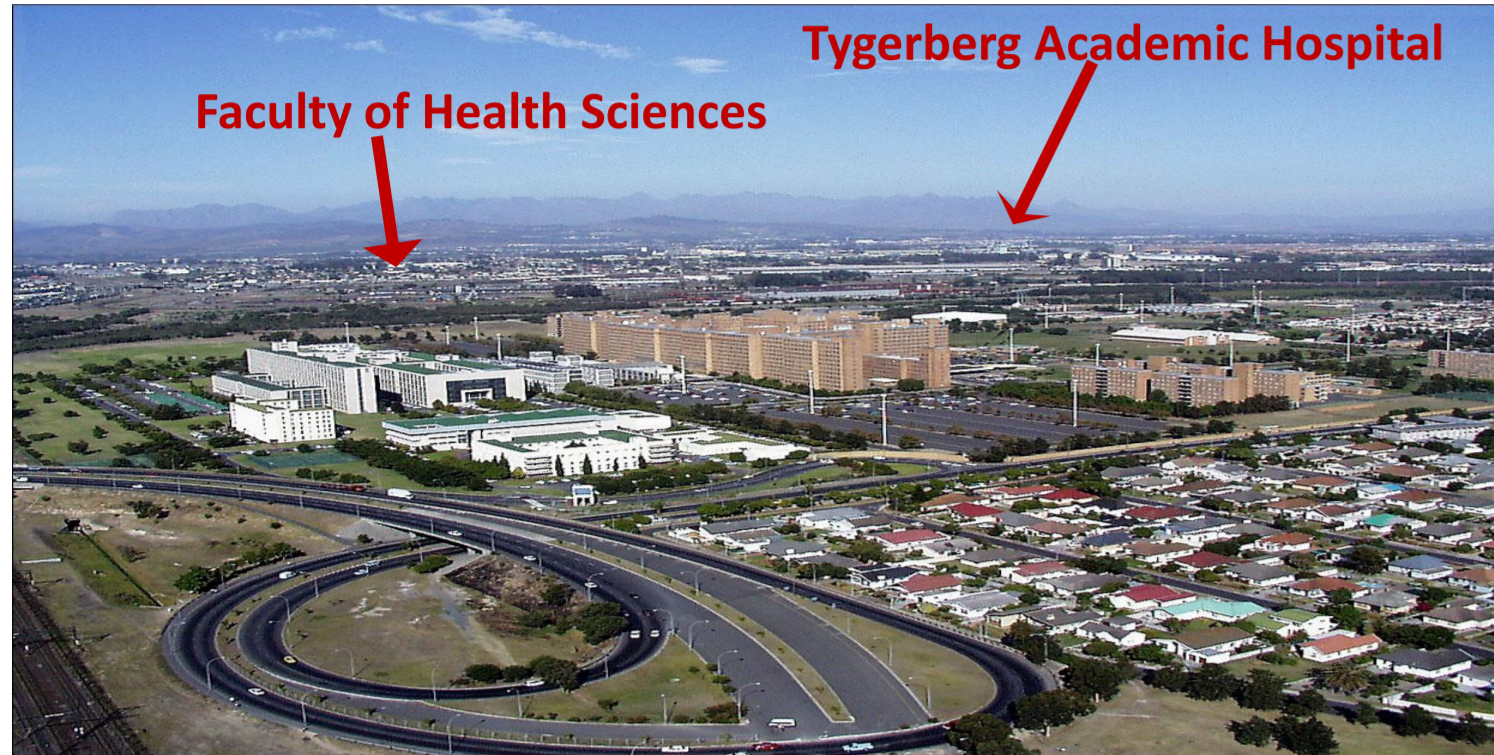




# Adapting the Curriculum for Final Year Medical Students for a Rural Clinical School at the Faculty of Health Sciences, Stellenbosch University

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## CONTEXT AND SETTING



South Africa experiences an acute shortage of health care workers in rural areas. Increasingly, reliance on large urban tertiary teaching hospitals as the major focus for clinical education has become less relevant, with the focus shifting to student learning opportunities in community-based experiences. Medical students exposed to rural health services during their training are more likely to return to rural areas.

## WHY THE IDEA WAS NECESSARY

The Faculty of Health Sciences (FHS), Stellenbosch University (SU) embarked on a project to expose more students for longer periods to rural health through the Ukwanda Rural Clinical School (RCS).

The RCS allows some final year medical students to do the last year of their training at the Worcester Hospital – a rural regional specialist hospital - and five surrounding district hospitals. At Worcester Hospital students follow the traditional rotation through specialist departments. Students allocated to district hospitals follow a longitudinal integrated model (LIM) where students do all their rotations in an integrated model over one year under the supervision of a family physician with input from the various specialties.



Ear, Nose & Throat (ENT) 3 weeks	Psychiatry 7 weeks	Obstetrics and Gynaecology 6 weeks	Surgery 5 weeks
Ophthalmology 3 weeks			Orthopaedics 5 weeks
Urology 3 weeks	Internal Medicine 7 weeks	Paediatrics 6 weeks	Family Medicine and primary care, community health & rehabilitation 5 weeks
Anaesthetics 3 weeks			
<b>12 weeks</b> SU, FHS, Tygerberg	<b>14 weeks</b>	<b>12 weeks</b>	<b>15 weeks</b>
<b>Traditional rotation followed at Worcester</b>			

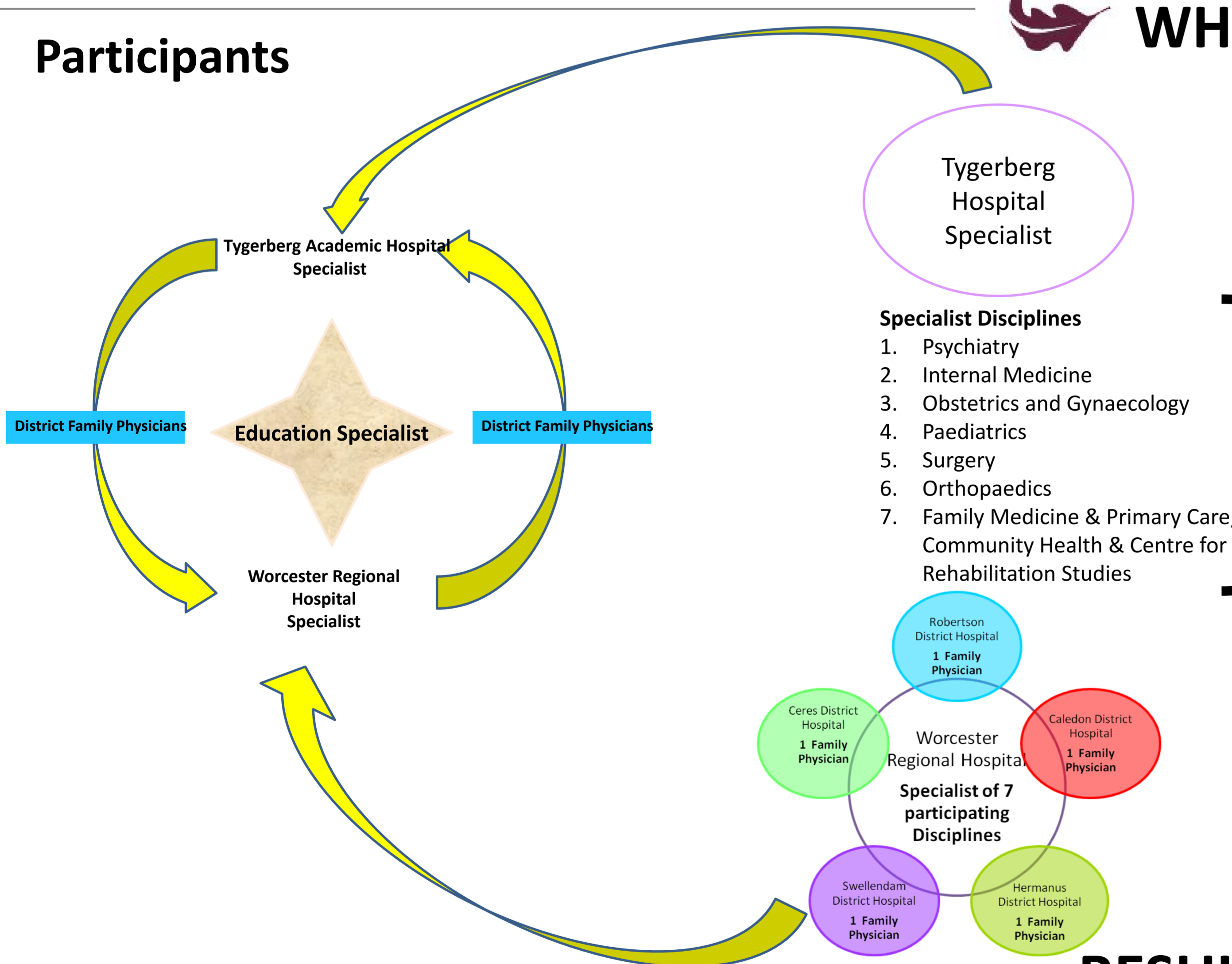
Clinical Rotations at a glance



## AIM

The aim of the research project was to adapt the present MBChB curriculum for student interns at the FHS, SU to the RCS at both the regional hospital and the district hospitals.

## Participants



## WHAT WAS DONE

## Process

Workshop 1	Workshop 2	Workshop 3			
<ul style="list-style-type: none"> <li>Identification of twenty cardinal presenting features of patients in each discipline.</li> <li>Based on the list above the common conditions students should be able to manage were identified.</li> <li>The research team were then subdivided into 6 sub teams.</li> </ul>	<p><b>Each of the 6 teams had to continue to explore the discipline specific list of the common conditions that a students should be able to identify</b></p> <ul style="list-style-type: none"> <li>Finalizing the 7 discipline specific list of the common conditions that a students should be able to identify</li> <li>Assessment methods were discussed</li> <li>A portfolio of patients as an assessment method was introduced</li> </ul>	<p><b>The teams had to further expand to the discussion on assessment methods and the feasibility a portfolio of patients as method of assessment</b></p> <ul style="list-style-type: none"> <li>The portfolio of patients as an assessment method was finalized.</li> </ul>			
<b>Composition of the discipline specific Sub teams</b>					
Team 1	Team 2	Team 3	Team 4	Team 5	Team 6
<p>Each discipline specific team consisted of:</p> <ul style="list-style-type: none"> <li>An Academic Specialist</li> <li>A specialist from the regional hospital</li> <li>A Family Physician Specialist</li> </ul>					

## RESULTS AND IMPACT

The research project provided a unique opportunity for academic specialists, specialists from a regional hospital as well as family physicians working in district hospitals to participate in a process to identify a list of common conditions students should be taught to manage. In the process of adapting the assessment to the RCS, a student portfolio of patients was introduced as a new method of assessment. Study guides for the SI's in the disciplines were adapted to the RCS for the participating disciplines. A new study guide for the LIM at district hospital level was finalized.