



FACULTY OF
HEALTH SCIENCES



PROGRAMME

3 September 2024



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Welcome

Dear Colleagues, Students, and Esteemed Guests,

Welcome to the Health Sciences Education Conference, themed “Using Educational Research to Improve Health Professions Education and Practice.” It is a pleasure to gather with educators, students, practitioners, and researchers to share developments in how educational research can drive meaningful improvements in health professions education.

We have designed this conference to offer diverse perspectives on key topics such as assessment, curriculum design, and its impact on teaching, learning, interprofessional collaboration, artificial intelligence, and educational resource development. This conference is a platform where voices from all levels—students, staff, and professional collaborators—are valued and heard.

Educational research is the foundation for innovation and effective training of health professionals. It informs curriculum design, assessment methods, teaching strategies, and professional development programs. Integrating research into education ensures that our practices are evidence-based and responsive to societal needs. This conference aims to explore how educational research can be applied to address current challenges in education for the health profession, including developing more effective assessment tools, adaptive curricula, high-quality educational resources, and continuous professional development for educators.

We are particularly excited about the inclusion of student presentations at this conference. Students are the future of our profession, and their fresh perspectives and innovative ideas are essential for the continued growth of our field.

Our presenters will present on various topics, including assessment strategies, curriculum design, educational resources, and professional development. These presentations will showcase the innovative work being done within our institutions and provide insights into how educational research can be practically applied to improve teaching and learning.

Collaboration is at the heart of this conference. The complex landscape of health professions education requires collective efforts to address shared challenges and achieve common goals. This conference fosters dialogue and the exchange of ideas across disciplines and institutions, creating a community of practice committed to using educational research to drive positive change. I encourage you to fully engage with the sessions, presentations, and collaborative opportunities.

On behalf of the Organizing Committee, I thank you for your active participation in sharing how your research is helping to advance health professionals’ education.

Jacqueline Van Wyk
HOD: DHSE
On behalf of the Organising Team

Acknowledgement

We extend our sincere gratitude to Dr Kerrin Begg in her capacity of Deputy Dean Teaching and Learning in the Health Sciences Faculty, and as the Project Lead of the UCDP funding awarded for Curriculum Transformation, for the generous financial contribution to the DHSE Conference. We also express our deep appreciation to the organising committee for their dedicated time and unwavering efforts in enhancing the conference. A special acknowledgment is due to Mr. Greg Doyle and his skilled team for their invaluable technical assistance and support.

Organising Committee

Prof Jacqueline Van Wyk
Mrs Suraya Basterman
Dr Lakshini McNamee
Dr Gaironeesa Hendricks
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Prof Francois Cilliers
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Dr Lunelle Pienaar
Dr Elmi Badenhorst
Dr Lynelle Govender

Creative Design: Fayyaad Hendricks

Programme

07:30 - 08:00	Registration & Tea (Foyer)	
08:00 - 08:20	Opening & Welcome: Prof Jacqueline van Wyk (Plenary Venue)	
	Session Chair: Prof Jacqueline Van Wyk	
08:20 - 09:10	Keynote Address: Prof Anthea Rhoda (Plenary Venue) “Using Education Research to Advance Health Professions Training”	
	Parallel Sessions in Venues A & B	
	Session Chair: Baheya Najaar (Venue A)	Session Chair: Nastassia Timothy (Venue B)
09:20 - 09:40	Jaisubash Jayakumar , Ramonde Patientia, Danika Govender & Sayuran Pillay: Collaborative reflections on the short course - "Designing for Social Justice Partnerships: Co-Creating across Difference."	Dilshaad Brey : How effective are Large Language Models (LLMs) in Developing Search Strategies for Evidence Synthesis?
09:40 – 10:00	Tasneem Mohamed & Shireen Damonse: Homogenization of teaching and practice in the Occupational Therapy, Child Learning Development and Play (CLDP) curriculum ...Playing alone or Playing together	Ridaa Botha : Incorporating Artificial Intelligence (AI) into Problem-Based Learning (PBL)
10:00 – 10:20	Natashia Muna & Taahira Goolam Hoosen: Undergraduate medical student perspectives on the role of reading in academic writer development	Tony Noveld & Jaisubash Jayakumar: Transforming the learning ecosystem in pre-clinical MBChB programme through near peer tutoring
10:20 – 10:40	Morne Visser : Healing the Healer – Medical Humanities for Advocacy	Nisha Jacob : Managing group dynamics in undergraduate research
10:40 – 11:00	Tea (Foyer)	
	Session Chair: Heather Talberg (Venue A)	Session Chair: Candice Hendricks (Venue B)
11:00 – 11:20	Olle ten Cate, Daniel Nel , Marije P. Hennis, Susanne Peters, Gustavo Salata Romão: For which entrustable professional activities must medical students be prepared if unsupervised patient care without further training is an expectation? An international Global South study	Jaisubash Jayakumar : Innovative on-course Academic Support Interventions in two integrated courses within the MBChB curriculum in the Department of Pathology
11:20-11:40	Michelle Hannington & Malebo Malope, Sampath Jayalath & Jean Farmer Transforming Curriculum: New academics as change agents	Greg Doyle & V Mitchell: Mental Health Matters: Advancing Psychiatry Expertise Through Innovative Open Educational Resources

11:40-12:00	Leonard Shapiro & Iain D Keenan: Multisensory observation with touch and drawing for three-dimensional spatial understanding of anatomy: the Haptico-visual observation and drawing (HVOD) method	Prof Romy Parker & Jocelyn Park-Ross: Understanding Pain: Lessons from writing a person-centred, collaborative and contextual open-access textbook
12:00 – 12:20	I du Plessis, H Talberg, & L Pienaar: Physiotherapy students’ perspectives on using first time clinical exposure to understanding the ICF	James Irlam: Planetary Health Education and Indigenous Knowledge Systems: a novel Special Study Module for MBChB 3
12:20 – 13:00	Lunch (Foyer)	
	Session Chair: Sibusiso Buthelezi (Venue A)	Session Chair: Jo Park-Ross (Venue B)
13:00 – 13:20	Rachel Weiss, Sibusiso Buthelezi & Marvin Jansen: Exploring near-peer teaching in Clinical Skills: faculty first impressions	Haniem Salie, Sakeena Ebrahim, Robert Gill & Francois Marais: Workplace-based formative assessment: a modified mini-clinical evaluation exercise (mini-CEX)
13:20 – 13:40	Tony Noveld, Zander Issac, Chris Pierce, Vanessa Lekoloane, Angel Mandlazi, Chloe Rumbelow, Mpendulo Ndzoziya, Purity Ndlela, Itumeleng Makgabo, & Shannon Barkley: Exploring Near-Peer Teaching in Clinical Skills: Student Perspective	Samantha Dladla: Exploring the perceived impact of a leadership training module on clinical family medicine practice: a qualitative study
13:40 – 14:00	Nontsikelelo O. Mapukata: Bagotywa Besebatsha: - Reengineering Interprofessional Education and Collaborative Practice at the University of Cape Town	Lauren Rees: Fostering social accountability in postgraduate nursing curricula in South Africa: a qualitative exploratory evaluation of the legacy University of Cape Town (UCT) postgraduate diploma (PGDip) programmes in nursing and midwifery
14:00 – 14:20	Joshua Gaunt, Zuko Bhana, Azania Mpendukane, Enkosi Ntame, Lutho Pikok, Judy Mahlangu, Somikazi Deyi: Masithetheni: introducing first year students to isiXhosa through peer facilitated communication workshops	Lisa Pio De Paulo & Jaisubash Jayakumar: Bridging the Gap: Enabling a smooth transitioning of first year health sciences students from high school to higher education at the University of Cape Town.
14:20 – 14:40	Tea (Foyer)	
14:40 – 15:20	Closing & Prize Giving: Deputy Dean of Teaching and Learning, Kerrin Begg (Plenary Venue)	
	Final Word from the Dean: Lionel Green-Thompson	

Abstracts

Author: Ridaa Botha

Title: Incorporating Artificial Intelligence (AI) into Supported Problem-based learning (SPBL)

Abstract

Supported Problem-based learning (SPBL) is an effective teaching pedagogy established in the MBChB curriculum at Faculty of Health Sciences (FHS) at the University of Cape Town (UCT) (Melanie Alperstein, 2008). SPBL has been incorporated into medical education because of its role of fostering self-directed learning, student engagement, collaborative learning, critical thinking and knowledge integration by linking theory to real-life scenarios (Hu et al., 2024). SPBL consists of small group discussions of cases following a structured 8-step PBL process. With the rise of AI, many students have utilised this convenient tool to enhance and augment their learning. In his analysis of ChatGPT and future anatomical education, Leng (2024:1) highlights that AI has the potential to revolutionise the Health Sciences Curriculum by merging human intellect with AI through a collaborative approach. AI has not yet been established in the SPBL pedagogy in the MBChB curriculum at UCT. As an emerging topic in the field of health education, not many studies have been done on the use of AI in SPBL. With that said, this innovation will investigate and evaluate students' knowledge, perspectives, experiences and attitudes of using an AI platform known as Chat Generative Pre-trained Transformer (ChatGPT) alongside SPBL. ChatGPT is a chatbot that promotes personalise learning for students and provide real-time feedback on a wide range of prompts (Leng, 2024). In this study, a comparison will be drawn in terms of knowledge, perspectives, experiences and attitudes between a group of students who will be using ChatGPT alongside SPBL and a group of students who will not be using ChatGPT. The anticipated outcomes are that students that have used AI alongside PBL sessions will have less stress and anxiety, less burnout, be more efficient and productive and have better understanding of important concepts while linking it to the real case scenarios. The value of this innovation is essential because the MBChB program has become increasingly stressful for many students and the use of AI will help lower the burden of mental health issues amongst medical students. The results of this study will also play a huge role in revolutionizing the MBChB curriculum.

Author: Dilshaad Brey

Title: How effective are Large Language Models (LLMs) in Developing Search Strategies for Evidence Synthesis?

Abstract

Evidence synthesis (ES) is the process of collecting, evaluating, and summarizing results from multiple studies that have investigated the same research question. The scholarly publications that result from evidence synthesis projects include systematic reviews, meta-analyses, scoping, and umbrella reviews. In the health sciences a systematic review (SR) is the gold standard approach to synthesizing published clinical evidence to answer questions.

An ES project is undertaken in different stages from research question development to write up and is a time and labor-intensive process which can typically take months or years to complete.

The formulation of precise search strings and syntax translation between databases is central to a successful evidence synthesis project. The search strategy must reflect the research question and must be explicitly designed to be highly sensitive so as many potentially relevant studies as possible are retrieved. This requires a considerable amount of time (as the librarian must perform multiple pilot searches) and spend time validating the search.

Search strategy formulation is an iterative process and needs to be continually assessed and redefined. Artificial intelligent (AI) tools based on Large Language Models (LLMs) such as ChatGP, have the ability to interact in a conversational way with users and to decode research questions and can potentially reduce the human effort and save time required to construct search strings.

A reflective practice approach will be adopted to assess the extent to which ChatGPT 3.5 and Copilot can be harnessed to generate a preliminary PubMed search strategy with Boolean operators and to translate the PubMed search strategy for other databases.

Preliminary findings indicate that LLMs should not be used exclusively to generate search strings in evidence synthesis projects. Further manual refinement of the automatically generated queries are essential.

Author/s: Lisa Pio De Paulo and Jaisubash Jayakumar

Title: Bridging the Gap: Enabling a smooth transitioning of first year health sciences students from high school to higher education at the University of Cape Town.

Abstract

Universally first year students at higher education institutions experience their transitioning from high school to university in a myriad of ways and often perceive it as a daunting and stressful transition period. The transition is marred with uncertainty and unfamiliarity as many students leave home, create new friendships, and adjust to tertiary education. Universities across the globe attempt to facilitate the transition to university by running orientation programmes.

The Faculty of Health Sciences (FHS) at the University of Cape Town runs a 10- day orientation programme for all first-year students. During the orientation period, students are introduced to their degree programme and courses and learn about what the University has to offer

The study aimed to determine the perceptions and experiences of first year students at the FHS during the transition period from high school to university. Another objective was to identify the appropriate academic and non-academic support structures to assist students during the transition period. At the end of the FHS orientation, students from the five programmes namely Audiology, MBChB, Occupational therapy, Physiotherapy and Speech Language and Pathology programmes were invited by email to voluntarily participate in an online survey that included 36 questions. The preliminary findings of the survey highlighted FHS first year students' experiences, difficulties and challenges during their transitioning. The challenges encountered by students during their transitioning period included use of technology, exploring new social connections, establishing new relationships, navigating and adapting to the new UCT environment. It also revealed the benefits of both academic and non-academic support structures during the orientation period. However, non-academic support structures seem to have a significant impact on students. Through the lens of transformation, these findings could enable the re-imagining of a holistic student-centered and inclusive programme for a successful transition.

Author: Samantha Dladla

Title: Exploring the perceived impact of a leadership training module on clinical family medicine practice: a qualitative study

Abstract

Background: Family physicians are the senior clinicians responsible for clinical governance in the District Health System. Their training programmes must prepare them for the leadership roles they are expected to fulfil.

At the University of Cape Town, registrars, enrolled in a four-year Masters of Medicine (MMed) degree, complete a four-month Leadership and Governance module during their third year of study. This module consists of seminars, a leadership profile, and critical reflection sessions. While the immediate feedback is useful, the relevance of this module to the actual work of these family physicians is not known.

This study aimed to understand how the postgraduate L&G module at UCT helped prepare qualified family physicians working in the Western Cape Province public sector for their role.

Methods: Ten graduates were purposively sampled for online semi-structured interviews, which were recorded, transcribed, and analysed using the framework method. Ethical review approval was obtained, and participants provided their informed consent.

Results: The following themes were identified: Key leadership qualities and Fit for purpose training .Data were analysed deductively and assigned to the relevant theme. Where coded data did not fit into

these themes, a new theme was generated if the data was sufficiently cohesive. Two additional themes were generated in this manner namely early experiences of the FP as clinical leaders and Resources used by FPs.

Conclusion: This qualitative study used semi-structured interviews to gather data from recently qualified family physician consultants on their leadership training. Four key themes emerged that describe their leadership journeys, highlighting aspects of the current training that could be strengthened. Future research should explore workplace-based leadership training models, the impact of leadership role-modelling, and provide ongoing evaluation of it-for purpose training programmes.

Author/s: Greg Doyle & Dr V Mitchell

Title: Mental Health Matters: Advancing Psychiatry Expertise Through Innovative Open Educational Resources

Abstract

Introduction

At the University of Cape Town (UCT), when experienced academics and clinicians leave, their expertise is often lost, except for formal publications. The introduction of Open Educational Resources (OER) nearly 20 years ago aimed to capture this institutional knowledge, but uptake has been limited in some areas. The EDUTech Division at the Faculty of Health Sciences (FHS) has promoted OER by collaborating with academics to freely share knowledge, enhancing global educational impact without copyright restrictions. Recently, academics in the Department of Psychiatry and Mental Health embraced OER, developing innovative resources under Creative Commons licensing to share their extensive clinical experience with a broader audience.

Approach

This presentation draws on situated learning theory to showcase OER developments, highlighting eBooks by Prof. John Joska and Assoc. Prof. Sean Kaliski. These resources demystify complex psychiatric concepts, extending their expertise through interactive multimedia and creating dynamic learning environments. Using Nancy Fraser's framework of participatory parity, we explore how these OER developments contribute to social justice in education and healthcare. Fraser's model—economic (distribution), cultural (recognition), and political (representation)—provides a lens to assess the transformative impact of these resources. OER promotes equitable knowledge distribution, cultural adaptation to the African context, and inclusive representation of local health professionals.

Outcomes

These new publications demonstrate how OER can extend teaching expertise and create engaging learning environments by integrating multimedia. Anticipated outcomes include:

- Longevity of expert teaching contextualized to local conditions.
- Increased accessibility and engagement in psychiatric education.
- Wider dissemination of local expertise.
- A model for departmental collaboration and inter-institutional partnerships.

Incorporating Fraser's framework shows how this initiative supports distributive justice, fosters cultural recognition, and enhances political representation.

Conclusion

OER has enabled the FHS to make education more locally relevant and equitable. The implications suggest that OER can significantly enhance sustainable expertise in teaching and learning by providing high-quality, freely available resources. By sharing these experiences, we hope to inspire others to embrace OER, contributing to a more accessible and equitable educational landscape.

Author/s: I du Plessis; H Talberg; L Pienaar

Title: Physiotherapy students' perspectives on using first time clinical exposure to understanding the ICF

Abstract

Background: Clinical education is a vital aspect of health professions education, providing students with hands-on experience in applying theoretical knowledge in real-world contexts. The International Classification of Functioning, Disability and Health (ICF), offers a standardised framework for understanding health, functioning and disability. This framework facilitates comprehensive patient assessments and interprofessional collaboration.

Following a curriculum renewal process, the Clinical Physiotherapy I course, which is the first exposure to clinical practice for 2nd year students, was restructured in terms of both clinical site exposure and outcomes, which were aligned according to the use of the ICF framework. Integration of the ICF into the clinical curriculum was anticipated to promote a more comprehensive understanding of patient assessment and management, emphasising not just the physical but also the social and psychological aspects of health.

Aim: This study assessed students' self-reported understanding and ease with using the ICF framework, as a tool for problem solving and approaching patient care before and after their first clinical placements.

Methods: A quantitative cross-sectional descriptive design was employed to collect data among second-year physiotherapy students at the University of Cape Town (UCT). All second-year students registered for Clinical Physiotherapy I course in 2023 were invited to participate following completion of their clinical rotations. Data was collected using a self-developed questionnaire with close-ended and

Likert type questions on the understanding and application of the ICF as well as patient assessment components. Descriptive statistics were used to analyse the data.

Results: Sixty participants completed the questionnaire (n=60). Students indicated an improvement in understanding and application of the ICF, with mean scores increasing from 6.0 before to 8.82 after clinical exposure. Students reported a high level of understanding of various ICF components, with median scores ranging from 8 to 10. There was a better understanding of impairments than activity limitations and participation restrictions.

Significance of Research Findings: This study demonstrates the effectiveness of using the ICF as a teaching tool to develop clinical reasoning skills, improve patient assessment abilities, and foster critical thinking. A stronger grasp of impairments allows students to accurately identify and address specific physiological issues, which is crucial for effective treatment planning. However, the relatively lower understanding of activity limitations and participation restrictions suggests a need for enhanced educational strategies to ensure a more holistic approach to patient care.

Author/s: Joshua Gaunt, Zuko Bhana, Azania Mpendukane, Enkosi Ntame, Lutho Pikok, Judy Mahlangu, Somikazi Deyi

Title: Masithetheni: introducing first year students to isiXhosa through peer facilitated communication workshops

Abstract

Introduction: In the Western Cape, isiXhosa is spoken as a home language by 31% of the population. Most isiXhosa speakers were historically disadvantaged, especially in access to quality health care. This makes it essential that all local health professionals have a degree of proficiency in the language. Yet, few medical students can speak for meaning beyond basic greetings. Although MBChB students complete an introductory course in the Becoming a Doctor (BaDr) course in years 1-3 and continue in years 4 to 6 to some extent, the course design does not provide enough real-life, conversational exposure, and as a result, students report a lack of confidence.

Approach: To investigate alternative language teaching methods, as part of our four-week Special Studies Module (SSM), we designed and facilitated a series of voluntary workshops for a group of fifteen MBChB first year students. Our aim was to maximise time spent conversing in isiXhosa by engaging with students, as isiXhosa-speaking peer facilitators, in task-based activities that provided a form of partial language immersion. We conducted a survey of students' perceptions of isiXhosa and language learning before and after the workshops to assess their impact. We also ran a focus group discussion with the students at the end, exploring what impacted students' confidence and understanding, and the possibility and limitations of utilising these teaching methods in the curriculum.

Impact: During the workshops, we observed a considerable boost in students' confidence as they began to piece together sentences of their own accord while engaging in charades, skits and memory games, communicating at a level that would likely only be reached after several weeks of their traditional

language tutorials. In our focus group discussion, we observed that students valued the opportunities to interact with isiXhosa peers and to attempt to create their own sentences and even start basic conversations with the words they were taught. They appreciated the slow and interactive nature of the workshops and contrasted this to the fast-paced, instructional tutorials they had had in the BaDr course. Using these insights, we ultimately aim to show that there is an evidence-based, sustainable, and effective alternative to the way isiXhosa is taught. We hope that this can eventually be incorporated into the curriculum helping bridge the language gap between healthcare providers and isiXhosa-speaking patients, which remains despite ongoing attempts to integrate isiXhosa into the medical curriculum. Bridging this gap is an essential step to improving quality of patient care.

Authors: Michelle Hannington, Malebo Malope, Sampath Jayalath and Jean Farmer

Title: Transforming Curriculum: New academics as change agents

Abstract

Health professions education must continually adapt to the demands of a rapidly evolving world, requiring market-oriented pedagogical activities that ensure competent health professionals and emphasise social justice. Transforming HPE curriculum and culture is complex, particularly in South Africa, where historical power dynamics and socio-political challenges underscore the need for decolonization and addressing social inequalities. New academics entering higher education are positioned to act as change agents, though the intricate culture of these institutions can complicate their efforts. This paper examines the experiences of new academics as change agents, focusing on the barriers and opportunities they face in driving curriculum transformation.

The study involved three new academic staff, and an advisor in transformation, from two universities in the Western Cape, South Africa, representing health professions education in biomedical sciences, and rehabilitation sciences. Collective autoethnography was used as a methodology, which is grounded in transformation theory and critical self-reflection. The authors engaged in reflexive drawing activities and narrative reviews, identifying common themes related to change agency. Through reflective thematic analysis three themes were described: 'multiple roles of academics', 'uncertainty breeds flexibility', and the 'social context of academics'.

The themes highlight the multiple roles of academics which are often undefined and encompass multiple responsibilities. Ongoing development and training in each role is essential. Effective change agency involves understanding one's professional identity and roles, ongoing training, and a willingness to be flexible. New academics often have the benefit of not having entrenched views and approaches to teaching and therefore may bring new perspectives and innovation. However, the key to acting as effective change agents is collaboration and supportive social contexts and often it is hierarchical structures that can hinder the endeavour. Regular critical reflection at both personal and collective levels should be essential to any curriculum transformation process.

Author: James Irlam

Title: Planetary Health Education and Indigenous Knowledge Systems: a novel Special Study Module for MBChB 3

Abstract

Planetary health (PH) education worldwide is developing knowledge, skills, and attitudes about the interdependence of human health, healthcare and vital planetary systems. Indigenous knowledge and value systems (IKS) are essential to meeting the crisis of growing planetary degradation, climate change, and environmental injustice, as indigenous peoples often possess unique understanding and skills for living sustainably in their environments. Health professionals generally have strong agency and public trust that makes them powerful potential advocates for connecting PH and IKS and defending the rights of indigenous peoples.

An experiential Special Study Module (SSM) about Planetary Health Education and Indigenous Knowledge Systems was offered in July and August 2024 as a novel selective for five 3rd year MBChB students. The primary aim was to introduce the intersections between PH and IKS, with a special focus on the traditional health practices of the indigenous Khoi and San peoples. The SSM included local field trips with expert educators and guides to the Humanity and the Rock Art exhibitions at the *Iziko South African Museum*, to the *!Khwa ttu San Heritage Centre*, and to an indigenous herbal medicine nursery owner and practitioner. Students were required to set their own learning objectives, present relevant literature in weekly group sessions, and reflect orally, in writing and in other creative ways, on their continuing learning. The SSM concluded with students co-creating and presenting examples of curricular components of PH and IKS for potential integration into the MBChB curriculum in the UCT Faculty of Health Sciences (FHS). Each student was assessed with a standard rubric on a written experiential study report, and on their engagement with the formative learning activities throughout the 4 weeks.

This presentation will share the experience of the principal SSM designer and assess future opportunities for integrating PH and sustainable healthcare into FHS. This innovation will be contextualised within current efforts to integrate PH and environmentally sustainable healthcare into FHS curricula, in order to graduate active planetary citizens, advocates for IKS, and leaders for more sustainable healthcare.

Author: Nisha Jacob

Title: Managing group dynamics in undergraduate research

Abstract

Background

The Health Professions Council of South Africa (HPCSA) highlights the importance of graduates being scholars, communicators and collaborators. These attributes are essential in the research process. Despite the recognised importance of research training in undergraduate medical curricula, research skills are not explicitly mentioned in the HPCSA competencies, and implementing such training faces challenges like curriculum overload and limited resources. The University of Cape Town's 6-week Health in Context course for 4th year MBChB students includes supervised group-based research training. This training involves developing a research protocol based on issues identified by community stakeholders. Although groupwork is an effective educational strategy, the process often suffers from conflicts due to unequal participation, dominance by certain members and other challenges.

Methods

In March 2023, a voluntary mid-course peer review assessment was introduced to identify and address group-related challenges early. Group members assessed themselves and their peers on six criteria using a 3-point Likert scale, with an option for additional comments. Results were shared with research supervisors, who intervened if any student scored 1 or 0 on any criterion. The mid-course peer review results were compared with end-of-course peer review results over seven course rotations to evaluate the effectiveness of early intervention in improving group dynamics.

Results

The average response rate for the mid-course peer review was 60.15%, lower than the 82.13% response rate for the end-of-course review. There was a notable decrease in scores from mid-course to end-of-course. Qualitative feedback mirrored these findings, showing initial positive feedback at mid-course, shifting to more negative feedback by the course's end, indicating a deterioration in group dynamics as deadlines approached.

Conclusion

The mid-course peer review and subsequent intervention provided early insights into group dynamics but did not prevent the decline in group cohesion by end-of-course. While early intervention offered some benefits, additional strategies are needed to maintain positive group interactions and equitable participation throughout the course. Ongoing supervisor support and further research and refinement of the peer review process as well as the research project and summative assessment processes may help to mitigate challenges and enhance the overall group research learning experience.

Author/s: Jaisubash Jayakumar, Ramonde Patientia, Danika Govender & Sayuran Pillay

Title: Collaborative reflections on the short course - "Designing for Social Justice Partnerships: Co-Creating across Difference."

Abstract

Despite 30 years of democracy in SA, the typical classroom in Higher Education still reflects an interplay of socio-cultural and -economic factors that stems from interpersonal dynamics of privilege, power, and intersectional identity. While the classrooms that we teach and learn in are becoming increasingly diverse, the pedagogy of inclusivity does not seem to be responsive to the pluralistic higher educational environment. The short course “Co-Creating Across Difference (CCD)” is an initiative within the “Designing for Social Justice Partnership Programme (DSJP).” It is a collaboration funded by the University Capacity Development Programme (UCDP) as offered by the Department of Higher Education and Training (DHET). The course is offered through a partnership between the Cape Peninsula University of Technology, the University of the Western Cape, and the University of Cape Town. DSJP aims to empower a community of practitioners, educators, and students with knowledge, skills, and link them to networks to engage in co-creation processes.

This short course equips participants with the tools to select and implement theoretical models and approaches to Student and Staff Partnerships (SSPs) framed by social justice. Participants learn to co-create and design SSP interventions, focusing on contexts of inequality, and develop the skills to implement, facilitate, and evaluate these projects. The course emphasizes ethical practices, addressing dilemmas and tensions inherent in SSPs, and fosters a deep understanding of interpersonal dynamics, including privilege, power, and intersectional identity.

Throughout the six-week program, participants engaged in a comprehensive learning experience of online webinars and interactive workshops as a framework for designing potential projects. The course explored participatory engagement methods and challenged participants to transform learning environments into more equitable and democratic spaces. It also focused on dismantling hegemonic structures while advancing an inclusive approach to collaboration among lecturers, students, and the broader community. This holistic approach enriched participants' personal and professional development while contributing to the collective goal of designing impactful social justice partnerships. This presentation is an overview of taught engagement methods and reflective experiences that will inform our potential student-staff project to redesign and reframe classroom experiences.

Author: Jaisubash Jayakumar

Title: Innovative on-course Academic Support Interventions in two integrated courses within the MBChB curriculum in the Department of Pathology

Abstract

Introduction

Enhancing student success and increasing throughput rates are significant challenges confronting higher education in South Africa. The challenges that prevail within the South African basic education system emanating from the societal inequalities negatively impact the academic belonging for many students exacerbating their under preparedness, learning difficulties, lack of self-awareness and self-assessment and hindering effective academic navigation and prospering in tertiary education settings. This calls for a holistic, innovative, context-specific, and urgent pedagogical interventions. It is critical for these

academic interventions to be holistic, humanising, and adopt a bottom-up approach promoting student agency for ensuring effective transformation and sustenance.

Approach

The MBChB curriculum at the Faculty of Health Sciences (FHS), incorporates three integrated (multi-, inter-, and trans- disciplinary) courses termed integrated health systems (IHS) (parts IA, IB and II) in second and third years each class size comprising of 250 students. Currently, there is limited overall course support and the complexity of these courses in conjunction with the cognitive academic load has been shown to negatively impact on students' academic success in both the formative and summative assessments. A two-fold approach was utilized to improve students' academic success and academic belonging in the two IHS courses. Except for the course orientation programme at the beginning of the semester, there were no generic lectures on effectively navigating these courses were. This had led me to critically reflect on a praxis that would address the need in establishing holistic and effective course support mechanisms. Hence, five novel on-course student-centred academic support strategies and interventions was piloted. These included small group academic support workshops, IHS strategies lectures, assessment preparation workshops, hot seat with the course convenor and course consolidation/revision Q & A sessions.

Outcomes

Student feedback was positive highlighting the need for the consistent generic and targeted on-course student-centred academic support interventions provided. Moreover, these interventions seemed to have empowered students' in igniting their agency activating their self-directed learning to recalibrate their purpose, focus and choice to effectively learn. Students were able to prioritize their learning by facilitating self-awareness and self-assessment leading them to proactively refine, adapt and adopt fruitful learning habits, skills, and methods to enable academic success. In conclusion, the positive student feedback underscores the critical role of continuous, tailored academic support in fostering self-directed learning and empowering students to take ownership of their educational journey, ultimately contributing to their academic success. Even though the pilot is innovative in its nature as it adds a key dimension of targeted student support in complex courses like IHS, it certainly lacks active student voice and engagement in co-creating these interventions to make it more sustainable.

Author: Nontsikelelo O. Mapukata

Title: *Bagotywa Besebatsha*: - Reengineering Interprofessional Education and Collaborative Practice at the University of Cape Town

Abstract

Graduating safe and competent healthcare professionals is key to improving health outcomes and is a national imperative. In teaching emerging healthcare professionals as part of a four-year or six-year degree, social justice and social accountability are the tenets of the Faculty of Health Sciences Transformation framework at the University of Cape Town (UCT). As such, teaching and learning in a

second-semester course taken by all first-year students - Becoming a Health Professional – should reflect a humanizing pedagogy and fulfill the faculty’s mandate to meet the healthcare needs of South Africa’s population. Reflecting on two decades of multi-professional learning that did not extend beyond the first year, we aimed to explore approaches that would prepare our graduates to be collaboration-ready, with a long-term vision of significantly improving their practice and healthcare outcomes in South Africa.

Informed by the insights gained during a global health crisis, 2020 was the year of learning and adaptation. Outcomes from a doctoral thesis and course evaluation feedback from the first-year health sciences class of 2022 provided additional input and led to a significant shift in our curriculum approach from outcomes-based to value-based. As part of a year-long educational leadership fellowship offered by UCT, our mandate was three-fold. We needed to socialize students in their communities intentionally, present public health as a multi-disciplinary offering, and facilitate integration in a spiraling curriculum.

Thus, the new course outcomes were designed to present learning in a thematic approach and ensure that students have a basic understanding of public health and multi-professional teamwork as an outcome of interprofessional education and collaborative learning in primary healthcare settings. Lastly, community engagement as a four-year project should extend beyond philanthropic work to focus on mutually beneficial partnerships between universities and communities to achieve the goals of UCT as a research-intensive university.

Author/s: Tasneem Mohomed & Shireen Damonse

Title: Homogenization of teaching and practice in the Occupational Therapy, Child Learning Development and Play (CLDP) curriculum ...Playing alone or Playing together

Abstract

The current OT curriculum at UCT teaches content across five domains of practice, namely, Physical Health, Mental Health, Work Practice, Community Development Practice and Child Learning, Development and Play (CLDP). At present content aiming to develop students’ competence in CLDP is delivered in a fragmented way across various courses in the four-year undergraduate OT programme. There is minimal integration of the content across the programme which means that students struggle to develop holistic interventions to address the occupational needs of children in practice. Fragmented approaches to learning and development are known to create confusion and duplication, resulting in wasted time and effort when developing teaching resources to enhance student learning. Fragmented teaching is also seen as a safeguard to avoid treading into unfamiliar territory and using unfamiliar materials and resources.

This project aims to identify how a shift in the pedagogical approach can enhance the practical implementation of CLDP theory during practice learning in 4th year.

Following an initial curriculum mapping undertaking, various pedagogical approaches have been introduced in the CLDP curriculum systematically and these changes have occurred across the four-year programme to address the gaps in the curriculum that have been identified.

A qualitative descriptive design will be used to collect data and analyse the findings using focus groups with OT alumni and current fourth year (2024) students to identify and describe their perspectives and reflections on their engagement in, and implementation of, the adapted CLDP curriculum in practice learning.

The outcomes of the project will be evaluated during and after practice learning blocks and as an additional layer clinical educator from outside CLDP will be invited to come into sites as observers to uncover whether a shift in pedagogical approach in CLDP has allowed students to view their clients as more holistic occupational beings.

From this project we aim to develop a new teaching, learning and assessment approach for the CLDP curriculum. The findings will be used in consultation with CILT to develop innovative teaching and assessment methods to help students develop a holistic approach to the identifying and addressing occupational needs in contextually relevant and evidence-based ways.

Author/s: Natasha Muna and Taahira Goolam Hoosen

Title: Undergraduate medical student perspectives on the role of reading in academic writer development

Abstract

Academic literacies refer to the reading and writing practices of a discipline, but it is writing that has garnered the lion's share of attention in teaching, learning, and research. However, not only is reading fundamental to the academic learning process, but it is also the precursor to writing. As such, reading practices warrant more concerted attention from educators if we want students to develop as writers and flourish as lifelong learners. There is broad agreement in the literature that academic reading plays an important role in knowledge acquisition, learning to think critically, and the development of an academic writing style, however student perspectives have not been well explored. Therefore, in this study our aim was to understand undergraduate medical student perspectives on the role of reading in their development as academic writers. Two students participated in the 'Developing as a Health Sciences Writer' project as part of the 2023 MBChB 3rd year Special Study Module (SSM). Following an Interpretivist Values-Based Action Research approach, using critical reflection as a central method, both students converged on conclusions that highlighted the development of their academic reading practices. To understand their perspectives, we thematically analysed their final research reports using a deductive and reflexive approach to code the data for content related to the domain of academic reading. Based on our preliminary analysis, we identified six themes: Reading is important; Reading enables new learning; Reading is part of the identikit of successful students; Reading is experienced on a spectrum; Reading validates prior knowledge; and Reading builds confidence. While the first three themes align with ideas represented in the literature, the latter three highlight student perceptions of

reading in relation to experience and affect. Both experience and affect have important bearing on how students engage with the reading process, and thus offer new considerations for pedagogical strategies designed to scaffold the development of students as both *readers* and *writers*.

Author/s: Olle ten Cate, **Daniel Nel**, Marije P. Hennis, Susanne Peters, Gustavo Salata Romão

Title: For which entrustable professional activities must medical students be prepared if unsupervised patient care without further training is an expectation? An international Global South study

Abstract

Background

Training medical students requires objectives, often translated into frameworks of competencies. Since the introduction of entrustable professional activities (EPAs), tasks or 'units of professional practice' defining what graduates must be prepared to do unsupervised, complement competencies.

Originally conceived for postgraduate training, EPAs are also used for medical school training, to define requirements for entering residency. However, in many countries, especially in the Global South, a substantial number of graduates will be working in health care with little or no supervision and no further training soon or ever. EPAs for these conditions cannot be copied from undergraduate medical education EPA frameworks in Global North countries.

Methods

We conducted a generative investigation to identify and elaborate EPAs for Global South countries who must train students for unsupervised general practice. We included 39 medical educators from 13 Global South countries and 17 specialties in either one of two online focus group sessions using a nominal group technique (NGT) or as Delphi panel member. Results from the two NGT sessions were merged and fed into the two-round modified Delphi investigation.

Results

A framework of 11 EPAs resulted, each with an elaborate description (specification, setting, and limitations). The titles of the EPAs were: 1) Providing care to non-hospitalized adult patients presenting with a new complaint 2) Providing care to non-hospitalized adult patients with a known common chronic condition 3) Providing care to hospitalized adult patients with common conditions 4) Providing care to children presenting with a new complaint 5) Providing initial emergency care and resuscitation 6) Performing basic medical procedures 7) Providing preventive patient education and consultation 8) Managing a primary care outpatient service 9) Organizing local public health 10) Providing perinatal and obstetric care to women with uncomplicated

pregnancies 11) Providing palliative and end of life care.

Conclusions

This framework of undergraduate medical education Global South EPAs differs in its nature and specifications from existing Global North EPAs. The authors do not pretend universality for all Global South countries with graduates who face expectations of unsupervised practice but present it to support countries that consider introducing the model of entrustable professional activities.

Author/s: Tony Noveld & Jaisubash Jayakumar

Transforming the learning ecosystem in pre-clinical MBChB programme through near peer tutoring

Abstract

Introduction

Globally medical students are faced with a multitude of academic challenges mainly due to the nature and complexity of the field. Universities and educators are obligated to provide effective academic support for students. At the department of pathology at the Faculty of Health Sciences (FHS), University of Cape Town (UCT) a Near Peer Tutoring Program was initiated to address students' academic challenges in the MBChB Year 3 Integrated Health Systems (IHS) course.

Methods

The program was initiated with an approval obtained from the Head of Department of Pathology at FHS, UCT. It was then implemented through the collaboration of 3rd-year IHS course conveners and the head tutor. Five selected tutors from the 3rd-year MBChB class were paired with students that are identified as students at academic risk by the faculty and conveners. Tutees were required to contact their assigned tutor at least two days in advance, providing a list of questions or problem areas. Tutors also provided feedback on tutees to the course conveners.

Results

Surveys conducted at the end of the semester indicated a positive impact on academic performance and overall experience for both tutors and tutees. The tutees highlighted the program's beneficial impact, noting improved understanding and academic performance. Many tutees experienced a deeper understanding of the material and reported feeling more supported and connected within the class.

Discussion and Conclusion

The Near Peer Tutoring Program at FHS, UCT demonstrated peer-based tutoring to be a viable and beneficial supplement to traditional faculty-led academic support. By leveraging the strengths and insights of academically strong students it seems to have addressed the immediate academic needs of students at academic risk fostering a supportive learning environment. This initiative highlights the potential for peer support to enhance educational outcomes.

The program's success underscores the importance of a learning community and collaboration in academic settings, suggesting that similar approaches could be beneficial in other educational contexts. Future iterations of the program could explore additional methods for tutor training and support to further improve its effectiveness.

Authors: Prof Romy Parker and **Jocelyn Park-Ross**

Title: Understanding Pain: Lessons from writing a person-centred, collaborative and contextual open-access textbook

Abstract

Introduction: "Understanding Pain: Unravelling the Physiology, Assessment, and Management of Pain through South African Stories" is an open-access comprehensive textbook published collaboratively in 2024 by an interdisciplinary group of health professionals and persons with a lived experience of pain. The book integrates essential evidence-based knowledge of pain with contextual and poignant narratives from South Africans who have experienced pain firsthand. The editors share the experiences and lessons learnt of a two-year project completing the book, and share tips for educators to create similar resources. Innovation and discussion: Understanding Pain places the perspective of the person who has suffered pain at its core, enriching the exploration of pain physiology, assessment techniques, and therapeutic strategies through case studies in primary healthcare, chronic pain, emergency and perioperative medicine. By intertwining scientific rigor with authentic South African stories, the book offers a unique perspective that enhances understanding and empathy in pain management. Essential reading for healthcare professionals and students—including doctors, nurses, physiotherapists, occupational therapists, psychologists, social workers, and paramedics—the text illuminates the complex landscape of pain, fostering compassionate and effective care tailored to diverse African cultural and clinical contexts. Understanding Pain is written in accessible language with an engaging format and vibrant age design and illustrations— this deliberate strategy aims to engage the reader. The creation of decolonised and relevant learning resources, including open textbooks, is both vital for healthcare workers who are trained with contextually relevant materials and challenging to create with limited resources. The editors reflect on the experience of writing the book, budgeting and planning, overcoming discomfort experienced by authors in the inclusion of patient voices and writing in accessible language, ethical collaboration with patients as authors, collaboration with designers and vital aspects to consider in a dissemination plan. Conclusion: Understanding Pain aims to improve the understanding of physiology, assessment and treatment of pain through case studies centred around the voice of the person with the lived experience of pain married with an interdisciplinary voice describing the best evidence. The editors present a roadmap and lessons learnt to empower academics and clinicians to create open access educational resources for African healthcare providers.

Author: Lauren Rees

Title: Fostering social accountability in postgraduate nursing curricula in South Africa: a qualitative exploratory evaluation of the legacy University of Cape Town (UCT) postgraduate diploma (PGDip) programmes in nursing and midwifery

Abstract

Nurse graduates should be socially accountable and equipped to respond to the health care needs of individuals, families and communities where they practice, particularly in low-to-middle income countries such as South Africa where access to quality and affordable health care is poor.

South African nursing programmes have been re-curriculated in the past decade. The University of Cape Town (UCT) postgraduate diploma (PGDip) programmes which trained clinical specialist nurses and midwives, ended in December 2019. These legacy programmes did not appear socially accountable, focussing instead on preparing nurses and midwives to provide patient care in better resourced secondary and tertiary level health care services. The new programmes that are still awaiting accreditation afford opportunities to foster greater social accountability to the communities that their graduates serve.

A qualitative exploratory evaluation of legacy PGDip programmes aims to inform the inclusion of social accountability in nursing and midwifery curricula. A purposive sample of UCT PGDip graduates from the last 5 years of the legacy programmes will be interviewed on their perceptions and experiences of social accountability in the programme and on how it has influenced their subsequent career choices and practice locations. Semi-structured interviews will be conducted until data saturation is achieved. Written course evaluations from this same period will also be analyzed for evidence of graduate preparation for social accountability in practice.

Future clinical nurse and midwife specialists must be professionally competent but also critically conscious of the contexts in which they serve and the health care systems in which they practice. This evaluation can be a source of rich data for curriculum transformation to produce more socially accountable graduates who may choose to work in underserved practice locations where priority healthcare delivery is needed.

Author/s: Haniem Salie, Sakeena Ebrahim, Robert Gill and Francois Marais

Title: Workplace-based formative assessment: a modified mini-clinical evaluation exercise (mini-CEX)

Abstract

Introduction There is a concern as to whether MBChB student assessments in their current format can authentically gauge students' readiness for internship. We reviewed the current formative assessment practices in the final year MBChB programme at the University of Cape Town (UCT). Assessments were found to be fragmented, non-aligned, and outdated.

Objectives We sought to create a multidisciplinary tool that could be used across multiple clinical domains. Efforts were made to assess its alignment with competency frameworks, such as Health Professions Council of South Africa (HPCSA) guidelines, UCT Faculty of Health Sciences (FHS) principles, and UCT graduate attributes, specifically enhancing the development of reflective practitioners.

Methods We focussed on modifying the existing mini-CEX tool by simplifying it for increased assessor acceptability. It was important that the tool could be easily converted from hardcopy to an electronic form (Google Docs). Given the widespread use of mobile devices, it is possible to capture assessment encounters in real time, improving feasibility and accessibility. We enhanced its formative value by incorporating free text responses guided by questions such as ‘What was done well?’, ‘What needs improvement?’ (student and observer feedback), and ‘How should the desired level be achieved?’ (joint improvement plan). This has the potential to enhance professional identity formation through intentional feedback from overseers and deeper processing of learning experiences by students.

Proposed Impact The proposed intervention will bridge the gap between competency-based medical education and clinical practice by emphasising a stronger connection between competencies and workplace activities. The focus on reflection and feedback that is specific to the workplace may better prepare students for the realities of the workplace while simultaneously developing skills for reflective practice.

Progress Initial clinician feedback has been very positive. Multiple proposed modifications have been suggested by clinician and student users and will be considered for future implementation, including the transitioning from a low-stakes summative to a full formative exercise, and shifting data collection from Google Docs to Microsoft Forms. Students appreciated the transparency and specific feedback when the tool was properly executed. Enhanced reflective practice among students was evident.

Author/s: Leonard Shapiro & Iain D Keenan

Title: Multisensory observation with touch and drawing for three-dimensional spatial understanding of anatomy: the Haptico-visual observation and drawing (HVOD) method.

Abstract

Multisensory observation coupled with drawing can be effective for enhancing anatomy learning. A novel haptico-visual observation and drawing (HVOD) method supports understanding of the three-dimensional (3D) spatial form of anatomical structures. The HVOD process was developed by Leonard Shapiro and involves exploration of 3D anatomy with the combined use of touch and sight and the simultaneous act of drawing marks with graphite on paper) which correspond with the 3D form of anatomy under observation. While many people claim they cannot draw and believe that drawing is only for the talented or gifted, the act of drawing is fundamentally the making of marks on paper. In anatomy education, the benefits of using the HVOD method include i) the enhanced observation of the 3D form of anatomical parts, ii) the cognitive memorisation of anatomical parts as a 3D mental picture, iii) improved spatial orientation within the volume of anatomical parts, and iv) an ability to draw. After studying an object using the HVOD method, the drawer-observer should be able to directly retrieve the

visuo-spatial appearance of the object from memory without actually viewing the object itself. The HVOD method is taught to medical students, clinicians and anatomy educators in South Africa and abroad. Leonard also works with anatomy educators to develop tailored art-based programs to assist medical students in improving their observation and 3D spatial awareness. A Massive Open Online Course (MOOC) titled *Exploring 3D Anatomy* has been developed by Leonard Shapiro and Professor Iain Keenan who are also the lead educators. This is an official collaboration between the University of Cape Town and Newcastle University (UK). The course is a widely available resource and contains art-based exercises designed specifically to address and improve medical students' 3D spatial understanding of anatomy. A second online course titled *Exploring 3D anatomy Plus* was designed specifically for clinicians and surgeons.

Author: Morne Visser

Title: Healing the Healer – Medical Humanities for Advocacy

Abstract

Background:

The well-being of South African healthcare workers is a pressing concern, necessitating a paradigm shift in Health Professions Education towards nurturing graduates' *holistic* development. Structured support and resiliency-building strategies are advocated to address the prevalent challenges. A notable approach involves the use of narrative and reflective practices, affirming the therapeutic value of a supportive community and facilitating dialogue on issues like moral injury and stigmatization. Through Healing the Healer, a lesson on medical humanities and advocacy, students engage in storytelling to address systemic issues and promote healing.

Key message:

The lesson aims to empower students to advocate for healthcare reform by harnessing narrative and imagination. Through scaffolded exercises, students explore emotions connected to loss and adversity, develop moral agency, and envision solutions to challenges they face as students and as future healthcare professionals. The activity encourages creative expression and critical reflection, fostering resilience and preparing students for the complexities of practice in South Africa.

Characters:

Students create characters in this narrative-building activity. Guided by prompts and scenarios, they craft stories that depict healthcare workers or students confronting adversity and overcoming challenges. Emphasis is placed on developing compelling narratives with meaningful insights into issues like vicarious trauma and the culture of medicine. Group presentations facilitate peer feedback and prompt lively discussions on systemic change, activism, and the long-term impact of healthcare professionals' advocacy efforts, enriching the learning experience.

Impact:

The Healing the Healer lesson represents a promising approach to addressing the well-being of healthcare workers and promoting advocacy within Health Professions Education. By integrating medical humanities with practical advocacy skills, educators can empower students to navigate the complexities of healthcare delivery with a sense of moral agency within efforts toward social justice in their context.

Authors: R Weiss, S Buthelezi, M Jansen

Title: Exploring near-peer teaching in Clinical Skills: faculty first impressions

Abstract

Introduction

Near-peer teaching (NPT) “in which one student teaches one or more fellow students” is widely used in health sciences programs both internationally and locally. Apart from its pragmatic benefits (complementing limited faculty-teaching resources), NPT has been shown to benefit NP teachers’ disciplinary knowledge, self-esteem and self-directed learning habits. Furthermore, studies suggest that going one step further - involving students as ‘partners’ in developing their own curricula – may increase their sense of accountability and engagement and strengthen their professional-identity formation. The overall aim of this project is to explore, both experientially and through research over the next three years, the affordances and challenges of developing a sustainable simulation-based NPT program within Clinical Skills.

Approach

To involve students “as partners” right from the start, a Special Study Module (SSM) was developed to recruit 10 students interested in NPT of Basic Life Support (BLS). While the SSM overall had to be framed around certain outcomes required by funders, the four week programme was deliberately flexible and open to student input.

Outcomes

Online discussions and practical sessions focused on developing the NPT cohort’s competence firstly as BLS providers, and secondly as learning designers and accredited BLS instructors. Explicit engagement with other Afrimeds competences such as teamwork, leadership, communication, management and scholarly reflection were included. To signal faculty’s commitment to collaboration and “partnering”, stakeholder expectations were negotiated and made transparent in a learning contract. Unanticipated challenges and delays are to be expected in exploratory experiential work and project goals were regularly reevaluated and adapted accordingly. In addition to ongoing informal feedback, students’ input was collected in formal semi-structured during the fourth week.

Discussions and conclusions

Early findings suggest that the SSM experience has potential to empower students as junior teachers. However, unanticipated challenges may negatively impact students’ enjoyment of the experience, requiring immediate faculty attention to reframe it as ‘real-world’ learning experiences. Shifting students’ mindset from ‘student’ to ‘junior colleague’ takes time. It requires building trust through being responsive to their needs and fears, repeatedly emphasizing the explorative nature of the learning, being flexible in one’s expectations and really listening attentively.

