FACULTY OF
HEALTH SCIENCES

Programme

10 September 2026

UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Welcome

It is our great pleasure to welcome you to the **2026 Celebrating Health Professions Education Conference** of the **Faculty of Health Sciences** as we gather once again as a community to strengthen health professions education and research. We extend our sincere appreciation to colleagues across the faculty for their continued support of this conference, and particularly to our presenters, reviewers, session chairs, organisers and students whose contributions make this annual gathering possible.

This year's programme provides an encouraging glimpse of the new directions in which health professions education research and scholarship are developing within our faculty. The breadth of presentations reflects a field that is expanding beyond traditional questions of teaching and learning to engage critically with how, where and for whom education takes place. Contributions explore teaching and pedagogical innovation, assessment and competence, curriculum renewal, clinical and workplace learning, student support and mentoring, professional identity and belonging, equity and decolonisation, educator development and wellbeing, and the rapidly evolving role of artificial intelligence in education. Together, they demonstrate the increasingly interdisciplinary, reflective and socially responsive character of HPE scholarship within the faculty.

Importantly, these are not separate conversations. They intersect across our educational and clinical learning environments, curricula and assessment practices, and in the lived experiences of our students and educators. The programme also demonstrates a growing willingness to interrogate established practices, foreground student and educator voices, experiment with new educational approaches, and consider how our scholarship can contribute to more equitable, humane and contextually responsive health professions education.

The conference is therefore more than an opportunity to present completed research. It provides a valuable space to share emerging ideas, learn from educational innovations, receive constructive feedback and develop new collaborations. Some of the most productive HPE partnerships begin with discovering that a colleague elsewhere in the Faculty is grappling with a similar educational question.

We encourage you to participate actively in the conversations throughout the day: engage with presenters, connect with colleagues beyond your usual disciplinary and departmental networks, and especially engage with our students and emerging scholars. We hope that these encounters will generate new questions, collaborations and opportunities for educational scholarship. As our HPE community continues to grow, so too does our collective responsibility to ensure that the knowledge we generate remains connected to the needs of our students, our educators, our health professions and the communities and health systems we ultimately serve.

Thank you for being part of this growing community of practice and scholarship. We hope that you leave the conference with *new ideas, new connections and renewed curiosity about how we can strengthen health professions education together*.

We wish you a stimulating, collegial and enjoyable conference.

Professor Jacqueline van Wyk
Head, Department of Health Sciences Education
On behalf of the Conference Organising Committee

Acknowledgements

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
Ms Suraya Basterman
Dr Gaironeesa Hendricks
Dr Gregory Doyle
Prof Francois Cilliers
Dr Busayo Ige
Dr Elmi Badenhorst
Dr Lunelle Pienaar
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Ms Nastassja Timothy
Mr Johnathan Muller-Stuurman
Dr Sibusiso Buthelezi
Dr Marvin Jansen
Dr Rachel Weiss
Ms Michelle Hannington

Creative Design: Fayyaad Hendricks

Programme

07:30 - 08:00	**Registration & Tea** (Foyer)	
08:00 - 08:15	**Opening & Welcome: Prof Jacqueline van Wyk and Dr Gaironeesa Hendricks** *(Atrium)*	
	Parallel Sessions in Atrium and Studio 1	
	Session Chair: Lynelle Govender *(Atrium)*	**Session Chair: Johnathan Muller-Stuurman** *(Studio 1)*
08:20–08:40	**Lisa de Paulo**: Beyond Orientation Week: Creating a Holistic First-Year Transition Experience	**Siwe Toto; Thandi Magwai**: Developing a Scalable Curriculum-Integrated Vodcast-Based Learning Model for Becoming a Professional course in Faculty of Health Sciences
08:40–09:00	**Amaal Abrahams;** Lisa Pio de Paulo: Evaluating the FHS Peer Mentorship Programme through Collaborative Educational Research	**Jaisubash Jayakumar**: Reimagining the Health Professions Education Knowledge Project: Epistemic Becoming, Belonging and Transformative Scholarship in South African Health Sciences Education
09:00–09:20	Naa-ielah Pandey; **Letitia Rustin**: Making the Hidden Logic of Clinical Examinations Visible: Multistakeholder Engagement Supporting Revised Summative Assessment Rubrics in Undergraduate Physiotherapy	**Dianne Matthews**: Exploring Second-Year Medical Students' Experiences of Belonging in a Family Medicine Course: A Qualitative Case Study
09:20–09:40	**Lakshini McNamee**; **Gaironeesa Hendricks**; Elmi Badenhorst: (Re)humanising pedagogies of Foundation Provision educators: Resisting structural marginalisation and moving towards decolonisation	Shameemah Abrahams; **Jaisubash Jayakumar**: Humanising Health Professions Education in the Age of Artificial Intelligence: Cultivating Empathy, Compassion, and AI Literacy for a Digital Future
09:40–10:00	**Tea** *(Atrium Foyer)*	
	Session Chair: Rashiqua Holdman *(Atrium)*	**Session Chair: Celeste De Vaal** *(Studio 1)*
10:00–10:20	**Jaisubash Jayakumar**: From Content Delivery to Knowledge Co-Creation: Student Voice, Social Justice, and a Critical Reflection on the HPE Knowledge Project in Medical Education	**Rabia Hassam**: Thinking differently: Student placement in Practice Learning
10:20–10:40	**Pule Mokoena**, Ubuntu Hlatshwayo, Nomfundo Mthembu, Keletso Mongatane, Voninga Maritze, Lerato Baloyi, Naledi Mohale, Morne Visser: Amplifying the student voice: disrupting traditional curriculum evaluation models	Naa-ielah Pandey; **Gemma Graytor-Farinha**; Lazola Magwa: Thinking Aloud at a Distance: A Hybrid Clinical Supervision Model for Distributed Physiotherapy Education
10:40–11:00	**Kirsten Bester;** Tina-Marié Wessels; Lunelle Pienaar: Genetic Counselling in South Africa: Investigating healthcare professionals' perceptions to inform curriculum renewal	**Johnathan Muller-Stuurman**: Beyond Words: Symbolism and Artefacts as Reflective Language in South African Medical Education
11:00–11:20	**Michelle Hannington;** Francois Cilliers; Pam Gretschel: Historical Sedimentation and the	**Morne Visser:** Nurturing Teamwork Through Design: Scaling Group-Based Research

	Negotiation of Assessment Validity in South African Occupational Therapy Education	Collaboration in Undergraduate Surgical Education
11:20–11:40	**Philasande Biyela**; **Lugcobo Dyani**; **Vhuhwavho Mashebela**; **Phumudzo Semenya**; **Mazithi Sigaqa**; **Fercy Sithole**; Taahira Goolam Hoosen; Natashia Muna: Developing Academic Writers in the Health Sciences	**Nomonde Foli:** Generative-AI a Catalyst for Disrupting and Transforming Teaching, Learning and Assessments in Health Sciences Education
11:40 - 12:30	**Keynote Address: Prof Lynette Van der Merwe** ***"Beyond ourselves: Rethinking the Knowledge Project in Health Professions Education"***	
12:30 – 13:10	**Lunch** *(Atrium Foyer)*	
	Session Chair: Nastassia Timothy *(Atrium)*	**Session Chair: Lisa de Paulo** *(Studio 1)*
13:10–13:30	**Courteney Jade Collins**; Victoria E. Gibbon; Olufunke A. Alaba; Leslie London; Itumeleng M.T. Ntatamala: Use of Race in South African Postgraduate Health Sciences Research: Implications for Health Sciences Education	**Kananelo Sello**: The Hidden Curriculum of Becoming a Doctor: Designing a Reflective Framework to Engage Shame, Performance, Identity and Belonging in Medical Education
13:30–13:50	**Nastassia Timothy**; Ncumisa Ngceni; Delight Ngomane; Thembelihle Mhambi; Fezile Shabangu; Lunelle Pienaar: Physiotherapy students' self-reported transfer of learning: a pilot survey	**Leshen Govender**; **Dylan Ho**: Physician Burnout and Healthcare Outcomes in Low- and Middle-Income Countries: A Literature Review
13:50–14:10	Hannah M. Wolpe; Vicky E. Gibbon; Olufunke Funke; Leslie London; Viwe Kobokana; **Itumeleng M.T. Ntatamala**: The Use of Sex, Gender, and Disability in Health Sciences Research – interrogating the Use of Identity Language at a Major South African Institution of Higher Education	**Siphesihle Caluza**; **Jaisubash Jayakumar**: Support Connect: Reimagining Student Support Through a Centralized Navigation Model in Health Sciences Education
14:10–14:30	**Nastassia Timothy**; Lunelle Pienaar; Heather Buchanan; **Kulungile Plaatjie; Kitty Ramano; Siphesihle Mlambo:** Understanding Information Needs of Health Sciences Students in the Workplace	**Morne Visser;** Gaironeesa Hendricks; Natashia Muna: Burnout and Resilience in Early Career Healthcare Workers: Literature Review and Reflection
14:30–14:50	**Gabriel Poulsen; Anesu Chimusoro; Nina Groeneveld;** Leago Phakathi: Longitudinal Portfolio for Basic Procedural Competence	**Chivaugn Gordon**: To AI or not to AI, that is the question
14:50–15:10	**Erin Lombard; Marguerite Prinsloo**: From learning to leadership: a SHAWCO narrative on student-led interprofessional collaborative practice	
15:10– 15:45	**Prize Giving: Deputy Dean Undergraduate: Dr Kerrin Begg** *(Atrium)* **Closing: Prof Francois Cilliers**	

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- Workplace based Assessment
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- Facilitating Student Success
- Assessment
- Artificial Intelligence

Module 2 | 13 Sep - 1 Oct 2026

- Facilitating Student Success 2
- AI: Practical use
- Developing Accessible Teaching Content

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Abstracts

Evaluating the FHS Peer Mentorship Programme through Collaborative Educational Research

Amaal Abrahams, Lisa Pio de Paulo

Abstract:

Introduction

Student support programmes are now an integral part of higher education, yet many continue for years without being formally evaluated. Positive student feedback and longevity alone should not be interpreted as evidence that a programme is achieving its intended outcomes. As student needs and institutional contexts evolve, it is important to evaluate these initiatives to ensure they remain relevant and effective. To address this, this study aims to evaluate the effectiveness of the Faculty of Health Sciences (FHS) Peer Mentorship Programme in supporting first-year student success and wellbeing. Specific objectives are to explore first-year students' adjustment, examine mentors' training and experiences, identify implementation strengths and challenges, and provide evidence-based recommendations.

Method and Approach

This presentation describes the design and implementation of a collaborative convergent mixed-methods study evaluating the Faculty of Health Sciences First-Year Peer Mentorship Programme. Although the programme has supported first-year students for more than twenty years, it has never undergone a comprehensive evaluation. The project brings together academic staff, student development and support services, undergraduate education leadership and educational researchers to better understand what works, what could be improved and how the programme can continue to support student success. The evaluation combines quantitative surveys administered at multiple time points during the academic year with qualitative focus groups and programme implementation data.

Results and Findings

While, data collection is currently underway, preliminary findings focus on the implementation of the evaluation, including the successful establishment of cross-disciplinary collaboration and the integration of multiple data sources to evaluate programme outcomes. The study is expected to provide evidence of the programme's contribution to students' transition, while identifying strengths, challenges, and areas for improvement.

Discussion and conclusion

This collaborative approach moves beyond traditional satisfaction surveys to provide a comprehensive understanding of programme effectiveness, contextual factors that influence student transition and mentor development. It will also discuss the importance of evaluating student transition beyond academic performance and highlight the value of collaboration between academic departments, student support services and educational researchers. This presentation shares the rationale for undertaking the evaluation, the collaborative process used to design the study, early implementation experiences, and lessons learned. It highlights the importance of systematically evaluating student transition programmes to inform continuous improvement and ensure that institutional support initiatives remain responsive to evolving students' needs.

Humanising Health Professions Education in the Age of Artificial Intelligence: Cultivating Empathy, Compassion, and AI Literacy for a Digital Future

Shameemah Abrahams, Jaisubash Jayakumar

Abstract:

Artificial intelligence (AI) is reshaping health professions education through virtual patients, adaptive learning platforms, generative AI, educational chatbots, and simulation technologies that support personalised learning, clinical reasoning, communication skills, and assessment. These innovations enhance accessibility, scalability, and educational efficiency while providing safe environments for repeated practice. As AI becomes increasingly integrated into healthcare curricula and clinical practice, educators must reconsider which competencies remain uniquely human and how these should be intentionally cultivated in preparing our future healthcare professionals.

Despite AI's expanding capabilities, healthcare remains fundamentally relational and human-centred. Although AI can simulate empathetic communication and support clinical decision-making, it cannot genuinely experience emotion, understand suffering, exercise moral judgement, or establish authentic therapeutic relationships. Empathy, compassion, ethical reasoning, and cultural humility therefore remain indispensable attributes for delivering human-centred care. These human capabilities underpin trust, effective communication, shared decision-making, and

responsiveness to patients' lived experiences, distinguishing compassionate healthcare from technologically mediated interactions.

The integration of AI also presents significant educational challenges. Overreliance on AI-assisted learning may reduce opportunities for authentic patient engagement, reflective practice, and interpersonal relationship-building, all of which are essential for developing emotional intelligence and professional identity. Furthermore, AI-generated content may oversimplify complex clinical and social realities, perpetuate algorithmic bias, or create unwarranted confidence in automated outputs. Consequently, students require AI literacy that extends beyond technical proficiency to include critical appraisal, ethical awareness, bias recognition, and an understanding of AI's limitations in clinical care.

This conceptual paper argues that the future of health professions education depends on balancing technological innovation with humanistic values. We propose an educational framework in which AI literacy and emotional intelligence are developed as complementary rather than competing competencies. Empathy and compassion should be intentionally fostered through curriculum design, reflective learning, mentorship, authentic clinical experiences, and educators' modelling of compassionate practice. Preparing graduates for increasingly digital healthcare environments requires ensuring that technological competence strengthens rather than diminishes human connection. Future healthcare professionals must therefore be both AI-literate and deeply human-centred, capable of integrating technological advances with empathy, compassion, ethical judgement, and professionalism to deliver safe, equitable and high-quality patient care.

Genetic Counselling in South Africa: Investigating healthcare professionals' perceptions to inform curriculum renewal

Kirsten Bester, Tina-Marié Wessels, Lunelle Pienaar

Abstract:

Background: In South Africa, Genetic counselling is an expanding medical field and needs to be highly adaptable and responsive to the diverse healthcare landscape of the country to contribute to patient health and wellness. Curriculum renewal is an approach that supports responsiveness of the curriculum to the changing demands of the context. Kern's model of curriculum development comprising of a six-step structured framework illustrates the core aspects that needs to be included in the renewal process.

Research Problem: Genetic counselling in SA is 37 years old and the programme at UCT has been in existence for 22 years. During the 22 years of existence, the programme has undergone minimal review. Yet the field of genetic counselling has continued to expand in respect of knowledge and skills. More importantly, the patients have become increasingly diverse in conditions and the student body has expanded in demographics. There is limited educational research on the fit for purpose of the genetic counselling programme at UCT.

The study aim is to explore the public healthcare professionals' perceptions about the knowledge, skills and attitudes of genetic counsellors they work with in the Western Cape. This will serve as a targeted needs assessment in the curriculum renewal process outlined in Kern's approach to curriculum development.

Methodology: An exploratory approach grounded in pragmatism was used. An online cross-sectional survey, comprising of 13 closed-ended and 43 open-ended questions, was administered to participants. The survey included Knowledge, Skills, and Attitudes of six competency frameworks for genetic counselling graduates. Participants were healthcare professionals working in the public healthcare system in the Western Cape in either Groote Schuur, Tygerberg or Red Cross War Memorial Children's Hospitals. Quantitative data were analysed using Microsoft Excel for descriptive statistics and thematic analysis for the qualitative open-ended responses.

Results: This presentation will provide preliminary results as data analysis is still ongoing. There were 24 responses collected from participants in nine different departments: Oncology (5), Heamatology (4), Paediatrics (7), Cardiology (1), Surgery (3), Human Genetics (1), Psychology (1), Obstetrics (1), UCT Senior Scholar (1). The anticipated results are that genetic counsellors in the public healthcare system in the Western Cape are generally well-equipped to integrate into the respective multidisciplinary teams. Preliminary results indicate potential granular changes to the current curriculum. Anticipated discussion points and results include descriptive statistics on the quantitative items, and themes derived from thematic analysis on the qualitative items with a focus on certain aspects of the knowledge, skills, and attitudes of current genetic counsellors that require adaptations. These could prove to inform future curriculum renewal.

Support Connect: Reimagining Student Support Through a Centralized Navigation Model in Health Sciences Education

Siphesihle Caluza, Jaisubash Jayakumar

Abstract:

Health sciences students enter university from diverse socioeconomic, educational, cultural, and personal backgrounds. While this diversity enriches the learning environment, it also creates inequities in student' ability to access opportunities, resources and support. Financial hardship, food insecurity, psychosocial challenges, mental health concerns, and limited social capital can negatively influence wellbeing, academic performance, progression and retention in higher education. Research shows that students experiencing such vulnerabilities often encounter barriers to accessing available support services, including limited awareness of available resources, uncertainty about where to seek assistance, stigma, and fragmented institutional systems that may delay or discourage timely help-seeking.

The aim of this innovation is to develop and evaluate Support Connect, a centralised student-support navigation model designed to improve students' awareness of, access to, and timely engagement with existing support services within the faculty of health sciences and wider university. Rather than creating new structures, Support Connect integrates existing resources, including student mentorship programmes, counselling and mental health services, emergency financial assistance, wellness initiatives, disability support and academic development services into a single, coordinated point of entry. Through an accessible communication platform (e.g., WhatsApp, web-based portal, or QR-code-enabled resource hub), students can confidentially identify their needs and be directed to the most appropriate support pathway, thereby reducing confusion, duplication, and delays in accessing assistance. The model would be introduced during student orientation and reinforced throughout the academic year to promote awareness and normalize proactive help-seeking.

As this project is currently in the conceptual phase, anticipated outcomes include increased awareness and utilisation of existing support services, earlier identification of students requiring assistance, improved coordination among support providers, and enhanced student engagement with wellbeing resources. The initiative is also expected to reduce barriers associated with navigating complex institutional systems and strengthen a culture of early intervention and support. Evaluation will draw on service utilisation data, student feedback surveys, and referral tracking across the support units to assess uptake, accessibility, and student satisfaction with the navigation model.

By shifting student support from a fragmented and reactive approach to a coordinated, learner-centred model, Support Connect has the potential to promote equity, inclusion, belonging, and student success while preserving the dignity of every learner. Ultimately, the innovation aims to ensure that students receive support tailored to their individual circumstances, thereby enhancing participation, retention, and wellbeing across the health sciences learning community

Use of Race in South African Postgraduate Health Sciences Research: Implications for Health Sciences Education

Courteney Jade Collins, Victoria E. Gibbon, Olufunke A. Alaba, Leslie London, Itumeleng Ntatamala

Abstract:

Racial classifications remain widely used in health research despite longstanding methodological and ethical debate. In South Africa, where racial classification is deeply tied to colonial and apartheid histories, its use carries profound implications. While race is often used to document health disparities, its uncritical application risks reinforcing biological assumptions and obscuring structural determinants of health. Postgraduate health sciences education has an important role in preparing future health researchers and clinicians to critically engage with these determinants. Concepts of critical consciousness, decoloniality, and epistemic justice are therefore relevant to responsible research training. However, little is known about how race is conceptualised and operationalised in South African postgraduate health sciences research. This study aimed to examine the use of racial terminology in Master's and Doctoral health sciences dissertations at a South African higher education institution.

A descriptive cross-sectional study was conducted using a retrospective review of Master's (MPH, MMed) and Doctoral (PhD) dissertations submitted to a Faculty of Health Sciences between 2017 and 2021. Using stratified random sampling, 273 dissertations were screened for racial terminology. A structured data extraction tool assessed the terms employed, justifications for their use, and the methods by which race was determined. Descriptive statistics were used to summarise the proportion of dissertations using racial terminology, the methods used to determine race, and patterns of usage.

Of the 273 dissertations analysed, 24.2% (n=66) included racial terminology, with significant variation by programme (p=0.007): PhD dissertations showed the highest prevalence (37.3%), followed by MPH (20.0%) and MMed (18.4%).

The most frequently used terms were "black," "race," and "white." Critically, 42.4% of dissertations using racial terminology provided no explanation of how categories were determined, and where a method was specified, race was most often derived from pre-existing records (47.0%) rather than participant self-identification.

These findings provide the first systematic evidence of how racial terminology is used in South African postgraduate health research and suggest that racial categories are often applied without sufficient methodological transparency or critical reflection. For health professions education, this highlights the need to strengthen postgraduate research training. Integrating critical consciousness, decoloniality, and epistemic justice into research training may better equip future health researchers and clinicians to use racial data critically, transparently, and ethically.

Beyond Orientation Week: Creating a Holistic First-Year Transition Experience

Lisa de Paulo

Abstract:

Orientation programmes are a cornerstone of the first-year student experience, yet they are often viewed as discrete, one-week events rather than as part of a broader transition process. While orientation provides an important introduction to university life, evidence suggests that successful student transition is a longitudinal process requiring ongoing academic, social and emotional support. As student needs and institutional contexts evolve, it is important to continuously review and strengthen orientation and first-year initiatives to ensure they remain relevant, responsive and effective.

This presentation explores how the Faculty of Health Sciences (FHS) at the University of Cape Town is strengthening its approach to student transition by positioning Orientation, the First-Year Experience (FYE) programme, and the Mentorship Programme as interconnected components of a broader transition ecosystem. Rather than viewing these initiatives as standalone interventions, the presentation demonstrates how they collectively support students through orientation activities, mentoring, and initiatives that foster belonging and wellbeing. Drawing on findings from the evaluation of the orientation programme, emerging evidence from the mentorship programme evaluation, and experiences gained through the implementation of First-Year Experience (FYE) workshops, the presentation highlights how ongoing reflection, collaboration and programme review are informing programme refinement and strengthening partnerships across academic and student support structures.

The presentation will discuss the importance of adopting a holistic approach to supporting and evaluating student transition beyond Orientation Week. It will reflect on lessons learned from implementing an integrated transition model and consider how the FHS can use evidence to strengthen programme design, enhance collaboration across departments, and create student-centred transition initiatives that promote belonging, wellbeing, engagement and academic success throughout the first year. Lessons emerging from these initiatives highlight the importance of extending support beyond orientation week by embedding transition-focused workshops throughout the first year, reinforcing students' awareness of available university support services, and providing structured opportunities to develop practical academic skills, including note-taking, assessment preparation, and the effective use of feedback. The findings also underscore the value of sustained peer support through regular mentor-mentee engagement and opportunities for senior students to share their experiences and advice during FYE workshops. Collectively, these lessons reinforce the importance of adopting a holistic, continuous approach to supporting students throughout their first year rather than relying on orientation as a once-off intervention.

Generative-AI a Catalyst for Disrupting and Transforming Teaching, Learning and Assessments in Health Sciences Education

Nomonde Foli

Abstract

As we celebrate Health Sciences education, education is confronted by rapid Artificial Intelligence (AI) advancement such as Generative AI (Gen-AI) that continuously disrupts traditional teaching, learning and assessments in various ways. The interest to explore GenAI in health sciences (HS) education is to critically examine, understand and surface the potential opportunities and challenges associated with clinical and public health sciences. We in a period where educators and lectures are increasingly forced or confronted with having to navigate how Gen-AI can support teaching, learning and assessments and identifying the authenticity of the work. Despite this growing interest, ethical questions regarding pedagogical value remains a contentious issue among the academic staff.

The purpose of this study is to explore Gen-AI potential as a transformative tool rather than the disruptor for teaching and learning in health sciences, drawing from current emerging educational practices. The purposive sampling of the

study will be lectures of different courses within the health sciences. Adopting a practice-based approach of multiple case study employing a Design-Based Research (DBR) encompassing interviews and observations underpinned by Digital literacy conceptual framework. This paper argues that Gen-AI should not be viewed as a challenge but as a collaborative partner for enhancing learning practices aligned with sound pedagogical principles such as Bloom's Digital Taxonomy.

Focusing on how HS academic staff find ways to collaborate with Gen-AI to enhance facilitating more engaging, personalised learning, developing students Gen-AI critical literacy and providing timely feedback. Most importantly, attention should be on creating opportunities for students to develop AI critical literacy thinking and sound clinical reasoning. While addressing key pertinent challenges of AI bias, equity of access, maintaining academic integrity, privacy concerns and establishing ethical guidelines as provided by UCT AI framework for education. The implications and significance of the study will be to contribute to the development of integrating Gen-AI literacy as a collaborative pedagogical partner for lectures in HS.

Key words: AI and Gen-AI Critical literacy, academic integrity, digital literacy, ethical concerns, responsive pedagogy, shared pedagogical principles.

To AI or not to AI, that is the question

Chivaugn Gordon

Abstract:

Introduction

Generative artificial intelligence has become a constant reality in a short space of time. Much attention has been given to the use of AI in assessment, at UCT but less has been said about teaching students how to use AI tools critically for the purposes of learning. This intervention sought to introduce students to critical AI use in an existing learning intervention in Gynaecology.

Methods

In the last lecture slot of our 8-week Gynaecology course, I run a crash course revision session, based on patients I have seen in the outpatient department. It focusses on pattern recognition and clinical reasoning. This innovation introduced information on critical and ethical use of AI and the use of AI as a potential clinical reasoning tool. Students work in small groups to diagnose patients; half the time using AI and half the time using their own brains. Students use of and feelings about the session were collected as part of our course evaluation. Approximately 80-90 students out of a possible 127 will have completed the session evaluation by the time of the conference (~67% response rate).

Results

Themes were derived from the Google form spreadsheet, with the help of AI in the spirit of this innovation. Students were grateful for the explicit teaching in AI use and most enjoyed the activity. Many of them enjoyed using AI but when asked which they preferred, most chose their own brains as their preferred method for clinical reasoning and could often see when AI was incorrect in its diagnostic suggestions, though they could not always articulate why this was the case.

Conclusion

Little research exists about the use of AI and clinical reasoning, with some caution advised due to potential deskilling of clinical reasoning ability when AI is used excessively. Most students could see the value of using AI but had a healthy scepticism about relying solely on AI for clinical reasoning, despite the novelty of AI. Many appreciated the permission to use AI and welcomed the clearly stated boundaries of its use.

Physician Burnout and Healthcare Outcomes in Low- and Middle-Income Countries: A Literature Review

Leshen Govender, Dylan Ho

Abstract:

Background:

Physician burnout is an increasingly recognised challenge in healthcare and has implications for both physician wellbeing and healthcare delivery. Low- and middle-income countries (LMICs) face unique healthcare challenges, including workforce shortages, high patient volumes, and resource constraints, which may contribute to burnout and influence healthcare outcomes. Although physician burnout has been widely investigated, the evidence examining its relationship with healthcare outcomes in LMICs has not been comprehensively synthesised.

Aim:

To examine and synthesise the available evidence on the relationship between physician burnout and healthcare outcomes in low- and middle-income countries.

Methods:

A structured literature review will be undertaken to identify and synthesise published evidence examining physician burnout and healthcare outcomes in low- and middle-income countries. Relevant electronic databases will be searched using predefined eligibility criteria. Study selection, data extraction, and synthesis of findings will follow a structured and reproducible approach.

Expected Significance:

This review aims to provide a comprehensive synthesis of the current evidence regarding physician burnout and healthcare outcomes in LMICs, identify gaps in the literature, and highlight priorities for future research. Depending on the available evidence, the review may inform subsequent region-specific analyses, including African healthcare settings. The findings are expected to contribute to a better understanding of physician wellbeing and its relationship with healthcare delivery, with the potential to inform future policies and interventions aimed at strengthening healthcare systems and improving patient care.

Historical Sedimentation and the Negotiation of Assessment Validity in South African Occupational Therapy Education

Michelle Hannington, Francois Cilliers, Pam Gretschel

Abstract:

Introduction: Assessment validity has traditionally been conceptualised as a technical concern centred on measurement, objectivity and defensibility. Contemporary theories, however, position validity as an argument that is socially situated and shaped by values, assumptions and the purposes assessment is intended to serve. From a decolonial perspective, assessment systems are understood as historically and politically situated rather than neutral educational practices. This study explores how competing philosophies of assessment have become sedimented within South African occupational therapy education and considers their implications for contextually valid assessment.

Methods: A narrative inquiry was conducted with nine experienced occupational therapy educators representing all South African undergraduate occupational therapy programmes. Participants were recruited through purposive and snowball sampling to ensure extensive institutional knowledge of assessment practices. Semi-structured interviews explored the historical development of assessment within participants' institutions. Narrative analysis was undertaken through temporal, situated and agentic lenses to identify patterns in how assessment philosophies had evolved and were negotiated in practice.

Results: Assessment emerged as an ongoing epistemic negotiation between two competing validity logics. The first reflected assessment grounded in control, privileging standardisation, objectivity, accountability and professional legitimacy. The second reflected contextual responsiveness, emphasising learning, relationships, professional judgement, occupation-centred practice and responsiveness to local contexts. Rather than replacing one another, these logics had accumulated over time through processes of historical sedimentation, with colonial legacies, biomedical traditions, competency-based education and contemporary justice-oriented perspectives coexisting within current assessment systems. Educators described continually negotiating these competing demands while responding to institutional accountability, regulatory requirements, resource constraints and increasingly diverse student populations.

Discussion and Conclusion: These findings suggest that validity is best understood as a negotiated argument rather than a fixed property of assessment. A decolonial perspective reveals that particular warrants for validity, such as standardisation and objectivity, have become historically privileged, while contextual and relational forms of evidence often remain more difficult to legitimise. Developing contextually valid assessment therefore requires making these historically sedimented philosophies visible and critically examining the assumptions that underpin assessment decisions. Rather than choosing between competing assessment logics, educators are challenged to intentionally negotiate them in ways that are contextually responsive, professionally accountable and socially just.

Thinking differently: Student placement in Practice Learning

Rabia Hassam

Abstract:

UCT Occupational Therapy division has been facing many PL site placement challenges for the last few years. Since COVID 19 many sites facing financial constraints have lost funding for OT posts and therefore making it challenging for student placement as 3rd year PL in Physical Health requires an Occupational Therapist (OT) to be on site as per the Health Professions Council South Africa guidelines. The OT undergraduate program accepts between 60 and 70 students per year (including students on split academic plans). In 2022 the OT program accepted 120 students (of which only 100 students started the academic year). This placed a huge demand for site placements during practical's known as 'practice learning'. Many available PL sites were strained and burdened by taking extra students to accommodate the larger demand. To try to find a solution to this problem, the Occupational Therapy Division looked at placing a UCT supervisor in a resource limited setting without an onsite OT. This clinical educator needed to supervise 8 students placed across four blocks last year (2025). This allowed UCT to aid student placement during practice learning compared to other sites where only 2 students were placed.

Eight students were allocated to a five-week placement under the supervision of a clinical educator, with the process repeated across three additional blocks. A new method of practice was developed to ensure maximum learning outcomes reached and service delivery provided for approximately 40 of the 65 residents at the residential facility. This improved opportunities for social participation and occupational engagement in OT sessions and group activities as well as independence in activities of daily living in the facility.

Current student practice methods may change from purely using a medical model to fostering teamwork using more inclusive practices allowing social participation and occupational engagement for residents. This initiative demonstrates the potential of student-led, supervised interventions to redefine OT practice in resource-limited settings. It underscores the value of collaborative, context-driven approaches in expanding opportunities for occupational engagement amongst persons with physical disabilities. Most importantly, bridging a service delivery gap to under resourced placements within our South African contexts.

From Content Delivery to Knowledge Co-Creation: Student Voice, Social Justice, and a Critical Reflection on the HPE Knowledge Project in Medical Education

Jaisubash Jayakumar

Abstract:

Contemporary medical education increasingly advocates for learner-centred, socially accountable pedagogies that recognise students as active partners in learning. Within the University of Cape Town's (UCT) MBChB programme, curriculum transformation efforts have highlighted the need to better understand students' experiences of teaching, particularly in pre-clinical integrated modules. Despite growing emphasis on student-centred approaches, concerns remain regarding whether lecture-based teaching adequately supports meaningful participation and equitable learning opportunities. Situated within broader debates on the Health Professions Education (HPE) knowledge project, this study explores how student perspectives may challenge traditional lecturer-centred models of knowledge production and contribute to socially just educational practices.

A qualitative Participatory Action Research (PAR) design was employed to foreground student voice and generate contextually relevant recommendations for teaching enhancement. Forty-one entrant second-year MBChB students completed an anonymous online survey comprising open-ended questions. Data were analysed using Braun and Clarke's reflexive thematic analysis framework and interpreted through social constructivism, cognitive load theory, and self-determination theory. The PAR approach positioned students as contributors to educational knowledge creation rather than passive recipients of curriculum decisions.

Six interconnected themes emerged. Students valued approachable, empathetic lecturers who fostered psychological safety and belonging. They preferred conceptual teaching, clear explanations, and effective scaffolding over passive content transmission. Interactive pedagogies, including small-group learning and facilitated problem-based learning, were perceived to enhance engagement and understanding. Rapid pacing, content overload, and unexplained terminology were identified as barriers to learning. Students also emphasised the importance of clear structure, explicit learning outcomes, and alignment between teaching and assessment. Finally, participants described medical education as intellectually rewarding yet emotionally demanding, highlighting the importance of supportive learning environments.

These findings suggest that effective medical teaching extends beyond content expertise to encompass relational, interactive, and cognitively responsive practices. Critically, the study demonstrates how everyday pedagogical choices can either reinforce or reduce inequities in participation, belonging, and access to learning. By positioning students as knowledge producers, it offers a distinctive contribution to discussions on curriculum transformation and the HPE

knowledge project. While findings are context-specific and based on voluntary participation, they provide actionable insights for advancing learner-centred and socially just medical education in diverse contexts.

Reimagining the Health Professions Education Knowledge Project: Epistemic Becoming, Belonging and Transformative Scholarship in South African Health Sciences Education

Jaisubash Jayakumar

Abstract:

The Health Professions Education (HPE) knowledge project is increasingly challenged by questions of epistemic legitimacy, identity, power and social justice. Whose knowledge is recognised as legitimate? How do educators come to inhabit scholarly identities within historically unequal institutions? What forms of scholarship are needed to realise socially accountable futures for health sciences education? Responding to these questions, this critical reflexive autoethnography draws on my lived experience as a medical educator, educational leader and transformation advocate to examine the ongoing process of epistemic becoming within South African HPE.

Rather than framing academic development as the acquisition of educational expertise, this study conceptualises educator identity as an unfinished process of negotiating belonging, legitimacy, agency and scholarly voice. Through writing the self into the institutional, I critically examine experiences encountered across teaching, educational leadership, curriculum transformation and scholarship. These experiences are interpreted not as personal narratives alone but as entry points into the institutional cultures, histories and power relations that shape who is authorised to know, teach and lead within HPE.

Guided by critical reflexivity and informed by decolonial theory, transformative learning and communities of practice, the inquiry moves between the personal and the political to reveal how individual trajectories are entangled with broader structures of inequality and knowledge production.

The analysis revealed three interrelated dimensions of epistemic becoming. First, scholarly identity emerged through participation in communities that legitimised new ways of knowing and practising. Second, tensions between disciplinary expertise and educational scholarship created productive spaces for questioning authority, expertise and institutional norms. Third, experiences of uncertainty, vulnerability and marginality functioned as catalysts for critical reflection, agency and transformation rather than barriers to development. These findings position epistemic becoming as a dynamic process of negotiation, resistance and relational learning, deeply shaped by context, history and power.

This paper advances epistemic becoming as a conceptual lens for understanding educator development in contexts of inequality and transformation. By centring an African educator-scholar narrative, it reimagines the HPE knowledge project as one that values reflexivity, relational accountability and transformative scholarship, arguing that educational change begins with critically examining how educators themselves become knowers within the academy.

From learning to leadership: a SHAWCO narrative on student-led interprofessional collaborative practice

Erin Lombard, Marguerite Prinsloo

Abstract:

Translating interprofessional learning to collaborative clinical practice is a primary objective of interprofessional education (IPE). However, the attainment of this collaborative outcome remains a challenge across many health professions education and health system contexts, including the Faculty of Health Sciences at UCT. Poor longitudinal integration of the IPE curriculum between the medical and health and rehabilitation science programmes has been our predominant challenge in this regard. Extracurricular interprofessional learning and socialization are alternative strategies to strengthen team-based collaborative skills development in undergraduate students. Student-led and driven interprofessional clinics represent an approach in this regard. SHAWCO is a UCT-based student-led NGO that has successfully developed a community-based interprofessional clinical service, demonstrating the innovative potential of student leadership in capacitating collaborative teamwork in clinical practice.

This narrative presentation will detail SHAWCO students' journey in planning, implementing and refining interprofessional clinics across numerous under-resourced communities in the Western Cape.

After a gradual evolution of interdisciplinarity within the SHAWCO clinical service over the past few years (with mentorship from an Occupational Therapy clinician), 2025 saw the induction of its interprofessional steering committee. This executive team, comprising health and rehabilitation, medical and social work students, collaborates in the operational planning and clinical oversight of clinics, through effective communication, shared goal-setting and

service training. The interprofessional training enables student volunteers to understand and deliver various roles within their healthcare teams. Screening processes are facilitated through shared digital tools. Triaging and internal referral systems have been significantly enhanced through the collaborative process. The internal referral is not only a letter from one side of the clinic to the other, but a conversation between two professionals about shared management.

SHAWCO's collaborative teamwork has resulted in enhanced patient-centred, comprehensive care through: (1) earlier identification of rehabilitative treatment needs and (2) efficient provision of medical and rehabilitative care. Interprofessional communication premised on respect and support has boosted volunteers' confidence in sharing concerns between portfolios, thereby achieving greater collaborative synergy within service teams.

We believe we are creating a cohort of healthcare workers who will develop better understanding and practice of interprofessional collaboration through the modelling and experiential learning that SHAWCO clinics provide.

Exploring Second-Year Medical Students' Experiences of Belonging in a Family Medicine Course: A Qualitative Case Study

Dianne Matthews

Abstract:

Background: Student belonging is increasingly recognised as a key determinant of engagement, motivation, and academic success in higher education. Within medical education, however, little is known about how students experience belonging within specific classroom contexts, particularly in South Africa. Family Medicine provides a valuable setting for examining belonging due to its emphasis on collaborative learning, patient-centred care, empathy and professional identity formation. As undergraduate medical curricula increasingly emphasise collaborative, patient-centred learning, understanding the factors that foster or hinder belonging is essential for creating inclusive learning environments.

Aim: This study aims to explore how second-year MBChB students at the University of Cape Town experience belonging within a Family Medicine course and how classroom interactions, educator practices, peer relationships, and the learning environment shape these experiences.

Methods: Guided by an interpretivist paradigm, this mixed-method case study will employ a brief cohort profiling survey incorporating an established measure of higher-education belonging, minimally adapted to the Family Medicine course context, which will be used to inform maximum-variation purposive sampling. The survey will provide contextual information about the cohort and assist in recruiting second-year MBChB students enrolled in the Family Medicine course, into the qualitative phase. Data will subsequently be collected through focus group discussions comprising 6-8 students each to enable deeper exploration of emerging themes with final sample adequacy guided by information power. Data will be analysed using reflexive thematic analysis, with Self-Determination Theory, serving as a sensitising framework for interpreting experiences of belonging through the lens of relatedness.

Expected Findings: The study is expected to reveal how educators' practices, peer dynamics and classroom structures facilitate or constrain students' sense of belonging, with implications for engagement, participation, and professional identity development. Findings may also highlight how recognition, inclusion, participation, and interpersonal connection influence engagement, learning, and early professional identity development.

Conclusion: By illustrating how belonging is constructed within a pre-clinical medical education context, this study will contribute to emerging scholarship on inclusive teaching and learning in health professions education. The findings may inform strategies to foster learning environments that support engagement, wellbeing, and student success in South African medical schools.

(Re)humanising pedagogies of Foundation Provision educators: Resisting structural marginalisation and moving towards decolonisation

Lakshini McNamee, Gaironeesa Hendricks, Elmi Badenhorst

Abstract:

Background/Introduction

Foundation provision (FP) educators have a crucial role of supporting students at risk of interrupted progress, to enable them to successfully surmount whatever difficulties they encounter. These support measures are indispensable from a social justice perspective, especially in South Africa where correcting the injustices of the past continues to be necessary long after democracy. Our aim in conducting an exploratory qualitative study of FP educators' experiences

was to gain insight into their pedagogical practices and to find explanations for the apparent casualisation and precarity of their work.

Methods/Approach

The pedagogical practices of a group of eight multi-professional FP educators in the Fundamentals of Health Sciences programme at UCT were formally documented. Individual narrative interviews were conducted online, recorded via MS Teams, and transcripts checked against the recordings. Data were thematically analysed using critical and decolonial theory lenses to generate new insights into the praxis of FP educators.

Findings

Drawing on an analytic framework of Freire's humanisation and Archer's social realism illuminated (re)humanising pedagogies, FP educators consistently went beyond more traditional academic support, displaying a deep commitment to addressing students' needs holistically. Four themes were developed pertaining to FP educators' engagement with students. Theme 1 was about potentially transforming students' success and future prospects; Theme 2 was being passionate about their subject and/or practice; Theme 3 focused on the sources of resilience and motivating factors despite precarious and casualised employment conditions; and Theme 4 was about identity development (self-positioning) as contributors to social justice. FP Educators engaged relationally and shared their humanity with students to access strengths of students and to enhance social capabilities. Using active learning strategies and sensitively crafted learning opportunities, prior limitations of symbolic and social capitals were overcome.

Discussion/Conclusion

Engaging with critical theory and decolonial theory we realised that 'structural marginalisation' is rooted in systemic legacies that continue to shape political and institutional values in SA. Humanising pedagogies offer mutually empowering ways for educators and students to resist the status quo and create new possibilities and situations through transforming action. Theorising pedagogical practices creates ways of potentially translating these pedagogies into mainstream curricula at any level of study.

Amplifying the student voice: disrupting traditional curriculum evaluation models

Pule Mokoena, Ubuntu Hlatshwayo, Nomfundo Mthembu, Keletso Mongatane, Voninga Maritze, Lerato Baloyi, Naledi Mohale, Morne Visser

Abstract:

The landscape of Health Professions education (HPE) requires durable and adaptable approaches to curriculum evaluation. Conventional curriculum assessment models rely on retrospective perspectives which focus on assessment analysis, feedback surveys, and checklists. Although these established methods are valued for their objectivity and standardisation, their inherent retrospective and quantitative approach restrict their ability to promote dynamic and genuinely responsive curricular improvements. A participatory, stakeholder-driven approach to curriculum evaluation offers an opportunity to overcome these challenges by actively involving students and other stakeholders in the ongoing design and review of the curriculum.

As part of the faculty-wide curriculum transformation mandate, the department of surgery employed a participatory curriculum evaluation model facilitated by a collaborative team of students and recent graduates. The team establishes a rhythm of gathering stakeholder feedback from students and implementation through teaching, mentorship, and engagement in broader curriculum planning processes.

To amplify the student voice, recognising them as important stakeholders, an innovative student-led, faculty-supported curriculum forum was held engaging 11 senior medical students to consider two main prompts:

What problems do current students face? What would they like to see in the curriculum?

Through open group discussions, and brainstorming using physical and virtual co-working spaces, students were able to give valuable, real-life feedback on their experiences of the surgical curriculum, with regards to administration, teaching, assessment, procedural preparedness, and commentary on course progress in realising faculty principles of curriculum transformation. This co-creation space encouraged students to brainstorm solutions in real-time, alongside the course convenor.

The outcome, a collaborative student curriculum report, provides the department with rich qualitative feedback to create real curriculum change, which feeds directly into existing stakeholder rhythms such as the annual curriculum strategic retreat. The impact of this approach is that it fosters non-hierarchical partnerships with students and encourages a shared sense of ownership, continuous feedback, and real-time responsive problem-solving.

Beyond Words: Symbolism and Artefacts as Reflective Language in South African Medical Education

Johnathan Muller-Stuurman

Abstract:

Introduction

Reflection is central to experiential learning and professional identity formation in medical education. Yet, it is often operationalised through written journals, structured templates, and linguistically demanding academic discourse rooted in Western traditions. In multilingual and culturally diverse contexts such as South Africa, these approaches may silence students, constrain authentic meaning-making, or position reflection as performative compliance rather than genuine engagement. These challenges raise questions about whose voices are recognised, whose reflections are legitimised, and what constitutes "deep" learning within undergraduate clinical skills education.

Aim

This presentation explores how symbolic artefacts can function as an inclusive "reflective language," enabling students to be seen, heard, and understood within reflective teaching and learning practices while expanding what counts as legitimate reflection.

Methods / Approach

In a third-year MBChB Clinical Skills programme at the University of Cape Town (UCT), students engaged in artefact-based reflection following patient encounters. They created or brought symbolic artefacts—such as objects, drawings, metaphors, or culturally meaningful symbols—and presented them via group video submissions. Artefacts were discussed during facilitated in-class reflective sessions. Student narratives and recorded reflections were analysed using a phenomenographic approach to explore variation in how students experienced and expressed reflection through symbolic and artefact-based modalities.

Results / Outcomes

Artefacts provided an alternative entry point into reflection, reducing reliance on Western academic expression and supporting culturally grounded storytelling. Students used symbolism to convey vulnerability,

belonging, fear of failure, and emerging professional identity. Sharing artefacts fostered peer empathy, mutual recognition, and a more equitable reflective space. Overall, artefacts acted as reflective tools rather than illustrations, challenging dominant Western conventions and legitimising diverse ways of knowing.

Conclusion / Relevance

Artefact-based reflection challenges dominant norms by legitimising diverse ways of meaning-making in undergraduate clinical skills education. It offers a practical, culturally responsive strategy for reimagining reflective pedagogy in the Global South—foregrounding voice, identity, and relational understanding. By broadening what counts as legitimate reflection, this approach fosters inclusive learning spaces and supports the development of decolonised, contextually relevant reflective practice frameworks.

Thinking Aloud at a Distance: A Hybrid Clinical Supervision Model for Distributed Physiotherapy Education

Naa-ielah Pandey, Gemma Graytor-Farinha, Lazola Magwa

Abstract:

Clinical education is fundamental to the development of competent physiotherapists; however, ensuring consistent supervision across distributed clinical platforms remains challenging. During one undergraduate physiotherapy clinical placement, the absence of an on-site clinical educator within the region necessitated an alternative approach to supervision that could maintain educational quality while supporting student learning.

A hybrid clinical supervision model was implemented in which students received regular synchronous online supervision throughout their clinical placement, followed by face-to-face mock and final clinical examinations conducted by the clinical educator. Online supervision included observation of clinical encounters, case presentations, guided questioning, feedback and reflective discussions. Traditional supervision positions the clinical educator physically alongside the student, directly observing patient handling and guiding technique, feedback and reasoning in person. In this model the educator was not in the room, so students verbalised their clinical reasoning aloud, making explicit the thinking that direct observation would otherwise reveal. This differed from traditional supervision, in which reasoning is largely inferred from watching the student practise, and it enabled targeted feedback and clinical teaching. Structured debriefing sessions became a central component of supervision, providing opportunities to unpack clinical decisions, address uncertainty and consolidate learning. An additional feature of the model was that

all students participated in each supervision session, allowing them to observe peers, contribute to discussions and learn from one another's patient encounters and clinical reasoning processes.

The innovation will be evaluated through qualitative reflections from both undergraduate physiotherapy students and the supervising clinical educator. Evaluation will explore perceptions of learning, engagement, preparedness for assessment, the value of peer learning and the feasibility of hybrid supervision within a distributed clinical education platform.

Initial reflections suggest that while students remained well supported throughout their placement, hybrid supervision was more demanding than traditional supervision. Students required greater preparation, active participation and engagement, while the clinical educator invested more time in maintaining connection, facilitating discussion and conducting structured debriefing. Teaching shifted from observation alone to intentionally making students' thinking visible through guided questioning and scaffolded learning. Peer observation emerged as an unexpected strength, exposing students to multiple patient presentations and diverse approaches to clinical reasoning.

This innovation demonstrates that hybrid clinical supervision can provide a practical and sustainable response to clinical educator shortages while promoting explicit clinical reasoning, reflective practice and collaborative learning. The lessons learnt may inform future models of clinical supervision across physiotherapy and other health professions education programmes

Making the Hidden Logic of Clinical Examinations Visible: Multistakeholder Engagement Supporting Revised Summative Assessment Rubrics in Undergraduate Physiotherapy

Naa-ielah Pandey, Letitia Rustin

Abstract:

Summative clinical examination rubrics guide high-stakes judgement and shape how students understand assessment expectations. At the University of Cape Town Division of Physiotherapy, two summative rubrics assess distinct components of patient care: an evaluation rubric for the assessment consultation and a treatment rubric for treatment delivery. Both are used across third- and fourth-year clinical examinations.

Feedback across assessment cycles identified limitations within the existing rubrics, including duplicated criteria, ambiguous descriptors, and misaligned weightings. These limitations raised concerns regarding assessor cognitive load, consistency of judgement, and transparency for students. Assessment literature similarly suggests that poorly designed assessment tools may compromise the defensibility of examiner judgements and reduce the educational value of feedback.

In response, a clinical educator task team undertook a structured revision of both rubrics. Descriptors were streamlined, duplicated criteria removed, and weightings rationalised to better reflect the intended constructs being assessed. Key changes included strengthening the weighting of objective assessment within the evaluation examination, increasing treatment execution to 50% of the treatment examination, and clarifying subminimum requirements and pass/fail decision rules.

However, the project was not conceived as a rubric redesign alone. Recognising that revised assessment tools require shared interpretation to function as intended, implementation followed what we conceptualised as an engagement-before-feedback approach, in which stakeholder orientation and engagement preceded formal evaluation of the revised tools. Three stakeholder-specific sessions were conducted before evaluative data collection. A calibration workshop with clinical educators focused on developing shared interpretations of assessment criteria and supporting developmental, stage-appropriate judgement, informed by social constructivist principles and scaffolding. A student transparency workshop made the previously implicit logic of the rubrics explicit by unpacking what each section assesses, how marks are allocated, and how subminimum and pass/fail decisions are determined. A lecturer engagement session addressed curricular alignment, expected standards, and the defensibility of assessment decisions.

The revised rubrics and accompanying engagement sessions were implemented in 2026. Evaluation is underway using anonymous questionnaires completed by students, clinical educators, and lecturers to examine perceptions of clarity, fairness, usability, feasibility, and educational value. Data will be analysed descriptively to examine patterns of convergence and divergence across students, clinical educators, and lecturers. Findings will inform evidence-based refinement of the rubrics for the 2027 assessment cycle, with available evaluation findings presented at the conference.

This work offers a potentially transferable approach to assessment reform in health professions education. Rather than treating rubric revision as document redesign alone, it positions assessment reform as a socially situated and

iterative process requiring tool refinement, assessor calibration, student transparency, stakeholder dialogue, and evaluation.

Longitudinal Portfolio for Basic Procedural Competence

Gabriel Poulsen, Anesu Chimusoro, Nina Groeneveld, Leago Phakathi

Abstract:

Background: Newly qualified South African interns are expected to have basic surgical competence upon completion of undergraduate training. However, observed gaps in surgical skills training and preparedness for internship suggest that the current approach to skills teaching and assessment requires reconsideration. At the University of Cape Town (UCT), procedural skills training occurs within discrete clinical rotations, potentially limiting integration and repeated practice. Longitudinal portfolios may facilitate a continuous, scaffolded approach to procedural skills training and development. This review aimed to synthesise evidence informing the design, implementation, advantages and disadvantages of longitudinal portfolios within undergraduate medical education.

Methodology: This narrative literature review analysed literature obtained from a focused PubMed search, supervisor-prescribed literature, and citation screening of relevant articles. Source selection was based on predefined criteria informed by the Population-Concept-Context framework. Miller's pyramid of clinical competence provides a theoretical framework for procedural skills assessment, while relevant UCT and Health Professions Council of South Africa (HPCSA) policies were used to contextualise the findings.

Discussion: The literature supports longitudinal portfolios as a method of workplace-based assessment, allowing teaching and assessment to mirror real-life practice. This approach may support integration of theory with clinical practice, preparation for postgraduate training and continuous tracking of progress with structured feedback and reflection. Effective portfolios should combine procedural documentation and reflection, clearly define competency expectations and support regular feedback, while enabling necessary curricular adjustment. Implementation challenges include financial and technological requirements, time constraints, and assessment subjectivity. There is limited evidence evaluating the use longitudinal portfolios for undergraduate medical education in South African and other low- and middle-income countries.

Conclusion: Longitudinal portfolios provide an integrated approach to the teaching, assessment, and development of procedural competence, aligning with the relevant UCT and HPCSA frameworks. However, the lack of literature specific to South African undergraduate medical education has limited definitive conclusions on local feasibility and effectiveness. The results from this study serve to inspire curricular innovation regarding the approach to procedural skills training at UCT and may inform a subsequent qualitative study analysing the feasibility of implementing this pedagogy.

Keywords: undergraduate medical education, surgical skills, portfolio, LMICs, and South Africa.

The Hidden Curriculum of Becoming a Doctor: Designing a Reflective Framework to Engage Shame, Performance, Identity and Belonging in Medical Education

Kananelo Sello

Abstract:

The hidden curriculum has long been recognised as a powerful influence on professional identity formation in health professions education. While formal curricula intentionally develop students' knowledge, skills and professional competencies, students also absorb implicit messages about competence, vulnerability, hierarchy, belonging and what it means to be a doctor through everyday educational interactions. Despite growing recognition of its influence, the hidden curriculum often remains unexamined and is rarely addressed through structured educational practice.

This work responds to that gap by proposing a structured reflective educational framework that positions shame, performance, identity and belonging as four interrelated lenses through which hidden curriculum messages can be recognised, explored and critically engaged. Three analytical questions structure the framework and guide participant reflection: what does the hidden curriculum teach, what does it silence, and what does it cost? The framework is intended for undergraduate clinical-year medical students and clinical educators. It will use facilitated reflective writing and small-group dialogue as structured activities through which participants can identify implicit educational messages, examine their influence on professional identity formation and generate practical recommendations for more intentional teaching practices. Psychological safety will be supported through explicit agreements around confidentiality, voluntary disclosure, the right to pass and respectful dialogue, alongside non-judgemental facilitation.

The proposed innovation is currently in the conceptual design phase. Initial work focuses on synthesising literature on the hidden curriculum, professional identity formation, psychological safety and reflective practice to develop a theoretically informed educational framework suitable for integration within undergraduate clinical training. A subsequent pilot implementation will allow the framework to be refined through participant experiences and feedback.Anticipated outcomes include a structured framework and shared language for discussing the hidden curriculum, opportunities for critical reflection on professional identity formation, and participant-generated recommendations for more intentional and psychologically safer educational practices. Importantly, the costs of the hidden curriculum are not only personal. They are educational and systemic, extending to the kind of practitioners, colleagues and educators that medical training ultimately produces.

The significance of this work lies in its potential to shift how health sciences education understands and responds to the hidden curriculum: not as an unavoidable byproduct of medical training, but as something that can be named, examined and intentionally engaged. By providing students and educators with structured tools for critical reflection, this innovation works toward learning environments that are more equitable, more humane and more aligned with the values of reflective practice and social accountability. If health sciences education is serious about transformation, the hidden curriculum can no longer remain unexamined.

Developing Academic Writers in the Health Sciences

Philasande Biyela; Lugcobo Dyani; Vhuhwavho Mashebela; Phumudzo Semenya; Mazithi Sigaqa; Fercy Sithole; Taahira Goolam Hoosen; Natashia Muna

Abstract:

Many students experience writing as a challenging and frustrating activity, which can negatively impact academic success, progression, and identity development. Although writing is an essential part of academic and professional activities and recognised in the 'communicator' and 'scholar' competencies of the AfriMEDS framework, there is relatively little time available in health sciences curricula for students to focus on developing this important practice.

In response to this tension, the FHS Writing Lab supervised an autoethnographic student research project, as part of the 3rd year MBChB 'Special Study Module', designed to enable students to not only learn about the research process, but to also learn about their own development as academic writers through their research process. On offer since 2023, the Developing Health Sciences Writers project has hosted nine previous student-researchers, with a further six students participating in 2026.

Following a Values-Based Action Research approach, student researchers used critical reflection as a central method for identifying areas for writing improvement, applying new knowledge to practice, and reflecting on and evaluating the outcomes.

In this presentation, student researchers will share key insights and findings from their research, exploring connections to ideas represented in the literature and novel contributions.

Both experience and affect have important bearing on how students engage with the writing process, and thus student insights can offer new considerations for pedagogical strategies designed to integrate and scaffold the development of core scholarly and communications competencies along with the teaching of disciplinary content.

Physiotherapy students' self-reported transfer of learning: a pilot survey

Nastassia Timothy, Ncumisa Ngceni, Delight Ngomane, Thembelihle Mhambi, Fezile Shabangu, Lunelle Pienaar

Abstract:

Introduction

As educators, we want to know that students apply theory in clinical practice as this is core to education in the health sciences and integral for safe and competent patient care. One means of exploring students' application of learning is by exploring students' transfer of learning. Transfer of learning has been explored in medicine and basic sciences education, but limited research has been done in the physical therapy discipline. In physiotherapy, more research relates to clinical reasoning and the cognitive processes involved. This pilot study provides a preliminary analysis of the knowledge, skills, and professional attitudes (KSA) students transfer from classroom to clinical settings, the methods they use, and the relationship between these items.

Methods

We used a cross- sectional mixed methods survey design combining five Likert scales (strongly agree to strongly disagree) and five open-ended questions. The sample consisted of 41 participants. Descriptive and correlational statistical analysis, using Spearman's rho, was done. Open ended responses were analyzed thematically using Braun and Clarke's reflective thematic analysis. The qualitative themes were used to contextualize the quantitative findings.

Findings

Confidence in applying knowledge and practical techniques was positively and significantly correlated across knowledge and skills domains (Spearman's rho 0.612, $p < 0.001$). Significant associations were also identified within domains, including between instructional clarity and confidence in applying knowledge, practical confidence and preparedness for clinical examinations, and between patient centered practice, ethical behavior, and collaborative working ($p < 0.001$). Qualitative findings supported quantitative results, highlighting that students' transfer foundational sciences, assessment and treatment skills and exercise prescription skills from their physiotherapy curriculum into clinical settings. Professional attitudes that physiotherapy students report they transfer include empathy, communication, and rapport with patients. Furthermore, students also described preparing for clinical rotations through revision using clinical scenarios and visual aids.

Conclusion

At present this research presents a developing understanding of learning transfer in physiotherapy, the types of KSA transferred and methods used, having important implications for student learning and curriculum design for physiotherapy. The study highlights that students use active and self-directed methods to enable transfer of learning, thus providing emerging insights into supporting student learning and engagement in clinical placements.

Understanding Information Needs of Health Sciences Students in the Workplace

Nastassia Timothy, Lunelle Pienaar, Heather Buchanan, Kulungile Plaatjie, Kitty Ramano, Siphesihle Mlambo

Abstract

Introduction

Undergraduate health sciences students must complete extensive clinical practice hours to qualify. During practice learning, students may face academic, wellbeing-related, and safety challenges, and often turn to information resources to guide their learning and to navigate incidents or critical events (Bigdeli et al., 2019; Chereka et al., 2025). Although the Faculty of Health Sciences (FHS) and the University of Cape Town provide several documents with accompanying human and other resources intended to support students, there is currently no single consolidated source that offers clear guidance on how to respond to specific situations encountered during practice learning. To inform the development of a contextually relevant, consolidated resource, it is first necessary to understand what kinds of information and access formats support students' learning and wellbeing in clinical practice environments. This integrative review therefore asks: "What on-site information and in-the-moment access formats do students in practice learning environments identify as essential for safe, effective performance and maintain wellbeing during practice learning?"

Methods

The review was guided by Whittemore and Knafl's (2005) five stage integrative review framework (problem identification, literature search, data evaluation, data analysis, and presentation). We focused on undergraduate health sciences students (nursing, medicine, speech therapy, physiotherapy, and occupational therapy) and included quantitative and mixed methods studies that examined student information needs in practice learning environments. Main findings from included studies were synthesized narratively and grouped into higher order themes aligned with the review question.

Preliminary findings

The preliminary findings of this integrative review will be shared. We anticipate this to include the types of information undergraduate health sciences students need during clinical and practice exposure, and how specific access formats relate to their academic performance, confidence, and stress.

Conclusion

The review provides best available evidence on how information provision during practice learning can support student learning and wellbeing, and on which types and modes of information appear most useful. These findings form an initial step towards future institutional and empirical work on the information needs of undergraduate health sciences students at the University of Cape Town, including the development of a consolidated, contextually relevant student support resource.

Word count (348)

Developing a Scalable Curriculum-Integrated Vodcast-Based Learning Model for Becoming a Professional course in Faculty of Health Sciences

Siwe Toto, Thandi Magwai

Abstract

Background:

First-year health sciences students often struggle to understand the relevance of professionalism and teamwork in their education. They find it hard to engage with prescribed readings, which are often presented in highly academic language. Consequently, they tend to prematurely use AI tools in their assignments, which may undermine their learning. For example, some do not engage with learning material at all, instead opting to bypass written assignments through AI use, while others tend to demonstrate an overrealiance by accepting AI-generated responses without critically evaluating their merit. These challenges reinforce the fact that students moreprefer digital and multimedia tools for their learning.

Purpose:

This project will leverage the increasing popularity of podcasts and social media for enriching learning. We aim to develop, implement, and evaluate a scalable, curriculum-aligned vodcast-based learning model for the Becoming a Professional course, a first-year interprofessional course for health sciences students at the University of Cape Town. The initiative seeks to present contemporary South African issues in healthcare practice through authentic "podcast-style" discussions.

Innovation:

The project aims to develop a series of conversations with health professionals, students, and communities. Instead of relying solely on traditional teaching methods, vodcasts will leverage the familiar ways students consume knowledge. The idea is to transcend unilingual text-based learning by engaging other capacities, including linguistic resources such as translanguaging and multilingualism, to enrich the meaning derived in studying and anchoring the vodcasts in the lived experiences of South Africans. The innovation is not just in using vodcasts as an educational technology but in their intentional integration as reusable, multilingual, open educational resources to support teaching and learning.

Methods:

The project adopts a design, implementation, and evaluation approach (adapted from Kern's curriculum development framework): (1) A needs assessment with first-year students and facilitators in terms of topics of interest (this has been partly implemented); (2) to develop vodcast script and format design in consultation with health professionals and students (currently in progress); (3) piloting within selected course modules; (4) full curriculum embedding in Semester 1 2027, and (5) reflection and evaluation (through a course review and student course evaluations at the end of the semester). The evaluation will include all first-year students (n = ± 450) and their small group facilitators (n = ±25) who assess and grade their submissions. Effectively, the data will be triangulated through: (1) student reflections, analysed thematically (Braun & Clarke's approach) ; (2) learning analytics and vodcast engagement metrics (e.g. view completion, replay rates), analysed descriptively; and feedback from small group facilitators, analysed thematically.

Expected Outcomes:

The project will reinforce the relevance of learning about healthcare professionalism, increase engagement with learning activities, and support consistent curriculum delivery. It will generate a sustainable collection of multilingual vodcasts, discussion guides, and open educational resources that can be adapted for use within and beyond health professions education. Through scholarly evaluation and dissemination, the project will contribute to the growing literature on digital pedagogy, interprofessional education, and curriculum innovation in higher education.

Burnout and Resilience in Early Career Healthcare Workers: Literature Review and Reflection

Morne Visser, Gaironeesa Hendricks, Natashia Muna

Abstract:

Background

Early career healthcare workers (ECHWs) in South Africa operate within a chronically under-resourced public health sector marked by quadruple burden of disease. Literature reports alarming burnout and psychological distress linked to systemic pressures. South Africa's HRH Strategy 2030 identifies burnout and attrition as priorities requiring attention and resilience is recognised as essential for ECHWs, reflected in regulatory competency frameworks such as the HPCSA's, emphasizing personal work-life balance and self-reflection. However, individualistic framing and reliance on personal fortitude ignores structural disadvantages and the limits of individual agency of ECHWs.

Aim

This literature review explores South African ECHWs' experiences of burnout, resilience, power dynamics, and resistance, to identify emergent themes and gaps. It considers the implications for how undergraduate students are prepared to enter and navigate the system.

Method

We adopt an exploratory approach with an interpretivist orientation that treats resilience as socially and politically constructed, rather than a skill residing solely within the individual worker. A structured literature search identifies relevant research on South African ECHWs' experiences. Findings related to burnout, resilience, power dynamics, and resistance are extracted to identify recurring themes and gaps. The review is complemented by the researcher's reflective narrative, drawing on prior experiences as an ECHW.

Significance

This review maps the South African ECHWs experience of burnout and resilience prompting critical reflection on how undergraduate education might better prepare students for these realities.

Nurturing Teamwork Through Design: Scaling Group-Based Research Collaboration in Undergraduate Surgical Education

Morne Visser

Abstract:

Introduction

Team-based learning is increasingly emphasised and recognised in South African HPE scholarship and discourse as central to developing professional competence. The HPCSA core competency framework explicitly identifies effective teamwork as a graduate attribute (Role 3: Collaborator), yet much of the current UCT MBChB curriculum remains structured around individual knowledge and skill acquisition.

Background

The third-year Special Study Module (SSM) is a compulsory one-month research course for all MBChB students at UCT, with a cohort allocated annually to supervisors in the Department of Surgery. This innovation was developed to address two persistent challenges: the limited faculty capacity to supervise enough student projects each year, and the insufficient opportunities within the curriculum for students to develop teamwork and a professional identity.

Practical Work Done

Building on two previous iterations of group-based SSM projects, this model was scaled department-wide this year to encompass 13 group research projects. Assessment was structured to recognise both individual and group contributions. The Surgery SSM introduced clear weekly milestones supported by a dedicated liaison, guides, coursework, and enrichment activities. Structured workshops promote collaborative practice and reflective prompts, with facilitated discussion that fosters meaning making. A key addition this year? was the introduction of near-peer mentors. This includes pairing senior students who had completed the SSM with each group to provide process support, feedback, and motivation, within clearly defined boundaries.

Outcomes

The department exceeded its target student allocation and expected mentor recruitment, indicating strong uptake of the group-based model. This presentation reflects on the structure, implementation, and broad outcomes of the Surgery SSM, including anticipated ease of supervisor participation afforded by the distributed support structure and the potential for teamwork skill development.

Significance

This model offers a scalable response to supervisory capacity constraints while embedding teamwork and professional identity development within undergraduate research training, contributing to graduate competence. By reframing

student research as a collaboratively supported endeavour, rather than an individual assessment exercise, this work advances curriculum alignment with the HPCSA mandate and South African evidence-based HPE practice.

The Use of Sex, Gender, and Disability in Health Sciences Research – interrogating the Use of Identity Language at a Major South African Institution of Higher Education

Hannah M. Wolpe, Vicky E. Gibbon, Olufunke Funke, Leslie London, Viwe Kobokana, Itumeleng M.T. Ntatamala

Abstract:

Background:

Health Sciences educators are increasingly tasked with preparing students to conduct research that is scientifically rigorous, socially responsive, and ethically sound. Identity concepts such as sex, gender, and disability are central to this mandate, yet they remain contested and inconsistently applied in Health Sciences research and training. This study examines how academic staff conceptualise and navigate these identity categories, and what forms of institutional support they consider necessary.

Methods:

This qualitative study draws on in-depth interviews with 11 Health Sciences academics and research leaders at a South African university. Participants were from various departments and stages of seniority, and many were involved in lecturing and supervision at the institution. Interviews explored understandings of identity concepts, experiences with their inclusion in research, and perceived educational needs. Thematic analysis was conducted using NVivo.

Results:

Participants demonstrated broadly shared but often tentative understandings of sex, gender, and disability, acknowledging uncertainty and evolution of such language. While sex and gender were viewed as important for identifying health inequities, participants reported frequent conflation, terminology uncertainty, concerns about stereotyping, and challenges in including transgender and gender-diverse populations. Disability was described as comparatively under-recognised in both research practice and institutional culture. Participants described anxiety about “getting the language wrong”, reporting fragmented and insufficient guidance for students, supervisors, and other researchers. Many identified and expressed strong support for structured, curriculum-embedded training to engage on contested identity concepts in Health Sciences research.

Conclusions:

Findings highlight a critical gap between policy-level commitments to inclusion and the everyday educational practices that shape Health Sciences research at the institution. Integrating structured, context-sensitive education on identity concepts into undergraduate curricula, postgraduate supervision, and research integrity training may strengthen both ethical research practice and the development of socially responsive health professionals.