Course outline for

"HEALTH IN CONTEXT"

An integrated 4th year block with

Public Health, Primary Health Care – Health Promotion, Family Medicine & Palliative Care

PPH4056W

4th Year MBChB Programme
University of Cape Town
Health Science Faculty

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A. BACKGROUND TO THE HEALTH IN CONTEXT INTEGRATED BLOCK

A.1 OVERVIEW

The block rotation aims to prepare future medical practitioners appropriately for working in our South African health system. Opportunities are provided to practise individual patient care as well as engage in health-related projects that aim to improve the health status of communities. The course promotes the integration of clinical practice through a 6-week learning experience in specific communities. The course consists of 6 weeks of integrated teaching in Family Medicine, Palliative Care, Health Promotion, and Public Health. This revised course provides opportunities to train medical practitioners on the importance of a holistic approach to health in order to respond to the diverse needs of the communities they serve at different levels of care.

This six-week block rotation is jointly run by the School of Public Health and Family Medicine (SOPHFM) and the Primary Health Care Directorate. The block consists of one course code, PPH4056W – Health in Context.

Students will be exposed to paediatric and adult patients in primary care settings. They will also develop community-oriented research projects and conduct health promotion activities in communities.

Facility-based clinical learning opportunities with children and adults will take place with whole class time scheduled across the six-week block.

The block requires that students participate in individual and group activities. This implies teamwork, commitment to your group work and equal contribution in order to share the group marks.

A.2 AIMS OF THE COURSE

The aim of the course is to identify, understand and respond to contextual determinants of health.

Learning in all components of the course is based on the Primary Health Care (PHC) approach which is a comprehensive and integrated approach (preventive, promotive, curative, rehabilitative and palliative care) to health care at all levels of the referral system (primary, secondary, and tertiary). The PHC approach is characterised by community involvement, inter-sectoral collaboration, appropriate use of technology and a focus on prevention and the equitable distribution of resources. Application of this approach requires health professionals to:

i) Understand the impact of socio-economic and environmental factors on the quality of an individual's life and health, so that appropriate clinical and social management decisions can be made.
ii) Become involved in initiatives that address socio-economic and environmental causes of ill health within communities. Public Health and Health Promotion skills will help you to assess the needs of communities, and to plan and evaluate interventions.

A.3 COURSE COMPONENTS

The course components are designed to follow the journey of an individual patient from the point of consultation with the health system, through the inter-relationship of individual health with family and community, as well as the linkages to the broader population-wide determinants of health and disease.

The block integrates teaching in
Primary Health Care – Health Promotion, Public Health, and Family Medicine & Palliative Care. The various components of the block are managed separately by the four divisions but within an overall integrated and coherent framework. There are overall learning outcomes for the block as well as learning outcomes for each of the four components. Activities and course requirements for each component of the block are outlined in this booklet.

Course components are as follows:

1. **Public Health (PH)** encapsulates individual, family and the community and uses a population approach to identify and solve health problems. It is founded on the sciences of Epidemiology, Biostatistics and Demography. In this block the focus is on the application of these disciplines to defined community identified health issues.

2. **Health Promotion (HP)** is a strategy for the implementation of the PHC approach, which addresses health problems at both individual, family and community levels and draws on theories and methods from a wide range of disciplines. In this block, the community approach will focus on prevention and promotion strategies and the individual approach will focus on preventative, curative and palliative care.

3. **Family Medicine and Palliative Care (FM)** focuses on holistic patient care that explicitly uses the bio-psycho-social lens to identify the health needs of individuals in their context. The block gives students the opportunity to apply these principles to develop consultation skills as well as more specialised skills in behaviour change modification with patients presenting at primary care settings.

A.4 CROSS CUTTING THEMES

1. What is going on? Burden of disease/health systems
2. Why is it happening? Upstream & intersectoral determinants
3. How do we understand this? Equity, Rights, Advocacy
4. What shall we do about it? Comprehensive health care: preventive, promotive, curative, palliative & rehabilitative
5. How do we do this? Research / Quality improvement

These 5 questions will be interdigitated through all aspects of the course.

B. AIMS AND LEARNING OUTCOMES

B.1 OVERALL LEARNING OUTCOMES

The overarching learning outcomes for the block are that students are able to:

- Explain the linkages between clinical presentations and community-wide patterns of disease and illness.
- Explain upstream determinants (e.g. societal and structural) and downstream (e.g. biological and behavioural) manifestations of health and illness.
- Conduct research (including protocol development, learn about data collection and analysis) on health issues of importance to the community
- Design and implement interventions at an individual and population level to address identified health needs within a specific community.
- Analyse and formulate a response to human rights issues encountered through the engagement with individuals and/or groups' health needs as a future health practitioner.
- Refine teamwork skills through participation in group projects and activities.

B.2 COMPONENT-SPECIFIC LEARNING OUTCOMES

B.2.1 Family Medicine & Palliative Care

This component aims to consolidate and build on your existing knowledge and skills in Family Medicine and Palliative Care. The learning is applicable to patient care in all clinical disciplines.

B.2.1.1 Family Medicine

Aims:

- Apply patient-centred communication and other essential consultation skills as well as the principles of Family Medicine to common presenting problems in primary care.
- Use an aide memoire to ensure a comprehensive PHC consultation.
- Videotape your use of behaviour change counselling in the management of common risk behaviours in primary care.
- Review your videotaped consultation to assess your patient-centred communication and behaviour change counselling skills.
- Observe and reflect on primary care consultations at your Family Practitioner (FP) attachment using your knowledge of family orientated primary care and the principles of Family Medicine, with particular focus on the patient's perspective of the patient-centred experience.
- Reflect on the presenting problems you encounter in your FP attachments using the SOAP approach
- Apply your knowledge of Public Health and Primary Health Care to the illness profile you encounter during your attachment and the care provided.
- Students may get an opportunity to assist with clinical activities e.g. side-room tests, blood pressure, office procedures etc. You will become familiar with the management of these patients in a private practice setting and you are encouraged to actively engage in learning opportunities with your GP.

You will be expected to apply your prior knowledge around the SOAP approach (incorporating the 3-stage assessment) during your activities in the block

Learning Outcomes:
Students must be able to:
1. Apply principles of Family Medicine that explain linkages between Palliative Care, Family Medicine, Paediatrics and the PH approach.
2. Explain the multi-disciplinary teaching approach in a primary care setting.
3. Conduct a comprehensive, patient-centred consultation that includes focussed history-taking and examination (where applicable) in a primary care setting.
4. Have a basic understanding of specified clinical skills encountered at primary care
5. Implement a behaviour change counselling session (motivational interview) and apply it to common risk behaviours in a primary care setting.
6. Describe specific clinical consultations observed at primary care level.
7. Evaluate diagnostic tests for their validity, usefulness and importance in a clinical setting

B.2.1.2 Palliative Care
This component aims to integrate palliative care education into the six years of the medical undergraduate curriculum. All medical graduates, regardless of future speciality, should acquire basic knowledge and skills to provide comfort and quality palliative care to patients and their families dealing with life-threatening illness. The program provides a comprehensive and multidisciplinary approach that focuses on the assessment and management of physical, psychosocial, spiritual and cultural needs of patients and families. Because of the context of our history we need to recognise the value of people as people regardless of where they come from. We see this as an extension of what we teach in Palliative Care.

Definition
Palliative Care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems - physical, psychosocial and spiritual.

Learning Outcomes
To develop an understanding of the principles and practice of modern Palliative Care and to apply these to the cross-cutting themes.

By the end of the course students must be able to:
- Identify a patient with palliative care needs and adopt a palliative care approach in writing up a problem list and management plan including assessment and management of Total Pain.
- Apply an integrated approach to palliative care learning so that it dovetails with Internal Medicine learning including a working knowledge of applied pharmacology, the generic names of drugs, their dosages, use and special considerations.
- Understand the Team Approach
- Understand that there is always something that can be done to improve the quality of

care (non-abandonment).
- Adopt an approach to Palliative Care as a Public Health discipline

B.2.3 Health Promotion

Aims

This component looks at how to develop interventions, both at a micro (individual) level and at a macro (population level), to promote health.

It is based on Primary Health Care theory which was taught during the BP (Becoming a Professional), BHP (Becoming a Health Professional), TIH (Transitions in Health) and BaDr (Becoming a Doctor) semester courses.

It aims to develop in students:
- A deeper understanding of the complex relationships between lifestyle and the health of the community.
- A deeper understanding of the importance of reflection and how to engage in the process through self-directed and lifelong learning.
- Values of becoming an empathic, reflective and knowing practitioner.
- Attitudes of mutual respect and recognition of diversity.
- A deeper knowledge, understanding and application of health promotion theory and approaches.
- Become health advocates and activists who consider how to impact the upstream determinants of health.

It involves skills such as:
- Planning, organising, communication and problem solving.
- Teamwork and networking.

Learning outcomes

Students should be able to:
- Demonstrate their understanding of Primary Health Care and Health Promotion
  - In Particular students should know about the
    - Ottawa Charter and the "toolbox" of Health Promotion (advocacy, community participation, behaviour change, enablement, mediation, mass media) - Know Coulson 1998 (see list of readings)
    - Behaviour change theories and approaches
    - Health rights and ethics
- Planning, design and implementation of their group Health Promotion projects.
- Experiential and reflective learning from individual home visits and group projects.
- Apply their past experiences and knowledge of health promotion to learn from and to contribute to communities where they are placed.

B.2.4 Public Health

This component builds on Public Health learning in semester 2 (Transitions in Health - TIH), and semesters 3-5 (Integrated Health Systems - IHS). Knowledge of course content and concepts covered in these courses is expected, and material will not be retaught in the course. Core concepts from these courses are examinable.

This component is an opportunity to deepen students' understanding of Public Health approaches and its core sub-disciplines (Epidemiology, Demography, Biostatistics and Research Methods). Learning will be applied through the development of a research protocol in response to an identified community health need.

Learning Outcomes

In addition to the overall course learning outcomes, students must be able to:

- Explain and apply the population approach to health and disease.
- Explain and apply core Public Health approaches, concepts and content in the main Public Health disciplines: Epidemiology, Research Methods, Biostatistics, Health Management and Policy
- Have an understanding of the structure of the health system, policy development processes and considerations, and strategies to improve quality of care.

C. COURSE CONTENT AND STRUCTURE

The roadmap for the course is as follows:

***WEEK 3**

- A look, listen, learn community diagnostic visit and reflection to gain hands-on exposure to common health issues in the community
- Development of a research question
- Focus: Research methodology

WEEK 4

- Home visit and community engagement
- Health measurement
- Health promotion as a key tool for advocacy and health improvement

WEEK 5

- Focus: South African burden of disease
- Common adult illnesses and a behaviour change counselling approach to primary, secondary, and tertiary prevention of these illnesses and risk factors
- Palliative care as a key component of improving health and quality of life of patient and family
- The environment as a key determinant of health
- Planning of health promotion interventions

WEEK 6

- Focus: Health systems and systemic issues
- Health and human rights
- Decision-making in health systems, including financing and resource allocation
- Improving quality in the health system
- The workplace and health

WEEK 7

- Focus: Implementation of health promotion interventions
- Complete assignments

WEEK 8: ASSESSMENT WEEK

- Putting it all together: Course wrap up
- Revision and exams

*Weeks are numbered according to the 8-week block system. Week 1 and 2 are completed in the Child Health Course.

The learning outcomes for the course will be achieved using the following methods:

C.1 LECTURES AND SEMINARS

C.1.1 Public Health

These cover the core disciplines of Public Health and include:

- Research Methods
    - Research methodology – Quantitative and Qualitative Research
    - Protocol development
    - Ethical considerations in research

- Epidemiology
    - Demography
    - Infectious Diseases Epidemiology
    - Non-communicable Disease Epidemiology
    - Injuries and Violence
    - Health Surveillance

- Health System
    - District Health System and National Health Insurance (NHI)
    - Decision-making in health systems: Intro to Health Economics
    - Health and Human Rights
    - Health Policy

- Environment
    - Environmental Health and Climate Change
    - The Work Environment and Health

C.1.2 Health Promotion

On-campus seminars are structured as follows:

- The Health Promotion framework for planning and implementing Health Promotion projects.
- Health communication for behaviour change.
- Advocacy for health promotion.

C.1.3 Palliative Care

A once off session for the whole class is conducted on campus during the block. Prior to which students will be expected to read material and listen to case studies uploaded on Vula. **The teaching will be based on the uploaded material**.

C.2 TUTORIALS

C.2.1 Family Medicine

Family Medicine tutorials and attachments will take place on Friday mornings. The Family Practitioner (FP) attachments visits have some flexibility, and it is the student's responsibility to confirm all sessions with the FP beforehand. If the FP is not available for a specific session on the allocated Friday, the student must liaise directly with the FP to make alternative arrangements. Times specified in the block timetable, will be on a Friday morning. There is an additional opportunity for an FP visit on a Wednesday morning. Tutorials will be based on the prescribed readings and other learning materials. *Read and use these to reflect on the consultations you observe during your attachments. Readings must be done before attending the tutorials.* Students must take responsibility for their learning by attending tutorials and attachments and completing other course tasks.

C.2.2 Palliative Care

Students are expected to attend small group tutorials on the principles and practice of Palliative Care including pain and symptom management.

C.3 CLINICAL BEDSIDE TEACHING

C.3.1 Palliative Care

Students will be taken into the ward in the format of a teaching ward round. Aspects of clinical palliative care and applied pharmacology will be covered.

C.4 COMMUNITY / CLINIC SITE PLACEMENT

C.4.1 General

- Groups of 6 - 12 students will be placed in the following community-based health facilities in Khayelitsha, Langa, Mitchell's plain, Grassy Park and Heideveld communities. Activities in the community include the community diagnosis visit, home visit, stakeholder engagements, Health Promotion projects, and Family Medicine / FP placements.
- Observe and assist in consultations with adults/children in primary care at FP practices and public clinics, including a session on Motivational Interviewing.
- Please note that community activities do not always work according to set and rigid timetables. This differs from hospital wards where patients are "a captive community" and conform to the time and routine of the institution. However much a community is affected and interested in solving a specific problem, it is subject to other stresses and demands on time. As a result, you may encounter many delays and obstacles in carrying out projects. So, be patient and accept the challenges as part of your learning experience. This is an opportunity to find out how communities cope and function. Do not be disheartened if you have difficulties in implementing your project. The way you cope with these difficulties is part of the learning process.

Further details of the attachments as follows:

C.4.2 Look, Listen, Learn in the Community

This first day is about understanding the community and prioritising health challenges of the community. Community stakeholders will further discuss community issues of importance or concern to them. During these initial community visits, it is important to adopt a position of curious and critical inquiry.

What are the most important health issues here? What might be a "community diagnosis"?

- Look – observe critically; notice who, what, where, when, how, how much, why
- Listen – ask questions, absorb info, find out
- Learn – reflect, discuss, debate, present

Practical tips

- Choose one person to act as scribe
- Write down what you already know or assume about the community
- Think through a set of key questions before you get there noting the following:
  - Perceived individual health needs;
  - Social, economic and environmental contexts as health determinants
- Prioritize the issues and debate the ranking
- Use criteria:
  - what is common?
  - what is serious?
  - what people are concerned about?
  - what is feasible to tackle?
- What is the "community diagnosis"?

Questions for discussion on return from sites

1. Initial Discussion
   a. What did you know beforehand? What did you assume about the community?
   b. What did you see and hear? What struck you the most? What was most disturbing? What was most surprising?
   c. How did the communities differ? Why are things the way that they are?
   d. Who is benefitting from the situation and who is losing out? What is going on here?
   e. What was your community "diagnosis" (in a sentence)?

2. In site groups discuss
    a. What are the most important health issues for your community? How could you rank them in order of importance?
    b. What are the main concerns or issues raised by the stakeholders?
    c. What are the important social, economic and environmental exposures that could influence health in your community?
    d. What could be done about the selected issue?
    e. What is the doctor's role in these interventions?

C.4.3 (a): Family Practitioner Visits

*Please dress appropriately and white coats are compulsory. Pre-readings on VULA

Purpose of FP visits:

- To become familiar with the organisational structure and management of a private practice. This includes reflection of the waiting room experience and health system management such as record keeping, appointment systems, dispensing etc.
- To observe and reflect on primary care consultations at your Family Practitioner (FP) attachment using your knowledge of family orientated primary care and the principles of Family Medicine and Palliative Medicine.
- Reflect on the presenting problems you encounter in your FP attachments using the SOAP approach, which was taught during BaDr course.
- Reflect on the health promotion and disease prevention opportunities during the consultation
- Become familiar with the skills required for inter-professional practice where appropriate

*Learning outcomes are assessed by means of a Patient Study

Student tasks include:

- Choosing a family practitioner from a list provided at Orientation (only 1 student per FP, but some FPs will take 2 students.) If more than 1 student is allocated to a specific FP, please ensure that the two of you arrange for your Green Point/MP Clothing Clinic/ Heideveld sessions to happen on the same day, so that the FP does not have to duplicate teaching sessions.
- **Faculty transport is not provided (private practices are distributed across the metropole), so students have to make their own arrangements and choose FP location accordingly.**
- Making the necessary arrangements for your attachment by contacting the practice, introducing yourself and finding out what the practice codes are. – e.g. dress code, hosting students etc. (Please note: **It is the student's responsibility to contact the FP and provide the receptionist with a schedule of their visits to the practice-this includes the date that they will be at Green point/MP Clothing Clinic/ Heideveld clinic).**

- Students are not permitted to schedule FP visits during other timetabled course sessions

C.4.4 (b): Clinic Visits

Please dress appropriately and white coats are compulsory. Pre-readings on VULA.

The purpose of this visit is:

- To conduct a **20-minute video-recorded** motivational /behaviour change counselling interview with a patient who has a chronic disease.
- This will be followed by a video-review session and an on- site assessment by a facilitator.
- Mark sheets for the assessment is included in the "Additional Information" section of the course outline and will be available on VULA

Student tasks include:

- Each student will do **1 session** at either **Green Point, Mitchells Plain or Heideveld Clinic** (Rotation lists will be posted on VULA)
- **Faculty transport is provided to these sites**, so please ensure that your name is on the transport list for a particular site.
- Students must do the following on arrival at each site:
    - **Green Point CHC**: Sign in at security and proceed to boardroom on 1st floor to meet tutor
    - **Mitchells Plain Clothing Clinic:** Sign in at security and go to reception area where CNP will direct you.
    - **Heideveld Clinic:** Ask security to direct you to the Mental Health consulting room and wait for your facilitator

C.4.5 Palliative Care / Intermediate Care Facility (ICF): Lentegeur

These attachments aim to integrate Palliative Care into primary care experiential learning. Small group facility visits promote the development of skills in assessment, management and the drawing up of a palliative care plan. This visit includes: patient interviews, interaction with facility staff, role play to enhance communication skills, bedside interviews and a feedback session. There will be several sessions at Intermediate Health Care (ICF): Lentegeur facility (as per timetable). Attendance of the Palliative Care facility attachment is a requirement for successful completion of the block. It is the responsibility of the student to timeously inform the course administrator and their supervisor of their absence (with valid reasons) as well as indicate when they will make up the Palliative Care session, which is compulsory.

C.4.6 Home Visits

Students are expected to undertake one home visit to a patient's home in order to assess the individual, family and household context of the illness (usually a chronic illness), including access to healthcare and social, economic and environmental (work and home)

determinants of health. Home visit guidelines can be found on VULA, including the Patient Information sheet, and the Consent Form.

C.5 GROUP WORK

C.5.1 General

- Students allocated to one of 5 sites to work in teams on a specific topic which each group will identify as part of the Look, Listen, and Learn exercise.
- These groups will work collaboratively with individuals and/or community groups in attempts to address health problems.
- Students meet with the site facilitator and research supervisor regularly to report progress and for advice, guidance and support.
- What you learn and accomplish depends largely on your own interest, initiative, attitude and effort.

C.5.2 Research project

Students will work in small groups on an epidemiological research project. The purpose of this exercise is to learn how to identify and prioritise community health needs, and to develop a research question and protocol to address the health need identified. During the Look Listen Learn session on Day 2 in week 3, the site facilitators will walk you through the community and facilitate your interaction with a variety of community residents and representatives to think through and identify health issues of importance. Based on your observations and interactions, under the guidance and supervision of the supervisors and site facilitators, you will brainstorm and select a research priority area for development into a research question and protocol in the afternoon of day 2 in week 3 (see PS1). Over 5 project supervision (PS) sessions, guided by your research methodology and epidemiology lectures, your supervisors will guide you through the process of developing a research protocol.
The project is an opportunity for students to exercise skills in epidemiology, research methods and biostatistics; applied to a health issue of interest to the student group and of relevance to this setting.

A key aspect of this exercise is team work. If you experience any difficulties with teamwork in your group, you should feel free to talk to your site facilitator or project supervisor. If difficulties with supervision are experienced, students are encouraged to contact the course administrator (contact details on Page 1) to set a meeting with the course convenor to resolve any issues as soon as possible.

C.5.3 Health Promotion project

The site facilitators will facilitate engagement with selected community stakeholders over 2 engagement sessions to guide identification of a Health Promotion topic and the subsequent intervention, to reflect on their process of engagement and its impact on their learning process and make recommendations for future consideration.

Off-campus group health promotion activities will cover the following:

- Prioritising the health problem.

- Planning, organising and implementing a Health Promotion project.
- Group reflective sessions on the learning process.

Planning and implementation of Health Promotion projects will be under the supervision and guidance of the site facilitators, community groups and service providers on site.
All health education materials should be piloted before the end-product is handed to stakeholders. All materials developed should also be submitted electronically, before the end of the block.

Whilst all group members are expected to be involved in every aspect for the project, the write-up of certain sections such as policy, behaviour change, development and testing of mass media and advocacy should be written up by different group members and separate marks will be assigned for each section, in addition to marks for the overall project (see marking rubric on Vula site).

C.5.4 Project supervision and site facilitation

Time has been allocated for students to meet with their research supervisors and work on project planning. Student groups should pace their project to meet the deadlines. Each group will have its own research supervisor, who will meet the group five times, to assist with protocol development. Their role (SEE ADDITIONAL INFORMATION section) will be to assist you in the development of the research protocol. Contact details of the supervisor should be obtained.

Site facilitators (SEE ADDITIONAL INFORMATION SECTION) will supervise the Health Promotion projects and provide guidance to successfully execute the project. Because of the nature of health promotion, which can be very fluid and different depending on the capacity of the health promoter and area of health promotion, students will be expected to be self and team driven to come up with creative health promotion strategies to address the challenges they have been presented with.

If you experience any difficulties with teamwork in your group, you should feel free to talk to your site facilitator or research supervisor. If difficulties with supervision are experienced, students are encouraged to contact the course administrator (contact details on Page 1) to set a meeting with the course convenor to resolve any issues as soon as possible.

D. ASSESSMENT AND EVALUATION

D.1 WRITTEN EXAMINATIONS

D.1.2 End of block written examination (Individual mark 50%)

This integrated exam at the end of the block comprises short answer questions in: Palliative Care (10.4%), Family Medicine (10.4%), Health Promotion (10.4%), and Public Health / Epidemiology (18.8%).

D.2 PROJECT REPORTS

D.2.1 Research protocol (Group mark 12.5%)

- Written research protocol
- An **electronic copy** of the research protocol should be submitted on VULA under "Assignments".

See ADDITIONAL INFORMATION section for the format of the protocol.

D.2.2 Health Promotion project (12.5%) and site facilitators assessment (formative evaluation)

- An **electronic copy** of the Health Promotion project should be submitted on VULA under "Assignments". Note that certain subsections within the project write-up are required to be primarily written by different group members, hence group members may have different marks for the same project, depending on the write-up of their individual sections. See ADDITIONAL INFORMATION section for the format of this report.

- Site Facilitator assessment (formative). Site facilitators will give marks to individual group members based on their punctuality and attendance, enthusiasm and participation. This is an opportunity to get feedback on factors not usually assessed during your medical career, but that are important in your career as a clinician, a team player and a change agent.

D.3 WRITTEN ASSIGNMENTS

D.3.1 Biostatistics online assessment (DP)

This will be a 2-hour VULA assessment covering statistical concepts learnt in the course.

D.3.2 Reflective home visit assignment (Individual mark 8%)

See ADDITIONAL INFORMATION for Reflective home visit assignment instructions.

Deadline: 13:30 Thursday Week 5 @ PHC directorate E47 OMB. **Both hard copy and electronic copies** need to be submitted.

D.3.3 Family Medicine Patient Study (Individual mark 8%)

Each student has 3 allocated family practitioner visits in the block, so allow yourself sufficient time for completion of the Patient study by the submission deadline of Monday of Week 8.

INSTRUCTIONS:

The details of the Patient Study write-up and the mark sheets will be available on the 2020 VULA site.

Deadline: Your completed family medicine patient study must be sent electronically via VULA under "Assignments" tab by **Monday, Week 8 before 15:00**. Any documents sent via email will not be accepted. NB: Complete mark sheet is on VULA for your reference.

D.4 ORAL ASSESSMENTS

D.4.1 Combined Research protocol / Health Promotion presentation (Group mark 5%)

These are held on campus on the last week of the block from 8h30-13H00. All groups must attend. Students are required to attend the entire presentation session. Marks will be deducted for non-attendance of the entire presentation session. Stakeholders should be invited to the presentations. Each group presents for 20 minutes with 10 minutes for discussion and questions. For the structure of the group oral presentation, see copy of the marking rubric posted on the VULA site.
See ADDITIONAL INFORMATION section for the presentation format.

D.4.2 Motivational Interviewing Assessment (Individual mark 4%)

Each student will have an opportunity to conduct a 20-minute video-recorded interview with a patient, where the main aim is to do behaviour change counselling (this may be done in pairs, depending on logistics). This will be followed by a review of the recorded consultations and an on-site assessment by the facilitator.

Please note the following:
This assessment is included during the video review session with a facilitator and will contribute to 4% of your final mark for Family Medicine.

D.4.3 ICF: Lentegeur Palliative Care (Formative assessment)

In small groups, students will conduct a patient interview. After this task, students will be required to identify a problem list from the interview, discuss and develop holistic management care plan in the domains of physical, psychosocial and spiritual. This will be assessed by the facilitator and peers. The facilitator will give feedback. After the session students are required to write a brief reflective report on the learning, which is submitted at midnight, on the next day after the visit. Facilitators will give students written feedback.

D.5 DP REQUIREMENTS

DP requirements will be monitored by lecturers, site facilitators and supervisors; and are as follows:

- Completion of summative and formative assessments by the stipulated deadlines
- Participation in and equal contribution to group-work
- Attendance of all clinical and community teaching and group presentations; and 90% attendance of in-class sessions prior to end of block assessment.

Individual participation in-group activities will be monitored. Where participation is deemed unsatisfactory, students will not be automatically credited with the group mark.
Should a student need to be absent from class for some time then permission from the relevant course coordinators is required in advance. Permission may be granted at the discretion of the course convenors and needs to be ratified by the Head of Department or Course/Year Convenor. Approval is dependent on the nature, circumstances and timing of the requested absence and consideration of the impact on the student's learning. If the absence impacts upon the student's ability to meet the learning requirements for the course, leave of absence may be approved on condition that alternative work has been assigned for completion.

Failure to achieve DP will result in the student not being allowed to sit the end of block exam.
Please note:

- ***A student who is DPR (not meeting DP with no concessions applied for or given) will not qualify to sit the exam, will fail the course, and will repeat the block the following academic year.***
- ***A student who is granted a DP concession (student must apply in advance) will not sit the exam until the DP conditions for the concession are met. These exams will take place during the deferred/supplementary exam period.***
- ***A deferred exam is only granted when the student is ill or has a valid reason and has otherwise met all DP requirements. Applications for deferred exams to the central Deferred Examination Committee must be made within 7 days of the scheduled exam.***

D.9 SUB-MINIMUM REQUIREMENTS AND LATE SUBMISSION PENALTIES

Final mark calculation

Students must obtain an overall aggregate of 50% as well as 50% for the end of block (EOB) examination and coursework in order to pass the block.

- Failure to achieve an overall course mark of 50%
- Failure to achieve 50% for coursework as above, with a sub-minimum of 46% per assignment
- Failure to achieve 50% for the end of block (EOB) examination

Students who achieve 48-49% in any of the above components, will be offered a supplementary examination.

Students who achieve 47% or less in any of the above components will be required to repeat the course.

LATE SUBMISSION: A penalty of 5% per working day will be deducted for late submissions for 5 working days where after you will be allocated a zero (0) score for the relevant assignment.

D.10 COURSE EVALUATION

The HPCSA requires that students evaluate each course. Each student will complete an on-line integrated standardised course evaluation from Monday to Thursday in Week 8. You are allowed to do this at your leisure, but also urged to please complete it. This feedback is of tremendous value to us so please tell us what we are doing well and suggest how we can improve. Students are also encouraged to discuss with the course convenors any problems arising during the learning process.

D.11 ATTENDANCE

Attendance for allocated clinical sessions is compulsory as is attendance at all class sessions and group project presentations. There is limited capacity for students at clinical sites and it is not possible to make up these sessions. Please adhere to group allocations at specific sites. The project presentation sessions rely on discussion and feedback from your peers. Absence from your colleagues' presentations is seen as a sign of disrespect and thus unprofessional conduct. Any request for a leave of absence must be approved by the course convenor. ***The standing University rules relating to absence from any section of the course for whatever reason will be strictly adhered to.***

E. PRESCRIBED TEXTBOOKS

E.1 OVERALL

TED talk on upstream health determinants
https://www.ted.com/talks/rishi_manchanda_what_makes_us_get_sick_look_upstream?language=en#t-874227
Resources for self-directed learning will be posted on VULA.

E.2 PUBLIC HEALTH

- Joubert G, Ehrlich R. **Epidemiology. A research manual for South Africa**. Oxford University Press, 2014.

Additional readings, notes, exercises and hand-outs will be given to you at the start of, and during the course.

All lecture material is available on the **4th year MBChB Site – Course Content**

Other **recommended resources** include:

- R. Beaglehole R. Bonita, J. Kjellstrom, Basic Epidemiology, World Health Organisation, Geneva, 1993.
- C. Henekens, J. Buring, Epidemiology in Medicine, Little Brown and Co Boston, 1987.
- J. Last, A Dictionary of Epidemiology, Oxford University Press New York, 1988.

E.3 HEALTH PROMOTION

Recommended readings

Course Reader:

Coulson N. Goldstein S. Ntuli A. Promoting Health in South Africa: An action manual.

Other textbooks

- Dennel K and Rendall-Mkosi K: Primary Health Care in Southern Africa, A comprehensive approach.
- Zweigenthal V., et al. Primary Health Care: Fresh Perspectives. Cape Town: Pearson Prentice Hall, 2009.
- Ewles, I. and Simnett, I. Promoting Health: A Practical Guide. London: Bailliére Tindall, 1999.
- Koelen MA. van den Ban AW. Health Education and Health Promotion. 1st ed. Netherlands: Wageningen Academic Publishers; 2004.
- Lankester T. Setting up Community Health Programmes. A practical Manual for Use in Developing Countries.3rd edition. Malaysia: MacMillan; 2007.
- Sandton: Heinemann Higher and Further Education (Pty) Ltd, 1998.

NB: SOME RECENT USEFUL PEER-REVIEWED ARTICLES ARE ON VULA - ALSO REFER TO BADR RESOURCES

Other resource books to use for Health Promotion are in the library and also at the UCT online library (http://www.uct.ac.za/research/libraries/).

E.4 FAMILY MEDICINE

- Mash Bob, ed. Oxford Handbook of Family Medicine, 3rd ed. Oxford University Press Southern Africa. Introduction and chapters 1 – 5.2.
- Mash Bob, Blitz-Lindeque Julia, ed. South African Family Practice Manual, 3rd ed. Van Schaik Publishers
- McWhinney IR. Freeman T. Textbook of Family Medicine. 3rd edition. Oxford University press.
- Resources on VULA

Resources on VULA for motivational interviewing session
Please ensure that you have read these before the session.

- Rollnick S. Consultations about Behaviour change. Medicine. 2000.
- Rollnick S, Butler C, et al. Consultations about changing behaviour. BMJ, 2005; 331: 961- 963.
- Saban S. Motivational Interviewing and Behaviour change. PowerPoint presentation.

Also read Pages 126 – 131 of chapter 5, Prevention and Promotion of the prescribed text.

E.5 PALLIATIVE CARE

Resources on VULA

F. ADDITIONAL INFORMATION

F.1 FORMAT OF THE RESEARCH PROTOCOL

Abstract

Introduction:

- Background
- Literature review
- Motivation for the study
- Purpose
- Aims and Objectives

Methods:

- Definition of terms
- Study design
- Population and sampling
- Measurements

Data Management and analysis:

- Software to be used
- Statistical tests to analyse the data
- Dummy tables

Ethical and legal considerations

Autonomy, Beneficence, Non-maleficence, Justice.

(Effect on stakeholders/respondents, reporting & implementation of recommendations)

Resources:

Available resources (Human Resources, space, equipment)

Budget (cost and financing)

Logistics:

Time schedule, investigator responsibilities

References:

Vancouver

Appendices:

e.g. Consent forms, questionnaire, data collection forms

N.B.

- Referencing style is Vancouver.
- Appendices should be clearly marked.
- Plagiarism form should be signed.
- TOTAL WORDS: 3000 - 4000 words max (excluding appendices**). Indicate word count on cover page.**
- Formatting guidelines:
    - Font: Arial
    - Font size: 12
    - Spacing: 1.5

F.2 FORMAT OF PROJECT REPORTS

F.2.1 Health Promotion project report

- Title: Should be precise and short.
- Abstract: This is a summary of the Health Promotion project. It should not be more than 250 words.
- Authors: (Names of group members).
- Acknowledgements after abstract section.
- Table of contents
- Introduction: Brief background to the problem.
- The health promotion activity: covers the following:
  - Process through which problem for health promotion was identified.
  - Literature reviewed related to the prioritized problem
  - The health promotion activity aims and objectives.
  - Ottawa Charter actions
  - Community participation
  - The Following sections should then be clearly marked regarding which members of the team were primarily responsible for its write-up.
    - Policy
    - Behaviour change theories and approaches applicable in this project,
    - Planning designing and pre-testing of mass media and other educational interventions
    - Role of advocacy in this project
  - Stakeholders' roles and involvement in the process and methods used to promote stakeholder participation.
- Reflection on lessons learnt (difficulties/solutions/skills).
- Health rights and ethical principles applicable to this project
- Conclusion and recommendations

N.B. Referencing style is Vancouver. Appendices should be clearly marked. Plagiarism form should be signed. Approximate word count: 4000 words (excluding appendices).

F.4 FAMILY MEDICINE PATIENT STUDY INSTRUCTIONS

Each student is required to **submit one patient study report**, based on **any 1 of** the 3 FP visits.

PLEASE REFER TO THE 2020 HIC VULA SITE FOR THE PATIENT STUDY INSTRUCTIONS AND MARKSHEET

Total: 40 marks

- Submit the completed assignment electronically via VULA by Deadline: Monday of week 8 at 15:00. No emailed copies will be accepted!

F.5 REFLECTIVE HOME VISIT ASSIGNMENT INSTRUCTIONS

This is an integrated task across the disciplines of Public Health, Primary Health Care and Family Medicine.

NB: READ THE FIRST PAGE OF THE GUIDELINES VERY CAREFULLY BEFORE READING THE REST

> "Every illness is not a set of pathologies but a personal story" Arthur Kleinman

1. Learning objectives

The overall goal of the home visits is for medical students to understand the human, social and contextual dimensions of illness, including:

- The patient's experience of the illness and impact of the social and environmental context of the patient on the illness
- The identification of issues in the practice of medicine that is characterised by compassion, respect and concern as well as advocacy for the patient and his or her needs.
- Generalising of the issues to inform an appropriate intervention at community level that is responsive to the particular situation encountered.

2. Steps in the process

1. Prepare for the home visit. Read Chapter 9 "Community Oriented Primary Care" in Handbook of Family Medicine 3rd edition (ed: Bob Mash).
2. Patient has been identified for you and a date with the patient has been pre-arranged. If it does not work out on that day, you may need to arrange one yourself (please speak to your site facilitator). Do not deliberately miss the pre-arranged date - a lot of effort has been made to find these patients in the community.
3. Obtain signed consent from the patient for the visit (use the patient consent form).
4. Obtain the contact details from the patient including a contact number and directions to the address.
5. Conduct the home visit. This should not take more than an hour.
6. Provide relevant feedback to the GP as necessary.
7. Write up the home visit as part of the reflective assignment.

Please consult the VULA page for the following additional information needed for the assignment:

- Guidelines on appropriate or suitable patients
- Obtaining consent
- Making the appointment
- Conducting the home visit
- Patient Consent Form
- Patient Information Leaflet
- Writing up the assignment
- Criteria for assessment of the written report
- Safety and security

The assignment must be submitted **both electronically on VULA and in hard copy** to Ms. Elloise Kennell at PHC Directorate, E47-25, Groote Schuur, Old Main Building by **13:30 on the Thursday of Week 5** (as per deadlines document).

NB: Your Reflective Assignment must have:

- Cover page with your name and student number, block number and year of study.
- A signed patient informed consent form must be attached.
- A signed plagiarism form must be included.
- Word limit: 2500 words
- Format: All pages should be typed: Font 12, spacing 1.5. Scripts must be neat, legible and include main headings.
- Academic language and style must be used. You may write in the first person. No abbreviations, bullet points, jargon nor colloquialisms allowed.
- Academic work is usually copyright protected. If the author is not acknowledged when using quotes, facts or figures from published work, you are guilty of plagiarism. A signed non-plagiarism declaration form must be attached to the assignment.
- Referencing Style: Vancouver. This must be used consistently in text and in bibliography. Acknowledge the sources of your information in the text and include a full reference list.
- Deadline: **13:30 Thursday Week 5 @ PHC directorate** E47 OMB. **Both hard copy and electronic copies** need to be submitted.

Emergencies

UCT campus protection services

- Security desk, Barnard Fuller Bld – 021-406-6100
- UCT Safety, Health & Environment Manager
- Mr Michael Langley – 021-6502222/3

Emergency call centre (all emergencies, all services)

- Toll-free landline call (including public phone) - 107
- From a cell phone: 021-461 1111
-

South African Police Service emergency number 10111
UCT Keep Safe booklet:
http://www.health.uct.ac.za/usr/health/research/hrec/links/Keep%20Safe%20Booklet%202013.pdf.

F.6 FORMAT OF ORAL ASSESSMENTS

F.6.1 Combined Research Protocol / Health Promotion presentation

See the MBChB Yr 4 HIC VULA site for group oral presentations information.

F.6.2 Motivational Interviewing Task Instructions

Each student is required to do a 20-minute video-recorded consultation, where the main focus is on motivational Interviewing/behaviour change counselling of a patient with a chronic disease of lifestyle. Video cameras will be provided and depending on patient availability, the consultations may be conducted in pairs if required.

Learning tasks for video review **(25 marks):**

1. Briefly introduce your patient and the reason for her / his visit to the CHC. List all the clinical problems. [5 marks]
2. Choose one clinical problem selected for the interview and:
    - List 2 of the patient's risk behaviour(s):
        - Identify the patient's stage of change for each of these risk behaviours
        - Briefly support/motivate your answer for each risk behaviour.
    - Review the process you followed to set an agenda. *
    - Review examples of the MI tools: Readiness to Change or Elicit-Provide-Elicit in your interview. *
    - Reflect on how your interview ended. *

(*This may be done by review/discussion) [10 marks]

3. How will the patient's context in terms of his/her environment and community, influence (i.e. help or hinder) behaviour change in this patient? [4 marks]
4. Identify one learning need in communication skills arising from your video-taped consultation and briefly discuss how you could improve on this. [3 marks]
5. Overall impression of student by facilitator [3 marks]

Please note the following:

- This assessment will be conducted on site and will contribute to 4% of your final course mark.

The MI mark sheet is available on the 2020 HIC VULA site

F.7 ROLE OF RESEARCH PROTOCOL SUPERVISORS AND SITE FACILITATORS

F.7.1 Role of Supervisors

In order for students to understand the level of support they can expect from their supervisor; this extract is included. Site facilitators should preferably attend session 1.
The supervisor has 5 sessions with students. The sessions are timed to coincide with formal teaching on research methods, so students should apply what they have learnt in their sessions when they meet with the supervisor. This translates into the following:

Session One (PS1)
[Day 2 of week 3]

- Clarify rules within the group (include what was discussed in detail during teamwork session on day 1)
- Supervisor introduction and contact details
- Group to identify a student group rep for communication with supervisor
- Reflect on community visit – look, listen, learn
- Guiding questions for reflection:
    - What did you assume about the community?
    - What did you see and hear? What struck you the most? What was most disturbing? What was most surprising?
    - Why are things the way that they are?
    - Who has power and who does not? Who is benefitting from the situation and who is losing out?
- Guiding questions in development of research question:
    - What are the most important health issues in your community (background)?
    - What issues or concerns were identified by stakeholders?
    - What question do you think should be answered?

- Discuss needs and priorities identified during the look, listen, learn session (community visit).
- Guide groups towards identifying a research question from the health need prioritised
- Ask students to start reviewing literature to better understand their selected health need, refine their research question and start thinking about purpose aims and objectives of the proposed research
- Group rep to e-mail a combined group draft to supervisor before each supervisory session as guided by supervisor

Session Two (PS2)
[Week 3: will have had lecture on protocol development]

- Review the students' work on their problem, purpose, aims and objectives
- Give them guidance on their literature review, including where to search, how to search and appraise the literature (the project assessment includes marks for a description of the search strategy and quality appraisal), how to write up a logical and coherent summary.
- Discuss with students: choice of study design, population and sampling, and the primary "exposure" and outcome variables.
- Ask them to go off and work on their literature review and refining their aims and objectives and submit to you before PS3

Session Three (PS3)
[Week 4: post lectures on ethics]

- Provide feedback on work thus far
- Reflect on how the group is working.
- Review previous work and give feedback.
- Give them guidance on the ethical issues related to their research study
- Ask them to go off and work on their ethics section and refine their literature review.

Session Four (PS4)
[Week 5: post-biostats 1 & 2, qualitative research methods, bias & confounding, questionnaire design lecture]

- Provide feedback on work thus far
- Reflect on how the group is working.
- Students may have started work on Methodology section.
- Discuss with students the methods section, particularly issues of design of questionnaire /data collection tool, validity and reliability.
- Discuss the primary analyses (univariate and bivariate) that are required to meet the objectives of their studies and that will provide useful data for the health promotion intervention.
- Ask them to go off and update their existing protocol and include measurements methods and analysis for review at the next meeting.
- Arrange for submission of draft protocol (including the questionnaire and consent form) to you for review.

Session Five (PS5)
[Week 6]

- Students should submit complete draft of protocol to you ahead of the session
- Reflect on how the group is working.
- Provide overall feedback on protocol

- Clarify any final changes that need to be made to the protocol and or questionnaire

Remind students to submit final protocol electronically via VULA, **by 08:00 Monday week 8**

Note:

- All support materials for the protocol development and presentation is posted onto VULA. A marking guide is made available to you. Please use the marking guide when developing the protocol as this will assist you to produce work that is of acceptable standard for the examiners.

- The ethical issues that need to be addressed in your protocol are: *social value of the research; scientific merit; respect for persons, respect for vulnerable persons, privacy, anonymity and confidentiality; fair subject and community selection; favourable balance of benefits and harms; collaborative partnerships; ethical review and professional competence*.

- Consult the UCT Human Research Ethics Committee Webpage for further guidance on Ethical Considerations in Research

- Your group report will be marked by 2 research supervisors, other than your supervisor. The average of the marks will determine your group mark.

F.7.2 Role of Site Facilitators

Site facilitators are appointed by the Primary Health Care Directorate. Their role is to facilitate access to the various communities in which you will be assigned. They are the main resource person for both your projects and liaison with facility managers to enable you to set up times, space and patients for individual consultations.

They will introduce you to the site, with introductions to key people and facilities, and will organise a home visit. You will be guided to make your own observations, listen, ask questions and form your own opinion of the highest priority health problems of that community.

During the Look Listen Learn session, the site facilitators will walk you through the community, and facilitate your interaction with a variety of community residents and representatives. Based on your observations and interactions, under the guidance and supervision of the supervisors and site facilitators, you will brainstorm and select a research priority area for development into a research question and protocol in the afternoon of day 2 in week 3 (see PS1). The site facilitators will also facilitate further engagement with selected community stakeholders over 2 engagement sessions to guide identification of a Health Promotion topic and the subsequent intervention.

Site facilitators also provide on-site assistance when they are available to facilitate community interactions, coaching, facilitating activities on site – including clinical placements, and giving feedback to students, stakeholders and course co-ordinators. They are responsible for monitoring students' attendance on site, attend to students' concerns and difficulties as well as provide end of block progress reports (group and individual). They are responsible for co-marking home visit assignments, written reports and oral presentations.

F.8 LOGISTICS

F.8.1 Teaching venues

- Session venues at the Faculty of Health Sciences, hospitals and community will be as specified in the timetable.

- **Directions to Mitchell's Plain Clothing Clinic**
  Get onto Settlers Way/N2 from Station Road M163 and Liesbeeck Parkway/M57. -1.9km
  Continue on the N2 to AZ Berman Dr/M63. Take exit 12 from R300. – 20.3km.
  Continue on AZ Berman Drive/M36 -2.9kms. Turn Right onto Charlie Street – 0.2km. Turn left onto 10th Avenue 0.2km. Turn right onto Alpha Street.
  Destination will be on your right.

- **Directions to Green Point CHC:** Basically, the same direction you take to Somerset Hospital, except that you turn left into entrance gates shortly after you enter Portswood Road.
  Depart Anzio Rd - 0.2 km
  Turn left onto road - 0.2 km
  Take ramp right for M3 / N2toward Cape Town - 5.3 km
  Bear right onto Table Bay Blvd - 0.8 km
  Keep straight onto M62 / Lower Buitengracht - 0.2 km
  Turn right onto M6 / Helen Suzman Blvd - 1.2 km
  Turn right onto Portswood Rd - 0.5 km
  Turn left into entrance gates (pink wall) of NHLS and Green Point CHC, and immediately turn right around the fountain and left again.
  Green Point CHC is the green building next to the covered car parking

- **Directions to Heideveld Community Health Clinic:**

  Depart from Anzio Road in direction of Main road
  Turn Right into Main Road/M4
  Use the left lane to take the N2 ramp to Cape Town International Airport
  Merge onto Settlers way/N2
  Take exit 15 for M10/Duinefontein Road towards Heideveld. Keep right at the fork and follow signs for M10/Duinefontein Road/heideveld
  Use any lane to turn Right onto Robert Sobukwe Road/M10. Continue on this road then turn right onto Ascension road
  Turn left onto Heideveld road
  In 550m you will reach the Heideveld CHc which will be on the left

F.8.2 Transport

- Transport to all sites except FP placements is available to students.
- Transport will be booked by the relevant course administrator for week 3
- Thereafter, students should book transport in advance.
- Students should inform the course administrator if they will not be on the allocated schedule to avoid waste and improve efficiency of transport booking system for all.

Departure times and venues:
Morning departures from UCT Health Sciences Faculty: 07:30 and 09:30.
Afternoon collection from sites/hospitals/clinics: 12:00 and 16:00

To Health Facilities
Town II (Khayelitsha), Eastridge (Mitchells Plain), Retreat (Clinic), Grassy Park and Heideveld (CHC) as well as Langa (Vanguard & Bonteheuwel)
Transport leaves @ 07h30 from in front of the New Learning Centre (Anatomy Building).

Intermediate Care Facility - based at Lentegeur Hospital (Ward 94) for Palliative Care Tutorials.
Transport leaves @ 07h30 from in front of the New Learning Centre (Anatomy Building).
Students are expected to be at the community site by 08h00 for Palliative Care sessions.
The bus will leave Lentegeur at 12h30.

Green Point CHC and Mitchells Plain Clothing Clinic (Family Medicine):
Transport leaves @ 07h30 in front of the New Learning Centre (Anatomy Building) on specified Friday mornings. Students will be collected at 12h00 noon at Green Point CHC/ Mitchells Plain Clothing Clinic/Heideveld CHC and returned to Health Sciences Faculty.

Note!
Drivers do not wait for late-comers! If, however, students are held up by something that could not be anticipated and is beyond their control, they must make sure that they have cell phone numbers of the drivers and site facilitators so that they can contact them for alternative arrangements. Students can otherwise ONLY change return times through their site facilitators and **drivers have strict instructions not to respond to students' requests to be picked up at unscheduled times. Use of your own vehicle for any transportation instead of booking transport to sites is done at your own risk.**

F.8.3 Calculators

Calculators should be brought to all Epidemiology, Research Methods and Statistics lectures and will be required for the end of block examination.

F.8.4 Student immunisations

It is strongly recommended that you are immunised against HEPATITIS A and CHICKEN POX (if non-immune) and have an annual INFLUENZA immunisation.

F.8.5 Punctuality and respect

Please arrive on time. Lecturers or tutors have the right to exclude students whose late arrival disrupts an activity already in progress. Please be respectful of staff and fellow students. Food and drink are not permitted at teaching venues in the Faculty of Health Sciences.

F.8.6 Dress

You are expected to be neatly dressed at all times on our premises in accordance with the dress regulations circulated by the Dean's office.

F.8.8 Website

- VULA – MBChB Yr 4 HIC – Course Content
- UCT Online library and research facility http://www.uct.ac.za/research/libraries/

F.8.9 E-learning policy

Please familiarise yourself with the UCT Health Science Faculty policy on EDU website/VULA. Of note:

- You may use an electronic device during any learning activity IF the tutor has granted permission, it is for the purposes of the course and it does not distract or interrupt others.
- Remember that you **MUST** ask permission from a child's caregiver to take a photograph and have a record of this consent including what you plan to do with the photo.

F.9 PROFESSIONAL STANDARDS COMMITTEE

What are Professional Standards?

Professional standards are the values, attitudes, and behaviours that seek to put the interests first of the individuals and communities that we serve. These standards include honesty, integrity, humility, accountability to patients, colleagues, and society; respecting and upholding the rights of patients; a commitment to excellence and life-long competency; and working in partnership with the health care team and the people that we serve. The Faculty aspires to graduate health science professionals with high standards of professionalism and ethics.

Why a Professional Standards Committee (PSC)?

Students have long witnessed unprofessional behaviour and abuses of patient rights in health care facilities and communities during their training, experiences, which may erode their own respect for professionalism and patient rights. Recent research into these experiences highlighted the need for processes for reporting violations of professional standards.

What is the role of the PSC?

The role of the PSC is both proactive and reactive. It includes promoting awareness of professional standards among staff and students, receiving allegations of unprofessional behaviour within the service learning environment, and supporting and advising those who speak out against unprofessional behaviour.

Why is it important to report unprofessional behaviour?

Reporting of unprofessional behaviour, although difficult, can help to improve the quality of care to patients, to prevent the recurrence of particular incidents, to improve the learning experience for students, and ultimately to strengthen ethical and accountable practice.

What do I do if I witness unprofessional behaviour?

If you witness unprofessional behaviour and feel unable to confront the perpetrator then:
Discuss the incident and an appropriate response with the course convenor, a trusted staff member, or a student colleague.

Report the incident to the Chair of the Professional Standards Committee using the Incident Report Form on the PSC website. Please note that incident reports must be made in good

faith and may not be anonymous. Frivolous complaints are also violations of professional behaviour.

What will happen to incident reports of unprofessional behaviour?
All incident reports will be reviewed by the PSC. The PSC may request further information from the complainant and from others. The alleged perpetrator will be given an opportunity to respond to the complaint.

The PSC will consider the complaint and the alleged perpetrator's response and will write a report on the incident for the Dean of the Faculty of Health Sciences, recommending an appropriate response by the Faculty. The complainant and alleged perpetrator will also receive copies of these reports, and anonymous summaries will be available on the PSC Vula site in the interests of transparency.

How will confidentiality be maintained?
The PSC will maintain the confidentiality of the complaints. The identity of the complainant or complainants will be revealed to the alleged perpetrator only with their prior consent.

Contact details for reporting complaints
The Chair, Professional Standards Committee
Professor Kirsty Donald
Email: psc@uct.ac.za

Contact details for further support and advice
Discrimination & Harassment Office (DISCHO)
Ms Rashieda Khan
Tel no: 021 650 3530
a/h: 072 393 7824
Email: rashieda.khan@uct.ac.za

Professional Standards Committee Vula site
Professional Standards Committee
https://vula.uct.ac.za/

NOTES