Teaching approach priorities accepted by Faculty Board:

1. Only half of the daily teaching program may be used for structured activities. The rest of the day must be available for directed self-study activities.
2. Formal lectures must be limited to the minimum.
3. Self-study components and/or structured activities must be maximised.
4. Modules and themes based on clearly defined and communicated goals and objectives must be developed and delivered.
5. Maximum integration must be established within themes and full use must be made of workbooks, problem orientated presentations, etc.
6. Small group work with feedback mechanisms must enjoy a high priority.
7. Sources/references must be identified and communicated to students (selected, relevant, goal directed).
8. Optimal exposure to clinical material remains an important priority of the undergraduate curriculum.

5. EDUCATIONAL CONSIDERATIONS

5.1 Curriculum load

With the exception of the two elective modules (20 credits each), the remainder of the curriculum as described above represent core.

Special attention was given to minimise factual overload. With the introduction of simplex theoretical modules in the curriculum vertical and horizontal integration was optimised and a reduction in duplication and factual overload was achieved.

5.2 Relevance of content

The content of the curriculum has been developed to ensure that students achieve the exit outcomes for the programme as described. In addition to ensuring that the students achieve the required basic knowledge, skills, attitudes and behaviours to become a medical doctor that can function optimally at internship level and develop further from there, attention was paid to the following requirements of the HPCSA:

5.2.1 Public health as theme

Strategies for health promotion

Methods of prevention of disease and injury;

Determining community needs and promoting community participation;

Defining environmental and social factors contributing to poor health;

Evaluating the effectiveness of health interventions.

5.2.5 Self-directed learning.

Goals of self-directed learning

The teaching of study and learning skills to students has as its short and medium term goal success for the student in his/her undergraduate studies and, as a bonus, the student's enjoyment of learning as an intellectual activity. The ultimate goal however, is the achievement of the following exit level outcomes:

- a positive disposition towards continuing professional development,
- the ability to:
    - integrate, interpret and apply knowledge;
    - think and act in a problem solving fashion;
    - interpret and apply relevant literature; and
    - effectively utilise relevant technological resources

In order to achieve these broad "end of course" goals, it is necessary for students to:

- learn to be selective in their learning;
- acquire the ability to study on their own as well as acquiring a positive attitude towards self-study;
- acquire the ability to utilize members of a group to increase their own knowledge, as well as to contribute to the learning of members of the group;
- prefer to learn through curiosity; and
- to acquire the ability to utilize various resources in the learning process.

- self-evaluation opportunities which include remedial activities;
- peer evaluation opportunities;
- reference to resources that have been identified by learning facilitators;
- identification and utilization of resources by students themselves.
- A variety of other approaches and opportunities have been built into our course to provide opportunities for self-directed learning (e.g., the two elective modules mentioned before).

Further support for self-directed learning is given in a variety of ways. Including support in the form of resources:

- a well equipped library
- a computer learning area which includes access to software packages and the Internet

5.3 Support material

All students receive the following:

- Study guides for all modules (theoretical as well as clinical rotation modules);
- Module hand-outs (e.g., notes) where applicable; and
- The titles of prescribed textbooks.
- An information booklet for each year of the programme, containing detailed course information, including examination and promotion stipulations, as well as relevant protocols and regulations.

- It presents significant opportunities for interdisciplinary teaching and learning in the sense that students from more than one undergraduate programme in the Health Sciences participate in these modules. Various disciplines are furthermore involved in teaching these modules (and other modules) of the programme.
- It ensures the basic learning of a number of essential generic skills, especially in the modules Personal and Professional Development and Health in Context
- It offers contextualised learning of the natural sciences of Chemistry and Biology in respectively Chemistry for Health Sciences and Life Forms and Function of Clinical Importance.

6.5 The introduction of simplex system of theoretical modules (combining the pre-clinical and clinical sciences into a single module) in the curriculum, is seen as a major step forward in terms of vertical integration. As a number of the systems are dealt with in the second year, a solid theoretical foundation is ensured before the students start with their clinical rotations at the end of the second year.

Horisontal integration is ensured by the integrated participation of various disciplines in the theoretical organ system modules.

6.6 The students experience their first clinical exposure in the module Introduction to Clinical Medicine in the second semester of MB,ChB I

6.7 Special emphasis is placed on the optimal teaching and learning of cross-cutting subjects ("graduate attributes"), such as communication skills, professionalism, ethics, evidence based practice, etc. A high priority is given to exposure of the students to communities and rural areas during the practical clinical training.

6.8 Community-based and primary health care:

principles of family medicine and primary care into practice; the consultation and communication skills (a golden thread); continued professional development and evidence-base practice (golden thread); applied ethics; practice organization and management as well as community orientated primary care and rural medicine in a seamless and cohesive manner over the three phases.

6.8.5 The UKWANDA Centre for Rural Health and the UKWANDA Rural Clinical School of the Stellenbosch University offers a further platform for the exposure of students to primary health care and community health services.

STELLENBOSCH UNIVERSITY

FACULTY OF HEALTH SCIENCES

MBCHB PROGRAMME

ADMISSION CRITERIA AND SELECTION GUIDELINES

A PRESENTATION TO THE PORTFOLIO COMMITTEE OF HEALTH

B. GUIDELINES FOR THE SELECTION OF MB,ChB STUDENTS

Applicants are considered in the five categories explained below.

1. CURRENT LEARNERS (GRADE 12) AND LEARNERS WHO HAVE COMPLETED SCHOOL

1.1 Selection of this group takes place during the first selection opportunity in September of the preceding year.

1.2 Approximately 220 candidates who indicate MB,ChB as first choice are selected in this category on the basis of **academic** as well as **non-academic merit:**

1.2.1 **Academic performance at school**, which comprises **45%** of the selection mark.

1.2.1.1 In the case of Grade 12 learners, their aggregate in the Grade 11 final examination is used.

1.2.1.2 In the case of learners who have completed school, their aggregate in the National Senior Certificate (NSC) examination or equivalent is used.

1.2.1.3 Preference will be given to learners who obtained an average of at least 75% in the mentioned examination.

1.2.2 National Benchmark Tests (NBT's), which comprises **30%** of the selection mark. The average percentage obtained in the tests will be used. Preference will be given to applicants that passed all tests on at least the intermediate level.

1.2.3 **Non-academic merit**, which comprises **25%** of the selection mark.

1.2.3.1 The non-academic merit mark is calculated on the basis of the following scale. Information is gathered by means of a structured questionnaire. The accuracy of the information must be verified by the school principal.

Coloured, Asian and black students with an average percentage of 70-74,9% are considered for admission to the extended degree programme (EDP). This group does not form part of the 220 places mentioned in 1.2. Preference will be given to applicants who passed at least 2 of the NBT tests on intermediate (or higher) level.

1.4.3 Then white and Asian students are selected according to merit and with observance of the gender profile until all available places are filled.

1.4.4 When all available places are filled, approximately **50** of the remaining candidates who qualify are placed on the **waiting list**, as follows:

- The order is determined by the calculated selection mark.
- As soon as the final National Senior Certificate marks become available, these are used instead of the Grade 11 marks and the waiting list is adjusted accordingly.

Cancellations are replaced from the waiting list according to merit based on the selection mark.

1.4.5 Initially unsuccessful candidates who earn significantly higher marks in the National Senior Certificate examination can apply for reconsideration within the first 2 weeks after the results have been made available. These applications will then be considered together with the candidates on the waiting list, if such a person obtains a new calculated selection factor that falls within the order of ranking on the waiting list.

2. REGISTERED STUDENTS

2.1 At least **20** places are reserved exclusively for SU students who are SA citizens and who pursue relevant fields of study (preferably related to the natural sciences).

2.2 The following registered students are collectively considered in this category:

- First-year and final-year Bachelor's students (see 2.3 for exception)
- Honours students
- Final-year Master's students

2.7.2 In the case of students who complete the degree in the year concerned, preference will be given to students who complete the degree in the prescribed time with a weighted average of at least 60% for the duration of the programme. In the case of first-year students, preference will be given to students who pass all their subjects with a weighted average of at least 60%.

2.7.3 In the case of postgraduate registered students, undergraduate performance is also considered.

2.7.4 Students who are selected for MB,ChB I could be exempted from corresponding modules which they have passed, according to certain criteria, but all the modules lacking for MB,ChB I must be passed in order for them to be promoted to MB,ChB II the following year.

2.8 Students are ranged in order of priority on the basis of the preceding considerations, and this serves as point of departure for the selection process. All registered students, both undergraduate and postgraduate, compete jointly for these places. Special consideration will be given to black students who meet the minimum requirements described in 2.7.2.

3. CANDIDATES WITH TERTIARY QUALIFICATIONS AND/OR WORK EXPERIENCE

3.1 Selection of this group of candidates takes place during the first selection opportunity in September of the preceding year.

3.2 **Five** places at the most will be reserved for persons with tertiary qualifications and/or work experience.

3.3 Preference will be given to candidates who have already obtained a degree in the normal time and with a weighted average of 60% or more.

3.4 These students are not selected according to the same formula as that used for school learners. These applications are considered by the Selection Committee mostly on the basis of academic merit. The non-academic merit mark can, however, be taken into consideration in the selection of students. A short list is then compiled.

3.5 A final selection of candidates on the short list will be made after a personal interview with preferably the MB,ChB Selection Committee but at least the Deputy Dean: Education and the chairperson of the Selection Committee or their delegates.

3.6 Invitation to an interview is by no means a guarantee that a candidate will be selected.

C. TAKING THE NATIONAL BENCHMARK TESTS (NBT)

1. All learners, who apply for admission to MB,ChB, irrespective of the percentage or total they obtained in the final Grade 11 or 12 examinations, must take the NBT's. The average percentage of these tests counts 30% of the selection mark.

2. The tests will be conducted countrywide at various centres.

3. Prospective Health Sciences students must write the NBT's before the end of August by registering (at least 3 weeks before the test date) at www.nbt.ac.za to secure a place at the relevant venue.

4. Students must write all tests on the same day.

5. If a student makes use of more than one opportunity to write the NBT's during the same year, only the results of the first test opportunity will be considered for selection purposes.

6. Registered university students and applicants with tertiary qualifications and/or work experience are exempted from this requirement.

D. PROCEDURES THAT ARE FOLLOWED WITH REGARD TO THE SELECTION PROCESS

1. APPLICATION FORMS

1.1 Candidates can apply electronically at www.maties.com or obtain the necessary application forms by request from the selection office or through their schools. The package includes the basic application form of the University as well as the questionnaire about non-academic merit.

1.2 The closing date for submitting applications, including the non-academic merit questionnaire for consideration during the initial selection process, is 31 May of the year that precedes registration.

4.3 If they accept the selection offer, the prescribed selection deposit is due. The amount will be to the student's credit at registration.

4.4 The places of applicants who do not respond to the offer and cannot be reached administratively will be cancelled.

5. CANDIDATES WHO NO LONGER SATISFY THE SELECTION REQUIREMENTS AFTER THE FINAL SENIOR CERTIFICATE RESULTS BECOME AVAILABLE

5.1 Students who obtained provisional acceptance in September and who do not meet the minimum requirements with their final matric results, will forfeit their selection.

5.2 The applications of black candidates who forfeit their selection can be reconsidered, on condition that satisfactory results were obtained in the NBT.

E. COMPOSITION OF THE SELECTION COMMITTEE

The Selection Committee consists of the following members:

- Dean, Faculty of Health Sciences
- Deputy Dean (Education), Faculty of Health Sciences
- Chairperson: MB,ChB Programme Committee (convener)
- Deputy Dean (Community service and interaction), Faculty of Health Sciences
- Five members appointed by the Faculty Board, one of which must be from the preclinical and one from the primary health sciences (for a four-year term).
- One member of the Allied Health Sciences Selection Committee, appointed by this committee.

PROFIEL VAN DIE STELLENBOSCH DOKTER

PROFILE OF THE STELLENBOSCH DOCTOR)

Die pas-afgestudeerde Stellenbosch-dokter moet oor die nodige kennis, vaardighede en gesindhede beskik om gedurende die internskap die beskikbare geleenthede optimaal te benut om na afloop daarvan daartoe in staat te wees om selfstandig in die primêre gesondheidsektor te funksioneer, en moet ook toegerus wees met die nodige vermoë en insig om persoonlik en professioneel verder te ontwikkel.

The recently graduated Stellenbosch doctor must possess the necessary knowledge, skills and attitudes to optimally utilise the opportunities available during the internship so as to be able to function autonomously in the primary health care sector thereafter, and must also be equipped with the necessary ability and insight to develop further personally and professionally.

Ten einde hieraan te voldoen moet die pas-afgestudeerde die volgende professionele kenmerke (eienskappe) openbaar:
To fulfil these requirements, the recent graduate must exhibit the following professional characteristics:

ADDENDUM B

	MB,ChB I 2011	MB,ChB II 2011	MB,ChB III 2011	MB,ChB IV 2011	MB,ChB V 2012	MB,ChB VI 2013
1		Respiratory	Neurosciences		Health Management	ical Rotation (late)
2						
3					Clinical Pharmacology	
4						
5						
6						
7				Infection / Immunology		
8						
9		Cardiovascular	Neurosciences		Clinical Pharmacology	
10					Ethics	
11						
12						
13				The Skin	PHASE II	
14						
15				Forensic Medicine		
16						Exam
17		Digestive System	Musculoskeletal		Exam	
18						
19						
20						PHASE III
21				Anaesthesia		
22						
23		Urogenital				
24						
25	Essentials of Disease Processes		Vakansie		Elective	ical Rotation (late)
26			Musculoskeletal			
27						
28						
29				Health & Disease in Communities	Clinical Rotation (late)	
30		Endocrine				
31	Principles of Therapy					
32						
33		Reproduction	Haematology			
34						
35	Introduction to Clinical Medicine 1					
36						
37				Exam	PHASE III	
38		Introduction to Clinical Medicine 2				
39	Exam					
40						
41			Exam	Elective		
42		Exam				
43						
44						
45						
46						
47						Exam

Fondasie Ease

PHASE I

PHASE II

PHASE III

ADDENDUM C

MBCHB CURRICULUM LAYOUT

PHASE I		PHASE II				PHASE III	
Year 1 (42 weeks) (120 credits)		Year 2 (45 weeks) (180 credits)	Year 3 (43 weeks) (147credits)	Year 4 (45 weeks) (142 credits)	Year5(1st Sem) (28 weeks) (100 credits)	Year 5(2nd Sem) (16 weeks) (65 credits)	Year 6 (47 weeks) (150 credits)
SEMESTER 1	**SEMESTER 2**		Early Clinical rotations begin	Middle clinical rotations begin	Middle clinical rotations end	Late clinical rotations begin	Late clinical rotations continue
Foundations Phase	**Modules**	**Modules**	**Modules**	**Modules**	**Modules**	**Subgroups Clinical Rotation 1**	**Subgroups Clinical Rotations 2, 3, 4**
Personal and Professional Development	Essentials of Disease processes	Cardiovascular System	Neurosciences	Infection & Clinical Immunology	Health Management	Rotation A1 Medicine	Rotation A1 Medicine
Life Forms and Functions of Clinical Importance	Principles of Therapy	Respiratory System	Musculoskeletal system	The Skin	Clinical Pharmacology	Rotation A2 Psychiatry	Rotation A2 Psychiatry
Chemisty for the Health Sciences		Gastro-intestinal System	Haematology	Forensic Medicine	Ethics	Rotation B1 Anaestesiology	Rotation B1 Anaestesiology
Health in Context		Uro-Genital System		Anesthesiology	Elective 2	Rotation B2 ENT	Rotation B2 ENT
	Phase II	Reproductive system		Heath and Disease in the Community		Rotation B3 Opthalmology	Rotation B3 Opthalmology
	Introduction to Clinical Medicine 1	Endocrine System		Elective 1		Rotation B4 Urology	Rotation B4 Urology
		Introduction to Clinical Medicine 2				Rotation C1 Obs&Gyne	Rotation C1 Obs&Gyne

ADDENDUM D

MB,ChB V
Roster: Second Semester 2012
Late Clinical Rotations (Phase III): First Rotational block

Date	Group A		Group B				Group C		Group D		
	A1	A2	B1	B2	B3	B4	C1	C2	D1	D2	D3
06-12/08	Medicine	Psychiatry	Anaestesiology	ENT	Ophthalmology	Urology	O&G	Paediatrics	Orthopedics	Surgery	Fam Med
13-19/08	Medicine	Psychiatry	Anaestesiology	ENT	Ophthalmology	Urology	O&G	Paediatrics	Orthopedics	Surgery	Fam Med
20-26/08	Medicine	Psychiatry	Anaestesiology	ENT	Ophthalmology	Urology	O&G	Paediatrics	Orthopedics	Surgery	Fam Med
27/8-2/09	Medicine	Psychiatry	Urology	Anaestesiology	ENT	Ophthalmology	O&G	Paediatrics	Orthopedics	Surgery	Fam Med
3-9/09	Medicine	Psychiatry	Urology	Anaestesiology	ENT	Ophthalmology	O&G	Paediatrics	Orthopedics	Chirurgie	Huisarts
10-16/09	Medicine	Psychiatry	Urology	Anaestesiology	ENT	Ophthalmology	O&G	Paediatrics	Fam Med	Orthopedics	Surgery
17-23/09	Medicine	Psychiatry	Ophthalmology	Urology	Anaestesiology	ENT	Paediatrics	O&G	Fam Med	Orthopedics	Surgery
24-30/09	Psychiatry	Medicine	Ophthalmology	Urology	Anaestesiology	ENT	Paediatrics	O&G	Fam Med	Orthopedics	Surgery
1-7/10	Psychiatry	Medicine	Ophthalmology	Urology	Anaestesiology	ENT	Paediatrics	O&G	Fam Med	Orthopedics	Surgery
8-14/10	Psychiatry	Medicine	ENT	Ophthalmology	Urology	Anaestesiology	Paediatrics	O&G	Fam Med	Orthopedics	Surgery
15-21/10	Psychiatry	Medicine	ENT	Ophthalmology	Urology	Anaestesiology	Paediatrics	O&G	Surgery	Fam Med	Orthopedics
22-28/10	Psychiatry	Medicine	ENT	Ophthalmology	Urology	Anaestesiology	Paediatrics	O&G	Surgery	Fam Med	Orthopedics
29/10-4/11	Psychiatry	Medicine							Surgery	Fam Med	Orthopedics
5-11/11	Psychiatry	Medicine							Surgery	Fam Med	Orthopedics
12-18/11									Surgery	Fam Med	Orthopedics
19-25/11		H	0	L	I	D	A	Y			