

STELLENBOSCH UNIVERSITY

FACULTY OF HEALTH SCIENCES

MBCHB PROGRAMME

THE CURRICULUM

A PRESENTATION TO THE PORTFOLIO COMMITTEE OF HEALTH

THE MBChB CURRICULUM

1. AIM, PURPOSE AND OUTCOMES OF THE MEDICAL PROGRAMME

The first purpose of the programme is to train a physician who will be able to qualify for registration as Intern with the statutory Health Professions Council of South Africa and who has acquired the necessary knowledge, skills and professional attitude to utilise the opportunities available in the Intern years optimally, in order to function independently and effectively within the primary health care system.

The second purpose is to equip students who are interested in further study with the required knowledge, skills and insight to develop as practitioners at the secondary and tertiary levels.

EXIT-LEVEL OUTCOMES

EXIT-LEVEL OUTCOMES AND ASSOCIATED ASSESSMENT CRITERIA	
OUTCOMES	ASSOCIATED ASSESSMENT CRITERIA
GENERIC/CRITICAL CROSS FIELD OUTCOMES	
1. Identifying and solving patient's problems in which responses display that responsible decisions using critical and creative have	<ul style="list-style-type: none"> ➤ content and conceptualisation of the work the student submits for marking is correct ➤ content and conceptualisation of presentations of clinical cases is

	intended outcomes of the presentation
6. Using science and technology effectively and critically, showing responsibility towards the environment and health of others.	<ul style="list-style-type: none"> ➤ patient care reflects appropriate and cost-effective use of special investigations and clinical interventions ➤ appropriate use is made of available technology, including the internet, in the completion of assignments and projects ➤ reports and essays are generated using computer software
7. Demonstrating an understanding of the world as a set of related systems by recognising that problem-solving context do not exist in isolation.	<ul style="list-style-type: none"> ➤ patient care reflects sensitivity towards the cultural and community context within which health care is undertaken ➤ patient care reflects appropriate and cost-effective use of special investigations and clinical interventions
GENERAL OUTCOMES	ASSOCIATED ASSESSMENT CRITERIA
1. A good grasp of the theoretical background in the core aspects of the relevant subject matter in the chosen field(s) in the medical sciences;	<ul style="list-style-type: none"> ➤ success with in-course assessment and closed-book examinations in all components of the course

<p>6. An appreciation of the role of scientific modeling in the assembly and understanding of medical and scientific observations. The means by which evidence is gained to support or refute models as a means of gaining scientific knowledge and the limitations of such knowledge;</p>	<p>See (5) above</p>
<p>7. Demonstrated basic skills in the presentation of medical reports (both written and verbal). This includes the use of computer technology as an aid to effective communication skills;</p>	<ul style="list-style-type: none"> ➤ reports are generated using appropriate computer-based software ➤ written and verbal reports are compiled and presented in a manner appropriate to the context

The MB,ChB graduate will thus have demonstrated that he/she has acquired a solid scientific and medical background. However, exit-level outcomes at this level are not of sufficient depth to enable the graduate to practice as a fully independent medical doctor without further (clinical) training.

<ul style="list-style-type: none"> ➤ Necessary medically applicable scientific and mathematical concepts. ➤ The normal function and morphology of the human body and psyche. ➤ Abnormal function and morphology of the human body and psyche. 	<ul style="list-style-type: none"> ➤ the factual content and conceptualisation of the work the student presents verbally or in a written format is correct
<ul style="list-style-type: none"> ➤ The maintenance of health and prevention of disease (physical, mental and social). ➤ The recognition and diagnosis of common diseases and abnormalities of the human body and psyche.. 	
<ul style="list-style-type: none"> ➤ Treatment and rehabilitation options. ➤ The appropriate use and limitations of special investigations and diagnostic methods. ➤ Factors in the community environment that can influence health. ➤ Finances, management and structures of 	

➤ An acknowledgement of the limitations of own knowledge and skills.	➤ a willingness to voluntarily consult relevant literature and more experienced colleagues is evident during clinical care of patients
➤ A positive disposition towards continuing professional development.	➤ no disciplinary steps are needed with regard to inappropriate patient care or interaction
➤ A willingness for involvement and service within the broad community.	<ul style="list-style-type: none"> ➤ involvement in community orientated initiatives at the Faculty ➤ appropriate involvement in communities during clinical rotations peripheral to the medical school
➤ An empathetic disposition towards the patient, their family as well as the community and a willingness for accessibility.	➤ interactions with patients, their families and staff conforms at all times to accepted norms
➤ The acceptance of his/her full responsibility within the patient/doctor relationship.	➤ no disciplinary steps are needed with regard to inappropriate patient care or interaction
➤ The willingness to set a positive example regarding social responsibilities and obligations.	➤ no disciplinary steps are needed with regard to behaviour as a student within the bounds of University regulations
➤ Acknowledgement of the importance of the	➤ Optimal functioning within the interdisciplinary team context

<ul style="list-style-type: none"> ➤ The ability to function holistically within the context of family and community. 	
<ul style="list-style-type: none"> ➤ The ability to establish and manage a primary health infrastructure. 	See: "Generic/Critical Cross Field Outcomes"
<ul style="list-style-type: none"> ➤ The ability to interpret and apply relevant literature. 	See: "Generic/Critical Cross Field Outcomes"
<ul style="list-style-type: none"> ➤ The ability to manage and organise one's activities responsibly and effectively. 	See: "Generic/Critical Cross Field Outcomes"
<ul style="list-style-type: none"> ➤ The ability to function effectively in stressful circumstances. 	<ul style="list-style-type: none"> ➤ theoretical knowledge of stress management demonstrated by successful negotiation of relevant assessments ➤ effective functioning demonstrated under stressful circumstances in clinical training ➤ ability to recognise and deal with stress through own intervention or appropriate consultation demonstrated during clinical training

2. CURRICULUM ORGANISATION (See Addendums B and C)

2.1 INTRODUCTION

The MBChB curriculum for the mainstream programme is six (6) years and for the Extended Degree Programme seven (7) years in duration.

It consists of 3 phases and is devised to enable students to achieve the generic as well as specific outcomes of the programme.

2.1.1 PHASE 1

Phase 1 is presented during the first year (42 weeks) of the programme and is a theoretical phase. It consists of the interdisciplinary Foundation phase (first semester) with 4 modules: Personal and Professional Development; Health in Context; Life Forms and Functions of Clinical Importance and Chemistry for Health Sciences and 2 modules during the second semester of the first year, namely Essentials of Disease Processes (6 weeks) and The Principles of Therapy (4 weeks)

2.1.2 PHASE 2

This Phase starts in the final four weeks of the second semester with the module Introduction to Clinical Medicine Part 1 and ends at the end of the first semester of the 5th year. This is a "mixed" phase consisting of organ system-based theoretical modules (basic sciences integrated with clinical theory) and clinical rotations, with the theoretical modules alternating with clinical rotations every four weeks from the third year till the end of the first semester of the fifth year. The

MB,ChB III (early clinical rotation): Consists of 5 clinical rotations of 4 weeks each, namely in Family Medicine / Community Health / Rehabilitation; Internal Medicine; Obstetrics and Gynaecology; Paediatrics and Child Health and Surgery.

MB,ChB IV & 1st Semester MB,ChB V (middle clinical rotation): Consists of eight 4-week long clinical rotations, namely in Family Medicine / Community Health / Rehabilitation (2 weeks); Internal Medicine (6 weeks); Obstetrics and Gynaecology (4 weeks); Paediatrics and Child Health (4 weeks); Surgery (4 weeks); Dermatology (2 weeks); Forensic Medicine (2 weeks), Pathology (1 week); Psychiatry (4 weeks) and Radiation and Imaging (1 week).

At the end of the fourth year and at the end of the first semester of the fifth year there are 2 elective modules of 4 weeks duration each.

2.1.3 Phase 3

Late clinical rotation (Student Intern Rotation) (See ADDENDUM D): Second semester of MB,ChB V and MBChB VI. This phase consists of only practical training (clinical rotations) without any formal theoretical training. The rotations are in Internal Medicine (7 weeks), Psychiatry (7 weeks); Obstetrics and Gynaecology (6 weeks); Paediatrics and Child Health (6 weeks); Family Medicine / Community Health / Rehabilitation (5 weeks); Surgery (5 weeks); Anaesthesiology (3 weeks); Otorhinolaryngology (3 weeks); Ophthalmology (3 weeks) and Urology (3 weeks)