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SURMEPI

newsletter

2014

Stellenbosch University Rural Medical Education Partnership Initiative

From the PI's desk: 2014

Year 4

Year 4 could be described as the year in which SURMEPI 'came of age', with a number of the sub-projects reaching maturity thus enabling us to extend our reach and influence. In year 4 we established partnerships with national role players with a view to developing a national graduate tracking system for South Africa. These partners include the Health Professions Council of SA and the national Department of Health (DoH). We have also been successful in obtaining membership of a senior national DoH member, who has stated that the SURMEPI goals dovetail with those of the DoH, on our Advisory Committee.

In year 4 the medical education pipeline (e.g. school visits to RCS, first year visits to RCS, 5th year visits to RCS, support for RCS, tracking of RCS students post-qualification) was extended. (See Figure 1) The Stellenbosch University Area Health Education Centres (SU-AHEC) project was fully implemented in this period. The project focuses on preparing rural school

learners from underserved communities for tertiary education in the health professions, through improvement in Maths, Science, and life skills training. It also supports teacher development in these areas. The project has already enrolled 400 learners from grades 7-11, and 150 teachers in rural areas of the Western Cape.

SURMEPI is influencing the way students are learning at our faculty by developing a culture of eLearning. All lectures (approximately 3000) from MB,ChB I-VI are now podcast on a yearly basis. In addition, a large number of clinical tutorials are also podcast. In year 4 we have conducted an evaluation of the podcast project. The study has yielded exciting results which will be presented at the MEPI Symposium. The development of the content management system (CMS) is opening up opportunities for sharing of resources, and the concept has been shared with a number of MEPI schools. A 'bring your own device (BYOD) system' for examinations has been implemented in year 4 and is currently being tested.

SURMEPI is now partnering with the Academy of Science of South Africa (ASSAf) in developing a consensus study on reconceptualising education and training of an appropriate health workforce for the improved health of the nation. An expert panel with national and international representation has been appointed and the panel deliberations will focus on aims 1 and 2 of MEPI. The consensus study has the potential to influence the health professions education landscape in South Africa.

SURMEPI's collaborations with other MEPI schools now include promoting primary health care models through the development of Family Medicine, building Biostatistics in Africa, eLearning, evidence-based health care, developing medical education centers, grant management, and rural student electives. Our collaborators include KZN, Makerere, Botswana, Zimbabwe, Zambia, Kenyatta, Nairobi, Eduardo Mondlane, AAU, and KNUST. Family Medicine collaborations in year 4 included incoming and/or outgoing study visits, capacity building and technical assistance.

An African regional Biostatistics workshop was supported by SURMEPI and held in Cape Town from 8-10 July 2014. The purpose of the workshop was to establish further collaborations between biostatisticians in the region as well as share experiences in building biostatistics capacity. This links directly to the 3rd MEPI goal to strengthen regionally driven research in Africa. MEPI schools represented included Zimbabwe, Botswana, KZN, Nairobi, Ghana, Stellenbosch, Zambia, and Tanzania. All participants emphasized the need for collaborative activities and indicated support for a proposed African Centre for Biostatistical Excellence (ACBE).



Prof. Marietjie de Villiers. PHOTO by Damien Schumann

The 6th Primafamed workshop on “Capacity Building and Priorities in Primary Care Research” was held in Pretoria, 22-24 June 2014. The central theme of the workshop was primary care research – the current situation, the priorities for research and the need for capacity building. Delegates from the following countries attended the workshop: Ghana, Nigeria, Uganda, Kenya, Tanzania, Sudan, Malawi, Zimbabwe, Botswana, Namibia, South Africa, Zambia, Ethiopia, Rwanda, Mozambique, Swaziland, Belgium, and Denmark. Delegates from Kenyatta University, University of Zambia, Makerere University, Botswana University, and ACHEST were fully

sponsored by SURMEPI. These delegates presented their plans for the development of Family Medicine at their schools at a workshop facilitated by SURMEPI. SURMEPI is committed to the sharing of our achievements beyond our school not only through publications (total 12) and conference presentations (total 80), but also through active knowledge and skill transfer through a large number of workshops and capacity building events. SURMEPI supported the publication of an edition of the African Journal of Primary Health Care & Family Medicine containing 10 publications on

strengthening primary care research. SURMEPI is helping to shift thinking around teaching and learning in the faculty. The changes that have been effected in the curriculum are significant and these have enabled conversations about innovative and transformative learning opportunities that have led to action because they have had financial support and have, therefore, been visible. Without SURMEPI these conversations might have gone nowhere. It is about changing the discourse about what is possible and what is important.

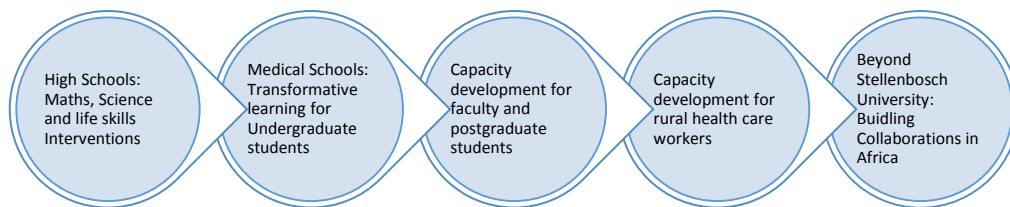


Figure 1 - SURMEPI Pipeline

“AMAZING RACE FOR HEALTH” FOR FIRST YEAR UNDERGRADUATE STUDENTS

On the 9th and 14th of May 2014 the first year medical, physiotherapy and dietetic students went on The Amazing Race for Health adventure to experience first-hand how the determinants of health impact the lives of individuals, families and communities and to better understand the organisation of the health services.

This event forms part of the interdisciplinary Health in Context module. The aim of the Amazing Race for Health is to give students early exposure to the realities of the South African context with the objective of preparing prospective healthcare professionals to better serve rural areas.

In the beginning of the academic year the



first year class were divided into 39 groups of 10 students each and each group were allocated to a specific site. Students received lectures on the social determinants of health and the functioning of health systems in the broad South African context. Each group then had to research the site they were allocated to in order to prepare them for the visit to their town/community.

The students' hard work culminated in the big event where they had the opportunity to visit their site and take part in various activities such as joining community care workers on home/community visits; interviewing clients and staff members; visiting local NGO's; touring health facilities and observing health care professionals to gain a better understanding of the functioning

of the facility and the roles of the different professions.

Students reported that the visits to the communities helped them to see “how the different determinants of health affect the health of community members”. By exposing the students to the realities of the social determinants of health and health services in underserved communities the students got the opportunity to integrate and consolidate the theoretical knowledge they gained during the first semester. The highlight of the day was to visit and interact with community members and to listen to

their stories. For many students this was a “life-changing and eye opening experience” and gave them a glimpse of what they can expect in their future as a health care professional. Feedback from some students also suggested that the Amazing Race for Health motivated them to one day return to and work in rural areas.

“The visit was quite eye-opening and made many of the concepts I’d learned in class much more real and easy to identify with.”

“The Amazing Race humbled me and made me want to get involved in the com-

munity to better their lives and standards of living.”

“One of the biggest lessons I learnt upon visiting the town was the great need of health care workers in rural/farm areas and of how much change health care workers such as doctors, dieticians and physiotherapists can bring to underserved areas.”

The Amazing Race for Health also helped students to understand the importance of working together in a team to successfully address the needs of communities, to respect and appreciate the role that other health care professionals play and to treat patients holistically.

“In order to achieve holistic health care all professions must work hand in hand. It is a team effort, one profession is not better than the other one.”

“The Amazing Race gave me a new perspective on the caring of patients that is not just about the illness but also the environmental factors and circumstances of the patient.”

“My appreciation for all health practitioners has grown tremendously... I am inspired to be that passionate about my career and devote myself to give my best each and every day.”

The Amazing Race for Health 2014 was a huge success and feedback received from students and other role players were extremely positive. Excerpts from students’ personal reflections demonstrated that this was a valuable learning opportunity and that the Amazing Race for Health truly helped them to put health in context.

“It brought my profession into perspective and changed a part of my life and how I see things and for that I will be grateful for the rest of my life.”

“The Amazing Race has taught me a great deal and has opened my eyes to see the bigger picture in health care. I started to see the importance of our careers and the enormous impact it has on a community.”

“It was a phenomenal experience!”



1st year medical students in rural areas



Facilitators with students at Avian Park




Going rural: a longitudinal study to evaluate the implementation of the rural clinical school

Prof Susan van Schalkwyk (PI)
Prof Juanita Bezuidenhout
Prof Julia Blitz
Prof Hoffie Conradie
Dr Therese Fish
Prof Ben van Heerden
Prof Marietjie de Villiers
Ms Norma Kok (research assistant)

Four years ago the Faculty of Medicine and Health Sciences at Stellenbosch University was the first university in South Africa to offer final-year medical students an opportunity to select a year-long comprehensive rural placement at the Rural Clinical School in Worcester. To evaluate this educational innovation a five-year longitudinal study was designed.

Each year a range of data collection activities, including individual interviews (with RCS students, clinician educators on the rural platform, graduates and intern supervisors) and focus group discussions (with final year students at the Tygerberg campus), and a graduate survey (the Preparedness for Internship Questionnaire - PIQUE), have been conducted to provide a longitudinal view of the RCS experience. Table 1 provides a summary of the data collection activities to date. In addition, the academic performance of three successive cohorts of RCS students and the students trained at Tygerberg (2011-2013) have been compared. Statistical analyses indicate that the RCS students have not been disadvantaged in terms of their academic achievements relative to the Tygerberg group. Since the start of the study, five articles have been published in accredited journals.

2012; 34: 1064-1069 

Developing an educational research framework for evaluating rural training of health professionals: A case for innovation

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Research

PIQUE-ing an interest in curriculum renewal

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Rural and Remote Health

MEDLINE listed
Impact factor .820



The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy

ORIGINAL RESEARCH

'I felt colonised': emerging clinical teachers on a new rural teaching platform

J Blitz, J Bezuidenhout, H Conradie, M de Villiers, S van Schalkwyk

Stellenbosch University, Tygerberg, South Africa

Rural and Remote Health

MEDLINE listed
Impact factor .820



The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy

ORIGINAL RESEARCH

'Going rural': driving change through a rural medical education innovation

SC Van Schalkwyk, J Bezuidenhout, HH Conradie, T Fish, NJ Kok, BH Van Heerden, MR de Villiers

Faculty of Medicine and Health Sciences, Stellenbosch University, Tygerberg, South Africa

Understanding rural clinical learning spaces: Being and becoming a doctor

SUSAN C. VAN SCHALKWYK, JUANITA BEZUIDENHOUT & MARIETJIE R. DE VILLIERS
Stellenbosch University, South Africa

Table 1 Summary of data collection activities 2011 - 2014

Participant type	Year			
	2011	2012	2013	2014 (to date)
5 th year students			4 x focus groups (n=24) Survey (n=109)	
RCS 6th Year students	8 interviews	9 interviews	12 Interviews	12 interviews
Tygerberg 6 th year students			4 x focus groups (n=37)	
PIQUE SURVEY		n=56	n=74	n=52
Clinician educators	10 interviews	3 Interviews	1 x focus group (n=5)	
RCS Interns		8 interviews	9 Interviews	9 interviews
Tygerberg Interns			6 Interviews	6 interviews
RCS 2 nd year Interns			8 telephone Interviews	TBC
Intern supervisors		7 interviews	13 Interviews	15 interviews
Patient interviews			1 x focus group (n=13) 5 interviews	TBC
Community care workers	1 x focus group (n=8)		1 x focus group (n = 6)	TBC
Key informants	7 interviews			

Rural health care strengthened through leadership course

Health professionals from the Overberg Rural Health District recently attended a four day training course in coaching principles, a project of the Stellenbosch University Rural Medical Educational Partnership Initiative (SURMEPI). The aim of this initiative is to enhance skills

of medical professionals to equip them to work in current health systems in rural and underserved areas and to strengthen it further.

This coaching training is a follow-up on a capacity building initiative that is currently being conducted in the Overberg where

health care facility managers are being supported through coaching to strengthen and support leadership and management competencies. "The strengthening of leadership and management competencies is key to the strengthening of the health system." said Prof Lilian Dudley, Head of Community Health/Focus Area 2 Lead.



On the photo are at the back from left: Charlyn Goliath, Prof Lilian Dudley, Heather de Beer and Fidele Mukinda with the Health Professionals seated in front

Family Medicine Faculty Development Workshop at Makerere University

Report prepared by;

Dr. Jane Frances Namatovu, Head,
Department of Family Medicine at
Makerere University College of Health
Sciences

Stellenbosch University Rural Medical Education Partnership Initiative

A network has been created by MEPI among Universities and training institutions to support the development of Family Medicine training in Africa.

Several initiatives and approaches have been used. Faculty development and support was identified as key to successful Family medicine training in Africa.

The Stellenbosch University is taking the lead given its long history of Family Medicine training and its capacity.

A two day Family Medicine faculty development workshop was held on July 14th and 15th, 2014 at Makerere University College of Health Sciences in the Family Medicine boardroom. The workshop was facilitated by Julia Blitz, a Professor of Family Medicine from Stellenbosch University.

Stellenbosch University Rural Medical Education Partnership Initiative (SUR-MEPI) funded her trip to Makerere University in Uganda.

Objectives

The workshop had the following objectives;

1. To reorient faculty at the department of Family medicine in best practices in regards to teaching, learning and assessment
2. To share experiences that can enrich the present postgraduate

family medicine training program and the upcoming undergraduate training at Makerere.

3. To enrich the ongoing Family Medicine distance education curriculum design being undertaken at Makerere University College of Health Sciences.

Content

Several aspects of clinical teaching and assessment as well as organising a new undergraduate family medicine clerkship were covered.

Some of the aspects covered in clinical teaching and assessment included; active and contextual learning, integration of the biopsychosocial, ambulatory, in-patient and interdisciplinary care of patients, use of portfolios and other aspects of assessment in general.

We also held a session on writing a distance learning module. Using an example of one of the modules that we have so far developed for the distance learning curriculum, the facilitator guided us to appreciate key issues in online learning. These included; content, process and mode of delivery where we also recognised and considered the role of social media in teaching and learning.

We also went through the issues / aspects we need to consider when writing distance learning modules for students. The aspects that we discussed included; the clinical site development, selection criteria and maintenance of these sites.

In formative assessment we focused mainly on case-based and work based assessments because these are commonly applied in the supervisory roles of the preceptors or the tutors that we are at several times.

In this session we were guided by the facilitator, on how to make them more standardised and beneficial to the student since formative assessment is assessment for learning. We were made to appreciate that giving feedback is an important component of both methods that promotes positive change in both the learner and the tutor if well given.

We also had some video clips on case-based and work-based assessments, following which we practiced to score the students and thereafter shared reasons why we scored the way we did.

This exercise helped us to appreciate important aspects of assessment, for instance, in consideration should be the level of the student, expectations at that level and student's knowledge of the assessment method that the teacher or assessor is using.

Finally, we brainstormed on how best to utilize the four weeks scheduled for the family medicine and primary care clerkship for the fourth year undergraduate students that will begin June 2015. This generated many ideas which we shall use at the time of implementation of the course.

Take home message

This two-day workshop was a very important landmark in the history of developing Family Medicine training capacity at Makerere University. Faculty gained knowledge and skills in teaching and learning plus assessment relevant to Family Medicine given its unique challenges of breadth of its body of knowledge.

Recommendation

Given the amount of content to be covered, it would be very beneficial to have another two day workshop of faculty development activities. Faculty need more skills especially in assessment methods.



Prof Julia Blitz with workshop participants



Prof. Julia Blitz and Dr Jane Namatovu with participants

Acknowledgement:

The department of Family Medicine at Makerere University College of Health Sciences is very grateful to SURMEPI for funding Prof. Julia's trip to Makerere University to facilitate this faculty development workshop.



2013 RCS student graduation

PACK: Practical Approach to Care Kit

The Knowledge Translation Unit of the University of Cape Town has been working along with the Family Medicine and Primary Care Department at Stellenbosch University to implement a new in-service training programme for the student interns during their primary care rotation.

The programme uses the PACK (Practical Approach to Care Kit), a comprehensive, policy aligned Primary Care guideline for adults which addresses the 40 most common presenting symptoms and 20 chronic conditions in adults attending primary care in South Africa. PACK training consists of 4 modules namely, HAST, non-communicable diseases, mental health and woman's health.



Rural Eastern Cape



Medical students at PE using guidelines.

There are two main aims to the programme:

1. To promote inter-professional collaboration
2. To encourage use of the PACK guideline that consolidates clinical primary care knowledge around evidence-informed management of priority conditions and common symptoms among adults attending primary care.

The implementation was done in such a way that it equips undergraduates to operate within task-sharing teams in primary care. Nurse facilitators were trained to facilitate 3 on-site sessions, each lasting 1 ½ hours. During these sessions they work through case scenarios and guide the students in using the resource.

The feedback received from student interns, family physicians and nurse facilitators has been helpful in gaining an understanding in how the guideline is currently utilized, and informing how it

will be implemented in the future.

This programme forms part of a formal trial. Performance in the following 3 elements will be investigated:

1. End-of-block MCQ
2. End-of-semester OSCE
3. Attitudes to inter-professional collaboration (using the Interdisciplinary Education Perception Scale)

The results will be analyzed at the end of the year and if the findings are positive, it will be used to motivate for this programme to become a permanent part of the medical curriculum. The results from this trial will also influence how the guideline is included into other medical schools in South Africa. If you would like more information about PACK please visit our website: www.knowledgetranslation.co.za



Medical students at Zitulele using guidelines.



Nurse trainer, Naniwe Mkosana, with medical student.



SURMEPI grantees



Elize Archer

I am Elize Archer, now in my first year of PHD (registered to do a PHD in Health Professions Education).

I am the Manager of the Clinical Skills Centre at the Stellenbosch University Faculty of Medicine and Health Sciences. I work fulltime and what my SURMEPI money has mainly made possible for me is to buy some of my time out so that I can dedicate it to my research. I would

like to take this opportunity to thank SURMEPI for giving me this opportunity.

My PHD topic is: Patient-centeredness in the undergraduate medical curriculum at Stellenbosch University: A case study of the final year. The aims of my study are a) to understand what enhances or inhibits student learning of patient-centeredness in an undergraduate medical curriculum and b) to generate guidelines to enhance patient-centeredness in such a curriculum.

I have been working for the Division of Physiotherapy for the past six years, co-ordinating the students' community or primary health care rotation.

I supervise the final year students in their Stellenbosch community placement as well as some third year clinical placements.

Currently I am on the final stretch of MPhil HPE. I handed in my research project this week to my great relief – and that of my supervisors! My research is entitled "The perceptions of final year physiotherapy students and their clients regarding their experiences of home visits: an exploratory case study." My SURMEPI grant enabled this study which I am extremely grateful. It allowed the

appointment of research assistants to conduct the interviews, which was particularly necessary in the case of the Xhosa speaking clients, translation, transcription and buying in someone to cover my academic responsibilities enabling me to spend more time on the research. Amongst other things, the grant also enabled editorial assistance for a higher quality end product.

My research was conducted in an under-resourced area, with many clients living in informal housing with minimal belongings. There is no physiotherapy service in the suburb other than that provided by the physiotherapy students. The information discovered in the research will be used to train the students to conduct more effective home based rehabilitation. Ultimately I hope to improve the

physiotherapy service provided to under-served clients in their homes not only from students but from graduates during their community service year.



Diane Parris

SRA International Annual Meeting

Eugene Baugaard's (Head of Research Grants Management Office) proposal in collaboration with Eva Bjorndal from Karolinska Institute and Joan Larok from Makerere University, has been accepted for the 2014 SRA International Annual Meeting at the Hotel Del Coronado. He will also be attending the meeting on the 18-22 of October 2014.

Abstract as follows:

Research Support Services in an International Context: What is required?
Content Level: Intermediate
Description: Research has become a diverse global endeavor requiring institutions to work more closely than ever before. This has been precipitated by the reduced research dollars, stiff competition and the ever increasing sponsor demands. The loner approaches to research work no longer work. There is a call to work with different countries and multidisciplinary research teams in partnership. This creates high expectations on the research administrator and the level of research support services required in managing

these diverse research teams both domestically and abroad. This session will articulate the role of the research administrator, the research support services required as well as the basic requirements expected of prime agencies and sub recipients to make the global partnership work. And what the main area of focus should be for a fruitful relationship and sponsor compliance.

Learning Objectives:

1. Identify and describe the challenges of research support services required by both the prime receiver and the sub recipient and how to overcome them.
2. Identify key principles to employ in a consortia or partnership arrangement for a fruitful and lasting relationship as well as sponsor compliance.

VISITS FROM OUR AFRICAN COLLABORATORS



Kenyatta University visit



The Stellenbosch University Rural Medical Education Partnership Initiative (SURMEPI) hosted visitors from University of Nairobi on 11 and 12 September 2014



Makerere University visit



Makerere University visit



The Stellenbosch University Rural Medical Education Partnership Initiative (SURMEPI) hosted visitors from Kenyatta University on 19 and 20 June 2014.



University of Zambia visit