB3007S BIOPHYSICS AND NEUROPHYSIOLOGY**

**HEQF credits:** 36 **HEQF level:** 7

**Course convener:** Prof V A Russell.

**Prerequisites:** HUB2013S, CEM1000W or an approved equivalent.

**Entry requirement:** A result of at least 60% in HUB2017H. Exceptions at the discretion of the convener.

**Course outline:** This course offers theoretical and practical instructions on advanced concepts in neuroscience, such as: embryological development and repair of the nervous system, histological and gross anatomical appearances of the brain, electrophysiology, principles of electrical and morphological brain imaging, neuronal signalling, signal transduction in sensory, motor and autonomic nervous systems, vision and pain perception, mechanisms of learning and the development of memory.

**Key outcomes:** At the end of the course, students should be able to

- Apply knowledge gained and practical skills acquired to solve problems in neurophysiology.

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- 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
- Teach basics of human physiology

**Contact time:** Lectures: Five 45-minute lectures per week, first period, Monday to Friday.

Practical/Tutorial sessions: One 3-hour practical/tutorial session per week, 14h00 – 17h00 on Wednesdays or Thursdays. The nature of the practicals will sometimes require students to work outside of these formal times.

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

**Assessment:** The breakdown of course marks is as follows:

- |                                       |     |
|---------------------------------------|-----|
| • Class tests                         | 30% |
| • Tutorial assignments                | 5%  |
| • Practical experiments               | 15% |
| • Examinations (theory and practical) | 50% |

An oral examination may be offered in case of selected students.

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### LAB3020W MOLECULAR MEDICINE

**HEQF credits:** 72    **HEQF level:** 7

**Course convener:** Assoc Prof A Katz.

**Entry requirement for students admitted to the intercalated BSc(Med)Hons/MBChB programme:** Students wishing to do the intercalated BSc(Med)(Hons) 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), and must have undergone a successful interview with the course admission committee:

CEM1011F or (for Intervention Programme Students) CEM1111S and CEM1011X), Chemistry; PHY1025F or (for Intervention Programme Students) PHY1025S Physics; HUB1006F and HUB1007S, Introduction to integrated Health Sciences I&II; or (for Intervention Programme Students) HUB1010S and HUB1011F, Fundamentals of Integrated Health Sciences I and II; HUB2017H and LAB2000S, Integrated Health systems I A&B, MDN2001S, Special Study Module.

**Entry requirement 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 admission committee), and must have undergone a successful interview with a course admission committee:

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

**DP requirement:** Attendance of all practicals and average mark of 50% in tests, assignment and laboratory reports combined.

**Assessment:** Tests, assignments and laboratory reports that are written during the course and two examinations at the end of the course. Tests contribute 30%, the assignment contributes 5%, the laboratory reports contribute 15% and the final two examinations contribute 50% to the final mark for the course.



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

[BSc Audiology degree code; MB011. Plan code: MB011AHS02.

BSc Speech-Language Pathology degree code: MB010. Plan code: MB010AHS01.]

These two degree programmes lead to 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.

Candidates who do not meet certain minimum requirements by the end of the first or the second semester of study may be required to transfer to an Intervention Programme. (see FBB3 below).]

**Programme conveners:** Dr M Pascoe (Speech Pathology) and Dr L Ramma (Audiology) (Division of Communication Sciences & Disorders, Department of Health & Rehabilitation Sciences).

### Duration of programme

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

### Curriculum

		HEQF level	HEQF credits
FBC2.1	<b>First year</b>		
	<i>Common courses for Speech-Language Pathology and Audiology students:</i>		
	PPH1001F	Becoming a Professional	5 15
	AHS1003F	Speech & Hearing Sciences	5 18
	PSY1004F	Introduction to Psychology Part I <b>or</b>	5 18
	PSY1006F	Foundation Psychology Part I	5 18
	AXL1300F	Introduction to Language Studies	5 18
	AHS1042F	Human Communication Development	5 18
	PPH1002S	Becoming a Health Professional	5 15
	PSY1005S	Introduction to Psychology Part II <b>or</b>	5 18
	PSY1007S	Foundation Psychology Part II	5 18
	HUB1014S	Anatomy for Communication Sciences	5 18
	AHS1025S	Early Intervention	5 18
	<i>Course for Audiology students:</i>		
	AHS 1045S	Basis of Hearing and Balance	5 18
	<i>Course for Speech-Language Pathology students:</i>		
	AXL1301S	Introduction to Applied Language Studies	5 18
	<i>Total HEQF credits for year 1:</i>		174

FBC2.2 A student who fails one or more of the following courses in the first semester may be required to enter the Intervention Programme

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		<b>HEQF level</b>	<b>HEQF credits</b>
	Parts I and 2:		
	AHS1003F     Speech and Hearing Sciences	5	18
	PSY1004F     Introduction to Psychology Part 1	5	18
	AXL1300F     Introduction to Language Studies	5	18
	AHS1042F     Human Communication Development	5	18
<b>FBC2.3</b>	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:		
	<i>In the case of BSc Audiology:</i>		
	PSY1005S     Introduction to Psychology Part II	5	18
	AHS1025S     Early Intervention	5	18
	AHS1045S     Basis of Hearing and Balance	5	18
	<i>In the case of BSc Speech-Language Pathology:</i>		
	PSY1005S     Introduction to Psychology Part II	5	18
	AHS1025S     Early Intervention	5	18
	AXL1301S     Introduction to Applied Language Studies	5	18
	<i>[See rule FBB3 below for the Intervention Programme curriculum. The Intervention Programme starts in July and first year ends in June of the following year, after which the student joins the second semester of the standard first year curriculum.]</i>		
<b>FBC2.4</b>	<b>Second year</b>		
	<i>Common courses for Speech-Language Pathology and Audiology students:</i>		
	PSY2006F     Research in Psychology 1	6	24
	AHS2045F     Becoming a Communication Therapist	6	24
	AHS2106F     Child Language	6	21
	SLL1028H     Xhosa for Health and Rehabilitation Sciences: or	5	18
	SLL1048H     Afrikaans for Health and Rehabilitation Sciences	5	18
	PSY2010S     Cognition and Neuroscience	6	24
	AHS2047S     Paediatric Rehabilitative Audiology	6	18
	<i>[Note: Students who speak an African language as a home language will be required to register for Afrikaans. Students who speak English or Afrikaans as a home language will register for Xhosa.]</i>		
	<i>Courses for Audiology students:</i>		
	AHS2046F     Diagnostic Audiology	6	18
	AHS2111S     Diagnostic Audiology in Special Populations	6	15
	AHS2110W     Clinical Audiology I	6	14
	<i>Courses for Speech-Language Pathology students:</i>		
	AHS2107F     Child Speech	6	18
	AHS2109S     Language Learning and Literacy	6	15
	AHS2108W     Clinical Speech Therapy I	6	14
	<i>Total HEQF credits for year 2:</i>		176
<b>FBC2.5</b>	<b>Third year</b>		
	<i>Common courses for Speech-Language Pathology and Audiology students:</i>		
	PSY3008F     Health Psychology	7	24
	PSY3007S     Research in Psychology II	7	24
	AHS3101W     Sign Language	5	8
	<i>Courses for Audiology students:</i>		

		HEQF level	HEQF credits
AHS 3062F	Rehabilitation Technology	7	22
AHS 3075F	OAEs and Electrophysiology	7	22
AHS 3105F	Public Health Audiology	7	15
AHS 3008H	Clinical Audiology II	7	24
AHS 3065S	Adult Rehabilitative Audiology	7	18
AHS 3104S	Vestibular Management	7	15
<i>Courses for Speech-Language Pathology students:</i>			
AHS 3071F	Acquired Neurogenic Language Disorders	7	22
AHS 3073F	Adult Dysphagia and Motor Speech	7	22
AHS 3102F	Fluency	7	15
AHS 3004H	Clinical Speech Therapy II	7	24
AHS 3072S	Paediatric Dysphagia and Motor Speech	7	22
AHS 3103S	Voice	7	15
<i>Total HEQF credits for year 3:</i>			172

**FBC2.6 Fourth year**

*Common courses for Speech-Language Pathology and Audiology students:*

AHS4067F	Seminars in Communication Sciences	8	4
AHS4000W	Research Report	8	30

*Courses for Audiology students:*

AHS4008H	Clinical Audiology IIIA	8	45
AHS4009H	Clinical Audiology IIIB	8	45
AHS4069S	Seminars in Audiology	8	4

*Courses for Speech-Language Pathology students:*

AHS4005H	Clinical Speech Therapy IIIA	8	45
AHS4006H	Clinical Speech Therapy IIIB	8	45
AHS4068S	Seminars in Speech-Language Pathology	8	4

*Total HEQF credits for year 4:*

*Total HEQF credits for programme:*

128
650

**Intervention programme**

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

*Intervention Programme Part 1:*

		HEQF level	HEQF credits
AHS1031S	Preparation for Entry-level Psychology for Health and Rehabilitation Sciences Part I	5	18
AXL1032S	Linguistics Foundation	5	18
AHS1041S	Fundamentals of Speech and Hearing Sciences	5	18
AHS1043S	Foundational Concepts in Human Communication Development	5	18

FBC3.2 A student who fails AHS1031S or AXL1032S or AHS1041S or AHS1043S will be required to register for and complete a summer term course and to rewrite the examination at the end of this course (in December of the year in which he/she failed).

FBC3.3 A student entering IP who failed PSY1004F or PSY1006F in the first semester of the

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standard first year programme will be required not only to pass AHS1031S but also to register for PSY1006F in IP 2.

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

*Intervention Programme Part 2:*

		HEQF level	HEQF credits
AXL1303F	Sociolinguistics Foundation (Speech-Language Pathology students)	5	18
AHS1036F	Foundational Concepts in Early Intervention	5	18
AHS1046F	Foundations of Hearing and Balance (Audiology students)	5	18
PSY1006F	Foundation Psychology Part I*	5	18

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

*Total HEQF credits for IP:*

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126

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

### Attendance and DP (Due Performance) requirements

- FBC4 (a) Attendance at all lectures is compulsory. If a student misses a lecture without permission, he/she may be prohibited from taking the examination and fail the course.
- (b) A minimum of 80% attendance is required at clinics. If this attendance requirement is not met, the student will be required to repeat the course or block (clinical rotation).
- (c) Absence from clinics or other commitments on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the staff of the Division.
- (d) All coursework must be completed.

### Progression rules

- FBC5.1 Students may not proceed to courses which have prerequisites until they have successfully completed the prerequisite courses. (See individual course outlines in the pages that follow.)
- FBC5.2 A student is required to pass AHS2107F Child Speech and AHS2106F Child Language in order to continue the second semester of the second year clinical practical course AHS2108W Clinical Speech Therapy 1. If a student should fail either course, he/she will have to deregister from the clinical course AHS2108W at the start of the second semester. The student will continue with the clinical course AHS2108W following successful completion of AHS2107F and/or AHS2106F in the following year, if permitted to repeat these courses.
- FBC5.3 A student is required to pass AHS3073F Adult Dysphagia and Motor Speech and AHS3071F Acquired Neurogenic Language Disorders and AHS3102F Fluency 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 any of 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 AHS3073F and/or AHS3071F and/or AHS3102F in the following year. Students will retain credit for the clinical hours obtained in the first semester of the clinical course.

- FBC5.4 A student is required to pass both AHS3062F Rehabilitation Technology and AHS3075F OAEs & Electrophysiology in order to continue with second semester of AHS3008H Clinical Audiology II. If a student fails either AHS3062F or AHS3075F, he/she will have to deregister from the clinical course AHS3008H. The student will then continue with the programme following successful completion of AHS3062F and/or AHS3075F in the following year. Students will retain credit for the clinical hours obtained in the first semester of AHS3008H.
- FBC5.5 If a student is registered only for theoretical modules for any semester, he/she continues to be involved in clinical work, under the direction of the clinical co-ordinator, and receives credit for additional clinical hours.
- FBC5.6 First, second and third 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 50, to be completed according to annual requirements, prior to the fourth year of study.
- FBC5.7 In the fourth year clinical courses AHS4005H Clinical Speech Therapy IIIA, AHS4006H Clinical Speech Therapy IIIB, AHS4008W Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB, students are required to pass all sections of the final qualifying examinations in order to pass the course (i.e. obtain a minimum mark of 50% for each section).  
If a student fails any section of the examination in each course, the student will fail the course, and a maximum mark of 49% will be awarded.  
In the first semester: If a student fails the final qualifying examination in a course in June, or any section thereof, and the final examination mark is above 45%, he/she may be offered a re-assessment of the section/s that have been failed, in November (at the same time as the second semester final qualifying examinations). If the student fails to obtain an overall mark of 45% in June, he/she will not qualify for a re-assessment and will fail the course.  
In the second semester: If the student fails the November final qualifying examination in a course or any section thereof, and the final examination mark is above 45%, the student may be offered a re-examination within two weeks of the final examination.
- FBC5.8 In the fourth year clinical course: AHS4005H, AHS4006H, AHS4008H and AHS4009H, the student must pass each clinic of each block (obtain a minimum mark of 50% for each clinic). If the student fails any clinic, he/she will be required to repeat and pass the clinic (during the regular academic year when clinics are scheduled).
- FBC5.9 Following a supplementary examination (if awarded), the final mark in a course will be determined as follows: coursework: 60%; supplementary examination mark: 40%.

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

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

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

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examination cycle half or more of the course load for which he/she is registered in that year (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);

- (d) unless he/she successfully completes all the prescribed courses for any single year in two years;
- (e) if he/she is unable to complete the standard programme in six years;
- (g) if he/she is found guilty of unprofessional behaviour or is found to be impaired.

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

### Distinction

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

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

### PPH1001F BECOMING A PROFESSIONAL

HEQF credits: 15 HEQF level: 5

Course conveners: L Olickers and L Dlamini.

**Course outline:** This is a first semester course which introduces all first year students registered in the Faculty of Health Sciences to the process of developing professional conduct. As the first building block in this process, the course aims to promote the conduct, attitudes and values associated with being a professional as well as a member of a professional team. The focus is on the development of interpersonal skills, which include being non-judgemental, sensitive, ethical and respectful of human rights when working with colleagues, clients, patients and community members who may have different values and traditions. In order to achieve this, students learn

- theory on the stages of interviewing, which is applied in simulated and real interviews
- theory related to group and social roles applied in simulated experiences to build team membership and leadership skills
- critical analysis and reflection on professional conduct, including non-judgementalism, empathy, health and human rights.

The educational approach is participatory and experiential; therefore all students are required to engage actively in the small learning groups. Information literacy and computer skills are systematically integrated from the outset to assist students in the range of learning, teaching and assessment activities elsewhere in the curriculum.

**DP requirements:** To qualify for the summative assessment (final examination) in the course, students have to meet the DP requirements, which entail:

- Attending all small group learning sessions
- Completing set assignments
- Undergoing assessment activities.

Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department. In cases where students fail to complete or are unable to complete a particular in-course assessment, the percentage value of that assessment may be added to the next assessment, or students may be required to undergo an additional assessment. Small group learning sessions are compulsory.

**Assessment:** Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a range of in-course assignments, which comprise 60% of the total mark. The final, summative assessment makes up 40% of the total mark.

### Developing awareness of HIV/AIDS:

**Outline:** Developing awareness of HIV/AIDS is an additional component of PPH1001F. It is taught in the HIV/AIDS workshop, designed specifically to introduce first year students to the basic

relevance of HIV/AIDS issues in both their private and professional lives. The course constitutes a platform upon which future HIV/AIDS learning will be based.

**DP requirement:** Compulsory attendance.

**Assessment:** Student learning is assessed as part of the end of semester PPH1001F summative assessment.

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

**HEQF credits:** 15    **HEQF level:** 5

**Course conveners:** L Olckers and L Dlamini.

**Prerequisite:** PPH1001F.

**Course outline:** This is a second semester course, which builds on the knowledge acquired and skills developed in PPH1001F Becoming a Professional. The focus is on primary health care and disability. The course equips students to work collaboratively on a community-oriented project based on the primary health care principles and approach, which include comprehensive health care (promotive, preventive, curative and rehabilitative care within the primary, secondary and tertiary levels of care); intersectoral collaboration; community involvement; and accessibility of and equity in health care. Students are required to apply the knowledge, skills and values from Becoming a Professional to the community-oriented project to develop an appreciation of the contribution of all health care professionals to the promotion, maintenance and support of health and the health care of individuals, families and communities within the context of disability. The educational approach is participatory and project-based; therefore all students are required to engage actively in the project and in small learning groups. Information literacy and computer skills are systematically integrated from the outset.

*Basic Life Support Skills Workshop (BLSS):* BLSS is the first building block CPR (cardiopulmonary resuscitation). This takes the form of a once-off workshop session for each student. Attendance is compulsory.

**DP requirements:** To qualify for the summative assessment (final examination) in the course, students have to meet the DP requirements, which entail:

- Attending group sessions
- Completing set assignments
- Attending community visits, health service site visits, and BLSS workshop
- Undergoing assessment activities.

Group learning sessions and community visits are compulsory. Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department. In cases where students fail to complete or are unable to complete a particular in-course assessment, the percentage value of that assessment may be added to the next assessment, or students may be required to undergo an additional assessment.

**Assessment:** Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a number of in-course assignments, which comprise 60% of the total mark. The summative assessment makes up 40% of the total mark.

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

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** Dr L Ramma.

**Course outline:**

*Intended learning outcomes include:* discussion of the nature of sound, how sound is perceived by humans and how speech is produced.

*Content:* Nature, dimensions and parameters of sound; transmission of sound; analysis of sound, resonance, measurement of sound, range of hearing, the concept of threshold; concepts of loudness and pitch, masking as well as binaural hearing, speech production; nature of speech, vocal anatomy,

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the vocal tract articulators and resonators, linguistic function of speech sounds as well as spectra and spectrograms.

*Skills:* Basic numeracy, interpretation of graphs as well as ability to relate physical concepts of sound to speech and hearing.

*Attitudes:* Students should have 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:* Lectures; practical demonstrations; assigned activities, self-directed study (websites), group discussions.

**Contact time:** Five hours per week; total 60 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:** Coursework: Formative assessments: one quiz, two assignments; two summative tests - 60%; final summative assessment in June – 40%. All assessments are based on independent work.

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### PSY1004F INTRODUCTION TO PSYCHOLOGY: PART I

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr C Ward.

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

**Lecture times:** First or fifth period.

First-year, first semester course, four lectures per week, and such tutorial work as may be required.

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

**Assessment:** Coursework (term assignments and test) counts 50%; one 2-hour examination in June counts 50%. Students are expected successfully to complete the June examination, as well as all coursework, before being awarded a pass in this course.

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### PSY1005S INTRODUCTION TO PSYCHOLOGY: PART II

**HEQF credits:** 18 **HEQF level:** 5

**Prerequisite:** PSY1004F.

**Course convener:** Dr L Wild.

**Course outline:** Lectures, tutorials, assignments and readings deal with a range of introductory areas in psychology that was not covered in PSY1004F.

**Lecture times:** First or fifth period. First-year, second semester course, four lectures per week, and such tutorial work as may be required.

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

**Assessment:** Coursework (term assignments and test) counts 50%; one 2-hour examination in November counts 50%. Students are expected successfully to complete the November examination, as well as all coursework, before being awarded a pass in this course.

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### PSY1006F FOUNDATION PSYCHOLOGY PART I

**HEQF credits:** 18 **HEQF level:** 5

**Convener:** L Schrieff.

**Entrance requirements:** PSY1006F is only open to students registered in the Humanities Faculty Quantitative Extended Degree Programme with a Psychology major (HB055) and to students in named Health Sciences and Social Development programmes who do not meet the APS requirements for PSY1004F.

**Course outline:** The course incorporates PSY1004F together with a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write essays and



prepare other submissions to the Psychology Department and to carry out conceptual analysis of research material and results.

**Lecture times:** First or fifth period. First-year, first-semester course, 4 lectures per week, and such tutorial work as may be required.

**DP requirements:** As for PSY1004F. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial and essays in draft form before the formal submission dates.

**Assessment:** Coursework (term assignments and test) counts 50%; one 2-hour examination in June counts 50%. Students are expected successfully to complete the June examination, as well as all coursework, before being awarded a pass in this course.

*[NOTE: Credit/exemption will not be given for this course and for PSY1004F.]*

### **PSY1007S FOUNDATION PSYCHOLOGY PART II**

**HEQF credits:** 18    **HEQF level:** 5

**Convener:** L Schrieff.

**Prerequisite:** PSY1006F.

**Course outline:** The course incorporates PSY1005S together with a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write a research report and prepare other submissions to the Psychology Department and to carry out conceptual analysis of research material and results.

**Lecture times:** First or fifth period. First-year, second-semester course, 4 lectures per week, and such tutorial work as may be required.

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

**Assessment:** Coursework (term assignments and test) counts 50%; one 2-hour examination in November counts 50%. Students are expected successfully to complete the November examination, as well as all coursework, before being awarded a pass in this course.

*[NOTE: Credit will not be given for this course and for PSY1005S.]*

### **HUB1014S ANATOMY FOR COMMUNICATION SCIENCES**

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** Dr C Warton.

**Course outline:** This is a half course designed to give 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, neuroanatomy, 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 involve examination of pre-dissected specimens of the related body parts.

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

### **AHS1025S EARLY INTERVENTION**

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** V Norman.

**Course outline:**

*Intended learning outcomes:* include description and discussion of early intervention in the South African context; speech-language therapist's/audiologist's roles in early intervention; risk populations; principles and approaches to screening, assessment and intervention.

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*Content:* Early intervention within primary health care framework; hearing, communication and feeding difficulties in specific risk populations; specific approaches to screening, early intervention (asset-based, family-centred); basic assessment and management of communication in 0 – 3 year population with focus on hearing screening, KMC, NICU, parent training.

*Skills:* Interaction with caregivers and children; profile a child's development in relation to expected milestones; knowledge translation; clinical reasoning.

*Attitude:* Family is central to child; holistic view of child; asset-based approach; culture and individual differences influence communication development; willingness to problem-solve when clients and clinicians do not share a common language.

*Teaching and learning activities:* Lectures; small group discussions; literature search and review; class presentations; observation and interaction with young children.

*Themes underpinning the course:* Primary health care and contextual relevance; multilingual, multicultural society; ethics and human rights; developing agents for change.

**Contact time:** Five hours per week; total 60 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:** Coursework: Formative assessments; two summative assessments - 60%; Final summative assessment in November - 40%.

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### SLL1028H XHOSA FOR HEALTH AND REHABILITATION SCIENCES

*(Faculty of Humanities)*

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr M R Smouse.

**Course outline:** This course introduces students to communication skills required for a successful interaction between a health-care professional and a client. The course takes an integrated approach to language learning through an incorporation of clinical experiences related to the streams of physiotherapy, occupational therapy as well as communication and speech disorders. The main focus of this course is on pronunciation, grammar and interaction with patients/clients. Interaction is used as a means of exposing students to the Xhosa ways of expression, as well as issues of cross-cultural and inter-cultural communication.

**Key outcomes:** 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 as well as communication and speech disorders
- be able to have an awareness of some cultural issues that emanate from cross-cultural communication.

**Contact time:** Lectures: 90 minutes per week. Tutorials: None.

**DP requirements:** Students are expected to attend at least 80% of the lectures. Students are expected to complete all assessments and projects. Attendance is monitored through the signing of an attendance register at each session.

**Assessment:** Coursework contributes to (vocabulary and oral assessments based on topics covered in the course) 50% and comprises of the following:

Test 1	15%
Test 2	15%
Test 3	10%
Test 4	10%

Examinations contribute 50% and comprises of the following:

June examination (simulated client interviews)	20%
November examination (simulated client interviews)	30%

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

**HEQF credits:** 18 **HEQF level:** 5

[Note: There is no summative assessment for this course and therefore there are no HEQF credits.]

*The credits are included in AHS1047F.]*

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

**DP requirement:** An average pass (50%) in formative assessments.

**Course structure and timetable:** Foundational status; 4 lectures (Monday and Tuesday); 90 minutes academic literacy learning per week.

**Course outline:** This course will develop and strengthen 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 and core principals 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 therefore 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 and AHS1047F is to enable students to develop a fundamental understanding of psychology, and to look critically at concepts and theories in the discipline and to understand the practical application of psychology in everyday life and in their future professions.

**Course outcomes:** By the end of the course the student will

- have a fundamental understanding of key terminology and concepts in psychology
- be able to critically evaluate concepts and theories in the discipline
- understand the practical application of psychology in every-day life
- be able to design and conduct basic research
- be able to formulate and communicate their ideas in a coherent manner
- be able to explain how the cardiovascular and respiratory systems work together

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. All assignments are expected to be submitted by their due date.

**Assessment:** Course assessment contributes 60% and comprises of the following;

One essay	10%
One research project essay	15%
Tutorial assignments	10%
Two tests, 12.5% each	25%

The final written test contributes 40% of the mark for AHS1031S. These assessments contribute 40% towards the final year mark in AHS1047F at the end of IP 2. There is no summative examination for this course after IP 1. The final assessment takes place in AHS1047F.

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## **AXL1300F INTRODUCTION TO LANGUAGE STUDIES**

*(Faculty of Humanities)*

*[Note: First year, first-semester course, four lectures per week plus tutorials.]*

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** S Bowerman.

**Course outline:** Introduction: description vs. prescription; speech vs. writing; competence vs. performance. Phonetics: the international phonetic alphabet; articulatory phonetics; classification of sounds; suprasegmentals. Phonology: phoneme/allophone. Morphology and syntax: morphemes; word-formation; constituents; phrase structure; elements of generative grammar. Typology: systematic language variation. Semantics: approaches to meaning; sense/reference; truth value; semantic features; speech acts; pragmatic rules. Elements of Sign Language.

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

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

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**AXL1301S INTRODUCTION TO APPLIED LANGUAGE STUDIES**

*(Faculty of Humanities)*

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** Assoc Prof A Deumert.

**Prerequisite:** AXL1300F.

**Course outline:** This is an introduction to 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 and power.

**Contact time:** Three lectures per week plus tutorials.

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

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

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**AXL1302S LINGUISTICS FOUNDATION**

*(Faculty of Humanities)*

**HEQF credits:** 18    **HEQF level:** 5

**Course conveners:** Dr B Ige and S Bowerman.

**Course structure and timetable:** Foundational status, four lectures (Monday and Tuesday); weekly tutorials of 90-minutes.

**Course outline:** The 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.

**Course outcomes:** Upon completion, students will be able to:

- Understand the nature and interrelationship of language systems
- Grasp and work with the levels of abstraction involved in phonology, morphology, syntax and semantics
- Describe, analyse and explain selected linguistic processes and types of data and use appropriate conventions to present these descriptions, analysis and explanations.

**Contact time:** Two 90-minute lectures per week.

**Tutorial and/or self-directed learning:** One 90-minute period per week.

**DP requirement:** Students are expected to attend and participate in all lectures, tutorials and self-directed learning sessions. Attendance is monitored through the signing of an attendance register at each session.

**Assessment:** Course assessment contributes 60% and comprises of the following:

Tutorial tasks	10%
Test 1	25%
Test 2	25%

Examination contributes 40% of the final mark.

Students who fail the final assessment may be allowed to register for a summer term course and write another examination in the same year.

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**AXL1303F SOCIOLOGICAL FOUNDATION**

*(Faculty of Humanities)*

**HEQF credits:** 18    **HEQF level:** 5

**Course conveners:** Assoc Prof A Deumert and Dr B Ige.

**Course structure and timetable:** Foundational status, four lectures (Monday and Tuesday); 90 minute fieldwork/self-directed learning sessions per week.

**Course outline:** The course aims to prepare students for what they will encounter in AXL1301S when they re-enter the standard curriculum.

**Course aims:** This course aims to:

- Ensure that students understand the ways in which social context affects all aspects of language use
- 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 as they can be seen in South Africa
- Show how an understanding of these areas will help to prepare students for phenomena and problems that 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
- Assist students to develop their ability to present their own descriptions and explanations of sociolinguistic phenomena appropriately in essays.

**Course outcomes:** 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
- See 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
- Draw on the work they did in the previous semester (particularly phonetics, phonology, morphology and syntax) when using insights and skills from this course in descriptions and analyses of sociolinguistic data.

**Contact time:** Two 90-minute periods per week.

**Tutorial/self directed learning:** One 90-minute period per week.

**DP requirement:** Students are expected to attend and participate in all lectures, fieldwork and self-directed learning sessions. Attendance is monitored through the signing of an attendance register at each session.

**Assessment:** Course assessment contributes 60% and comprises of the following:

Fieldwork/self-directed learning tasks	10%
Test	25%
Assignment	25%

The final examination contributes 40% to the final mark. These assessments and examination will contribute 60% towards the final year mark at the end of IP 2.

## **AHS1036F FOUNDATIONAL CONCEPTS IN EARLY INTERVENTION**

**HEQF credits:** 18    **HEQF level:** 5

**Course conveners:** Dr B Ige and V Norman.

**Course structure and timetable:** Foundational status; four lectures (Monday, Tuesday and Wednesday) and a 90-minute tutorial/self-directed session per week.

**Course outline:** This 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 are introduced. Primary health care 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 health care are discussed. Some aspects of assessment will be introduced.

**Course outcomes:** At the end of this course, students will be able to

- examine major developmental ages and stages in the communication development in children aged from birth to five

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- describe and discuss primary health care and the role of the speech language pathologist and Audiologist in primary health care
- describe and discuss the consequences of a communication disorder in early childhood
- identify risk factors for early communication disorders/difficulties
- describe the principles of early communication assessment
- describe the significance of caregiver – infant interaction in early childhood development and intervention.

**Contact time:** Four 45-minute periods per week.

**Tutorial/self directed learning:** One 90-minute period per week.

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

**Assessment:** Course mark contributes 60% and comprises of the following:

Written in-course summative assignment	40%
Second summative assignment	20%
Examination contributes 40% to the final mark.	

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### AHS1041S FUNDAMENTALS OF SPEECH AND HEARING SCIENCES

**HEQF credits:** 18 **HEQF level:** 5

**Course conveners:** Dr B Ige and Dr L Ramma.

**Course structure and timetable:** Foundational status; four lectures (Monday, Tuesday and Wednesday) and a 90-minute tutorial/self directed session per week.

**Course outline:** This course revisits the core areas of AHS1003F Speech and Hearing Sciences and aims to facilitate a basic understanding of the nature of sound, how sound is perceived by humans and how human speech is produced. The 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 utilised in the course include lectures, demonstrations, practical work, tutorials and self-directed learning sessions.

**Course outcomes:** The student will be able to understand and describe;

- the nature of sound
- how humans hear
- how speech is produced.

**Contact time:** Four 45-minute lecture periods per week.

**Tutorial/self directed learning:** One 90-minute period per week.

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

**Assessment:** Course mark contributes 60% and comprises of the following:

Test 1	20%
Test 2	20%
Written course assignment	20%

Examination contributes 40% to the final mark. Students who fail the final assessment may be required to register for a summer term course and write another examination in the same year.

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### AHS1042F HUMAN COMMUNICATION DEVELOPMENT

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr M Pascoe.

**Course outline:**

*Intended learning outcomes* include description of the communication chain and difficulties when breakdown occurs; and key aspects of communication development in 0-6 years and school-age children.

*Content:* The communication chain, its breakdown and resultant difficulties; general principles of development; typical communication (speech, language and auditory) development; a framework for language development.

*Skills:* Observation and interaction with children; profile a child's development in relation to expected milestones; materials development.

*Attitude:* The influence of culture and individual differences on communication development.

*Teaching and learning activities:* Lectures; small group discussions; class presentations; observation and interaction with young children.

*Themes underpinning the course:* Primary health care and contextual relevance; multilingual, multicultural society; ethics and human rights.

**Contact time:** Four hours per week; total 48 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:**

Mid-term test	30%
Assignment	20%
Final summative project	50%

### AHS1043S FOUNDATIONAL CONCEPTS IN HUMAN COMMUNICATION DEVELOPMENT

**HEQF credits:** 18 **HEQF level:** 5

**Course conveners:** Dr B Ige and Dr M Pascoe.

**Course structure and timetable:** Foundational status; four lectures (Monday, Tuesday and Wednesday) and a 90-minute tutorial/self directed session per week.

**Course outline:** This course revisits key concepts of the AHS1035F Human Occupation and Development. The course develops students' procedural and critical thinking by exploring how basic concepts and theories in Occupational Therapy including definitions, terminology, classification and professional values are applied in practice. By engaging with people of different ages in various practice learning contexts, students gain a deeper appreciation of human development across the lifecycle. An integrated understanding of self care, productivity and leisure unfolds as students explore these dimensions of occupational performance across the lifespan in relation to ability, culture and context.

**Course outcomes:** *Intended Learning Outcomes:* The student will be able to describe (a) the scope of practice of speech-language pathology and audiology professions; (b) the communication chain, and difficulties which might occur when breakdown happens at different points in the chain; (c) the development of sign language in children with hearing impairment; (d) the key aspects of communication development in children aged 0-3 years, 3-6 years, and 6+ years.

*Content:* 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; Key aspects of communication development in children aged 0-3 years; 3-6 years, and 6 years and beyond.

*Skills:* Profile a child's development in relation to expected milestones; materials development.

*Attitude:* The influence of culture and individual differences on communication development.

*Teaching and learning activities:* Small group discussions; class presentations; demonstrations, practical work, self-study, tutorials

*Themes underpinning the course:* Primary health care and contextual relevance; multilingual, multicultural society; ethics and human rights.

**Contact time:** Lectures; four 45-minute periods per week.

**Tutorial/self directed learning:** One 90-minute period per week.

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

**Assessment:** Course mark contributes 60% and comprises of the following:

Test 1	30%
Second summative	30%

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The final examination contributes 40% to the final mark. Students who fail the final assessment may be required to register for a summer-term course and write another examination in the same year.

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### AHS1045S BASIS OF HEARING AND BALANCE

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** C Rogers.

**Course outline:**

*Intended learning outcomes:* include discussion of the anatomy, physiology and pathology of hearing and balance underpinning audiology diagnoses; impact of hearing and balance difficulties; prevention and health promotion strategies.

*Content:* Anatomy and physiology of hearing and balance; patho-physiology of hearing and vestibular disorders.

*Skills:* Otoscopy; prevention and health promotion.

*Attitudes:* Thorough knowledge of the anatomy, physiology and pathology is fundamental to an audiology diagnosis; holistic view of clients; exercising duty of care.

*Teaching and learning activities:* Lectures; web-based learning; case study; group learning.

*Themes underpinning the course:* Primary health care; burden of disease; biopsychosocial model.

**Contact time:** Four hours per week; total 48 hours.

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

**Assessment:** Coursework: two formative assessments (group-work: construction of model; individual work: preparation of pamphlet); two summative assessments (individual work: anatomy/physiology essay; case-based integration task of all components) - 60%; Final summative assessment in November: case-based take-home examination - 40%.

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### AHS1046F FOUNDATIONS OF HEARING AND BALANCE

**HEQF credits:** 18    **HEQF level:** 5

**Course conveners:** Dr B Ige and C Rogers.

**Course structure and timetable:** Four lectures (Monday, Tuesday and Wednesday) and a 90-minute tutorial/self directed session per week.

**Course outline:** This course 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 utilised in the course include lectures, demonstrations, practical work, tutorials and self-directed learning sessions.

**Course outcomes:** 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
- apply the knowledge gained in the promotion of hearing, prevention of disease and education of peers.

**Contact time:** Lectures: four 45-minute periods per week.

**Tutorial/self directed learning:** One 90-minute period per week.

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

**Assessment:** Course mark contributes 60% and comprises of the following written in-course assessments:

- |               |     |
|---------------|-----|
| • Summative 1 | 20% |
| • Summative 2 | 40% |

Examination contributes 40% to the final mark.



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**AHS1047F PREPARATION FOR ENTRY-LEVEL PSYCHOLOGY FOR HEALTH AND REHABILITATION SCIENCES Part II**

**HEQF credits:** 36    **HEQF level:** 5

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

**Prerequisite:** AHS1031S.

**Course structure and timetable:** Foundational status; four lectures (Monday and Tuesday); 90-minutes academic literacy learning per week.

**Course objectives:** This course 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 and core principles and concepts of PSY1004F, such as social psychology, health psychology, psychotherapies in order to develop and strengthen 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 therefore 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 models 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 the course is to develop a fundamental understanding of psychology, to enable students to look critically at concepts and theories in the discipline and to understand the practical application of psychology in everyday life and the workings of their future professions.

**Course outcomes:** At the end of this course students will

- have a fundamental understanding of key terminology and concepts in psychology
- be able to critically evaluate concepts and theories in the discipline
- understand the practical application of psychology in everyday life
- be able to design and conduct basic research
- be able to formulate and communicate your ideas in a coherent manner
- be able to explain how the cardiovascular and respiratory systems work together.

**Contact time:** Three 90-minute lectures and/or academic literacy sessions per week.

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. All assignments must be submitted by their due date.

**Assessment:** Assessment strategies utilised include essays, written tests, a research project and multiple-choice question tests. The purpose of assessment in this course is two-fold: To provide students with feedback regarding their progress, as well as to develop and strengthen knowledge, critical thinking, research skills and writing skills. The assessment process will therefore familiarise students with a range of academic skills in preparation for learning in subsequent semesters. Course assessment contributes 60% and comprises of the following:

One essay	10%
One research project essay	15%
Tutorial assignments	10%
Two tests, each of 12.5%	25%

The final examination contributes 40% to the final mark. These assessments and examination will contribute 60% towards the final year mark at the end of the IP 2.

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**SL11048H AFRIKAANS FOR HEALTH AND REHABILITATION SCIENCES**

*(Faculty of Humanities)*

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** Dr I van Rooyen.

*[Note: The learning of Afrikaans and Xhosa languages is seen as integral clinical skills. The contents of the courses are aligned with the core courses and clinical placements from second to fourth years. Therefore, no student will be exempted from registering for the courses in Afrikaans or Xhosa.]*

**Course outline:** The content of the Afrikaans course is based on case studies covered in the streams

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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 health-care professional and a client. Other skills include the skill in asking questions and the ability to enter effectively into dialogue with a client. The course is taught at both beginner and intermediate levels and focuses on the unique pronunciation and stylistic variants of individual clients and culture-specific words and expressions.

**Contact time:** Lectures; one 90-minute session per week.

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

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

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### PSY2006F RESEARCH IN PSYCHOLOGY I

*(Faculty of Humanities)*

**HEQF credits:** 24 **HEQF level:** 6

**Course convener:** Prof C Tredoux.

**Prerequisites:** Students must have passed PSY1004F and PSY1005S and have met the Mathematics proficiency requirements of PSY1004F.

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

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

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

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### PSY2010S COGNITION AND NEUROSCIENCE

*(Faculty of Humanities)*

**HEQF credits:** 24 **HEQF level:** 6

**Course convener:** S Malcolm-Smith.

**Prerequisites:** PSY1005S and PSY2006F.

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

**Contact time:** Four lectures per week.

**DP requirement:** Completion of all coursework as well as completion of 90 minutes in the Student's Research Participation Programme, or equivalent.

**Assessment:** Coursework (tests and practical assignments) count 50%; one 2-hour examination in October counts 50% towards the final mark.

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### AHS2045F BECOMING A COMMUNICATION THERAPIST

**HEQF credits:** 24 **HEQF level:** 6

**Course conveners:** Dr M Pascoe and Prof S Amosun.

**Course outline:**

*Intended learning outcomes* include description and discussion of the roles of the speech language pathologist and audiologist in different service delivery contexts and teams; disability; alternative and augmentative communication (AAC); best practice in speech-language pathology / audiology; professional and personal skills of an effective clinician.

*Content:*

Disability in Primary Health Care is an 80-hour multi-professional module which integrates vertically with Becoming a Professional/Becoming a Health Professional multidisciplinary courses in first year, and is presented in partnership with the Primary Health Care Directorate of the Faculty. The module consists of lectures and a fieldwork component. It focuses on disability theory and the theory of health promotion, as well as multi-professional practice. It is assessed through a multi-professional group project undertaken during the fieldwork component which students present and report on. The final mark for this module is made up as follows: Group project presentation: 60%; Group report (40%). The presentation and report marks are converted to a mark out of 90%. Students are allocated a mark for their professional and ethical conduct during their fieldwork exposure. This counts 10% towards their final mark. Attendance at lectures and fieldwork visits is compulsory. Students who do not attend without a valid reason will incur the following penalties against their final mark: For each day of lectures missed students will have 1% deducted off their final module mark; for each site visit missed students will have 25% deducted off their final module mark. **Scheduled time:** Disability in PHC: first two weeks of semester – 80 notional hours, plus 4 hours per week; total 48 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:** Formative assessments; summative assessments: Disability in primary healthcare assessment: 30%; AAC project: 30%; final examination: 40%.

**AHS2046F DIAGNOSTIC AUDIOLOGY**

**HEQF credits:** 18 **HEQF level:** 6

**Course convener:** L Petersen.

**Prerequisite:** AHS1003F or AHS1041S.

**Course outline:**

*Intended learning outcomes include:* Devising and implementing relevant and appropriate audiology case history interview; description and discussion of a comprehensive diagnostic audiology process; description of audiology tests; reflection on and communication of assessment outcomes to the client.

*Content:* 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; clinical report writing.

Disability in Primary Health Care is an 80-hour multi-professional module which integrates vertically with Becoming a Professional/Becoming a Health Professional multi-disciplinary courses in first year, and is presented in partnership with the Primary Health Care Directorate of the Faculty. The module consists of lectures and a fieldwork component. It focuses on disability theory and the theory of health promotion, as well as multi-professional practice. It is assessed through a multi-professional group project undertaken during the fieldwork component which students present and report on. The final mark for this module is made up as follows: Group project presentation 60%, group report 40%. The presentation and report marks are converted to a mark out of 90%. Students are allocated a mark for their professional and ethical conduct during their fieldwork exposure. This counts 10% towards their final mark. Attendance at lectures and fieldwork visits is compulsory. Students who do not attend without a valid reason will incur the following penalties against their final mark. For each day of lectures missed students will have 1% deducted off their final module mark. For each site visit missed students will have 25% deducted off their final module mark.

*Skills:* Jargon-free communication; appropriate test selection; analysis and interpretation; knowing when and how to refer.

*Attitudes:* Information and personal adjustment counselling is key in the empowerment of clients; appreciation of the role of the team; awareness of professional boundaries.

*Teaching and learning activities:* Lectures; case studies; self-directed study; role-play; experiential learning; simulations; group-work.

*Themes underpinning course:* Primary health care and contextual relevance; disability and burden of disease; ethics and human rights; biopsychosocial models of health; developing agents for change; equity and affirmation of diversity.

**Contact time:** Four hours per week; total 64 hours.

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**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:** Formative assessment; Summative assessment: Disability in Primary health Care Assessment: 30%, AAC project: 30%; final examination: 40%.

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### AHS2047S PAEDIATRIC REHABILITATIVE AUDIOLOGY

**HEQF credits:** 18 **HEQF level:** 6

**Prerequisite:** AHS1041S or AHS2106F.

**Course convener:** Dr L Ramma.

*Intended learning outcomes include:* Description and discussion of the paediatric population with hearing impairment; analysis and application of theoretical frameworks relating to communication, the assessment and comprehensive management of children with hearing impairment.

*Content:* Factors contributing to diversity in the paediatric population with hearing impairment; “disability model of deafness” and biopsychosocial models; approaches to aural rehabilitation for children with hearing impairment.

*Skills:* Critical thinking; knowledge translation; understanding of diversity and context; selection of appropriate assessment material; interpretation of assessment results in light of client’s context, holistic client management.

*Attitude:* Awareness of diverse client contexts; appreciation of the range of auditory dysfunction; sensitivity to issues of disability; empathy; agent for change; respect for client communication choices; client and family-centred approach.

*Teaching and learning activities:* Lectures; case studies; guided self-study; videos; interview of parent with a child with a hearing impairment; role-play.

*Themes underpinning course:* Primary health care and contextual relevance; disability and burden of disease; ethics and human rights; biopsychosocial models of disability; developing agents for change; equity and affirmation of diversity.

**Contact time:** Four hours per week; total 60 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:** Coursework: two formative assessments (reflection on a video; presentation of different models); two summative assessments - 60%. Final summative assessment in November: case-based take home examination - 40%.

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### AHS2106F CHILD LANGUAGE

**HEQF credits:** 21 **HEQF level:** 6

**Course convener:** Dr M Harty.

**Prerequisite:** AHS1042F or AHS1043S.

**Course outline:**

*Intended learning outcomes include:* Comparison and contrast of child language delay, difference and disorder (DDD); description and critical discussion of principles and nature of assessment and comprehensive management of child language DDD; application of principles of intervention to special populations.

*Content:* Nature, assessment and management of child language DDD; management of special populations including children with autism, cerebral palsy, bilingualism and multilingualism.

*Skills:* Observation and interaction with children; profile of a child’s general development in relation to expected milestones; knowledge translation; transcription and analysis of child language; clinical reasoning; strategies for working with child language DDD in a multilingual, multicultural environment.

*Attitudes:* Appreciation of a multi-linguistic, multicultural society in the assessment and management of child language DDD; willingness to problem-solve when clients and clinicians do not share a common language.

*Teaching and learning activities:* Lectures; small group discussions; class presentations; observation and interaction with young children; role-play; case discussions (video and paper).

*Themes underpinning the course:* Multilingual, multicultural society; provision of contextually relevant services; developing agents for change.

**Contact time:** Four hours per week; total 64 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

**AHS2107F CHILD SPEECH**

**HEQF credits:** 18 **HEQF level:** 6

**Course convener:** Dr M Pascoe.

**Prerequisite:** AHS2106F or AHS2107F.

**Course outline:**

*Intended learning outcomes include – in respect of children:* Comparisons and contrasts of different speech difficulties; descriptions and discussions of: speech assessment, principles of speech intervention, and application of principles of intervention to special populations.

*Main content areas:* Nature of articulation and phonological difficulties; assessment of and therapy for children with articulation and phonological difficulties; management of special populations including children with resonance difficulties (e.g. cleft lip and palate) and childhood apraxia of speech.

*Skills:* Observation and interaction with children; profile a child’s development in relation to expected milestones; transcription and analysis of child speech; knowledge translation; clinical reasoning.

*Attitudes:* Awareness that culture and individual differences influence children’s speech; willingness to problem-solve when clients and clinicians do not share a common language.

*Teaching and learning activities:* Lectures; small group discussions; class presentations; observations of and interaction with young children.

*Themes underpinning the course:* Multilingual, multicultural context; provision of contextually relevant services; developing agents for change.

**Contact time:** Four hours per week; total 64 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

**AHS2108W CLINICAL SPEECH THERAPY 1**

**HEQF credits:** 14 **HEQF level:** 6

**Course convener:** F Camroodien-Surve.

**Course outline:**

*Clinical blocks:* Semester 1: (i) Early intervention/ Language, (ii) Prevention and promotion, (iii) Neonatal hearing screening, (iv) School-based hearing screening. Semester 2: (i) Speech and language. Each student will rotate through all five blocks. The course descriptors reflect learning across all 5 clinical blocks.

*Intended learning outcomes include:* Demonstrate professional conduct; promote communication development in children aged 0 – 5 years; identify, assess and manage children 0 – 5 years with speech and language delays, disorders and differences; prevent communication difficulties in children aged 0 – 5 years.

*Content:* School-based hearing screening; neonatal hearing screening; prevention and promotion; early intervention; child language, articulation and phonology service provision.

*Sites:* Creches, schools, clinics.

*Skills:* Knowledge translation; effective written and verbal communication; operational clinic management.

*Attitudes:* Respectful interpersonal relationships; professionalism; appreciation of ethical behaviour.

*Teaching and learning activities:* Observation of experienced clinician; clinical practice: promotion and prevention activities; assessment and management of children; paper rounds and tutorials.

*Themes underpinning the course:* Primary health care; equity and affirmation of diversity; developing agents for change; evidence-based practice; ethical and professional practice; client- / family-centred approach.

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**Scheduled time:** Semester 1: four clinical blocks (4 hours per week) x 3 weeks each; total 48 hours. Semester 2: one clinical block (4 hours per week) x 12 weeks; total 48 hours. Paper rounds 2 hours per week.

**Contact time:** Minimum of 50 client contact hours.

**DP requirements:** At least 80% attendance at clinics; completion of all coursework.

**Assessment:** Formative assessments; one to three summative assessments per clinic x 5 blocks – 100%.

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### AHS2109S LANGUAGE, LEARNING AND LITERACY

**HEQF credits:** 15 **HEQF level:** 6

**Course convener:** Dr M Pascoe.

**Prerequisite:** AHS1043S or AHS2106F.

**Course outline:**

*Intended learning outcomes include:* Comparison and contrast of language learning delays, difficulties and disorders (LLDs) in school-age children in the SA educational context; description and application of principles for comprehensive assessment and management of school-age children with LLDs.

*Content:* Nature of LLDs in school-age children such as: attention-deficit hyperactivity disorder, auditory-processing disorders, learning in a second language, literacy difficulties, and dyslexia; principles and nature of assessment and management of school-age children with LLDs in a multilingual context.

*Skills:* Observation and interaction with school-age children; knowledge translation; assessment and analysis of language and literacy profiles of school-age children; clinical reasoning; strategies for working in a multilingual, multicultural educational environment.

*Attitudes:* Appreciation of a multi-linguistic, multicultural society in the assessment and management of school-age children with LLDs; willingness to problem-solve when clients and clinicians do not share a common language.

*Teaching and learning activities:* Lectures; guided self-study; internet learning role-play; case discussions (video and paper); presentations.

*Themes underpinning the course:* Multilingual, multicultural society; provision of contextually relevant services; developing agents for change.

**Contact time:** Eight hours per week; total 48 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

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### AHS2110W CLINICAL AUDIOLOGY 1

**HEQF credits:** 14 **HEQF level:** 6

**Course conveners:** T Kuhn and Dr L Ramma.

**Prerequisite:** AHS2046F.

**Course outline:**

- *Clinical blocks:* (i) Neonatal hearing screening, (ii) School hearing screening, (iii) Early intervention, (iv) Prevention and promotion, (v) Diagnostic simulation, (vi) Adult diagnostics. Each student will rotate through all 6 blocks. The course descriptors reflect learning across all 6 clinical blocks.
- *Intended learning outcomes include:* To demonstrate professional conduct; to promote communication development in children aged 0-5yrs; to prevent communication difficulties in children; to assess peripheral auditory function in adults.
- *Content:* Neonatal hearing screening; school-based hearing screening; prevention and promotion; early childhood intervention; diagnostic audiology in adults.
- *Sites:* Community health centres, primary schools, university clinics, tertiary hospitals.
- *Skills:* Ethical and professional practice; professional communication; clinic management; assessment and management of the client.

- *Attitudes:* Willingness to engage professionally and ethically; begin to accept responsibility for clinical service provision; sensitivity to cultural diversity; respect for client autonomy.
- *Teaching and learning activities:* Clinical practice; clinic workshops; modeling (by clinical educator) and guided observation; simulations (e.g. Otis); clinic preparatory worksheets; tutorials; paper rounds; reflective tasks.
- *Themes underpinning the course:* Primary health care; evidence-based practice; ethical and professional practice; client / family-centered approach.

**Scheduled time:** Semester 1: four clinical blocks (4 hours per week) x 3 weeks; Semester 2: two clinical blocks (4 hours per week) x 6 weeks each; total 96 hours. Paper rounds two hours per week.

**Contact time:** Minimum of 50 client contact hours.

**DP requirements:** At least 80% attendance at clinics; completion of all coursework.

**Assessment:** Formative assessments; continuous summative evaluation of clinical work (minimum of two marks per clinic/block): 100%.

### AHS2111S DIAGNOSTIC AUDIOLOGY IN SPECIAL POPULATIONS

**HEQF credits:** 15    **HEQF level:** 6

**Course convener:** C Rogers.

**Course outline:**

- *Intended learning outcomes include discussion of:* Nature, assessment and management of central auditory processing disorders (CAPD); hearing assessment of a) the paediatric population (0-6 years), and b) the difficult-to-test individual.
- *Content:* CAPD: nature, assessment, differential diagnosis, management; paediatrics and difficult-to-test populations: design and interpretation of test protocol; communication of results and further management.
- *Skills:* Ability to select an appropriate diagnostic test battery; analysis and integration of test results; design management plan for further testing / referral / therapy (CAPD).
- *Attitudes:* Early diagnosis and management of CAPD and hearing disorders in special populations is critical to a successful outcome; holistic management and exercising duty of care is important.
- *Teaching and learning activities:* Lectures; self-study; case-based learning.
- *Themes underpinning the course:* Disability and burden of disease; equity and affirmation of diversity; ethical conduct.

**Contact time:** Five hours per week; total 60 hours.

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

**Assessment:** Coursework: two formative assessments: health promotion activity (pamphlet, presentation to variety of stakeholders), case report to stakeholders; two summative assessments: assignment, case-based test – 60%; final examination in November: case-based take-home examination – 40%.

### AHS3004H CLINICAL SPEECH THERAPY II

**HEQF credits:** 24    **HEQF level:** 7

**Course conveners:** C Edwardes and Prof S Amosun.

**Prerequisite:** AHS2108W, AHS3071F, AHS3073F and AHS3102F.

**Course outline:**

- *Clinical blocks:* (i) Schools, (ii) Aural Rehabilitation, (iii) Early intervention, (iv) Adult dysphagia and neurogenic communication disorders.
- *Intended learning outcomes include:* Manage and support children and teachers with reference to communication difficulties – speech (including fluency), language, literacy, auditory processing; assess and manage adults with acquired communication difficulties and dysphagia; assess and manage communication in children aged 0-3 years; assess and support individuals with disabilities in a primary health care context.

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- *Content:*
  - Speech, language and literacy; aphasia, dysarthria, apraxia, TBI, right hemisphere language disorders, dysphagia; paediatric aural rehabilitation.
  - Disability in primary health care (PHC) – part 2. Multidisciplinary module; evidence-based practice, community-based rehabilitation (CBR), and ethics (distributive justice).
- *Sites:* Mainstream schools; School for children with partial hearing impairment; rehabilitation centres.
- *Skills:* Knowledge translation, effective written and verbal communication; operational clinic management; clinical reasoning.
- *Attitudes:* Appreciation and respect for cultural and linguistic variability; empathy; ethical and professional practice.  
*Teaching and learning activities:* Observation of experienced clinician; clinical practice; promotion and prevention activities; assessment and management of children and adults; teamwork; paper rounds and tutorials.
- *Themes underpinning the course:* Primary health care; ethics and human rights; equity and affirmation of diversity; developing agents for change; disability and burden of disease; evidence-based practice.

### **Scheduled time:**

- Disability in PHC: first two weeks in the second semester – 80 notional hours.
- Clinical practice: First semester: four hours per week; second semester: four to eight hours per week; total 114 hours. One paper round per week.

**Contact time:** Minimum of 100 client contact hours.

**DP requirements:** At least 80% attendance at clinics; completion of all coursework.

**Assessment:** Formative assessments: Three summative assessments per clinic x 4 blocks – 63%; final summative examination in November – 20%. (PHC in disability assessment 17%: one group assignment and presentation, and a written (short answers) test at the end of the two-week block.)

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### **PSY3007S RESEARCH IN PSYCHOLOGY II**

*(Faculty of Humanities)*

**HEQF credits:** 24    **HEQF level:** 7

**Course convener:** Dr P Wolf.

**Prerequisite:** PSY2006F.

**Course outline:** Analysis of group comparisons (including t-tests and analysis of variance); data modelling techniques (including table analysis and regression); psychometrics (including item analysis, measurement of intelligence and neuropsychological assessment); and qualitative techniques (including narrative and discourse analysis).

**Contact time:** Four lectures and one practical/tutorial per week.

**DP requirements:** Completion of all coursework and at least 70% tutorial attendance.

**Assessment:** Coursework (essays and tests) counts 50%; one two-hour examination counts 50% towards the final mark.

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### **AHS3008H CLINICAL AUDIOLOGY II**

**HEQF credits:** 24    **HEQF level:** 7

**Course conveners:** N Keeton and Prof S Amosun.

**Prerequisites:** AHS2047S, AHS2110W, AHS2111S, AHS3062F, AHS3075F.

**Course outline:**

- *Intended learning outcomes include:* Assessment and management of hearing impairment; demonstrate professional conduct; assess peripheral auditory function with guidance; plan and implement management with support; assess and support individuals with disabilities in a PHC context.
- *Content:*
  - Disability in primary health care (PHC)–part 2. Multidisciplinary module; evidence-based practice, community-based rehabilitation (CBR), and ethics (distributive justice).



- Adult and paediatric diagnostics at hospitals; adult and paediatric hearing aids at hospitals; paediatric aural rehabilitation at schools for the deaf / hard of hearing; adult electrophysiology testing; disability in primary health care.
- *Skills:* Ethical and professional practice; reflective practice; design and implement assessment and management plan based on holistic view of client; multidisciplinary practice; clinical reasoning.
- *Attitudes:* Appreciation of diversity; embracing rehabilitation and own role as rehabilitative audiologist.
- *Teaching and learning activities:* Experiential learning (clinical practice); written reports; guided and structured reflection; paper cases; tutorials.
- *Themes underpinning the course:* Holistic approach; client- / family-centered approach; primary health care; ethics and human rights; equity and affirmation of diversity; developing agents for change; disability and burden of disease; evidence-based practice.

**Scheduled time:**

- Clinical practice: six clinical blocks: four to seven hours per week; total 144 hours. Two hours paper rounds per week.
- Disability in PHC: first two weeks in the second semester – 80 notional hours.

**Contact time:** Minimum of 100 client contact hours.

**DP requirements:** At least 80% attendance at clinics; completion of all coursework.

**Assessment:** Formative assessments; clinical practice: continuous summative assessment of clinical work (minimum three per clinic/block) – 80%; final summative examination in November – 20%. PHC in disability assessment: one group assignment and presentation, and a written (short answers) test at the end of the two-week block.

**PSY3008F HEALTH PSYCHOLOGY**

*(Faculty of Humanities)*

**HEQF credits:** 24    **HEQF level:** 7

**Course convener:** Dr D Learmonth.

**Prerequisites:** PSY2008F or PSY2009F or PSY2005S.

**Course outline:** This course introduces students to the field of health psychology which is broadly concerned with the interface of psychological health and physical well-being. Topics range from identifying health behaviours and health behaviour change through the use of cognitive and behavioural analysis, to psychoneuroimmunology and the management of chronic diseases, to stress and coping. The course aims to highlight the applicability of health psychology to improving individuals' well-being and quality of life.

**Contact time:** Four lectures and one tutorial every three weeks.

**DP requirements:** Completion of all coursework.

**Assessment:** Coursework (written assignment, tutorial and test) counts 50%; one two-hour examination in June counts 50%.

**AHS3062F REHABILITATION TECHNOLOGY**

**HEQF credits:** 22    **HEQF level:** 7

**Course convener:** L Petersen.

**Course outline:**

- *Intended learning outcomes include:* Comparing the roles of professionals and technology in the rehabilitation process; assessing and analysing client's need for rehabilitation technology; designing and discussing comprehensive management; debating relevant legal rights and ethical issues,
- *Content:* Role of technology in the rehabilitation process; speech perception with hearing loss; hearing aids, frequency modulation (FM) systems; cochlear implants; features of amplification technology; verification and validation of fitting of technology.
- *Skills:* Link patient factors with technology; effective listening.

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- *Attitudes:* Client-centered; respect for diversity.
- *Teaching and learning activities:* Case-based learning; demonstrations; hands-on practice; role-play.
- *Themes underpinning the course:* Primary health care and contextual relevance; disability and burden of disease; ethics and human rights; biopsychosocial models of health; developing agents for change; equity and affirmation of diversity.

**Contact time:** Four hours per week; total 64 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:**

- |                                     |     |
|-------------------------------------|-----|
| • Mid-term assignment               | 25% |
| • Group assignment                  | 15% |
| • Cochlear implant assignment       | 20% |
| Final summative examination in June | 40% |

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### AHS3065S ADULT REHABILITATIVE AUDIOLOGY

**HEQF credits:** 18    **HEQF level:** 7

**Course convener:** Dr L Ramma.

**Course outline:**

- *Intended learning outcomes include:* Discussion of the role of rehabilitative audiologist; auditory dysfunction and its impact; analysis and application of frameworks guiding aural rehabilitation; assessment and establishing candidacy for aural rehabilitation; design and implementation of aural rehabilitation plans.
- *Content:* Holistic management of an adult with a hearing impairment; psychological levels of hearing; communication models, international classification of functioning, disability and health (ICF) classification, principles of assessment and aural rehabilitation; counselling.
- *Skills:* Critical thinking; adaption to cultural context; selection and administration of appropriate assessments; interpretation of results; clinical reasoning; creation of client profile to guide management.
- *Attitudes:* Embrace rehabilitation and own role as rehabilitative audiologist; sensitivity to cultural and contextual diversity; respect; sensitivity to issues of disability; recognise need for individualised management plan; empathy; agent for change.
- *Teaching and learning activities:* Lectures; brainstorming and snowball; case studies; guided self-study; role-play.
- *Themes underpinning the course:* Primary health care and contextual relevance; disability and burden of disease; ethics and human rights; biopsychosocial models of disability; developing agents for change; equity and affirmation of diversity.

**Contact time:** Eight hours per week x six weeks; total 48hrs.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:** Coursework: two formative assessments (presentation of cases and different models) and two summative examination – 60%; final summative examination in November: case studies – 40%.

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### AHS3071F ACQUIRED NEUROGENIC LANGUAGE DISORDERS

**HEQF credits:** 22    **HEQF level:** 7

**Course convener:** Dr M Pascoe.

**Course outline:**

- *Intended learning outcomes include:* Description and critical discussion of the consequences of an adult neurogenic language disorder with reference to the international classification of functioning, disability and health (ICF) and a disability perspective; aetiologies and nature of adult neurogenic language disorders; nature of assessments and comprehensive management of adults with neurogenic language disorders.
- *Content:* Nature and prevalence of CVA, TBI and degenerative diseases; principles and nature of assessment and management; role of SLP and multi-disciplinary management; evidence-based practice.

- *Skills:* Knowledge translation; critical and analytical thinking; differential diagnosis.
- *Attitudes:* Empathy; ethical principle of respect; holistic view of individuals.
- *Teaching and learning activities:* Lectures; case discussions and presentations; videos; observation; construction of assessment materials.
- *Themes underpinning the course:* Management within a multilingual and multicultural context; holistic view of individuals; developing agents for change; materials development.

**Contact time:** Four hours per week; total 64 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

### AHS3072S PAEDIATRIC DYSPHAGIA AND MOTOR SPEECH

**HEQF credits:** 22 **HEQF level:** 7

**Course convener:** V Norman.

**Course outline:**

- *Intended learning outcomes include:* Description and critical discussion of aetiologies, nature and consequences of (i) dysphagia in infants and children and (ii) dysarthria and apraxia in children; nature of assessments and comprehensive management.
- *Content:* Anatomy, physiology, pathology, aetiology of swallowing and motor speech disorders; principles, and nature of clinical and objective assessments (video-fluoroscopic swallow study for dysphagia); differential diagnosis; evidenced-based management within an international classification of functioning, disability and health (ICF) framework; teamwork; working with special populations and families.
- *Skills:* Knowledge translation; critical and analytical thinking; effective communication; group-work.
- *Attitudes:* Empathy and respect; dysphagia patients' safety, nutrition and hydration needs are key; holistic view of individuals; infant/child within family context; appreciation of challenges to participation and role in improving participation; client-centred intervention; advocacy; responsiveness to diversity; asset-based approach; importance of evidence-based practice.
- *Teaching and learning activities:* Lectures; videos; case discussions; video analysis; literature review and critique; group-work and presentations; devise and present assessment protocols; workshop.
- *Themes underpinning the course:* Management within a multilingual and multicultural context; developing agents for change; materials development.

**Contact time:** Five hours per week; total 60 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

### AHS3073F ADULT DYSPHAGIA AND MOTOR SPEECH

**HEQF credits:** 22 **HEQF level:** 7

**Course convener:** Assoc Prof S Singh.

**Course outline:**

- *Intended learning outcomes include* - In adults with (i) dysphagia and (ii) dysarthria and apraxia - description and critical discussion of consequences of (i) and (ii) with reference to the international classification of functioning, disability and health (ICF) and a disability perspective; aetiologies and nature; nature of assessments and comprehensive management.
- *Content:* Neuroanatomy, anatomy, physiology, pathology, aetiology of swallowing and motor speech; principles and nature of clinical and objective assessments, differential diagnosis; evidenced-based management within an ICF framework; team-work; working with interpreters.
- *Skills:* Knowledge translation; critical and analytical thinking; effective communication; group-work.

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- *Attitudes:* Empathy and respect; holistic view of individuals; appreciation of challenges to participation and role in improving participation; dysphagia patients' safety, nutrition and hydration needs are key; client-centred intervention; advocacy; responsiveness to diversity; asset-based approach; disability and burden of disease.
- *Teaching and learning activities:* Case discussions; lectures; video analysis; literature review and critique; role-play; devise and present in-service training programmes; communal constructivism: devise, administer and interpret assessment protocols (in Xhosa and Afrikaans).
- *Themes underpinning the course:* Management within a multilingual and multicultural context; developing agents for change; disability and burden of disease; equity and affirmation of diversity.

**Contact time:** Four hours per week; total 64 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

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### AHS3075F OAEs AND ELECTROPHYSIOLOGY

**HEQF credits:** 22 **HEQF level:** 7

**Course convener:** L Petersen.

**Prerequisite:** AHS2046F.

**Course outline:**

- *Intended learning outcome include:* To justify, implement, and interpret otoacoustic emissions (OAEs) and electrophysiological measures in adults and children.
- *Content:* Otoacoustic 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; management decisions.
- *Skills:* Clinical reasoning; effective communication of results.
- *Attitudes:* Client-centered; respect for diversity.
- *Teaching and learning activities:* Case-based learning; demonstrations; hands-on practice; guided group work.
- *Themes underpinning the course:* Primary health care and contextual relevance; disability and burden of disease; ethics and human rights; biopsychosocial models of health; developing agents for change; equity and affirmation of diversity.

**Contact time:** Four hours per week; total 64 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

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### AHS3101W SIGN LANGUAGE

**HEQF credits:** 8 **HEQF level:** 5

**Course convener:** L Petersen.

**Course outline:**

- *Intended learning outcomes* include use of South African Sign Language (SASL) at a basic level to obtain case history; give instructions (plus diagnostic testing); feedback and informational counselling; demonstrate use of appropriate communication strategies for sign language
- *Content:* 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; general sign vocabulary.
- *Skills:* Be able to conduct a case history using basic sign language.
- *Attitudes:* Empathy and respect for multilingual and multicultural diversity.
- *Teaching and learning activities:* Modelling; lectures; group-work; role-play; videos/DVDs; Interactions with members of the deaf community

- *Themes underpinning course:* Human rights and ethics; disability and burden of disease; equity and affirmation of diversity.

**Contact time:** One hour per week; total 24 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:**

• First semester assessment	20%
• Second semester assessment	20%
• Roleplay	20%
Final summative examination in November	40%

### AHS3102F FLUENCY

**HEQF credits:** 15 **HEQF level:** 7

**Course convener:** Assoc Prof H Kathard.

**Course outline:**

- *Intended learning outcomes include:* Description and critical discussion of the nature and consequences of fluency disorders / developmental stuttering from an experiential perspective against the international classification of functioning, disability and health (ICF) and disability/ human rights perspective; the nature and aetiology of fluency disorders; principles and nature of assessments and comprehensive management of stuttering at all developmental levels.
- *Content:* Nature of fluency and fluency disorders; differential diagnosis in fluency-related conditions: stuttering; neurogenic stuttering; cluttering; assessment methodology using ICF framework; principles of management and management framework; intervention approaches (integration of fluency shaping and stuttering modification) for borderline, beginning, intermediate and advanced stuttering.
- *Skills:* Knowledge translation; literature review; selection and modification of tools for multilingual populations.
- *Attitudes:* Positive approach to diversity; valuing teamwork; willingness to be context-relevant.
- *Teaching and learning activities:* Case studies; discussion; lectures; demonstration; small/ large group discussions.
- *Themes underpinning course:* Human rights and disability; primary health care and contextual relevance; management within a multilingual and multicultural context; developing agents for change.

**Contact time:** Three hours per week; total 48 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

### AHS3103S VOICE

**HEQF credits:** 15 **HEQF level:** 7

**Course convener:** Dr M Pascoe.

**Course outline:**

- *Intended learning outcomes include:* Application of the international classification of functioning, disability and health (ICF) framework to voice disorders; description and critical discussion of the nature of voice disorders, principles and methods of voice assessment and comprehensive management of the client with a voice disorder.
- *Content:* Laryngeal anatomy and physiology; nature, signs and symptoms of voice disorders; principles and nature of assessment, differential diagnosis and management.
- *Skills:* Critical and analytical thinking; clinical reasoning.
- *Attitudes:* Empathy and respect; client- /caregiver-centred.
- *Teaching and learning activities:* Lectures; case analysis and presentation; journal article reviews; observation of multi-professional management (stroboscopy clinic); analysis of audio and video recordings.
- *Themes underpinning the course:* Disability and burden of disease, ethics and human rights, biopsychosocial models of health.

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**Contact time:** Four hours per week; total: 48 hours.

**DP requirements:** Attendance at all lectures; completion of all coursework.

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

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### AHS3104S VESTIBULAR MANAGEMENT

**HEQF credits:** 15 **HEQF level:** 7

**Course convener:** C Rogers.

**Course outline:**

- *Intended learning outcomes include:* Discussion of the nature and impact of dizziness and vertigo; assessment and management of vestibular disorders.
- *Content:* Anatomy, physiology and pathology of vestibular and related balance disorders; clinical and technological assessments of vestibular disorders; vestibular rehabilitation therapy.
- *Skills:* Analysis and interpretation of results of clinical and objective evaluation; selection of the appropriate management paradigm.
- *Attitudes:* Balance disorders are multi-factorial in nature; management is possible at all levels of care; the audiologist is an integral part of management.
- *Teaching and learning activities:* Lectures; web-based learning; case study; group learning.
- *Themes underpinning the course:* Disability and burden of disease; biopsychosocial model; ethical conduct.

**Contact time:** Eight hours per week; total 48 hours.

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

**Assessment:** Coursework: two formative assessments: health promotion activity (pamphlet, presentation to variety of stakeholders), quiz with extended matched answers; two summative assessments: one case-based essay on assessment; one case-based essay on management plus short peer evaluated presentation - 60%; final summative examination in November: case-based take-home examination - 40%.

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### AHS3105F PUBLIC HEALTH AUDIOLOGY

**HEQF credits:** 15 **HEQF level:** 7

**Course convener:** Dr L Ramma.

**Course outline:**

- *Intended learning outcomes include* description and discussion of frameworks for audiology service delivery in the public health sector; planning, implementation, and management of audiology services for the health of the public.
- *Content:* Noise and the health of the public; ototoxicity monitoring; cerumen management; management of hearing screening programs.
- *Skills:* Critical and analytical thinking; knowledge translation; health communication; effective communication with key stakeholders; training of other health workers; critique of literature.
- *Attitudes:* Empathy; ethical principle of respect; appreciation of and willingness to address challenges; social responsibility; appreciation of the value of prevention measures; value promotion of healthy and safe acoustic environments.
- *Teaching and learning activities:* Lectures; case studies, class debates; self-guided study; group learning.
- *Themes underpinning the course:* Primary health care; burden of disease; developing agents for change; equity and affirmation of diversity; ethics and human rights.

**Contact time:** Four hours per week; total 48hrs.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:** Coursework: two formative assessments (group presentations and class debates); two summative assessments: (one in-class test and one practical / field project) - 60%; final summative examination in June: case-based take-home examination - 40%.

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**AHS4000W RESEARCH REPORT**

**HEQF credits:** 30 **HEQF level:** 8

**Course convener:** L Petersen.

**Course outline:**

- *Intended learning outcomes include:* Formulation of a research proposal with guidance; review and critique of the literature; plan and manage data collection; analyse and interpret results; describe, discuss, critique and present (oral and written) research findings.
- *Content:* Topic definition; quantitative and qualitative research methods; proposal writing; literature review; data management; research ethics; referencing.
- *Skills:* Working in teams; identifying, reviewing and critiquing appropriate literature; academic writing; succinct reporting and interpretation of results.
- *Attitudes:* Appreciation of individual and group contributions; awareness of personal bias; willingness to accept feedback;
- *Teaching and learning activities:* Workshops; lectures; group-work; supervision sessions; written feedback on drafts; oral presentations.
- *Themes underpinning the course:* Primary health care and contextual relevance; disability and burden of disease; ethics and human rights; biopsychosocial models of health; developing agents for change; equity and affirmation of diversity.

**Research time:** Eight hours per week for 24 weeks + 40 hours x eight research weeks; total 512 hours.

**DP requirements:** Attendance at all lectures, supervision sessions, workshops and presentations; participation in group-work.

**Assessment:** Minimum of five formative assessments; one summative assessment - written research report 100%.

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**AHS4005H CLINICAL SPEECH THERAPY IIIA**

**HEQF credits:** 45 **HEQF level:** 8

**Course conveners:** V Norman.

**Course outline:**

- *Clinical Blocks:*
  - (i) Community (including laryngectomy and cleft palate),
  - (ii) LSEN schools (including initial assessment, fluency, cerebral palsy, autistic spectrum disorder and learning disability),
  - (iii) adult communication and dysphagia (including rehabilitation; acute care; modified barium swallow study (MBS); voice, stroboscopy),
  - (iv) paediatric communication and dysphagia (including early childhood intervention/ECI; modified barium swallow study/MBS; kangaroo mother care/KMC;).

AHS4005H and AHS4006H have two clinical blocks each. While assignment to specific blocks is random, each student will have the opportunity to rotate through all four blocks. The course descriptors reflect learning across all four clinical blocks.

- *Intended learning outcomes include:* Demonstrate professional 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); facilitating sustainable community-based rehabilitation; independent planning and management of service delivery at the sites.
- *Content:* Adult and paediatric speech and language including dysarthria, apraxia; voice, laryngectomy, aphasia, TBI, right hemisphere language, communication, AAC, dysphagia; community-based rehabilitation; management of services.
- *Sites:* Secondary and tertiary hospitals; community clinics; University clinics; schools/centres for children with autism and cerebral palsy; rural practice.
- *Skills:* Problem-solving; effective communication; clinical reasoning; ethical and professional practice; plan, implement, manage and evaluate service delivery programmes; reflection; needs analysis; community engagement; competent clinical practice.

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- *Attitude:* Respect for cultural and linguistic diversity; asset-based approach; ethical practice is vital; collaborative, client- and family- centred intervention is key.
- *Teaching and learning activities:* Observation and modelling of experienced clinicians; service provision; clinical practice; team-work; paper rounds; tutorials and workshops; written reports.
- *Themes underpinning the course:* Primary health care; ethics and human rights; equity and affirmation of diversity; developing agents for change; disability and burden of disease; evidence based-practice.

**Scheduled time:** Two clinical blocks (20 to 25 hours per week) x six weeks each; total 240 hours. Paper rounds: two hours per week.

**Contact time:** Minimum of 150 client contact hours.

**DP requirements:** At least 80% attendance at clinics; completion of all coursework.

**Assessment:** Formative assessments; three summative assessments per clinic - 60%; final qualifying examination in June – 40%. Relevant rules under FBC5 apply.

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### AHS4006H CLINICAL SPEECH THERAPY IIIB

**HEQF credits:** 45    **HEQF level:** 8

**Course conveners:** V Norman.

**Prerequisite:** AHS3004H.

**Course outline:** The intended learning outcomes, content, sites, skills, attitudes, teaching and learning activities and themes underpinning the course are the same as for AHS4005H.

**Scheduled time:** The student will rotate through two clinical blocks that are different from those she/he was assigned to in AHS4005H - (20 to 25 hours per week) x 6 weeks each; total 240 hours. Paper rounds: two hours per week.

**Contact time:** Minimum of 150 client contact hours.

**DP requirements:** At least 80% attendance at clinics; completion of all coursework.

**Assessment:** Formative assessments; three summative assessments per clinic – 60%; final qualifying examination in November – 40%. Relevant rules under FBC5 apply.

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### AHS4008H CLINICAL AUDIOLOGY IIIA

**HEQF credits:** 45    **HEQF level:** 8

**Course conveners:** C Rogers and T Cloete.

**Prerequisite:** AHS3008H.

**Course outline:**

- *Clinical Blocks:*
  - Community
  - Paediatric management (including paediatric aural rehabilitation, rehabilitation technology, and neonatal hearing screening programme management)
  - Adult management (including rehabilitation technology, adult aural rehabilitation, cerumen management, occupational audiology and health promotion)
  - Diagnostics (including CAPD, adult and paediatric electrophysiology, adult diagnostics and vestibular clinic). AHS4008H and AHS4009H have two clinical blocks each
  - While assignment to specific blocks is random – each student will have the opportunity to rotate through all four blocks by the end. The course descriptors reflect learning across all four clinical blocks.
- *Intended learning outcomes include:* Demonstrate professional conduct; 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); facilitating sustainable community based rehabilitation; assess and manage impact of noise on health of the public; independent planning and management of service delivery at the sites.
- *Content:* Adult and paediatric aural diagnostics and rehabilitation; rehabilitation technology; CAPD, vestibular, tinnitus, hearing, cerumen, and ototoxicity management; community based rehabilitation; management of hearing screening;



- *Sites*: Secondary and tertiary hospitals; community clinics; university clinics; schools for children who are deaf / hard of hearing; ototoxicity programmes; occupational settings; private practice; rural practice.
- *Skills*: problem solving; effective communication; clinical reasoning; ethical and professional practice; plan, implement, manage and evaluate service delivery programmes; needs analysis; reflection; community engagement; competent clinical practice.
- *Attitudes*: Asset based approach; ethical practice is vital; collaborative, client and family centred intervention is key; audiologist's role in rehabilitation is key.
- *Teaching and learning activities*: Observation and modelling of experienced clinicians; service provision; clinical practice; teamwork; paper rounds; tutorials and workshops; written reports.
- *Themes underpinning the course*: Primary health care; ethics and human rights; equity and affirmation of diversity; developing agents for change; disability and burden of disease; evidence based practice.

**Scheduled time**: Two clinical blocks (20 to 30 hours per week) x 6 weeks each; total 240 hours. Paper rounds: two hours per week.

**Contact time**: Minimum of 150 client contact hours.

**DP requirements**: At least 80% attendance clinics; completion of all course work.

**Assessment**: Formative assessments; three summative assessments per clinic x 2 blocks - 60%; final qualifying examination in June 40%. Relevant rules under FBC5 apply.

#### AHS4009H CLINICAL AUDIOLOGY IIIB

**HEQF credits**: 45    **HEQF level**: 8

**Course conveners**: C Rogers and T Cloete.

**Course outline**: The intended learning outcomes, content, sites, skills, attitudes, teaching and learning activities and themes underpinning the course are the same as for AHS4008H.

**Scheduled time**: The student will rotate through two clinical blocks that are different from those she/he was assigned to in AHS4008H - (20 to 30 hours per week) x six weeks each; total 240 hours. Paper rounds: Two hours per week.

**Contact time**: Minimum of 150 client contact hours.

**DP requirements**: A minimum of 80% attendance is required at clinics; completion of all coursework.

**Assessment**: Formative assessments; three summative assessments per clinic x two blocks – 60%; final qualifying examination in November – 40%. Relevant rules under FBC5 apply.

#### AHS4067F SEMINARS IN COMMUNICATION SCIENCES

**HEQF credits**: 4    **HEQF level**: 8

**Course convener**: V Norman.

**Course outline**:

- *Intended learning outcomes* include review and critique of literature; develop and present integrated and coherent oral and written arguments; facilitate academic discussion and debate.
- *Content*: Topical and professional issues in audiology and speech-language pathology (SLP)
- *Skills*: Knowledge translation; development of academic writing skills through the ability to integrate and critique relevant literature in written and oral presentations; self-directed learning for continuing professional development.
- *Attitudes*: Appreciation of the professions in context.
- *Teaching and learning activities*: Guided self-study, small group discussions; tutorials and class presentations.
- *Themes underpinning the course*: Provision of contextually relevant services in a multilingual, multicultural society; evidence-based practice; developing agents for change.

**Contact time**: Four hours per week for self-learning and group-work. Tutorials (maximum 4 hours) are arranged with the supervisor.

**DP requirements**: Attendance and participation in group-work, tutorials and presentations.

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

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### AHS4068S SEMINARS IN SPEECH PATHOLOGY

**HEQF credits:** 4    **HEQF level:** 8

**Course convener:** Dr M Harty.

**Course outline:**

- *Intended learning outcomes include* review and critique of literature; develop and present integrated and coherent oral and written arguments; facilitate academic discussion and debate.
- *Content:* Topical and professional issues in speech language pathology (SLP).
- *Skills:* Knowledge translation; development of academic writing skills through the ability to integrate and critique relevant literature in written and oral presentations; self-directed learning for continuing professional development.
- *Attitudes:* Appreciation of the profession in context.
- *Teaching and learning activities:* Guided self-study; small group discussions; tutorials and class presentations.
- *Themes underpinning the course:* Provision of contextually relevant services in a multilingual, multicultural society; evidence-based practice; developing agents for change.

**Contact time:** Four hours per week for self-learning and group-work. Tutorials (maximum 4 hours) are arranged with the supervisor.

**DP requirements:** Attendance and participation in group-work, tutorials and presentations.

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

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### AHS4069S SEMINARS IN AUDIOLOGY

**HEQF credits:** 4    **HEQF level:** 8

**Course convener:** C Rogers.

**Course outline:**

- *Intended learning outcomes include* review and critique of literature; develop and present integrated and coherent oral and written arguments; facilitate academic discussion and debate.
- *Content:* Topical and professional issues in audiology.
- *Skills:* Knowledge translation; development of academic writing skills through the ability to integrate and critique relevant literature in written and oral presentations; self-directed learning for continuing professional development.
- *Attitudes:* Appreciation of the profession in context.
- *Teaching and learning activities:* Guided self-study, small group discussions; tutorials and class presentations.
- *Themes underpinning the course:* Provision of contextually relevant services in a multilingual, multicultural society; evidence-based practice; developing agents for change.

**Contact time:** Four hours per week for self-learning and group-work. Tutorials (maximum 4 hours) are arranged with the supervisor.

**DP requirements:** Attendance and participation in group-work, tutorials and presentations.

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

## BACHELOR OF SCIENCE IN OCCUPATIONAL THERAPY

[Degree code: MB003. 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.

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

**Duration of programme:**

FBD1 The degree programme extends over either four or five years of full-time study.

		HEQF level	HEQF credits
<b>Curriculum</b>			
FBD2.1	<b>First year</b>		
	PPH1001F	Becoming a Professional	5 15
	HUB1019F	Anatomy and Physiology IA	5 18
	AHS1035F	Human Occupation and Development	5 22
	PSY1004F	Introduction to Psychology Part I <b>or</b>	5 18
	PSY1006F	Foundation Psychology Part I	5 18
	PSY1005S	Introduction to Psychology Part II <b>or</b>	5 18
	PSY1007S	Foundation Psychology Part II	5 18
	PPH1002S	Becoming a Health Professional	5 15
	HUB1020S	Anatomy and Physiology IB	5 18
	AHS1032S	Occupational Perspectives on Health and Well-being	5 20
	<i>Total HEQF credits in first year:</i>		144
FBD2.2	A student who fails one or more of the following courses at the end of Semester 1 may be required to enter the Intervention Programme Parts 1 and 2:		
	PSY1004F <b>or</b>	Introduction to Psychology Part I	5 18
	PSY1006F	Foundation Psychology Part I	5 18
	HUB1019F	Anatomy and Physiology IA	5 18
	AHS1035F	Human Occupation and Development	5 22
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 Interventions Programme Part 2:		
	PSY1005S	Introduction to Psychology Part II	5 18
	HUB1020S	Anatomy and Physiology 1B	5 18
	AHS1032S	Occupational Perspectives on Health and Well-being	5 20
	<i>[See rule FBD3 below for the Intervention Programme curriculum. The Intervention Programme starts in July and ends in June of the following year, after which the student joins the second semester of the standard curriculum.]</i>		
FBD2.4	<b>Second year</b>		
	PSY2009F	Developmental Psychology	6 24
	PSY2003S	Social Psychology and Intergroup Relations	6 24
	MDN2002W	Clinical Sciences I	6 13
	PRY2002W	Psychiatry for Occupational Therapists	6 14
	HUB2015W	Anatomy & Physiology II for Health and Rehabilitation Sciences	6 36
	AHS2043W	Occupational Therapy II	6 36
	<i>Total HEQF credits in second year:</i>		147

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			<b>HEQF level</b>	<b>HEQF credits</b>
FBD2.5	<b>Third year</b>			
	SLL1028H	Xhosa for Health and Rehabilitation Sciences and	5	18
	SLL1048H	Afrikaans for Health and Rehabilitation Sciences	5	18
	AHS3078H	Research Methods and Biostatistics I	7	10
	AHS3107W	OT Theory and Practice in Physical Health	7	38
	AHS3108W	OT Theory and Practice in Mental Health	7	38
	AHS3113W	Foundation Theory for OT Practice I	7	26
		<i>Total HEQF credits in third year:</i>		<u>148</u>
FBD2.6	<b>Fourth year:</b>			
	AHS4119W	Occupational Therapy Research and Practice Management	8	48
	AHS4120W	Foundation Theory for OT Practice II	8	48
	AHS4121W	Occupational Therapy Practice and Service Learning	8	48
		<i>Total HEQF credits in fourth year:</i>		<u>144</u>
		<i>Total HEQF credits for programme:</i>		<u>583</u>

### Intervention programme

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

*Intervention Programme Part 1:*

			<b>HEQF level</b>	<b>HEQF credits</b>
	HUB1015S	Fundamentals of Anatomy and Physiology 1A	5	0
	AHS1031S	Preparation for Entry-level Psychology for Health and Rehabilitation Sciences Part I	5	18
	AHS1038S	Fundamentals of Human Occupation and Development 1A	5	0

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

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

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

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

*Intervention Programme Part 2:*

		<b>HEQF level</b>	<b>HEQF credits</b>
HUB1016F	Fundamentals of Anatomy and Physiology IB	5	36
AHS1044F	Fundamentals of Human Occupation and Development 1B.	5	48
PSY1006F	Foundation Psychology Part 1*	5	18

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

*Total HEQF credits in IP:*

120

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

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

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

- FBD4
- (a) 100% attendance is required for practice learning. Absence from practice learning on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the relevant academic staff members. If this attendance requirement is not met, the student will be required to repeat the course or the practice learning block.
  - (b) A minimum of 80% attendance is required for lectures and practicals in all modules and courses. Absence on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the academic staff in the Division. If 80% attendance is not met, a student may not take the examination.
  - (c) To qualify for the summative assessment (final examinations) in all Occupational Therapy courses students have to attend all compulsory educational activities listed in course booklets.
  - (d) A student who fails a course may be permitted to write a supplementary examination. The class (or year-) mark is not added to the result of any such supplementary examination in determining the final result for the course.
  - (e) A student needs to have passed the research methods course (Research Methods and Biostatistics I) in third year in order to proceed with the final year research thesis in fourth year.

**Readmission rules**

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

- FBD5.1 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree, or may have his/her registration cancelled,
- (a) if he/she is in the Intervention Programme and fails any course in it (no supplementary examinations are offered in the Intervention Programme);
  - (b) if he/she fails a course which he/she is repeating;
  - (c) unless he/she, from the second year of study, successfully completes in each year's examination cycle half or more of the course load for which he/she is registered in that year (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);
  - (d) unless he/she successfully completes all the prescribed courses for any single year in two years;
  - (e) if he/she is unable to complete the standard programme in six years
  - (f) if he/she has been found guilty of unprofessional behaviour or found to be impaired.

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

### **Distinction**

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

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

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

**HEQF credits:** 15 **HEQF level:** 5

**Course conveners:** L Olckers and L Dlamini.

**Course outline:** This is a first semester course which introduces all first year students registered in the Faculty of Health Sciences to the process of developing professional conduct. As the first building block in this process, the course aims to promote the conduct, attitudes and values associated with being a professional as well as a member of a professional team. The focus is on the development of interpersonal skills, which include being non-judgemental, sensitive ethical and respectful of human rights when working with colleagues, clients, patients and community members who may have different values and traditions. In order to achieve this, students learn

- theory on the stages of interviewing, which is applied in simulated and real interviews;
- theory related to group and social roles, applied in simulated experiences, to build team membership and leadership skills;
- critical analysis and reflection on professional conduct, including non-judgementalism, empathy, health and human rights.

The educational approach is participatory and experiential; therefore all students are required to engage actively in the small learning groups. Information literacy and computer skills are systematically integrated from the outset to assist students in the range of learning, teaching and assessment activities elsewhere in the curriculum.

**DP requirements:** To qualify for the summative assessment (final examination) in the course, students have to meet the DP requirements, which entail:

- Attending all small group learning sessions
- Completing set assignments
- Undergoing all assessment activities.

Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department.

In cases where students fail to complete or are unable to complete a particular in-course assessment, the percentage value of that assessment may be added to the next assessment, or students may be required to undergo an additional assessment.

**Assessment:** Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a range of in-course assignments, which comprise 60% of the total mark. The final summative assessment makes up 40% of the total mark.

#### **Developing awareness of HIV/AIDS:**

**Outline:** Developing awareness of HIV/AIDS is an additional component of PPH1001F. It is taught in the HIV/AIDS workshop, designed specifically to introduce first year students to the basic relevance of HIV/AIDS issues in both their private and professional lives. The course constitutes a platform upon which future HIV/AIDS learning will be based.

**DP requirement:** Compulsory attendance.

**Assessment:** Student learning is assessed as part of the end-of-semester PPH1001F summative assessment.

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**PPH1002S BECOMING A HEALTH PROFESSIONAL****HEQF credits:** 15 **HEQF level:** 5**Prerequisite:** PPH1006F.**Course conveners:** L Olckers and L Dlamini.

**Course outline:** This is a second semester course, which builds on the knowledge acquired and skills developed in PPH1001F Becoming a Professional. The focus is on primary health care and disability. The course equips students to work collaboratively on a community-oriented project based on the primary health care principles and approach, which include comprehensive health care (promotive, preventive, curative and rehabilitative care within the primary, secondary and tertiary levels of care); intersectoral collaboration; community involvement; and accessibility of and equity in health care. Students are required to apply the knowledge, skills and values from Becoming a Professional to the community-oriented project to develop an appreciation of the contribution of all health care professionals to the promotion, maintenance and support of health and the health care of individuals, families and communities within the context of disability. The educational approach is participatory and project-based, therefore all students are required to engage actively in the project and in small learning groups. Information literacy and computer skills are systematically integrated from the outset.

*Basic Life Support Skills Workshop (BLSS)*

BLSS is the first building block in First Aid and CPR (cardiopulmonary resuscitation). This takes the form of a once-off workshop session for each student. Attendance is compulsory.

**DP requirements:** To qualify for the summative assessment (final examination) in the course, students have to meet the DP requirements, which entail:

- Attending group sessions
- Completing set assignments
- Attending community visits, health service site visits, and BLSS workshop
- Undergoing assessment activities.

Group learning sessions and community visits are compulsory. Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department. In cases where students fail to complete or are unable to complete a particular in-course assessment, the percentage value of that assessment may be added to the next assessment, or students may be required to undergo an additional assessment.

**Assessment:** Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a number of in-course assignments, which comprise 60% of the total mark. The summative assessment makes up 40% of the total mark.

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**PSY1004F INTRODUCTION TO PSYCHOLOGY: PART I****HEQF credits:** 18 **HEQF level:** 5**Course convener:** Dr C Ward.

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

**Lecture times:** First or fifth period.

First-year, first semester course, four lectures per week, and such tutorial work as may be required.

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

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

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**PSY1005S INTRODUCTION TO PSYCHOLOGY: PART II**

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr L Wild.

**Prerequisite:** PSY1004F.

**Course outline:** Lectures, tutorials, assignments and readings deal with a range of introductory areas in psychology that was not covered in PSY1004F.

**Lecture times:** First or fifth period.

First-year, second semester course, four lectures per week, and such tutorial work as may be required.

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

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

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**PSY1006F FOUNDATION PSYCHOLOGY PART I**

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** L Schrieff.

**Entrance requirements:** PSY1006F is only open to students registered in the Humanities Faculty Quantitative Extended Degree Programme with a Psychology major (HB055) and to students in named Health Sciences and Social Development programmes who do not meet the APS requirements for PSY1004F. Students registered for HB055, must also be registered for MAM1014F.

**Course outline:** The course incorporates PSY1004F together with a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write essays and prepare other submissions to the Psychology Department and to carry out conceptual analysis of research material and results.

**Lecture times:** First or fifth period. First-year, first-semester course, 4 lectures per week, and such tutorial work as may be required.

**DP requirements:** As for PSY1004F. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial and essays in draft form before the formal submission dates.

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

*NOTE: Credit/exemption will not be given for this course and for PSY1004F.*

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**PSY1007S FOUNDATION PSYCHOLOGY PART II**

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** L Schrieff.

**Prerequisite:** PSY1006F.

**Course outline:** The course incorporates PSY1005S together with a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write a research report and prepare other submissions to the Psychology department and to carry out conceptual analysis of research material and results.

**Lecture times:** First or fifth period. First-year, second-semester course, four lectures per week, and such tutorial work as may be required.

**DP requirements:** As for PSY1005S. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial and essays in draft form before the formal submission dates.

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

[NOTE: Credit/exemption will not be given for this course and for PSY1005S.]

**HUB1015S FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY 1A**

**HEQF credits:** 0     **HEQF level:** 5

[Note: There is no summative assessment for this course and therefore there are no HEQF credits. The credits are included in those for HUB1016F.]

**Course conveners:** Dr B Ige and Dr R Kelly-Laubscher.

**Course structure and timetable:** Foundational status, three lectures and one 90-minute tutorial per week.

**Course outline:** The course focuses on fundamental anatomical and physiological concepts and processes relevant to the Health and Rehabilitation Professions and includes:

- Organization of the human body
- Homeostasis
- Cellular physiology
- Physiology of muscles and bones
- Nervous system
- Anatomy of the upper limbs

The relevance of these concepts will be emphasized through the use of specifically selected examples of injury, health conditions and disability as applicable to the clinical practice of Occupational Therapy and Physiotherapy. Attention will be given to the specific terminology of the anatomy and physiology disciplines, as well as the underlying scientific literacy, study and numeracy skills required to gain proficiency in these areas.

**Course outcomes:** At the end of this course students will be able to:

- Describe the anatomy of the upper limb
- Explain the basic physiological and anatomical concepts and processes outlined above
- Overview human physiology from cells to the whole body

**Contact time:** Six hours per week.

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. All assignments are expected to be submitted by their due date.

**Assessment:** A Course mark contributes 50% and comprises the following:

Test 1	10%
Test 2	20%
Physiology assignments	10%
Anatomy assignments	10%

The final written test contributes 50% of the mark for HUB1015S.

These assessments contribute 40% towards the final year mark in HUB1016F at the end of IP2. There is no summative examination for this course after IP 1. The final assessment takes place in HUB1016F.

**HUB1016F FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IB**

**HEQF credits:** 36     **HEQF level:** 5

**Course conveners:** Dr B Ige and Dr R Kelly-Laubscher.

**Course structure and timetable:** Foundational status, four lectures and one 90-minute tutorial per week.

**Prerequisite:** HUB1015S.

**Course outline:** This course is designed to prepare students for what they will encounter in HUB1020S Anatomy and Physiology IB when they re-enter the standard curriculum. The course builds on the knowledge and skills acquired in HUB1020S Fundamentals of Anatomy and Physiology 1A and focuses on key systems within the human body. The relevance of these

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systems for the Health and Rehabilitation Sciences professions will be emphasised through the use of specifically selected case studies as applicable to the first year professional courses and the clinical practice of Occupational Therapy and Physiotherapy. Attention will be 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.

**Course outcomes:** 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
- Explain how the cardiovascular and respiratory systems work together.

**Contact time:** Three 90-minute lectures and/or practical sessions per week.

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. All assignments are expected to be submitted by their due date.

**Assessment:** 40% of the mark for HUB1016F is derived from the assessments in HUB1015S. The other 60% is allocated as follows;

Course mark contributes 50% and comprises the following:

- |                          |     |
|--------------------------|-----|
| • Test 1                 | 10% |
| • Test 2                 | 20% |
| • Physiology assignments | 10% |
| • Anatomy assignments    | 10% |

The final written examination contributes 50% of the mark. These assessments and examination will contribute 60% towards the final year mark at the end of IP 2.

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### HUB1019F ANATOMY AND PHYSIOLOGY IA

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr C Warton.

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

**Assessment:** The course comprises written and practical ongoing assessments, which make up 45% of the course mark. The other 55% includes the final written and practical examinations.

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### HUB1020S ANATOMY AND PHYSIOLOGY IB

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr C Warton.

**Prerequisite:** HUB1016 or HUB1019F.

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

**Assessment:** The course comprises written and practical ongoing assessments, which make up 45% of the course mark. The other 55% includes the final written and practical examinations.

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### SLL1028H XHOSA FOR HEALTH AND REHABILITATION SCIENCES

*(Faculty of Humanities)*

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr M R Smouse.

**Course outline:** This course introduces students to communication skills required for a successful interaction between a health-care professional and a client. The course takes an integrated approach to language learning through an incorporation of clinical experiences related to the streams of physiotherapy, occupational therapy as well as communication and speech disorders. The main focus of this course is on pronunciation, grammar and interaction with patients/clients. Interaction is used as a means of exposing students to the Xhosa ways of expression, as well as issues of cross-cultural and inter-cultural communication.

**Key outcomes:** At the end of this course, students will be able to:

- Communicate with a speaker of Xhosa about common everyday topics.
- Elicit and understand information from a client using terminology specific to the fields of physiotherapy, occupational therapy as well as communication and speech disorders.
- Have an awareness of some cultural issues that emanate from cross-cultural communication.

**Contact time: Lectures:** 90 minutes per week.

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

**Assessment:** Students are expected to attend at least 80% of the lectures. Students are expected to complete all assessments and projects. Attendance is monitored through the signing of an attendance register at each session.

**Assessment:** Coursework contributes (vocabulary and oral assessments based on topics covered in the course.) 50% and comprises of the following:

- |          |     |
|----------|-----|
| • Test 1 | 15% |
| • Test 2 | 15% |
| • Test 3 | 10% |
| • Test 4 | 10% |

Examinations contribute 50% and comprises of the following:

- |  |     |
|--|-----|
| • June examination (simulated client interviews)     | 20% |
| • November examination (simulated client interviews) | 30% |

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

**HEQF credits:** 18    **HEQF level:** 5

*[Note: There is no summative assessment for this course and therefore there are no HEQF credits. The credits are included in AHS1047F.]*

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

**Course structure and timetable:** Foundational status; 4 lectures (Monday and Tuesday); 90-minutes academic literacy learning per week.

**Course outline:** This course will develop and strengthen 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 and core principals 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 therefore 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 and AHS1047F is to enable students to develop a fundamental understanding of psychology, and to look critically at concepts and theories in the discipline and to understand the practical application of psychology in everyday life and in their future professions.

**Course outcomes:** By the end of the course the student will

- have a fundamental understanding of key terminology and concepts in psychology
- be able to critically evaluate concepts and theories in the discipline
- understand the practical application of psychology in everyday life

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- be able to design and conduct basic research
- be able to formulate and communicate their ideas in a coherent manner
- be able to explain how the cardiovascular and respiratory systems work together.

**Contact time:** Lecture and/or academic literacy sessions three 90-minutes per week.

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. All assignments are expected to be submitted by their due date.

**Assessment:** Course assessment contributes 60% and comprises of the following;

One essay	10%
One research project essay	15%
Tutorial assignments	10%
Two tests	25%

The final written test contributes 40% of the mark for AHS1031S. These assessments contribute 40% towards the final year mark in AHS1047F at the end of IP 2. There is no summative examination for this course after IP 1. The final assessment takes place in AHS1047F.

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

**HEQF credits:** 20    **HEQF level:** 5

**Course convener:** L Cloete.

**Prerequisite:** AHS1035W or AHS1044F.

**Course outline:** This course deepens students' understanding of human occupation by including an analytical exploration of the relationship between what people do and their health, well-being and quality of health. By engaging with people of different ages in various practice learning contexts, students gain deeper appreciation of how dimensions of occupational performance in self-care, productivity and leisure unfold across the lifespan in relation to culture, context and ability. By engaging with narrative, students develop an appreciation of the lived experience of having a disability, and how dimensions of occupational performance in self-care, productivity and leisure are impacted on by disability. Students' engagement with issues of diversity is extended to include an exploration of the role of an occupational therapist as a transformative agent.

Through experiential learning, students explore ways in which an art form can be developed into an income-generating activity, whilst deepening their understanding of the role the environment plays in facilitating or hindering people's aspirations and capabilities as occupational beings.

**Course outcomes:** By the end of this course students will be able to:

- Describe the link between human occupation, health and well-being
- Discuss various forms of occupational risk/dysfunction focussing on environmental determinants
- Describe their understanding of the lived experience of a person with a disability
- Discuss various means of enabling occupational performance
- Begin to understand the role of an OT and other role players within practice learning settings
- Begin to use reflection and reasoning as crucial for taking control of own learning
- Turn an art form into a possible business venture.

**Contact time:** Lectures are kept to a minimum. Experiential learning, self-study and small group tasks complement lectures. Students also do practice learning one afternoon a week in an occupational practice context. They work in collaboration with and under close supervision of final year students and clinicians (where possible) in institutions and community-based settings. Students present and process their experiential and self-directed learning in an on-campus tutorial once a week.

**Assessment:**

Microenterprise assignment	20%
Human Development and Occupation assignment	30%
Journal 1	(5% from Practice Learning Block Form 1) 20%
Journal 2	(5% from Practice Learning Block Form 2) 30%
Course mark	100%

Final mark calculated as follows:

Course mark	50%
Exam mark (includes the Occupational Performance assignment)	50%

**Course structure and timetable:** First year status; Lecture slots on Tuesdays, Thursdays and Fridays from 11h00 – 13h00 and Wednesdays from 09h15 – 13h00. Students attend practice learning on Wednesdays during this course. Tutorials are on Fridays.

**DP requirements:** Students will need to complete the following learning tasks related to the following parts of the curriculum in order to be eligible to write the final AHS1032S exam.

- OT as a transformative agent
- Occupational Performance
- Practice Learning Tutorials

## **AHS1035F HUMAN OCCUPATION AND HUMAN DEVELOPMENT**

**HEQF credits:** 22 **HEQF level:** 5

**Course convener:** L Cloete.

**Course outline:** This course introduces students to the basic concepts that underlie occupational therapy principles, values and modes of practice. These concepts include foundational theories in the study of human occupation and development. Students develop procedural and critical thinking by exploring the occupational human and occupational behaviour in various contexts. By exploring art forms engaged in by people in urban as well as rural or informal settlements, students begin to appreciate the impact the environment has on occupation. Students also engage with issues of diversity through open and constructive dialogue that aims to facilitate an understanding of inter-group relations, conflict and community.

**Course outcomes:** By the end of this course students will be 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.
- Discuss issues of diversity in relation to the self.

**Contact time:** Lectures are kept to a minimum. Experiential learning, self-study and small group tasks complement lectures. Students also do practice learning one afternoon a week in the occupational therapy practice context. They work in collaboration with and under close supervision of final year students and clinicians (where possible) in institutions and community based settings. Students present and process their experiential and self-directed learning in an on-campus tutorial once a week.

**Assessment:**

Art forms report	30%
Art forms presentation	30%
Test	40%
Course mark	100%
Final mark calculated as follows:	
Course mark	50%
Exam mark	50%

**Course structure and timetable:** First year status; Lecture slots on Tuesdays, Thursdays and Fridays from 11h00 – 13h00 and Wednesdays from 09h15 – 13h00.

**DP requirements:** Students will need to complete written tasks related to the following parts of the curriculum in order to be eligible to write the final AHS1035F exam:

- Basic concepts
- Ethics
- Human Occupation

**AHS1038S FUNDAMENTALS OF HUMAN OCCUPATION & DEVELOPMENT IA****HEQF credits:** 0 **HEQF level:** 5*[Note: The credits are included in those for AHS1044F.]***Course conveners:** Dr B Ige and L Cloete.**Course structure and timetable:** Foundational status; four lectures (Monday and Thursday) and a 90-minute tutorial/self-directed session per week.**Course outline:** This course revisits key concepts of the AHS1035F Human Occupation and Development. The course develops students' procedural and critical thinking by exploring how basic concepts and theories in occupational therapy including definitions, terminology, classification and professional values are applied in practice. By engaging with people of different ages in various practice learning contexts, students gain a deeper appreciation of human development across the lifecycle. An integrated understanding of self care, productivity and leisure unfolds as students explore these dimensions of occupational performance across the lifespan in relation to ability, culture, and context.**Course outcomes:** 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
- Explain and critique a range of occupational therapy terms and taxonomies in relation to their origins, meanings and relevance in context.

**Contact time:**

- Practice learning: students undertake practice learning one morning a week in an Occupational Therapy service context. They work in collaboration with and under close supervision of final year students and/or clinicians (where possible) in institutions and community based settings.
- Lectures: two 90-minute lectures per week.
- Tutorials: students receive guidance on how to process their experiential and self-directed learning in an on-campus tutorial once a week (part of lecture time)
- Self-study: one 90-minute self directed learning activity once a week.

**DP requirements:** students are expected to attend and participate in all learning activities – practice learning visits, lectures, self-studies and tutorials. All self-study tasks contribute to DP. Attendance is monitored through the signing of an attendance register every session.**Assessment:** Assessment comprises of the following:

Continuous assessment tasks	10%
Assignment 1	10%
Assignment 2	20%
Test 1	20%
Test 2	40%

These assessments contribute 40% towards the final year mark in AHS1044F at the end of IP 2. There is no summative examination for this course after IP 1. The final assessment takes place in AHS1044F.

**AHS1044F FUNDAMENTALS OF HUMAN OCCUPATION & DEVELOPMENT IB****HEQF credits:** 48 **HEQF level:** 5**Course conveners:** Dr B Ige and L Cloete.**Prerequisite:** AHS1038S.**Course structure and timetable:** Foundational status; four lectures (Monday and Thursday) and a 90-minute tutorial/self-directed session per week.

**Course outline:** This course is designed to prepare students for what they will encounter in AHS1035F Human Occupation and Development when they re-enter the standard curriculum. The course 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 come to appreciate the needs, aspirations and capabilities of humans as occupational beings.

**Course outcomes:** By the end of this course students will be able to:

- Execute a detailed macro and micro analysis of an activity executed by an able and disabled person using a range of different approaches (Hagedorn, Cynkin and the international classification of functioning, disability and health (ICF) and identifying 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 that they do every day
- Identify and explain various forms of occupational risk factors, using evidence from a range of sources, including popular press, professional and non-professional literature and practical examinations
- 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.

**Contact time:**

- Practice learning: students undertake practice learning one morning a week in an Occupational Therapy service context. They work in collaboration with and under close supervision of final year students and/or clinicians (where possible) in institutions and community based settings.
- Lectures: two 90-minute lectures per week.
- Tutorials: students receive guidance on how to process their experiential and self-directed learning in an on-campus tutorial once a week (part of lecture time)
- Self-study: one 90-minute self directed learning activity once a week.

**DP requirements:** Students are expected to attend and participate in all learning activities – practice learning visits, lectures, self-studies and tutorials. All self-study tasks contribute to DP. Attendance is monitored through the signing of an attendance register every session.

**Assessment:** Assessment comprises of the following:

Continuous assessment tasks	10%
Assignment 1	15%
Assignment 2	15%
Test 1	15%
Test 2	15%

Examination contributes 30% to the final mark. These assessments and examination will contribute 60% towards the final year mark at the end of IP 2.

## AHS1047F PREPARATION FOR ENTRY-LEVEL PSYCHOLOGY FOR HEALTH AND REHABILITATION SCIENCES Part II

**HEQF credits:** 36 **HEQF level:** 5

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

**Prerequisite:** AHS1031S.

**Course structure and timetable:** Foundational status; four lectures (Monday and Tuesday); 90-minutes academic literacy learning per week.

**Course objectives:** This course 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 and core principles and concepts of PSY1004F, such as social psychology, health psychology, psychotherapies in order to develop and strengthen 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

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based. Students therefore 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 models 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 the course is to develop a fundamental understanding of psychology, to enable students to look critically at concepts and theories in the discipline and to understand the practical application of psychology in everyday life and the workings of their future professions.

**Course outcomes:** At the end of this course students will:

- be able to have a fundamental understanding of key terminology and concepts in psychology
- be able to critically evaluate concepts and theories in the discipline
- be able to understand the practical application of psychology in everyday life
- be able to design and conduct basic research
- be able to formulate and communicate your ideas in a coherent manner
- be able to explain how the cardiovascular and respiratory systems work together.

**Contact time:** Three 90-minute lectures and/or academic literacy sessions per week.

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

**Assessment:** Assessment strategies utilised include essays, written tests, a research project and multiple-choice question tests. The purpose of assessment in this course is two-fold: To provide students with feedback regarding their progress, as well as to develop and strengthen knowledge, critical thinking, research skills and writing skills. The assessment process will therefore familiarise students with a range of academic skills in preparation for learning in subsequent semesters.

Course assessment contributes 60% and comprises of the following:

One essay	10%
One research project essay	15%
Tutorial assignments	10%
Two tests of 12.5% each	25%

The final examination contributes 40% to the final mark. These assessments and examination will contribute 60% towards the final year mark at the end of the IP 2.

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### SLL1048H AFRIKAANS FOR HEALTH AND REHABILITATION SCIENCES

*(Faculty of Humanities)*

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr I van Rooyen.

*[Note: The learning of Afrikaans and Xhosa languages is seen as integral clinical skills. The contents of the courses are aligned with the physiotherapy core courses and clinical placements from second to fourth years. Therefore, no student will be exempted from registering for the courses in Afrikaans and Xhosa.]*

**Course outline:** The content of the Afrikaans 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 health-care professional and a client.

Other skills include the skill in asking questions and the ability to enter effectively into dialogue with a client. The course is taught at both beginner and intermediate levels and focuses on the unique pronunciation and stylistic variants of individual clients and culture-specific words and expressions.

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

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



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**PRY2002W PSYCHIATRY FOR OCCUPATIONAL THERAPY**

**HEQF credits:** 14    **HEQF level:** 5

**Course convener:** Dr P Smith.

**Prerequisite:** PSY1005S or PSY1007S.

**Course outline:** This course, designed specifically for BSc Occupational Therapy students, covers the following:

Definition; aetiology; clinical signs and symptoms; assessment and management; and prognosis of the major psychiatric conditions as classified in the ICD10 or DSM IV.

The intentions are to equip the 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 available mental health resources.

During the year, students doing psychiatry are expected to extend their knowledge by reading around each lecture topic. Students should ask the individual lecturers to give them specific references if they fall outside the textbooks.

**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%
November examination	40%

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**MDN2002W CLINICAL SCIENCES I**

**HEQF credits:** 13    **HEQF level:** 6

**Course conveners:** Dr M Setshedi.

**Course outline:** The course forms part of the second year of study towards the BSc degree programmes in Physiotherapy. The course covers the aetiology, clinical signs and symptoms, assessment and treatment of patients of all age groups suffering from conditions encountered by physiotherapy students during their work. The lecture series will cover a range of conditions in medicine, general surgery, orthopaedics, and paediatrics to mention a few.

**Contact time:** Two lectures per week.

**Assessment:** Formative assessment contributes 45% of the course mark. The summative examination contributes 55% of the final mark.

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**PSY2003S SOCIAL PSYCHOLOGY AND INTERGROUP RELATIONS**

*(Faculty of Humanities)*

**HEQF credits:** 24    **HEQF level:** 6

**Course convener:** Dr S Kessi.

**Prerequisites:** PSY1005S and PSY1007S.

**Course outline:** What is prejudice? Where does it come from? How does it manifest itself? This course aims to provide students with social psychological understandings to these questions, drawing on a range of social psychological approaches to intergroup relations. Some of the topics covered include attitudes and attributions, group membership and stereotyping, social identities, social representations, consciousness and the role of power. The concepts learnt during the course will be critically discussed in relation to current debates in South Africa around identity differences, institutionalized racism, media representations and community empowerment.

**Lecture times:** Fourth period.

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

**Assessment:** Coursework (oral and written assignments) counts 50%; one 2-hour examination in October counts 50% towards the final mark.

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### PSY2009F DEVELOPMENTAL PSYCHOLOGY

*(Faculty of Humanities)*

**HEQF credits:** 24 **HEQF level:** 6

**Course convener:** Dr L Wild.

**Prerequisites:** PSY1001W or PSY1004F and PSY1005S.

**Course structure and timetable:** Four lectures per week (Tuesdays to Fridays at 11h00) and one tutorial per fortnight.

**Contact time:** Four lectures and a maximum of one tutorial per week.

**DP requirements:** Completion of all coursework.

**Assessment:** Coursework counts 50%, and comprises two written assignments (34%) and a class test (16%); one two-hour examination in June counts 50% towards the final mark.

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### HUB2015W ANATOMY AND PHYSIOLOGY II FOR HEALTH AND REHABILITATION SCIENCES

**HEQF credits:** 36 **HEQF level:** 6

**Course convener:** Dr L Davids.

**Prerequisite:** HUB1020S.

**Course outline:** This year-long course forms the second half of a two-year programme covering aspects of human anatomy and general physiology. It is a full course of lectures, tutorials and practicals. Special emphasis is placed on neuroanatomy and neurophysiology.

**Contact time:** Five lectures and one practical session per week.

**Assessment:** course mark contributes 45% and comprises the following:

Tutorial and practical tasks	15%
Term test	30%
Examination contributes 55% and comprises the following:	
Written theory examination (2 papers)	40%
Structured practical examination (1 paper)	15%

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### AHS2043W OCCUPATIONAL THERAPY II

**HEQF credits:** 36 **HEQF level:** 6

**Course convener:** E Du Plooy.

**Prerequisite:** AHS1032S.

**Course outline:** The focus of this course is 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 how to assess from an occupational performance and from a context related perspective. Occupational therapy processes and assessment techniques for identifying individual health and occupational needs, interests and capacities are mastered using a range of methods, models and theories. The following foundational modules support the development of clinical competencies:

- Disability in Primary Health Care
- Occupational Performance Assessment
- Occupational assessment of human beings and
- Professional Practice.

The course is divided into four areas in which students will be assessed namely Foundational concepts in Occupational Therapy, Physical Assessment, Mental Health Assessment and Context

Related Assessment.

*Disability in Primary Health Care:* This is a four-week (160-hour) multi-disciplinary module spread over the second and third years of study for undergraduate students in audiology, occupational therapy, physiotherapy and speech-language pathology in the School of Health and Rehabilitation Sciences. The module integrates vertically with Becoming a Professional/Becoming a Health Professional multidisciplinary courses in first year, and is presented by the Primary Health Care Directorate of the Faculty in the first year. At the second year level, the module is presented in the first 8 days (64 hrs) in the first term and 1.5 days (12 hours) in the second term. The contents of the module are integrated into professional courses in the Divisions of Communication Sciences and Disorders (AHS2045F Becoming a Communication Therapist), Occupational Therapy (AHS2043W Occupational Therapy 2), and Physiotherapy (AHS2053H Applied Physiotherapy 1), focusing 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 addressed.

**Course outcomes:** By the end of this course students will be able to:

- Identify, conduct, interpret and record appropriate assessment of the occupational human including sensory-motor, psycho-social and context-related dimensions. Analyse human movements and human environments in order to identify and optimize opportunities for improved occupational engagement.
- Analyse an activity and describe its properties in relation to occupational form and performance.
- Explain restricted and intact performance components by means of activity analysis, movement analysis, contextual analysis and occupational performance.
- Explain limitations in occupational engagement by doing a contextual analysis.
- Apply principles of professional practice on individual, and group and community level.
- Demonstrate a multi-disciplinary approach as applied to Disability in PHC.

**Contact time:** Self-study and small group tasks and workshops complement lectures. Lectures occur daily during the first three weeks of the year and on Monday, and Thursday for the rest of the year.

**Assessment:** Formative assessment consists of class tests, assignments, small group projects and practicals and contributes 60% toward the final course mark. Students are assessed in the Disability in Primary health Care module by means of one presentation and a written report. The summative assessment consists of a paper and an objective, standardised practical examination and will contribute 40% toward the final course mark.

## AHS3078H RESEARCH METHODS AND BIostatISTICS I

**HEQF credits:** 10    **HEQF level:** 7

**Course convener:** Prof J Jelsma.

**Course structure and timetable:** Lectures and discussion groups will take place once per week for two hours.

**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 on-line assignments.

**Contact time:** Two-hour lecture per week.

**Assessment:** The mark allocation is as follows: *% contribution to total mark*

Research methodology continuous assessment (April)	5%
Research Methodology paper (July)	5%
Epidemiology paper (July)	5%
Research protocol for fourth year (September)	25%
Biostatistics (October)	10%
Examination: - critical appraisal	50%

No student may proceed to the examination without attending lectures on ethics or completing an on-

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line 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.

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### AHS3107W OT THEORY AND PRACTICE IN PHYSICAL HEALTH

**HEQF credits:** 38 **HEQF level:** 7

**Course convener:** A Sunday.

**Prerequisite:** PSY2043W, PRY2002W, PSY2003S or PSY2009F.

**Course outline:** This course enables students to demonstrate knowledge about, and skills in, promoting physical health and well-being through human occupation and in addressing the occupational implications of specific physical health conditions. The course prepares students to develop and justify a client-centered occupational therapy plan that assists people with physical health concerns to participate in life through the everyday things that they need and want to do. Students learn to select, apply and interpret appropriate assessment methods for determining performance enablers and performance components for a range of 'physical' health conditions. Focus is placed on developing skills in selecting, implementing and applying change modalities (including activity as *means* and occupation as an *end*) 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.

**Course outcomes:** By the end of this course students will be able to:

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

**Assessment:** Formative and summative assessments may include assignments, written papers, MCQs, OSPEs and practical examinations. Formative assessments contribute 50% and summative assessments 50% to the final mark.

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### AHS3108W OT THEORY AND PRACTICE IN MENTAL HEALTH

**HEQF credits:** 38 **HEQF level:** 7

**Course convener:** Z Hajwani.

**Prerequisites:** AHS2043W, PRY2002W, PRY2003S or PRY2009F.

**Course outline:** This course enables students to demonstrate knowledge about, and skills in, promoting mental health and well being through human occupation and in addressing the occupational implications of specific mental health disorders. The course prepares students to develop and justify a client-centered occupational therapy plan that assists people with mental 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 psychosocial performance component impairments and occupational performance enablers. Focus is placed on developing skills in selecting, implementing and applying change modalities which address psychosocial impairments and promote people's engagement in valued life tasks and roles. Students learn to understand how policies inform mental health service delivery and the role they play within the primary health care approach in addressing psychiatric disability at an individual level and group level.

**Course outcomes:** By the end of this course students will be able to demonstrate

- knowledge about what mental health is and the occupational performance implications of various mental disorders
- knowledge and skill in implementing an occupational therapy process with individuals and groups of mental health service users

- knowledge and skill in the selection, use and interpretation of a range of standardized and non-standardised occupational therapy assessments suited to mental health and psychiatric disorders.
- knowledge, skill and attitudes in client-centred, professional interactions with individuals who are mentally ill or psychiatrically disabled
- knowledge and skill in selection and use of psychosocial techniques and change modalities that can be used to remediate, adapt, modify or compensate for activity limitations and participation restrictions arising from psychological distress, mental illness and psychiatric disorders
- knowledge and basic 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
- basic competence as a member of the mental health care team
- basic awareness of population focussed occupational therapy programmes in mental health and psychiatry using occupation based preventive, promotive, remedial, and rehabilitative interventions

**Assessment:** Formative and summative assessments may include assignments, written papers, MCQs, OSPEs and practical examinations. Formative assessments contribute 50% and summative assessments contribute 50% to the final mark.

### **AHS3113W FOUNDATION THEORY FOR OT PRACTICE I**

**HEQF credits:** 26 **HEQF level:** 7

**Course convener:** A Soday.

**Prerequisite:** AHS2043W.

**Course outline:** Contents includes: occupational therapy models and philosophy; theories of empowerment and development; equity and diversity; and disability in primary health care. Disability in Primary Health Care is a multi-disciplinary module for undergraduate students in audiology, occupational therapy, physiotherapy and speech-language pathology. It integrates vertically with Becoming a Professional / Health Professional multidisciplinary courses at first year level, as well as Disability in Primary Health Care at second year level. Disability in Primary Health Care is scheduled to run during the first two weeks of the second semester for a total of 80 notional hours.

*Themes underpinning the course:* Primary health care and contextual relevance; developing agents for change.

*Course objectives:*

- *Skills:* Knowledge translation; problem-solving; professional writing and presentation; ethical reasoning.
- *Attitudes:* Professionalism.

*Teaching and learning activities:* Lectures; small group discussions; class presentations; visits to service sites.

**Course outcomes:** 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 all stake holders.
- 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 5 modes of clinical reasoning.
- Demonstrate a multi-disciplinary approach as applied to Disability in PHC.

**DP requirements:** Attendance at all lectures; completion of all coursework.

**Assessment:** Formative assessments consist of class tests, assignments, small group projects and practical sessions and contribute 60% towards the final mark. The summative assessment consists of a paper and an objective standardised practical examination and contributes 40% towards the final mark.

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**AHS4119W OT RESEARCH AND PRACTICE MANAGEMENT**

**HEQF credits:** 48    **HEQF level:** 8

**Course convener:** Assoc Prof E Duncan.

**Prerequisites:** AHS3107W, AHS3108W, AHS3113W, AHS3078H and SLL1028H or SLL1048H.

**Course outline:** This course equips students with the knowledge, skills and attitudes required for life-long learning through research, effective management and leadership and a sound appreciation of occupational therapy philosophy and ethics. Through this course, students will begin to view themselves as both research users, as well research generators. The theory of quantitative and qualitative research methodology, methods and processes would already have been covered at the 300 level. Students need to have passed the research methods course in third year in order to proceed with this course. Working in small groups, students implement and document a research project and acquire skills in writing and presenting their study findings to professional and stakeholder audiences. The course also equips students for strategic and contextually relevant service by addressing organizational development, practice management and service administration. Core functions including marketing, human resource, project and financial management are covered as well as the theory of planning, implementing and evaluating health and development programmes across a range of public and private sectors.

**Course outcomes:** At the end of this course the student will

- be able to demonstrate basic knowledge, skills and attitudes required for rigorous and ethical occupational therapy research
- be able to demonstrate skills in writing and presenting study findings to professional and stakeholders audiences
- appreciate the scope of and the relationships between the universal management functions of controlling, leading, planning and organising in occupation therapy practice contexts
- be able to describe and critically appraise the principles and procedures of organisational development
- be able to recognise the dynamics within an organisation and begin to identify strategies for working proactively within the limitations or opportunities imposed by these dynamics
- be able to describe the philosophy and principles of an African approach to occupational therapy practice management within the primary healthcare approach
- be able to demonstrate basic knowledge, skills and attitudes required for effective and efficient entry level occupational therapy service administration, leadership and human resource development.
- be able to name the core purposes and principles of operations management, financial management, project management, strategic management and marketing in occupational therapy.
- appreciate the ethics of management and understand the principles of developing an accountable climate in the workplace.

**Assessment:**

The formative assessments are weighted 50% of the final mark and include:

- a group research project 30%
- an evidence-based practice and research test 20%

The final examination will consist of:

- a policy brief 10%
- a written examination paper 40%

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**AHS4120W FOUNDATION THEORY FOR OT PRACTICE II**

**HEQF credits:** 48    **HEQF level:** 8

**Course convener:** P Gretschel.

**Prerequisite:** AHS3113W.

**Course outline:** This course focuses on occupation based approaches to human and social development that are appropriate for the health needs of individuals, groups and populations across the life span within the South African context. Occupational therapy for the promotion of well-being and full participation of people with disabilities and people who are at risk for health and social marginalization are explored. Disability and diversity politics, legislation and policies lay the foundation for understanding the contribution of occupational therapy to social change.

The course also covers occupational therapy principles of promotive, preventative, therapeutic and rehabilitative practice and addresses these principles with reference to the primary health care philosophy. Clinical, population and professional reasoning are developed and an occupation focused understanding of the contexts where people play, learn, live, work and socialize is promoted.

Students will be equipped with the knowledge, skills and attitudes required for engagement with policy in terms of its application to occupational therapy practice.

Students will be equipped with foundational theory on the practice of occupational practice as a vehicle to promoting social inclusion and participation across the life-span.

**Course outcomes:**

At the end of this course the student will

- identify as well as analyse health, school/ labour and social development policies in relation to occupational needs across the lifespan
- demonstrate basic knowledge of influences that shape the world of work, play, learning and development as informed by contextually relevant theoretical underpinnings
- appreciate the value of play as means for promoting development and health, as well as an end in itself
- understand occupational therapists' unique role in promoting child learning, development and play
- identify occupational outcomes that can be addressed directly or indirectly through actions that promote occupational justice
- understand and apply the relevant reasoning for designing interventions that promote human and social development
- identify and justify the application of occupation based interpretations of participatory methodologies
- recognise the contribution of occupational therapists to different government and non-government sectors in collaboration with relevant stake-holders.

**Assessment:**

Formative:

- |  |     |
|--|-----|
| • Work practice strategies assignment            | 10% |
| • Child learning development and play assignment | 10% |
| • Community development practice assignment      | 10% |
| • June test paper                                | 20% |

Summative:

- |                             |     |
|-----------------------------|-----|
| • Written examination paper | 50% |
|-----------------------------|-----|

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**AHS4121W OCCUPATIONAL THERAPY PRACTICE AND SERVICE LEARNING**

**HEQF credits:** 48    **HEQF level:** 8

**Course convener:** P Gretschel.

**Prerequisites:** AHS3107W, AHS3108W.

**Course outline:** This course involves the application of occupational therapy theory, processes and procedures in learning about direct and indirect service with individuals, groups and communities for

the attainment of health and development objectives through occupation. An occupational perspective of public health as well as the primary health care philosophy and approach forms the basis of practice. Students acquire skills in the design and implementation of appropriate comprehensive occupational therapy programmes in collaboration with relevant role-players. Knowledge, skills and attitudes, including clinical and population reasoning as well as reflection-in and on-action, are developed. The course is designed to provide a range of learning environments across health and socio-economic conditions, age groups, settings and sectors for each individual student within available resources.

**Course outcomes:** At the end of this course the student will be able to:

- Identify instances of occupational injustice in practice
- Facilitate co-operation between different government sectors where relevant
- Apply knowledge about advocacy for equalisation of opportunities (promotion of inclusive environments) in collaboration with relevant stakeholders and in accordance with relevant policy frameworks or legislation.
- Conduct accurate assessments as well as interpret limitations in/barriers as well as assets to occupational performance across the life-span
- Select, use and justify appropriate conceptual frameworks and change modalities in order to promote, play, learning and development as informed by sound evidence based practice (EBP)
- Contribute to children's play, learning and development from a unique OT perspective
- Make recommendations that focus on enhancing opportunities into work entry/re-entry
- Plan and implement a community-based occupational therapy program or project using a developmental approach to practice
- Apply occupation-based methods that support social action

**Assessment:** Practical demonstrations and practice learning logs are used to assess the development of clinical competencies. Practice-learning placement and practical demonstration marks contribute towards the year-mark. The year-mark contributes 45% toward the final course mark. Students produce a portfolio, video and poster of their work with a client, group or organisation for the final examination, which contributes 55% of the final course mark.

## **BACHELOR OF SCIENCE IN PHYSIOTHERAPY**

[Degree code: MB004. Plan code: MB004AHS08.]

*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 health care.*

*The Division of Physiotherapy strives to be a world-class, African Division of Physiotherapy and is committed to the primary health care 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 health care settings, including hospitals, clinics, community health centres, special schools, homes and other community-based facilities. Accordingly, students are required to carry out clinical practice in urban and peri-urban areas as well as informal settlements. Students are required to wear shorts and T-shirts for practical classes. As physiotherapy is a practical discipline, students are expected to disrobe for some of their practical classes. They are expected to wear suitable navy trousers and a prescribed white shirt for their clinical practice. The lecturers are committed to a philosophy of evidence-based teaching within the undergraduate programme.*

**Programme convener:** S Maart (Department of Health & Rehabilitation Sciences).



### Duration of programme

FBE1 The curriculum for the degree extends over four years of full-time study. Students who pass through the Intervention Programme will take an additional year to complete the degree.

		HEQF level	HEQF credits
<b>Curriculum</b>			
FBE2.1	<b>First year</b>		
	PPH1001F	Becoming a Professional	5 15
	PSY1004F	Introduction to Psychology Part I or	5 18
	PSY1006F	Foundation Psychology Part I	5 18
	HUB1019F	Anatomy and Physiology IA	5 18
	HUB1022F	Biosciences IA	5 9
	AHS1033F	Movement Science I	5 18
	PPH1002S	Becoming a Health Professional	5 15
	HUB1020S	Anatomy and Physiology IB	5 18
	HUB1023S	Biosciences IB	5 9
	AHS1034S	Introduction to Applied Physiotherapy	5 22
	<i>Total HEQF credits for first year:</i>		<u>142</u>
FBE2.2	Any student who fails one or more of the following courses may be required to enter the Intervention Programme Parts 1 and 2:		
	PSY1004F	Introduction to Psychology: Part I or	5 18
	PSY1006F	Foundation Psychology Part I	5 18
	HUB1019F	Anatomy and Physiology Sciences IA	5 18
	HUB1022F	Biosciences IA	5 9
	AHS1033F	Movement Science I	5 18
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:		
	PPH1002S	Becoming a Health Professional	5 15
	HUB1020S	Anatomy & Physiology IB	5 18
	HUB1023S	Biosciences IB	5 9
	AHS1034S	Introduction to Applied Physiotherapy	5 22
	<i>[See rule FBB3.1 below for the Intervention Programme curriculum. The Intervention Programme starts in July and ends in June of the following year, after which the student joins the second semester of the standard curriculum.]</i>		
FBE2.4	<b>Second year</b>		
	SLL1028H	Xhosa for Health and Rehabilitation Sciences OR	5 18
	SLL1048H	Afrikaans for Health and Rehabilitation Sciences	5 18
	MDN2002W	Clinical Sciences I	6 13
	HUB2015W	Anatomy & Physiology II for Health & Rehab Sciences	6 36
	HUB2023W	Biosciences for Physiotherapy II	6 9
	AHS2050H	Clinical Physiotherapy I	6 18
	AHS2052H	Movement Science II	6 38
	AHS2053H	Applied Physiotherapy 1	6 32
	<i>Total HEQF credits for second year:</i>		<u>164</u>
<i>[Note: Students who speak an African language as a home language will be required to register for Afrikaans; students who speak English or Afrikaans as a home language will register for Xhosa.]</i>			

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			HEQF level	HEQF credits
FBE2.5	<b>Third year</b>			
	MDN3004W	Clinical Sciences II	7	10
	AHS3069W	Clinical Physiotherapy II	7	62
	AHS3070H	Becoming a Rehabilitation Professional 1	7	22
	AHS3076H	Movement Science III	7	24
	AHS3077H	Applied Physiotherapy II	7	22
	AHS3078H	Research Methods and Biostatistics I	7	10
	<i>Total HEQF credits for third year:</i>			150
FBE2.6	<b>Fourth year</b>			
	AHS4065W	Clinical Physiotherapy III	8	98
	AHS4066H	Becoming a Rehabilitation Professional II	8	4
	AHS4071H	Applied Physiotherapy III	8	20
	AHS4072H	Research Methods and Biostatistics II	8	10
	<i>Total HEQF credits for fourth year:</i>			132
	<i>Total HEQF credits for programme:</i>			588

### Intervention programme

FBE3.1	The following courses must be satisfactorily completed during the Intervention Programme by a student who enters the Intervention Programme after semester 1: <i>Intervention Programme Part 1:</i>			
			HEQF level	HEQF credits
	HUB1015S	Fundamentals of Anatomy and Physiology 1A	5	0
	HUB1024S	Fundamentals of Biosciences for Physiotherapy 1A	5	0
	AHS1031S	Preparation for Entry-level Psychology for Health and Rehab Sciences Pt I	5	18
	AHS1039S	Fundamentals of Movement Science & Applied Physiotherapy 1A	5	0
FBE3.2	A student who fails AHS1031S and has met the DP requirement for this course, may be permitted to repeat the course during the summer term. If he/she again fails AHS1031S during the summer term, he/she faces exclusion.			
FBE3.3	A student entering IP who failed PSY1004F or PSY1006F in the first semester of the standard first year programme will be required to register for all IP1 courses, including AHS1031S.			
FBE3.4	The following courses must be satisfactorily completed during the Intervention Programme by a student who has completed the Intervention Programme Part 1 or who is required to enter the Intervention Programme after semester 2 of the standard curriculum: <i>Intervention Programme Part 2:</i>			
			HEQF level	HEQF credits
	HUB1016F	Fundamentals of Anatomy and Physiology IB	5	36
	HUB1025F	Fundamentals of Biosciences for Physiotherapy 1B	5	36
	AHS1040F	Fundamentals of Movement Science & Applied Physiotherapy 1B	5	36
	*AHS1006F	Foundation Psychology Part 1	5	16
	<i>[*Note: For students who failed PSY1004F in the first semester of first year.]</i>			
	<i>Total HEQF credits in IP:</i>			144

*[\*Note: A student who has passed PSY1004F with more than 60% may be exempted from registering for AHS1031S and AHS1047F.]*

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

FBE4 A minimum of 80% attendance is required for lectures, practicals and tutorials in all professional modules and courses. Absence on medical grounds requires a medical certificate. Validity of absence on grounds of personal or other problems is considered on an individual basis by the academic staff in the Division.

### **Minimum requirements for progression and readmission**

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

- FBE5.1 Students are required to do a nursing elective as part of AHS2050H. The elective must be for a total of 40 hours, at a facility recognised by the Divisional Board of Physiotherapy, and completed before the start of the second semester. Students whose performance in the nursing elective is deemed unsatisfactory have to repeat the elective before progressing to the next year of study.
- FBE5.2 Students are required to complete a three-week elective satisfactorily as part of AHS4065W and before the start of the second semester, during which they may arrange to work at any health care facility recognised by the Divisional Board. Students whose performance is deemed unsatisfactory are required to undertake a period of additional clinical work, at the discretion of the Divisional Board.
- FBE5.3 Except by permission of the Senate, a student will not be permitted to renew his/her registration for the degree
- (a) if he/she fails to meet the DP (Duly Performed) requirements in any course that has such requirements;
  - (b) if he/she is in the Intervention Programme and fails any course in it (no supplementary examinations are offered in IP);
  - (c) if he/she fails a course which he/she is repeating;
  - (d) unless he/she, from the second year of study, successfully completes in each year's examination cycle half or more of the course (an examination cycle being an examination plus a supplementary or deferred examination, if awarded);
  - (e) unless he/she successfully completes all the prescribed courses for any single year in two years;
  - (f) if he/she is unable to complete the standard programme in six years.
- FBE5.4 A student who has not fulfilled the required number of clinical hours will not be permitted to proceed to the next year of study (or to graduate, if he/she is in his/her final year of study).
- FBE5.5 A student who fails any course and is required to repeat any year will be required to repeat all professional physiotherapy courses prescribed for that year. The new mark will supersede the existing mark. (*In exceptional circumstances, selected students may be permitted to write the examinations only.*)

### **Distinction**

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

### **Courses for BSc Physiotherapy:**

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**PPH1001F BECOMING A PROFESSIONAL**

**HEQF credits: 15 HEQF level: 5**

**Course conveners: L Olckers and L Dlamini.**

**Course outline:** This is a first semester course which introduces all first year students registered in the Faculty of Health Sciences to the process of developing professional conduct. As the first building block in this process, the course aims to promote the conduct, attitudes and values associated with being a professional as well as a member of a professional team. The focus is on the development of interpersonal skills, which include being non-judgemental, sensitive ethical and respectful of human rights when working with colleagues, clients, patients and community members who may have different values and traditions. In order to achieve this, students learn

- theory on the stages of interviewing, which is applied in simulated and real interviews
- theory related to group and social roles applied in simulated experiences to build team membership and leadership skills
- critical analysis and reflection on professional conduct, including non-judgementalism, empathy, health and human rights.

The educational approach is participatory and experiential; therefore, all students are required to engage actively in the small learning groups. Information literacy and computer skills are systematically integrated from the outset to assist students in the range of learning, teaching and assessment activities elsewhere in the curriculum.

**DP requirements:** To qualify for the summative assessment (final examination) in the course, students have to meet the DP requirements, which entail:

- Attending all small group learning sessions
- Completing set assignments
- Undergoing assessment activities.

Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department.

In cases where students fail to complete or are unable to complete a particular in-course assessment, the percentage value of that assessment may be added to the next assessment, or students may be required to undergo an additional assessment. Small group learning sessions are compulsory.

**Assessment:** Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a range of in-course assignments, which comprise 60% of the total mark. The final summative assessment makes up 40% of the total mark.

### **Developing awareness of HIV/AIDS:**

**Outline:** Developing awareness of HIV/AIDS is an additional component of PPH1001F. It is taught in the ME and HIV/AIDS workshop, designed specifically to introduce first year students to the basic relevance of HIV/AIDS issues in both their private and professional lives. The course constitutes a platform upon which future HIV/AIDS learning will be based.

**DP requirement:** Compulsory attendance.

**Assessment:** Student learning is assessed as part of the end of semester PPH1001F summative assessment.

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## **PPH1002S BECOMING A HEALTH PROFESSIONAL**

**HEQF credits:** 15    **HEQF level:** 5

**Course conveners:** L Olckers and L Dlamini.

**Prerequisite:** PPH1001F.

**Course outline:** This is a second semester course, which builds on the knowledge acquired and skills developed in PPH1001F Becoming a Professional. The focus is on primary health care and disability. The course equips students to work collaboratively on a community-oriented project based on the primary health care principles and approach, which include comprehensive health care (promotive, preventive, curative and rehabilitative care within the primary, secondary and tertiary levels of care); intersectoral collaboration; community involvement; and accessibility of and equity in health care. Students are required to apply the knowledge, skills and values from becoming a Professional to the community-oriented project to develop an appreciation of the contribution of all health care professionals to the promotion, maintenance and support of health and the health care of individuals,

families and communities within the context of disability. The educational approach is participatory and project-based; therefore all students are required to engage actively in the project and in small learning groups. Information literacy and computer skills are systematically integrated from the outset.

*Basic Life Support Skills Workshop (BLSS)*

BLSS is the first building block in First Aid and CPR (cardiopulmonary resuscitation). This takes the form of a once-off workshop session for each student, attendance is compulsory.

**DP requirements:** To qualify for the summative assessment (final examination) in the course, students have to meet the DP requirements, which entail:

- Attending group sessions
- Completing set assignments
- Attending community visits, health service site visits, and BLSS workshop
- Undergoing assessment activities.

Group learning sessions and community visits are compulsory. Absence on the ground of illness requires a medical certificate. Validity of absence on grounds of personal or other problems will be considered on an individual basis by the Head of Department. In cases where students fail to complete or are unable to complete a particular in-course assessment, the percentage value of that assessment may be added to the next assessment, or students may be required to undergo an additional assessment.

**Assessment:** Continuous, performance-based assessment is used to provide students with regular feedback. Students are required to complete a number of in-course assignments, which comprise 60% of the total mark. The summative assessment makes up 40% of the total mark.

**PSY1004F INTRODUCTION TO PSYCHOLOGY: PART I**

*(Faculty of Humanities)*

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** Dr C Ward.

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

**Contact time:** First-year, first semester course - first or fifth period, four lectures per week, and such tutorial work as may be required.

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

**Assessment:** Coursework (term assignments and 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.

**PSY1006F FOUNDATION PSYCHOLOGY PART I**

**HEQF credits:** 18    **HEQF level:** 5

**Convener:** L Schrieff.

**Entrance requirements:** PSY1006F is only open to students registered in the Humanities Faculty Quantitative Extended Degree Programme with a Psychology major (HB055) and to students in named Health Sciences and Social Development programmes who do not meet the APS requirements for PSY1004F.

**Course outline:** The course incorporates PSY1004F together with a supplementary programme of intensive tutorials over the course of the year. These cover the skills necessary to write essays and prepare other submissions to the Psychology Department and to carry out conceptual analysis of research material and results.

**Lecture times:** First or fifth period. First-year, first-semester course, 4 lectures per week, and such tutorial work as may be required.

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**DP requirements:** As for PSY1004F. Students must also attend at least 80% of the additional tutorials and are required to submit all written tutorial and essays in draft form before the formal submission dates.

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

*NOTE: Credit/exemption will not be given for this course and for PSY1004F*

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### **HUB1015S FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IA**

**HEQF credits:** 0    **HEQF level:** 5

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

**Course conveners:** Dr R Kelly-Laubscher and Dr B Ige.

**Course structure and timetable:** Foundational status, three lectures and one 90-minute tutorial per week.

**Course outline:** This course revisits focuses on fundamental anatomical and physiological concepts and processes relevant to the Health and Rehabilitation Professions and includes:

- Organization of the human body
- Homeostasis
- Cellular Physiology
- Physiology of muscles and bones
- Nervous system
- Anatomy of the upper limbs

The relevance of these concepts will be emphasized through the use of specifically selected examples of injury, health conditions and disability as applicable to the clinical practice of Occupational Therapy and Physiotherapy. Attention will be given to the specific terminology of the anatomy and physiology disciplines, as well as the underlying scientific literacy, study and numeracy skills required to gain proficiency in these areas.

**Course outcomes:** At the end of this course students will be able to;

- 1) Describe the anatomy of the upper limb
- 2) Explain the basic physiological and anatomical concepts and processes outlined above
- 3) Overview human physiology from cells to the whole body

**Contact time:** Six hours per week.

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. All assignments are expected to be submitted by their due date.

**Assessment:** Course mark contributes 50% and comprises the following:

Test 1	10%
Test 2	20%
Physiology assignments	10%
Anatomy assignments	10%

The final written test contributes 50% of the mark for HUB1015S. These assessments contribute 40% towards the final year mark in HUB1016F at the end of IPs. There is no summative examination for this course after IP1. The final assessment takes place in HUB1016F.

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### **HUB1016F FUNDAMENTALS OF ANATOMY AND PHYSIOLOGY IB**

**HEQF credits:** 36    **HEQF level:** 5

**Course conveners:** Dr R Kelly-Laubscher and Dr B Ige.

**Course structure and timetable:** Foundational status, four lectures and one 90-minute tutorial per week.

**Course outline:** This course is designed to prepare students for what they will encounter in HUB1020S Anatomy and Physiology IB when they re-enter the standard curriculum. The course builds on the knowledge and skills acquired in HUB1015S Fundamentals of Anatomy and Physiology 1A and focuses on key systems within the human body. Specific content includes the cardiovascular system, the respiratory system and the anatomy of the lower limb. The relevance of these systems for the Health and Rehabilitation Sciences professions will be emphasised through the use of specifically selected case studies as applicable to the first year professional courses and the clinical practice of Occupational Therapy and Physiotherapy. Attention will be 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.

Teaching/ learning strategies utilised in the course include lectures, tutorials, practical sessions, clinical case discussions and computer aided learning sessions.

**Course outcomes:** 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
- Explain how the cardiovascular and respiratory systems work together

**Contact time:** Lecture and/or practica sessions three 90-minutes per week.

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. All assignments are expected to be submitted by their due date.

**Assessment:** 40% of the mark for HUB1016F is derived from the assessments in HUB1015S. the other 60% is allocated as follows;

Course mark contributes 50% and comprises the following:

Test 1	10%
Test 2	20%
Physiology assignments	10%
Anatomy assignments	10%

The final written examination contributes 50% of the mark. These assessments and examination will contribute 60% towards the final year mark at the end of IP2.

### **HUB1019F ANATOMY AND PHYSIOLOGY IA**

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr C Warton.

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

**Assessment:** The course comprises written and practical ongoing assessments which make up 45% of the course mark. The other 55% includes the final written and practical examinations.

### **HUB1020S ANATOMY AND PHYSIOLOGY IB**

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr C Warton.

**Prerequisite:** HUB1019F.

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

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**Assessment:** The course comprises written and practical ongoing assessments, which make up 45% of the course mark. The other 55% includes the final written and practical examinations.

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### HUB1022F BIOSCIENCES FOR PHYSIOTHERAPY I A

**HEQF credits:** 9    **HEQF level:** 5

**Course convener:** S Steiner.

**Course outline:** This course is an introductory course to provide first-year physiotherapy students with the fundamental aspects of chemistry, biochemistry and fundamental physical science related to biomechanics. Topics have been selected in consultation with the Biomechanics course and other Physiology courses to promote the integration of theoretical and practical knowledge. The course 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; lever systems. The course 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.

**Key outcomes:** 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;
- understand basic chemical principles and how they relate to body physiology.

**Contact time:** Lectures: Six 45-minute lectures per week.

**Tutorials:** One 1-hour period per week.

**DP requirements:** None.

**Assessment:** The course mark contributes 49% and comprises the following:

Assignments	4%
Class tests in March and May	30%
Ad hoc mini tests	15%

The examination contributes 51% and consists of a 3-hour written theory examination in June.

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### HUB1023S BIOSCIENCES FOR PHYSIOTHERAPY IB

**HEQF credits:** 9    **HEQF level:** 5

**Course convener:** S Steiner

**Prerequisite:** HUB1022F or HUB1025F.

**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; stress analysis; assessing 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 will be covered. The course is taught through lectures, weekly tutorials and assignments.

**Key outcomes:** 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;
- understand organic chemical principles and how they relate to body physiology.

**Contact time:** Lectures: Six 45-minute lectures per week.

**Tutorials:** One 1-hour period per week.

**DP requirements:** None.



**Assessment:** The course mark contributes 49% and comprises the following:

- Assignments 10%
- Class tests in August and September 30%
- Ad hoc mini tests 9%

The examination contributes 51% and consists of a 3-hour written theory examination in November.

### **HUB1024S FUNDAMENTALS OF BIOSCIENCES FOR PHYSIOTHERAPISTS 1A**

**HEQF credits: 0 HEQF level: 5**

*[Note: There is no summative assessment for this course and therefore there are no HEQF credits. The credits are included in HUB1025F.]*

**Course conveners:** Dr S Sivarasu, Dr NTL Chigorimbo-Tsikiwa and Dr B Ige.

**Course structure and timetable:** Foundational status, two double lectures (Mondays and Wednesdays) and two double tutorials (Tuesdays and Thursdays).

**Course outline:** This course revisits the key concepts and core material of HUB1022F. It is an introductory course for physiotherapy students with a focus on the fundamental aspects of chemistry, biochemistry and fundamental physical science related to biomechanics. In addition, fundamental mathematical skills will be covered to enable the students to address the course syllabus. The course content for the physical science includes measurement, units, conversion of units and review of trigonometry, vectors, vector algebra and resolution of vectors; displacement, velocity and acceleration in linear and angular systems. Principles of matter, atoms and elements, basic stoichiometry and the mole concept, chemical reactions and equilibria, acids, bases and buffers and gases will be covered.

**Course outcomes:** By the end of the course students should

- be able to assess simple problems and determine displacement, velocities and accelerations in linear and angular systems
- understand the relationship between displacement, velocity and acceleration
- understand basic physical chemistry principles
- be able to solve basic problems in general chemistry.

**Contact time:** Two 45-minute lectures and two 45-minute quantitative literacy lecture per week.

**Tutorials:** One 45-minute tutorial and one 45-minute support tutorial per week.

**DP requirements:** Attendance of all lectures and the completion and submission of all tutorials.

**Assessment:** The course mark contributes 50% and comprises the following:

- Tutorials 20%
- Class tests in August and October 30%
- Final test contributes (consists of a 3-hour written theory test in November) 50%

These assessments contribute 40% towards the final year mark in HUB1025F at the end of IP 2.

There is no summative examination for this course after IP 1. The final assessment takes place in HUB1025F.

### **HUB1025F FUNDAMENTALS OF BIOSCIENCES FOR PHYSIOTHERAPISTS 1B**

**HEQF credits: 36 HEQF level: 5**

**Course conveners:** Dr S Sivarasu, Dr NTL Chigorimbo-Tsikiwa and Dr B Ige.

**Course structure and timetable:** Foundational status, two double lectures (Mondays and Wednesdays) and two double tutorials (Tuesdays and Thursdays).

**Prerequisite:** HUB1024S.

**Course outline:** This course is designed to prepare students for what they will encounter in HUB1023S. The course employs the concepts, terminology and science covered in Fundamentals of Biosciences for Physiotherapists 1A. The course content for the physical science 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. The students will be 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; stress analysis. Basic organic chemistry and biomolecules will be introduced, including structure and bonding, classes of organic compounds,

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functional groups and isomers. An introduction to the major organic molecules of cells will be covered.

**Course outcomes:** By the end of the course students should be able to:

- Assess simple problems and determine forces and torque systems
- Understand the relationship between kinematics and force and torque systems
- Possess a basic understanding of fundamental biochemistry will be achieved
- Integrate and apply organic chemistry to life.

**Contact time:** Four 45-minute lectures per week.

**Tutorials:** One 45-minute tutorial and one 45-minute support tutorial per week.

**DP requirements:** Attendance of all lectures and the completion and submission of all tutorials.

**Assessment:** The course mark contributes 70% and comprises the following:

HUB1024S final mark	40%
Tutorials	12%
Class tests in August and October	18%

The final examination contributes 30% and consists of a three-hour written theory examination in June. These assessments and examination will contribute 60% towards the final year mark at the end of IP 2.

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### SL1028H XHOSA FOR HEALTH AND REHABILITATION SCIENCES

(Faculty of Humanities)

**HEQF credits:** 18 **HEQF level:** 5

**Course convener:** Dr MR Smouse.

**Course outline:** This course introduces students to communication skills required for a successful interaction between a health-care professional and a client. The course takes an integrated approach to language learning through an incorporation of clinical experiences related to the streams of physiotherapy, occupational therapy as well as communication and speech disorders. The main focus of this course is on pronunciation, grammar and interaction with patients/clients. Interaction is used as a means of exposing students to the Xhosa ways of expression, as well as issues of cross-cultural and inter-cultural communication.

**Key outcomes:** At the end of this course, students will be able to:

- Communicate with a speaker of Xhosa about common everyday topics.
- Elicit and understand information from a client using terminology specific to the fields of physiotherapy, occupational therapy as well as communication and speech disorders.
- Have an awareness of some cultural issues that emanate from cross-cultural communication.

**Contact time:** Lectures: 90 minutes per week.

**DP requirements:** Students are expected to attend at least 80% of the lectures. Students are expected to complete all assessments and projects. Attendance is monitored through the signing of an attendance register at each session.

**Assessment:** Coursework contributes to (vocabulary and oral assessments based on topics covered in the course) 50% and comprises of the following:

Test 1	15%
Test 2	15%
Test 3	10%
Test 4	10%

Examinations contribute 50% and comprises of the following:

June examination (simulated client interviews)	20%
November examination (simulated client interviews)	30%

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

**HEQF credits:** 18 **HEQF level:** 5

[Note: There is no summative assessment for this course and therefore there are no HEQF credits. The credits are included in AHS1047F.]

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

**Course structure and timetable:** Foundational status; four lectures (Monday and Tuesday); 90-minutes academic literacy learning per week.

**Course outline:** This course will develop and strengthen 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 and core principals 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 therefore 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 and AHS1047F is to enable students to develop a fundamental understanding of psychology, and to look critically at concepts and theories in the discipline and to understand the practical application of psychology in everyday life and in their future professions.

**Course outcomes:** By the end of the course the student will be able to:

- have a fundamental understanding of key terminology and concepts in Psychology
- critically evaluate concepts and theories in the discipline
- understand the practical application of psychology in everyday life
- design and conduct basic research
- formulate and communicate their ideas in a coherent manner
- explain how the cardiovascular and respiratory systems work together.

**DP requirements:** Students are expected to attend and participate in all lectures, practical sessions, workshops and tutorials. Attendance is monitored through the signing of an attendance register at each session. All assignments are expected to be submitted by their due date.

**Assessment:** Course assessment contributes 60% and comprises of the following:

One essay	10%
One research project essay	15%
Tutorial assignments	10%
Two tests, 12.5% each	25%

The final written test contributes 40% of the mark for AHS1031S. These assessments contribute 40% towards the final year mark in AHS1047F at the end of IP 2. There is no summative examination for this course after IP 1. The final assessment takes place in AHS1047F.

### **AHS1033F MOVEMENT SCIENCE I**

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** N Naidoo.

**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 theories on soft tissue healing. This course is taught through lectures, practical demonstrations, workshops, self -study sessions and tutorials. This course is a pre-requisite for AHS1034S Introduction to Applied Physiotherapy.

**Key outcomes:**

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
- Discuss soft tissue healing and apply techniques to treat soft tissue dysfunction.

**Contact time:** Lectures and/or practical sessions: Three 90-minute periods per week.

Tutorials: One 90-minute period per week.

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

**Assessment:** The course mark is weighted 50% and comprises of the following:

- |                        |     |
|------------------------|-----|
| • tutorial tasks       | 15% |
| • term one theory test | 20% |
| • term practical test  | 15% |

Examination mark is weighted at 50% and comprises of the following:

- |                                      |     |
|--------------------------------------|-----|
| • a written theory examination       | 25% |
| • a structured practical examination | 25% |

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### AHS1034S INTRODUCTION TO APPLIED PHYSIOTHERAPY

**HEQF credits:** 22    **HEQF level:** 5

**Course convener:** N Naidoo.

**Prerequisite:** Students are required to have successfully completed AHS1033F Movement Science 1 in order to register for Introduction to Applied Physiotherapy.

**Course outline:** This course builds on the foundational concepts; terminology and science covered in Movement Science 1. Course content includes therapeutic massage, exercise prescription, posture analysis and correction of postural dysfunction, and normal development. This 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.

**Key outcomes:** At the end of this course, students will be able to:

- Apply techniques of therapeutic massage and soft tissue mobilisation
- Describe normal infant development
- Assess posture and apply the principles of postural re-education
- Prescribe, demonstrate and teach exercises to address problems related to movement dysfunction.

**Contact time:** Lectures and/or practical sessions: three 90-minute periods per week.

**Tutorials:** One 90-minute period per week.

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

**Assessment:**

Assignment (August)	10%
Class test (September)	10%
SPE test (October)	15%
Tutorial tests (weekly)	15%
Theory Examination (November)	25%
SPE Examination (November)	25%

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### AHS1039S FUNDAMENTALS OF MOVEMENT SCIENCE AND APPLIED PHYSIOTHERAPY 1A

**HEQF credits:** 0    **HEQF level:** 5

*[Note: There is no summative assessment for this course and therefore there are no HEQF credits. The credits are included in AHS1040F.]*

**Course conveners:** Dr B Ige and N Naidoo.

**Course structure and timetable:** Foundational status; two lectures per week and one practical skills tutorial per week.

**Course outline:** This course builds on the foundational concepts; terminology and science covered in AHS1033F Movement Science I and revisits aspects of the basic assessment and mobilisation of

joints; muscle and soft tissue structure and function; principles of muscle strengthening and theories on soft tissue healing. The principles and rationale underpinning the evaluation and treatment of movement dysfunction as covered in Movement Science I are re-emphasised.

Teaching/ learning strategies include lectures, practical demonstrations and workshops, tutorials and self-directed learning sessions.

**Course outcomes:** 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.

**Contact time:** Lectures and or/practical sessions, three 90-minute periods per week.

**DP requirements:** Students are expected to attend all lectures and tutorial sessions, participate in lectures and practical sessions, submit homework, self-study tasks and assignments. Attendance is monitored through an attendance register.

**Assessment:** Coursework contributes 50% and consists of:

- |               |     |
|---------------|-----|
| • Term tests  | 15% |
| • OSPE tests  | 15% |
| • Assignments | 20% |

Final test contributes 50% consisting of:

- |                               |     |
|-------------------------------|-----|
| • A written theory paper      | 25% |
| • A structured practical test | 25% |

These assessments contribute 40% of the mark obtained from coursework and end of semester test contributes towards the final year mark for AHS1040F at the end of IP 2. There is no summative examination for this course after IP 1. The final assessment takes place in AHS1040F.

## **AHS1040F FUNDAMENTALS OF MOVEMENT SCIENCE AND APPLIED PHYSIOTHERAPY IB**

**HEQF credits:** 36    **HEQF level:** 5

**Course conveners:** Dr B Ige and N Naidoo.

**Course structure and timetable:** Foundational status; two 90-minute lectures and one 90-minute tutorial per week.

**Prerequisite:** AHS1039S.

**Course outline:** This course is designed to prepare students for what they will encounter in AHS1034S Introduction to Applied Physiotherapy when they re-enter the standard curriculum.

This course builds on the foundational concepts, terminology and science covered in AHS1039S Fundamentals of Movement Science and Applied Physiotherapy 1A. Course content includes an introduction to the following areas of practice: 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 the clinical situation in order to familiarise them with the scope of physiotherapy practice and to emphasise the relevance of the classroom learning activities. In addition, discussion/ debriefing sessions are held to discuss students' experiences in the clinical areas. Students are expected to attend all clinical exposure and debriefing sessions.

Teaching/learning strategies utilised include lectures, practical demonstrations and workshops, tutorials, clinical visits and self-directed learning sessions.

**Course outcomes:** At the end of this course, students will be able to:

- Apply techniques of therapeutic massage and soft tissue mobilisation
- Analyse the components of normal human movement
- Assess posture and apply the principles of postural re-education
- Prescribe, demonstrate and teach exercises to address problems related to movement dysfunction

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- Demonstrate basic strategies and techniques for the rehabilitation of functional activities.

**Contact time:** Lectures and/practical sessions; three 90-minute periods per week.

**DP requirements:** Students are expected to attend all lecture and tutorial sessions, participate in lectures, practical sessions. Submit homework, self-study tasks and assignments. Attendance is monitored through an attendance register.

**Assessment:** Coursework contributes 50% and consists of:

- Term tests 15%
- OSPE tests 15%
- Assignments 20%

Examination contributes 50% and comprises of the following:

- A written theory examination 25%
- A structured practical examination 25%

These assessments and examination will contribute 60% towards the final year mark at the end of IP 2 and IP 1 will contribute 40% towards the final mark.

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### AHS1047F PREPARATION FOR ENTRY-LEVEL PSYCHOLOGY FOR HEALTH AND REHABILITATION SCIENCES Part II

**HEQF credits:** 36 **HEQF level:** 5

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

**Prerequisite:** AHS1031S

**Course structure and timetable:** Foundational status; four lectures (Monday and Tuesday); 90-minute academic literacy learning per week.

**Course objectives:** This course 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 and core principles and concepts of PSY1004F, such as social psychology, health psychology, psychotherapies in order to develop and strengthen 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 therefore 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 models 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 the course is to develop a fundamental understanding of psychology, to enable students to look critically at concepts and theories in the discipline and to understand the practical application of psychology in everyday life and the workings of their future professions.

**Course outcomes:** At the end of this course students will be able to:

- have a fundamental understanding of key terminology and concepts in Psychology
- critically evaluate concepts and theories in the discipline
- understand the practical application of Psychology in everyday life
- design and conduct basic research
- formulate and communicate your ideas in a coherent manner
- explain how the cardiovascular and respiratory systems work together.

**Contact time:** Three 90-minute lectures and/or academic literacy sessions per week.

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

**Assessment:** Assessment strategies utilised include essays, written tests, a research project and multiple-choice question tests. The purpose of assessment in this course is two-fold: To provide students with feedback regarding their progress, as well as to develop and strengthen knowledge, critical thinking, research skills and writing skills. The assessment process will therefore familiarise students with a range of academic skills in preparation for learning in subsequent semesters.

Course assessment contributes 60% and comprises of the following:

One essay	10%
One research project essay	15%
Tutorial assignments	10%
Two tests, each of 12.5%	25%
The final examination contributes 40% to the final mark. These assessments and examination will contribute 60% towards the final year mark at the end of the IP 2.	

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

(Faculty of Humanities)

**HEQF credits:** 18    **HEQF level:** 5

**Course convener:** Dr I van Rooyen.

*[Note: The learning of Afrikaans and Xhosa languages is seen as integral clinical skills. The contents of the courses are aligned with the physiotherapy core courses and clinical placements from second to fourth years. Therefore, no student will be exempted from registering for the courses in Afrikaans or Xhosa.]*

**Course outline:** The content of the Afrikaans course is based on case studies covered in the streams of physiotherapy, occupational therapy and communication sciences and speech disorders. The focus of the course is on communication skills, and specifically on those skills that may be required for an interaction between a health-care professional and a client. Other skills include the skill in asking questions and the ability to enter effectively into dialogue with a client.

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

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

**Assessment:**

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

### **MDN2002W** CLINICAL SCIENCES I

**HEQF credits:** 13    **HEQF level:** 6

**Course convener:** Dr M Setshedi.

**Prerequisites:** PSY1004F or PSY1006F and AHS1033F or AHS1040F and PPH1002S.

**Course outline:** The course covers the aetiology, clinical signs and symptoms, assessment and treatment of patients of all age groups suffering from conditions encountered by physiotherapy students during their work. The lecture series covers a range of conditions in, amongst others, medicine, general surgery, orthopaedics, and paediatrics.

**Contact time:** Two lectures per week.

**Assessment:**

• April MCQ test	10%
• June MCQ test	15%
• September MCQ test	15%
• November exam	55%

### **HUB2015W** ANATOMY AND PHYSIOLOGY II FOR HEALTH AND REHABILITATION SCIENCES

**HEQF credits:** 36    **HEQF level:** 6

**Course convener:** Dr L M Davids.

**Prerequisites:** AHS1033F or AHS1040F and PPH1002S and HUB1020S.

**Course outline:** This year-long course forms the second half of a two-year programme covering aspects of human anatomy and general physiology. It is a full course of lecturers, tutorials and practicals. Special emphasis is placed on those aspects related to the clinical practice of

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physiotherapy and occupational therapy.

**Contact time:** Five lectures, one tutorial and one practical session per week.

**Assessment:** Course mark contributes 45% and comprises the following:

- Tutorial and practical tasks 15%
- Term test 30%

Examination contributes 55% and comprises the following:

- Written theory examination (two papers) 40%
- Structured practical examination (one paper) 15%

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### HUB2023W BIOSCIENCES FOR PHYSIOTHERAPY II

**HEQF credits:** 9 **HEQF level:** 6

**Prerequisites:** HUB1023S, AHS1033F or AHS1040F.

**Course convener:** S Steiner.

**Pre-requisite:** HUB1023S Biosciences for Physiotherapy 1B

**Course outline:** This course builds on the concepts taught in Biosciences 1A and 1B. 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; electromyography. The course is taught through lectures, practical demonstrations and assignments.

**Key outcomes:** By the end of the course students should be able to

- 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;
- demonstrate an understanding of EMG as a predictor for muscle activity.

**Contact time:** Lectures: Two 45-minute lectures per week.

**Practicals:** One 3-hour computer session using Gaitlab software; one visit to a gait analysis laboratory; one 2-hour session using EMG equipment

**DP requirements:** None

**Assessment:** The course mark contributes 49% and comprises the following:

Assignments	10%
Class tests in April, June and September	39%
Three hour written theory examination in November.	

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### AHS2050H CLINICAL PHYSIOTHERAPY I

**HEQF credits:** 18 **HEQF level:** 6

**Course conveners:** D Scott and Prof S Amosun.

**Prerequisites:** All first year courses.

**Course outline:** This course addresses the theory and practical application of respiratory, orthopaedic, neurological, surgical and medical conditions. There is an introductory block which 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 also included. The course also incorporates Disability in Primary Health Care, a multidisciplinary module offered by the Primary Health Care Directorate.

**Nursing elective:** Students are required to do a nursing elective of a total of 40 hours at any facility recognised by the Divisional Board of Physiotherapy before the start of the second semester. Students whose performance in the nursing elective is deemed unsatisfactory have to repeat the nursing elective before progressing to the next year of study.



*Disability in Primary Health Care:* Disability in Primary Health Care is a four-week (160 hr) multi-disciplinary module spread over the second and third years of study for undergraduate students in audiology, occupational therapy, physiotherapy and speech-language pathology. The module integrates vertically with the Becoming a Professional/Becoming a Health Professional multidisciplinary courses at first year level, and is presented by the Primary Health Care Directorate of the Faculty of Health Sciences. At the second year level, the module is presented in the first two weeks (80 hrs) of the first semester and two additional sessions take place during the semester. The contents of the module are integrated in professional courses in the Divisions of Communication Sciences and Disorders AHS2045F Becoming a Communication Therapist, AHS2043W Occupational Therapy/Occupational Therapy II, and AHS2050H Clinical Physiotherapy I, focusing 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 addressed. Students are assessed by means of one poster presentation and short written questions. The course is taught through lectures, practical sessions and tutorials.

**Assessment:** This course is assessed entirely through continuous assessment in the clinical area and in the Disability and Primary Health Care module. The student's performance in each clinical block is assessed at the end of the rotation. Students require an average of 50% or above to complete the course satisfactorily. No supplementary examinations are awarded.

The mark allocation is as follows:

PCHD	20%
ICF and assessment module	16%
Four clinical block assessments	(4 x 16%) 64%

## AHS2052H MOVEMENT SCIENCE II

**HEQF credits:** 38 **HEQF level:** 6

**Course conveners:** Dr T Burgess and R Parker.

**Prerequisites:** All first year courses.

**Course outline:** This course covers the fields of orthopaedics and neuromusculoskeletal conditions.

*Orthopaedics:* This component covers the scope of traumatic orthopaedics in terms of understanding the pathology, presentation and basic principles of orthopaedic management, as well as the appropriate physiotherapy interventions. The focus is on the assessment and treatment of simple fractures of the limbs, paediatric orthopaedic conditions and amputations.

*Neuromusculoskeletal:* This includes an introduction into the assessment and treatment of peripheral neuromusculoskeletal conditions. This course focuses on the physiotherapy management of those conditions that are commonly seen in community-based outpatients' clinics, evidence-based practice and clinical reasoning. It is taught in two-hour lectures and one tutorial per week.

**Assessment:** The mark allocation is as follows:

April tests	10%
June tests	29%
Assignment	10%
November examination	51%

## AHS2053H APPLIED PHYSIOTHERAPY I

**HEQF credits:** 32 **HEQF level:** 6

**Course convener:** S Manie.

**Prerequisites:** All first year courses.

**Course outline:** This course covers the fields of paediatric neurology, cardiopulmonary rehabilitation, women's health, electrotherapy and becoming a rehabilitation professional. This course is taught through lectures, practical sessions and tutorials.

*Paediatric neurology:* This component covers the foundation of neurological techniques of child development as well as the assessment and treatment techniques used by physiotherapists in the field of paediatric neurology. There is a strong emphasis on the epidemiology of paediatric neurology in South Africa and on the issues surrounding child development problems in the country.

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*Cardiopulmonary rehabilitation:* This component covers the theory, manual and technological techniques of the assessment and treatment of cardiopulmonary patients of clients. The emphasis is on primary health care and problem solving. This course requires the student to have a sound foundation of lung anatomy and physiology.

*Electrotherapy:* This course covers the theoretical and practical components of electrotherapy. Electrotherapy includes the application of electro-physical modalities in the physiotherapy management of patients. This requires students to have an understanding of relevant physical principles, the indications and contra-indications applicable to each modality and the ability to apply these modalities appropriately and safely.

*Women's Health:* The physiotherapy management with regard to the changes that take place during pregnancy, birth and breastfeeding are covered. The preparation and execution of antenatal classes are also included.

**Assessment:** The mark allocation for the year is as follows:

April tests/assignments		10%
June tests	- theory	15%
	- practical	10%
September tests/assignments		15%
November examination	- theory	40%
	- practical	10%

An integrated test format and use of MCQ is the preferred approach for all tests and examinations.

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### MDN3004W CLINICAL SCIENCES II

**HEQF credits:** 10 **HEQF level:** 7

**Course conveners:** Dr M Setshedi.

**Prerequisites:** MDN2002W and all other second year courses.

**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 physiotherapy students during their work. The lecture series has been designed to integrate information about pathology, microbiology and the clinical management of a range of conditions to help students' co-ordinate knowledge of conditions across the previously demarcated areas of medicine, general surgery, orthopaedics, paediatrics and obstetrics and gynaecology.

**Contact time:** Two lectures per week.

**Assessment:** The mark allocation is as follows:

• March MCQ test	15%
• Microbiology MCQ test	5%
• June test	10%
• September test	15%
• November examination	55%

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### AHS3069W CLINICAL PHYSIOTHERAPY II

**HEQF credits:** 62 **HEQF level:** 6

**Course convener:** H Talberg.

**Prerequisite:** All second year courses.

**Course outline:** This course provides practical exposure to the areas of cardiopulmonary, orthopaedic, musculoskeletal and geriatric care; as well as community physiotherapy settings. Students spend four mornings a week in various clinical areas, working under supervision with patients. This course is taught through practical sessions, group teaching and clinical practice.

**Assessment:** Students undergo a clinical examination at the end of each rotation. These examinations take the format of either a patient treatment or a patient assessment. In addition, the students' performance during each of their clinical rotations is assessed through a performance evaluation form by their clinical educator and/or clinician, and a mark awarded. The final course mark is made up of five rotation marks. Each rotation mark is comprised of the examination mark (60%) and the

performance evaluation (40%). Students need to obtain an average of 60% for the course mark to be exempt from further testing. Students who obtain an average of less than 50% for the course mark fail the course and have to repeat the full course the following year. Students who obtain a course mark of between 50 – 59% are required to undergo a further clinical examination in October. Should the student achieve a pass of 50% or more for this clinical examination, this mark will be incorporated into the course mark (equivalent to a combined block and examination mark) and the student will pass the course. Should a student obtain less than 50% for this additional examination, he/she will be required to repeat the course in the following year. There are no supplementary examinations.

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**AHS3070H BECOMING A REHABILITATION PROFESSIONAL I**

**HEQF credits:** 22    **HEQF level:** 6

**Course convener:** S Maart.

**Prerequisites:** All second year courses.

**Course outline:** This course explores the concept of physiotherapists as health promoters within the South African context. The ethical component focuses on resource allocation in health. The course further aims to develop physiotherapists who are capable of counselling clients and who understand the impact of poverty, gender, and culture on health. This course is taught through lectures, tutorials and participation in a community-based project during a weekly two-hour lecture.

*Disability in Primary Health Care:* The second Disability and Primary Health Care module also forms part of this course and is a four-week (160-hour) multidisciplinary module spread over second and third years of study for undergraduate students in audiology, occupational therapy, physiotherapy and speech-language pathology in the School of Health and Rehabilitation Sciences. The module integrates vertically with the Becoming a Professional/Becoming a Health Professional multidisciplinary courses at first year level, and is presented by the Primary Health Care Directorate of the Faculty of Health Sciences. At the second year level, the module is presented in the first two weeks (80 hours) in the first semester. The contents of the module are integrated into professional courses in the Divisions of Communication Sciences and Disorders (AHS2045F, AHS2043W and AHS3070H), focusing 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 addressed. The course is taught through lectures, practical sessions and tutorials.

*Introduction to Anthropology:* This module includes the study of social and cultural beliefs and practices associated with the origin, recognition and management of health and illness. It is concerned with the different ways in which individuals and groups understand health and ill-health. This course encompasses both sociocultural and biocultural approaches to examine the multiple human experiences of health and affliction with a focus on physiotherapy.

**Contact time:** One 2-hour lecture per week.

**Assessment:**

Assignments and tests	60%
Disability in Primary Health Care	20%
November examination	20%

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**AHS3076H MOVEMENT SCIENCE III**

**HEQF credits:** 24    **HEQF level:** 7

**Course conveners:** R Parker and Dr T Burgess.

**Prerequisite:** AHS2052H.

**Course outline:** This course covers the fields of orthopaedics and neuromusculoskeletal conditions.

*Orthopaedics:* This component focuses on cold orthopaedics, specifically rheumatological conditions, joint replacements and non-traumatic spinal conditions. Peripheral nerve injuries, and hand injuries are also included. It covers the relevant orthopaedic management and the appropriate physiotherapy interventions.

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*Neuromusculoskeletal:* This component focuses on the assessment and management of NMS disorders, emphasising clinical reasoning skills and the use of evidence-based practice within a holistic approach. This course is taught through lectures, practical sessions and tutorials.

**Contact time:** Three hours of lectures per week.

**Tutorials:** One hour per week (alternating with AHS3077H).

**Assessment:** The mark allocation is as follows:

April tests	10%
June tests	29%
Assignment	10%
November examination	51%

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### AHS3077H APPLIED PHYSIOTHERAPY II

**HEQF credits:** 22 **HEQF level:** 7

**Course conveners:** G Ferguson.

**Prerequisite:** AHS2053H.

**Course outline:** This course covers the fields of adult neurology and cardiopulmonary rehabilitation, women's health and general rehabilitation pertaining to burn patients/clients.

*Adult neurology:* This component aims to equip the student with key knowledge and skills pertaining to the physiotherapy management of a variety of adult neurological conditions. The course contains applied neurosciences modules, as well as modules dealing with specific neurological conditions. The modules are designed to develop clinical reasoning and creative problem-solving skills within the South African context.

*Cardiopulmonary rehabilitation:* This component aims to equip the student with the knowledge and skills pertaining to the physiotherapy management of a variety of common adult and paediatric pulmonary conditions which include adult cardiothoracic surgery and cardiopulmonary rehabilitation. The emphasis is on primary health care and clinical reasoning. This course is taught through lectures, practical sessions and tutorials.

*General rehabilitation:* This component aims to equip the student with key knowledge and skills pertaining to the physiotherapy management of burn injuries and women's health conditions. The burn injuries module is taught using case-studies relevant to the South African context. The women's health module places emphasis on the physiotherapy management of stress incontinence, mastectomy and pelvic floor dysfunction.

**Contact time:** Four hours of lectures per week.

**Tutorials:** One-hour per week (alternating with AHS3076H).

**Assessment:** The mark allocation is as follows:

Class test 1 (April)	10%
Class test 2 (June) (theory 20% and SPE 10%)	30%
Class test 3 (September)	10%
Assignment	5%
Examination (November)	45%

All tests and examinations use an integrated case-study approach.

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### AHS3078H RESEARCH METHODS AND BIostatISTICS I

**HEQF credits:** 10 **HEQF level:** 7

**Course convener:** Prof J Jelsma.

**Course structure and timetable:** Lectures and discussion groups will take place once per week for two hours.

**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 on-line assignments.

**Contact time:** Two-hour lectures per week.

<b>Assessment:</b> The mark allocation is as follows:	<i>% contribution to total mark</i>
Research methodology continuous assessment (April)	5%
Research Methodology paper (July)	5%
Epidemiology paper (July)	5%
Research protocol for fourth year (September)	25%
Biostatistics (October)	10%
Examination: - critical appraisal	50%

No student may proceed to the examination without attending lectures on ethics or completing an on-line 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.

### **AHS4065W CLINICAL PHYSIOTHERAPY III**

**HEQF credits:** 98    **HEQF level:** 8

**Course convener:** N Edries.

**Prerequisites:** All third year courses.

**Course outline:** This course addresses the practical application of cardiopulmonary, orthopaedic, neurological, musculoskeletal and other tertiary level skills. Students spend approximately 30 hours per week in clinical areas, working under supervision with patients. In addition there is a three-week elective period in June, where students may work at any health care facility recognised by the divisional board. This course is taught entirely through clinical practice and group teaching sessions.

**Assessment:** Students have one clinical examination at the end of each of their clinical blocks during the year, and two clinical examinations at the end of their final rotation. These examinations take the format of either a patient treatment or a patient assessment. In addition, the students' performance during each of their clinical rotations is assessed through a performance evaluation form by their clinical educator and/or clinician, and a mark is awarded. Should multi-professional practice (MPP) occur on a given clinical rotation, student participation is assessed by a variety of methods, including portfolios, case and project presentations. This mark is then incorporated into the students' performance mark. Each clinical block mark is then made up by the clinical examination (60%) and a performance evaluation (40%). The final course mark is made up of all the student's rotation marks, plus the additional clinical examination mark completed at the end of the final clinical rotation. Students need to obtain an average of 60% for the course mark and a satisfactory report from their clinical elective to be exempt from further testing. Students who obtain less than 50% for the course mark fail the course and have to repeat the full course the following year. Students who obtain a course mark of between 50 – 59% are required to undergo a further clinical examination in October. Should a student achieve a pass of 50% or more for this clinical examination, this mark is incorporated into the course mark (equivalent to a combined block and examination mark) and the student will pass the course. Should the student obtain less than 50% for this additional examination, he/she will be required to do a further six months of clinical work in the following year and then undergo the same system of examination. There are no supplementary examinations.

### **AHS4066H BECOMING A REHABILITATION PROFESSIONAL II**

**HEQF credits:** 4    **HEQF level:** 8

**Course convener:** S Maart.

**Prerequisites:** All third year courses.

**Course outline:** The emphasis of the course is on developing administrative skills to prepare the student for work during the community service year. This includes courses in administration, ethics as they relate to behaviour in the work place, legal requirements and regulations of the professional board.

**Contact time:** Course taught in block teaching sessions: three weeks in January and two weeks in March.

**Assessment:**

Year mark: Tests/assignments	49%
November examination	51%

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Should a student obtain between 45 - 49% in the final mark, he/she may be eligible for a supplementary examination in January or may be given the option of an immediate oral or written supplementary examination.

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### **AHS4071H APPLIED PHYSIOTHERAPY III**

**HEQF credits:** 20 **HEQF level:** 8

**Course convener:** S Maart.

**Prerequisites:** AHS3077H and all other third year courses.

**Course outline:** This course consists of a variety of workshops/teaching sessions on specialist/advanced topics within physiotherapy and South African health care. 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.

**Contact time:** Course taught in block teaching sessions: three weeks in January and two weeks in March.

**Assessment:** The assessment is weighted as follows:

March theory test/assignment	10%
June theory test	29%
August theory test/assignment	10%
November theory examination	51%

Should students obtain between 45-49% in the final mark, he/she may be eligible for a supplementary examination in January or may be given the option of an immediate oral or written examination.

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### **AHS4072H RESEARCH METHODS AND BIostatISTICS II**

**HEQF credits:** 10 **HEQF level:** 8

**Course convener:** Prof J Jelsma.

**Prerequisites:** AHS3078H and all 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%
Presentation	15%
Project	50%

The individual student's contribution to the project will be peer evaluated and this mark will be incorporated into the project.

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## OTHER COURSES OFFERED

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### RAY2001W RADIOBIOLOGY

(For students in Faculty of Science; not offered every year.)

**HEQF credits:** 48    **HEQF level:** 6

**Course conveners:** Dr AJ Hunter and Dr AS Hendrikse (Department of Radiation Medicine).

**Prerequisites:** RAY201W is a senior course. A student must have completed at least two full courses or the equivalent chosen from MTH105W / MAM100W, H101F/S / MAM104F / MAM105S/H, BIO100F/S, BOT102S, ZOO103S, ZOO104F, BIO101F, BIO104S, CEM100W, CEM101W, CEM102W, CEM109S, CEM110H, PHY100W, PHY104W, PHY106S, PHY107F/S.

**Course outline:** This course examines the biological effects of ionizing radiation (x-rays, gamma-rays, alpha particles, beta particles and neutrons) on mammalian systems. Cell death, chromosomal effects, DNA damage, mutation and carcinogenesis as well as radioprotectors and sensitizers are studied. Medical aspects including the radiobiology of radiation therapy of cancer forms a significant part of this course. This includes the radiation pathology of normal tissues and a basic introduction to cancer biology. Students who perform well in the course may apply to do the BSc(Med)(Honours) in Radiobiology once they have completed their undergraduate degrees.

**Lectures:** Five lectures per week, Mon – Fri, usually fifth period (or by arrangement).

**Practicals:** One practical per week.

**Fieldwork:** None.

**Examination requirements:** Essays, tests and practicals count 30%. Two 3-hour examinations written in November count 70%.

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### HUB2005F INTRODUCTION TO MEDICAL ENGINEERING

**HEQF credits:** 8    **HEQF level:** 6

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

**Course convener:** Assoc Prof T Douglas.

**Entry requirement:** Students must be in their second year of study.

**Course outline:** Overview of the human body. The circulatory system, the electrical activity of the heart and the nervous system. Biomechanics of the musculoskeletal system. Medical instrumentation design considerations. Medical imaging physics and applications. Applied biophysics.

**Lectures:** 24 lectures.

**Assessment:** Class tests 40% (Two tests, each worth 20%), June examination 2-hours 60%.

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### HUB2019F INTRODUCTION TO HUMAN BIOLOGY

(Offered by Department of Human Biology. Entrance is limited to 70 students)

**HEQF credits:** 24    **HEQF level:** 6

**Course convener:** Assoc Prof E Ojuka.

**Prerequisites:** CEM1000W (or equivalent), BIO1000F.

**Course outline:** This course is an introduction to human anatomy and the basics of physiology. The first five weeks examine the basics of cells and tissues and cell proliferation, along with gross and histological studies and physiology of the integumentary, musculo-skeletal and cardio-vascular system, GIT, reproductive, urinary and nervous systems. The course includes the study of homeostasis, the chemistry of life, membranes, electrophysiology, nutrition and metabolism.

## 138 OTHER COURSES OFFERED

### Period

Mon Tue Wed Thu Fri

**Lectures:** 1 1 1 1 1 Fridays may be used for tutorials, guest lectures and tests.

**Practicals:** One per week, Mondays or Tuesdays.

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

**Assessment:** Class tests counts 20%; assignments counts 10%; practicals counts 20%; examinations (theory and practical) counts 50%. An oral examination may be required in the case of selected students.

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### HUB2021S HUMAN BIOLOGY: REGULATION AND INTEGRATION

*(Offered by Department of Human Biology.)*

**HEQF credits:** 24 **HEQF level:** 6

**Course convener:** Dr L van der Merwe.

**Prerequisites:** HUB2019F, CEM1000W (or equivalent).

**Course outline:** This course contains lectures and tutorials on the physiology, anatomy and histology of organ systems in the human body including the endocrine, nervous, reproductive, cardio respiratory, immune and excretory systems. In practical sessions, students work in small sessions to (a) study the electrical, mechanical and chemical events in the contraction of skeletal and cardiac muscles using the oscilloscope and other electronic equipment, (b) learn various principles of measuring the activities and concentration of enzymes and hormones (c) study anatomical parts of the human body for cadavers and histological sections under a microscope.

### Period

Mon Tue Wed Thu Fri

**Lectures:** 1 1 1 1 1 Fridays may be used for tutorials, guest lectures and tests.

**Practicals:** One per week, 14h00 – 17h00 Mondays or Tuesdays.

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

**Assessment:** Class tests counts 20%; assignments counts 10%; practicals counts 20%; examinations (theory and practical) counts 50%. An oral examination may be required in the case of selected students.

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### MDN3003W INTRODUCTION TO CLINICAL PRACTICE PART II

**HEQF credits:** 10 **HEQF level:** 8

**Course convener:** Dr N Gogela.

**Course outline:** This course is designed for students completing the intercalated BSc (Hons) programme in the MBChB programme. The course aims to build on the clinical skills and knowledge acquired in the Introduction to Clinical Practice course offered in the 3<sup>rd</sup> year of the MBChB programme. Students will attend 2 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 examinationing patients with medical problems commonly encountered in clinical in South Africa. Students will be expected to be able to conduct a full medical consult and write a comprehensive set of clinical notes documenting the clinical encounter. They will also be expected to be able 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 examinationing patients with medical problems commonly encountered in clinical practice in South Africa. Students will be expected to conduct a full medical consult 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.

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

### **HUB3006F GENERAL AND APPLIED PHYSIOLOGY**

**HEQF credits:** 36 **HEQF level:** 7

**Course convener:** Assoc Prof A Bosch.

**Prerequisites:** HUB2013S, CEM1000W (or equivalent).

**Entry requirement:** A result of at least 60% in HUB2017H. Exceptions at the discretion of the convener.

**Course outline:** The semester theme is “Living, working and playing”. Topics dealt with in detail include: metabolism and homeostasis, cellular homeostasis, nutrition and metabolism, obesity and diabetes, muscle physiology, cardio-respiratory physiology, exercise physiology, thermoregulation, physiology in extreme environments.

**Key outcomes:** At the end of this course students should have a good understanding of the physiology related to movement and exercise. They should understand physiological control (homeostasis), 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.

#### **Period**

**Mon Tue Wed Thu Fri**

**Lectures:** 1 1 1 1 1 (45 mins each). All lectures are held in the Department of Human Biology, Faculty of Health Sciences.

**Practicals:** One practical per week, 14h00 – 17h00 Wednesdays and Thursdays, held in Human Biology and at the Sports Science Institute in Newlands. Class size necessitates an equal number of students on each day. The nature of the practicals will sometimes require work outside of these formal times.

**Tutorials:** Two tutorials, held during the “practical” time slot.

**Seminar:** Students will prepare a seminar topic which will be presented as a PowerPoint presentation towards the end of the semester, during the “practical” time slot.

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

#### **Assessment:**

Class test	30%
Assignments/seminar presentation	5%
Practicals	15%
Examinations (written theory and practical theory)	50%

An oral examination may be required in the case of selected students.

### **HUB3007S BIOPHYSICS AND NEUROPHYSIOLOGY**

**HEQF credits:** 36 **HEQF level:** 7

**Course convener:** Dr A Gwanyanya.

**Prerequisites:** HUB2013S, CEM1000W (or equivalent).

## 140 OTHER COURSES OFFERED

**Entry requirement:** A result of at least 60% in HUB2017H. Exceptions at the discretion of the convener.

**Course outline:** This course offers theoretical and practical instructions on advanced concepts in neuroscience, such as: embryological development and repair of the nervous system, histological and gross anatomical appearances of the brain, electrophysiology, principles of electrical and morphological brain imaging, neuronal signalling, signal transduction in sensory, motor and autonomic nervous systems, vision and pain perception, eating disorders, mechanisms of learning and the development of memory.

**Key outcomes:** 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
- Teach basics of human physiology

**Contact time:** Lectures: Five 45-minute lectures per week, first period, Monday to Friday.

Practical/Tutorial sessions: One 3-hour practical/tutorial session per week, 14h00 – 17h00 on Wednesdays or Thursdays. The nature of the practicals will sometimes require students to work outside of these formal times.

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

**Assessment:** The breakdown of course marks is as follows:

- |                                       |     |
|---------------------------------------|-----|
| • Class tests                         | 30% |
| • Tutorial assignments                | 5%  |
| • Practical experiments               | 15% |
| • Examinations (theory and practical) | 50% |

An oral examination may be offered in case of selected students.

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### LAB3020W MOLECULAR MEDICINE

**HEQF credits:** 72 **HEQF level:** 7

**Entry requirement for students admitted to the intercalated BSc(Med)Hons/MBChB programme:** Students wishing to do the intercalated BSc(Med)(Hons) 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), and must have undergone a successful interview with the course admission committee:

CEM1011F or (for Intervention Programme Students) CEM1111S and CEM1011X), Chemistry; PHY1025F or (for Intervention Programme Students) PHY1025S Physics; HUB1006F and HUB1007S, Introduction to integrated Health Sciences I&II; or (for Intervention Programme Students) HUB1010S and HUB1011F, Fundamentals of Integrated Health Sciences I and II; HUB2017H and LAB2000S, Integrated Health systems I A&B, MDN2001S, Special Study Module.

**Entry requirement 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 admission committee), and must have undergone a successful interview with a course admission committee:

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

laboratory techniques with emphasis on recombinant DNA techniques. There will also be an introduction to genomic, proteomic and computational approaches to study molecular systems.

**DP requirement:** Attendance of all practicals and average mark of 50% in tests, assignment and laboratory reports combined.

**Assessment:** Tests, assignments and laboratory reports that are written during the course and two examinations at the end of the course. Tests contribute 30%, the assignment contributes 5%, the laboratory reports contribute 15% and the final two examinations contribute 50% to the final mark for the course.

### **OBS4005W OBSTETRICS AND GYNAECOLOGY FOR EXTERNAL CREDIT**

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

**HEQF credits:** 20    **HEQF level:** 8

**Course conveners:** Dr N Mbatani and Dr L Rogers.

**Course outline:** The block consists of four weeks of obstetrics and gynaecology and two weeks of forensic medicine. 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 nine women using models, and has been exposed to the broader issues about women's health and has been introduced to the role of gender in health promotion. In this course they learn about the issues of sexuality, domestic violence and contraception, 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. Gynaecology clinical teaching is complemented by tutorials and clinical skills sessions.

**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work.

**Assessment:** Students undergo formative and summative assessments using various methods both during the course as well as at the end-of-block and end-of-year.

### **LAB4008S MEDICINA FORENSIS**

*(Offered by Division of Forensic Medicine and Toxicology in Department of Clinical Laboratory Sciences)*

**HEQF credits:** 9    **HEQF level:** 5

**Course convener:** Prof L J Martin.

**Lecturers:** Prof L J Martin, Dr L Liebenberg, Dr Y van der Heyde, Dr G Kirk, Dr I J Molefe, Dr S Maistry, Dr EB Afonso, Dr S Mfolozi, Assoc Prof L Artz.

**Course outline:** The SA legal system and statutory obligations of doctors and health care workers; introduction to human anatomy and physiology; introduction to medico-legal concepts of life and death; the changes which take place in the body after death; the mechanisms of injury and death causation; identity and disputed parenthood; sexual offences and violence against women; choice of termination of pregnancy; child abuse and other forensic aspects of paediatric medicine; iatrogenic disorders; alcoholic intoxication and drunken driving, drug addiction and poisoning as cause of death; pathology of head injury; anoxic mechanisms as cause of death.

**Assessment:** One written examination in November (two hours) 100% and a twenty minute oral examination for pass/fail.

### **AAE4012W ANAESTHESIA FOR EXTERNAL CREDIT**

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

**HEQF credit:** 0    **HEQF level:** 8

**Course convener:** Dr R Nieuwveld.

**Course outline:** Students follow a condensed course in Anaesthesia over a period of two weeks in preparation for fifth year Anaesthesia. Teaching consists of a series of lectures and some exposure to the practice of anaesthesia during theatre sessions.

*Core learning outcomes:* The student will demonstrate:

## 142 OTHER COURSES OFFERED

- Knowledge of clinical anaesthesia
- Skills in the pre-operative and post-operative care of patients necessary for safe anaesthetic practice
- Professional behaviour appropriate to the pivotal role of the anaesthetist in the surgical setting.

### *Core knowledge:*

- Basic knowledge of anaesthetic techniques
- Pharmacology related to anaesthesia.

Learning in the fourth year is based on developing an understanding of the academic basis for anaesthesia and of the related physiology and pharmacology.

**Assessment:** There is no formal assessment in fourth year. Completion of a logbook is required before students may continue with fifth year Anaesthesia.

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### **MDN4016W MEDICINE FOR EXTERNAL CREDIT**

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

**HEQF credit:** 32    **HEQF level:** 8

**Course convener:** Dr N Wearne.

**Course outline:** The first two weeks of the rotation are dedicated to teaching and revising basic clinical interview and examination skills, basic life support and basic invasive procedures – blood cultures, venepuncture and catheterisation. During these two weeks, students also participate in patient-based tutorials emphasising correct clinical techniques and the principles of clinical reasoning. For the remaining six weeks of the rotation students are attached to a clinical unit in one of the university teaching hospitals where they are expected to become an integrated member of the clinical team participating in all the weekly clinical activities including intakes, ward rounds, x-ray meetings, clinical meetings and bedside tutorials. As part of their clinical training they are expected to clerk and manage at least two patients per week during their six-week clinical attachment. These 12 clinical cases are written up as patient cases in a portfolio of learning which forms part of the course assessment.

**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work.

**Assessment:** In-course assessment 20%, portfolio oral examination 30% and end-of-block clinical examination 50%.

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### **AHS4088H INTERNATIONAL HEALTHCARE AND CLINICAL PERSPECTIVES**

*[Offered by Division of Nursing and Midwifery in School of Health & Rehabilitation Sciences. This course is not offered every year.]*

**HEQF credits:** 0    **HEQF level:** 8

**Course convener:** Assoc Prof SE Duma.

**Course outline:** This module aims to provide international students with an opportunity to work in South Africa to learn about the health care systems of the country, differences in culture/language and differences in clinical environments.

The module examinationines the South African health care system and the health professional education system. These are compared with other international health and education systems from the international students' country of origin. The opportunity for students to work and live within another culture will enable them to appreciate the benefits and limitations of other health care systems and other cultures first hand. This provides the student with insight into different fields of nursing that can inform their future practice.

The module entails eight hours of theoretical teaching and at least 120 hours of clinical learning experience in the student's elective clinical facility, supported by tutorials. The clinical placements facilities are limited to those determined by the School of Health and Rehabilitation Sciences.

**Assessment:** One written assignment in relation to the elective clinical experience. The assignment will be marked by UCT and the marks sent to the students' home.

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**AAE5001W ANAESTHESIA FOR EXTERNAL CREDIT****NQF level:** 19**Course convener:** Dr R Nieuwveld.**Course outline:** Students follow a condensed course in anaesthesia over a period of six weeks as fourth and fifth year students (with orthopaedics and trauma). They are formally taught with tutorials at the end of the preceding year (fourth year) and attend theatre sessions during the fifth year rotation. They are assessed by resident anaesthetists whilst conducting a series of anaesthetics. An end-of-block practical and written examination is done as well as an end-of-year examination.**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work. A logbook of Anaesthesia skills must be satisfactorily completed and submitted as well as a logbook of in-theatre topics before the student will be permitted to sit the fifth year end-of-year examination.**Assessment:** Students undergo formative and summative assessments using various methods both during the course as well as at the end-of-block and end-of-year. Formative assessments occur in each block by the specialist anaesthetists who supervise the student's administration of a series of anaesthetics.**Summative assessment is based upon:**

	% contribution to total mark
End-of-block examination with the fourth year students	30%
Fifth year clinical case assessments (two) and group work	(5% each)10%
Fifth year end-of-year examination	60%

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**PED5003W PAEDIATRICS FOR EXTERNAL CREDIT***Note: This course is taken by South African students studying towards a Cuban medical degree.***HEQF credit:** 44     **HEQF level:** 8**Course conveners:** Dr S Delpport and Dr A Spitaels.**Course outline:** The course covers general paediatric medicine (including a period of neonatal medicine in fourth year) and an introduction to paediatric surgery. In fifth year the course is an eight-week block. Students are provided with a lecture/seminar and clinical tutorial timetable, designated tasks, and are expected to attend appropriate academic meetings. There is a service commitment to attend child health screening clinics with SHAWCO. The working day is 08h00 to 17h00. Four weeks of the block are spent at the Red Cross Children's Hospital, alternating with four weeks at either Somerset or Groote Schuur Hospital. During each block there is a series of weekly seminars (ending with an assessment) relating to paediatric therapeutics.**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work.**Assessment:** Students undergo formative and summative assessments using various methods.*Formative assessment* occurs at the end of the first four weeks, with a portfolio presentation and discussion.

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**MDN5004W PHARMACOLOGY AND THERAPEUTICS FOR EXTERNAL CREDIT***Note: This course is taken by South African students studying towards a Cuban medical degree.***HEQF credit:** 19     **HEQF level:** 8**Course convener:** Dr K Cohen.**Course outline:** Following a foundation course in clinical pharmacology, this course is integrated within rotations in paediatrics, surgery and medical specialities. The course focuses on applying understanding of pharmacodynamics and pharmacokinetics to the management of common conditions, using essential medicines in the primary health care context. It aims to equip students with the skills for critically appraising evidence and judging the risk-benefit profiles of available treatment options to ensure optimal patient care.**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work.**Assessment:** In the fifth year, the contribution of each component towards assessment is as follows:

Fifth year in-course assessments	10%
Fifth year end-of-block assessment	65%

## 144 OTHER COURSES OFFERED

Fifth year final MCQ assessment

25%

*Note: Portfolio tasks must each be completed in the assigned rotation, but will be evaluated in the multidisciplinary portfolio task assessment at the end of the sixth year.*

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### **CHM5006W SURGERY FOR EXTERNAL CREDIT**

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

**HEQF credit:** 41    **HEQF level:** 8

**Course convener:** Prof JEJ Krige

**Course outline:** The surgery curriculum extends over the fifth and sixth years of the MBChB degree. The general surgery teaching programme in the fifth year extends over eight weeks at Groote Schuur Hospital within specialized units (hepatobiliary, vascular, colorectal, breast and endocrine). The fifth year surgery programme is carefully planned around an integrated, student-centered, problem-based core curriculum designed for the modern medical student. A series of daily seminars serves to present the essential core curriculum in general surgery and is representative of the common important clinical presentations, the recognition and initial management of which are of relevance to general practitioners in South Africa. The provision of essential core knowledge is supported by notes and supplemented by daily handouts of the core surgical seminars. Fundamental to the departmental philosophy of empowering students are the interactive bedside tutorials where students develop and enhance their clinical proficiency and diagnostic skills and are encouraged to acquire the empathy and communication competence intrinsic to the surgical ethos of excellence in holistic patient care. The students are expected to produce a portfolio of 10 case reports by the end of the fifth and sixth year. The surgery teaching programme in the sixth year incorporates a 'hands-on' practical eight-week rotation during which student interns implement the clinical and management components of the theoretical background of surgery they were exposed to in their fifth year.

**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work.

**Assessment:** Fifth year surgery end-of-block assessment comprises three components (a written examination of four questions, one from each of the four surgical firms), which covers surgical lectures and tutorials given (20%), a computerized OSCE examination (35%) as well as a 20-minute oral examination, which covers general surgery and the portfolio of cases (10%). At the end of the year, the students do a final true/false examination comprising 400 questions (35%).

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### **OBS6001W OBSTETRICS AND GYNAECOLOGY FOR EXTERNAL CREDIT**

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

**HEQF credits:** 20    **HEQF level:** 8

**Course conveners:** Dr CJM Stewart and Dr T Matebese.

**Course outline:** The syllabus consists of a student internship of two four-week blocks in obstetrics and gynaecology. The blocks run back-to-back. The gynaecology block is shared between Groote Schuur and Somerset Hospitals and there are also attachments at the Military Hospital in Wynberg and GF Jooste Hospital. Students gain practical experience in the ward, theatre and clinical situations. During the obstetric block, students are allocated to the various hospitals in the Peninsula Maternal and Neonatal Service. They have the opportunity to work in the labour ward, theatre, antenatal and postnatal wards and clinics.

**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work.

**Assessment:** There is an in-course assessment at the end of both blocks and a record of clinical experience has to be submitted. Students need to display competence in clinical presentations, which is a prerequisite to sitting the end-of-block examination. In addition, students are required to compile a portfolio of cases which will be examined. At the end of the eight weeks there is an OSCE (Objective Structured Clinical Examination) together with an OSPE (Objective Structured Practical Examination). Students who fail to achieve satisfactory results in these examinations are required to sit the departmental examination at the end of the year. Students also participate in the portfolio assessment at the end of each block.

**PED6001W PAEDIATRICS (INCLUDING PAEDIATRIC SURGERY)****FOR EXTERNAL CREDIT**

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

**HEQF credits:** 44    **HEQF level:** 8

**Course conveners:** Dr P Gajjar, Dr K Donald and Dr S Salie.

**Course outline:** Sixth year must be considered as a continuum of learning following on the fifth year experience. The learning of paediatrics in the sixth year centres on a service commitment wherein the student is an integral member of the paediatric team caring for the children. During the eight-week block, students spend four weeks in a general paediatric ward (based at either the Red Cross Children's Hospital, Victoria, Groote Schuur, or New Somerset Hospitals); two weeks in neonatology (based at Groote Schuur, New Somerset or Mowbray Maternity Hospitals); and two weeks in general paediatric surgery (based at the Red Cross Children's Hospital.) During the day (week days 08h00 to 18h00, including weekend and public holiday routine ward work), students take part in the routine day-to-day management of patients as well as participate in the academic activities of the ward/ hospital to which they have been allocated.

**Core learning outcomes:** The student will demonstrate:

- Knowledge of common core paediatric diseases and conditions
- Skills such as taking a paediatric history; ability to examine any child or adolescent; defining an appropriate problem list; drawing up an appropriate management plan; ability to perform basic procedures
- Professional behaviour and attitude appropriate to handling children and their caregivers; considering the rights of the child and being advocates for child health.

**Core curriculum:** Core knowledge, as defined by the School of Child and Adolescent Health, forms the backbone of the curriculum and the learning of paediatrics will be along two lines:

- Learning focuses on a list of core presentations (common paediatric conditions), e.g. a wheezy child, which the students address by clerking admissions to their respective wards. Clerking consists of history-taking, examination, assessment and suggesting management plans, which are then presented to a more senior member of the ward staff. These cases form the basis of the in-course assessment and portfolio of learning.

The *core topics* have been subdivided into

- *must know:* detailed knowledge of the topic is mandatory; and
- *must recognise:* requiring awareness of the topic and its inclusion in a differential diagnosis – omission of which could be detrimental to the child.

(Further details are contained in the student course guide.)

**DP requirement:** Satisfactory attendance and completion of all requisite coursework/clinical work. If a student is absent for more than 1 week, the time will need to be made up and more than 3 weeks will require the block to be repeated.

**Procedures:** Students are expected to perform all procedures under supervision, relevant to the management of their patients. Competency is to be obtained in a list of procedural skills provided as the bare minimum.

**Assessment:** *Formative assessment* of the student's performance will be given during the clinical attachment. Students will undergo *Summative assessment* as detailed above.

	<i>% contribution to final mark</i>
In-course assessment and work ethic (professional conduct)	20%
End of block clinical examination	20%
A MCQ (written) paper (including Paediatric surgery)	20%
Oral based on the portfolio	15%
Neonatal medicine (in-course assess + clinical)	15%
Slide-quiz	10%

Notwithstanding that the overall pass mark for the summative assessments is 50%; students are required to attain a mark of 50% or more in both the In-course assessment and the End-of-block clinical examination in order to pass the course. Over and above these requirements, students must

## 146 OTHER COURSES OFFERED

also attain 50% in at least 4 of the 6 above components to pass the year. Negative marking is applied to the MCQ paper and the Slide Quiz.

End of block short case/ single system clinical examination: The exam is primarily aimed at assessing your clinical skills and competency using a standardised assessment tool. It is based on your examination of two short-case/ single system cases whilst being observed and guided by a single examiner for each case.

End of year written paper: A 2-hour,  $\pm 100$  questions, MCQ paper covers general paediatrics, neonatology and includes a separate section for paediatric surgery.

End of the year oral portfolio examination: An oral examination based on the portfolio of work covering both cases from fifth year and sixth year. (A minimum of 20 cases). This may also include examination of your neonatal portfolio cases.

Slide quiz: The quiz is based on a series of photos/ images covering all aspects of Paediatrics, including Paediatric surgery.

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### MDN6003W MEDICINE FOR EXTERNAL CREDIT

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

**HEQF credits:** 16    **HEQF level:** 8

**Course convener:** Assoc Prof M Blockman.

**Course outline:** The students complete a four-week rotation in general medicine attached to the acute general medicine firm at Groote Schuur Hospital. They participate in regular bedside tutorials and are expected to be fully engaged in all the clinical activities of the firm. They are expected to clerk patients on intake and manage them as inpatients.

**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work.

**Assessment:** Assessment is based on a core component of the clerkship, which is the development of a portfolio of learning for which students are required to collate a number of patient case records reflecting the in-hospital course and management they have provided.

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### CHM6020W SURGERY FOR EXTERNAL CREDIT

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

**HEQF credit:** 19    **HEQF level:** 8

**Course convener:** Prof JEJ Krige.

**Course outline:** The surgery curriculum extends over the fifth and sixth years of the MBChB degree. The surgery teaching programme in the sixth year incorporates a 'hands-on' practical eight-week rotation during which student interns implement the clinical and management components of the theoretical background of surgery they were exposed to in their fifth year. The goals of the sixth year course are to consolidate and refine clinical examination, diagnosis and management of the major symptom complexes in surgery. The differential diagnosis and basic and specialised investigations are emphasised in each clinical situation. Student interns spend four weeks of their rotation in one of the four surgical firms at Groote Schuur Hospital, functioning as integrated members of the therapeutic team. Student interns are in the wards each week from 07h30, starting with the firm ward round and work until 17h00 for the completion of the post-operative round. As part of the team, the student interns assist the intern and registrar on call on the firm intake day. Student interns are expected to be visible and involved with patient care. Among other clinical duties, under supervision, the student interns attend ward rounds with the head of firm, consultants and registrars, and present their patients on the ward rounds, at firm meetings and the combined x-ray conferences. In addition, student interns accompany their patients to interventional procedures, e.g. endoscopy, ERCP, angiography or the operating theatre. Six interactive tutorials are given each week by the consultant staff. The remaining four weeks are spent under supervision split between one of the three secondary teaching hospitals, GF Jooste, Somerset or Victoria Hospital for two weeks, where a structured programme is in place and the Urology Department for two weeks where a structured programme is in place.

**DP requirement:** Satisfactory attendance and completion of all requisite coursework and clinical work.



**Assessment:** The end-of-block assessment comprises four components, a formal computer based OSCE examination (25%), a clinical scenario short case problem-based examination (35%), an oral examination (25%) as well as a simultaneous interview based on a core knowledge portfolio of 10 surgical patients selected from the list of recommended core topics (15%). Students who obtain an average mark less than 55% for their end-of-block assessment are re-examined in the November final examination.

**DEPARTMENTS: CONTACT NUMBERS**

<b>DEPARTMENTS</b>	<b>DEPT CODES</b>	<b>DISCIPLINES/DIVISIONS/RESEARCH STRUCTURES WITHIN DEPTS</b>	<b>TEL No</b>
ANAESTHESIA	AAE	ANAESTHESIA.....	406 6143
CLINICAL LABORATORY SCIENCES	LAB	ANATOMICAL PATHOLOGY.....	406 6162
		CHEMICAL PATHOLOGY.....	406 6192
		FORENSIC MEDICINE & TOXICOLOGY.....	406 6110
		GENDER, HEALTH & JUSTICE RESEARCH UNIT.....	406 6021/2
		HAEMATOLOGY.....	404 3073
		UCT LEUKEMIA UNIT.....	404 6995
		HUMAN GENETICS.....	406 6995
		MRC/UCT HUMAN GENETICS RESEARCH UNIT.....	406 6297
		CANSA'S COLORECTAL CANCER RESEARCH CONSORTIUM.....	406 6297
		IMMUNOLOGY.....	406 6116
		MRC/UCT IMMUNOLOGY OF INFECTIOUS DISEASES RESEARCH UNIT.....	406 6616
		MEDICAL BIOCHEMISTRY.....	406 7712
		MRC/UCT OESOPHAGEAL CANCER RESEARCH GROUP.....	406 6266
		MRC/UCT RESEARCH GROUP FOR RECEPTOR BIOLOGY.....	406 6446
		MEDICAL MICROBIOLOGY.....	406 6727
MEDICAL VIROLOGY.....	406 6983		
INSTITUTE FOR PAEDIATRIC PATHOLOGY.....	658 5249		
HEALTH AND REHABILITATION SCIENCES	AHS	COMMUNICATION SCIENCES AND DISORDERS.....	406 6401/ 6628
		DISABILITY STUDIES.....	406 6401
		NURSING AND MIDWIFERY.....	406 6401
		OCCUPATIONAL THERAPY.....	406 6401
		PHYSIOTHERAPY.....	406 6401
HUMAN BIOLOGY	HUB	HUMAN BIOLOGY (GENERAL).....	406 6235
		HUMAN NUTRITION.....	406 7706
		MRC/UCT MEDICAL IMAGING RESEARCH UNIT.....	406 6541
		MRC/UCT RESEARCH UNIT FOR EXERCISE SCIENCE & SPORTS MEDICINE.....	650 4561
MEDICINE	MDN	ACUTE MEDICINE.....	4044175
		CARDIOLOGY.....	404 6084
		CLINICAL HAEMATOLOGY.....	406 6154
		CLINICAL IMMUNOLOGY.....	406 6201
		CLINICAL PHARMACOLOGY.....	406 6008
		CLINICAL SKILLS UNIT.....	406 6835
		CRITICAL CARE MEDICINE.....	404 3420
		DERMATOLOGY.....	404 3376
		DESMOND TUTU HIV/AIDS RESEARCH CENTRE.....	406 6966
		ENDOCRINOLOGY & DIABETIC MEDICINE.....	406 6140
		GENERAL MEDICINE.....	406 6200
		GERIATRIC MEDICINE AND THE ALBERTINA & WALTER SISULU INSTITUTE OF AGEING IN AFRICA.....	406 6211
		HATTER INSTITUTE FOR CARDIOVASCULAR RESEARCH IN AFRICA.....	406 6358
		HEPATOLOGY.....	406 6394
		INFECTIOUS DISEASES AND HIV MEDICINE.....	404 5105
		LIPIDOLOGY.....	406 6166
LUNG INFECTION AND IMMUNITY UNIT.....	404 7654		

**DEPARTMENTS AND CONTACT NUMBERS 149**

<b>DEPARTMENTS</b>	<b>DEPT CODES</b>	<b>DISCIPLINES/DIVISIONS/RESEARCH STRUCTURES WITHIN DEPTS</b>	<b>TEL No</b>
		MEDICAL GASTROENTEROLOGY.....	404 3062
		MRC/UCT DRUG DISCOVERY AND DEVELOPMENT RESEARCH UNIT.....	404 6778
		NEPHROLOGY AND HYPERTENSION.....	404 3318
		NEUROLOGY.....	404 3316
		OCCUPATIONAL MEDICINE UNIT.....	404 3198
		PULMONOLOGY.....	406 6435
		RHEUMATOLOGY.....	404 4360
			404 6514
OBSTETRICS & GYNAECOLOGY	OBS	OBSTETRICS & GYNAECOLOGY.....	406 6113
PAEDIATRICS AND CHILD HEALTH	PED	ASSOCIATED PAEDIATRIC DISCIPLINES.....	658 5035
		CHILD AND ADOLESCENT PSYCHIATRY.....	685 4103
		CHILD NURSING PRACTICE.....	658 5497
		CHILD HEALTH UNIT.....	686 0086
		CRITICAL CARE.....	658 5369
		NEONATOLOGY.....	404 6025
		PAEDIATRIC ALLERGOLOGY.....	658 5305
		PAEDIATRIC CARDIOLOGY.....	658 5303
		PAEDIATRIC DERMATOLOGY.....	658 5002
		PAEDIATRIC EMERGENCY SERVICES.....	658 5120
		PAEDIATRIC ENDOCRINE.....	404 3380
		PAEDIATRIC GASTROENTEROLOGY.....	658 5344
		PAEDIATRIC HAEMATOLOGY/ONCOLOGY.....	658 5570
		PAEDIATRIC INFECTIOUS DISEASES.....	658 5321
		PAEDIATRIC MEDICINE.....	658 5319/16
		PAEDIATRIC NEPHROLOGY.....	658 5307
		PAEDIATRIC NEURODEVELOPMENT.....	658 5391
		PAEDIATRIC NEUROLOGY.....	658 5444
		PAEDIATRIC PULMONOLOGY.....	658 5309
		PAEDIATRIC RHEUMATOLOGY.....	658 5191
PSYCHIATRY AND MENTAL HEALTH	PRY	ADDICTION PSYCHIATRY.....	404 2174
		ALAN FLISHER CENTRE FOR PUBLIC MENTAL HEALTH.....	404 2137
		ADOLESCENT HEALTH RESEARCH UNIT.....	685 5116
		CHILD & ADOLESCENT PSYCHIATRY.....	404 2174
		CONSULTANT LIAISON PSYCHIATRY.....	404 2174
		FORENSIC PSYCHIATRY.....	404 2174
		INTELLECTUAL DISABILITY PSYCHIATRY.....	404 2174
		NEUROCLINICAL/PSYCHOTHERAPY.....	404 2174
		NEUROPSYCHIATRY.....	404 2174
		PSYCHOPHARMACOLOGY.....	404 2174
		PSYCHIATRIC INTENSIVE CARE.....	404 2174
		PUBLIC MENTAL HEALTH.....	404 2174
PUBLIC HEALTH AND FAMILY MEDICINE	PPH	CENTRE FOR INFECTIOUS DISEASE EPIDEMIOLOGY AND RESEARCH (CIDER).....	406 6808
		CENTRE FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH RESEARCH (COEHR).....	406 6719
		FAMILY MEDICINE.....	406 6510
		HEALTH ECONOMICS UNIT.....	406 6558
		INDUSTRIAL HEALTH RESOURCE GROUP.....	650 1032
		PUBLIC HEALTH.....	406 6300
		WOMEN'S HEALTH RESEARCH UNIT.....	406 6471

**150 DEPARTMENTS AND CONTACT NUMBERS**

<b>DEPARTMENTS</b>	<b>DEPT CODES</b>	<b>DISCIPLINES/DIVISIONS/RESEARCH STRUCTURES WITHIN DEPTS</b>	<b>TEL No</b>
RADIATION MEDICINE	RAY	MEDICAL PHYSICS.....	404 6266
		NUCLEAR MEDICINE.....	404 4389
		PAEDIATRIC RADIOLOGY.....	658 5101/4
		RADIOLOGY.....	404 4184
		RADIATION ONCOLOGY.....	404 4265
SURGERY	CHM	CARDIOTHORACIC SURGERY.....	406 6385
		CARDIOVASCULAR RESEARCH UNIT.....	406 6476
		EMERGENCY MEDICINE.....	948 9908
		GENERAL SURGERY.....	406 6475
		NEUROSURGERY.....	406 6213
		OPHTHALMOLOGY.....	406 6216
		ORTHOPAEDIC SURGERY.....	406 6157
		OTORHINOLARYNGOLOGY.....	406 6420
		PAEDIATRIC SURGERY.....	658 5012
		PLASTIC, RECONSTRUCTIVE & MAXILLO-FACIAL SURGERY.....	406 6415
		SURGICAL GASTROENTEROLOGY.....	404 3042
UROLOGY.....	406 6529		

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## DEPARTMENTS

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### ANAESTHESIA

*D23, New Grootte Schuur Hospital*

**Professor and Head:**

J L C Swanevelder, MBChB, MMed *Stell* DA FCA FRCA SA

**Professor:**

R A Dyer, BSc(Hons) *Stell* MBChB PhD *Cape Town* FFA SA

**Associate Professor:**

J M Thomas, MBChB *Cape Town* FFA SA

**Senior Lecturers Full-time:**

M Arcache, MBChB *Cape Town* DA FCA SA  
 K Bester, MBChB *Stell* DA FCA SA  
 A Bhettay, MBChB *Cape Town* DA FCA SA  
 M T Bosenberg, MBChB *Cape Town* DA FCA SA  
 J F Cardoso, MBChB *Cape Town* FCA SA  
 P K Diyelela, MBChB *Cape Town* DA FCA SA  
 N Dulin, MBChB *Cape Town* DA FCA SA  
 A Emmanuel, MBChB *Cape Town* DA FCA SA  
 A Ernst, MBChB *Cape Town* DA FCA SA  
 F M Falanga, MBChB *Cape Town* DA FFA SA  
 R Gray, MBChB *Cape Town* DA FCA SA  
 M Hart, MBChB *Cape Town* DA FCA SA  
 R Haylett, MBChB *Cape Town* DA FCA SA  
 S A M Heijke, MBChB *Cape Town* FFA SA  
 I Joubert, MBBCh *Wits* FCA SA FCA CritCare  
 K Kemp, MBChB *Stell* DA FCA SA  
 N Khan, MBChB *Cape Town* DA FCA SA  
 R L Llewellyn, MBChB *Cape Town* FFA SA  
 M Miller, MBChB *Stell* FCA SA  
 L F Montoya-Pelaez, MBChB *Zimbabwe* FCA SA  
 A Myburgh, MBChB *Cape Town* DA FCA SA  
 R W Nieuwveld, MBBCh *Wits* FFA SA  
 M Nejtardt, BSc MBChB *Stell* DA FCA SA  
 O Okaisabor MBChB *Lagos* Crit Care *UFS* DA FCA SA  
 J Piercy, MBBS *London* BSc (Hons) FCA SA  
 O Porrill, MBBCh *Wits* DA FCA SA  
 A R Reed, MBChB *Cape Town* DA FRCA *UK*  
 D Rolfe, MBChB *Cape Town* DA FCA SA  
 F Roodt, MBChB *Cape Town* DA FCA SA  
 H K S Steinhaus, MBChB *Cape Town* DA FCA SA  
 K Timmerman, MBChB *Cape Town* DA FCA SA  
 D van Dyk, MBChB *Cape Town* DA FCA SA  
 J van Nugteren, MBChB *UFS* DA FCA SA  
 D Visu, MBChB *Romania* DA FCA SA  
 G S Wilson, MBChB *Cape Town* FRCA SA

**Lecturer Part-time:**

D J B Batty, MBChB *Cape Town* FCA SA

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## CLINICAL LABORATORY SCIENCES

### **Professor and Head:**

L J Martin, MBBCh *Wits* DipForMed FCFPath SA MMed *Cape Town*

### **Anatomical Pathology**

*Level 4, Falmouth Building North / D7, Groote Schuur hospital*

### **Wernher & Beit Professor and Head:**

D Govender, MBChB MMed (AnatPath) PhD *UKZN* FCPath (Anat) SA FRCPath *London*

### **Associate Professors Full-time:**

R Naidoo, BSc (Hons) *UDW* MMedSc PhD *UKZN*

H C Wainwright, MBChB *Cape Town* FCPath (Anat) SA

### **Senior Lecturers Full-time:**

M S Duffield MBChB *Rhodes* LRCP&S *Edinburgh & Glasgow* MMed *Cape Town* MRCPath

M L Locketz, MBChB MMed *Cape Town* FCPath (Anat) SA

K Pillay, MBChB *UKZN* MMed *Cape Town* FCPath (Anat) SA FRCPath *London*

### **Honorary Senior Lecturer:**

G M Learmonth, MBChB BAO *Galway* FCPath (Anat) SA MIAC

### **Lecturers Full-time:**

S E Malaka, BSc (MedSc) *UNIN* MBChB *UFS* FCPath (Anat) SA

R Sookhayi, MBBCh *Wits* FCPath (Anat) SA

H-T Wu, MBBCh *Wits* MMed *Cape Town* FCPath (Anat) SA

### **Assistant Lecturers / Registrars:**

F C J Botha, MBChB *UFS*

D Chetty, MBBCh *Wits*

L de Jager, MBChB *Stell*

J Egan, BSc (Pharm) MBChB *Cape Town*

S Likumbo, MBBS *Malawi*

N Osman, MBChB *Cape Town*

M Otto, MBChB *UFS*

R Roberts, MBChB *Cape Town*

G Skead, MBChB *Pret*

M Theuri, MBChB *Nairobi*

A Wessels, MBChB *UFS*

D Zgambo, MBBS *Malawi*

### **Chief Scientific Officer:**

R Kriel, NatDip(MedTech) *CPUT* Dip(ProfPhotography) PostGradDip(BusManagement) *UKZN*

### **Laboratory Managers:**

C Bilobrck (Histopathology), NatDip(MedTech) *CPUT*

B Bollaert (Cytopathology), NatDip(MedTech) HigherDip(MedTech) *CPUT*

### **Chemical Pathology**

*Level 6, Entrance 4, Falmouth Building*

**Professor and Head:**

AD Marais, MBChB *Cape Town FCP SA*

**Emeritus Professor:**

E H Harley, PhD MD *London FRCPath UK*

**Senior Lecturers:**

J A King (Principal Medical Scientists), BSc(Hons) MSc PhD *Cape Town*

H Vreede (Senior Specialist), MBChB MMed *Cape Town*

**Lecturers Full-time:**

D Haarburger (Specialist), MBChB *Wits MMed Cape Town FCPATH SA*

F Leisegang (Senior Medical Scientist), BSc(Hons) *UKZN*

F Omar (Specialist), MBChB *Stell MMed Cape Town FCPATH SA*

G F Van der Watt (Specialist), MBChB *Pret MMed Cape Town FCPATH SA*

**Honorary Professors and Lecturers:**

I Jialal, MBChB *UKZN MD FCPATH SA DABCC*

TS Pillay, MBChB *UKZN PhD Cambridge MRCPATH UK*

**Research Officer:**

D M Blackhurst, PhD *Cape Town*

**Forensic Medicine and Toxicology**

*Level 1, Entrance 2, Falmouth Building*

**Professor and Head:**

L J Martin, MBBCh *Wits DipForMed FC ForPath SA MMed Path (Foren) Cape Town*

**Honorary Associate Professors and Lecturers Part-time:**

R Kaschula, MMed Path *Cape Town FRC Path UK*

R Hewlett, MBChB PhD *Cape Town FRC Path (Neuropathology)*

**Senior Lecturers Full-time:**

G M Kirk, MBBCh *Wits DipForMed FC ForPath SA*

L Liebenberg, MBChB *Stell DipForMed SA MMed Path (Foren) Cape Town*

Y Y van der Heyde, BScMicro MBChB *Cape Town DipForMed SA MMed Path(Foren) Cape Town*

M Heyns, BSc Hons (cum laude) MSc (cum laude) PhD Hons BBA (cum laude) MBA (cum laude)  
*Stell PGCHET QUB*

**Lecturers Full-time:**

E Afonso, BSc(Micro/Biochem) MBChB *Cape Town DCH DipForMed Path FCForPath SA*

S Maistry, MBChB *Medunsa BSc Wits BScHons DipForMed FCForPath SA*

I J Molefe, MBChB *Cape Town DipForMed Path FCForPath SA*

S Mfолоzi, MBChB *Cape Town DipForMed Path FCForPath SA*

**Assistant Lecturers / Registrars:**

I Alli, MBBS *Mysore DipForMed Clin/Path SA CMedical Law UNISA*

A Khan, MBChB *UKZN DipForMed SA Path*

**Medical Officer:**

I Möller, MBChB *Pret LLB UNISA DipForMed SA Path*

**Medical Technologists:**

Y Davies, ND Med Tech *CPUT*  
M Perrins, NHDMedTech *CPUT*

**Haematology**

*Chris Barnard Building*

**Professor and Head:**

N Novitzky, PhD *Cape Town FCP SA*

**Senior Lecturers and Haematologists Part-time:**

R Bird, MBChB MMed *Cape Town FFPATH(Haem) SA*  
M Shuttleworth, MBChB FFPATH(Haem)

**Senior Specialist and Haematologist:**

J Opie, MBChB FCP

**Lecturers, Specialists and Haematologists:**

A du Pisani, MBChB FFPATH(Haem)  
M Ntombogwana, MBChB FFPATH(Haem)

**Sessional Specialist:**

I Aronson, BSc(Hons) MBChB MMed *Cape Town*

**Medical Natural Scientist:**

K Shires, PhD *Cape Town*

**Research Officer:**

S Mowla, PhD

**Laboratory Manager:**

F Barton, NDMedTech(BloodTransfusion&Haem)

**Chief Technologist:**

J Blackbeard, NDMedTech(Haem)

**Human Genetics**

*Room 3.14, Level 3, Wernher and Beit North, IIDMM*

**Professor and Head:**

R S Ramesar, BSc(Hons) MSc *UKZN PhD Cape Town*

**Professor:**

L J H L Greenberg, BSc *Stell PhD Cape Town*

**Emeritus Professor:**

P H Beighton, MD *London PhD Wits FRCP UK FRCPCH FRS SA*

**Honorary Professors:**

M R Hayden, MBChB PhD *Cape Town FRCP(C) FRSC Canada*  
W James, BA(Hons) *UWC MSc PhD Madison Wisconsin*  
M J A Wood, MBChB *Cape Town MA DPhil Oxford*



**Senior Specialists / Senior Lecturers:**

K Fiegggen, MBChB *Cape Town* FCPaeds CertMedGenet SA

A Wonkam, MBChB *Yaounde, Cameroon* MD Dip(MedGenet) *Geneva, Switzerland*

**Senior Lecturer:**

C Dandara, BSc(Hons) PhD *Zimbabwe*

**Sessional Specialists and Honorary Senior Lecturers:**

L V Jedeiken, MBChB *Cape Town* FCP SA

S Zieff, MBChB MMed *Cape Town* FCP SA

**Laboratory Manager (Cytogenetics NHLs):**

T Ruppelt, NDip BTech(BiomedicalTechnology) *UPE*

**Immunology**

*Falmouth Building and Wernher and Beit Building South, IIDMM*

**Professor and Head:**

C Gray, BSc(Hons) *University of Western England* MSc PhD *Wits*

**Professor:**

F Brombacher, PhD *Frieburg*

**Associate Professor:**

M Jacobs, PhD *Cape Town*

**Emeritus Professor:**

E du Toit, PhD *Cape Town*

**Honorary Professors:**

G D Brown, PhD *Cape Town*

B Ryffel, PhD *Switzerland*

**Visiting Professors:**

G Alber, PhD *Germany*

J Alexander, PhD *Glasgow*

G Ferrari, PhD MD *Genoa*

T Huenig, PhD *Wuerzburg*

M Kopf, PhD *ETH Zürich*

S Magez, PhD *Brussels*

**Research Associates:**

A Lopata, PhD *Cape Town*

B Ryffel, PhD *Basel*

**Lecturer:**

W Hornsnell

**Senior Lecturer:**

B Nurse, PhD *Cape Town*

**Honorary Senior Lecturer:**

J Dorfmann, PhD *Berkeley*

**Research Scientists:**

R Guler, PhD *Switzerland*

N Nieuwenhuizen, PhD *Cape Town*

**Control Medical Technologist:**

D G Taljaard, DipMedTechnology *Cape Town*

**Chief Medical Technologist:**

L Fick, DipMedTechnology *Cape Town*

**Medical Biochemistry**

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

**Professor and Head:**

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

**Professors:**

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

R P Millar, PhD *Liverpool* FRCPath(Chem) FRSE Life Fellow of UCT (UCT Senior Scholar)

M I Parker, BSc(Hons) PhD *Cape Town* MASSAf (International Centre for Genetic Engineering and Biotechnology – ICGEB *Cape Town* (South African Research Chair)

B T Sewell, MSc *Wits* PhD *London*

E D Sturrock, BSc(Med)(Hons) PhD *Cape Town*

**Emeritus Professor:**

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

**Honorary Professor:**

C Seoighe, PhD *Dublin*

**Associate Professors:**

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

A A Katz, MSc PhD *Rehovot*

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

C N T Sikakana, BS *Wesleyan* PhD *Wisconsin-Madison*

**Emeritus Associate Professor:**

L R Thilo, MSc *Pret* Dr rer Nat *Heidelberg*

**Honorary Associate Professor:**

L Zerbin, MSc PhD *São Paulo, Brazil*

**Honorary Senior Lecturers:**

C A Flanagan, PhD *Cape Town*

H Jabbour, PhD *Sydney*

**Chief Scientific Officer:**

S Schwager, MSc *Cape Town*

**Medical Microbiology**

*Falmouth Building*

**Professor and Head:**

M P Nicol, MBChB Med(MedMicro) *Wits* DTM&H FCPATH(Microbiol) SA PhD *Cape Town*

**Professor:**

G Hussey, MBChB MMed *Cape Town* MSc ClinTropMed *London* DTM&H UK FFCH SA

**Senior Lecturers Full-time:**

C Bamford, MBChB MMedPath (Microbiol) *Stell*

K Bonorchis, MBChB FCPATH (Microbiol) SA, MMed Path (Microbiol) *Cape Town*

M Moodley, MBChB FCPATH (Microbiol) SA MMed Path (Microbiol) *Cape Town*

A Whitelaw, MBBCh *Wits* FC (Path) SA MSc *Cape Town*

C Wysonge, MD *Cameroon* MPhil *UK*

**Honorary Lecturers:**

D A Lewis, FRCP *UK* PhD DipGUM DTM&H

J Simpson, MMedPath(Microbiol) *Cape Town*

**Lecturers:**

L Ah Tow-Edries, BSc(Hons) *UWC* PhD *Cape Town*

E Madikane, BSc(Hons) PhD *Cape Town*

**Registrars:**

S Mahobe, MBChB *WSU*

S Ntuli, MBChB *Medunsa*

N Pepu, MBChB *Unitra*

**Medical Virology**

*Werner and Beit Building South, IIDMM*

**Professor and Head (UCT/NHLS joint staff):**

C Williamson, BSc (Hons) PhD *Cape Town*

**Professor and SARChI Chair in Vaccinology (NHLS/UCT joint staff):**

A L Williamson, BSc (Hons) PhD *Wits*

**Emeritus Professor:**

K Dumbell, MBChB MD FRCPath *UK* DSc *Cape Town*

**Senior Lecturers/Clinical Virologists (NHLS/UCT joint staff):**

D R Hardie, MBChB MMedPath (Med Virol) *Cape Town*

M Hsiao, MBChB *Wits* FCPATH (Virol) SA MMedPath *Cape Town* DTM&H *Wits*

S Korsman, MBChB *Pret* FCPATH (Virol) SA MMed(VirolPath) *Stell*

**Registrars:**

L Hans, MBChB *Cape Town*

A Khan, MBChB *UKZN*

S Manicklal, MBChB *UKZN*

**Senior Lecturers/Scientists (UCT/NHLS joint staff):**

J A Passmore, PhD *Cape Town*

H Smuts, PhD *Cape Town*

## 158 CLINICAL LABORATORY SCIENCES

### **Medical Scientists/Lecturers (UCT/NHLS joint staff):**

Z Valley-Omar, PhD *Cape Town*

### **Honorary Senior Lecturer:**

T J Tucker, MBChB PhD *Cape Town* FCPATH (Virology) SA

### **Senior Researcher:**

W Burgers, PhD *Cantab UK*

### **Research Officers:**

R Chapman, PhD *Cape Town*

G Chege, PhD *Cape Town*

N Douglass, PhD *Cape Town*

### **Project Managers:**

K J Downing, BSc(Hons) MSc *Wits* PhD *Cape Town*

D Stewart, MSc *Zimbabwe*

### **Chief Scientific Officer:**

E Hurter, PhD *Stell*

### **Senior Scientific Officers:**

C Adams, MSc *Cape Town*

M R Abrahams, MSc *Cape Town*

J Ogden, PhD *Cape Town*

### **Scientific Officers:**

A Kiravi, MSc *Cape Town*

J C Marais MSc *Cape Town*

N Ndabambi, MSc *Cape Town*

C Rademeyer, MSc *Cape Town*

D Sheward, MSc *Cape Town*

R Thebus, NatDip (MedTech) *CPUT*

### **Senior Technical Officers:**

D Bowers, BSc *Cape Town* MSc *Stell*

S Galant, Nat Dip (ClinPath) Nat Dip (Microbiology II) *CPUT*

H Gamaldien, Nat Dip (MedTech) *CPUT* MSc *Cape Town*

### **Senior Medical Technologists:**

B Allan, Dip (MedTech) MSc *Cape Town*

T Muller, Nat Dip (BiomedTech) BTech *CPUT* MSc *Cape Town*

### **Laboratory Technician:**

N Magan, BSc *Cape Town* Med Hons *Stell*

### **Project Administrator:**

K Norman

## **Paediatric Pathology**

*Red Cross War Memorial Children's Hospital*

### **Senior Lecturer Full-time and Acting Head:**

M H G Shuttleworth, BSc (Hons) MBChB MMed *Cape Town*

**Senior Lecturers Full-time:**

K Pillay, MBChB FC Path(AnatPath) SA FRC Path UK MMed *Cape Town*  
 G van der Watt, MBChB FCPATH(ChemPath) DA SA

**Medical Technologists (Chemical Pathology):**

B Bergstedt, NatDip(ClinPath) NatDip(ChemPath) BTech  
 R Brown, BSc(Microbiol) NatDip(ChemPath)  
 P Joseph, NatDip(ClinPath)  
 I Kamaar, NatDip(ClinPath)  
 S Kear, NatDip(ClinPath)  
 P Mangala, NatDip(ClinPath)  
 R Manuel, NatDip(ClinPath)  
 C Seaton, NatDip(ClinPath) NatDip(Haem) Higher NatDip  
 L Ungerer, NatDip(ChemPath)  
 J van Helden, NatDip(ChemPath)  
 V West, NatDip(ChemPath)

**Medical Technologists (Haematology):**

Z Abrahams, NatDip(ClinPath) BTech *Cape Tech*  
 K Benjamin, NatDip(Haem) BTech *Cape Tech*  
 A Bertscher, NatDip(BloodTransfus) NatDip(Haem) *Joburg Tech*  
 C Booysen, NatDip(ClinPath) *Cape Tech*  
 S Brink, NatDip(ClinPath) BTech *Cape Tech*  
 L de Wet, NatDip(ClinPath) *CPUT*  
 H Hendricks, NatDip(ClinPath) *Pen Tech*  
 M Pickard, NatDip(Haem) *Cape Tech*  
 M Prins, NatDip(ClinPath) BTech *Cape Tech*  
 G Tappan, NatDip(BloodTrasfus) 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(Mircrobiol) NatDip(HistopathTechniques) Higher NatDip

**RESEARCH STRUCTURES:****CANSA's Colorectal Cancer Research Consortium**

*Room N3.18, Level 3, Wernher and Beit North, IIDMM*

*This research consortium involves a team of geneticists, surgical gastroenterologists and anatomical pathologists, whose efforts are aimed at unravelling the biology underlying familial cancers. The work involves extensive field operations, ranging from distant rural environments in the Northern Cape to the urban environment in the Western Cape. While offering the very positive immediate translation to the clinical environment in presymptomatic testing and targeted clinical surveillance in those at highest risk, molecular genetics is used to understand the biology of the familial forms of disease, and as a clue to understanding the greater burden of sporadic cancers.*

**Professor and Director:**

R S Ramesar, BSc(Hons) MSc *UKZN PhD Cape Town*

## **Gender, Health and Justice Research Unit**

*Room 101, Entrance 1, Falmouth Building*

*The Gender, Health and Justice Research Unit is an interdisciplinary research unit at the University of Cape Town, officially launched in August 2004. The mission of the Unit is to improve service provision to victims of violence against women in South Africa through research, advocacy and education. It draws together researchers from various disciplines, including law, criminology, forensic sciences, gynaecology and psychology. The Unit aims to fulfil its mission by focusing on five core areas:*

- *Research - Conducting rigorous, evidence-based research into experiences of and responses to violence against women, particularly exploring the intersections between health and criminology, forensic sciences, gynaecology and psychology.*
- *Advocacy - Developing well-informed, evidence-based advocacy positions to support legal and policy reform in South Africa and similarly situated countries.*
- *Education - Development of university-based courses that allow law and medical students to understand the intersections between these two disciplines in their response to violence against women.*
- *Training - Development and implementation of innovative training programmes to build the capacity of criminal justice and health personnel.*
- *Consultancy services - Providing technical assistance to a wide range of government departments, non-governmental organisations and community-based organisations.*

### **Director and Principal Researcher:**

L M Artz, BA SFU (Hons) MA Cape Town PhD Queens University Belfast

### **Senior Researchers:**

Y Hoffman-Wanderer, LLB LLM Hebrew University of Jerusalem

K Moul, BSocSc (Hons) Cape Town MA George Washington University PhD American University

### **Researchers:**

K G Aschman, BSocSc (Hons) Cape Town MSc Oxford

T Meer, BA (Hons) UKZN MA Dalhousie University Halifax

T J Mpfu-Mketwa, BSocSc (Hons) MSocSci Cape Town

### **Research Affiliates:**

H Combrinck, B Iur LLB BA (Hons) Northwest LLM Cape Town PhD UWC

J Flavin (Fordham University), BA Kansas MA PhD American University

## **Institute of Infectious Diseases and Molecular Medicine**

*Wolfson Pavilion, IIDMM Building*

*The Institute of Infectious Disease and Molecular Medicine (IIDMM), a prestigious research institute of higher learning based at the University of Cape Town Medical School, was officially opened on 23 March 2005. The Institute endeavours to be an African centre-of-excellence in which world class scientists, using state-of-the-art facilities, work together to combat the scourge of infectious diseases such as HIV/AIDS and tuberculosis and to address regionally prevalent cancers and genetic disorders. The IIDMM's guiding principles of Discovery, Development and Translation are applied to its research themes of HIV/AIDS, tuberculosis, parasitic and other infections, molecular medicine, cancer and genetic medicine. The general disciplines practiced and taught at the IIDMM are immunology, cell biology, microbiology, genetics and the biology of cancer. The IIDMM is a meeting place of minds, research facilities and scientific and clinical expertise. The IIDMM is located on the Faculty of Health Sciences campus in the Wolfson Pavilion and the newly renovated Wernher and Beit buildings.*

Web address: <http://web.uct.ac.za/depts/iidmm>

**Professor and Director:**

V Mizrahi, BSc(Hons) PhD *Cape Town* MSc AfTWAS MASSAf FRSSAfOMS

**Full Members and Professors:**

J Blackburn, BA(Chem) MA(Chem) DPhil(Chem) *Oxon*  
 F Brombacher, PhD *Freiburg*  
 K Chibale, BSc(Ed) *Zambia* PhD *Cantab*  
 L Denny, MBChB *Cape Town* MMed PhD FCOG SA  
 C Gray, BSc(Hons) *Western England* MSc PhD *Wits*  
 W A Hanekom, MBChB *Stell* DCH FCP(Paed)  
 G Hussey, MBChB MMed *Cape Town* MScClinTropMed *London* DTM&H UK FFCH SA  
 S Kidson, BSc(Hons) MSc PhD *Wits* H Dip Ed *JCE*  
 P N Meissner, BSc(Med)(Hons) PhD *Cape Town* (Fellow of UCT)  
 M I Parker, BSc(Hons) PhD *Cape Town* MASSAf FIAS ftWAS  
 R S Ramesar, BSc(Hons) MSc *UKZN* PhD *Cape Town*  
 E P Rybicki, BScHons MSc PhD *Cape Town* MASSAf FRSSAf  
 B T Sewell, MSc *Wits* PhD *London*  
 E D Sturrock, BSc *UPE* BSc(Med)(Hons) PhD *Cape Town*  
 A-L Williamson, BSc(Hons) PhD *Wits*  
 C Williamson, BSc(Hons) PhD *Cape Town*  
 R Wood, BSc BM MMed FCP SA (Fellow of UCT)

**Full Members and Associate Professors:**

L-G Bekker, MBChB DCH DTM&H FCP SA PhD  
 M Jacobs, BSc(Med)(Hons) PhD *Cape Town*  
 A Katz, PhD *Weizmann Institute of Science, Rehovot*  
 N Mulder, BSc(Hons) PhD *Cape Town*

**Full Member and Honorary Professor:**

R Wilkinson, MA *Cantab* PhD *London* MBBCh *Oxon* DTM&H FRCP *London* (Wellcome Trust Senior Fellow in Clinical Science and Professor of Infectious Diseases *Imperial College London* and MRC Programme Leader National Institute for Medical Research *London*)

**Full Members and Senior Lecturers:**

D P Martin, MScGenetics *UKZN* PhD *Cape Town*  
 J Passmore, BSc(Hons) *UKZN* PhD *Cape Town*

**Affiliate Members and Professors:**

K Dheda, MBBCh *Wits* FCP SA FCCP PhD FRCP *London*  
 J Greenberg, BSc (Physiol&Chem) *Stell* PhD *Cape Town*  
 G Maartens, MBChB MMed FCP SA DTM&H  
 B M Mayosi, BMedSc MBChB *UKZN* FCP SA DPhil *Oxon* FESC FACC FRCP MASSAf  
 K Kliwa-Hahnle, MD PhD FESC FACC  
 D J Stein, BSc(Med) MBChB *Cape Town* FRCP PhD *Stell* DPhil, FC PsychSA  
 E L Wilson, BSc(Hons) PhD *Cape Town*  
 H J Zar, MBBCh *Wits* FAAP BC Paed *American* BC Paed Pulmonology PhD *Cape Town*

**Affiliate Members and Associate Professors:**

A Bouille, MBChB PhD *Cape Town* MSc *London* FCPHM SA  
 D Coetzee, BA *Cape Town* MBBCh DPH DTM&H DOH *Wits* FCPHM SA MS *Columbia*  
 B S Eley, MBChB FCP(Paed) SA BSc(Med)(Hons) *Cape Town*

## 162 CLINICAL LABORATORY SCIENCES

L Myer, BA *Brown* MA MBChB *Cape Town* MPhil PhD *Columbia*

### **Associate Member and Professor:**

M P Nicol, MBChB MMed(MedMicro) *Wits* DTM&H FCPath(Microbiol) SA PhD *Cape Town*

### **Associate Members and Associate Professors:**

M Hatherill, MBChB DCH MMed MRCP FCPaed MD *Cape Town*

V Leaner, PhD *Cape Town*

G Meintjes, MBChB *Cape Town* MRCP UK FCP DipHIVMan SA

E Shephard, BSc(Hons) PhD *Cape Town*

### **Associate Member and Senior Lecturer:**

K A Wilkinson, MSc(Chem) PhD(Chem&PepideImmunol) *Budapest*

### **Associate Members and Researchers:**

W Burgers, BSc(Hons) MSc *Cape Town* PhD *Cambridge*

W Horsnell, BSc(Hons) *Leeds* PhD *London*

H Jaspén, BSc *North Carolina* MD PhD *Tulane* FAAP Infectious Diseases *Washington*

H Mahomed, MBChB MMed(Public Health) *Cape Town*

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

D F Warner, BCom BSc(Hons) PhD *Wits*

C S Wiysonge, MD *Yaounde, Cameroon* MPhil *Cambridge, UK*

### **Adjunct Member and Honorary Professor:**

G Brown, BSc(Hons) *Wits* PhD *Cape Town*

### **Adjunct Members and Professors:**

C Gray, BSc(Hons) *Western England* MSc PhD *Wits*

T Harrison, MA Cantab MBBS MD FRCP *London* MPH *Harvard*

B Kampmann, Med Staats Examinationen MD *Cologne* FRCPCH UK DTM&H PhD *Imperial College*

S Lawn, BMedSci MBBS FRCP DTM&H DipHIVMed UK MD *Nottingham*

### **Adjunct Members and Associate Professors:**

A Lopata, BSc(Hons) MSc *Düsseldorf* PhD *Cape Town*

C Seoighe, BSc PhD *Trinity College, Dublin*

### **Adjunct Members and Researchers:**

L Corbett, BA MBCh Cantab MRCP DTM&H *Royal College of Physicians* PhD *London*

D Lewis, MBBS DTM&H MSc(ClinMicrobiol) PhD *London* MRCP FRCP Dip Genitourinary Med UK BA(Hons)(PhysiolSci) *Oxon London*

## **MRC/UCT Human Genetics Research Unit**

*Room 3.14, Level 3, Wernher and Beit North, IIDMM*

*The UCT/MRC Human Genetics Research Unit benefits from the strong history of excellent research within UCT's Division of Human Genetics, and focuses its efforts on the genome research/clinic interface, building capacity as one of its major outcomes.*

*The envisaged expansion of the unit is focused in the areas of:*

- *Developing a high throughput genetic analysis facility for the purpose of disease-genomic research;*
- *training researchers to map and identify genes which are of interest in and to our populations; and*



- *understanding the biology of such genetic elements by drawing on the expertise within the Institute of Infectious Diseases and Molecular Medicine on the Faculty of Health Sciences campus, and within other relevant institutions in the country.*

*The core expertise and resident functions in the Unit will ultimately include:*

- *Genetic study co-ordination which help with the development and co-ordination of patient, family and population-based studies, and the design of such investigations;*
- *assistance with the development of diagnostic criteria and screening for specific research programmes;*
- *subject contact and collection of biological material;*
- *a high throughput genetic analysis capability to carry out large scale genotyping and sequencing to identify disease-predisposing elements in our populations.*

**Professor and Director:**

R S Ramesar, BSc(Hons) MSc UKZN PhD Cape Town

**MRC/UCT Immunology of Infectious Diseases Research Unit**

*Room S1.27, Werner and Beit Building South*

*The control and eradication of infectious diseases, leading cause of childhood and adult morbidity and mortality, is a high priority area for South Africa and the African continent. The unit investigates the underlying cellular and molecular immunological mechanisms for host protection or failure thereof in experimental murine models for human diseases like:*

- *Tuberculosis*
- *Leishmaniasis,*
- *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

**MRC/NHLS/UCT Molecular Mycobacteriology Research Unit**

*Room S3.24, Level 3, Wernher and Beit Building South*

**Professor and Director:**

V Mizrahi, BSc(Hons) PhD Cape Town AFTWAS MASSAf FRSSAfOMS

*The MRC/NHLS/UCT Molecular Mycobacteriology Research Unit (MMRU) is based in the Institute of Infectious Disease and Molecular Medicine (IIDMM) and forms the UCT node of the DST/NRF Centre of Excellence for Biomedical TB Research (CBTBR). Research in the MMRU is focused on aspects of mycobacterial physiology and metabolism that are of relevance to drug discovery and drug resistance, and the Unit is best known for its work on the mechanisms of DNA metabolism, resuscitation and culturability, respiration and cofactor biosynthesis in mycobacteria. To this end, the MMRU has developed specific expertise in mycobacterial molecular genetics and applied these skills in the construction of approximately 150 single and multiple mutant strains of *M.tuberculosis* H37Rv and several hundred targeted mutants of *M.smegmatis*. as a Unit that receives funding through two major grants from the South African government, research capacity development forms a key focus of the laboratory's work. The Unit, which currently comprises senior scientists, post-*

*doctoral fellows, PhD and MSc students, also participates in several major TB drug discovery consortia funded by grants from the Bill and Melinda Gates Foundation under the TB Drug Accelerator program (HIT-TB), the Seventh Framework Program of the European Union (MM4TB), and the Technology Innovation Agency of South Africa (SATRII)*

**Senior Research Officer:**

D F Warner, BCom BSc(Hons) PhD *Wits*

**MRC/UCT Oesophageal Cancer Research Group**

*Wernher and Beit Building South*

*The UCT / MRC Oesophageal Cancer Research Group is a multi-disciplinary research group consisting of project leaders at the University of Cape Town (UCT) and the MRC (PROMEC). The activities are funded mainly by the Medical Research Council and the National Research Foundation.*

**Director:**

M I Parker, BSc (Hons) PhD *Cape Town MASSAf, FIAS, FTWAS*

**Project Leaders:**

W Gelderblom, BSc (Hons) PhD *Stell*

D Hendriks, BSc (Hons) PhD *Cape Town*

**MRC/UCT Research Group for Receptor Biology**

*Wernher and Beit Building North*

*The mission of the group is to study the structure and function of G protein-coupled receptors and to apply the research to understanding and treating diseases that have major effects on the social and economic welfare of South Africa. The Group focuses on the gonadotropin-releasing hormone receptors and on the kisspeptin receptor, which are central regulators of reproductive function, on the prostaglandin receptors and their role in cervical cancer and on CCR5 chemokine receptor and its role in the HIV entry and infection.*

**Co-Directors:**

C A Flanagan, BSc(Hons) PhD *Cape Town*

A A Katz, BSc MSc PhD *Rehovot*

R P Millar, BSc(Hons) MSc *London PhD Liverpool*

**UCT Leukaemia Unit**

*Room 6.06, Chris Barnard Building*

**Director:**

N Novitzky, PhD *Cape Town FCP SA*

**Reseachers:**

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

A du Pisani, MBChB FPath(Haem)

R Mohamed, NDMedTech

S Mowla, PhD *Cape Town*

M Ntombogwana, MBChB FFPPath(Haem)

J Opie, MBChB FCP SA

K Shires, PhD *Cape Town*

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## HEALTH AND REHABILITATION SCIENCES

*F45, Old Main Building, Groote Schuur Hospital*

### **Associate Professor and Head of Department:**

H Kathard, B(SPHT) M(SpPath) DEd *UDW*

### **Intervention Programme Coordinator and Lecturer:**

B O Ige, BAHons *University of Ilorin, Nigeria* MA PhD *UKZN*

### **Communication Sciences and Disorders**

*F45, Old Main Building, Groote Schuur Hospital*

#### **Head:**

L Ramma, BA(CommSci&Dis) *Fresno State* MA(Audio) *San Diego* AuD *Florida* PGDip (Health Economics) *Cape Town* MPH *Wits*

#### **Senior Lecturers:**

M Pascoe, BSc(Log) MSc(SpeechPath) *Cape Town*, PhD *Sheffield, UK*

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

S A Singh, B(SPHT) *UDW* MA PhD(SLP) *NorthWestern*

#### **Lecturers Full-time:**

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

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

C Rogers, MSc(Audio) *Cape Town*

#### **Lecturer Part-time:**

J Perold, BSc(Log) MSc(Audio) *Cape Town*

#### **Clinical Educators Part-time:**

F Camroodien-Surve, BSc(SLP) *Cape Town* M(ECI) *Pret*

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

C Edwardes, BSc(SLP) *Cape Town*

N Keeton, BSc(Audio) *Cape Town*

T Kuhn, BSc(Log) *Cape Town*

R Lentini, BSc(Log) *Cape Town*

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

L Russell, BSc(SLP) *Cape Town*

B Sebothoma, BSc(Audio) *Cape Town*

S Strauss, BSc(Audio) *Cape Town*

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

### **Disability Studies**

*Old Main Building, Groote Schuur Hospital*

#### **Associate Professor and Head:**

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

#### **Lecturers:**

B O Ige, BAHons *Ilorin, Nigeria* MA PhD *UKZN*

H Kathard, B(SPHT) M(SpPath) DEd *UDW*

J Mckenzie, PhD *Rhodes*

C Ohanjuwa, BSpecial Education *Ibedan, Nigeria*

**Honorary Lecturer:**

R McConkey, *Ulster University, Ireland*

**Nursing and Midwifery**

*F45, Old Main Building, Grootte Schuur Hospital*

**Associate Professor and Head:**

S E Duma, PhD *Cape Town* MCur UKZN BCur (NEdNAdmin) UNISA RN RM CHN RPsychN

**Associate Professors:**

S E Clow, MSc(Nurs) *Cape Town* BSocSc(Nurs) UKZN AUDNEd *Cape Town* RN RM RCHN

P M Mayers, DPhil *Stell* MSc(Med) *Cape Town* BA(Nurs) *Stell* BCur(CommNurs, Nurs Ed) UNISA (NMarrGuide&Couns) SA RN RM RPsychN

**Honorary Professors:**

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

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

**Senior Lecturers Full-time:**

N Fouché, MSc(Nurs) AUDNE *Cape Town* DipIntN RM RN

U Kyriacos, MSc(Nurs) *Cape Town* BCurletAI (NEdNAdmin CHN) *UPE* DipIntN RN RM

**Lecturers Full-time:**

D Newman-Valentine, MCur BCur *UWC* RN RM RNE

D Ockhuis, BCur(NedCHN) *Unisa* Dip RN RM RPsychN NAdmin

**Assistant Lecturer:**

N A Ndyenga, BTech (PHC) *CPUT* BCur (NEdNAdmin) UNISA RN RM

**Clinical Facilitator:**

M Abrahams, CHN RM RN (Completed Diploma in Nephrology Nursing awaiting SANC registration)

**Occupational Therapy**

*F45, Old Main Building, Grootte Schuur Hospital*

**Associate Professor and Head:**

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

**Associate Professors/Control Occupational Therapists Full-time:**

E M Duncan, Dip(OccTher) *Pret* BArb *UFS* BA(Hons) *UDW* MSc(OccTher) *Cape Town*  
PhD *USA*

R Galvaan, BSc(OccTher) MSc(OccTher) PhD *Cape Town*

**Senior Lecturer Full-time:**

H A Buchanan, BSc(OccTher) MSc(OccTher) *Cape Town*

**Lecturers/Chief Occupational Therapists:**

L Cloete, BSc(OccTher) *UWC* MSc(OccTher) *Cape Town*

E du Plooy, B(Occ Ther) M(OccTher) *Pret*

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

Z Hajwani, BSc(Occ Ther) *UWC* MSc(OccTher) *Cape Town*

A Sunday, BSc(Occ Ther) *UWC M(ECI) Pret*

**Clinical Educators – Part-time / Sessional:**

S Damonse, BSc(OccTher) *UWC*  
 H Flieringa, BArb *Stell MSc(OccTher) Cape Town*  
 F Gamielidien, BSc(OccTher) *Cape Town DipBusManagement Varsity College*  
 S Landman, BArb *Stell MSc(OccTher) Cape Town*  
 L Lewis, BSc(OccTher) *Cape Town*  
 N Matyida, BSc(OccTher) *Cape Town*  
 T Mohamed, BSc(OccTher) *UWC*  
 M Motimele, BSc(OccTher) *Cape Town*  
 L Peters, BSc(OccTher) *Cape Town*

**Lecturers Part-time (Intervention Programme/Senior Student Support):**

M Ramafikeng, BSc(OccTher) MSc(OccTher) *Cape Town*  
 L Schoenfeld, BSc(OccTher) *Cape Town*

**Physiotherapy**

*F45 and F46 Old Main Building, Groote Schuur Hospital*

**Head and Senior Lecturer:**

S Maart, BSc(Phys) MPH *UWC*

**Deputy Head and Senior Lecturer:**

R Parker, BSc(Phys) BSc(Med)(Hons) *Cape Town MSc(Pain) Queen Margaret University, Edinburgh*

**Professors:**

S L Amosun, BSc(Phys) PhD *Ibadan SRP UK*  
 J Jelsma, BSc(Phys) *Stell DipTertEd UNISA DipInternResEthics Cape Town MPhil Zimbabwe PhD Leuven*

**Senior Lecturers:**

T Burgess, BSc(Phys) BSc(Med)(Hons) PhD *Cape Town*  
 G Ferguson, BSc(Phys) MSc *Cape Town*

**Lecturers:**

C Hendricks, BSc(Phys) MSc *UWC*  
 S Manie, BSc(Phys) *UWC MSc Stell*  
 N Naidoo, BSc(Phys) *UDW MMS ME Natal*

**Assistant Director, Department of Physiotherapy, Groote Schuur Hospital:**

L Naidoo, BSc(Phys) *Cape Town*

**Clinical Educators:**

I Croy, BSc(Phys) *Cape Town*  
 N Edries, BSc(Phys) MSc *Cape Town*  
 F Harris, BSc(Phys) *UWC*  
 M Naidoo, BSc(Phys) MSc *UWC*  
 L Pienaar, BSc(Phys) *UWC MSc Stell*  
 L Rustin, BSc(Phys) *UWC*  
 D Scott, BSc(Physio) *Cape Town*  
 H Talberg, BSc(Phys) *Cape Town*  
 I Du Plessis, BSc(Phys) MSc *UP*

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## HUMAN BIOLOGY

*Room 5.1.4, Level 5, Anatomy Building, Health Sciences Campus and Sports Science Institute Building, Newlands. (This incorporates the disciplines of anatomy, cell biology, biomedical engineering, physiology, exercise science, and sport and exercise medicine.)*

### **Professor and Head:**

L A Kellaway, BSc(Hons) MSc PhD *Cape Town*

### **Discovery Health Chair of Exercise and Sport Science:**

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

### **Honorary Professors:**

T Bunn, BSc(Hons) MSc

J L Jacobson, JD PhD *Harvard*

S W Jacobson, PhD *Harvard*

J Van Honk, PhD

### **Professors:**

E W Derman, MBChB *Pret* BSc(Med)(Hons) PhD *Cape Town* FACSM

S H Kidson, BSc(Hons) MSc PhD *Wits* HDE *JCE*

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

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

G J Louw, BVSc DVSc *Pret*

A G Morris, BSc(WLU) PhD *Wits*

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

M P Schwellnus, MBChB *Wits* MSc MD *Cape Town*

### **Associate Professors:**

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

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

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

D M Lang, Dr rer Nat *Konstanz*

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

E Ojuka, BSc(Med) *Makerere* PhD *Brigham Young*

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

M Senekal, PhD *Stell* RD SA

### **Honorary Research Associate:**

N Bergman, MBChB DCH MPH

### **Senior Lecturers:**

K Bugarith, BSc(Hons) *UKZN* PhD *Washington State*

L Davids, BSc(Hons) MSc(Eng) *UKZN* PhD *Cape Town*

G Gunston, MBChB *Cape Town*

A Gwanyanya, MBChB DA SA MMed(Anaesthetics) *Zimbabwe* PhD *Leuven, Belgium*

T Kolbe-Alexander, BSc *UWC* BSc(Med)(Hons) PhD *Cape Town*

L R John, BScEng *UKZN* PhD *Cape Town*

M A J Poluta, BSc(Eng) *Wits*

D Shamley, BSc PhD *Wits*

C P Slater, MBChB MPhil *Cape Town* FFRad(T) SA

L van der Merwe, NatDip(MedTech) *CPUT* BSc(Med)(Hons) MSc *Cape Town*

C M R Warton, MBChB *Zimbabwe*

**Honorary Senior Lecturers:**

J de Beer, MBChB MMed(Orthop) *Pret*

J H Goedecke, PhD *Cape Town*

L Micklesfield, PhD *Cape Town*

M Patrick, PhD *Cape Town*

B Spottiswoode, PhD (Med) Biomed Eng *Cape Town* Grad Dip Eng (Electrical) BSc Eng (Electrical) *Wits*

S Whiley, PhD Orthopaedic Eng *Edinburgh, Scotland* MSc (Med) Biomed Eng *Cape Town & College Dublin, Ireland*

**Lecturers:**

E Badenhorst, BA(Hons) *Stell*

J Friedling, MSc PhD *Cape Town*

R Kelly, PhD *Ireland*

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

**Principal Technical Officers:**

B R Dando, Dip(MedTech) *Zimbabwe*

C Harris, NTC(Tool, Jig and Die making) *Athlone Tech Coll*

**Chief Technical and Scientific Officers:**

G de Bie, BSc *Rhodes* BSc(Hons) *UOFS* MPhil *Stell*

I Fakier, NDElectricEng *CPUT*

M Petersen, Dip(MedTech) BTech *CPUT*

S Rayise, MSc *UWC*

H Victor, Dip (Datametrics) *Unisa*

T M Wiggins, Dip(MedTech) BSc(Med)(Hons) *Cape Town*

**Senior Technical Officers:**

V Fourie

M Phillips, BSc *Cape Town*

**Technical Officers:**

D Abrahams

M Cassar

N Kariem, BSc(Hons) *Cape Town*

**Human Nutrition**

*Level 3, Anatomy Building*

**Associate Professor and Head:**

M Senekal, PhD *Stell RD SA*

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

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

J Harbron, PhD *Stell RD SA*

L Hill, PhD *Cape Town RD SA*

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

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

D Curling, HDE(Home Economics) *Sec Cape Town*

Z Ebrahim, MSc(Nutrition&Dietetics) *Cape Town RD SA*

L Fuller, BSc Dipl(TherapDietetics) *Cape Town* BSc (Med)(Hons)Epidem&Biostats *Stell RD SA*

F Herrmann, BSc(Dietetics) MSc(Nutition) *Cape Town RD SA*

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F Hoosen, BSc(Dietetics) *UWC RD SA*  
K Sexton, BSc(Med)(Hons) *Cape Town RD SA*

### RESEARCH STRUCTURES:

#### **MRC/UCT Medical Imaging Research Unit**

*Room 514, Anatomy Building*

*The late Allan Cormack, who won the Nobel Prize for Medicine in 1979 for his pioneering work on the computed tomography (CT) scanner, was the inspiration that led to the creation of MIRU. Professor Cormack was an alumnus of UCT who performed his research at Groote Schuur Hospital in the mid-1950s.*

*The mission of the Unit is to conduct world-class research in medical imaging that specifically addresses the health care needs of Africa. The Unit has a multidisciplinary focus, attracting talented physicists, engineers, computer scientists and clinicians. Research in the Unit focuses on the role of medical imaging in addressing health care problems such as trauma, cancer, tuberculosis, cardiovascular disease, neuromuscular disorders, brain disorders and the effects of alcohol abuse.*

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

T Douglas, BScEng *Cape Town MS Vanderbilt PhD Strathclyde*

#### **UCT/MRC Research Unit for Exercise Science and Sports Medicine**

*Sports Science Institute of South Africa (SSISA), Newlands*

*Prof Noakes began his exercise research in a small laboratory in the basement of the Department of Physiology within the University of Cape Town's Faculty of Health Sciences, with one laboratory assistant, a single bicycle and a wealth of enthusiasm and initiative. By 1989, the research had grown to such an extent that the Medical Research Council (MRC) and UCT agreed to fund a UCT/MRC Bioenergetics of Exercise Research Unit (BERU). The Unit was renamed the UCT/MRC Research Unit for Exercise Science and Sports Medicine (ESSM) in 2000 and is located in the Sports Science Institute of South Africa (SSISA), Newlands, and boasts state-of-the-art equipment, extensive facilities and internationally renowned research staff. Although located in SSISA, the unit remains part of the Department of Human Biology within the Faculty of Health Sciences, UCT, and the primary functions of its staff are still teaching and research.*

*This unit exists to research factors influencing physical performance and health, and to disseminate knowledge and skills through education. The following areas of research are covered:*

- *Effectiveness of sports-specific training protocols, and predictability of athletic ability or performance*
- *Energy balance, sports nutrition and physical activity throughout the life cycle*
- *Physical activity and health in communities undergoing epidemiological transition*
- *Genetic determination of athletic ability and susceptibility to exercise-induced injuries*
- *Neurophysiology and the control mechanisms of fatigue*
- *Muscle structure, recruitment and function and the causes of muscle damage*
- *Sports injuries and biomechanics*
- *Physical exercise in the prevention and rehabilitation of chronic disease states.*

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

T D Noakes, OMS, MBChB MD DSc(Med) *Cape Town FACSMM (Hons) FFSEM UK*



## MEDICINE

*J47, Old Main Building, Grootte Schuur Hospital*

### **Professor and Head:**

B M Mayosi, BMedSci MBChB *UKZN DPhil Oxon FCP SA FRCP London FESC FACC MASSAf OMS*

### **Professor of Clinical Medicine and Deputy Head:**

V C Burch, MBChB *Wits MMed Cape Town FCP SA FRCP London PhD Rotterdam*

### **Adjunct Professor:**

M Haus, MBChB MD *Cape Town DCH FCFP FFPM (RCP) Dip Mid COG SA*

### **Emeritus Professors:**

S R Benatar, MBChB DSc(Med) *Cape Town FFA FRCP*  
 L H Opie, DPhil *Oxon MD DSc(Med) Cape Town FRCP UK*  
 S Saunders, MBChB MD *Cape Town*

### **Emeritus Associate Professors:**

R W Eastman, MBChB *Cape Town FRCP UK*  
 G R Keeton, MBBCh *Wits FRCP Glasgow FCP SA*  
 R Scott Millar, MBBCh *Wits FCP SA*  
 R van Zyl Smit, MBBCh *Wits MD Cape Town FRCP*

### **Honorary Professors:**

M O Bachman, MBChB DOH MSc FFCH *SA FFPH UK PhD*  
 T Forrester, DM(Med) PhD MBBS *West Indies MSc*  
 B J Gersh, MBChB *Cape Town DPhil Oxon FCP SA FRCP UK FACC*  
 P Heering, MD *FASN*  
 I Jialal, MD *PhD*  
 M C Kew, MRCP *UK MBBCh, MD Wits PhD FCP SA FRCP London*  
 G A Mensah, MD *FACC FESC FAHA FACP FCP SA Hon*  
 C Masimirembwa, PhD *Sweden DPhil BSc(Hons) Zimbabwe*  
 J B Nachega, MD *Belgium, MPH Baltimore MD USA DTM&H UK*  
 M G N Pai, MD *PhD*  
 G Pillai, PhD (Pharmacology)  
 P J Schwartz, MD *PhD*  
 S Stewart, PhD *Glasgow NFESC FAHA FCSANZ*  
 R J Wilkinson, BMBCh MA PhD *DTM&H FRCP UK*  
 D M Yellon, PhD *FESC FRCP UK*  
 MF Zwarenstein, MBChB *Wits MSc PhD Sweden*

### **Honorary Associate Professors:**

S Lawn, BMedSci MBBS MD *Nottingham MRCP UK DTM&H Dip HIV Med SA*  
 A D Mbewu, MBBS ND *London FRCP UK MASSAf*  
 J C Moolman-Smook, PhD *Stell*

### **Honorary Research Associates:**

M Badri, BSc(Hons) MSc Statistics *India MSc(Med) PhD Cape Town*  
 L Blauwet, MD *Mayo Medical School*  
 A P Kengne, MD PhD *Sydney*  
 M Khati, BSc BSc(Med)(Hons) *Cape Town MSc(Med) DIC DPhil UK*  
 A Orren, MBChB *Cape Town MD*

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H Struthers, MBA MSc BSc(Hons) BSc *Wits*  
D Watkins, MD *North Carolina*

### **Honorary Senior Lecturers:**

S M Andrews, MBChB *Cape Town* MCFP SA  
C Arendse, MBChB FCP SA Cert Nephrology  
R Burton, BSc PhD MBBS MRCOG FCP Dip HIV Cert ID SA  
C Cupido, MBChB *Cape Town* FCP SA  
R Dawson, MBChB *Cape Town* FCP SA (CertPulm)  
C A de Jager, BSc(Hons) HDE *Natal* PhD *Cape Town*  
B Draper, MB ChB Pret, FCPHM SA  
L R Fairall, MBChB PhD *Cape Town*  
N Finkelstein, Dip(Pharm) DCC *Cape Town* Hons BSc(MedSci) Pharm *Stell* PhD *Rhodes*  
R J Freercks, MBChB FCP SA  
T Gould, MBChB *Wits* FCP SA  
L Geffen, MBChB *Cape Town* FCFP SA  
C Kenyon, MBChB *Cape Town* FCP SA  
M A Latib, MBChB FCP CertCardiol SA  
M H Letier, MBChB *Cape Town* FCP SA  
A G Parrish, MBChB *Cape Town* FCP DA SA  
A N Rabinowitz, MBChB *Cape Town* (FRCPC)  
A Robins, MBChB *Cape Town* MD *Wits* DPM RCP *London* RCS *England*  
N Schrueder, MBChB FCP SA  
G Smit, MBChB MMed(Med) *Stell*  
A Tooke, MBChB *Cape Town* FCP SA  
J Turner, MBChB *Cape Town* FCP SA  
N Van Der Schyff, MBChB *Cape Town* FCP SA  
R N van Zyl-Smit, MBChB MMed *Cape Town* FCP CertPulm DipHIVMan SA MRCP UK  
K Wilkinson, MSc PhD

### **Honorary Lecturers:**

J Kuehne, MBChB *Cape Town* MPhil(AppliedMedicalEthics) *Stell*  
S Mathee, MBChB *Cape Town*

### **Visiting Professors:**

K Steyn, MD MSc *NED*  
W W Yew, MBBS *Hong Kong* MRCP UK

### **Senior Research Officers:**

ME Engel, BSc Hons MPH *UCT*  
A Deffur, MBChB MMed (Int) DTG *Pret*

### **Research Officer:**

M Setshedi, MBChB *UKZN* FCP Cert Gastro SA MPH *UCT* PhD

## **Allergology**

*Allergy Diagnostic and Clinical research unit, UCT Lung Institute, George Street, Mowbray*

### **Professor and Head:**

P C Potter, MBChB DCH FCP(Paed) SA BSc(Hons)(Immunology) FACAIA FAAAAI

### **Emeritus Professor:**

E Weinberg, MBChB FCP SA FAAAAI

**Medical Officer:**

D Hawarden, MBChB BSC Dip Med Tech

**Research Medical Officers:**

K Coovadia, MBChB

C Holmgren, MBChB

R Mistry, MBBS *New Delhi* Dip Allergy Dip HIV Man SA MBA *Cape Town*

**Research Nurses:**

S Baker, MSc BSc Nursing Dip Asthma NAEP *UK*

G Poggenpoel, CNP BTech Dip Asthma NAEP *SA*

**Technical Staff:**

B Fenemore

S Salie

**Cardiology**

*E17, New Groote Schuur Hospital*

**Professor Helen and Morris Mauerberger Chair of Cardiology and Head:**

To be appointed

**Emeritus Professor:** (subject to approval at time of print.)

P J Commerford, MBChB *Cape Town* FCP SA FACC

**Emeritus Associate Professor:**

R N Scott Millar, MBBCh *Wits* FCP SA

**Honorary Professors:**

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

G Mensah, MD FACP FACC FESC FAHA *USA*

**Honorary Associate Professor:**

A D Mbewu, BA *Oxon* MBBS FRCP *UK* MD MASSAf

**Senior Lecturers Full-time:**

N Hendricks, MBChB FCP CertCardiol SA

J Hitzeroth, MBChB FCP CertCardiol SA

M Ntsekhe, BA MD *USA* FCP CertCardiol SA MPhil PhD *Cape Town*

**Honorary Senior Lecturers:**

A M Latib, MBChB FCP CertCardiol SA

A N Rabinowitz, MBChB *Cape Town* FRCPC

J E Stevens, MD FRCP *UK*

**Senior Registrars:**

M T Butau, MBChB FCP SA

B J Cupido, MBChB FCP SA

M C Hendrickse, MBChB FCP SA

S Pandie, MBChB FCP SA

**Clinical Haematology**

*Chris Barnard Building*

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### **Professor and Head:**

N Novitzky, PhD *Cape Town FCP SA*

### **Senior Lecturer Full-time:**

C Du Toit, MBChB MMed(Int Med) *UOFS*

### **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*

### **Haemophilia Nurse Coordinator Western Cape:**

A L Cruickshank, RN Groote Schuur Hospital *Cape Town*

### **Medical Scientist:**

S Mowla, PhD *Cape Town*

### **Chief Medical Technologist:**

V Thomas, NDMT

### **Clinical Immunology**

*H46, Old Main Building, Groote Schuur Hospital*

### **Associate Professor and Head:**

S R Ress, MBChB *Pret FCP 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*

### **Professor:**

K I Barnes, MBChB MMed *Cape Town*

### **Associate Professors:**

M Blockman, MBChB BPharm MMed *Cape Town*

H McIleron, MBChB PhD *Cape Town*

P J Smith, BSc(Hons) PhD *Cape Town*

### **Honorary Professors:**

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

J B Nachega, MD *Louvain MPH Johns Hopkins MD USA DTM&H LSTMH UK PhD Cape Town*

### **Senior Lecturer:**

K Cohen, MBChB MSc(Epidemiol) MCFP Dip HIV Man Dip Obst *SA*

### **Senior Research Officer:**

L Weisner, PhD *Cape Town*

### **Medicines Information Centre Pharmacists:**

B S Chisholm, BPharm *Rhodes*

J Jones, BPharm *Cape Town*

A Swart, BSc(Pharm) *Stell*

J Talmud, Dip(Pharm) *Cape College for Advanced Technical Education*

**South African Medicines Formulary (SAMF) Pharmacist:**

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

**Principal Technical Officers:**

A C Evans, NatDip(MedLabTech) *CPUT*

G A Gabriels, NatHighDip(AnalChem)(Hons) MSc *Cape Town*

**Honorary Senior Lecturers**

N Finkelstein, Dip(Pharm) DCC *Cape Town* Hons-BSc(MedSci)-Pharm *Stell* PhD *Rhodes*

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

**Clinical Skills Unit**

*G13, New Groote Schuur Hospital*

**Senior Lecturer & Acting Director:**

R Weiss, MBChB MPhil *Cape Town*

**Clinical Educators:**

L Aubin, RN RM Adv Dip for Educators of Adults

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

N A Moller, RN RM RSCN DNE and BA

**Clinical Educator:**

L Holmes, BTEch (ECP)

**Critical Care Medicine**

*New Groote Schuur Hospital*

**Head:**

I A Joubert, MBBCh *Wits* DA FCA (CritCare) *SA*

**Professor:**

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

**Associate Professors:**

G M Ainslee, MBChB *Cape Town* FRCP *UK*

W L Michell, MBChB *Cape Town* DA FFA (CritCare) *SA*

P A Willcox, BSc(Hons) MBChB *Birmingham* FRCP *UK*

**Associate Professors Part-time:**

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

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

**Senior Lecturers Full-time:**

M Miller, MBChB *Stell* FCA *SA* CertCritCare (Anaes)

J Piercy, BSc(Hons) MBBS *London* FCA *SA* CertCritCare(Anaes)

R I Raine, MBChB FCP *SA* MMed *Cape Town*

**Honorary Senior Lecturer Part-time:**

R Dawson, MBChB *Cape Town* FCP *SA* CertPulm

**Registrars in Pulmonology:**

B Allwood, MBBCh *Wits* FCP *SA*

G Calligaro, BSc MBBCh *Wits* FCP *SA*

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### **Senior technology staff:**

G Strathie, BTEch *Durban*

Y Wells, Diploma Clinical Technology (Pulmonology/CriticalCare)

### **Dermatology**

*G23, New Groote Schuur Hospital*

#### **Professor and Head:**

To be appointed.

#### **Associate Professor:**

N P Khumalo, MBChB *UKZN FCDerm SA PhD Cape Town*

#### **Senior Lecturer Full-time:**

R Lehloenyana, BSc *Lesotho MBChB Medunsa FCDerm SA*

#### **Senior Lecturers Part-time:**

I Browne, MBChB *UOFS FC Derm SA*

F Esmail, MD *Dar-es-salaam FCDerm SA*

S J Jessop, MBChB *Cape Town FCDerm SA*

P Lawrence, MBChB MMed (Derm) *Cape Town*

R Ngwanya, MBBCh *UKZN DTM&H Wits MFGP FC Derm SA*

C Walker, MBChB *FC Path Anat Cape Town*

### **Endocrinology and Diabetic Medicine**

*J47, Old Main Building, Groote Schuur Hospital*

#### **Professor and Head:**

N S Levitt, MBChB MD *Cape Town*

#### **Senior Lecturer Full-time:**

I L Ross, MBChB *Stell FCP Cert Endocrinol&Metab SA PhD Cape Town*

#### **Senior Lecturer Part-time:**

J A Dave, MBChB *Cape Town FCP SA PhD CertEndocrinol&Metab SA*

#### **Chief Research Officer Part-time:**

K Steyn, MD MBChB *Cape Town MSc*

#### **Principal Medical Officer Part-time:**

M Wormald, MBChB

#### **Diabetic Nurse Educator:**

B C Majikela-Dlangamandla, DipGenNursing&Midwifery DipCommNursingScience BACur *UNISA*

### **General Medicine**

*G8, New Groote Schuur Hospital*

#### **Chief Specialist and Head:**

P Raubenheimer, MBChB *FCP SA*

#### **Senior Lecturers Full-time:**

T Credé, MBChB *Cape Town*

N Dave, MBChB *PhD FCP SA*

R Gounden, MBChB *Cape Town*  
 P Moses, MBChB *Cape Town FCP SA*  
 R Nel, MBChB *Pret FCP SA*  
 I Okpechi, MBChB FACP Cert of Nephrology PhD  
 A Parker, MBChB *Stell FCP SA*  
 G Parolis, MBChB *Cape Town FCP SA*  
 M Sonderup, MBChB *Cape Town FCP SA*

**Senior Lecturers Part-time:**

A Aboo, MBChB *Cape Town FCP SA*  
 J E C Botha, MB ChB *Stell M Prax Med Pret*  
 B Buchanan-Lee, BSc BA BChir MA MRCP  
 R W Eastman, MBChB *Cape Town FRCP UK*  
 FA Esmail, MD *Dar-es-salaam FCDerm SA*  
 A H Girdwood, MBChB *Wits FRCP Edin*  
 S Jessop, MBChB *Cape Town FF Derm SA*  
 W Latief, MBChB, *Cape Town*  
 J Peter, MBChB *Cape Town FCP SA*  
 K Rebe, MBChB *Cape Town FCP SA*  
 R N Scott Millar, MBBCh *Wits FCP SA*  
 M Setshedi, MBChB *UKZN FCP SA MPhil MPH CertGastro PhD Cape Town*  
 M C Thompson, MBChB *Cape Town*  
 L Varkel, MBChB *Cape Town FCP SA*

**Hepatology**

*K-Floor, Old Main Building, Groote Schuur Hospital*

**Associate Professor and Head:**

C W N Spearman, MBChB MMed PhD *Cape Town FCP SA*

**Emeritus Professor:**

S J Saunders, MBChB MD *Cape Town FRCP UK FCP SA*

**Senior Lecturer Full-time:**

H Hairwadzi, MBChB *Zimbabwe MMed Cape Town*  
 M Sonderup, MBChB *Cape Town FCP SA*

**Honorary Research Professor:**

M C Kew, MBChB PhD MD DSc *Wits FCP FRS SA FRS London*

**Research Officer and Part-time Senior Lecturer**

M Setshedi, MBChB *UKZN FCP SA MPhil MPH CertGastro PhD Cape Town*

**Infectious Diseases and HIV Medicine**

*G16 Floor, New Groote Schuur Hospital*

**Associate Professor and Head:**

M Mendelson, BSc MBBS PhD *Cantab FRCP London DTM&H*

**Professor Part-time:**

G Maartens, MBChB MMed *Cape Town FCP SA DTM&H*

**Associate Professors Part-time:**

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

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G Meintjes, MBChB FCP SA

### **Senior Lecturer Full-time:**

R Burton, BSc PhD MBBS MRCOG FCP DipHIV CertID SA

### **Senior Lecturers Part-time:**

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

H van der Plas, MBChB FCP CertID SA DTM&H

### **Honorary Professor Part-time:**

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

### **Honorary Associate Professor Part-time:**

S Lawn, BMedSci MBBS MRCP *UK* MD DTM&H Dip HIV

### **Honorary Senior Lecturer Part-time:**

K Wilkinson, MSc PhD

### **Senior Registrars:**

J Black, MBChB FCP Dip HIV Man SA

T Boyles, BA MD MBBS MRCP DTM&H

S Dlamini, MBChB FCP SA

D Stead, MBChB FCP Dip HIV Man SA DA Dip Obst

### **Honorary Research Associate:**

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

## **Lipidology**

*Fifth Floor, Chris Barnard Building*

### **Acting Head:**

D J Blom, MBChB MMed PhD *Cape Town* FCP SA

### **Medical Officers Part-time:**

B C Brice, MBChB *Cape Town*

K H Wolmarans, MBChB *Pret*

## **Medical Gastroenterology**

*E23, New Grootte Schuur Hospital*

### **Professor and Head:**

S R Thomson, ChM FRCS *England & Edinburgh*

### **Senior Lecturers Full-time:**

S Hlatshwayo, BSc MBChB *Cape Town* HDipInt Med FCP CertGastro SA

D Levin, MBChB MBA FCP CertGastro SA

G Watermeyer, MBChB *Cape Town* FCP CertGastro SA

### **Senior Lecturers Part-time:**

G Adams, MBChB *Cape Town* FCP SA

J E C Botha, MBChB *Stell* MPraxMed *Pret*

A K Cariem, MBChB *Cape Town* FCP SA

A H Girdwood, MBChB *Wits* FRCP *Edin*



**Honorary Senior Lecturers:**

D Epstein, MBChB *Cape Town* FCP CertGastro SA  
 M H Letier, MBChB *Cape Town* FCP SA

**Senior Registrars:**

E Deetlefs, MBChB *Pret* FCP SA  
 M N Rajabally, MBChB *Wits* FCP SA

**Research Fellow:**

M Setshedi, MBChB *UKZN* FCP SA MPhil MPH CertGastro PhD *Cape Town*

**Neurology**

*E8, New Grootte Schuur Hospital*

**Associate Professor and Head:**

A Bryer, MBBCh *Wits* FC Neurology SA MMed PhD *Cape Town* FCP SA

**Associate Professor:**

J Heckman, MBChB *Wits* FCPNeurology SA MMed PhD *Cape Town*

**Senior Lecturers Full-time:**

E B Lee Pan, MBChB *Cape Town* MMed Neurol *Stell*  
 L M Tucker, MBChB *Cape Town* FCPNeurology SA MSc *London* PhD *Cantab*

**Senior Lecturer Part-time:**

R W Eastman, MBChB *Cape Town* FRCP *UK*

**Senior Registrars:**

C H Albertyn, MBChB *UFS* DMH SA  
 R Renison, MBChB *Pret* HDipIntMed SA

**Nephrology and Hypertension**

*E13 New Grootte Schuur Hospital*

**Associate Professor and Head:**

B L Rayner, MBChB MMed *Cape Town* FCP SA

**Associate Professor:**

C R Swanepoel, MBChB *Cape Town* MRCP FRCP *UK*

**Emeritus Professor:**

L H Opie, MD DPhil DSc(Med) FRCP DMed (Hon)

**Honorary Professor:**

P Heering, MD Fellow of the American Society of Nephrology

**Honorary Senior Lecturers:**

C Arendse, MBChB *Cape Town* FCP Cert Neph SA  
 R Freercks, MBChB Phys MPhil *Cape Town* FCP Cert Neph SA

**Senior Sub-Specialists:**

Z Barday, MBChB FCP SA  
 I Okpechi, MBBS FWACP Cert Nephrol PhD  
 N Wearne, Bachelor of Medical Science MBChB Hons *Sydney* FCP SA Cert Nephrol PhD

**Medical Officer Part-time:**

Y Trinder, (Research Co-ordinator) MBChB *Birmingham*

**Senior Registrars:**

R J De Andrade, MBChB FCP FCP SA MRCP FRCA *UK*

T Dlamini, MBChB FCP SA MRCP *UK*

E Jones, MBBCh FCP PhD *SA*

**Control Technologist:**

M Maree, NatDip *Cape Town* BTech *CPUT*

**Social Worker:**

L Hlakudi, BASocWork *Fort Hare* Pub Management (Hons) *Stell*

**Pulmonology**

*Respiratory Clinic, Ward E16, Groote Schuur Hospital and University of Cape Town Lung Institute*

*The Division of Pulmonology includes a clinical service providing instruction in all aspects of respiratory medicine including allergy, critical care and occupational lung disease, in association with other departments and divisions in the faculty. The University of Cape Town Lung Institute and laboratories of the Lung Infection and Immunity Unit, provide opportunities for post-graduate students including basic and clinical research, and epidemiology.*

**Professor and Head:**

To be appointed.

**Emeritus Professors:**

E D Bateman, MBChB MD *Cape Town* DCH FRCP *UK*

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

**Professor:**

K Dheda (Head: Lung Infection and Immunity Unit), MBBCh *Wits* FCP SA PhD *London* FRCP *UK*

**Associate Professors:**

G M Ainslie, MBChB *Cape Town* FRCP *UK*

P A Willcox, BSc(Hons) MBChB *Birm* FRCP *UK*

**Senior Lecturer Full-time:**

R I Raine (Head: Respiratory Critical Care), MBChB MMed *Cape Town* FCP *SA*

**Honorary Senior Lecturers Full-time:**

R Dawson, MBChB *Cape Town* FCP (CertPulm) *SA*

L R Fairall, MBChB PhD *Cape Town*

G Symons, MBChB DipPEC *Cape Town* FCP (CertPulm) *SA*

R N van Zyl-Smit, MBChB MMed *Cape Town* FCP CertPulm DipHIVMan *SA* MRCP *UK*

**Honorary Lecturer Full-time:**

M E Bateman, MBChB *Cape Town*

**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)  
 N Folb, MBChB *Cape Town* MRCGP  
 D Georgeu, DipNursing  
 J Gershman, NDip(Pharmacy)  
 R Gillespie, BNursing (GenPsych) DipMidwifery DipIC Hons BNursing(Education and  
 CommunityHealth) MNursing  
 H J Golakai, BSc *Zululand* BSc(Hons) *Cape Town* MScMed *Stell*  
 B Green, DipNursing  
 J Holborn, DipNursing  
 S Hood, DipMedTech(Lab)  
 N James, BTechClinicalTechnology(Pulm)  
 L Kapa, DipClinTech(Pulm)  
 R Lehloenya, BSc MBChB *FC Derm SA*  
 L Lenders, BSc(Med)(Med) *Cape Town*  
 R Meldau, BSc(Med)(Hons) *Cape Town*  
 K Narunsky, MBChB *Cape Town*  
 M B Ngobese, DipClinTech(Pulm)  
 A Olkers, DipClinTech(Pulm)  
 J Peter, MBChB *Cape Town* FCP *SA*  
 J Philips, DipNursing  
 A Smith, DipNursing  
 N Tsutsu, DipClinTech (PulmCard)  
 V Timmermann, MSc *Pret*  
 K Uebel, BScMed MBBS *Australia* DCH DO MFamMed *UOFS*  
 Y Wells, DiplClinTech (PulmCritCare)  
 C Wilson, DipNursing  
 C Whitelaw, NDip(Pharmacy)

**Principal Scientific Officers:**

A Binder, PhD(Biology) *Germany*  
 L Semple, BSc(Hons) MSc PhD *Cape Town*  
 G Theron, BSc(Hons) MSc PhD *Cape Town*

**Research Officers Part-time:**

B Allwood, MBChB *Wits* FCP *SA*  
 G Calligaro, MBChB *Cape Town* BSc(Hons) *Wits* FCP *SA*  
 E Dommisse, MBChB *Cape Town* MRCGP DRCOG *UK* DCH *SA*  
 F Esmail, MD *Dar-es-salaam* *FC Derm SA*  
 J Holtzhausen, MBChB *Stell* DCH *SA* BSc(Hons)Pharmacology

**Rheumatology**

*J Floor, Old Main Building, Grootte Schuur Hospital*

**Professor and Head:**

A A Kalla, MBChB MD *Cape Town* FCP *SA*

**Senior Lecturer Full-time:**

A Gcelu, MBChB *Cape Town* FCP *SA*

**Senior Lecturers Part-time:**

M N Abrahams, MBChB *Cape Town* FCP *SA*  
 R Breeds, MBChB *Cape Town* FCP *SA*

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I Joubert, MBChB *Stell*

B Sarembock, MBChB *Cape Town FCP SA*

### Senior Registrar:

M T L Nyo, MBChB *Cape Town FCP SA*

## Staff in associated hospitals who teach undergraduate and postgraduate students

### FALSE BAY HOSPITAL

#### Senior Lecturer and Head:

R Martell, MBChB *Wits, FCP SA*

### GEORGE HOSPITAL

#### Senior Lecturer and Head:

T J Gould, MBChB MMed(Internal Medicine) *Wits*

### GF JOOSTE HOSPITAL

#### Senior Lecturer and Head:

Vacant

#### Professor Part-time:

V C Burch, MBBCh *Wits MMed Cape Town FCP SA PhD Rotterdam FRCP UK*

#### Senior Lecturers Full-time:

R Burton, BSc PhD MBBS MRCOG FCP Dip HIV Cert ID SA

D Allard, (Specialist Surgeon) MD *Brussels*

J Venter, (Head of Unit) MBChB HDipSurg SA

J H Klopper, MBChB *Pret MMed(Surg) UFS*

#### Senior Lecturers Part-time:

G Meintjes, MBChB FCP SA

K Rebe, MBChB *Cape Town FCP SA*

### KHAYELITSHA COMMUNITY CENTRE

#### Senior Lecturer Part-time:

B Buchanan-Lee, BSc BA BChir MA MRCP UK

#### Honorary Senior Lecturers Part-time:

J Kuehne, MBChB *Cape Town MPhil (AppliedMedicalEthics) Stell*

S Mathee, MBChB *Cape Town*

### II MILITARY HOSPITAL

#### Senior Lecturer and Head:

G Smit, MBChB MMed (Med) *Stell*

#### Senior Lecturer Full-time:

A Tooke, MBChB *Cape Town FCP SA*

### NEW SOMERSET HOSPITAL

#### Senior Lecturer and Head:

Y Vallie, MBChB FCP SA

**Senior Lecturer Full-Time :**

M S Moosa, MBChB *Natal FCP SA*

**Senior Lecturer Part-time:**

H Spilg, FCS SA

**VICTORIA HOSPITAL**

**Senior Lecturer and Head:**

C Cupido, MBChB *Cape Town FCP SA*

**Senior Lecturers Full-time:**

B Brink, (Head of Unit) FCS SA

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

**Senior Lecturers Part-time:**

A Aboo, MBChB *Cape Town FCP SA*

H Allison, FCS SA

S Cullis, FCS SA

L de Villiers, MBChB *Cape Town FCP SA*

N Fuller, MBChB *Cape Town FCP SA*

K Goldberg, FCS SA

A Lachman, MBBCh *Wits FCP SA*

K Michalowski, FCS SA

J Turner, MBChB *Cape Town FCP SA*

**RESEARCH STRUCTURES:**

**Desmond Tutu HIV/AIDS Research Centre**

*IIDMM, Wernher & Beit Building North*

**Professor and Head:**

R Wood, MBChB *Cape Town DCH DTM&H FCP SA*

**Associate Professors:**

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

S Lawn, BMedSci MBBS MRCP *UK MD DTM&H Dip HIV Med*

C Morrow, PhD *Cape Town*

**Medical Researchers:**

R J Kaplan, Arts Diploma(MD) *Netherlands*

K Middelkoop, MBChB PhD *Cape Town*

C Orrell, MBChB *Cape Town MSc DCH SA*

S Roux, MBChB, MPH

**Research Officers:**

N Killa, BPharm

M Vogt, NatDip(MedTech) *SA*

**Research Co-ordinators:**

J Aploon, BA

E Fielder, SPN

C Heiberg, BSc Dietetics MTechBiomedicalTechnology

M Rattley, SPN

M Wallace, PhD

### **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 conduct interdisciplinary research in Geriatric Medicine, Neurosciences, Neuropsychology, Old Age Psychiatry and Social Gerontology. Current research thrusts include physical, cognitive and social functioning, quality of life; vascular risk factors and stroke; falls in older persons and quality of care; dementia and risk factors for cognitive disorders; and social and economic well-being.*

#### **William P Slater Chair of Geriatrics and Associate Professor:**

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

#### **Associate Professor :**

J A Joska, MBChB MMed PhD *Cape Town* FC Psych SA

#### **Senior Lecturers:**

L de Villiers, MBChB *Cape Town* FCP SA

S Z Kalula, BSc MBChB *Zambia* MMed MPhil *Cape Town* FRCP UK

#### **Senior Lecturers Part-time:**

K Ross, MBChB *Stell* FCP CertGeriatrics SA

K G F Thomas, PhD (Clin Psych) *Arizona*

#### **Honorary Senior Lecturers:**

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

L Geffen, MBChB *Cape Town* MCFP SA

### **Hatter Institute for Cardiovascular Research in Africa**

*Fourth Floor, Chris Barnard Building*

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

K Sliwa, MD *Germany* PhD DTM&H *Wits* FESC FACC

#### **Visiting Professor:**

S Stewart, PhD *Glasgow* NFESC FAHA FCSANZ

#### **Honorary Professors:**

P J Schwartz, MD PhD *Pavia*

D M Yellon, PhD FESC FRCP UK

#### **Associate Professor:**

S Lecour, PharmD PhD *Dijon*

### **Lung Infection and Immunity Unit**

*H46.41 Old Main Building, Groote Schuur Hospital*

**Holder of the SARChI Research Chair in “Lung Infection and Immunity in poverty-related diseases” and Head:**

K Dheda, MBChB *Wits* FCP SA PhD

**Senior and Post-doctoral Scientists:**

A Binder, Dr. rer. Nat PhD *Tuebinden Germany*

U Govender, BSc(Hons) *UKZN MSc Cape Town PhD UK*

L Semple, MSc PhD *Cape Town*

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

B Young-Gqamana, BSc PhD

**Senior Lecturer and Pulmonologist:**

R Van Zyl-Smit, MBChB MMED PhD *Cape Town MRCP UK FCP DipHIVMan CertPulm SA*

**Medical Officer and Clinical Trial Co-ordinator:**

M Pascoe, MBChB *Cape Town*

**Laboratory Technologists:**

B Jennings, MSc(Med)

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

V Woodburne, Lab Technician

**MRC/UCT Drug Discovery and Development Research (DDD) Unit**

*Institute of Infectious Disease and Molecular Medicine (IIDMM), Wernher & Beit Building North*

*The MRC/UCT Drug Discovery and Development Research (DDD) Unit, amongst other things, focuses on:*

- *Becoming a principal Drug Discovery and Development Research (DDD) Unit in South Africa, in Africa and internationally*
- *Establishment of a scientific infrastructure as well as capacity for drug discovery and development of natural products in the broad sense using general biodiversity, including traditional medicines.*
- *Development of infrastructural and operational systems for new drug discovery and development, with special reference to natural product-guided medicinal chemistry as well as biological screening platforms against infectious and other diseases.*
- *Performing customised synthesis of compounds with important biological activities*
- *Attracting young South African scientists, and scientists from elsewhere on the African continent, and in doing so to make a concerted effort at transformation and capacity building*
- *Providing career development opportunities for mid-career researchers*
- *The introduction of modern innovative drug-discovery tools including novel accessible screening*
- *Enhancing the value of the identified therapeutics, by strengthening pre-clinical development capacity including the introduction of predictive (in silico and in vitro) drug metabolism and pharmacokinetic (DMPK) studies as reflected in the processes of Absorption, Distribution, Metabolism and Excretion (ADME).*

**Professor and Director:**

K Chibale, BScEd *Zambia, PhD Cantab, FRSSAf*

**Associate Professor:**

P J Smith, BSc BSc(Hons) PhD *Cape Town*

**Other staff:**

N Chigorimbo-Tsikiwa, BSc *Rhodes BSc(Med)(Hons) MSc PhD Cape Town*

N Dambuza, BSc BSc(Hons) MSc *NMMU*

K Dhansay, BSc MSc *Cape Town*

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K Govender, BSc BScPharm(Hons) *Cape Town*  
T Kellerman, BSc BSc(Hons) *Stell MSc Wits PhD Cape Town*  
C Lategan, PhD *Cape Town*  
S Louw, BSc MSc PhD *Stell*  
P Melariri, PhD *Cape Town*  
S Meredith, BSc BSc(Med)(Hons) PhD *Cape Town*  
N Mwaura, BSc BScPharm, MSc *Nairobi*  
M Njoroge, BSc BScPharm, MSc *Nairobi*  
J Norman, Quality Assurance Manager  
S Salie, Technical Officer  
D Taylor, BSc BSc(Med)(Hons) *Cape Town*

### **Occupational Medicine Unit**

*E16, Occupational Medicine Clinic, New Grootte Schuur Hospital*

#### **Professor and Head:**

R I Ehrlich\*, BBusSc MBChB PhD *Cape Town DOH Wits FFCH FCPHM SA*

#### **Professor:**

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

#### **Lecturer:**

G Kew, MBChB DOH *Cape Town*

#### **Honorary Lecturers:**

S Adams, MBChB DOH *Cape Town MFamMed Stell FCPHM(Occ Med) SA*  
H Williams, MBChB DOH MMed *Cape Town FCPHM(OccMed) SA*

*[\*Jointly with School of Public Health and Family Medicine]*



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## OBSTETRICS AND GYNAECOLOGY

*H Floor, Old Main Building, Groote Schuur Hospital*

### **Professor and Head:**

L A Denny, MBChB PhD *Cape Town* MMed FCOG SA

### **Emeritus Professor (Subject to approval at the time of print):**

Z M van der Spuy, MBChB *Stell* PhD *London* FRCOG FCOG SA

### **Associate Professor and Deputy Head:**

S J Dyer, MBChB *Munich* PhD *Cape Town* MMed FCOG SA

### **Emeritus Professors:**

D A Davey, PhD *London* FRCOG

J Dommissie, MBChB *Cape Town* FRCOG

### **Honorary Professors:**

D J M Ncayiyana, MD *Groningen* FACOG

P Soothill, MBBS *London* MD MRCOG

P Steer, MBBS *London* MRCS LRCP MD MRCOG FRCOG

W Utian, MBBCh *Wits* MD PhD DSc(Med) *Cape Town*

### **Honorary Associate Professor:**

S W Lindow, MBChB *Sheffield* MMed MD FRCOG FCOG SA

### **Emeritus Associate Professors:**

B Bloch, MBChB MMed *Cape Town* FRCOG

E J Coetzee, MBChB *Cape Town* FRCOG FCOG SA

H A van Coeverden de Groot, MBChB *Cape Town* FRCOG (CommunityObstetrics)

### **Associate Professors Full-time:**

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

S R Fawcus, MA(Hons) MBBS *London* MRCOG FRCOG UK

A Kent, MBChB MPhil *Cape Town* FRCOG

P S Steyn, MBChB MPhil *Stell* MMed FCOG SA DFFP *London*

### **Adjunct Professors Part-time:**

A L Alperstein, MBBCh *Wits* FRCOG

P J Roos, MBChB *Cape Town* FRCOG

R P Soeters, MD *Leiden* PhD *Nijmegen*

### **Chief Specialist Level 2 Service and Head New Somerset Hospital:**

G A Petro, MBChB *Cape Town* FCOG SA

### **Senior Lecturers Full-time:**

T A Horak, MBChB *Stell* FCOG SA

S Jeffrey, MBChB *Stell* FCOG SA Subspeciality Urogynaecology (RCOG)

L A Kenneth, MBChB *UKZN* FCOG SA MMed (O&G)

T Matinde, MBChB *Zimbabwe* DObst COG FCOG SA FRANZCOG-FICS

M Matjila, BSc MBChB *UKZN* FCOG SA

L J Rogers, MBChB *Cape Town* MMed FCOG SA Subspeciality Gynae Oncology (RCOG)

L Schoeman, MBChB *Cape Town* MMed FCOG SA

V Stefan, MedicDip PhD *Bucharest*

C J M Stewart, BA MBChB MMed *Cape Town* FCOG SA MRCOG

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H van Zyl, MBChB *Stell* FCOG SA

### Senior Lecturers Part-time:

C M C Dehaeck, MBChB *Stell* FCOG SA  
P R de Jong, MBChB *Pret* MMed *Cape Town* FCOG SA MRCOG  
A S Lachmann, MBBCH *Wits* MD FCP SA  
L S Matthews (Ultrasound), MBChB MD *Cape Town*  
J O Olarogun, MBBS *Ilorin* Dip Obst FCOG SA MMed *Cape Town*

### Lecturers Full-time:

T Adams, MBChB *Cape Town* FCOG SA (Gynaecological Oncology)  
S Allie, MBChB *Cape Town* FCOG SA  
K J Brouard, MBChB *Cape Town* FCOG SA  
D Kennedy, MBChB *Stell* FCOG SA MMed (O&G)  
M Patel, MBChB *Cape Town* FCOG SA MMed (O&G)  
L Walmsley, MBChB *Pret* FCOG SA

### Lecturers Part-time:

P G Barnard, MBChB *Cape Town* FCOG SA FRCOG  
E Basson, MBChB *Stell* FCOG SA  
U Botha, MBChB *Stell* FCOG SA MMed *Cape Town*  
G Breeds, MBChB *Cape Town* FCOG SA  
A R Dhansay, BSc *UDW* MBChB *UKZN* FCOG SA  
D Dumbrill, MBChB *Cape Town* FCOG MRCOG DA SA  
E Gaertner, MBChB *Stell* DipMid COG DA FCOG SA  
B R Howard, MBChB *Cape Town* FCOG SA  
L Jansen, MBChB *Cape Town* FCOG SA  
M Kleyn, MBChB *Cape Town* FCOG SA  
H Manyonga, *Zimbabwe* MRCOG FCOG SA  
G Mohlaba, MBChB *Medunsa* FCOG SA  
C Nel, MBChB *Cape Town* FCOG SA  
V Perrott, MBChB *Cape Town* DFFP MRCGP  
M S Puzey, MBChB MMed *Cape Town* FCOG SA  
K Richardson, MBChB *Cape Town* FCOG SA  
J R Robinson, MBBS *Perth* MRACOG FCOG SA MRCOG  
S W Sandler, MBChB *Cape Town* FRCOG MA *Stell*  
J Searle, MBChB *Cape Town* FCOG SA  
R Sheldon, BA RN  
D L Woods, MBChB *Cape Town* FRCP DCH RCP&S  
H Wright, MBChB *Cape Town*

### Honorary Senior Lecturers:

I Berkowitz (Livingstone Hospital), MBChB *Cape Town* FRCOG  
M Besser, BA MD *Harvard*  
J Hofmeyr (Cecilia Makiwane and Frere Hospitals), MBBCH *Wits* MRCOG  
M Mbenge (Dora Nginza Hospital,) MBChB *Pret* MMed FCOG SA  
C P Nel, MBChB *Cape Town* MRCOG, FRANZCOG FRCOG  
E van Wyk, (HoD Wynberg Military Hospital) MBChB *Cape Town* FCOG SA

### Honorary Lecturers:

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

### Medical Officers Full-time:

A Boutall, MBChB *Stell*

A Ciesielski, MBChB *Cape Town*  
 S N Constantatos, MBChB *Cape Town*  
 L Diedericks, MBChB *Cape Town*  
 C Gordon, MBChB *Cape Town*  
 C A Hastings, MBChB *Cape Town*  
 S A Mullins, MBChB *Cape Town*  
 D Nage, MBChB *Medunsa*  
 B Schilder, MBChB *Cape Town*

**Medical Officers Part-time:**

R D Boa, MBBCh *Wits*  
 M De Souza, MBChB *Cape Town*  
 C Floweday, MBChB *Cape Town*  
 L E Kantor, MBChB *Cape Town*  
 V J Magan, MBChB *Cape Town* MRCOG  
 J McInroy, MBChB *Cape Town*  
 M E Moss (Family Planning), MBChB *Manchester DCH* (Head of Family Planning and  
 Reproductive Health)  
 L Muller, MBChB PhD *Stell*  
 K Soeters, MD *Leiden*  
 M Stein, MBBCh *Wits*

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## PAEDIATRICS AND CHILD HEALTH

*ICH Building, Red Cross War Memorial Children's Hospital, Rondebosch*

### **Professor and Head:**

H J Zar, MBBCh Wits FAAP BCPaed American BCPaed Pulmonology PhD Cape Town FCPaed SA

### **Professors:**

A C Argent, MBBCh MMed (Paed) Wits MD (Paed) Cape Town DCH FCPaed CertCritCare SA  
FRCPC UK

G H Swingler, MBChB PhD Cape Town DCH FCP SA

### **Emeritus Professors:**

D W Beatty, MBChB MD Cape Town FCP SA

F Bonnici, MBChB MMed Cape Town FCP SA ADE

M A Kibel, MB BCh FRCP Edin DCH RCP & S UK

### **Associate Professors:**

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

B S Eley, BSc (Hons) (MedBiochem) MBChB Cape Town FCP SA

W Hanekom, MBChB Stell DCH FCP (Paed) SA

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

B Morrow, BSc (Physio) PhD Cape Town

A T R Westwood, MBChB MD MMed (Paed) Cape Town FCP SA MRCP UK

J Wilmshurst, MB BS London MRCP UK FCPaed SA

M McCulloch, MBBCh Wits DCH FCPaed SA

### **Emeritus Associate Professors:**

M D Bowie, BSc UKZN MBChB MD Cape Town FRCP Edinburgh DCH RCP&S UK

V C Harrison, MBChB Cape Town MRCP FRCPC UK

C D Karabus, MBChB MMed (Paed) Cape Town DCH RCP&S FRCP Edinburgh FRCP London

M Klein, MBChB PhD Cape Town, FCP SA

A F Malan, MBChB MMed (Paed) MD Cape Town Dip(O&G) SA

M Mann, MBChB PhD MMed (Paed) MMedNucMed Cape Town

D L Woods, MBChB MD Cape Town FRCP DCH RCP&S UK

### **Senior Lecturers Full-time:**

J Ahrens, MBChB Cape Town DA DCH FCPaed CIC (Paeds) SA

H A Buys, MBChB Zimbabwe LRCP LRCS Edinburgh MRCP UK FCP SA

A Brink, MBChB Pret MMed (Nuclear Med) Cape Town FCNP DCH SA

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

M Coetzee, BSocSc (Hons) Bloemfontein Dip PaedNurs PhD Cape Town

S V Delport, MBChB MMed (Paed) BSc (Hons) Epidem Cape Town FCP DCH SA

R Diedericks, MBChB Cape Town FCP (Paed) FRCPC UK

K Donald, MBChB Cape Town DCH FCPaed SA MRCPCH UK

R Dunkley, MBChB Cape Town FCPaed SA

B S Eley, BSc (Hons) (MedBiochem) MBChB Cape Town FCP SA

P Gajjar, MBChB DCH FCP Cert PaedNephrology

M Harrison MBChB Cape Town MRCP UK FRCPC UK

M Hendricks, MBChB Cape Town DCH Dip PEC SA

M C Hendricks MBChB Cape Town DCH Dip PEC SA

A Horn, MBChB Cape Town FCPaed DCH Cert (Neon) SA MRCP (Paed) UK

Y Joolay MBChB Stell FCPaed SA

S M Kroon, MBChB Cape Town FCPaed SA DTM & H London MRCP UK

R de Lacey, MBChB MMed (Paed) Cape Town

M E Levin, MBChB MMed *Cape Town* FCPaed DipAllerg SA PhD  
 L Linley, MBChB *Cape Town* FCPaed SA  
 G H Moller, MBChB *Cape Town* FCPaed DCH SA  
 R Muloiwa, MBChB *UKZN* DCH FCPaed SA MSc LSHTM  
 A P Ndong, MBChB *Medunsa* FCPaed SA  
 P Nourse, MBChB MMed *Cape Town* FCP SA Cert PaedNephrology  
 J C Nuttall, MBChB *Cape Town* DipObst DCH FCPaed SA DTM&H Wits  
 R Petersen, MBChB FCP (Paed) *Cape Town* DHC SA  
 N R Rhoda, MBChB *Cape Town* FCPaed Cert (Neon) SA  
 P Roux, MBChB MD *Cape Town* MPhil (Bioethics) FCP DCH SA  
 C Scott, MBChB *Cape Town* FCPaed SA  
 J Shea MPHE  
 A Spitaels, MBChB *Cape Town* DCH FCPaed SA  
 L Tooke, MBChB *Cape Town* FCPaed MMed(Paed) Dip(Obst) Dip(PEC) SA  
 A Vanker, MBChB MMed *Stell* FCPaed Cert Pulm Paeds SA  
 M Zampoli, MBChB *Wits* DCH FCP (Paed) SA

**Lecturers Full-time:**

H Mohamed, MBChB MMed (Public Health) *Cape Town*  
 S Moyo, MBChB MPH *Cape Town*  
 M Tameris, MBChB *Cape Town*

**Senior Lecturers Part-time:**

E A Goddard, MBChB *Cape Town* BSc (Med)(Hons) MMed (Paed) PhD *Cape Town*  
 J E Mostert, MBChB *Stell* MMed (Paed) *Pret*  
 L Movsowitz, MBChB *Cape Town* MFGP DCH FCP SA  
 G Riordan, MBChB *Cape Town* DCH MMed Paed FCP SA  
 J H Vermeulen, MBChB *Stell* DCH FCP SA  
 S Zieff, MBChB MMed (Paed) *Cape Town*

**Lecturers Part-time:**

S N Furman, MBChB *Cape Town* MFGP SA  
 W R Mathiassen, MBChB *Cape Town* MRCP UK  
 C Rainier-Pope, MBChB MMed *Cape Town* DCH RCP&S London  
 J C Roberts, BA (Hons)(Biochem) MBBCh BAO *Dublin* DCH *Cape Town*  
 P J White, MBChB *Cape Town* FCP DCH SA

**Honorary Lecturers:**

V Ramanjam, MBChB *Cape Town* DCH FCP SA  
 G Schermbucker, MBChB *Cape Town* DCH FCP SA

**Honorary Senior Lecturers:**

J Alt, MBChB *Cape Town* DCH SA ATLS APLS FCP  
 N Bergman, MBChB *Cape Town* DCH Sweden MPH MD Zimbabwe  
 G Boon, MBChB *Cape Town* FCP SA  
 W Breytenbach, MBChB *Stell* FCP SA  
 F Goosen, MBChB *Cape Town* DCH FCP (Paed) SA  
 C Hugo-Hamman, MBChB *Cape Town* MA USA, DCH FCP SA  
 L V Jedeikin, MBChB *Cape Town* FCP SA  
 M L Levy, MBChB *Cape Town* FCP SA  
 V Magasiner, MSc (Physio) *Cape Town*  
 P J Sinclair, MBChB *Cape Town* DCH FCP SA  
 J Wiggelinkhuizen, MBBCh MMed (Paed) FCP SA

### **Paediatric Medicine**

*Department of Paediatrics and Child Health, Red Cross Children's Hospital, Klipfontein Road, Rondebosch*

#### **Professor and Head:**

H J Zar, MBBCh Wits FAAP BCPaed American BCPaed Pulmonology PhD Cape Town FCPaed SA

### **Paediatric Allergology**

#### **Head:**

M Levin MBChB Cape Town FCPaed MMed(Paed) Dip Allergy SA PhD

#### **Honorary senior lecturers:**

C Gray, MBChB Cape Town MRCPC London MSc Surrey DipAllergy Southampton  
DipPaedNutrition

S Karabus, MBDhB Cape Town DCH Dip in Allergology FCPaed SA MRCPC UK

### **Paediatric Cardiology**

#### **Head:**

J Lawrenson, MBBCh Wits MMed Cape Town FCP SA

#### **Senior Lecturers Full-time:**

G Comitis, MBChB Cape Town Dip (Child Health) Dip (Anaesth) FCPaed SA

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

#### **Senior Lecturer Part-time:**

H Pribut, MBChB Cape Town FCPaedSA

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

C Hugo-Hamman MA Oxon MBChB Cape Town DCH London FCPaed SA

### **Child Health Unit**

*3<sup>rd</sup> Floor ICH Building, Red Cross War Memorial Children's Hospital*

#### **Acting Head:**

J Shea, MPHE

#### **Emeritus Professor:**

M A Kibel, MB BCh FRCP Edin DCH RCP&S UK

#### **Senior Lecturer:**

J Shea, MPHE

### **Critical Care**

*ICU, C Floor, Red Cross Children's Hospital, Klipfontein Road, Rondebosch*

#### **Professor and Head:**

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

#### **Associate Professor Full –time**

M McCulloch, MBBCh Wits DCH FC Paed SA

**Senior Lecturers Full-time:**

J Ahrens, MBChB *Cape Town* DA DCH FCPaed CertCritCare SA  
 S Salie, MBChB *Cape Town* DCH *London* FCPaed CertCritCare SA

**Developmental Paediatrics****Head:**

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

**Senior Lecturer Full-time:**

R Petersen, MBChB *Cape Town* DCH FC Paed Cert (DevPaed) SA

**Senior Lecturers Part-time:**

M Richards, MBChB *Cape Town* DCH FCPaed Cert (DevPaed) SA  
 C Thompson, MBChB *Cape Town* MD SA

**Lecturers Part-time:**

S C van Bever Donker, ARTS *Lieben* DCH SA  
 K Hart, MBChB *Belgium* FRCPCH UK  
 W van der Meulen, MBChB  
 S Warner, MBChB *Cape Town* DCH SA

**General Paediatrics****Professor and Head**

G H Swingler, MBChB PhD *Cape Town* DCH FCP SA

**Associate Professor:**

A T R Westwood, MBChB MD MMed (Paed) *Cape Town* FCP SA MRCP UK

**Senior Lecturers Full-time:**

H A Buys, MBChB *Zimbabwe* LRCP LRCS *Edinburgh* MRCP UK FCP SA  
 R Diedericks, MBChB *Cape Town* FCP(Paed) FRCPCH UK  
 R Dunkley, MBChB *Cape Town* FCPaed SA  
 M Levin, MBChB *Cape Town* FCPaed MMed(Paed) Dip Allergy SA PhD  
 R Muloiwa, MBChB *UKZN* DCH FCPaed SA MSc LSHTM  
 C Scott, MBChB *Cape Town* FCPaed SA

**Head – Groote Schuur Hospital:**

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

**Neonatology****Head:**

M C Harrison, MBChB *Cape Town* MRCP FRCPCH UK

**Emeritus Associate Professors:**

V C Harrison, MBChB *Cape Town* MRCP FRCPCH UK  
 A F Malan, MBChB MMed MD *Cape Town* Dip(O&G) SA  
 D L Woods, MBChB MD *Cape Town* FRCP DCH RCP&S UK

**Senior Lecturers Full-time:**

A Horn, MBChB *Cape Town* FCPaed DCH Cert(Neon) SA MRCP(Paed) UK  
 Y Joolay, MBChB *Stell* FCPaed SA  
 S M Kroon, MBChB *Cape Town* FCPaed SA DTM&H *London* MRCP UK

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L Linley, MBChB *Cape Town* FCPaed SA  
G H Moller, MBChB *Cape Town* FCPaed DCH SA  
N R Rhoda, MBChB *Cape Town* FCPaed Cert(Neon) SA  
L Tooke, MBChB *Cape Town* FCPaed MMed(Paed) Dip(Obst) Dip(PEC) SA

### Lecturers Full-time:

M T Ismail, MBChB *Cape Town* DCH DipHIV SA  
A M van Niekerk, MBBCh *Wits* DCH FCP Paed Cert(PaedCardiol) SA

### Lecturers Part-time:

J C G Dyssell, MBChB *Cape Town* MMed(Paed) *Wits* DCH FCPaed SA  
D H Greenfield, MBChB MPhil MCH *Cape Town* DCH DPH DTM&H *Wits*  
M C Thompson, MBChB DCH SA MD *Cape Town*

## Neuropsychology

### Lecturers Part-time:

J Bean, Dip Pharm *CPUT* MAClinPsych *Stell*  
A Moss, BEd MA (ClinPsych) *Wits* PGDip Clin Neuropsych *London*

## Paediatric Dermatology

### Associate Professor and Head:

N P Khumalo, MBChB *UKZN* FCDerm SA PhD *Cape Town*

## Paediatric Endocrinology

### Head:

S V Delpont, MBChB MMed (Paed) BSc (Hons)Epidem *Cape Town* FCP DCH SA

### Senior Lecturer Full-time:

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

## Paediatric Gastroenterology

### Head:

L Goddard, BSc(Hons) MSc(Med) MBChB PhD MMed(Paed) *Cape Town*

### Senior Lecturer Full-time:

R de Lacy, MBChB *Cape Town* FCPaed SA

## Paediatric Haematology/Oncology

### Associate Professor and Head:

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

### Senior Lecturers Full-time:

M C Hendricks, MBChB *Cape Town* DCH Dip PEC SA

## Paediatric Infectious Diseases

### Associate Professor and Head:

B S Eley, BSc (Hons) (MedBiochem) MBChB *Cape Town* FCP SA

### Senior Lecturer Full-time:

J C Nuttall, MBChB *Cape Town* DipObst DCH FCPaed SA DTM&H *Wits*



### **Paediatric Nephrology**

**Head:**

P Gajjar, MBChB DCH FCP CertPaedNephrology

**Senior Lecturer Full-time:**

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

### **Paediatric Neurology**

*5th Floor ICH, School of Child and Adolescent Health, Red Cross Children's Hospital, Rondebosch*

**Associate Professor and Head:**

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

**Senior Lecturer Full-time:**

A P Nondo, MBChB *Medunsa* FCPaed Cert (PaedNeuro) SA

**Senior Lecturers Part-time:**

G Riordan, MBChB *Cape Town* DCH MMed (Paed) FCPaed SA

B Schlegel, MBChB *Cape Town* FCPaed SA

K Walker, MBChB *Cape Town* DCH SA

### **Paediatric Pulmonology**

**Head:**

H J Zar, MBBCh *Wits* FAAP BCPaed *American* BCPaed Pulmonology PhD *Cape Town* FCPaed SA

**Senior Lecturers Full-time:**

A Vanker, MBChB MMed *Stell* FCPaed Cert Pulm Paeds SA

M Zampoli, MBChB *Cape Town* DCH FCP (Paeds) SA

### **Paediatric Rheumatology**

**Head:**

CScott, MBChB *Cape Town* FCPaed SA

### **ASSOCIATED PAEDIATRIC DISCIPLINES**

*Physiotherapy Department, Red Cross Children's Hospital, Rondebosch*

**Head:**

S Rahim, BSc(Physio) *Cape Town* PhD

### **Child and Adolescent Psychiatry**

*[See Department of Psychiatry and Mental Health.]*

### **Child Nursing Practice**

**Associate Professor:**

M Coetzee, BSocSc(Hons) *Bloemfontein* Dip PaedNurs PhD *Cape Town*

**Senior Lecturers Full-time:**

H Barlow, DipNursAdmin MCur *Stell* AUDNE *Cape Town* RN RM CNN *Groote Schuur Hosp*

**Lecturers Part-time:**

C Davis, BNurs(Child) Dip PICU *England*

I Hendry, BN RPaedN *Cape Town* ForensicNurs *Bloemfontein*

## 196 PAEDIATRICS AND CHILD HEALTH

### **Practice Development and Research:**

C Bonaconsa, BNurs *Stell* RN

A Leonard, MSc (Nurs) *Cape Town* RN

### **Programme Facilitator:**

J Vos, Dip Nurs RN

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## PSYCHIATRY AND MENTAL HEALTH

*J Block, E36A, Grootte Schuur Hospital*

### Professor and Head:

D J Stein, BSc (Med) MBChB *Cape Town* FRCPC PhD DPhil *Stell*

### Sue Struengmann Professor of Child & Adolescent Psychiatry & Mental Health:

P de Vries, MBChB *Stell* MRC Psych *London* Phd *Cantab*

### Vera Grover Professor of Intellectual Disability:

C M Adnams, BSc *UKZN* BSc Med (Hons) MBChB *Cape Town* FCPaed *SA*

### Emeritus Professors:

L S Gillis, MD DPM *Wits* FRC (Psych) *UK*

C D Molteno, MBChB MMed (Paed) MD *Cape Town* BA (Hons) (Sociology) PhD *UNISA* DCH *RCP UK*

B A Robertson, MD *Cape Town* Dipl Psych *McGill* FCPsych *SA*

D A White, MBChB MMed (Psych) *Cape Town* FCPsych *SA*

T Zabow, MBChB DPM *Cape Town* FCPsych *SA* MRCPsych *UK*

### Associate Professors:

A Berg, MBChB *Pret* MPhil (Child Adol Psych) *Cape Town* FCPsych *SA*

J Joska, MBChB MMed (Psych) *Cape Town* FCPsych *SA*

S Z Kaliski, BA MBChB *Wits* MMed (Psych) PhD *Cape Town* FCPsych *SA*

C A Lund, MSocSci (Clin Psych) *Rhodes* MA PhD *Cape Town*

### Lecturers:

L Abrahams, MPsych *UWC*

R R Allen, BSc (Comp Science Maths Stats) MBChB MBA *Cape Town* FCPsych *SA*

R B H Anderson, MSc (Clin Psych) *Cape Town*

S E Baumann, MBChB *Cape Town* BA *Cape Town* FCPsych *SA* MRCPsych *UK*

J J Benson-Martin, MBChB *Cape Town* FCPsych *SA*

M Campbell, MA (Clin Psych) *Stell*

O Coetzee, MA (ClinPsych) *PU*

Q Cossie, MBChB *Cape Town* FCPsych *SA* DMH *SA*

C De Clerq, MBChB *Pret* FCPsych *SA*

W De Jager, MA (Clin Psych) *UPE*

C Dean, M Psych *UWC* MBA *Milpark/Oxford Brookes*

A L Fourie, MA (Clin Psych) *UPE*

L Frenkel, MA (ClinPsych) *Wits*

K Ganasen, MBChB *Cape Town* FCPsych *SA*

J Hoare, MBChB MPhil (Neuropsychiatry) *Cape Town* MRCPsych FCPsych *SA*

N R Horn, MBChB *Cape Town* PGDip CogTher *Manchester* MRCPsych *UK*

A J Hooper, MBChB *Cape Town* FCPsych *SA*

M Karjiker, MBChB *Wits* FCPsych *SA*

S Kleintjes, MA (Clin Psych) MPhil (Child Adol Psych) *Cape Town*

N Lalkhen, MA (Clin Psych) *Stell*

S J Lay, MA (ClinPsych) *Cape Town*

M Leaver, BA *Stell* BSocSci (Hons) *Cape Town* MA (Clin Psych) *Stell*

I Lewis, BSc MBChB MMed (Psych) *Cape Town* FCPsych *SA*

K Louw, MBChB *Cape Town* FCPsych *SA*

A Marais, PhD *Cape Town* MA (Clin Psych) *Stell*

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G Marinus, MBChB *Stell* MPublic (Admin) *UWC* Dipl (Health Management) *Cape Town*  
N Matross, MBChB MMed (Psych) *Cape Town*  
P Milligan, MBChB *Cape Town* FCPsych SA  
J S Parker, MBChB *Cape Town* FCPsych SA  
Z Parker, MA *Cape Town* M Psych *UWC*  
S Pasche, BBusSc BSocSc (Hons) *Cape Town* M Psych *UWC*  
M Saptouw, MA (Clin Psych) *UWC*  
N Shortall, MBChB *Cape Town* MRCPsych UK  
NG Sibeko, MBChB *UKZN*  
N Siegfried, MBChB *Cape Town* MPH (Hons) *Sydney* DPhil *Oxford*  
P Smith, MBChB *Cape Town* FCPsych SA  
T Swart, BSc (Biochem) *Cape Town* MSc (Clin Psych) *UKZN*  
H Temmingh, MBChB MMed (Psych) *Stell* FCPsych SA  
H Thornton, MA (Clin Psych) *Rhodes* PhD *Stell*  
T Timmermans, MBChB *Cape Town* FCPsych SA  
Z Vally MA (Clin Psych) *Stell*  
W Vogel, MBChB MMed (Psych) MSc *Wits* FF Psych SA  
B Vythilingum, MBChB *UKZN* MMed *Stell* FCPsych SA  
P F Williams-Ashman, MBBCh *Wits* FC (Psych) SA  
D A B Wilson, BSc MBChB *Cape Town* FCPsych SA  
J Yako, MA (Clin Psych) *Cape Town*

### Honorary Professors/Associate Professors:

J Jacobson, MA PhD *Harvard*  
S Jacobson, BA *Brandeis* MA PhD *Harvard*  
J van Honk, PhD *Utrecht*  
J Leff, MB.BS *University College London* MRCP UK MD *Kings College London* FRCPSych UK  
C Mathews BA *Natal* MSc (Med) PhD *Cape Town*  
B Myers, MSocSc (cum laude) *Natal* PhD *Cape Town*

### Honorary Lecturers:

L Andersen, PhD *Hofstra*  
L Cluver, DPhil *Oxford*  
H Gouse, PhD *Cape Town*  
U Meys, MBBCh *Wits* MPhil (Child Adol Psych) *Cape Town* FCPsych SA  
L Singh, MBChB *UKZN* FCPsych SA  
K Stoloff, MBChB *Cape Town* MRCPsych UK FCPsych SA  
B Wirz, MSocSci (Clin Soc Work) *Cape Town*  
C F Ziervogel, MBChB *Cape Town* FCPsych SA

### Research Officers:

T Pomario, MA (Clin Psych) *Cape Town*  
N J Bikwana, BPA *Stell* BA (Hons) *UWC* HDE *Cape Town*  
S D Cooper, BA (Hons) MPH *Cape Town*  
B L Evans, MA (Clin Psych) *UNISA*  
S Field, BA Hons *Rhodes* MA *Southampton*  
S Honikmann, MBChB MPhil (MCH) *Cape Town* DCH DOBstet SA  
A Kleinhans, HDE *UWC* MSc *Open*  
C C Le Fleur-Bellerose, MSocSci *Cape Town*  
R J Paulsen, MA *UWC*  
S A Skeen, MPH *Sydney*

**HEADS OF DISCIPLINES****Addiction Psychiatry**

D A B Wilson, BSc MBChB *Cape Town* FCPsych SA

**Child and Adolescent Psychiatry**

W Vogel, MBChB MMed (Psych) MSc *Wits* FF Psych SA

**Consultation-Liaison Psychiatry**

L Frenkel, MA (ClinPsych) *Wits*

J Hoare, MBChB MPhil (Neuropsychiatry) *Cape Town* MRCPsych FCPsych SA

**Forensic Psychiatry**

S Z Kaliski, BA MBCh *Wits* MMed (Psych) PhD *Cape Town* FCPsych SA

**General Psychiatry / Psychiatric Intensive Care**

R R Allen, BSc (Comp Science Maths Stats) MBChB MBA *Cape Town* FCPsych SA

P Milligan, MBChB *Cape Town* FCPsych SA

**Intellectual Disability Psychiatry**

C M Adnams, BSc *UKZN* BSc Med (Hons) MBChB *Cape Town* FCP SA

**Neuropsychiatry**

J Joska, MBChB MMed (Psych) *Cape Town* FCPsych SA

**Psychopharmacology**

D J Stein, BSc (Med) MBChB *Cape Town* FRCPC PhD DPhil *Stell*

**Psychotherapy**

L Abrahams, MPsych *UWC*

S Kleintjies, M A (Clin Psych) MPhil (Child Adol Psych) *Cape Town*

**Public Mental Health**

C A Lund, BA Hons(Psych) MA MSocSci(Clin Psych) Phd *Cape Town*

J S Parker, MBChB *Cape Town* FCPsych SA

**RESEARCH STRUCTURES:****Adolescent Health Research Unit**

*46 Sawkins Road, Rondebosch*

*Adolescents face a wide range of health problems due to a combination of biological, social and psychological factors. There is thus a niche for a research facility that focuses specifically on the health needs of adolescents. AHRI envisages building on existing research and collaborations to co-ordinate promote and facilitate research on all aspects of adolescent health. The specific aims of the Unit are to: facilitate cutting edge inter-disciplinary 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.*

C Mathews, BA Natal MSc(Med) PhD Cape Town

**Alan Flisher Centre for Public Mental Health**

*Department of Psychiatry and Mental Health, University of Cape Town and Department of Psychology, University of Stellenbosch*

*Mental health is increasingly acknowledged as a major public health and development issue. Currently mental disorders account for five of the 10 leading causes of health disability, and by the year 2020 it is estimated that unipolar depression will be the second leading cause of health disability in the world. In South Africa, neuro-psychiatric disorders are ranked third after HIV/AIDS and other infectious diseases in their contribution to the total burden of disease. Mental distress and disorder are higher among poor, marginalised and disrupted communities; and among those with the least agency and power within these communities, such as children, women, the elderly, refugees and those with disabilities. The economic and social burden of mental disorders affects not only individuals, but also their families and communities. In spite of these overwhelming needs, many low and middle income countries, particularly those in Africa, are poorly equipped to address mental health. In Africa, 70% of countries spend less than 1% of their meagre health budgets on mental health. A crucial gap is the overall policy, service and legislative framework that enable governments to deliver these intersectoral interventions and address mental health systematically as a public health and development issue.*

C Lund, BA Hons(Psych) MA MSocSci(Clin Psych) Phd Cape Town

**Brain and Behaviour Initiative (BBI)**

*J-Block, Grootte Schuur Hospital*

*The Brain-Behaviour Initiative is a University of Cape Town signature theme; a cross-Faculty effort aimed at facilitating innovative multi-disciplinary research. The Brain-Behaviour Initiative employs aims to contribute to issues that are particularly relevant to the South African and African context, such as psychological trauma, substance use, and neuroHIV. Members of the Initiative employ a range of methods in this work, including phenotyping, cognotyping, genotyping, brain imaging and characterizing molecular signature. A number of NRF Chairs are associated with the Initiative, and the Initiative has established BBI post-doctoral fellowships and contributed to new degrees (such as the M Med Sci (Neuroscience) degree that foster trans-disciplinary research.*

D J Stein, BSc (Med) MBChB Cape Town FRCPC PhD DPhil Stell

**Medical Research Council (MRC) Unit on Anxiety & Stress Disorders**

*Dept of Psychiatry & Mental Health, University of Cape Town and Dept of Psychiatry, University of Stellenbosch*

*The Medical Research Council (MRC) Unit on Anxiety and Stress Disorders was founded with the mandate of 1) establishing a unit that focused specifically on research on the*

*anxiety disorders; 2) fostering a multi-disciplinary approach to these conditions, incorporating a biopsychosocial focus; 3) promoting increased awareness of these conditions in the community; and 4) building capacity. The anxiety disorders are the most prevalent of the psychiatric disorders, and amongst the most disabling of all medical disorders. At the same time, given advances in basic and clinical neuroscience methodologies, there are now unique opportunities to advance our understanding and management of these conditions.*

D J Stein, BSc (Med) MBChB Cape Town FRCPC PhD DPhil Stell

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## PUBLIC HEALTH AND FAMILY MEDICINE

*Level 3, Falmouth Building South*

### **Professor and Director:**

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

### **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 Western Cape ACLS*

### **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*

A Isaacs, MBChB *Cape Town MFamMed Stell*

T Motshoi, MBChB MFamMed DipFamMed *Cape Town*

M Namane, MBChB MPhil (Fam Med and PHC) *Cape Town BSc(LabSciences) MSc(Immunology)*

*UNIN Certificate in Community Rheumatology Pret*

B Schweitzer, MBChB *Wits DA MFGP SA MPraxMed Medunsa*

K Murie, MBChB MFamMed *Cape Town*

T Ras, MBChB MFamMed *Cape Town FCFP SA*

### **Senior Lecturer Part-time:**

E Gwyther, MBChB MFGP *Cape Town DipPallMed MScPallMed Wales*

### **Lecturers Full-time:**

N Beckett, BSc MBChB *Stell*

N Parker, MBChB *Cape Town*

L Ganca, BASocSc(Social Work Hons) *Cape Town Dip Sec Education Transkei*

### **Lecturers Part-time:**

A J Barnard, MBChB Dip Anaes MFGP MPhil Pall Med *Cape Town*

C Chouler, MBChB *Cape Town FCFP SA*

S Bhagwan, MBChB *Natal PGDipFamMed Cape Town*

S N Furman, MBChB *Cape Town FCFP SA*

Z Jaffer, MBChB *Cape Town*

C Le Grange, MBChB *Cape Town*

S Mobbs, MBChB *Pret MPraxMed Medunsa*

M Navsa, MBChB MPhil (FamMed and PHC) *Cape Town*

M S Saban, MBChB *Cape Town MFamMed Stell FCFP SA*

J Stidworthy, DipGenNursing *Pietermaritzburg DipMidwifery East London DipPsychNursing Cape Town*

### **Honorary Visiting Associate Professor:**

A W Barday, MBChB *Cape Town FCFP SA DPT&M Wits*

### **Honorary Lecturers:**

S Craven, MBChB *Oxon LRCP*

J Dhansay, MBChB MFGP SA DPT&M *Wits*

B Kruger, MBChB MPhil (Fam Med and PHC) PGDipOccHealth PGDip Health Management *Cape*



*Town PGDipCommHealth Stell*M Meiring, MBChB *Pret* FDPaed (CMSA) MMed(Paed) *Wits*J L Smith, MBChB *Cape Town* DCH DA MFGP SAJ Venter, MBChB *UFS***Facilitators (Becoming a Doctor - Semesters 3-5):**N Allie, MBChB *Cape Town*I Bell, MBChB *Cape Town*F Begg, MBChB *Cape Town*O Brey, MBChB PGDipFamMed *Cape Town*E Dommissie, MBChB *Cape Town* MRCGP DCHM Ismail, MBChB MFamMed *Cape Town*G Jacobs, MBChB *Cape Town*R Loghdey, MBChB *Cape Town* MFamMed *Stell*Y Maung-Maung, MBChB *Medunsa* PGDipFamMed *Cape Town*S A Moola, MBBCh *Wits*M I Moosa, MBChB *Cape Town* FCFP SAV Patel, MBChB *Cape Town* MFamMed *Stell*A Pillay, MBChB *Cape Town*A Smith, MBChB PGDipFamMed *Cape Town*R Tayob, MBChB *Wits*F Yasin, MBChB *Cape Town***Research Co-ordinator:**N Manga, PhD *Cape Town***Public Health***Level 3, Falmouth Building South***Professor and Head:**M Jeebhay, MBChB UKZN DOH MPhil (Epi) *Cape Town* MPH(OccMed) PhD *Michigan***Associate Professor and Deputy-Head:**D Hellenberg, MBChB *Cape Town* MFamMed *Stell* FCFP SA Certificate in Policy, Planning and Management for Health Sector Reform *COPHE Western Cape ACLS***Professors:**R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH RAU MFOM UK FFCH FCPHM SA (Occ Med)L Gilson, BA(Hons) *Oxford* MA *East Anglia* PhD *London*L London, MBChB MMed MD *Cape Town* BScMed(Hons) *Stell* DOH *Wits* FCPHM SAD McIntyre, BCom BA(Hons) MA PhD *Cape Town***Associate Professors:**A Boulle, MBChB PhD *Cape Town* MSc *London* FCPHM SAD Coetzee, BA *Cape Town* MBChB DPH DTM&H DOH *Wits* FFCH SA MSc(Epi) *Columbia*D Cooper, BSocSc BA(Hons) PhD *Cape Town*S Cleary, BA *Rhodes* BAHons(Econ) MA(Econ) PhD *Cape Town*A Dalvie, BSc BSc(Med)(Hons) MSc(Med) PhD *Cape Town***Honorary Professors:**S Birch, MSc(FiscalStudies) *Bath* DPhil *York*G J Churchyard, MBChB MMed(IntlMed) PhD *Wits* FCPSAC Lombard, BSc MSc PhD *UOFS*G Mooney, MA *Edinburgh*W Pick, MBChB MSc(Med) *Cape Town* DPH DT&M&H *Wits* FFCH SA

J McIntyre, MBChB, FRCOG

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G Walt, DipSocAdmin BSc PhD *London School of Economics and Political Science*

### Honorary Associate Professors:

L Bourne, BSc(Dietetics) *UKZN* BSc(Med)Hons MSc(Med) PhD MPH *Cape Town*

C Mathews, BA *UKZN* BSocSc(Hons) MSc(ComHealth) PhD *Cape Town*

### Emeritus Professor:

J E Myers, BSc MBChB MD *Cape Town* DTM&H MFOM *UK*

### Emeritus Associate Professor:

M Hoffman, BScMed (Hons) MBChB DCM *Cape Town*

### Visiting Professors:

L Baldwin-Ragaven, AB *USA* MDCM CCFP FCFP *Quebec*

A Barday, MBChB *Cape Town* FCFP SA Dip Tropical Med *Wits*

L Braun, BA *New York* PhD(Pathobiology) *Maryland*

T Cutts, PhD *Mississippi*

M Egger, MD *Bern* FFPH MSc *London* DTM&H *Basle*

G Gunderson, PhD *USA*

S Guttmacher, MPhil PhD *Columbia*

R Harding, PhD *London*

U Lehmann, PhD *Germany*

T Rehle, MD *Munich* MPH *London* PhD *Antwerp*

H Schneider, MBChB *Cape Town* DCH DTMH MMed (Public Health) *Wits*

S Whittaker, MBChB MMed PhD *Cape Town* FFCH *SA*

### Associate Professors Part-time:

L Myer, BA(Hons) *Rhode Island* MBChB MA *Cape Town* MPhil PhD *Columbia*

G Perez, BDentistry *Algiers* DHSM MDent(CommunityDentistry) *Wits* (Deputy Dean; joint Faculty Department appointment)

M L Thompson, PhD *Göttingen* BSc(Hons) *Natal*

### Senior Lecturers Full-time:

A Honda, BA MSc *Tokyo* MA *Philippines* PhD *London*

J Irlam, BSc(Med)(Hons) MPhil *Cape Town* (Joint School-Directorate of Primary Health Care appointment)

E Sinanovic, BSc *Zagreb* DipFinMgt *Maastricht* MCom(Econ) *Cape Town* PhD(Health Econ) *London*

V Zweigenthal, BSc DTM&H DPH *Wits* BSocSc(Hons) MBChB *Cape Town* FCPHM *SA*

### Senior Lecturer Part-time:

J Moodley, MBChB *Natal*, MMed *Cape Town*

### Specialist Scientists - Biometricians:

H Carrara, BSc(Genetics and Microbiology) *Wits* MPH *Sweden*

R Sayed, MSc *Karachi*

### Lecturers Full-time:

F Amien, BChD MChD (Community Dentistry) *Cape Town*

J Keikelame, MPhil (Education Support) *Cape Town* BSocSci(Hons)(Psych) *UNIBO* (Joint School-Directorate of Primary Health Care appointment)

L Olckers, MPhil Education (Higher Education Studies) BSocSc SW (Hons) *Cape Town*

### Lecturers Part-time:

G Kew, MBChB DOH *Cape Town*

V Govender, MPH (International Health) *Boston* MCom (Health Econ) *Cape Town*  
 R Morar, MBChB *Natal* DHMEF MMed (Comm. H) *Cape Town* FCPHM SA (Deputy Dean; joint  
 Faculty-department appointment)  
 J Olivier, PhD *Cape Town*  
 T Young, MBChB MMed *Cape Town* FCPHM SA

**Principal Research Officer:**

A Röther, BA MA PhD(Sociology) *Michigan*

**Senior Research Officers:**

C Colvin, MPH *Cape Town* PhD *Virginia*  
 J Harries, BA BA(Hons) MPhil MPH PhD *Cape Town*  
 M Schomaker, PhD *Munich*

**Research Officers Full-time:**

O A Alaba, BSc(Economics) *Ado-Ekiti* MSc(Economics) PhD(Economics) *Ibadan*  
 J Ataguba, BScHons(Econ) *Nigeria* MPH *Cape Town*  
 D Constant, MPH *Cape Town*  
 N Fick, BAHons(Psychology) *Stell*  
 V Govender, MPH(International Health) *Boston* MCom(Health Econ) *Cape Town*  
 Z Holtman, BA BAHons(Psych) *Unisa* MA(ResearchPsychology) *Cape Town*  
 N Jacobs, BA *UNISA* Honours(BusMngmt&Admin) *Cape Town*  
 N Maxwell, RSCN *Edinburgh*  
 M Orgill, BAdmin (Eco&PubAdmin) BAdmin Hons(Econ) *UWC* MPhil(Public Policy) *Cape Town*  
 M Osler, BS *Colorado* MPH *Cape Town*  
 K Stinson, MMus MPH *Cape Town*  
 H Tamukamoyo, BSocSciHons(Sociology) MSc(Sociology&SocAnthropology) *Zimbabwe* PhD  
 (Sociology) *UJ*

**Research Officers Part-time:**

R Baatjies, BTech MTech *CPUT* MPH *Wits*  
 H Haricharan, MA(SocAnthropology) *Cape Town* MJournalism *Canada*  
 M Heap, PhD *Cape Town*

**Junior Research Officers Full-time:**

A Africa, BTech (EnvironHealth) *CPUT*  
 J Gillespie

**Honorary Senior Lecturers:**

N Siegfried, MBChB *Cape Town* DPhil *Oxford* MPH (Hon) *Sydney* FCPHM SA  
 J Skordis-Worrall, PhD *London School of Hygiene & Tropical Medicine*  
 J te WaterNaude, MBChB MPhil *Cape Town* FCPHM SA

**Honorary Lecturers:**

M R Abbas, MBChB *Cape Town* MFGP SA  
 G Baron, MBChB MFamMed *Medunsa*  
 D Brink, MBChB *Cape Town*  
 J Dhansay, MBChB *Cape Town* FCFP SA DPT&M *Wits*  
 E Goemare, MSc MD DTMH *Belgium*  
 S Manjra, MBChB *Natal* MMedSc(OccHealth) *Birm* BSc(Med)(Hons) DOH *Cape Town*  
 M Meiring, MBChB *Pret* FCPaedS *CMSA* MMed(PaedS) *Wits*  
 D Pienaar, MBChB MMed *Cape Town*  
 T Shand, MA(Hons) *Glasgow* MSc (MPH) *London School of Hygiene and Tropical Med*  
 A Thompson, MBChB DOH *Cape Town* AMP *Manchester*

**Honorary Research Associates:**

S Adams, MBChB MMed *Cape Town*

M B Cornell, MPH *Cape Town*

J Corrigan, MBChB MMed *Cape Town*

R English, MBChB

N Ford, BSc(Microbiology) Warwick PDip(HumanitarianAssist) *Liverpool MPH Cape Town*

D Knight, MBChB MMed *Cape Town*

R Matzopoulos, BBusSc MPhil *Cape Town*

A van der Walt, DipMidw CMSA DOH MPhil *Cape Town*

H Williams, MBChB FCOM

**Clinical Senior Research Officer:**

M A Davies, MBChB MMed *Cape Town FCPHM SA*

**Registrars in Public Health Medicine or Occupational Medicine:**

Dr V Appiah-Baiden

Dr M Mothemela

Dr G Bernhardt

Dr S Mabunda

Dr A Burdzik

Dr H Mwangi

Dr M Dombo

Dr M Misra

Dr T Oni

Dr K Rees

Dr G Silgram

Dr B Cloete

**RESEARCH STRUCTURES:**

**Centre for Infectious Disease Epidemiology and Research (CIDER):**

*Division of Public Health, Level 5, Falmouth Building South*

*The Centre for Infectious Disease Epidemiology and Research conducts multi-disciplinary 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 include epidemiologists, biostatisticians, mathematical modelers and public health specialists.*

*Areas of research include:*

- *Cohort studies of HIV treatment, evaluating individual treatment projects, provincial and national programs, and the hosting of a regional data centre for collaborative HIV cohort research in Southern Africa*
- *Novel service delivery approaches to the prevention of mother-to-child transmission (PMTCT) of HIV, and the identification of gaps in PMTCT services and optimal strategies to minimise these gaps*
- *Health systems research projects including evaluating models of care for HIV service delivery, models of HIV/TB service integration, and issues around task shifting and the use of lay health workers to support infectious diseases services.*
- *Mathematical modeling of HIV, TB, HPV and other infectious diseases and their prevention and treatment*
- *Strategies to prevent and diagnose tuberculosis in HIV-infected individuals*
- *Context-appropriate information systems to monitor HIV, TB and PMTCT service delivery*
- *Collaboration on birth cohort studies.*

**Associate Professor and Director:**

A Boule, MBChB PhD *Cape Town MSc Lond FCPHM SA*

**Associate Professors Full-time:**

D Coetzee, BA *Cape Town* MBChB DPH DTM&H DOH *Wits FCPHM SA* MSc(Epi) *Columbia*  
 L Myer, BA *Brown MA* MBChB *Cape Town* MPhil PhD *Columbia*

**Senior Lecturers / Senior Research Officers / Senior Clinical Researchers Full-Time:**

M Davies, MBChB *Cape Town*  
 C Colvin, BA MA PhD *Virginia MPH Cape Town*  
 M Rangaka, MBChB *Cape Town* MSc *London*  
 M Schomaker, Diploma Dr.rer.nat. *Munich*

**Lecturers / Research Officers / Senior Clinical Researchers Full-time:**

M Cornell, MPH *Cape Town*  
 L Johnson, BBusSc PGDipActSc PhD *Cape Town AIA*  
 M Osler, BS *Colorado MPH Cape Town*  
 K Stinson, MMus MPH *Cape Town*

**Honorary and Visiting Professors:**

J McIntyre, MBChB, FRCOG  
 T Rehle, MD *Munich MPH London* PhD *Antwerp*  
 M Egger, MD *Bern* FFPH MSc *London* DTM&H *Basle*

**Honorary Senior Lecturers / Research Associates:**

H Cox, BSc MPH PhD *Melbourne*  
 N Ford, BSc *Warwick DHA Liverpool MPH Cape Town*  
 E Goemare, MSc MD *DTMH Belgium*  
 K Hildebrand, BSc *Sussex MSc London*  
 D Pienaar, MBChB MMed *Cape Town*  
 N Siegfried, MBChB *Cape Town* MPH *Sydney* DPhil *Oxon FCPHM SA*  
 G van Cutsem, BSc *FNDP MD UCLA* DTM *ITM Antwerp MPH Cape Town*

**Centre for Occupational and Environmental Health Research (COEHR)**

*Division of Public Health, 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 recent WHO redesignation has resulted in a consolidation and realignment of its goals in line with its broader international mandate to the following:*

- *To be a principal centre of occupational and environmental health research, teaching and training, occupational medical clinical services, policy advisory, technical consultancy services, advocacy and a source of supportive outreach activities in South Africa, in the Southern and Eastern regions of Africa, Africa more generally, and internationally*
- *To conduct multidisciplinary research, teaching and service provision integrating laboratory, clinical, epidemiological and policy skills in relation to 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*

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- *To foster local and global networks for occupational and environmental health promotion through collaboration with United Nations and other agencies*
- *To implement the results of research in teaching, training, policy, service provision and outreach.*

### **Professor and Director:**

J E Myers, BSc MBChB MD *Cape Town* DTM&H Lond MFOM UK FCPHM(DOM)SA

### **Professor and Associate Director (Environmental Health):**

L London, MBChB MMed MD *Cape Town* BScMed(Hons) DOH Wits

### **Professor and Associate Director (Clinical Occupational Medicine Services):**

R Ehrlich, BBusSc MBChB PhD *Cape Town* DOH RAU MFOM UK FFCH FCPHM SA (Occ Med)

### **Professor and Associate Director (Occupational Health):**

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

### **Academic Staff:**

A Africa BTechEnvironHealth *CPUT*

R Baatjies, BTech MTech *CPUT*, MPH *Wits*

A Burdzik, MBChB

A Dalvie, BSc BSc(Med)(Hons) MSc(Med) PhD *Cape Town*

Z Holtman, MA

M Mothemela, MBChB

H Mwangi, MBChB

A Röther, BA MA PhD(Sociology) *Michigan*

M L Thompson, BSc(Hons) *Natal* PhD *Göttingen*

G Todd, BSc(Agric) *Natal* MBChB PhD *Cape Town* FFDerm SA

### **Honorary Research Associates:**

S Adams, MBChB DOH

D Knight, MBChB MMed *Cape Town*

A van der Walt, DipMidw SA DOH MPhil *Cape Town*

H Williams, MBChB

## **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 systems.*
- *To train at the post-graduate level to improve technical research and health systems capacity*
- *To develop capacity in health economics and related health systems research in Africa*
- *To provide technical support to facilitate the translation of health policies into practical programmes.*

*HEU is committed to:*

- *Excellence and independence*
- *Fairness, social responsiveness and accountability in health systems*
- *Respect for our collaborators and stakeholders*
- *Innovative thinking to ensure its work remains ground-breaking.*

**Senior Lecturer and Director:**

E Sinanovic, BSc *Zagreb* Dip(FinMgt) *Maastricht* MCom(HealthEcon) *Cape Town* PhD(HealthEcon) *London*

**Professors:**

D McIntyre, BCom Hons (Econ) MA(Econ) PhD *Cape Town*

L Gilson, BA (Hons) *Oxford* MA *East Anglia* PhD *London*

**Senior Lecturer:**

A Honda, BA(Sociology) MSc(IntHealth) *Tokyo* PhD(HealthEcon) *London*

**Lecturers / Research Officers:**

O A Alaba, BSc(Econ) MSc(Econ) PhD(Econ) *Nigeria*

J Ataguba, BSc(Econ) *Nigeria* MPH *Cape Town*

V Govender MCom(HealthEcon) *Cape Town* MPH (InternationalHealth) *Boston*

M Orgill, BAdmin(Econ&PubAdmin) BAdminHons(Econ) *UWC* MPhil(PubPolicy) *Cape Town*

**Post-doctoral Fellow:**

J Daire, BScNursing *Malawi* MA(Health Mngt, Planning & Policy) *UK* PhD *Cape Town*

**Industrial Health Resource Group**

*Division of Public Health, Princess Christian Home, Lower Campus, Mowbray*

*The IHRG undertakes training, research, investigation, curriculum and resource development in order to build occupational health and safety (OH&S) capacity in trade union organisations. It also provides the following OH&S advice and services: occupational injury and disease cases; incident investigations; risk assessments; policy research and advocacy; participatory action research projects; training methodology development; training evaluation; and production of training materials and popular publications.*

*The areas of expertise presently include occupational health and safety, adult education, trade union OH&S capacity building, environmental science, social science, OH&S and HIV workplace policy development, developing resources and education materials, and experience in the development and implementation of participatory action research.*

**Director:**

N Henwood, BA(Hons) PGDipOccHealth *Cape Town*

**Staff:**

I Abrahams, Education and Training Co-ordinator, DipAdultEd *Cape Town*

R J Jordi, Curriculum Co-ordinator, MPhil(EnvScience) BA(Hons)(AfricanStudies) *Cape Town*

N Mfiki, Trainer

A Ryklief, Health Facilitator HDE PGDipOccHealth *Cape Town*

B Wood, Case Adviser

**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, and is located in the School of Public Health and Family Medicine. 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, psychology, sociology and anthropology. The overall aim of the Unit is to improve the health of women through research that informs policy and practice.*

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### **Objectives**

- *Act as a centre for women's health research in South Africa*
- *Conduct multidisciplinary research in high priority women's health, and gender and health issues*
- *Conduct health systems research aimed at influencing public policy*
- *Work closely with the health service sector in undertaking relevant research, and in assisting to translate research into action*
- *Develop capacity in the field of women's health, and gender and health through teaching, research supervision and development of training materials*
- *Be involved in advocacy efforts to promote improvement in women's health status;*
- *Network and collaborate with others in the field of women's health, and gender relations, nationally and internationally, to achieve the above objectives.*

*The current and past research activities can be categorized according to the main themes listed below. The research focus can be summarized in terms of the following four thematic areas:*

- 1) *Socio-behavioural research*
- 2) *Health services operational research*
- 3) *Quantitative / epidemiological research*
- 4) *Health economics*

*The Unit has established a model of work that is consultative and socially responsive and at the same time scientifically rigorous. Its strong links with government departments, communities and non-governmental organisations (NGOs), enables the voices of diverse stakeholders to be heard in both describing the issues and shaping solutions. The focus on women's health is aligned with national and international concerns in addressing the health needs of women.*

### **Director:**

J Harries, BA(Hons) MPhil MPH PhD *Cape Town*

### **Associate Professors:**

D Cooper, BSocSci BA(Hons) PhD *Cape Town*

C Mathews, BA(Hons) MSc(Med) PhD *Cape Town*

### **Senior Researchers:**

D Constant, BSc(Physio) BSc(Hons) MScMed MPH *Cape Town*

J Harries, BA(Hons) MPhil MPH PhD *Cape Town*

J Moodley, MBChB *Natal* MMed *Cape Town*

P Ormer, BSocSci BA (Hons) MA MPhil *Cape Town*

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

R Chadwick, BA BSocSci(Hons) MA PhD (Psychology) *Cape Town*



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## **RADIATION MEDICINE**

*L Block, Groote Schuur Hospital*

### **Professor and Head:**

R Abratt, MBChB *Pret* MMed *Cape Town* FCRadOnc SA

### **Medical Physics**

*L Block, Groote Schuur Hospital*

#### **Head:**

J K Hough, MPhil *Cape Town*

#### **Lecturers:**

TC Kotze, PhD *Stell*

G Maree, PhD *Cape Town*

C Trauernicht, BSc(Hons) *Stell* MSc(Med) *Cape Town*

### **Nuclear Medicine**

*C4/C3, New Groote Schuur Hospital*

#### **Head of Division and Senior Lecturer Full-time:**

T Kotze, MBCh *Wits* FCNP SA

#### **Professor Part-time:**

M Mann, MBChB PhD MMed (Paed) MMed (Nuc Med) *Cape Town*

#### **Senior Lecturer Part-time:**

A B Fataar, MBChB MMed *Cape Town*

#### **Consultants:**

A Brink, MBChB *Pret* DCH FCNP SA MMed (Nuc Med) *Cape Town*

R Steyn, MBChB *UFS* FCNP SA

### **Radiation Oncology**

*L Block, Groote Schuur Hospital*

#### **Professor and Head:**

R Abratt, MBChB *Pret* MMed *Cape Town* FCRadOnc SA

#### **Senior Lecturers Full-time:**

A J Hunter, BSc(Med)(Hons) PhD *Cape Town*

Z Mohamed, MBChB *Stell* MMed *Cape Town*

E M Murray, MBChB MMed *Cape Town* FCRadOnc SA

J Parkes, MBChB *Cape Town* FCRadOnc SA

A L van Wijk, MBChB *Cape Town* FCRadOnc SA

#### **Lecturers Full-time:**

S Dalvie, MBChB *Cape Town* FCRadOnc SA MMedRadOnc *UFS*

A S Hendrikse, BSc(Hons) PhD *Cape Town*

B Robertson, MBChB *Cape Town* FCRadOnc SA

J Wetter, MBChB *Cape Town* FCRadOnc SA MMedRadOnc *UFS*

## **Radiology**

*C16, New Grootte Schuur Hospital*

### **Professor and Head:**

S J Beningfield, MBChB *Cape Town FFRad(Diag) SA*

### **Emeritus Professor and Senior Lecturer Part-time:**

R E Kottler, MBChB MMed *Cape Town DCH RCP&S FRCR UK*

### **Senior Lecturers Full-time:**

N Ahmed, MBChB FCRad(Diag) *SA*

S E Candy, BSc HDE MBChB *Cape Town FFRad(Diag) SA*

R M Seggie, MBChB *Cape Town FFRad(Diag) SA*

### **Senior Lecturers Part-time:**

H T Goodman, MBChB *Cape Town MPraxMed Pret MFGP FFRad(Diag) SA FRCR UK*

L C Handler, MBChB MMed *Cape Town*

### **Lecturers Full-time:**

J R Kieck, MBChB *Stell FCRad(Diag) SA*

D Chhiba MBChB *Cape Town FCRad(Diag) SA*

## **Paediatric Radiology**

*B3, Red Cross Hospital*

### **Senior Lecturers Full-time:**

T N Kilborn, MBChB *Cape Town FRCR UK*

N A Wiesenthaler, MBChB *Cape Town FCRad(Diag) SA*

### **Lecturer Full-time:**

E Banderker, MBChB *Cape Town FCRad(Diag) SA*

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## SURGERY

*J Floor, Old Main Building, Grootte Schuur Hospital*

### **Professor and Head:**

D Kahn, MBChB *Birmingham* ChM *Cape Town* FCS SA

### **Emeritus Professors:**

D M Dent, MBChB ChM *Cape Town* FCS SA FRCS UK FRCPS *Glasgow* (Hon)

E J Immelman, MBChB *Cape Town* FCS SA FRCS UK

J Terblanche, MBChB ChM *Cape Town* FCS SA FRCS UK FRCPS *Glasgow* FACS (Hon)

FACP(Hon) FRCS UK (Hon) FRCS (Hon) FRCS *Edinburgh* FMC SA FRCSI (Hon)

### **Cardiothoracic Surgery**

*Grootte Schuur Hospital & Red Cross Children's Hospital*

*[The Division of Cardiothoracic Surgery provides clinical cardiac and thoracic surgery services for the community of Cape Town and the Western Cape region at both Grootte Schuur Hospital and Red Cross Children's Hospital. In addition, this Division is the only academic unit that provides cardiac transplantation in South Africa. This Division also has an active laboratory research programme centering on myocardial regeneration, restenosis and angio-genesis in tissue engineering.]*

### **Chris Barnard Chair of Cardiothoracic Surgery and Head:**

P Zilla, MD PD *Vienna* DMed *Zurich* PhD *Cape Town*

### **Associate Professors Full-time:**

J G Brink, MBChB *Cape Town* FCS SA

J Hewitson, MBChB *Cape Town* FCS SA

### **Associate Professor Part-time:**

K M de Groot, MD *Manitoba* FRCS *Canada*

### **Senior Lecturers Full-time:**

A Brooks, MBChB *Stell* FCS SA

P Human, PhD *Cape Town*

L Moodley, MBChB *Natal* FCS SA

J Scherman, MBChB *Cape Town* FCS SA

### **Emergency Medicine**

*Metro EMS, Karl Bremer Hospital*

### **Professor and Head:**

L Wallis, MBChB *Edinburgh* MD DIMCRCS DipSportMed *Glasgow* FRCS (A&E) *Edinburgh*  
FCEM UK FCEM SA FIFEM

### **Senior Lecturer:**

T Welzel, MBChB *Cape Town* DipPEC HDip IntMedDip HIV ManDipForMed (Clin/Path) SA  
DTM&H *Pret* BSc(Med)(Hons) (DivingMed) MSc(Med)(ClinEpi) *Stell* EMDM *Novara*

### **Lecturer (Joint Staff):**

K Cohen, MBChB MMed(EM) *Cape Town*

D Fredericks, MBChB *Cape Town* FCEM SA

H Geduld, MBChB MMed(EM) *Cape Town* DipPEC FCEM SA

AM Kropman, MBChB *Cape Town* FCEM SA

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### Honorary Senior Lecturer:

H Lamprecht, MBChB *Stell D Anaes London FCEM SA FCEM UK*  
W Smith, MBChB *Cape Town EMDM*

### Honorary Lecturers:

S R Bruijns, MBChB *Pret DipPEC SA*  
B Cheema, MB BS BSc (Psychology) *MRCPC London DTM&H Liverpool*  
S de Vries, MBChB MPhil(EM) *Cape Town DipPEC SA*  
J du Toit, BSc BSc(Hons) MSc PhD *Wits MHRP SA BPP*  
S Lahri, MBChB *Wits FCEM SA*  
J Malan, MBChB *Pret DipPEC FCEM SA*  
I Mconochie, MBBS *FRCPC PhD London FCEM UK FRCPI Ireland*  
S Le Roux, BSc MBChB *Cape Town*  
M Stander, MB BCh *UJ MMed(EM) Cape Town*  
K Vallabh, MBChB *Wits FCEM SA*  
N van Hoving, MBChB *UFS DipPEC SA MMed(EM) MSc(Med)(Clin Epi) Stell*

### General Surgery

*J Floor, Old Main Building, Groote Schuur Hospital*

### Professor and Head:

D Kahn, MBChB *Birm ChM Cape Town FCS SA*

### Professors:

J E J Krige, MBChB MSc *Cape Town FRCS Edinburgh FCS SA*  
A Mall, BSc(Med)(Hons) MSc *Cape Town PhD Newcastle-upon-Tyne*

### Emeritus Professors:

P C Bornman, MMedSurg *FRCS Ed FCS SA FRCS Glasgow*  
D M Dent, MBChB ChM *Cape Town FCS SA FRCS UK FRCPS Glasgow (Hon)*  
E J Immelman, MBChB *Cape Town FCS SA FRCS UK*  
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 FRCSE (Hon)*

### Associate Professors:

P A Goldberg (Head: Colorectal Unit), MBChB MMed *Cape Town FCS SA*  
W L Michell (Head: Surgical Intensive Care Unit), MBChB *Cape Town FFA DA SA*  
P Navsaria, MBChB MMed *Cape Town FCS SA*  
A J Nicol (Head: Trauma Unit), MBChB *Cape Town FCS SA*  
E Panieri (Head: Oncology, Endocrinology), MBChB MMed *Cape Town FCS SA*

### Senior Lecturers Full-time:

S Edu, Dip in Medicine *Romania FCS SA*  
E Muller, MBChB *Pret MRCS FCS SA MMed Cape Town*  
N G Naidoo (Head: Vascular Unit), MBChB *UKZN FCS SA*

### Adjunct Professor:

R J Baigrie, BSc MD *Cape Town FRCS UK*

### Senior Lecturers Part-time:

H F Allison, MBChB *Cape Town FRCS Edinburgh FCS SA*  
D Anderson, MBChB *Cape Town FCS SA*  
S N R Cullis, MBChB *Cape Town FCS SA FRCS Edinburgh*

C Dreyer, MBChB *Pret FCS SA*  
 K J Goldberg, MBChB *Cape Town FCS SA*  
 M V Madden, MBChB *Cape Town FCS SA FRCS UK FRCS Edinburgh*  
 P J Matley, MBChB *Cape Town FCS SA*  
 K Michalowski, MD *Poland FCS SA*  
 A J Ndhuni, MBChB *Zimbabwe FCS SA*  
 H Spilg, ChM *Cape Town FCS SA*  
 J A Tunncliffe, MBChB *Cape Town FCS SA*  
 H I Yakoob, MBChB *Cape Town FCS SA*

**Honorary Senior Lecturers:**

D Allard, DocMed SpecChirGen *Belgium Trauma Surgery SA*  
 S Pillay (Livingstone Hospital), MBChB *Ireland FCS SA*

**Lecturer Full-time:**

M Bernon, MBBCh *Wits FCS SA Cert Gastroenterology*  
 A B T Boutall, MBBCh *Stell FCS SA Cert Gastroenterology*  
 S Burmeister, MBChB *Cape Town FCS SA Cert Gastroenterology*  
 L Cairncross, MBChB *Cape Town FCS SA*  
 G Chinnery, MBChB *Wits MMed FCS SA Cert Gastroenterology*  
 N Cloete, MBChB *Cape Town FCS SA Cert Vascular*  
 C Warden, MBChB *Cape Town MMed FCS SA*

**Lecturer Part-time:**

M Hewat, MBChB *Cape Town FCS SA*

**Neurosurgery**

*H53, Old Main Building, Groote Schuur Hospital*

**Helen & Morris Mauerberger Professor and Head:**

A G Fieggen, BSc(Med) MBChB MD *Cape Town MSc London FCS SA*

**Emeritus Professors:**

J C Peter, MBChB *Cape Town FRCS Edin*  
 J C de Villiers, MD *Cape Town MD Stell DSc UWC FRCS UK FRCS Edinburgh*

**Professor:**

A A Figaji, MBChB MMed PhD *Cape Town FCNeurosurg SA*

**Honorary Professors:**

P Siesjö, MD PhD *Lund*  
 M J A Wood, MBChB *Cape Town DPhil Oxon*

**Associate Professors:**

P L Semple, MBChB MMed PhD *Cape Town FCS SA*  
 A G Taylor, MBBCh *Wits MMed Cape Town MSc Paris/Mahidol FCS SA*

**Senior Lecturers:**

D E J Le Feuvre, MBChB MMed *Cape Town MSc Paris/Mahidol FCS SA*  
 D G Welsh, MBChB *Cape Town FRCS London FCS SA*

**Senior Lecturers Part-time:**

N D Fisher-Jeffes, MBChB *Stell FCS SA*  
 C F Kieck, MBChB *Stell MD Cape Town FCS SA*  
 R L Melvill, MBChB *Cape Town FCS SA*  
 S A Parker, MBChB *Cape Town FCS SA*

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### Lecturers:

L C Padayachy, MBChB *Pret* FCNeuroSurg SA MMed *Cape Town*  
S J Röthemeyer, MBBCh *Wits* FCNeurosurg SA

### Lecturer Part-time:

G A White, MBChB *Cape Town* FCS SA

## Ophthalmology

*H52, Old Main Building, Grootte Schuur Hospital*

### Morris Mauerberger Professor of Ophthalmology and Head:

C Cook, MBChB MPH *Cape Town* FCS(Ophth) FRCOphth SA

### Emeritus Professor:

A D N Murray, MBBCh *Wits* FRCS *Edinburgh* FRC(Ophth) FC(Ophth) SA

### Director Community Eye Health Institute:

D Minnies, NHDMT(Haematology) SA MPH *Cape Town*

### Senior Lecturers Full-time:

N Cockburn, MBChB *Cape Town* FCS(Ophth) SA  
N du Toit, MBChB *Cape Town* Dip(Ophth) FCS(Ophth) SA  
K Lecuona, MBChB *Cape Town* FCS(Ophth) SA  
J Rice, MBChB *Wits* FCS(Ophth) SA  
C Tinley, MBChB *Cape Town* FRC(Ophth) SA

### Senior Lecturers Part-time:

E Albrecht, MBChB *Stell* FCS(Ophth) SA  
J de Villiers, MBChB *Cape Town* FCS(Ophth) SA  
R H Grötte, MBBS *Newcastle* FRCS *Edinburgh* DO RCP *London* RCS UK  
D Harrison, MBChB *Cape Town* FCS(Ophth) SA  
M Johnston, MBChB *Cape Town* FCS(Ophth) SA  
F J Kupper, MBChB MMed *Cape Town* DO RCP *London* RCS UK  
A Perrott, MBChB *Cape Town* FCS(Ophth) SA  
P S C Steven, MBChB *Cape Town* DOMS RCP *London* RCS UK  
K Suttle, MBChB *Cape Town* FCS(Ophth) SA  
H van Velden, MBChB *Stell* FCS(Ophth) SA  
M Vayanos, MBChB *Cape Town* FCS(Ophth) SA

## Orthopaedic Surgery

*H49 Old Main Building, Grootte Schuur Hospital*

### Pieter Moll & Nuffield Professor of Orthopaedic Surgery and Head:

To be appointed.

### Associate Professor Full-time:

E B Hoffman, MBChB *Stell* FCS (Orth) SA

### Senior Lecturers Full-time:

S Dix-Peek, MBBCh *Wits* FCS (Orth) SA MMed *Cape Town*  
R Dunn, MBChB MMed *Cape Town* FCS (Orth) SA  
N Kruger, MBChB *Cape Town* FCS (Orth) SA  
S Maqungo, MBChB *Natal* FCS (Orth) SA  
S Roche, MBChB *Cape Town* LMCC *Canada* FCS (Orth) SA

M Solomons, MBChB *Cape Town FCS (Orth) SA*

**Senior Lecturer Five-eighths:**

G Grobler, MBChB MMed *Cape Town FRCS Edinburgh FCS (Orth) SA*

**Senior Lecturers Part-time:**

J H Crosier, MBChB *Cape Town FRCS Edin ChM Cape Town FCS (Orth) SA*

B Dower, MBChB *Cape Town FCS (Orth) SA*

K V Hosking, MBChB *Cape Town FCS (Orth) SA*

P Makan, BSc(Med) MBChB MMed *Cape Town FCS (Orth) SA*

T Munting, MBChB *Cape Town FCS (Orth) SA*

P Polley, MBChB *Cape Town FCS (Orth) SA*

L T Sparks, MBChB *Cape Town FRCS UK*

**Honorary Senior Lecturers:**

M Bartman, MBChB *Pret FCS (Orth) SA*

B Bernstein, MBBCh *Wits FCS (Orth) SA*

S Carter, MBChB *Cape Town FCS (Orth) SA*

D Dall, MBChB *Cape Town FRCS Edin MCh (Orth)*

J de Beer, MBChB *Pret MMed (Orth)*

P J Erasmus, MBChB *Stell MMed (Orth)*

I D Learmonth, MBChB *Stell, FRCS Eng, FCS (Orth) SA*

D E Pollock, MBChB *Cape Town FCS (Orth) SA*

P Rowe, MBBCh *Wits FCS (Orth) SA*

B C Vrettos, MBChB *Zimbabwe FRCS England MMed Cape Town FCS (Orth) SA*

**Honorary Lecturers:**

M Maree, MBChB *Cape Town FC (Orth) SA*

R Von Bormann, MBChB *Cape Town FC (Orth) DA SA*

**Otorhinolaryngology**

*H53, Old Main Building, and Ward F8, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital and New Somerset Hospital*

**Leon Goldman Professor of Otorhinolaryngology and Head:**

J J Fagan, MBChB MMed *Cape Town FCS SA*

**Senior Lecturers Full-time:**

G J Copley, MBChB *Cape Town FCS(Otol) SA*

O Edkins, MBChB *Wits FCS(Otol) SA*

D E Lubbe, MBChB *Stell FCS(Otol) SA*

E Meyer, MBChB *Pret FCS(Otol) SA*

**Lecturer Five-eighths:**

A van Lierop, MBChB *Stell FCS(Otol) SA*

**Lecturers Part-time:**

M D Broodryk, MBBCh *Stell FCS(Otol) SA*

P J de Waal, MBChB *Cape Town FCS(Otol) SA*

L Nel, MBChB *Pret FCS SA*

P S Traub, MBBCh *Wits FCS(Otol) SA*

M J R R Vanlierde, MBChB *Cape Town FCS(Otol) SA*

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### **Paediatric Surgery**

*Institute of Child Health, Red Cross Children's Hospital, Rondebosch*

#### **Charles F M Saint Professor of Paediatric Surgery and Head:**

A J W Millar, MBChB *Cape Town* FRCS UK FRCS *Edinburgh* FRACS DCH (RCP&SEng) FCS SA

#### **Professor:**

A B van As, MBChB *Netherlands* FCS SA PhD *Cape Town* MBA SA

#### **Adjunct Professor:**

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

#### **Emeritus Professors:**

M R Q Davies, MBChB *Pret* MMed(Surg) FCS SA FRCS UK & *Edinburgh*

H Rode, MBChB *Pret* MMed(Surg) UPE FRCS *Edinburgh* FCS SA

#### **Associate Professors:**

T Hoffman, MBChB *Cape Town* FCSOrth SA

D A Hudson, MBChB *Cape Town* FCS(Plastic) FRCS

A Numanoglu, MBChB *Turkey* FCS SA

#### **Senior Lecturers:**

S Adams, MBChB *Cape Town* FC Plast (Plast&ReconSurg) SA

A Alexander, MBBCh *Wits* FCS SA CertPaedSurg SA

G Copley, MBChB *Cape Town* FCS(Otol) SA

S G Cox, MBChB *Cape Town* FCS SA CertPaedSurg SA

S Dix-Peek, MBChB *Cape Town* FCS(Orth) SA

A A Figaji, MBChB MMed PhD *Cape Town* FC(Neurosurg) SA

J Lazarus, MBChB *Cape Town* FCS(Urol) SA

L C Padayachy, MBChB *Pret* FCS(Neurosurg) SA MMed *Cape Town*

C Tinley, MBChB *Stell* FRCOphth

#### **Research Social Worker:**

R Albertyn, BSocSc (MW) *UFS* BA (Hons)(GMW) *Stell* PhD *Cape Town*

#### **Child Accident Prevention Foundation of Southern Africa (Childsafe):**

P Nyakaza, BA (Social Work) *UWC*

#### **Senior Medical Technologist:**

J Raad, DipMedTech(Microbiol)(Haem) *UJ*

### **Plastic, Reconstructive and Maxillo-facial Surgery**

*F16, New Groote Schuur Hospital*

#### **Associate Professor and Head:**

D A Hudson, MBChB MMed *Cape Town* FCS SA FRCS

#### **Consultants Full-time:**

K G Adams, MBChB *Cape Town* FC Plast(Plast&ReconSurg) SA

S Adams, MBChB *Cape Town* FC Plast(Plast&ReconSurg) SA



**Senior Lecturers Part-time:**

D B Fernandes, MBChB FRCS *Edinburgh*  
 S Geldenhuys, MBChB FCS *SA*  
 D Lazarus, MBChB *Cape Town* FCS *SA*  
 R Lechtape-Grüter, MD MMed *Cape Town*  
 S Meintjes, MBChB MMed *Cape Town*  
 T Rousseau, MBChB *Pret* FCS(Plast&ReconSurg) *SA*  
 P J Skoll, MBChB *Cape Town* FRCS FCS *SA*  
 L B van Oudenhove, MBChB *Cape Town* FCS *SA*  
 J E van Zyl, MBChB *Stell* FCS *SA*  
 M van der Velde, MBChB FCS *SA*

**Part-time Dental Surgeon and Acting Head of Oral and Dental Surgery:**

G Kariem, BChD *UWC* MChD MFOS *Stell*

**Maxillo-facial and Oral Surgery: Part-time Consultants:**

G J Hein, BChD MChD *UWC*  
 G Kariem, BChD *UWC* MChD MFOS *Stell*

**Maxillo-facial Prostheticist:**

R Goolam, BDChD MChD

**Dentists:**

S Aniruth, BChD *UWC*  
 A Kassan, BDS *RAU*  
 S Singh, BChD *UWC* BSc *UKZN*

**Maxillo-facial Prosthetics Technologist:**

R Wallis, DipDentTech *SA* CertAdvancedOrthodontics&MaxillofacialTechn

**Surgical Gastroenterology**

*E23, New Main Building, Groote Schuur Hospital*

**Professor and Head:**

J E J Krige, MBChB MSc(Med) *Cape Town* FCS *SA* FACS FRCS

**Associate Professor and Head Colorectal Clinic:**

P A Goldberg, MBChB *Cape Town* FCS *SA*

**Lecturer:**

S Burmeister, MBBCh *Cape Town* FCS *SA*

**Junior Consultant:**

M Bernon, MBBCh *Cape Town* FCS *SA*  
 G Chinnery, MBBCh *Pret* FCS *SA*

**Urology**

*E26, New Groote Schuur Hospital*

**Head:**

To be appointed.

**Emeritus Associate Professor:** (subject to approval at time of print.)

R D Barnes, MBChB *Cape Town* FCS(Urol) *SA*

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### **Senior Lecturers Part-time:**

T M Borchers, MBChB *Cape Town* FCS(Urol) SA

W Botha, MBChB *Stell* FCS(Urol) SA

L A Aldera, MBChB *Cape Town* FCS(Urol) SA

### **Senior Lecturers Full-time:**

J M Lazarus, MBChB *Cape Town* FCS(Urol) SA

S Sinha, MBBS *Ranchi*, H Dip Surg FCS(Urol) SA FRCS *Glasgow*

L Kaestner, MBChB *Stell* FCS(Urol) SA MMed *Cape Town*

## **RESEARCH STRUCTURE:**

### **Cardiovascular Research Unit**

*Third Floor, Chris Barnard Building, Faculty of Health Sciences*

*The Cardiovascular Research Unit provides postgraduate training in the disciplines of Biomaterials, Cardiothoracic Surgery and Computational Biomechanics. Both MSc(Med) and PhD degrees by dissertations 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 PD *Vienna* DMed *Zurich* PhD *Cape Town*

### **Deputy Director:**

P Human, PhD *Cape Town*

### **Associate Professor:**

T Franz, PhD *Bremen*

### **Senior Lecturers:**

D Bezuidenhout, PhD *Stell*

N H Davies, PhD *Cape Town*

### **Laboratory Assistant**

R Michaels

## ADDITIONAL INFORMATION

### FORMULAE FOR UNDERGRADUATE DEGREES WITH HONOURS AND DISTINCTION

[Subject to approval at time of print]

		POINTS TOWARD HONOURS AND DISTINCTION		
		FIRST 75%+	UPPER 2ND 70-74%	LOWER 2ND 60-69%
<b>FIRST YEAR</b>				
CEM1011F	Chemistry for Medical Students	4	2	1
PHY1025F	Physics	4	2	1
PPH1001F	Becoming a Professional	4	2	1
PPH1002S	Becoming a Health Professional	4	2	1
HUB1006F	Integrated Health Sciences Part 1	8	6	3
HUB1007S	Integrated Health Sciences Part 2	8	6	3
	<b>Maximum points for first year examinations</b>	<b>32</b>		
<b>SECOND YEAR</b>				
HUB2017H	Integrated Health Systems Part 1A	12	10	5
LAB2002S	Integrated Health Systems Part 1B	8	6	3
PPH2000W	Becoming a Doctor Part 1A	10	8	4
SLL2002H	Becoming a Doctor (languages) Part 1B	6	4	2
Special Study Module		4	2	1
	<b>Maximum points for second year examinations</b>	<b>40</b>		
<b>THIRD YEAR</b>				
LAB3009H	Integrated Health Systems Part II	12	10	5
PPH3000H	Becoming a Doctor Part 2A	6	4	2
SLL3002H	Becoming a Doctor(languages) Part 1B	6	4	2
MDN3001H	Introduction to clinical Practice	14	12	6
	<b>Maximum points for third year examinations</b>	<b>38</b>		
<b>FOURTH YEAR</b>				
MDN4011W	Medicine	12	10	5
OBS4003W	Obstetrics & Gynaecology	6	4	2
PPH4013W	Public Health	4	2	1
PPH4043H	Health Promotion	4	2	1
PRY4000W	Psychiatry	6	4	2
MDN4015W	Pharmacology& Applied Therapeutics	4	2	1
SLL3003W	Clinical Language	2	1	0.5
	<b>Maximum points for fourth year examinations</b>	<b>38</b>		
<b>FIFTH YEAR</b>				

**222 ADDITIONAL INFORMATION**

		POINTS TOWARD HONOURS AND DISTINCTION		
		FIRST 75%+	UPPER 2ND 70-74%	LOWER 2ND 60-69%
AAE5000H	Anaesthesia	6	4	2
CHM5003W	General 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	10	8	4
PPH5000H	Primary Health Care Elective	4	2	1
	<b>Maximum points for fifth year examinations</b>	<b>52</b>		
<b>SIXTH YEAR</b>				
MDN6000W	Medicine	10	8	4
OBS6000W	Obstetrics & Gynaecology	10	8	4
PED6000W	Paediatrics	10	8	4
CHM6000W	Surgery	10	8	4
PPH6000W	Family Medicine	6	4	2
PRY6000W	Psychiatry	6	4	2
	<b>Maximum points for sixth year examinations</b>	<b>52</b>		
Maximum points for clinical examinations (years 1 to 3)		110		
Maximum points for clinical examinations (years 4 to 6)		142		
Maximum overall points (years 1 to 6)		252		

Award	Criteria	Minimum Point Score
Distinction in the preclinical examinations	Student must score at least 80% of the maximum points for the preclinical examinations	88 out of 110
Distinction in the clinical examinations	Student must score at least 75% of the maximum points for the clinical examinations	106 out of 142
Distinction in final clinical examinations	Student must score at least 75% of the maximum point score for the sixth year examinations	39 out of 52
Award of degree with honours	Student must achieve an overall point score of at least 75% of the maximum overall points	189 out of 252
Award of degree with first class honours	Student must achieve an overall point score of at least 85% of the maximum overall points	214 out of 252

For students who transfer from other universities/faculties, an average will be allocated for their previous courses, based on achievement at UCT. “Repeat” results do not count.

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

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

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

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

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

#### **BSc Physiotherapy:**

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

## **CLASS MEDALS, DEAN’S MERIT LIST AND PRIZES**

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

### **MEDALS**

#### **MBChB**

Class medal for best overall performance in  
PPH1001F Becoming a Professional, and  
PPH1002S Becoming a Health Professional

Class medal for best overall performance in  
HUB1006F Introduction to Integrated Health Sciences Part I, and  
HUB1007S Introduction to Integrated Health Sciences Part II

Class medal for best overall performance in  
HUB2017H Integrated Health Systems Part IA, and  
LAB2000S Integrated Health Systems Part IB, and  
LAB3009H Integrated Health Systems Part II

Class medal for best overall performance in Pathology components in  
HUB2017H Integrated Health Systems Part IA, and  
LAB2000S Integrated Health Systems Part IB, and  
LAB3009H Integrated Health Systems Part II

Class medal for best overall performance in  
PPH2000W Becoming a Doctor Part IA, and  
SLL2002H Becoming a Doctor Part IB, and  
PPH3000H Becoming a Doctor Part IIA, and  
SLL3002H Becoming a Doctor Part IIB

Final year class medal for best overall performance in  
PRY6000W Psychiatry

Final year class medal for best overall performance in  
OBS6000W Obstetrics & Gynaecology

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Final year class medal for best overall performance in MDN6000W Medicine

Final year class medal for best overall performance in CHM6000W Surgery

Final year class medal for best overall performance in PED6000W Paediatrics

Final year class medal for best overall performance in PPH6000W Family 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.
- (c) Gold medal for overall top student (provided an average of 75% or above has been obtained through 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.
- (c) Gold medal for overall top student (provided an average of 75% or above has been obtained through 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:
- (b) AHS3004H Clinical Speech Therapy II (third year BSc Speech-Language Pathology);

- (c) AHS3008H Clinical Audiology II (third year Audiology);
  - (d) AHS4005H Clinical Speech Therapy IIIA and AHS4006H Clinical Speech Therapy IIIB (combined) (fourth year Speech-Language Pathology)
  - (e) AHS4008H Clinical Audiology IIIA and AHS4009H Clinical Audiology IIIB (combined) (fourth year Audiology).
- (b) Distinction for degree: Overall average of 75% throughout all four years of study.
  - (c) Gold medal for overall top performance throughout BSc Audiology and BSc Speech Language Pathology (provided an average of 75% or above has been obtained through all four years of study).

## **DEAN'S MERIT LIST**

### **MBChB**

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

### **HEALTH & REHABILITATION SCIENCES**

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

## **GENERAL NAMED PRIZES**

BARNARD FULLER PRIZE	For the best student qualifying for MBChB with first class honours.
FORMAN PRIZE	For the undergraduate student who has made a special contribution to student affairs.
JOCELYN HELLIG PRIZE	For the top final year MBChB student.
PROFESSOR MARY ROBERTSON PRIZE FOR EXCELLENCE	For the top female MBChB graduate.
PROFESSOR MARY ROBERTSON PROGRESS PRIZE	For the graduating female MBChB student from a disadvantaged background who made the most progress over the six years of study.
STANLEY PHILIP NEUMANN MEMORIAL AWARD	Awarded to the overall outstanding student completing the courses prescribed for semesters 3 to 5 of the MBChB programme.
ZALMEN ATLAS MEMORIAL PRIZE	For the best student in the first year of the MBChB programme.
ZWARENSTEIN PRIZE	For the best student in the first year of the MBChB programme.

## **NAMED PRIZES BY DEPARTMENT:**

### **DEPARTMENT OF ANAESTHESIA**

#### **PRISMAN PRIZE**

For two final year MBChB students submitting the best portfolios in Anaesthesia. This submission is voluntary. It will entail a detailed and comprehensive essay on all aspects of the peri-operative Anaesthetic management and issues of one of their surgical clinical case studies already included in their sixth year MBChB Surgery portfolio. A monetary prize will be awarded to the two best portfolios. The Department of Anaesthesia reserves the right to withhold the prize if the standard of the essays is deemed to be inadequate.

SA SOCIETY OF ANAESTHETISTS' MEDAL For the best fifth year MBChB student in Anaesthesia.

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

DOWIE DUNN MEMORIAL PRIZE Awarded to the best sixth year MBChB student in Paediatrics.

DR I MIRVISH PRIZE Awarded to the top student in fifth year MBChB Paediatrics.

DR KATHY CHUBB MEMORIAL PRIZE For the final year MBChB student (preferably female) who has shown excellent overall performance in the fields of Paediatrics and Surgery, and recognised dedication to the practice of Medicine.

NESTLÉ PRIZE For the best final year MBChB student in Paediatrics oral and clinical examinations.

### **DEPARTMENT OF CLINICAL LABORATORY SCIENCES**

#### **General**

LAFRAS STEYN CLINICAL LABORATORY SCIENCES PRIZE Awarded at the bi-annual research day for the best student oral presentation of the day.

#### **Anatomical Pathology**

B J RYRIE BOOK PRIZE For meritorious work in Anatomical Pathology in third year MBChB.

R O C KASHULA PRIZE For the best Anatomical Pathology essay in semester five MBChB.

#### **Chemical Pathology**

RAYMOND ZETLER BOOK PRIZE For the MBChB student with the best examination results in third year Chemical Pathology.



**Forensic Pathology**

DIVISIONAL PRIZE

For the top student in LAB5008H Forensic Pathology

**Haematology**

H S EBRAHIM MEMORIAL MEDAL

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

**Medical Biochemistry**

MARK HORWITZ PRIZE

For the best MBChB student in Molecular Medicine (LAB3020W).

PARBHOO PRIZE

For the best Special Study module in Molecular Medicine.

**Medical Microbiology**

THE ARDERNE FORDER BOOK PRIZE

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

**Virology**

GOLDA SELZER PRIZE

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

**DEPARTMENT (SCHOOL) OF HEALTH & REHABILITATION SCIENCES**

**Communication Sciences and Disorders (Audiology and Speech-Language Pathology)**

A B CLEMONS AWARD

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

P DE V PIENAAR PRIZE

Awarded by the South African Speech-Language-Hearing Association to the student who maintained the highest academic standard over four years, with a minimum average of 75% throughout the programme.

SA ASSOCIATION OF AUDIOLOGISTS PRIZE

For the best clinical performance in Audiology.

SASLHA (W. CAPE) PRIZES

For the student who has made the most significant progress in clinical application in Audiology and for the student who has made the most significant progress in clinical application in Speech Language Pathology.

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.

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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.

### **Physiotherapy**

JOHANNES KARL WILHELM  
BINNEWALD TROPHY

For the best final year student in clinical Physiotherapy.

MARILYN AND TIM NOAKES  
AWARD

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

PAGET PHYSIOTHERAPY SHIELD

For the student achieving the highest academic standard during the four years of BSc Physiotherapy study.

PHYSIOTHERAPY THIRD YEAR  
SHIELD

For the best overall student in third year BSc Physiotherapy.

SOUTH AFRICAN SOCIETY FOR  
PHYSIOTHERAPY TROPHY

For the best overall student in final year BSc Physiotherapy.

## **DEPARTMENT OF HUMAN BIOLOGY**

AW SLOAN PRIZE

For the best performance in Integrated Health Sciences Parts 1 and 2 (HUB1006F and HUB1007S)

IONE SELLARS MEMORIAL PRIZE

For the best student in Anatomy & Physiology II for Health & Rehabilitation Sciences. (HUB2015W)

KURT GILLIS PRIZE

For the best performance in Fundamentals in Integrated Health Sciences Parts 2 (HUB1011F)

MR DRENNAN MEMORIAL PRIZE

For the best student in HUB2017F and LAB2000S Integrated Health Systems Parts 1A and Part 1B in second year MBChB

RICHARD WILLIAM SPENCER  
CHEETHAM PRIZE

For the highest mark in the neuroscience component of LAB3009F Integrated Health Systems Part 2

UCT SURGICAL SOCIETY PRIZE

For the second year MBChB student with the highest score in the Anatomy sections of OSPE and SAQ examinations throughout the year.

W A AND GORDON JOLLY PRIZES  
(3 awards)

For the best practical performance in each of the following:  
(i) HUB2021S Human Biology: Regulation & Integration

- (ii) HUB3006F General and Applied Physiology
- (iii) HUB3007S Biophysics and Neurophysiology.

**DEPARTMENT OF MEDICINE**

ADCOCK INGRAM  
PHARMACEUTICALS AWARDS  
(3 awards)

- (i) For the best student in Introduction to Clinical Practice – third year MBChB MDN3001H
- (ii) For the best overall student in Medicine – fourth year MBChB
- (iii) For the best student in Clinical Medicine – sixth year MBChB.

DR FRANCOIS MAJOOS MEDAL

For the top MBChB student in the fourth year Medicine.

DR HELEN BROWN PRIZE

For the second best final year student in Clinical Medicine.

JIM MacGREGOR PRIZE

For the medical undergraduate student who performs best in the Neurology part of the course MDN5002W.

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 MEDAL

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 Health Care

ISADORE JACOB WALT PRIZE

For the best student in Primary Health Care 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 MDN5002W.
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### Ophthalmology

J S DU TOIT MEMORIAL PRIZE	For the winner of a competition in Ophthalmology open to fifth year MBChB students.
WELCH ALLYN S.A.	For the top student in Ophthalmology – fifth year MBChB.

### Orthopaedic Surgery

SMITH & NEPHEW	For the best fifth year MBChB student in Orthopaedic Surgery.
SYNTHESES PRIZES	For the best fifth year MBChB student in Orthopaedic Surgery.

### Otorhinolaryngology

WELCH ALLYN S.A.	For the student obtaining the highest marks in the final ENT examination in fifth year MBChB.
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### Paediatric Surgery

J H LOUW PRIZE IN PAEDIATRIC SURGERY	For the best student in Paediatric Surgery in the final examination – fifth year MBChB.
SIDNEY CYWES PRIZE	For the best achievement in Paediatric Surgery in the final year of the MBChB programme.

### Urology

DONAL BARNES PRIZE	For the best performance in an end-of-block viva examination and the Urology case report.
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# GUIDE TO PROFESSIONAL BEHAVIOUR FOR UNDERGRADUATE HEALTH SCIENCES STUDENTS

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

## 1. Dress

Students are expected to dress appropriately, particularly when they are in contact with patients. Students are expected to:

- Be tidy, clean and neat
- Refrain from wearing very casual or inappropriate clothes (no bare midriffs, shorts, short skirts or “slipslops”)
- Refrain from sporting hairstyles and jewellery that may offend patients and their families
- Maintain a high standard of personal hygiene
- Wear uniforms or clean white coats where appropriate.

## 2. General behaviour

Students need to be aware that their behaviour outside the clinical environment, including in their personal lives and also (including behaviour on social network websites) impacts on both their clinical and academic work and may have an impact on the confidence that their patients and their teachers have in them and on their fitness to practise.

Students are expected to be polite, honest, compassionate and trustworthy and act with integrity. This includes being honest when conducting research, writing reports and logbooks and when completing and signing forms. Students need to be aware of plagiarism and report it when observed in others.

Students need to be present and punctual for all formally arranged learning opportunities and assessments and provide medical or other valid reasons for their absences.

## 3. Academic and clinical training

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

Students are expected to:

- Attend all structured teaching and learning sessions (lectures, tutorials, clinics, ward rounds, after hours duties, laboratory sessions etc.)
- Complete all assignments and written work on time
- Show respect for the knowledge and skills of their teachers and others involved in their learning
- Behave with courtesy towards teachers, administrators and support staff

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- Reflect on the feedback they are given about their behaviour and performance and respond appropriately
- Respond to communication, whether this be in connection with patient care or their own education
- Give constructive feedback on the quality of their learning and teaching.

### 4. Relationship with patients

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

Students are expected to:

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

### 5. Relationship with colleagues

Teamwork is key to the work of the health professional. Health professional students have to be able to work effectively with their colleagues in order to deliver a high standard of care and ensure patient safety. Students need to develop skills to work in 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.

### 6. Clinical practice

Being able to provide a high standard of clinical care is key to becoming a health professional. Students are expected to:

- Recognise and work within the limits of their competence and ask for assistance when necessary
- Be honest with patients and accurately represent their position as students
- Ensure that they are appropriately supervised
- Ensure that the treatment offered is based on clinical need
- Be aware of scarce resources and not waste these

- Maintain high standards of clinical practice
- Raise concerns with the relevant authorities when clinical standards that could compromise patient or others safety are not upheld.

## PROCESS TO INVESTIGATE REPORTED STUDENT IMPAIRMENT OR UNPROFESSIONAL CONDUCT

### INTRODUCTION

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

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

### DEFINITIONS

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

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

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

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

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

- 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.

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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 health care 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 convenor 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 convenors 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.

## **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 counseling 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 counseling 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 immunosuppressants 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-tuberculous treatment for  $\geq 2$  weeks;

**2.3.1.2 When entering or working in an induced sputum cubicle (of specific relevance to physiotherapy students).**

**2.3.2 Type of mask to be worn**

Surgical masks are ineffective as a means of reducing tuberculosis acquisition. Students must, therefore, wear an N95 (or FFP3) particulate filter mask (respirator).

**2.3.3 Fit-testing**

All health sciences students must have a once-off fit-test to determine the correct type and size of mask for their face, thereby ensuring a proper fit. The outcome of each student's fit-test will be recorded for future reference.

The fit-testing process will include instructing the student on how to use the mask correctly. They must be informed of at least the following:

- 2.3.3.1 that facial hair (notably beards) disrupt N95 mask efficiency and therefore that facial hair removal is advisable – students who choose to wear a beard nonetheless must understand that the N95 mask will be less efficacious.
- 2.3.3.2 that they must check the integrity of the mask every time they use it;
- 2.3.3.3 how to put the mask on and take it off;
- 2.3.3.4 that they must disinfect their hands before and after putting the mask on and taking it off;
- 2.3.3.5 that care must be taken not to squash the mask;
- 2.3.3.6 that under normal working conditions an N95 mask can remain effective for at least 8 hours of continuous use. Mask efficacy is reduced if they become torn or moist. If the N95 mask is used only intermittently then it can be effective for 1-4 weeks, depending on the frequency of use;
- 2.3.3.7 that used masks must be disposed of by being discarded in a medical waste box.

**2.3.4 Provision and distribution of masks**

- 2.3.4.1 The FHS will provide students, as needed, with free access to supplies of the N95 mask that fits them throughout the period of their undergraduate studies. Students should not obtain N95

masks from hospital wards as these are often in short supply for health care workers and visitors.

2.3.4.2 At sites where there is a UCT-employed Site Coordinator, Site Facilitator or Facility Manager, this person will be responsible for supplying students with masks as needed. At all other sites the distribution of masks will be the responsibility of the Lecturer, Clinical Educator or Supervisor responsible for the students concerned.

2.3.4.3 The Faculty's provision of masks will be administered by the office of the Health Teaching Platform Coordinator.

### 3 Students with TB

- 3.1 Any student diagnosed with TB is urged in the strongest possible terms to ensure that they know their HIV status in order to ensure optimal treatment.
- 3.2 A student who is found to have TB is also strongly encouraged to confidentially advise the Student Development and Support Office of their TB status in order to enable the Faculty to help ensure that s/he receives whatever support and essential treatment and follow-up are needed.
- 3.3 In the case of drug-sensitive pulmonary TB, a student should stay out of class and out of the work environment for two weeks after diagnosis and commencement of treatment. With pulmonary MDR-TB, while the final decision will be in the hands of the attending doctor, generally a return to class and work should be allowed once they have sputum converted – that is, established to be culture-negative on two occasions from sputum taken one month apart.
- 3.4 The Student Development and Support Office will maintain a confidential record of all students who have reported their diagnosis of TB in order to help ensure that such students are appropriately managed throughout their illness.
- 3.5 Reporting: The Head of the Faculty's Student Development and Support Portfolio will monitor infections on the basis of confidential student TB statistics made available to him/her monthly by the Student Development and Support Office. If there are sudden changes in incidence, s/he can initiate an investigation – including consultation with the Head of the Division of Infectious Diseases and HIV Medicine – with a view to preventing further infections.

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

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

### Appendix A - Use of Electronic Devices

#### A.1 Definition

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

**A.2 Application**

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

**A.3 Background**

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

**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. Refer to A.7 for consequences to violating this policy.

**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 course work 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.

## 240 ADDITIONAL 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. The necessary consent form can be obtained from your department or the site coordinator, where applicable.

### A.7 Violations

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

## Appendix B - Appropriate use of Computing Facilities

### B.1 Introduction

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

### B.2 Prohibited activities

The following activities involving use of Computer Facilities are prohibited:

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

- Communicating any credit card number or other financial account number without the permission of its owner
- Effecting or receiving unauthorized electronic transfer of funds
- Violating the provisions of copyright, particularly on software, data and publications
- Broadcasting email messages indiscriminately to all users of a computing facility, the broadcasting of messages concerning the use of a facility by the manager of a facility being a specific exception.

## Appendix C – Social Media

### C.1 Introduction

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

### C.2 Online identity and relationships

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

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

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

### C.3 Patient relationships

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

### C.4 Refer to

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

## FACULTY MISSION STATEMENT

We will strive to maintain and enhance a Faculty of Health Sciences of true relevance and excellence, which will serve the community locally, nationally and beyond, by

- educating and developing health care personnel of quality;
- promoting understanding of the social context of disease and health;
- finding new ways of promoting health and combating disease;
- striving to improve knowledge and understanding of health, disability and disease;
- disseminating information which will prevent disease, promote health, and improve patient care and rehabilitation
- providing high quality health care;
- playing a leading role in developing new models of health care and influencing healthcare policy.

## 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 Health Care 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 health care 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:

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 the Higher Education and the Higher Education Learning and Teaching

## 244 ADDITIONAL INFORMATION

	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 JC 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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# UNIVERSITY OF CAPE TOWN TEACHING AND LEARNING CHARTER

## Overview

This charter outlines the goals we have set for ourselves in Teaching and Learning at the University of Cape Town.

By accepting a place at the University each student accepts responsibility for his or her own learning. This requires a commitment to hard work, and to participate fully in academic activities. It also recognizes that if students approach their studies in an open-minded, questioning manner, they will enhance their own educational experience and that of their fellow students and the academic staff.

By taking up academic appointments at the University, academic staff accept responsibility to teach to the best of their ability, to provide all reasonable assistance to students to enable them to do as well as they can, and to endeavour to teach with enthusiasm, creativity and rigour, and in a manner which reflects and interprets the research-led identity of the institution.

The University community acknowledges that effective teaching is best encouraged in a constructive and supportive environment within broadly agreed principles of good practice. While heads of academic departments are formally responsible to Senate for teaching and learning in their departments, individual academic staff is accountable for their teaching contribution which is assessed according to agreed performance criteria.

## Mutual commitment:

### Students should undertake to:

1. Treat staff and fellow students with dignity and respect, especially in lectures, tutorials, laboratories and libraries.
2. Prepare for and attend all classes, tutorials, practicals and other activities scheduled for the courses in which they are registered.
3. Complete all submissions and any other course requirements to the best of their ability, handing in work on time.
4. Take responsibility for their own learning, while also interacting constructively with their fellow students, lecturers and tutors.
5. Address personal issues that might reduce the chances of success in good time so that these do not limit learning opportunities.
6. Not cheat, and not submit work of others as their own.
7. Complete course and lecturer evaluations for each course they are registered for.

### Academic staff should undertake to:

1. Treat students and fellow staff with respect and dignity, and without discrimination or favouritism.
2. Teach to the best of their ability, striving to achieve clarity and to create an environment where questions and enquiry are encouraged.
3. Provide all reasonable assistance to students to enable them to do as well as they can, and to be available in clearly advertised ways to respond to student queries (e.g. by face-to-face consultations, email or other online means within a reasonable period and/or at reasonable times).
4. With respect to courses that they teach:
  - a. Provide clear, written course outlines, stating what is expected of students, DP requirements, if any, and how performance in the course will be assessed;
  - b. Adhere to agreed and published timetables for the courses;
  - c. Provide lists of required and recommended readings, in advance, and ensure that such materials are available to students on paper or online. The University Libraries, in line with their collection development policy, will endeavour to make relevant material available to students;
  - d. Design and implement a system of assessment for each course, which is consistent with the course design, content and objectives;
  - e. Return work submitted for assessment within a reasonable period of time, with appropriate and constructive comments and other forms of evaluation, and ahead of formal examinations, so that students learn from this;
  - f. Ensure consistent marking and effective moderation of marking;
  - g. Organize an evaluation for each course and use the feedback to improve the course.

Students registered for Master's and Doctoral degrees, and staff supervising these studies, should read this charter in conjunction with the Memorandum of Understanding (MOU) between supervisors and students, which guides supervisor – student interactions and timelines.

### The University strives to

- Provide a safe and effective learning environment.
- Provide support and developmental opportunities for teaching
- Provide all reasonable facilities and structures to support student success.

### The University undertakes to

- Provide secure and reliable processes in respect of assessment and certification procedures.