



FACULTY OF
HEALTH SCIENCES



PROGRAMME

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UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Welcome

Dear Colleagues, Students, and Esteemed Guests,

It is with great pleasure that I welcome you to the 2025 Health Sciences Education Conference, themed **“Re-imagining Health Professions Education for Equity, Impact and Innovation.”** This theme challenges us to pause, reflect, and rethink how we prepare health professionals—ensuring that education is not only academically rigorous but also equitable, impactful, and innovative.

Equity: Creating Access and Inclusion

Equity is central to health professions education. Across Africa and other low- and middle-income countries, systemic challenges—such as resource constraints, limited access to quality education, and uneven learning opportunities—remain persistent. Yet equity is about more than addressing these gaps: it is about actively re-imagining systems that allow all students to thrive. This conference provides a platform to highlight these realities, share context-sensitive innovations, and reaffirm our collective commitment to inclusion.

Impact: Shaping Health and Society

The true value of education is measured by its impact. In health professions, impact translates into healthier communities, stronger health systems, and graduates prepared to serve with compassion, accountability, and competence. Through research presentations and discussions, this conference examines how education can directly influence practice, policy, and health outcomes. By aligning scholarship with social accountability, we ensure that the work of educators resonates beyond lecture halls and classrooms to make a difference in society.

Innovation: Harnessing Creativity for Change

Innovation allows us to keep pace with a rapidly shifting healthcare and education landscape. It may take the form of technology-enhanced learning, novel assessment models, or creative approaches to mentoring and teaching. At the same time, innovation is not always technological—it may be about cultivating more inclusive pedagogies, building interdisciplinary partnerships, or creating opportunities for students to learn in and with communities. This conference invites us to consider how equity and impact are strengthened when innovation becomes a deliberate and evidence-informed practice.

Shared Voices: Students, Staff, and Collaborators

A defining feature of our programme is its inclusivity. Student presentations bring energy, fresh perspectives, and courage to question the status quo. Faculty and staff presentations highlight research and practices that bridge theory and application. Collaborative contributions extend dialogue across disciplines, showcasing how partnership amplifies innovation and impact. Together, these diverse voices illustrate the vibrancy and resilience of our field.

Key Themes of the Conference

- Assessment: Exploring strategies that ensure fairness, reliability, and accountability, while promoting student growth and equity.
- Curriculum Transformation and Development: Engaging with the need for flexible, responsive curricula that prepare graduates for the evolving realities of healthcare practice.
- Student Voice in Curriculum and Health Professions Education
- Engaging in Interprofessional Education and Collaborative Practice
- Theoretical Frameworks and Voices in Professional Education
- Culture, Equity, and Humanising Healthcare Education.

Together, these areas underscore the central aim of this conference: to apply research evidence in re-imagining education so that future professionals are fully prepared for competent practice and meaningful service.

A Call to Engage

This conference is more than a gathering of presentations; it is a space for collective re-imagination. I encourage you to engage fully in sessions and discussions, to ask difficult questions, and to envision what health professions education might look like if equity, impact, and innovation were embedded in our everyday practices. Use the networking opportunities to forge collaborations that extend well beyond this event and contribute to a wider community of practice.

On behalf of the Organising Committee, I thank you for your presence, your contributions, and your unwavering commitment to advancing health professions education. Your participation affirms our shared responsibility to re-imagine education so that it truly delivers equity, impact, and innovation for the benefit of our students, our professions, and our communities.

Jacqueline Van Wyk
HOD: DHSE

Acknowledgement

We extend our sincere gratitude to Dr Kerrin Begg in her capacity of Deputy Dean Undergraduate 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 acknowledgement is due to Dr. Gregory Doyle and his skilled team for their invaluable technical assistance and support.

Organising Committee

Prof Jacqueline Van Wyk
Mrs Suraya Basterman
Dr Gaironeesa Hendricks
Dr Lakshini McNamee
Dr Gregory Doyle
Prof Francois Cilliers
Dr Busayo Ige
Dr Lunelle Pienaar
Dr Elmi Badenhorst
Dr Natasha Muna
Mrs Taahira Goolam Hoosen
Dr Rachel Weiss

Creative Design: Fayyaad Hendricks



Formal Learning Opportunities



Postgraduate Diploma in Health Professional Education

Compulsory courses

- Teaching and Learning Theories in HPE
- Learning and Teaching Practice
- Assessment in HPE

Elective courses

- Curriculum Development and Course Design
- Technology-Assisted Teaching and Learning
- Research Methods in HPE

MPhil and PhD in Health Sciences Education

The programmes are research-based and offers built in support

- Online pre-orientation
- Introduction to Educational Research
- Research-related resources
- Journal Clubs
- Enrichment Activities
- Writing Circles

"I am a clinician by choice and a teacher by default, as a result of my profession, so I decided to enrol in the PGDip HPE program.

During the program, I felt overwhelmed, as this was all new to me, including learning different teaching and learning theories and practices, setting learning outcomes (specific vocabulary for this) that align with various teaching methods and assessment methods, and planning lessons and designing courses.

After completing the diploma, I felt empowered and confident. I changed my traditional teaching approach in class and during ward rounds; I encouraged students to take charge of their learning by applying different learning theories and models to achieve the desired outcomes. Students loved the change, and they gave me the Innovative Teaching (Clinical) Award."

"Without a doubt what stands out the most for me about my MPhil experience is that I was exposed to seminars which were pitched at PhD level. Thankfully, I was able to keep up with the intellectual tempo, supported by an excellent supervisor and senior academics who were generous with sharing their seasoned perspectives. This allowed me to draw from the rich and stimulating environment in the DHSE at that time."

"My time at DHSE was completely transformative. It has deeply and powerfully shaped my professional thinking and practice – which I bring into my daily work as an educator, supervisor, researcher and faculty developer. I look back at my time at UCT, and my doctoral supervision with immense gratitude – crediting them for the success I experience today, as an NRF rated HPE researcher and academic at the University of Oxford. I am thrilled to continue collaborating with the DHSE family, undertaking impactful research and mentorship to transform the global HPE community."



Programme

07:30 - 08:00	Registration & Tea (Foyer)	
08:00 - 08:15	Opening & Welcome: Prof Jacqueline van Wyk (Plenary Venue)	
	Session Chair: Prof Jacqueline Van Wyk	
08:15 - 09:05	Keynote Address: Emeritus Prof Susan van Schalkwyk "Beyond Re-Imagining: Equity, Impact, and Innovation in Health Professions Education Research"	
09:05 - 09:35	Panel Presentation: Deputy Dean of Teaching and Learning Dr Kerrin Begg and Curriculum Transformation Team: "Changing Culture to Change Curriculum or Vice Versa?"	
	Parallel Sessions in Venues A & B	
	Session Chair: Jaisubash Jayakumar (Venue A)	Session Chair: Rachel Weiss (Venue B)
09:40 - 10:00	Lizelle Jacobs, Fayyaad Hendricks, Gregory Doyle, Michael Hendricks & Dave le Roux: Leveraging Existing Infrastructure for Seamless E-Portfolio Integration in Postgraduate Health Sciences	Johnathan Muller-Stuurman: Exploring New Frontiers in Medical Education: A Phenomenographic Approach to Integrating Reflection and Experiential Learning."
10:00 - 10:20	Rashiqua Holdman, Meghan Krenzer & Ramonde Patientia: PhotoVoice – A novel approach to exploring professional identity and wellbeing in an undergraduate interprofessional education setting	Lisa Belding: Persistence of At-Risk Undergraduate Medical Students in South Africa: A Constructivist Grounded Theory Study
10:20 - 10:40	Clare Davis & Minette Coetzee: Augmenting access and learning for children's nurses across Africa through an innovatively designed online short course	Nastassia Timothy, Elmi Badenhorst & Lunelle Pienaar: Unravelling CHAT: From its roots to the theory
10:40 - 11:00	Tony Noveld & Jaisubash Jayakumar: Scaffolded Spiral Curriculum for Teaching and Learning Immunology in the MBChB Programme	Mumsy Victoria Manyike & Jacqueline van Wyk: Unveiling Clinical Reasoning: Harnessing Nurse Educators' and Nursing Students' Voices in a Rural Public Nursing College of South Africa
11:00 - 11:20	Tea (Foyer)	
	Session Chair: Celeste De Vaal (Venue A)	Session Chair: Amaal Abrahams (Venue B)
11:20 - 11:40	Kevaal Govender, Thando Mafuleka, Ronaldo Maans, Lungelo Maluleke, Pinyane Matlala, Sibulele Natuse, Banele Skosana, Kundani Sivhidi, Zara van der Merwe, Lizanne Biewenga, Kunandi Sivhidi, Funie Munyai, Aakifah Parker & Johnathan Muller-Stuurman: Shared Spaces, Shared Growth: Reflections on the Dual Journey of Students and Clinical Educators in Co-Facilitated Second-Year Clinical Skills Teaching at the University of Cape Town	Daniel Nel, Lydia Cairncross, Vanessa Burch & Eduard Jonas: The introduction of Workplace-Based Assessment for General Surgery training at a South African university
11:40-12:00	Feroza Amien, Lionel Green-Thomson, Leslie London & Virginia Zweigenthal: A cross-case analysis of oral health curricula in South African undergraduate medical programmes	Adalbert Ernst: That Time I Lost My Voice and Gave My Students Theirs
12:00-12:20	Nomfundo Mthembu, Keletso Mongatane, Voningga Maritz, Glory Asomelo, Zwelihle Simelane & Morne Visser: The Application of Action Research Approaches to Curriculum Evaluation: Findings from a Group Literature Review	Michael Hendricks, Dave le Roux, Anthony Westwood, Lizelle Jacobs, Louise Cooke, Lunelle Pienaar, Jaco Murray, Fatima Khan, Jawaya Shea, Estelle Lawrence, Thandi de Wit, & Ben van Stormbroek: Development and Implementation of a Workplace-Based

		Curriculum in Community Paediatrics at the University of Cape Town
12:20 – 12:40	Jaisubash Jayakumar: Beyond the Curriculum: Empowering and Cultivating Co-Creation amongst UCT MBChB Students Through Student-Staff Partnerships	Urvashini Pillay, Ben Daniel & Morne Visser: Comparing the Effectiveness of Near-Peer Teaching to Faculty-led Surgical Skills Training: A Scoping Literature Review
12:40 – 13:00	Jane Le Roux, Sumaya Gabrels, Soraya Maart, Niri Naidoo, Nikki Keaton, Heather Talberg, Meghan Krenzer & Nicci Arends: Laying the groundwork for Interprofessional Education and Collaborative Practice (IPECP) within the Department of Health and Rehabilitation Sciences (DHRS), UCT.	Ubuntu Hlatshwayo & Jaisubash Jayakumar: Recognising the Gaps: Reflections on the Absence of Cultural Humility and Ubuntu in Healthcare Spaces
13:00 – 13:40	Lunch (Foyer)	
	Session Chair: Johnathan Muller-Stuurman (Venue A)	Session Chair: Lisa Belding (Venue B)
13:40 – 14:00	Soraya Maart: Promoting the use of the International Classification of Functioning, Disability and Health (ICF) as a framework to promote interprofessional collaborative practice among students in the Faculty of Health Sciences at UCT	Chivaugn Gordon: What do UCT FHS students value in our approach to teaching?
14:00 – 14:20	Pam Gretschel, Karing van Niekerk & Sharifa Moosa Tayob: From Theory to Practice: Using AI Chatbots to Develop Family-Centred Interviewing Skills in Occupational Therapy Students	Morne Visser & Daniel Nel: Transforming the Undergraduate Surgical Curriculum: A Stakeholder-Engaged Approach to Competency-Based Education
14:20 – 14:40	Amaal Abrahams, Geney Gunston, Kishor Bugarith & Lisa Pio De Paulo: Tutors' perceptions of an anatomy and physiology skills training course	Nastassia Timothy, Precious Moshobjadi Mpahlele, Lindelani Mbonambi & Lunelle Pienaar: Embracing Students Wholly: Humanizing Pedagogy Amid Failure
14:40 – 15:00	Michelle Hannington, Olindah Silaule & Pam Gretschel: Curriculum in Motion: Renewing OT Education Through Context, Complexity, and Collaboration	Natashia Muna: Cultivating an academic literacies curriculum for the UCT Faculty of Health Sciences undergraduate programmes
15:00 – 15:20	Olivia Fuller, Urvashini Pillay, Rahul Rama-Panchia & Jaisubash Jayakumar: Bridging the Assessment Gap: A Mock SAQ Intervention to Enhance Student Confidence and Assessment Literacy in UCT pre-clinical MBChB Curriculum	Kananelo Sello: Reimagining the Face of Medicine: How Decolonial Thinking Can Restore Possibility in African Medicine and Surgery
15:20 – 15:40	Naa-ielah Pandey, Nicole Arends & Heather Talberg: Designing for Clinical Readiness: Using a Professional Development Rotation to Address Clinical Placement Constraints in Undergraduate Physiotherapy	Celeste De Vaal: Valuing the impact of student voices in course evaluations: what are we willing to do to hear it?
15:45 – 16:15	Prize Giving: Deputy Dean Undergraduate: Dr Kerrin Begg (Plenary Venue) Closing: Prof Francois Cilliers	

DHSE Conference 2025 - Abstracts

Title: Tutors' perceptions of an anatomy and physiology skills training course

Author/s: Amaal Abrahams, Geney Gunston, Kishor Bugarith & Lisa Pio De Paulo

Abstract

Introduction

Peer tutors play a vital role in fostering dynamic and collaborative learning environments within academic support programs. The aim of this study was to conceptualise and implement a tutor skills development course in which tutors and lecturers work collaboratively to create active and student-centred spaces of learning. The objectives of the course focused on equipping tutors with both theoretical knowledge and practical tools required to effectively facilitate students' learning of human anatomy and physiology (A&P).

Method

During the course, role-playing and reflective exercises were employed to highlight the qualities and skills of an effective tutor. Practical exercises focused on tutors' knowledge base in A&P, and their communicative and social skills, were used to simulate a peer learning environment. These practical exercises were developed and facilitated by three discipline specific experts. Tutor feedback was gathered at the end of the academic year via a focus group discussion. Qualitative focus group data was analysed using an inductive, thematic approach to identify patterns, regularities, and relationships in participants' responses.

Results

Four main themes, Peer Mentors, Resource Creators, Student-Centred Empathy and Tutor Identity & Support, emerged from the focus group discussion with tutors. Tutors described the training as engaging, informative, and reflective. Practical skills gained enhanced their discipline-specific expertise, promoted effective tutoring practices, and empowered them to develop educational resources, fostering innovation and resourcefulness. The involvement of experienced lecturers as facilitators modelled best teaching practices, cultivating a culture of mentorship and collaborative learning, which enhanced the course's effectiveness.

Conclusion

Equipping tutors with a balanced combination of theoretical knowledge, practical tools, and interpersonal skills is essential for effective learning facilitation, particularly in disciplines requiring the integration of complex theoretical and practical knowledge, such as A&P.

Title: A cross-case analysis of oral health curricula in South African undergraduate medical programmes

Author/s: Feroza Amien, Lionel Green-Thomson, Leslie London, Virginia Zweigenthal

Abstract

Introduction

Oral health (OH) is an inextricable part of overall health and comprehensive patient care. Internationally, OH has been integrated into medical curricula to varying degrees. However, oral health-related teaching (OHRT) in South African undergraduate medical programmes (UMPs) remains undocumented. This is the first study, locally and globally, to compare OHRT across diverse UMPs.

Methods

A qualitative, comparative, multiple case embedded design was used to examine OHRT in UMPs at the universities of Cape Town, Walter Sisulu, and Witwatersrand. Case selection was based on the hypothesis that variation in OHRT would reflect institutional context—rural/urban setting, presence of co-located medical and dental schools (CMDS), and commitment to the Primary Health Care Approach and Social Accountability Framework (PHCA/SAF). Theoretically, this should produce graduates whose professional identities reflect a commitment to comprehensive, relevant, prevention-focused and collaborative care inclusive of OH.

Data were collected through in-depth interviews with purposively and snowball-sampled educators (n=69), and curriculum document reviews. Deductive thematic and content analyses were conducted, respectively. A novel analysis framework was developed, integrating Sirotnik's (1991) curriculum model with the PHCA/SAF, applying educational tools including SPICES, PRISMS, Miller's Pyramid, and Bloom's Revised Taxonomy.

Results

Findings from the interviews and document review showed that all UMPs included some OHRT, primarily integrated within broader modules. Two cases featured a short, dedicated OH block delivered by OH professionals. Across all cases, OHRT lacked vertical integration, clinical application, and robust assessment. Teaching was largely confined to lower-order cognitive levels, resulting in under-preparedness to diagnose and manage oral conditions. Oral health content was not routinely incorporated into comprehensive care, and little emphasis was placed on prevention, advocacy, or teamwork; producing graduates unlikely to embrace holistic OH management as part of their professional identity.

Emergent themes from interviews revealed that institutional commitment to the PHCA/SAF and CMDS did not facilitate OHRT. Instead, collaborative teaching emerged from shared clinical platforms and individual OH champions, often driven by perceived severity of oral disease, which differed between urban/rural settings.

Conclusion

This study highlights curricular and structural gaps in UMPs that limit OH integration into comprehensive care. Strengthening formal OH curriculum design, clinical application, and interprofessional collaboration is essential to include OH in holistic patient care.

Title: Changing Culture to Change Curriculum or Vice Versa?

Author/s: Kerrin Begg, Lakshini McNamee, Kirsten Reichmuth & Philip Dambisya

Abstracts

Health Professions Education institutions face mounting pressure to transform their curricula to meet evolving student needs and healthcare system demands. While curriculum transformation often focuses on structural elements like design, content, and sequencing, our experience at the University of Cape Town's Faculty of Health Sciences (UCT FHS) reveals that sustainable curriculum change requires fundamental shifts in organisational culture and values.

Early in this journey, we discovered that meaningful curriculum transformation extends beyond technical modifications. It demands alignment with institutional values and requires a shift in how faculty conceptualise and approach health professions education. Through extensive consultations around principles and values, we uncovered deep-seated assumptions and ways of being that needed addressing before curriculum changes could take root. Curriculum transformation requires intentional organizational culture change through collaborative leadership development and strategic alignment across institutional levels. The ELF programme has enabled fellows to conceptualize and effect curriculum change collaboratively across health professions.

Our experience suggests that successful curriculum transformation requires simultaneous attention to organizational culture and leadership development. This dual focus will enable us to graduate health professionals who can effectively engage with health systems, advocate for universal health coverage, and advance our goals of social accountability, health equity, and social justice. The interplay between organisational cultural and curricular change continues to shape our approach to re-imagining health professions education reform.

Title: Persistence of at-risk undergraduate medical students in South Africa:

a constructivist grounded theory study

Author/s: Lisa Belding

Abstract

Research Problem

Existing research on student persistence focuses heavily on first-year transitions, with limited understanding of why certain students persist beyond their first year despite facing significant academic, economic, and social stressors. This knowledge gap is particularly problematic in South Africa, where understanding persistence mechanisms is essential given the critical shortage of medical professionals and the substantial investment in medical education that attrition represents.

Background

South African medical students face unique challenges, including legacy effects of poor secondary schooling, student poverty, food insecurity, and mental health crises. Up to 20% of students require mental health support, with the highest risk among black African, coloured and Indian students at historically white universities. Despite substantial first-year support, resources decline in later years, yet some at-risk students demonstrate remarkable persistence. Current theories of persistence, developed in different contexts, may not adequately explain this phenomenon in the South African

setting.

Methodology

This study employs constructivist grounded theory methodology, which recognises multiple socially-based realities in building a uniquely South African theory of undergraduate medical student persistence. Participants are medical students in years 3-5 who have persisted despite being at risk of interrupted academic progress—those granted concessions or readmitted under strict conditions by the Faculty Examinations Committee. Data collection involves intensive qualitative interviews analysed through initial, focused, and theoretical coding phases using NVivo software.

Findings/Anticipated Outcomes

Following a four-interview pilot study, the main study is underway with three interviews completed at the time of writing. Initial coding has yielded themes including academic, financial, social and personal challenges, personal growth, help-seeking behaviours, and "pushing through" strategies. The study anticipates developing a comprehensive theory explaining how students navigate hostile contexts and persist toward graduation despite multiple risk factors.

Significance

This research addresses a critical knowledge gap with direct implications for institutional retention strategies. By understanding persistence mechanisms specific to the South African context, institutions can better support at-risk students and increase MBChB graduation rates, ultimately contributing to addressing the country's severe physician shortage while reducing wasted educational investment.

Title: Augmenting access and learning for children's nurses across Africa through an innovatively designed online short course

Author/s: Clare Davis & Minette Coetzee

Abstract

Nurses play a core role in frontline healthcare services across Africa. As the continent with the greatest population of children and the highest child mortality, the presence of trained children's nurses is key to changing child health outcomes. Undergraduate nursing programmes however have limited children's nursing content and while postgraduate specialist children's nursing programmes are being developed, there are still only seven available in the 54 African countries.

The Global Strategic Directions for Nursing and Midwifery (WHO, 2021) publication outlines the need to educate nurses and midwives to meet demand and national health priorities as one of four strategic directions. For Africa, this provides a clear imperative for additional contextually aligned training opportunities to strengthen human resources in children's nursing.

In response, the Children's Nursing Development Unit (in the DPCN) used a Backward Design model to develop a suite of short courses, positioned in the postgraduate learning space. Mindful of the anticipated profile of nurse learners – geographically spread, full-time employed and mostly women with complex familial responsibilities –, and the severe financial and human resource constraints on releasing nurses for training, the courses were developed using a fully asynchronous online learning approach. Course design was grounded in the widely adopted Community of Inquiry (CoI) model, that guides the integration of cognitive, social and teaching presences to ensure an optimal online learning experience.

This presentation will share our learnings and examples, first in how the course structure and curriculum design was innovative in its response to local clinical learning needs, and second, of how the CoI model guided deep and meaningful learning in a participant group less conversant with a self-paced online learning approach. It is anticipated that such knowledge may be of interest to educators faced with a similarly challenged knowledge gap and training need.

Title: Valuing the impact of student voices in course evaluations: what are we willing to do to hear it?

Author/s: Celeste de Vaal

Abstract

The international importance of the student voice as feedback in evaluating educators, courses and curricula is well-known (Bennett-Weston et al., 2025; Blau and Tamar Shamir-Inbal, 2018; Ranasinghe et al., 2011). Despite the importance to incorporate student-centred approaches in higher education student voices are often not actively or effectively (methods) sought, and sometimes not actioned. Getting sound student feedback leads to critical self-reflection of the course and educators and

students can feel their opinion matters in changing and aligning pedagogy with practice (Blair and Noel, 2014; Lau, 2019; Schiekirk and Raupach, 2015). In 2019, when I started convening the undergraduate forensics course at UCT, the evaluations were “tick box” exercises filled in by a handful of students and filed “for future reference”. If I wanted to harness the power of the student voice I needed to relook our course evaluations.

The purpose of this innovation was to firstly change the method of obtaining the input, from paper-based to an online one. Secondly, as the evaluations were optional, I unofficially wanted to see if there was a relationship between the kind of incentives or prompts and the student response rate. This could help guide me in developing feedback systems that could increase student voice in the forensic medicine course. From 2021 to 2024 I employed four different prompting strategies each year. These ranged from verbal reminders to email prompts. For example, in 2021 with 95% student feedback there were 3 different prompts employed, and students received 2 marks for a completed course evaluation, compared to 2024 where I had a 17% response rate with an email prompt as reminder only. Comparing the 4 years I found the number of student feedback decreased proportionately to the number of reminders / incentives received. Overall, digitising course feedback was important for our digital native student cohort to access it with a link or QR code led to increased participation. Incentivising course evaluation with a 1% of final mark in 2021, like guessing 2 correct answers in the online MCQ, had the highest number of completed evaluations. Sharing these informal findings with my colleagues and engaging around some of the ethical aspects linked to possible undue incentives and what constitutes fair and appropriate methods to hear our student’s voices will be part of this discussion.

Title: “That Time I Lost My Voice and Gave My Students Theirs”

Author: Adalbert Ernst

Introduction

As primary lecturer for the 4th-year undergraduate anaesthesia course, I am rarely able to call on substitutes at short notice. When an acute episode of laryngitis left me unable to speak—just an hour before delivering our opening seminar on perioperative medicine and Global Surgery—I had to urgently rethink the session format. The outcome was so unexpectedly successful that I have since adopted the new format going forward.

Methods

The seminar had previously used a standard flipped classroom model: students prepared responses in advance from a worksheet, with substantial real-time moderation and input from me. Unable to speak for long periods but still well enough to attend, I reframed the session to shift ownership to the students. Working in small groups, they were given 20 minutes to consult the internet, AI tools, and course materials to develop short presentations and/or role-play scenarios. These were then presented to their peers, with live moderation from me.

Results

Student feedback was overwhelmingly positive. Engagement was notably higher, and students participated with more enthusiasm and creativity while achieving the same learning outcomes. Surprisingly, less correction or guidance was needed than in the original format. The role-play elements, in particular, seemed to spark lively and effective learning, prompting deeper insight into what can otherwise be abstract content.

Conclusion

A moment of personal limitation led to an unexpected pedagogical breakthrough. The revised format, born of necessity, created a more dynamic and student-led learning environment. It also revealed the untapped potential of role play in undergraduate anaesthesia education—an approach that deserves broader exploration within the discipline.

Title: Bridging the Assessment Gap: A Mock SAQ Intervention to Enhance Student Confidence and Assessment Literacy in UCT pre-clinical MBChB Curriculum

Author/s: Olivia Fuller, Urvashini Pillay, Rahul Rama-Panchia, & Jaisubash Jayakumar

Abstract

Assessments remain the cornerstone of Health Sciences education, however many UCT pre-clinical medical students report feeling frustrated when their extensive and dedicated studying does not translate into strong academic performance. Globally, undergraduate medical curriculum incorporates

various types of assessments. Within the UCT pre-clinical MBChB curriculum, a large proportion of medical students underperform in the short answer questions (SAQs) assessment despite increased access to an array of academic resources. This paradox may be explained by the fact that while students possess the existing academic and content-specific knowledge to gain entry into the MBChB degree and succeed in first year, they may still struggle with assessment literacy – particularly in interpreting question prompts, structuring coherent responses, and applying precise disciplinary terminology.

In response to the challenge highlighted above, a mock SAQ intervention was developed in the Department of Pathology as a structured learning opportunity where students practise original, educator-designed questions followed by immediate, pedagogical feedback. This model therefore combines assessment simulation with active learning, with the aim of building necessary exam competency skills. This collaborative intervention involves students completing a mock SAQ under exam like conditions, followed by marking and real time feedback from both a course convener and a senior student, and concludes with a self-reflection by the student. This approach aims to help students better understand marking criteria, decode action verbs, and refine their answering technique. Preliminary findings indicate that the implemented intervention improves students' confidence, their ability to identify knowledge and assessment strategy gaps, and their understanding of assessment expectations, and what the marker requires. The small-group format of mock SAQ and the subsequent feedback session seem to create a supportive learning environment for students, enhanced by both social and cognitive congruence through the involvement of peers and senior students (Kazzazi & Bartlett, 2020).

In summary, this innovative student-staff partnership intervention aims to humanise the assessment practice and supports constructive feedback – a principle that is deeply rooted in UCT's assessment policy. By embedding clarity, transparency and feasibility into the design of this structured mock SAQ intervention, in line with UCT's Vision 2030 that enhances excellence and sustainability, this intervention promotes assessment literacy and academic performance in pre-clinical medical students while also supporting their well-being and reducing burnout.

Burnout article: Prendergast, L., Kazzazi, F., & Bartlett, M. (2024). Burnout in early year medical students: experiences, drivers, and the perceived value of a reflection-based intervention. BMC Medical Education, 24(1), 1-9.

Title: What do UCT FHS students value in our approach to teaching?

Author/s: Chivaughn Gordon

Abstract

Introduction

During the COVID pandemic lockdowns, one teacher in Obstetrics & Gynaecology made numerous light-hearted and entertaining videos about core topics in the discipline, in an attempt to induce deep, as well as joyful learning. The videos were wholly unconventional in medical education, and they relied on humour and performances carried out by the teacher. Phase one of the study was based on survey data and focussed on how positive emotions elicited while consuming the videos contributed to deep learning and enjoyment of learning (previously presented). Phase two is the focus of this abstract: How can other teachers make use of what was learned from this unconventional approach?

Methods

Phase two of the study consisted of two focus groups with undergraduate students who had enjoyed the video content (participants sourced from the survey). Convenience sampling was used. Students were interviewed by a researcher outside of the teacher's department, who had not been involved in making the videos.

Results

Students extracted the following themes that could apply to any teacher: 1) Respecting students' time: meet them at their level, be concise and summarise content; 2) Develop positive interpersonal relationships by showing that they care about students, being their authentic selves, and showing the effort they put into teaching; 3) Attend to how material is presented by organising their LMS, updating content, not merely rehashing the textbook, accommodating different learning styles and providing some kind of interaction in slide presentations; 4) Help students to become junior doctors who can

help patients in a SA setting by putting themselves in situations that graduates will actually face and teaching from that point of view.

Conclusion

Though the videos made were an extension of that teacher's personality, students' responses give valuable information that can be generalised to any teacher.

Title: From Theory to Practice: Using AI Chatbots to Develop Family-Centred Interviewing Skills in Occupational Therapy Students

Author/s: Pam Gretschen (UCT), Karing van Niekerk (UP) & Sharifa Moosa Tayob (UP)

Abstract

It is important that occupational therapy students are taught to meaningfully connect with caregivers to gather information about the occupational engagement of their children. This supports their ability to develop person centred interventions which are responsive to caregiver concerns. The development of interviewing skills through ethical, structured practice is essential as it takes time to build confidence to manage the relational and cultural complexities of real conversations. Students may focus too much on getting through the questions, rather than developing the skills of active listening, empathy and building rapport, which are needed to manage unpredictable and nuanced situations. While students are provided with theoretical exposure, their opportunities to develop this skill in the classroom before applying it with families in practice, is limited. Experiential learning theories and deliberate practice are approaches that are well suited to meet these needs.

Drawing on these approaches led to the design of a short teaching module planned for implementation at two South African universities, that make use of AI chatbots in the classroom setting to create an opportunity for OT students to practice caregiver interviewing skills. The educational design drew explicitly on Miller's Pyramid of Clinical Competence, with an emphasis on moving students from "knows" and "knows how" to the more applied level of "shows how."

We reflect on how:

The chatbot personas were designed to be contextually representative of South African caregivers

The principles of experiential learning and deliberate practice underpinned the design

Principles of innovation in AI in teaching were applied.

Our experiences of the process and the outcomes of ongoing implementation, inclusive of suggestions for change in the next round of implementation.

Given the challenges of developing practical skills that must be applied with confidence and competence in complex and unpredictable practice learning environments, classroom teaching must be optimised. AI chatbots offer the potential to create these opportunities in a sustainable manner as they can continue to be scaled and adapted to meet the diverse contextual needs of caregivers and their children, living in South Africa.

Title: Curriculum in Motion: Renewing OT Education Through Context, Complexity, and Collaboration

Author/s: Michelle Hannington, Olindah Silaule & Pam Gretschen

Abstract

Curriculum renewal is a complex yet necessary process in health professions education. Over the past four years, the OT Division has embarked on curriculum review. The process evolved gradually, navigating early challenges and the tension between fostering innovation and relevance while preserving valued aspects of the existing curriculum. A curriculum renewal group consisting of self-appointed members from the OT division was constituted to drive the process forward.

The existing curriculum features numerous strengths representing a programme well regarded for its focus on human occupation and alignment with occupational science to respond best to the occupational needs of the South African population. However, concerns linked to the alignment of the curriculum with these intentions were raised warranting further exploration. Furthermore, there is also a need to prioritise decolonisation and workforce preparedness within the curriculum. These issues are not unique to our division and reflect broader challenges in both OT education and health professions education.

Recognising the limitations of traditional curriculum design models—many of which are tailored to developing new curricula or to medical programs—we identified the need for a contextually relevant, evidence-informed framework that could guide iterative renewal rather than total redesign. Drawing

on principles of constructive alignment, complexity theory, and decolonial pedagogy, we are using a phased, participatory process that draws on backward design.

Outcomes achieved to date include the reworking of the division's graduate attributes to reflect the South African context and align with the most recent revised scope of practice as outlined by the Health Professions Council of South Africa (HPCSA). A collective teaching philosophy has also been developed, providing a shared foundation to guide pedagogical decisions and foster coherence across the programme. We are actively engaging with all current students and our site partners to ensure the renewal process is informed by lived student experience. We are now in the process of mapping the current curriculum, which will serve as a foundation for the next phase of renewal.

Title: Development and Implementation of a Workplace-Based Curriculum in Community Paediatrics at the University of Cape Town

Author/s: Michael Hendricks, Dave le Roux, Anthony Westwood, Lizelle Jacobs, Louise Cooke, Lunelle Pienaar, Jaco Murray, Fatima Khan, Jawaya Shea, Estelle Lawrence, Thandi de Wit, & Ben van Stormbr oek

Introduction: Community paediatrics focuses on a population-based approach to health by considering social determinants and integrating public health principles. It promotes equitable child health services and addresses health disparities. In South Africa, Community Paediatrics was officially recognised as a subspecialty in 2020. The Master of Philosophy (MPhil) in Community Paediatrics is an accredited subspecialty programme currently offered at UCT; it includes coursework, a portfolio of learning integrating a workplace-based (WPB) curriculum, and a minor dissertation. The presentation will focus on the development, process and implementation of the WPB curriculum of the programme.

Approach: A working group created entrustable professional activities (EPAs) based on the job descriptions (JDs) of district paediatricians in urban and rural settings. Key performance areas (KPAs) were identified and aligned with the core tasks of district paediatricians. The EPAs were then customised to be context-specific, aligned with curriculum domains, and evaluated using the EQual rubric to ensure quality. Implementation involves experiential learning at the primary healthcare level, specialised clinics, and other settings within the district, accompanied by continuous formative and summative assessments. The effectiveness of the curriculum will be evaluated based on learner performance and stakeholder feedback.

Outcomes: Preliminary implementation of the curriculum has resulted in the development of 13 EPAs over two years, with defined assessment strategies and supervision levels. These EPAs are aligned with real-world tasks of a community paediatrician and are integrated into workplace settings within the primary health care system. Early evaluations suggest increased learner engagement, clarified expectations, and enhanced competency development based on feedback received.

Discussion & Conclusion: The WPB curriculum addresses the need for a new competency-based curriculum for community paediatricians in South Africa. This method can improve training quality, skill acquisition, and health system strengthening. Limitations include resource constraints and the necessity for ongoing evaluation to adapt EPAs to various settings. Overall, this innovative curriculum offers a meaningful, evidence-based strategy for advancing community paediatrics education with potential country-wide applicability and adaptation.

Title: Recognising the Gaps: Reflections on the Absence of Cultural Humility and Ubuntu in Healthcare Spaces

Author/s: Ubuntu Hlatshwayo & Jaisubash Jayakumar

Abstract

Health is a fundamental human right whose full realisation may be hindered by the failure to provide culturally appropriate care. The acceptability of healthcare, according to the World Health Organisation, refers to care that encompasses sound medical ethics, is culturally appropriate, and exhibits sensitivity to personal identity factors. The delivery of culturally appropriate care is rooted in the practice of cultural humility which is an ethical stance that recognises the limitations in understanding another person's cultural experience. In culturally diverse settings like South Africa, a culturally humble stance is important seeing that it may influence the acceptability of healthcare services. This autoethnographic study examines the absence of cultural humility in clinical spaces, grounded in my experiences as a fifth-year medical student at the University of Cape Town. Drawing from reflective journaling, I recount moments where cultural humility was lacking. Through informal discussions with an educationalist, we co-developed themes in broader educational and social

contexts and critically examined potential root causes of the absence of cultural humility. We reviewed relevant literature to balance personal narrative with critical interpretation. Literature findings reveal that the acceptability of care seem to be limited by the absence of cultural humility from healthcare professionals (HCPs). This absence stems from colonial remnants that erased indigenous knowledge systems and values, producing a healthcare system misaligned with local values. African philosophies such as Ubuntu are rooted in the interconnectedness of all beings and the recognition of holistic personhood. In contrast, the biomedical healthcare model, born of colonialism, introduces a reductionistic philosophy. The dismantling of Western epistemologies requires the practice of cultural humility which can be achieved through the iterative process of critical reflexivity. This is where one acknowledges their assumptions and biases and uses their power to positively affect patient care. Curriculum reform becomes an important step in conscientizing student HCPs to cultural diversity and fostering the process of deep reflections on power and positionality to give rise to truly reflexive HCPs. Through the practice of cultural humility and critical reflexivity, South Africa can cultivate a health system that resists the automatic imposition of Western norms and instead responds meaningfully to the diverse cultural realities of its population.

Title: PhotoVoice – A novel approach to exploring professional identity and wellbeing in an undergraduate interprofessional education setting

Author/s: Rashiqua Holdman, Meghan Krenzer & Ramonde Patientia

Abstract

Professional identity formation is a complex, actively evolving and socially embedded process that may trigger numerous tensions for health professional students as they navigate the undergraduate curriculum. Without adequate training in and support of personal and professional wellbeing, this longitudinal journey of identity formation may negatively impact students' educational and personal development. PhotoVoice is an educational tool that enables students to capture personal experiences or perspectives via photography, for reflective sharing and discussion in a group setting. This visual-narrative reflective learning methodology will underpin our reimagined approach to prompt students' participation in critical dialogue around the themes of identity and wellbeing within an interprofessional learning context, thereby fostering interprofessional collaboration and peer support.

This work will expand on the foundational teaching in the Wellbeing and Professionalism themes in the integrated Year 1 MBChB and Health and Rehabilitation Sciences curriculum. Reinforcement of these important learning themes is intentionally delivered via the combination of reflective learning and interprofessional education (IPE) strategies, to achieve prescribed learning outcomes.

This learning opportunity will comprise of two extracurricular small group learning sessions. Students will be sourced from the MBChB and Occupational Therapy programmes. PhotoVoice will be utilised as the educational tool to capture personal experiences of and reflections on identity and wellbeing within the students' current academic life, with subsequent facilitated reflective dialogue in small groups around these themes.

The anticipated student outcomes for this novel IPE strategy include (1) enhanced personal-professional identity development, (2) enhanced interprofessional identity development and peer support, (3) developmentally aligned competence in academic-personal wellbeing strategies and (4) enhanced student engagement in more creative, inclusive reflective learning media (as opposed to the dominant written medium). The anticipated educator outcome is the successful exploration of a novel teaching strategy that may lend itself to practical refinement and research, with subsequent contribution to development of spirally integrated IPECP and Professional Identity Formation curriculum modules at UCT Faculty of Health Sciences.

Title: Shared Spaces, Shared Growth: Reflections on the Dual Journey of Students and Clinical Educators in Co-Facilitated Second-Year Clinical Skills Teaching at the University of Cape Town

Author/s: Kevaal Govender, Thando Mafuleka, Ronaldo Maans, Lungelo Maluleke, Pinyane Matlala, Sibulele Natuse, Banele Skosana, Kundani Sivhidi, Zara van der Merwe, Aakifah Parker & Johnathan Muller-Stuurman

Abstract:

Traditional models of clinical skills teaching in undergraduate medical education have typically centred on educator-led, passive approaches. At the University of Cape Town (UCT), students repeating the second-year Integrated Health Systems (IHS) course are structurally required to attend clinical skills

sessions they have already passed—not due to academic failure, but to meet curriculum structural requirements. This can risk disengagement and loss of previously acquired skills if participation remains observational and passive.

In response, we proposed a flexible, non-compulsory co-facilitation model that invites repeating students to act as peer co-facilitators alongside experienced clinical educators during weekly clinical skills tutorials. This approach aims to reframe course repetition as an opportunity for active engagement, professional identity formation, and leadership development. Student co-facilitators contribute through peer guidance, skill demonstration, and reflective dialogue, fostering mutual learning and deeper clinical reasoning.

This initiative is grounded in the theoretical frameworks of communities of practice and legitimate peripheral participation, which position learning as a social, participatory process through which newcomers gradually become full members of a learning community. It also draws on growing evidence supporting peer-assisted learning in health professions education, which has been shown to enhance confidence, communication, and collaborative learning.

Using a qualitative exploratory case study design, we collected reflective data from 9 student co-facilitators and 2 clinical educators to explore the educational value and relational dynamics of this model. The data were analyzed using thematic analysis, allowing us to identify patterns and recurring ideas across participants' reflections. Emerging themes include increased ownership of learning, redefined hierarchies, and shared responsibility in the teaching environment.

We argue that structured co-facilitation, when paired with preparatory support and intentional reflection has the potential to serve as a sustainable model for both remedial and mainstream clinical skills teaching. This approach transforms the experience of repeating students from one of academic limbo to a space of empowered participation and shared educational growth.

Title: Leveraging Existing Infrastructure for Seamless E-Portfolio Integration in Postgraduate Health Sciences

Author/s: Lizelle Jacobs, Fayyaad Hendricks, Gregory Doyle, Michael Hendricks & Dave le Roux

Abstract

The Colleges of Medicine of South Africa (CMSA) require candidates to submit a portfolio of learning before undertaking specialty and subspecialty examinations. Successful completion of the portfolio (including evidence of research) along with the national exit examination is necessary to attain specialist or subspecialist status.

While there is an international and national trend towards web-based electronic portfolios (e-portfolios), most SA programmes still rely on paper-based portfolios of learning. The introduction of a new subspecialty programme, the MPhil in Community Paediatrics, at the University of Cape Town (UCT) this year created an ideal opportunity to develop an electronic platform to support the programme's workplace-based (WPB) curriculum and, specifically, the portfolio of learning.

The system was conceived and developed through collaboration between the Community Paediatrics Working Group in the Department of Paediatrics and Child Health and the Faculty of Health Sciences EduTech Division. By using platforms already embedded in UCT's academic environment, this approach eliminates the need for additional infrastructure investments while ensuring ease of use, scalability, and data security.

The key aspects of the development process will be outlined, emphasising how the system facilitates the implementation of the WPB curriculum of the MPhil programme. This is achieved by enabling learners to access important information (e.g. learning plans and entrustable professional activities), facilitating competency-based assessment, supporting reflective practice, and enhancing collaboration between students and lecturers. Early insights from the implementation will be shared, providing practical strategies for other departments seeking to optimise existing resources for more effective digital learning and assessment.

Title: Beyond the Curriculum: Empowering and Cultivating Co-Creation amongst UCT MBChB Students Through Student-Staff Partnerships

Author/s: Jaisubash Jayakumar

Abstract

Student-staff partnerships are increasingly recognised as transformative pedagogical strategies in higher education, particularly within medical education where active engagement and mutual respect underpin professional identity formation (Healey et al., 2014). At the University of Cape Town's Faculty of Health Sciences (FHS), such partnerships between pre-clinical MBChB students and academic staff have become a valuable model for enhancing both teaching practice and curriculum development. This paper outlines the implementation strategies I had deployed and preliminary outcomes of student-staff partnership initiatives involving FHS pre-clinical MBChB students. Grounded in principles of reciprocity, empathy, transparency, and shared responsibility, these partnerships reposition students as co-creators of their learning journey rather than passive recipients of knowledge (Cook-Sather et al., 2014). Drawing on reflective practices and qualitative student feedback this paper explores how these collaborations enhance the relevance of course content, increase student agency, and strengthen communication between students and educators.

Key outcomes of these student-staff partnerships include improved alignment between learning materials and student needs, strengthened communication channels between learners and educators, the integration of student-led innovations, and a noticeable shift students' identity from knowledge consumers to active contributors in shaping medical education. Staff, in turn, benefit from timely pedagogical insights informed by real-time student feedback.

Challenges such as power imbalances, time constraints, and institutional inertia are also examined. However, strategies such as structured feedback loops, dialogue forums, and faculty development workshops have shown potential in supporting sustained engagement. Significantly, these partnerships contribute to the cultivation of professional identity and fosters critical thinking in pre-clinical MBChB students at FHS, who are typically distanced from patient-facing roles in the early phases of training (Bovill, 2020). By participating in decision-making, students begin to see themselves not only as future clinicians but also as active stakeholders in the evolution of medical education.

Ultimately, embedding student-staff partnerships within the UCT pre-clinical MBChB curriculum proves not only feasible but essential to cultivating an inclusive, responsive, and future-ready educational environment. As global medical education trends shift toward more inclusive and student-centred models, the UCT experience offers a replicable, contextually grounded approach to co-creation in health sciences (Mercer-Mapstone et al., 2017).

Keywords: Student-staff partnerships, Medical education, Curriculum co-creation, Student agency, Power dynamics, Educational transformation

Title: Laying the groundwork for Interprofessional Education and Collaborative Practice (IPECP) within the Department of Health and Rehabilitation Sciences (DHRS), UCT

Author/s: Jane Le Roux, Sumaya Gabriels, Soraya Maart, Niri Naidoo, Nikki Keaton, Heather Talberg, Meghan Krenzer & Nicci Arends

Abstract

The benefits of IPECP for improved health outcomes include collaborative practice, improving teamwork and communication, and enhancing the delivery of patient-centred care (ASSAf 2018; Samuels 2024). Prior to the #Feesmustfall and #Rhodesmustfall period, DHRS in the Faculty of Health Sciences (FHS) offered an IPECP module called Disability in Context to all second and third-year students. This module had a theoretical and practical component, and a community-based project that students implemented. This IPECP offering was cancelled, partly because it became too costly to run and it was not necessarily achieving the IPECP outcomes in its format. The development of a structured IPECP curriculum is needed and supported by the FHS transformation agenda and falls inline with the recommendations of the ASSAf report (2018) on Reconceptualising Health Professionals Education in South Africa.

The groundwork for developing an IPECP curriculum in DHRS included several workshops, stakeholder consultations and curriculum mapping sessions. This was supported by IPECP champions from the four DHRS Divisions who were committed to developing the curriculum. As champions, we had to find ways of working together that would be efficient and sustainable, that would allow us to review and recraft our IPECP curriculum outcomes, graduate attributes, and structure the teaching and learning opportunities. Structured reflection was built into the process of our working together. We identified

key constructs that influenced how the curriculum could be developed such as, our professional identities and that our professional ways of knowing, being, and doing siloes us. Having a shared goal allowed us to be intentional about leading collectively and learning together. For us to collaborate on developing an IPECP offering; honing in on some IPECP core competencies was crucial in laying the groundwork, like mutual respect, humility, teamwork competencies, open communication and so forth. In this presentation, we share the learning, the messiness, and our reflections on our work in progress. We hope that these insights will encourage others to find ways to bring together colleagues and students for collaborative practice.

References:

Academy of Science of South Africa (ASSAf), (2018). *Reconceptualising Health Professions Education in South Africa*. [Online] Available at: DOI

Samuels A. *Stuck in old ways: Towards transdisciplinary training for healthcare professionals in early intervention*. *S Afr J Sci*. 2024;120(11/12), Art. #18750.

Title: Promoting the use of the International Classification of Functioning, Disability and Health (ICF) as a framework to promote interprofessional collaborative practice among students in the Faculty of Health Sciences at UCT.

Author/s: Soraya Maart

Abstract

The International Classification of Functioning, Disability and Health (ICF) was developed by the World Health Organisation in 2001, as a biopsychosocial framework for understanding and describing health and disability. This model recognises the complex interaction between a person's health condition and contextual factors. The person-centered approach aligns with the core values of Interprofessional Collaborative Practice (IPCP), promoting coordinated care, mutual respect, and shared decision-making.

This presentation aims to demonstrate the practical application of the framework in clinical practice using case studies to demonstrate clinical reasoning and potential health professional intervention. When embedded in clinical practice and education, the ICF supports role clarity, enhances communication, and strengthens team-based care. This presentation will argue that adopting the ICF as a unifying model can bridge professional silos and contribute to more effective, equitable, and patient-centered healthcare delivery.

A shared language among health professionals is pivotal to ensure collaboration and future referral for optimising patient/client recovery.

Title: Unveiling Clinical Reasoning: Harnessing Nurse Educators' and Nursing Students' Voices in a Rural Public Nursing College of South Africa

Author/s: Mumsy Victoria Manyike & Jacqueline van Wyk

Abstract

Introduction

Clinical reasoning is considered the most essential skill in nursing practice, as nurses rely on it to make life-saving decisions in complex, unpredictable healthcare settings (Gurreson, Sundén & Fex, 2018). Several studies have shown that new nursing graduates in South Africa lack adequate clinical reasoning skills (Nkoane & Mavhandu-Mudzusi, 2020; Mabusela & Ramukumba, 2021; Griffits, Hines, Moloney & Ralph, 2017), and they are responsible for many preventable patient-care errors (Mathibe-Neke, 2020). Despite this, clinical reasoning remains underemphasized in nursing education curricula, which tend to focus on tangible psychomotor skills rather than intangible cognitive processes (Hunter & Arthur, 2019). In low- and middle-income countries (LMICs), particularly in South Africa, limited research exists on how nursing students and educators understand and experience the development of clinical reasoning skills in resource-constrained settings. Addressing this gap is essential for informing contextually relevant educational strategies.

This study aimed to explore how nurse educators and final-year nursing students at a rural public nursing college in Limpopo, South Africa, conceptualize and experience the development of clinical reasoning skills.

Methodology overview.

This descriptive qualitative study, grounded in Vygotsky's (1978) sociocultural theory explored clinical reasoning through semi-structured interviews with nurse educators and nursing students. It included an unplanned, free-listing exercise in the group discussion, blending spontaneous and structured methods to capture authentic, subjective, and rich data. Data were collected within a single nursing education institution, enabling a focused understanding of contextual influences. Reflexive Thematic Analysis (Braun & Clarke, 2019) was used for data analysis. Data from semi-structured interviews and focus groups were analysed as separate datasets, enhancing methodological transparency. My positionality informs the study, offering an insider's perspective while applying reflexivity to maintain objectivity and amplify participants' voices.

Preliminary Findings

The findings highlight differing yet complementary perspectives of nursing students and educators on how clinical reasoning is understood and developed in a rural South African nursing college. Students emphasized the importance of experiential learning, decision-making, and navigating challenges in their learning environment. Educators focused on the cognitive nature of nursing, the gap between theory and practice, and the strategies and barriers involved in teaching clinical reasoning.

Implications and Limitations

This study highlights the need for nursing education in resource-constrained environments to adopt innovative, student-centered, and culturally relevant pedagogies. The findings support calls for curriculum transformation to better reflect local healthcare challenges, and for the development of contextually appropriate, evidence-informed guidelines for teaching clinical reasoning. Institutional policies should promote inclusive, supportive learning environments and address systemic resource disparities that hinder skill development.

The study's scope is limited by its focus on a single institution and a small participant group comprising only final-year students and their educators, which may restrict the diversity of perspectives captured. The findings are context-specific and may not be fully transferable to other institutions with differing resources. The researcher's immersion in the setting and reflective stance were acknowledged to maintain credibility.

Title: The Application of Action Research Approaches to Curriculum Evaluation: Findings from a Group Literature Review

Author/s: Nomfundo Mthembu, Keletso Mongatane, Voninga Maritze, Glory Asomelo, Zwelihle Simelane & Morne Visser

Background: The University of Cape Town (UCT) undergraduate curriculum aims to prepare graduates for primary-level care in a distributed health system, emphasising social accountability and primary health care. However, current evaluations methods like end-of-block surveys prove inadequate for comprehensive assessment of the intended outcome. This literature review, conducted as part of a Special Study Module (SSM), sought to compare action research (AR) approaches with traditional curriculum evaluation methods to inform future improvements.

Methods: The review synthesised existing literature on curriculum evaluation, and, critically, participatory, collaborative, and empowerment evaluation models.

Findings: Traditional evaluations typically focus on student satisfaction and often fail to capture higher-order outcomes or the curriculum's societal "worth" and impact. This, combined with poor response rates, often leads to limited actionable insights. In contrast, AR approaches are grounded in principles of social accountability, participatory evaluation, and reflective practice. They advocate for the active engagement of diverse stakeholders—including students, faculty, recent graduates, patients, and community members—to ensure comprehensive data collection and meaningful utilisation of findings. Key benefits of AR identified in the literature include fostering a "culture of evidence," promoting continuous "cycles of reflection and action," and cultivating a "community of learners" and "reflective practitioners". Successful models like Partnered Educational Governance (PEG) demonstrate how student agency, enhanced accountability, and representative feedback can lead to significant curricular and policy changes, improving the overall educational outcome. While implementing AR can be complex, time-consuming, and resource-intensive, it demonstrably enhances institutional self-reflection and fosters sustainable educational innovations.

Conclusion: The literature review strongly supports the adoption of an AR framework for evaluating the curriculum. This approach enables a shift from superficial assessments to a deeper, evidence-based understanding of the curriculum's merit and societal worth, ensuring it remains responsive, contextually appropriate, and aligned with the overarching goals of social accountability and real-world graduate readiness.

Title: Exploring New Frontiers in Medical Education: A Phenomenographic Approach to Integrating Reflection and Experiential Learning

Author/s: Johnathan Muller-Stuurman (UCT)

Abstract

Introduction:

Reflective practice is widely recognised as a cornerstone of medical education, essential for developing professional identity, critical thinking, and lifelong learning. Despite extensive international research, there is limited investigation into reflective practice within South African medical education (Green-Thompson et al., 2012; Thomas & Volschenk, 2021; Visser & Beckett, 2024). This gap highlights the need for contextually relevant studies to inform curriculum development, especially amid the ongoing tension between technical skill acquisition and reflective learning (Sims et al., 2025). This study uses a phenomenographic approach to explore how undergraduate medical students and educators experience and conceptualise reflection, aiming to provide insights that can guide curriculum design.

Background:

Reflection is recognised as a core competency in Health Professions Education, contributing to self-awareness, clinical reasoning, and professional identity (Sandars, 2009; Mann et al., 2009). Despite its recognised value, challenges persist in teaching, assessment, and integration, with variable student engagement and limited evidence regarding effective pedagogy (Ng et al., 2015). In South Africa, few studies have systematically examined reflective practice, leaving a gap in contextually relevant understanding. Phenomenography has been applied in medical education to study professionalism, communication, and clinical reasoning (Stenfors-Hayes et al., 2013; Teunissen, 2015), yet its potential to illuminate how students experience reflection remains largely untapped.

Methodology:

A phenomenographic approach guides participant selection, data collection, and analysis. Second-year undergraduate medical students and clinical educators are purposively sampled at 3 South-African medical universities. Data are collected through semi-structured interviews, experiential learning activities with subsequent reflective reports, and focus groups. Interviews capture individual experiences, experiential tasks situate reflection within authentic learning contexts, and focus groups facilitate co-construction of meaning among peers. Data analysis follows Dahlgren and Fallsberg's (1991) seven-step phenomenographic framework to develop an outcome space representing qualitatively distinct ways participants conceptualise reflection.

Results/Expected findings:

Results are expected to reveal distinct patterns in how students and educators experience and practice reflection, framed through variation theory, categories of description, and second-order perspectives.

Conclusion:

The findings will provide empirically grounded insights into how reflection is experienced in South African undergraduate medical education, informing the development of a structured reflective practice framework to influence clinical skills learning.

Title: Cultivating an academic literacies curriculum for the UCT Faculty of Health Sciences undergraduate programmes

Author/s: Natashia Muna

Abstract

Supporting the development of academically literate students is a transformative imperative to enable access and success for all students, and an essential element of what it means to produce students who are life-long learners. Yet the question of what literacy practices are needed, and when and how to teach these is poorly understood in many disciplines. To gain insight into literacies teaching and learning needs and gaps within the UCT Faculty of Health Sciences undergraduate curricula, we return to the literacies

mapping project conducted in 2013 which identified the need for contextually situated and relevant literacies teaching and support, and which became the impetus for the establishment of the FHS Writing Lab in 2015. From here, drawing on our rich collection of monitoring and evaluation data, we trace the establishment of the Writing Lab highlighting both challenges navigated, and opportunities granted leading to our current imprint, and we present an overview of our touchpoints across the undergraduate programmes. By examining this imprint in relation to the focus, content, and genres being taught across years one to four, we demonstrate our responsive approach to student and educator needs and we conclude with a longitudinal framework for our own contextually planted, organically grown, and strategically shaped academic literacies curriculum for the UCT FHS undergraduate programmes. The value of this work-in-progress is that it can inform and guide educators who are thinking about how to frame and support the nature and focus of literacy activities and assessments set for their students, and it offers a starting point for a more intentional integration of literacies teaching as a distinct thread woven into the formal health sciences curricula.

Title: The introduction of Workplace-Based Assessment for General Surgery training at a South African university

Author/s: Daniel Nel, Lydia Cairncross, Vanessa Burch & Eduard Jonas

Abstract

Background

Assessment in postgraduate training in South Africa has traditionally focused solely on knowledge objectives. There is currently a movement to introduce Workplace-Based Assessment (WBA) to evaluate trainee clinical competence. However, concerns have been raised regarding the feasibility of this approach in a South African context. Similar concerns about feasibility and other issues with WBA implementation have been identified in General surgery in different settings. The aim of this study was to determine if it was possible to introduce WBA and to identify the characteristics of a WBA strategy that would ensure successful implementation at a South African university.

Methods

The design-based research methodology was used to define the educational problem, generate guiding principles for a solution, test the solution through cycles of implementation and refinement, and finally reflect on the implementation process to derive a final set of design principles. The study was conducted in the Division of General Surgery at the University of Cape Town from 2022 to 2023. The planning of the design and the interpretation of the findings were considered in the context of socio-cultural learning theory.

Results

Fifteen guiding principles, underpinned by theory, were used to design the WBA strategy. Three cycles of testing and refinement showed participants consistently rated the strategy as feasible, appropriate and acceptable. The lessons learned from each cycle enabled the solution and design principles to be modified, in consultation with a stakeholder team, to further enhance participant perceptions and implementation. This process resulted in 15 final design principles, of which six were substantive and nine were procedural. The substantive principles related to the selection of EPAs, assessment tools, the supervisor base, and the digital platform. The procedural principles related to the pace of introduction, team development, managing the formative-summative tension, and change management approach.

Conclusion

WBA can be introduced for postgraduate General surgery training at a South African university. Design principles have been identified to ensure a feasible introduction in this context. These principles may assist others in implementing new, or refining existing WBA strategies.

Title: Reimagining the Face of Medicine: How Decolonial Thinking Can Restore Possibility in African Medicine and Surgery

Author/s: Kananelo Sello

Abstract

Reimagining the Face of Medicine is a student-led educational innovation that seeks to reclaim African narratives within surgical and medical education by centering the visibility and excellence of African health professionals and students. The project responds to a long-standing challenge in global

healthcare education: the dominance of Eurocentric imagery and frameworks, which have historically marginalized or erased African contributions to medicine and surgery.

Although Black and African surgeons, physicians, and pioneers are making a global impact, their stories and those of students training to follow in their footsteps remain largely absent from the formal and hidden curriculum. This invisibility restricts imagination and aspiration, leaving young Black learners struggling to dream boldly and medical students uncertain about pathways beyond the MBChB degree. The implicit message is clear: greatness in medicine is imagined “out there,” but rarely “in here.”

This project confronts such invisibility through storytelling. Anchored in a multi-format platform a YouTube series, student reflection essays, and a forthcoming print anthology it documents the journeys of African healthcare professionals while capturing medical students’ first-person reflections on identity, belonging, and ambition. Together, these narratives form a tapestry of becoming and belonging: an academic, creative, and deeply human response to exclusion.

Grounded in narrative medicine, curriculum transformation theory, and decolonial pedagogy, the project reimagines medical education as more than knowledge transfer. It positions the curriculum as a site of identity formation, inspiration, and representational justice. By elevating lived experience as pedagogy, the project affirms that personal story is a critical source of educational value and empowers students as co-creators of a more inclusive and affirming academic landscape.

This presentation introduces the project’s conceptual foundations, early content development, and roadmap for implementation. It invites collaboration from educators, students, and institutions seeking to advance representative, inclusive, and aspirational healthcare education.

Title: Scaffolded Spiral Curriculum for Teaching and Learning Immunology in the MBChB Programme

Author/s: Tony Noveld & Jaisubash Jayakumar

Abstract

Immunology forms the foundation of modern medical advances, including vaccine development and immunotherapeutics. The COVID-19 pandemic brought immunology to the forefront, revealing widespread gaps in basic understanding among clinicians and the public. Despite its clinical importance, immunology consistently ranks among the most challenging and least favoured subjects for undergraduate medical students globally. At UCT, MBChB students encounter immunology through disease-based case studies. This approach requires students to simultaneously grapple with new terminology, unfamiliar cell lineages, and complex pathways. The result is cognitive overload and reduced retention, reflected in student performance and perceptions.

Having completed three years of the MBChB and currently pursuing a BMedSc (Hons) in Infectious Diseases & Immunology, I would like to propose a scaffolded, five-semester immunology curriculum aligning with cognitive load theory and adult learning principles. The proposed sequence introduces terminology and functional frameworks first, before progressing to molecular mechanisms and disease complexity– this spiral approach has been shown to improve engagement and long-term knowledge in other programmes.

This proposal outlines a restructured five-semester immunology curriculum using spiral learning methodology; Semester 1: terminology and cellular functions. Semester 2: immune response modules. Semester 3: clinical case integration. Semester 4: immune dysfunction and tolerance. Semester 5: molecular immunology including lymphocyte development, VDJ recombination, class switching, and affinity maturation.

This progression from cell naming to immune coordination to molecular detail, mirrors how immunology experts build schema⁴. Early structured exposure would reduce the constraint of unfamiliar terminology to student learning, improving confidence and long-term retention^{5,1}. The scaffolded approach can include active learning tools, such as concept maps to boost engagement and comprehension.

Locally, UCT’s FHS curriculum renewal offers a strategic window for implementation of this proposed approach. A phased, scaffolded immunology sequence would improve student outcomes and better prepare graduates for immunologically driven medicine, including interpreting cytokine profiles, immunotherapies, and vaccine technologies.

This proposed curriculum design could serve as a blueprint for institutions seeking to modernise pre-clinical education. Tracking student performance in immunology-heavy clinical rotations and

measuring confidence in applying immunological reasoning could generate educational data and contribute to national curriculum reform.

Title: Designing for Clinical Readiness: Using a Professional Development Rotation to Address Clinical Placement Constraints in Undergraduate Physiotherapy

Author/s: Naa-ielah Pandey, Nicole Arends & Heather Talberg

Abstract

Introduction

In 2023, the Physiotherapy Division faced an operational challenge, with the anticipated number of third-year physiotherapy students due to enter the clinical platform exceeding the capacity of available clinical sites. This risked compromising the outcomes of the Clinical Physiotherapy II (AHS3069W) course. In response, the Professional Development Rotation (PDR) was developed as, non-contact rotation designed to complement existing clinical objectives and support students' professional development.

Approach

The rotation outcomes were collaboratively designed by a team of academics and clinical educators. Three core themes were identified through an internal workshopping process: (1) Management of Self, (2) Communication in Healthcare, and (3) Clinical Readiness. The block was delivered in a hybrid format, with facilitated in-person sessions supplemented by self-directed online activities. Content included scenario-based learning, structured reflection tasks, and clinical reasoning simulations. The block ran across the academic year, with each rotation's tasks adapted slightly aligned to the timing in the year and student needs.

Outcomes

The PDR revealed shifts in student engagement and professional identity. Initially viewed as a "filler block," the weekly sessions evolved into meaningful learning spaces. Students appreciated the relatable, experiential activities that bridged theory and practice. They described feeling more confident, professionally grounded, and mentally prepared for upcoming clinical placements. Discussions around imposter syndrome, ethical conflict, and communication breakdowns created safe, reflective spaces. A highlight was students' evolving understanding of clinical reasoning. Through games and case simulations real-time feedback allowed students to test their reasoning and communication in a low-stakes, high-support environments.

Conclusions

The PDR illustrates how strategic course-level interventions can successfully mitigate contextual resource constraints while enhancing student learning. It highlights the value of structured activities in non-clinical settings to foster aspects of clinical readiness, and to develop broader graduate competencies

Ingenuity

The PDC offered a creative response to the issue of a constrained clinical platform. Rather than simply create a gap in the clinical course, the physiotherapy division leveraged this challenge to design a meaningful, clinical linked experience that strengthened essential graduate competencies. This innovation has potential wider relevance across health professions education, especially in lesser resourced contexts where placement limitations can be offset by supported learning spaces that encourage reflective practice, emotional resilience, and clinical reasoning.

Title: Comparing the Effectiveness of Near-Peer Teaching to Faculty-led Surgical Skills Training: A Scoping Literature Review

Author/s: Urvashini Pillay, Ben Daniel & Morne Visser

Abstract

Background: Undergraduate medical curricula in low- and middle-income countries (LMICs), including South Africa, frequently face challenges in providing consistent, early, and equitable access to hands-on surgical skills training, resulting in students reporting inadequate confidence or experience. This educational gap aligns with global calls from the 2010 Lancet Commission on Education of Health Professionals and the 2018 Academy of Science of South Africa (ASSAf) report for transformative, student-centred learning models that prioritise clinical competencies. Near-Peer Teaching (NPT) has

emerged as a promising, scalable intervention to address these issues.

Aim: This review examines the existing literature comparing the effectiveness of near-peer teaching to traditional surgeon-led instruction in undergraduate surgical education. The primary focus is on student competence, confidence, and learning experience, with attention to its implementation in limited resource settings.

Method: A structured literature search was conducted using PubMed, Google Scholar, and UCT Primo, focusing on peer-reviewed studies published in the past 10 years. Inclusion criteria targeted studies involving undergraduate medical students or junior doctors in surgical skills training. NPT was the primary instructional method. Special emphasis was placed on literature that was applicable to LMIC contexts. Data extraction included objective skill outcomes, student's self-reported confidence, and perceptions of the learning environment.

Findings: NPT yields comparable short-term outcomes in basic skill competence and confidence compared to traditional faculty-led teaching, fostering a more approachable and psychologically safe learning environment. NPT also offers significant practical benefits in resource-constrained settings by alleviating faculty workload, reducing costs, and expanding access to training opportunities. While a key limitation in existing literature is the predominant reliance on self-reported confidence, some studies have demonstrated objective skill improvement following NPT. Identified gaps include a need for more robust objective measures, long-term retention data, and standardised tutor training protocols.

Building on these insights, this scholarship aims to provide evidence for NPT as a viable, sustainable model to enhance surgical skills training, inform curricular innovations at UCT, and contribute to addressing educational disparities in LMICs.

Title: Unravelling CHAT; From its roots to the theory

Author/s: Nastassia Timothy (doctoral candidate), Elmi Badenhorst & Lunelle Pienaar.

Abstract

Introduction

Cultural Historical Activity Theory commonly known as CHAT is a theory derived from the cultural historical school of Russian psychology, sitting within the sociocultural paradigm. At the root of CHAT is the belief that human cognition and learning is embedded and mediated by social, cultural, and historical contexts. The most contemporary version: third generation CHAT by Engeström (2001), differs from prior iterations in that it interrogates human activity through the interaction of two activity systems with a shared objective, resulting in boundary crossing and expansive learning. This doctoral study will use expansive learning and boundary crossing as theoretical constructs to explore transfer of learning in physiotherapy. Research in transfer, tends to explore teaching methods which promote transfer, mostly in the basic sciences and clinical skills sphere related to medicine, with a notable paucity in exploring if and how transfer of learning occurs in physiotherapy education.

Methods

The aim of this research, anchored in physiotherapy clinical education, is to explore how students use prior knowledge, in the form of declarative, procedural, and relational knowledge in clinical contexts. In this research study presentation, I use the phenomenon of interest, transfer of learning in physiotherapy, as an exemplar for using CHAT to both shape the study and analyse the future data generated. Thus, this research views clinical learning as an activity system, enabling the interrogation of various relationships, interactions, and tensions within the clinical environment to explore boundary crossing and expansive learning as a means of better understanding transfer of learning in physiotherapy. This will be conducted using concept analysis methodology and focused ethnography.

Anticipated outcomes

Whilst this research is still in the conceptualising and developmental phase of the PhD, unpacking the roots of CHAT and how it may be used in clinical education research, offers an opportunity to explore both the opportunities and limitations of this sociocultural theory.

Significance of this research

The doctoral research itself has potential to add significant value to understanding how prior learning is operationalised by physiotherapy students in clinical settings. Using theoretical constructs from CHAT such as expansive learning and boundary crossing, this research can illuminate what kinds of knowledge students transfer to clinical education, if any, how this is done or if students construct new knowledge mediated by the clinical environment and the demands thereof.

Title: Embracing Students Wholly: Humanizing Pedagogy Amid Failure

Author/s: Nastassia Timothy, Precious Moshobjadi Mpahlele, Lindelani Mbonambi, Lunelle Pienaar.

Abstract

The problem we want to address:

Students struggling academically often feel marginalised and disempowered at university. They may arrive underprepared, lacking the perceived cultural capital associated with academia. Following academic failure, students are possibly enrolled in extended curriculum programmes, worsening feelings of marginalisation and reduced sense of belonging. It has been our experience that Connect and Care as a pedagogy can contribute positively to the wellbeing of students in extended degree programmes.

Background and context of our work:

In the Faculty of Health Sciences at the University of Cape Town, students who have failed, join the extended degree programme for six months, completing failed courses and reinforcing academic skills. Connect and Care is also a central feature of this curriculum. This innovative teaching aims to use tenets of humanising pedagogy, reflection and critical consciousness through teaching and learning. In this presentation we showcase how these regular, two-hour sessions foster self-development and holistic wellness through collaborative, safe dialogues.

What lessons can be learnt?

We acknowledge that students are not just students, but complex individuals with unique needs. Students in our context are often 1st generation, far away from home with limited social support structures. The small groups in the Connect and Care sessions, creates safety, allowing students to share their experiences, explore shared difficulties and leverage different perspectives. The diverse topics engage students' non-academic strengths, including arts and culture, empowering their knowledge and experiences, and drawing on their agency. Hence, we have started to harness the strength of humanities to develop students' academic skills.

Significance of this work:

Essential in an African university, like UCT, is the continued paradigm shift towards decolonial forms of knowledge. This is achieved by optimising non-expert, interdisciplinary knowledge to co-create pathways for students' academic success. Empowering students with life skills for university and drawing inspiration from their creativity, make students feel free to express themselves. Reimagining the formal curriculum to foster creative learning environments, dedicating space equal to discipline-specific content should be prioritised. Connect and Care is impactful not because of a specific topic but because of the protected space given to students for development in this aspect of their academics.

Title: Transforming the Undergraduate Surgical Curriculum: A Stakeholder-Engaged Approach to Competency-Based Education

Author/s: Morne Visser & Daniel Nel

Abstract

The University of Cape Town's Department of Surgery initiated a curriculum transformation project for its 5th and 6th year MBChB courses, driven by the critical need to address a programme that student and population needs. Challenges identified include a siloed curriculum, a lack of conceptual spiralling, volume overload, and student concerns regarding the acceptability, fairness, and inclusivity of assessment practices. This project aligns with UCT's Vision 2030, aiming to foster positive change by tackling societal problems, specifically by foregrounding decolonisation, well-being, social accountability, and democratisation within surgical education.

The project adopted a consultative and evidence-based approach, commencing with a four-month foundation phase. A core principle was the promotion of Competency-Based Education (CBE) as the primary driver of curriculum transformation, using frameworks such as Afrimeds and locally developed competencies to guide the process. A holistic consultation process actively engage students and educators through a series of workshops and a structured 3-day writing retreat. Key activities included the formation of a dedicated core team, stakeholder-specific workshops (e.g., the "Surgery Think Tank" for students), and a period of intensive strategic planning.

Significant progress has been achieved, particularly in the 5th year General Surgery course. Key outcomes include a redesigned 8-week clinical rotation structure, incorporating an introductory week,

core clinical blocks, and a consolidation week to enhance continuity and engagement. Assessment reforms were notable, with the replacement of inconsistent oral/portfolio exams by a hybrid practical examination and improved alignment with learning outcomes. The general surgery textbook was reviewed to differentiate content, and a clinical exposure logbook was drafted and implemented. Furthermore, new formative assessments and clinical skills training sessions have been developed and integrated into the curriculum. Crucially, early educational leaders have been identified among the student body and remain actively involved in ongoing curriculum development. Ongoing work includes integrating recent-graduate feedback through an action research project, further curriculum mapping, and refining formative and in-course skills-based assessments.



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