Course outline for

“HEALTH IN CONTEXT”

An integrated 4th year block with

Public Health, Primary Health Care, Family Medicine & Palliative Care and Child Health

PPH4056W
# Table of Contents

Important Contact Details ................................................................. 4

A. BACKGROUND TO THE HEALTH IN CONTEXT INTEGRATED BLOCK ........... 8
   A.1 OVERVIEW ............................................................................. 9
   A.2 AIMS OF THE COURSE .......................................................... 9
   A.3 COURSE COMPONENTS ......................................................... 10

B. AIMS AND LEARNING OUTCOMES ................................................. 12
   B.1 OVERALL LEARNING OUTCOMES ........................................ 13
   B.2 COMPONENT-SPECIFIC LEARNING OUTCOMES .......................... 13
      B.2.1 Child Health ................................................................. 13
      B.2.2 Family Medicine & Palliative Care .................................. 14
      B.2.3 Health Promotion ......................................................... 16
      B.2.4 Public Health ................................................................ 17

C. COURSE CONTENT AND STRUCTURE ........................................... 18
   C.1 LECTURES AND SEMINARS .................................................... 19
      C.1.1 Child Health .................................................................. 19
      C.1.2 Public Health ............................................................... 19
      C.1.3 Health Promotion ......................................................... 19
   C.2 TUTORIALS ............................................................................. 20
      C.2.1 Family Medicine ............................................................ 20
      C.2.2 Palliative Care ............................................................... 20
   C.3 CLINICAL BEDSIDE TEACHING ............................................ 20
      C.3.1 Child Health .................................................................. 20
   C.4 COMMUNITY / CLINIC SITE PLACEMENT ................................ 20
      C.4.1 General ......................................................................... 20
      C.4.2 IMCI services ............................................................... 21
      C.4.3 Philani Centre ................................................................ 21
      C.4.4 Family Practitioner Practices ......................................... 21
      C.4.5 Palliative Care / Life Esidimeni ...................................... 21
      C.4.6 Home Visits .................................................................. 21
   C.5 GROUP WORK ......................................................................... 22
      C.5.1 General ......................................................................... 22
      C.5.2 Epidemiology project ...................................................... 22
      C.5.3 Health Promotion project .............................................. 22
      C.5.4 Project supervision and Site facilitation .............................. 23

D. ASSESSMENT AND EVALUATION ................................................. 24
   D.1 EXAMINATION ...................................................................... 25
      D.1.1 Written examination (Individual mark 30%) ....................... 25
      D.1.2 Integrated portfolio examination (Individual mark 20%) ....... 25
   D.2 PROJECT REPORTS .................................................................. 25
      D.2.1 Epidemiology project (Group mark 15%) ........................... 25
      D.2.2 Health Promotion project (Group mark 15%) .................... 25
   D.3 WRITTEN ASSIGNMENTS .................................................... 26
      D.3.1 Behaviour change counselling assignment (Individual mark 5%) 26
      D.3.2 Reflective home visit assignment (Individual mark 10%) .... 26
      D.3.3 Life Esidimeni Palliative Care (Formative assessment) ....... 26
   D.4 ORAL PRESENTATIONS ......................................................... 26
      D.4.1 Peer presentation of Epidemiology project (Formative assessment) ... 26
      D.4.2 Combined Epidemiology / Health Promotion presentation (Group mark 5%) 26
D.5 PORTFOLIO CASES (DP) ......................................................................................... 27
  D.5.1 Child Health cases ..................................................................................... 27
  D.5.2 Family Medicine cases ............................................................................. 27
D.6 LOGBOOK (DP) ................................................................................................ 28
  D.6.1 Child Health ............................................................................................... 28
  D.6.2 Family Medicine ......................................................................................... 28
D.7 ONLINE LEARNING ........................................................................................... 28
D.8 DP REQUIREMENTS ........................................................................................... 28
D.9 COURSE EVALUATION ..................................................................................... 29
D.10 ATTENDANCE .................................................................................................. 29

E. PRESCRIBED TEXTBOOKS .................................................................................. 30
  E.1 CHILD HEALTH ............................................................................................... 31
  E.2 FAMILY MEDICINE ........................................................................................ 31
  E.3 PUBLIC HEALTH .............................................................................................. 32
  E.4 HEALTH PROMOTION ..................................................................................... 32

F. ADDITIONAL INFORMATION ............................................................................. 33
  F.1 FORMAT OF THE EPIDEMIOLOGY PROTOCOL ........................................ 34
  F.2 FORMAT OF PROJECT REPORTS ................................................................... 35
    F.2.1 Epidemiology project report ...................................................................... 35
    F.2.2 Health Promotion project report ............................................................... 35
  F.3 FAMILY MEDICINE PORTFOLIO CASE INSTRUCTIONS ....................... 36
  F.4 REFLECTIVE HOME VISIT ASSIGNMENT INSTRUCTIONS .................... 37
  F.5 FORMAT OF ORAL PRESENTATIONS .......................................................... 39
    F.5.1 Epidemiology peer presentation ................................................................ 39
    F.5.2 Combined Epidemiology / Health Promotion presentation ....................... 39
  F.6 ROLE OF EPIDEMIOLOGY PROJECT SUPERVISORS AND SITE FACILITATORS ........................................................................................................ 40
    F.6.1 Role of Supervisors ................................................................................... 40
    F.6.2 Role of Site Facilitators ............................................................................ 42
  F.7 UNDERGRADUATE RESEARCH DAY COMPETITION ................................ 43
  F.8 LOGISTICS ....................................................................................................... 44
    F.8.1 Teaching venues ....................................................................................... 44
    F.8.2 Transport .................................................................................................... 44
    F.8.3 Calculators .................................................................................................. 45
    F.8.4 Photocopying ............................................................................................. 45
    F.8.5 Student immunisations ............................................................................ 45
    F.8.6 Punctuality ................................................................................................ 45
    F.8.7 Dress ........................................................................................................... 45
    F.8.8 Parking ........................................................................................................ 45
    F.8.9 Website ...................................................................................................... 45
    F.8.10 E-learning policy ...................................................................................... 46
  F.9 PROFESSIONAL STANDARDS COMMITTEE ............................................ 47

NOTES ...................................................................................................................... 49

** R10.00 to replace lost copies of the Course Outline *
Important Contact Details

PUBLIC HEALTH
Head of Division:
Professor Leslie London
Room 3.50 Level 3, Entrance 5, Falmouth Building
Tel: 021 406-6524
Email: leslie.london@uct.ac.za

Course Convenor:
Dr Tolullah Oni
Room 2.24, Level 2, Entrance 5, Falmouth Building
Tel: 021 650-1299
Email: toullah.oni@uct.ac.za

Course Administrator:
Ms Abigail Parenzee
Room 2.19, Level 2, Entrance 5, Falmouth Building
Tel: 021 404-7748
Email: abigail.parenzee@uct.ac.za

HEALTH PROMOTION / PRIMARY HEALTH CARE
Professor & Director Primary Health Care Directorate:
Professor Steve Reid
E47, Room 64, Groote Schuur, Old Main Building
Tel: 021 406-6377
Email: steve.reid@uct.ac.za

Course Convenor:
Ms Johannah Keikelame
E47, Room 67, Groote Schuur, Old Main Building
Tel: 021 406-6342
Cell: 082 775 6824
Email: johannah.keikelame@uct.ac.za

Senior Lecturer:
Mr James Irlam
E47, Room 64, Groote Schuur, Old Main Building
Tel: 021 406-6377
Cell: 076 180 9972
Email: james.irlam@uct.ac.za

Course Administrator:
Ms Eloise Kennell
E47-25, Groote Schuur, Old Main Building
Tel: 021 406-6761
Cell: 073 698 5481
Email: elloise.kennell@uct.ac.za
FAMILY MEDICINE & PALLIATIVE CARE

Head of Division
Professor Derek Hellenberg
Level 2, Room 2.22, Entrance 5, Falmouth Building
Tel: 021 406-6510
Email: derek.hellenberg@uct.ac.za

Family Medicine Course Convenor
Dr Nazlie Beckett
Level 2, Room 2.30, Entrance 5, Falmouth Building
Tel: 021 404-7710
Email: nazlie.beckett@uct.ac.za

Family Medicine Course Coordinator
Dr Sadick Saban
Room 2.19 Level 2, Entrance 5, Falmouth Building
Tel: 021 404-7748
Email: sadicksaban@new.co.za

Palliative Care Course Convenor
Ms Linda Ganca
Level 2, Room 2.23, Entrance 5, Falmouth Building
Tel: 021 406-6590/6707
Email: linda.ganca@uct.ac.za

Senior Lecturer (Palliative Care)
Dr Alan Barnard
Tel: 021 713 1414
Email: abarnard@intermail.co.za

Lecturer (Palliative Care)
Dr Cameron Bruce
Tel: 082 338 0722
Email: bruce@chariothealth.com
CHILD HEALTH
Head of Division
Professor Heather Zar
5th Floor, Room 513, Institute of Child Health (ICH) Building
Red Cross War Memorial Children’s Hospital
Tel: 021 658 5324
Email: heather.zar@uct.ac.za

Course Convenors
Dr Petula Wicomb (& Undergraduate Learning Program Co-ordinator)
5th Floor ICH Building
Red Cross War Memorial Children’s Hospital
Tel: 021 658 5242
Email: petula.wicomb@uct.ac.za

Dr Mark Richards
New Somerset Hospital
Tel: 021 402 6415
Email: mark.richards@uct.ac.za

Course Administrator
Mrs Jill Swanepoel
5th Floor, Room 519, ICH Building
Tel: 021 658 5242
Email: jill.swanepoel@uct.ac.za
SITE FACILITATORS

Vanguard and Langa Clinic
Ms Mercia Arendse
E47-61, Groote Schuur, Old Main Building
Cell:  084 688 8330
Email:  mercia.arendse@uct.ac.za

Khayelitsha and Town II Clinic
Ms Tsuki Xapa
E47-61, Groote Schuur, Old Main Building
Cell:  082 713 0297
Email:  tsuki.xapa@uct.ac.za or sybixapa@telkomsa.net

Mitchells Plain and Eastridge Clinic
Ms Christolene Beauzac
E47-61, Groote Schuur, Old Main Building
Cell:  072 668 3974
Email:  christolene.beauzac@uct.ac.za

Retreat Clinic
Ms Fiona Jordaan
E47-61, Groote Schuur, Old Main Building
Cell: 076 853 7122
Email:  fifijor@yahoo.com

TRANSPORT

Mr Reece Brooks
Tel:  021 406-6638
Cell:  083643-2328
Email:  reece.brooks@uct.ac.za

Mr Leon Ziervogel
Cell:  072 387 4843
Email:  leon.ziervogel@uct.ac.za

HEALTH TEACHING PLATFORM CO-ORDINATOR

Mr Dehran Swart
Tel:  021 406-6439
Cell:  082 4222 2007
Email:  dehran.swart@uct.ac.za
A. BACKGROUND TO THE HEALTH IN CONTEXT INTEGRATED BLOCK
A.1 OVERVIEW

The block rotation aims to prepare future medical practitioners appropriately for working in our South African health system. Opportunities are provided to practice individual patient care as well as engage in health related projects that aim to improve the health status of communities. The course promotes the integration of clinical practice from Child Health and Family Medicine, to Palliative Care, Health Promotion, and Public Health, through an 8-week learning experience in specific communities. This 2015 revised course provides opportunities to train medical practitioners on the importance of a holistic approach to health in order to respond to the diverse needs of the communities they serve at different levels of care.

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

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

Facility-based clinical learning opportunities with children and adults take place between weeks 2 and 7 on Tuesdays and Wednesdays, with whole class time scheduled across the eight-week block.

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

A.2 AIMS OF THE COURSE

The aim of the course is to introduce students to the practice of community-oriented primary care (COPC) through theoretical and experiential learning including a targeted intervention determined by the needs of a specific community. The COPC model links individual clinical care to the broader population-level determinants of health.

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

i) Understand the impact of socio-economic and environmental factors on the quality of an individual’s life and health, so that appropriate clinical and social management decisions can be made.

ii) Become involved in initiatives that address socio-economic and environmental causes of ill health within communities. Public Health and Health Promotion skills will help you to assess the needs of communities, and to plan and evaluate interventions.
The framework below demonstrates how the links from individual care to population-level determinants of health relate to the different components of the course.

Figure 1: Framework demonstrating links between course components (numbered 1-4) and the COPC model. Each component of the course is represented by a shaded ring and incorporates all components within it. For example, Public Health & Epidemiology incorporates the individual, family, community and population health.

**A.3 COURSE COMPONENTS**

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

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

1. **Child Health** promotes and manages health problems of children so as to optimise their health, growth and development. The focus for this block is on health issues of children presenting at primary care level. This incorporates the services for well children and the approach to the management of common presenting child health problems seen at a primary care level. Students are encouraged to apply the COPC model of individual, family, community and population factors to critically examine child health issues.

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

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

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

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

- Explain the linkages between clinical presentations and community-wide patterns of disease and illness.
- Explain upstream determinants (e.g. societal and structural) and downstream (e.g. biological and behavioural) manifestations of health and illness.
- Design and implement interventions at an individual and population level to address identified health needs within a specific community.
- Analyse and formulate a response to human rights issues encountered through the engagement with individuals and/or groups' health needs as a future health practitioner.

B.2 COMPONENT-SPECIFIC LEARNING OUTCOMES

B.2.1 Child Health

The discipline of Child Health differs from most sub-specialities in Medicine in that it deals with growing, maturing persons (from the perinatal period until the end of adolescence) and it emphasises growth, development, maintenance of health and the prevention of disease. This emphasis on normal growth and development and the recognition of deviant patterns is a common thread throughout paediatric undergraduate teaching.

This course serves as an introduction to child health and focuses on the teaching of normal growth and development, the primary care services required by/offered to well children and the recognition and management of ill children presenting at primary care level. It is intended as a framework upon which to build in the subsequent 5th and 6th year of study thus forming a continuum of learning.

Learning Outcomes

In addition to the overall learning outcomes for the block, at the completion of the 4th year course students must be able to:

- Explain core paediatric and child health topics of:
  - Normal nutrition (including breast and artificial feeding) and nutritional diseases
  - Normal growth and development.
  - Immunisation principles and practices (including the current South African immunisation schedule).
  - Common childhood illnesses, infectious diseases and problems as referred to in the Integrated Management of Childhood Illness (IMCI).

- Demonstrate the necessary skills required to carry out patient care and management in a primary care setting including:
  - The ability to take a basic paediatric history preferably in the home language of the patient/caretaker and display due cultural sensitivity.
- Conduct a general examination appropriate for the age of the child.
- To apply IMCI algorithms to the presenting clinical problem/s and complete the IMCI forms accordingly.
- To produce a medical record and compile this as a portfolio of learning.
- The ability to communicate with children and families regarding primary health care information.
  - Discuss the effect of illness upon children and their families and of the importance of early intervention to allow for the development of the child’s full potential.
  - Explain the impact of psychosocial and political factors (e.g. poverty, unrest, deprivation) on children’s health and development.

**B.2.2 Family Medicine & Palliative Care**

The course aims to consolidate and build on your existing knowledge and skills in Family Medicine and Palliative Care. The learning is applicable to patient care in all clinical disciplines. Family Medicine and Palliative Care together contribute 30% towards the overall mark.

**B.2.2.1 Family Medicine**

**Aims:**

- Apply patient-centred communication and other essential consultation skills as well as the principles of Family Medicine to common presenting problems in primary care.
- Use an aide memoire to ensure a comprehensive PHC consultation.
- Videotape your use of behaviour change counselling in the management of common risk behaviours in primary care.
- Review your videotaped consultation to assess your patient-centred communication and behaviour change counselling skills.
- Observe and reflect on primary care consultations in your Family Practitioner (FP) attachment using your knowledge of family orientated primary care and the principles of Family Medicine.
- Record the presenting problems you encounter in your FP attachments and Clinic visits, using the SOAP approach and your reflections as a record of your learning (this must be included in your portfolio).
- Complete a logbook (practical clinical skills that you have performed or observed during your FP attachment and Clinical sessions).
- Apply your knowledge of Public Health and Primary Health Care to the illness profile you encounter during your attachment and the care provided.
- Visit the Family planning clinic, where you will be exposed to Women’s Health and contraception.
- Visit the HIV wellness clinic/ ARV clinic where you will shadow the resident doctor/CNP. Students may get an opportunity to assist with clinical activities e.g. in dressings, blood pressure etc. You will become familiar with the management of these patients in a primary care setting.
**Learning Outcomes:**
Students must be able to:

1. Apply principles of Family Medicine that explain linkages between Palliative Care, Family Medicine, Paediatrics and the PH approach.
2. Explain the multi-disciplinary teaching approach in a primary care setting.
3. Construct an understanding of Community Orientate Primary Care (COPC) through (practical) experience in the block (Portfolio assessment).
4. Conduct a comprehensive, patient-centred consultation that includes focused history taking and examination in a primary care setting.
5. Demonstrate competency in basic, specified clinical skills encountered at primary care.
6. Implement a behaviour change counselling session (motivational interview) and apply it to common risk behaviours in a primary care setting.
7. Describe specific clinical consultations observed at primary care level.

**B.2.2.2 Palliative Care**
This course aims to integrate palliative care education into the six years of the medical undergraduate curriculum. We believe all medical student graduates, regardless of future speciality, should acquire basic knowledge and skills to provide comfort and quality palliative care to patients and their families dealing with life-threatening illness. The program provides a comprehensive and multidisciplinary approach that focuses on the assessment and management of physical, psychosocial, spiritual and cultural needs of patients and families.

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

**Learning Outcomes**
To develop an understanding of the principles and practice of modern Palliative Care.

By the end of the course students will be expected to have:

- Adopted the Palliative Care approach as shown by the ability to identify a Palliative Care problem list and compile a palliative care management plan for a patient with life threatening illness.
- A working knowledge of applied pharmacology in Palliative Care, including the generic names of drugs used, dosage, use and special considerations.
- The knowledge and approach to demonstrate that Palliative Care firmly adopts the primary health care approach in keeping with the Declaration of Alma Ata.
- An integrated approach to Palliative Care learning so that it dovetails with Internal Medicine learning requirements.
- An approach to Palliative Care as a Public Health discipline.
B.2.3 Health Promotion

Aims
This course builds on your learning from the BP (Becoming a Professional), BHP (Becoming a Health Professional), TIH (Transitions in Health) and BaDr (Becoming a Doctor) semester courses.

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

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

Learning outcomes
By the end of the Health Promotion course, students should be able to:
- Demonstrate their understanding of behaviour change theories and approaches, (e.g. Ottawa charter actions, health rights, ethics, PHC and health communication principles) through:
  - Planning, design and implementation of their group Health Promotion projects.
  - Experiential and reflective learning from individual home visits and group projects.
- Apply their past experiences and knowledge of health promotion to learn from and to contribute to communities where they are placed.
B.2.4 Public Health
This component builds on Public Health learning in semester 2 (Transitions in Health - TIH), and semesters 3-5 (Integrated Health Systems - IHS). Knowledge of course content and concepts covered in these courses is expected, and material will not be retaught in the course. Core concepts from these courses are examinable.

The course is an opportunity to deepen students’ understanding of Public Health approaches and its core disciplines (Epidemiology, Demography, Biostatistics and Research Methods). Learning will be applied through the conduct of an Epidemiology research project.

Learning Outcomes
In addition to the overall course Learning Outcomes, students must be able to:

- Explain and apply the population approach to health and disease.
- Explain core Public Health approaches, concepts and content in the main Public Health disciplines: Epidemiology, Research Methods and Biostatistics.
C. COURSE CONTENT AND STRUCTURE
The learning outcomes for the course will be achieved using the following methods:

**C.1 LECTURES AND SEMINARS**

**C.1.1 Child Health**
These are timetabled whole class sessions held on Tuesdays from 08H00 in the 7th Floor lecture theatre, ICH building at Red Cross Children’s Hospital. For some of these sessions pre-reading and/or case presentation preparation is required (refer to block timetable). You will be advised of these readings on VULA at least a week ahead of the session.

The signed register for the child health seminars has to be returned by the class group representative to Mrs Swanepoel (room 519, 5th floor, ICH) at the end of each session.

‘Buddy-signing is fraud and subject to the university disciplinary ruling.

**C.1.2 Public Health**
These cover the core disciplines of Public Health and include:

- **Measurement Sciences**
  - Epidemiology of communicable and non-communicable diseases; Biostatistics
  - Research methods; Demography and Burden of Disease
  - Public Health approaches to address the health needs of populations with particular risks
- **Management and Social Sciences**
  - Health systems
  - Quality of Care
  - Economics
- **Other disciplines:**
  - Environmental health
  - Occupational health

**C.1.3 Health Promotion**
On-campus seminars are structured as follows:

- The Health Promotion framework for planning and implementing Health Promotion projects.
- Health communication for behaviour change.
- Advocacy for health promotion.
C.2 TUTORIALS

C.2.1 Family Medicine
Family Medicine tutorials and attachments will take place on Friday mornings. The Family Practitioner (FP) attachments visits have some flexibility, and it is the student’s responsibility to confirm all sessions with the FP beforehand. If the FP is not available for a specific session on the allocated Friday, the student must liaise directly with the FP to make alternative arrangements. Times specified in the block timetable, will be on a Friday morning. Tutorials will be based on the prescribed readings and other learning materials. Read and use these to reflect on the consultations you observe during your attachments. Readings must be done before attending the tutorials. Students must take responsibility for their learning by attending tutorials and attachments and completing other course tasks.

C.2.2 Palliative Care
Students are expected to attend these small group tutorials on the principles and practice of Palliative Care including pain and symptom management. This takes place on Friday of week 1 on campus.

C.3 CLINICAL BEDSIDE TEACHING

C.3.1 Child Health
Small group bedside child health clinical teaching done with a clinician will take place on Tuesday afternoons. Student groups will be allocated to wards at Red Cross Children’s, Groote Schuur or New Somerset hospitals.

C.4 COMMUNITY / CLINIC SITE PLACEMENT

C.4.1 General
• Groups of 6 - 12 students will be placed in the following community-based health facilities in Khayelitsha, Langa, Eastridge as well as Heideveld and Retreat clinics. Activities in the community include the Epidemiology and Health Promotion projects, and Family Medicine / FP placements.
• Observe and assist in consultations with adults/children in primary care at FP practices and public clinics, including Family Planning, HIV wellness, and a session on Motivational Interviewing.
• Please note that community activities do not always work according to set and rigid timetables. This differs from hospital wards where patients are “a captive community” and conform to the time and routine of the institution. However much a community is affected and interested in solving a specific problem, it is subject to other stresses and demands on time. As a result you may encounter many delays and obstacles in carrying out projects. So, be patient and accept the challenges as part of your learning experience. This is an opportunity to find out how communities cope and function. Do not be disheartened if you have difficulties in implementing your project. The way you cope with these difficulties is part of the learning process.

Further details of the attachments as follows:
C.4.2 IMCI services
The class is subdivided into small groups and allocated to a clinic site on Tuesday and/or Wednesday from 08H30 – 12H30 as indicated on the block timetable. At the clinic your learning will be supervised by an IMCI-trained professional nurse tutor teaching basic clinical examination and understanding and use of IMCI algorithms. Students are required to observe and assist in consultations with children and their caregivers in primary care clinics; and are expected to rotate through all the services at the clinic as timetabled.

C.4.3 Philani Centre
Students will be allocated on a rotational basis to attend the various activities based at the Philani Centre. Your time there will be supervised by the Philani staff and signed attendance will be required.

C.4.4 Family Practitioner Practices
This includes the videotaped consultation session. Student tasks include:
- Choosing a family practitioner from a list provided (only one student per FP, but some FPs will take 2 students.) If more than 1 student is allocated to a specific FP, please ensure that the two of you arrange for your Green Point sessions to happen on the same Friday, so that the FP does not have to duplicate teaching sessions.
- Making the necessary arrangements for your attachment by contacting the practice, introducing yourself and finding out what the practice codes are. – E.g. dress code; hosting students etc. (Please note: It is the student’s responsibility to contact the FP and provide the receptionist with a schedule of their visits to the practice-this includes the date that they will be at Green point).

C.4.5 Palliative Care / Life Esidimeni
These attachments aim to integrate Palliative Care into primary care experiential learning. Small group facility visits promote the development of skills in assessment, management and the drawing up of a palliative care plan. This visit includes patient interviews, interaction with facility staff, and small group case studies with recommended reading for self-study, role play to enhance communication skills, bedside interviews and a feedback session. Thursday mornings, weeks 4 – 7 attachment at Life Esidimeni Intermediate Health care facility. During week 7, attendance of the Palliative Care facility attachment is a requirement for successful completion of the block. Each student will have one opportunity. It is the responsibility of the student to timeously inform the course administrator and their supervisor of their absence (with valid reasons) as well as indicate when they will make up the Palliative Care session, which is compulsory.

C.4.6 Home Visits
Students are expected to undertake at least one home visit to a patient’s home in order to assess the individual, family and household context of the illness (usually a chronic illness). Home visit guidelines can be found on VULA, including the Patient Information sheet, and the Consent Form.
C.5 GROUP WORK

C.5.1 General

• Within each site community stakeholders will have identified two research problems, which are documented by means of a Stakeholders’ Research Problem Statement. The Epidemiology projects and health promotion interventions are based on this Statement.
• Students allocated to a site are split into two smaller groups to work in teams on a specific topic.
• These groups will work collaboratively with individuals and/or community groups in attempts to solve or improve health problems.
• Students will engage with stakeholders to reflect on their process of engagement and its impact on their learning process and make recommendations for future consideration.
• Students meet with the site facilitator and Epidemiology supervisor regularly to report progress and for advice, guidance and support.
• Students will be expected to engage with the Faculty Research Ethics Committee (HREC) and submit their proposal (Protocol) to the HREC for approval prior to fieldwork.
• What you learn and accomplish depends largely on your own interest, initiative, attitude and effort.

C.5.2 Epidemiology project

Students will work in groups of 4 to 6 on an epidemiological research project in the first 4 weeks of the block. The focus of the project is on the health status and health literacies of the community within which you are placed. The project topic is allocated on the first day of the block and is based on a problem identified by stakeholders at community sites. The project is an opportunity for students to exercise skills in Epidemiology, research methods and biostatistics. If you experience any difficulties with teamwork in your group, you should feel free to talk to your site facilitator or Epidemiology supervisor. If difficulties with supervision are experienced, students are encouraged to contact the course administrator (contact details on Page 1) to set a meeting with the course convenor to resolve any issues as soon as possible.

C.5.3 Health Promotion project

The results of the Project will inform your Health Promotion Project. Off-campus group health promotion activities will cover the following:
• Feedback of Epidemiology project results to stakeholders and prioritising the health problem.
• Planning, organising and implementing a Health Promotion project.
• Group reflective sessions on the learning process.
Planning and implementation of Health Promotion projects will be under the supervision and guidance of the site facilitators, community groups and service providers on site. All health education materials should be piloted before the end-product is handed to stakeholders.
C.5.4 Project supervision and Site facilitation

Time has been allocated for students to meet with their Epidemiology supervisors and work on project planning. Student groups should pace their project to meet the above deadlines i.e. schedule time for writing the protocol, data collection and report writing. Each group will have its own Epidemiology supervisor, who will meet the group six times, to assist with protocol and questionnaire development, and data analysis. Their role (SEE ADDITIONAL INFORMATION section) will be to assist you in study conceptualisation and design, as well as data analysis and report writing. An important point of reference in this process will be the Stakeholders’ Research Problem Statement. They will ensure that your research proposal fulfils the requirements for ethical research as per the HREC. Contact details of the supervisor should be obtained.

Site facilitators (SEE ADDITIONAL INFORMATION SECTION) will supervise the Health Promotion projects and provide guidance to successfully execute the project. If you experience any difficulties with teamwork in your group, you should feel free to talk to your site facilitator or Epidemiology supervisor. If difficulties with supervision are experienced, students are encouraged to contact the course administrator (contact details on Page 1) to set a meeting with the course convenor to resolve any issues as soon as possible.
D. ASSESSMENT AND EVALUATION
**D.1 EXAMINATION**

**D.1.1 Written examination (Individual mark 30%)**
This integrated exam at the end of the block comprises short answer questions and MCQs in: Child Health, Family Medicine & Palliative Care, Health Promotion, and Public Health / Epidemiology.

**D.1.2 Integrated portfolio examination (Individual mark 20%)**
This is an oral presentation and discussion of portfolio cases as chosen by the assessor. The oral is assessed using a standardised portfolio tool. This takes place at the end of the year and an external assessor may be present. The exam comprises Family Medicine and Child Health cases; but students will be expected to integrate principles of Palliative Care, PHC, as well as Public Health and Health Promotion into the portfolio cases of both clinical disciplines.

**D.2 PROJECT REPORTS**

**D.2.1 Epidemiology project (Group mark 15%)**
Students are expected to produce the following outputs for marking from their epidemiological projects:
- Research protocol – Friday of week 2 to the group supervisor.
- Research protocol submission to the HREC – Monday of week 3.
- Written report – Hand in hard copy to Abigail Parenzee and post electronic copy onto VULA under “Assignments” on Thursday of week 5. Send completed research report to the HREC.

See ADDITIONAL INFORMATION section for the format of this report.

**N.B. Undergraduate research day competition.** Students are encouraged to submit abstracts of their projects for the undergraduate research day competition. See ADDITIONAL INFORMATION section for further details.

**D.2.2 Health Promotion project (Group mark 15%)**
See ADDITIONAL INFORMATION section for the format of this report.
**D.3 WRITTEN ASSIGNMENTS**

**D.3.1 Behaviour change counselling assignment (Individual mark 5%)**
The assignment is based on your videotaped consultation at Green Point CHC. The assignment tasks will be handed out and explained at the start of the session. Students must obtain patients’ consent before videotaping your behaviour change counselling consultation at the CHC.
**Deadline:** Your completed behaviour change counselling assignment must be handed on the **Friday, one week after your Green Point CHC visit**, at Room 2.19– Level 2, Falmouth Building (entrance 5) before 15h30pm. A penalty of 5% per working day will be deducted for late submissions of assignments.

**D.3.2 Reflective home visit assignment (Individual mark 10%)**
Students will write a reflective assignment based on the home visit experience consisting of two stages – a formative and a summative stage. The formative part of the reflection (Stage 1 and 2) will be discussed in a facilitated integration session in week 5 of the block. Students will then include insights from the discussion in their final assignment (including Stages 1 to 4), which will be submitted at the end of the block after the written integrated examination.
Details of this assignment are in the ADDITIONAL INFORMATION section.

**D.3.3 Life Esidimeni Palliative Care (Formative assessment)**
After attending the session at Life Esidimeni, students write and submit an electronic formative assignment on the first Thursday following the tutorial by 24h00, i.e. within 36 hours of leaving Life Esidimeni, Lentegeur. During the first Friday tutorial teaching, after the formal lecture, students will engage in group work on PBL. Students will compile a palliative care management plan including management of pain. They will be required to identify a problem list from a paper case, discuss and develop a holistic management care plan in the domains of physical, psychosocial and spiritual. This will be assessed by facilitators and peers. The facilitator will give feedback.

**D.4 ORAL PRESENTATIONS**

**D.4.1 Peer presentation of Epidemiology project (Formative assessment)**
After data collection and analysis, each group will present to their peers and supervisors. This assessment is formative and comments given should inform the Health Promotion project and the final combined oral group presentation at the end of week 7.
See ADDITIONAL INFORMATION section for the presentation format.

**D.4.2 Combined Epidemiology / Health Promotion presentation (Group mark 5%)**
These are held on campus on the last Wednesday of the 8th week of the block from 8h00-13H00. All groups must attend. Marks will be deducted for students who do not attend the entire presentation session. Stakeholders should be invited to the presentations. Each group presents for 20 minutes with 5 minutes for questions and 5 minutes for
setup. For the structure of the group oral presentation, see copy of the marking rubric posted on the Health Promotion VULA site under the 4th yr. MBChB course content. See ADDITIONAL INFORMATION section for the presentation format.

**D.5 PORTFOLIO CASES (DP)**

Students must ensure confidentiality of patient information at all times (do not record patients’ names in your portfolio, and please do not take any photos without the patients’ consent). All portfolio cases should integrate principles of PHC, Public Health, Health Promotion and Palliative Care.

**D.5.1 Child Health cases**

D.5.1.1 Child Health cases: During the block you will have to individually write up and keep in a lever arch file the clerking notes structured as a portfolio case of FOUR (4) patients encountered at your clinic site placement. The cases chosen should cover the common presentations seen at the primary care level and also include an outline of the application of the principles of primary health care.

These notes must be filed according to the colour-coded index (blue) for easy reference. (These cases will contribute to the final 6th year portfolio for general paediatrics.) Further instructions regarding the completion of the portfolio cases will be given at the start of the block.

*NB: No copying/sharing of case notes is allowed. Any student found to have done so, may fail the portfolio case presentation and will be subjected to university disciplinary action.*

D.5.1.2 IMCI: In addition to/as part of the 4 cases written up as portfolio entries, you are also required to have independently assessed and completed the IMCI form of FOUR (4) children seen. The IMCI tutors will provide feedback on these forms as formative assessment and the forms must be filed together with your portfolio cases in your lever arch file.

**D.5.2 Family Medicine cases**

Students are required to keep a portfolio of your FP attachment visits and Clinic visits (2 cases, 1 from each site) of the consultations you observe/perform.

See ADDITIONAL INFORMATION section (Family Medicine) for the specific instructions re: the requirements for the portfolio cases.

**Deadline:** the completed portfolio must be handed in on Monday at 15:00 of week 8 at Room 2.19– Level 2, Falmouth Building (entrance 5). THIS IS A DP REQUIREMENT AND FAILURE TO EARN a DP will result in the student being excluded from the Portfolio Examination at the end of the year.
D.6 LOGBOOK (DP)

D.6.1 Child Health
A signed log sheet of child health activities either observed or participated in has to be kept. (The log sheet will be handed out at the start of the block). This must also be placed in your lever arch file. Formative assessment will be done as feedback by the IMCI tutors on the four individually completed IMCI assessments and forms and ambulatory case presentations to clinical tutors during bedside teaching sessions.

D.6.2 Family Medicine
Students are expected to complete a logbook, which consists of:
- A cover sheet with student name, block, FP and Clinic/HUB
- Specified clinical activities
- A signed record of the 3 FP visits
- A signed record of the 4 Clinic visits

Deadline: The logbook must be handed in on Monday at 15:00 of week 8 at Room 2.19—Level 2, Falmouth Building (entrance 5). THIS IS A DP REQUIREMENT AND FAILURE TO EARN a DP will result in the student being excluded from the Portfolio Examination at the end of the year.

D.7 ONLINE LEARNING
On-line IMCI Computerised Adaptation and Training Tool (ICATT): This is a self-directed learning activity. A disc with the ICATT program will be given to each student to familiarise themselves with the concept, algorithms and practise of IMCI.

D.8 DP REQUIREMENTS
Full attendance at scheduled activities is expected (is a DP requirement) and will be monitored by site facilitators and supervisors. Individual participation in group activities will be monitored. Where participation is deemed unsatisfactory, students will not be automatically credited with the group mark. Should a student need to be absent from class for some time then permission from the relevant course coordinators is required in advance. Permission may be granted at the discretion of the course convenors and needs to be ratified by the Head of Department or Course/Year Convenor. Approval is dependent on the nature, circumstances and timing of the requested absence and consideration of the impact on the student’s learning. If the absence impacts upon the student’s ability to meet the learning requirements for the course, leave of absence may be approved on condition that alternative work has been assigned for completion.
D.9 COURSE EVALUATION
The HPCSA requires that students evaluate each course. Each student will complete an on-line integrated standardised course evaluation from Monday to Friday week 8. You are allowed to this at your leisure, but also urged to please complete it. This feedback is of tremendous value to us so please tell us what we are doing right and suggest how we could do even better! Students are also encouraged to discuss with the course convenors any problems arising during the learning process.

D.10 ATTENDANCE
Attendance for allocated clinical sessions is compulsory as is attendance at both group project presentations. There is limited capacity for students at clinical sites and it is not possible to make up these sessions. The project presentation sessions rely on discussion and feedback from your peers. Absence from your colleagues’ presentations is seen as a sign of disrespect and thus unprofessional conduct. Any request for a leave of absence must be approved by the course convenor. In the event that you are ill, a Doctor’s certificate must be provided. The standing University rules relating to absence from any section of the course for whatever reason will be strictly adhered to.
E. PRESCRIBED TEXTBOOKS
**E.1 CHILD HEALTH**

**Strongly recommended books:**

**Alternative reading/Reference books:**

Copies of these books are available in the ICH LIBRARY, 7th Floor, ICH building.

*NB: Open/closing hours are indicated by signage throughout the year*

**E.2 FAMILY MEDICINE**


**Resources on VULA for motivational interviewing session**

*Please ensure that you have read these before the session.*

- Saban S. Motivational Interviewing and Behaviour change. PowerPoint presentation.

Also read Pages 126 – 131 of chapter 5, Prevention and Promotion of the prescribed text.
E.3 PUBLIC HEALTH


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

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

Other recommended resources include:


E.4 HEALTH PROMOTION


NB: SOME RECENT USEFUL PEER REVIEWED ARTICLES ARE ON VULA

Recommended readings


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

Also refer to BHP, BADR resources.
F. ADDITIONAL INFORMATION
F.1 FORMAT OF THE EPIDEMIOLOGY PROTOCOL

Abstract

Introduction:
- Background
- Lit review
- Motivation for the study
- Purpose
- Aims and Objectives

Methods:
- Definition of terms
- Study design
- Population and sampling
- Measurements
- Pilot study

Data Management and analysis:
- Software to be used
- Statistical tests to analyse the data
- Dummy tables

Ethical and legal considerations
- Autonomy, Beneficence, Non-maleficence, Justice.
  (Effect on stakeholders/respondents, reporting & implementation of recommendations)

Resources:
- Available resources (Human Resources, space, equipment)
- Budget (cost and financing)

Logistics:
- time schedule, investigator responsibilities

References:
- Vancouver

Appendices:
- e.g. Consent forms, questionnaire, data collection forms
F.2 FORMAT OF PROJECT REPORTS

F.2.1 Epidemiology project report

- Lay summary
- Abstract
- Introduction
- Methods
- Ethics
- Results
- Discussion
- Recommendations
- Conclusion
- References
- Appendices

F.2.2 Health Promotion project report

There will be a separate report for the Health Promotion project. The hard copy report must be handed in after the oral presentations to the Primary Health Care Directorate at Groote Schuur Old Main Building. All groups should email electronic copies of their Health Promotion reports at the end of each block.

- Title: Should be precise and short.
- Abstract: This is a summary of the Health Promotion project. It should not be more than 250 words.
- Authors: (Names of group members).
- Acknowledgements after abstract section.
- Table of contents
- Introduction: Brief background to the problem.
- The health promotion activity: covers the following:
  - Feedback of epidemiological results and prioritisation of the problem by stakeholders.
  - Literature reviewed related to the prioritized problem, e.g. applicable policies;
  - The health promotion activity, aims and objectives.
  - Behaviour change theories, approaches, Ottawa Charter actions, health rights and ethical principles which were applied Choice, planning, design and pre-testing of the health promotion media that was used and principles considered.
  - Stakeholders’ roles and involvement in the process and methods used to promote stakeholder participation.
- Reflection on lessons learnt (difficulties/solutions/skills).
- Conclusion and recommendations

N.B. Referencing style is Vancouver. Appendices should be clearly marked. Plagiarism form should be signed. TOTAL WORDS: 3500 words (excluding appendices).
NB: Marks will be deducted for words above the required limit: 500 (2%); 1000 – 2000 (5%)
F.3 FAMILY MEDICINE PORTFOLIO CASE INSTRUCTIONS

The portfolio requirements are as follows:

- Each student is required to write up 2 cases for their portfolio from 2 different primary care settings, which they are exposed to during their Family Medicine rotation. **1 case must be from the FP practice, and 1 case from the Clinic/CHC.**
- The consultations must be written in the SOAP formation (an example will be supplied at the tutorial). The “Objective” component of the SOAP format must contain the following: BP, BMI, Temp, Pulse and relevant side-room investigations. This information can be obtained from the patient’s folder if you are not allowed to examine the patient.
- A Student must select one of the two cases, to reflect further on the different aspects of the management plan, by answering the following questions:
  - Given the patient’s clinical problem, what are the resources that the health team should have in place to assist the patient with the management plan?
  - What Public health issues are raised/do you become aware of with this patient’s problem(s)?
  - Reflect on 2 principles of Family Medicine that can be applied to this patient consultation.
  - Reflect on 1 Palliative Care principle and 1 PHC principle that can be applied to this patient consultation.
  - Are you aware of any Human Rights issues/other ethical issues, which may be applicable to this patient/consultation?
F.4 REFLECTIVE HOME VISIT ASSIGNMENT INSTRUCTIONS

Stage 1: Description of home visit ‘Analysis of the “What?”’
This part of the assignment is descriptive. Describe how you chose to visit this patient, and in which setting you initially engaged with the patient. Briefly describe the patient’s clinical condition and management of the patient including treatment. Describe the patient’s family and their response to the illness. What is going on in the patient’s life and that of the family at this point? Try to describe in your own words what you think it is like to be in this situation. You may use tools such as the ecomap and genogram in order to gain a clear understanding of family processes and its relations to the community.
The following questions could guide your write-up:
• What did you expect to find before you visited the home?
• What did you plan to do?
• What did you observe and hear?
• What actually happened? (i.e. that you might not have actually seen or heard)
• In what ways was what actually happened different to what you had planned or expected?
• What did you experience or feel yourself?

Stage 2: Analysis of the situation (“So What?”)
This section needs to go deeper and demonstrate an understanding of why things the way that they are. The following questions could guide this section of your write-up:
• So what does your experience mean? What does it suggest? What are the underlying issues?
• Why is the situation as it is, or why did things happen the way that it did?
• So what did you learn from the experience?
• In what ways do the issues that this patient or family face reflect those of the whole community?
• What does this experience teach you about the community as a whole?
• How does this fit into the bigger picture of the community and wider society at large?
• Did you make a difference? How do you know if you made a difference?
• Did you experience a difference yourself? What changed for you, if anything?

Stage 3: Promoting Health at Community Level (“What next?”)
Here you must describe the group of people in the community of your patient who are at risk of the same problems that your patient presents (i.e. those who have not presented for care)
• How could you gain access to them?
• Describe a health promotion intervention at a community level that could potentially prevent this problem and promote health.
• Describe it in terms of its aim, objectives and activities, as well as your role as a future doctor in these activities.
• Use your experience of your group project and take into account what has been done in other similar situations, in the literature or from organizations that have focused on the same issue.
Stage 4: Personal Reflection

- Personal thoughts, insights and feelings about meaningful experiences.
- Articulation of any ethical dilemmas you may have encountered.
- How might you do things differently next time if at all?
- What needs to happen next?
- What questions arise for you for further investigation?
- How did this experience of the individual, family and community issues influence your future practice as an integrated/generalist medical doctor?
- How could this experience and reflection change the way that you practice clinically in the future, with other patients whose homes you do not visit?
- How could you influence or improve the access to health care of those in your community who do not come for care?
- How might you engage with the social determinants of health in your community and society as a doctor and as a citizen?

NB: Your Reflective Assignment must have:

- Cover page with your name and student number, block number and year of study.
- A signed patient informed consent form must be attached.
- A signed plagiarism form must be included.
- Word limit: 2500 (Add word count to the end of your paper (minus 2% per 100 extra words).
- Format: All pages should be typed: Font 12, spacing 1.5.Scripts must be neat, legible and include main headings.
- Academic language and style must be used. You may write in the first person. No abbreviations, bullet points, jargon nor colloquialisms allowed.
- Academic work is usually copyright protected. If the author is not acknowledged when using quotes, facts or figures from published work, you are guilty of plagiarism. A signed non-plagiarism declaration form must be attached to the assignment.
- Referencing Style: Vancouver. This must be used consistently in text and in bibliography. Acknowledge the sources of your information in the text and include a full reference list.
- Note: Late assignments: minus 5%.
F.5 FORMAT OF ORAL PRESENTATIONS

F.5.1 Epidemiology peer presentation
The focus of this presentation should be on your planned methodology, the results and what you will report back to stakeholders.
15 mins presentations (10-12 slides) covering:
  • Background (including brief summary of relevant literature review)
  • Objectives
  • Methodology
  • Results to be reported to stakeholders: baseline characteristics and relevant findings of interest (based on objectives)
  • Conclusions and Recommendations for stakeholders

F.5.2 Combined Epidemiology / Health Promotion presentation
See the 4th year MBChB VULA site for group oral presentations information.
F.6 ROLE OF EPIDEMIOLOGY PROJECT SUPERVISORS AND SITE FACILITATORS

F.6.1 Role of Supervisors

In order for students to understand the level of support they can expect from their supervisor, this extract is included. Site facilitators should attend sessions 1 & 6. Meeting times and venue should be considered to allow site facilitators to attend both group meetings.

You (supervisor) have six (6) sessions with students. The sessions are timed to coincide with formal teaching on research methods, so students should apply what they have learnt in their sessions when they meet with you. This translates into the following:

**Session One (PS1)**
- Clarify rules within the group.
- Review the Stakeholders’ Research Problem Statement.
- Discuss the research problem, purpose, aims and objectives, and the ethical issues in their study.
- Give them guidance on their literature review, including where to search, how to search and appraise the literature (the project assessment includes marks for a description of the search strategy and quality appraisal), and how to write up a logical and coherent summary.
- Ask them to go and draft their problem, purpose, aim and objectives, ethics and their literature review for discussion at session two (2). (It has been suggested that to ensure that all group members pull their weight in group work, the first exercise of drawing up aims and objectives should be done individually).

**Session Two (PS2)**
- Reflect on how the group is working.
- Review the students’ work on their problem, purpose, aims and objectives, ethics and literature review.
- Discuss with students their choice of study design, population and sampling, and the primary “exposure” and outcome variables.
- Ask them to go off and update their aims and objectives, work on study design and sampling and prepare their questionnaire.

**Session Three (PS3)**
- Reflect on how the group is working.
- Review previous work and give feedback.
- Review the questionnaire that students have prepared for trialling with colleagues.
- Discuss with students the measurement methods, particularly issues of questionnaire design, validity and reliability.
- Discuss the primary analyses (univariate and bivariate) that are required to meet the objectives of their studies and that will provide useful data for the health promotion intervention.
• Ask them to go off and update their existing protocol and include measurements methods for review at the next meeting.
• Arrange for submission of protocol that includes the questionnaire by start of week 3.
• Give feedback by email and ensure that the HREC forms are completed and submitted.

The protocol should be marked out of a total of 5, and feedback prepared that incorporates HREC feedback at the next meeting.

Session Four (PS4)
• Reflect on how the group is working.
• Review feedback from HREC, give protocol review mark.
• Clarify any last minute changes that need to be made to the protocol and or questionnaire and communication with HREC before the students commence data collection.
• Provide guidance on data management and analysis with reference to the “dummy” data tables.

Session Five (PS5)
• Reflect on how the group is working.
• Review the data collection process with students.
• Discuss appropriate methods of analysis and presentation of the main findings.
• Prepare for the group presentation and for the completion of the final report.
• Remind students to submit final report electronically via VULA and directly to the HREC as well as a hard copy to the course administrator.

Session Six (PS6)
• Reflect on how the group is working.
• Review the study findings of epidemiology project as a whole.
• Receive feedback from students as to the project outcomes and supervision.
• Understand and give input into the Health Promotion project.

Note:
• All support materials for the protocol development and presentation is posted onto VULA. A marking guide is made available to you. Please use the marking guide when developing the protocol and the report as this will assist you to produce work that is of acceptable standard for the examiners.
• The ethical issues that need to be addressed in your protocol are: Social value of the research; Scientific merit; Respect for persons, Respect for Vulnerable persons, Privacy and Confidentiality; Fair subject and community selection; Favourable balance of benefits and harms; Collaborative partnerships; Ethical Review and, Professional competence. The description of these will be found on VULA.
• Your Epidemiology supervisor will mark your protocol. Your group report will be marked by 2 Epidemiology supervisors, other than your supervisor. The average of the marks will determine your group mark.
F.6.2 Role of Site Facilitators

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

On the first day of the block, they will introduce you to the site, with introductions to key people and facilities, and will organize a home visit. You will be guided to make your own observations, listen, ask questions and form your own opinion of the highest priority health problems of that community. Since the initiation of appropriate projects requires considerable preparation, the topics for your group will have been decided before the block, and they will be assigned to you on the second day. For the projects, the site facilitators will introduce you to people who asked for assistance (“Stakeholders”) in finding solutions to the problems identified by means of the ‘Stakeholders’ Research Problem Statement’. This will enable the formation of partnerships to explore solutions to identified problems. The site facilitator’s role involves coaching, facilitating reflective sessions, facilitating activities on site – including clinical placements, and giving feedback to students, stakeholders and course co-ordinators. They are responsible for monitoring students’ attendance on site, attend to students’ concerns and difficulties as well as provide end of block progress reports (group and individual). They are responsible for co-marking the oral presentations.
F.7 UNDERGRADUATE RESEARCH DAY COMPETITION

The Faculty of Health Sciences runs an annual research day, which is held in the form of a competition. It is an opportunity for students to showcase their work done in communities. We aim to promote community-based research amongst students, by rewarding students whose research projects are judged to be excellent. A moderate amount of funding is provided by the Faculty to support prizes for the best student projects.

The purpose of the Research Day is to acknowledge the importance of health research in the Faculty of Health Sciences’ undergraduate curricula and to encourage students to think of research as a possible future career option. The Research Day also provides the Faculty and external stakeholders with insight into research projects done by students. Students selected are encouraged to invite Community Stakeholders to hear students’ presentations.

To enter the competition, submit your abstract at the end of the block to research.health@uct.ac.za. The research day will be held in October 2015.
F.8 LOGISTICS

F.8.1 Teaching venues

- Child Health teaching will take place on a Tuesday at Red Cross Memorial Children’s Hospital, 7th Floor Lecture theatre, Institute of Child Health (ICH) building.
- All other lecture venues are indicated on the Block timetable.
- Family Medicine clinical tutorials may take place at E51, clinical skills lab, OMB – subject to confirmation.
- Health in Context Portfolio examinations takes place at the end of the year (venue to be confirmed).
- Health in Context Oral Presentations takes in the last Wednesday of the block; venue to be advised.
- The Health in Context written exam will be held on the last Friday of the block from 08h45 to 12h00; venue to be advised.

F.8.2 Transport

- Transport to all the regular sites except FP placements and Red Cross Hospital, is available to students who book. Students are required to book each trip for which they are going to need transport.
- The transport schedule for each block will be loaded under ‘Forums’ on VULA so that students are informed at all times and can see what trips they need to book transport for. Kindly note: Individual students must sign on in VULA.
- Booking for the week ahead closes at 24h00 on Wednesday of the previous week. Booking must be done on the VULA Learning-Working site. Students who fail to book timeously will only be accommodated if there is space. Students, who do not book, will not be transported.
- To understand why this policy is necessary refer to the Learning-Working site on VULA.

Departure times and venues:

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

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

Green Point CHC (Family Medicine):
Transport leaves @ 07h30 in front of the New Learning Centre (Anatomy Building) on specified Friday mornings. Students will be collected at 12h00 noon at Green Point CHC and returned to Medical School.

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

F.8.3 Calculators

Calculators should be brought to all Epidemiology, Research Methods and Statistics lectures.

F.8.4 Photocopying

Photocopying for Epidemiology projects can be done at departmental cost up to a maximum of 300 copies per project. Copies in excess of this must be covered by students, or in negotiation with your supervisor. Please speak to the course administrator AT THE START of the second week about a good time to deliver your questionnaire and consent forms for printing (i.e. for data collection in the 3rd week). The forms should be delivered before the Friday of the 2nd week for printing. She has to arrange for the photocopies to be made and therefore needs an indication of when you intend to submit your documents.

F.8.5 Student immunisations

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

F.8.6 Punctuality

*Please arrive on time.* Lecturers or tutors have the right to exclude students whose late arrival disrupts an activity already in progress.

F.8.7 Dress

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

F.8.8 Parking

This is at times limited on the Red Cross Hospital premises. Please park at the Out-patients building and not in other allocated bays.

F.8.9 Website

- VULA – [https://vula.uct.ac.za/portal/](https://vula.uct.ac.za/portal/) 4th year MBChB Site – Course Content.
- UCT Online library and research facility [http://www.uct.ac.za/research/libraries/](http://www.uct.ac.za/research/libraries/)
F.8.10 E-learning policy

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

- You may use an electronic device during any learning activity IF the tutor has granted permission, it is for the purposes of the course and it does not distract or interrupt others.
- Remember that you **MUST** ask permission from a child’s caregiver to take a photograph and have a record of this consent including what you plan to do with the photo.
F.9 PROFESSIONAL STANDARDS COMMITTEE

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

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

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

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

What do I do if I witness unprofessional behaviour?
If you witness unprofessional behaviour and feel unable to confront the perpetrator then:
Discuss the incident and an appropriate response with the course convener, a trusted staff member, or a student colleague.
Report the incident to the Chair of the Professional Standards Committee using the Incident Report Form on the PSC VULA site. Please note that incident reports must be made in good faith and may not be anonymous. Frivolous complaints are also violations of professional behaviour.

What will happen to incident reports of unprofessional behaviour?
All incident reports will be reviewed by the PSC. The PSC may request further information from the complainant and from others. The alleged perpetrator will be given an opportunity to respond to the complaint.
The PSC will consider the complaint and the alleged perpetrator’s response and will write a report on the incident for the Dean of the Faculty of Health Sciences, recommending an appropriate response by the Faculty. The complainant and alleged perpetrator will also receive copies of these reports, and anonymous summaries will be available on the PSC Vula site in the interests of transparency.
How will confidentiality be maintained?
The PSC will maintain the confidentiality of the complaints. The identity of the complainant or complainants will be revealed to the alleged perpetrator only with their prior consent.

**Contact details for reporting complaints**
The Chair, Professional Standards Committee
Mr James Irlam
Tel no: 021 406 6377
Email: psc@uct.ac.za

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

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