

Decentralised Clinical Training Platform Progress Report

Throughout South Africa there is a need to optimize service delivery and increase the number of Health Care Professionals (HCP) in all cadres across the health spectrum. The province of KwaZulu-Natal (KZN) as a rural province and with a huge burden of disease, has a specific need for service delivery which should ideally support clinical training.

The principles for supporting the National Health Insurance (NHI) by following a Primary Health Care (PHC) approach has been accepted by UKZN and the KZN Department of Health (DoH) for training of all HCPs. The KZN DoH and College of Health Sciences (CHS) of UKZN have been developing and planning a decentralized clinical training approach which will enhance clinical training to be relevant to the South African context.

Based on the principles, core values and goals of the KZN DOH and UKZN; a community partnership is developing which will include community structures and community based organizations such as recognized leadership in the relevant communities, active NGO's, community based organizations including schools, health centres, businesses, etc.

Community Based Training in a Primary Healthcare Model (CBTPHCM) identifies the multi-complexities, systems and pillars of community engagement, it indicates the relationships that the key institutions should be aware of and is based on a specific pedagogy ensuring research is implied in all activities. Basic values associated with community practice include; cultural diversity and understanding, self-determination and empowerment, development of a critical consciousness, mutual learning and partnership with constituents and a commitment to social justice and the equal distribution of resources.

Three Decentralized Clinical Training Platforms (DCTPs)

are in process of development, namely in the Ngwelezane/Emphangeni area (Northern KZN), Madadeni/Newcastle area (Western KZN) and Port Shepstone area (Southern KZN). As part of this development the optimization of service delivery and inclusion of these 'Regions' to become part of the continuous community and clinical placement service and training platforms will provide opportunity for enhancing service delivery as well as clinical training.

As a further development of the DCTPs clinical training will be extended to Regional Hospitals, District Hospitals, Primary Health Clinics and Community Health Centres. Although the literature refers to 'Longitudinal Integrated Clerkships' (LIC's) as a health professional student clinical education programme, the CHS wishes to use the term 'Continuous Clinical and Community Placement' (CCCCP), which in general will imply longer clinical immersion experience of at least one semester.

The KZN DOH and CHS of UKZN have developed a Business Plan (BP) with time frames for planning and implementation of the CCCC in CHS from 2014 – 2019. This plan includes the detail of planning for implementation, human resources and physical and educational resources for the clinical training of all HCP's. The plan makes provision for the increase of the MBChB first year intake from 250 to 550 and the doubling of the first year intake for all other Health Sciences Programmes offered by UKZN.

These are exciting times as we – KZN DOH and CHS UKZN as partners – move forward to make history that will change clinical training in South Africa and ensure that our students are best equipped for their professional career as a HCP.

Rob Slotow

February 2016

The CHS is proud to announce that on the 29th February 2016, the first group of fifth year medical students were placed in the Lower Umfolozi War Memorial Hospital and in Ngwelezane hospital for a 6 week period. A total of 36 students were divided into groups of twelve rotating through Paediatrics and Obstetrics and Gynaecology in Lower Umfolozi and twelve students through Psychiatry in Ngwelezane.

Students are provided with secure accommodation and transport to and from clinical sites. Students are also provided with LAN facilities, WI-FI connectivity, administrative staff at Empangeni and Pietermaritzburg, occasional visits by the Student Support Services team and other support services as required. Arrangements are in place to appoint a Student Counsellor for the Empangeni platform.

Below are photos of the accommodation and a comment from a student.



'Dear Ayanda and Management

Despite the WiFi issue (which is a major issue), I would like to congratulate the school for it's great job here at Richards Bay. The residence is proper (even though some rooms need some final touch ups). It's still proper! The Hospitals here are good so far: the doctors, nurses and all other hospital staffs are friendly and are really helping us (Ngwelezana Hospital). This is a good place for academics.

Well done UKZN Medical School for a job well done.

Regards, Bakhusele Bungane'

The following modules were taught in the two hospitals:

Lower Umfolozi War Memorial Hospital

1. CMED5OG Integrated Obstetrics & Gynaecology 2
2. CMED5CH Child Health 2

Ngwelezane

CMED5MH Mental Health 1



Department of Obstetrics and Gynaecology staff with UKZN students at Lower Umfolozi War Memorial Hospital (LUWMH)

Dr Logie Govender
Department of Obstetrics and Gynaecology HOD
Lower Umfolozi War Memorial Hospital

'In terms of the clinicians, it's a challenge because we are understaffed. It's not ideal but we are trying. It would be great if the university could send us registrars. The students and the university are happy with us as a training platform. The students are also happy with the environment, however clinicians sometimes feel the project is taking time away from service delivery.

They feel there is a need for more staff to run a better teaching service to address the time challenge. If the Medical school can send us a consultant once a week to help with tutorials so that consultants can attend to service delivery it would help.

We have two registrar posts. Getting registrars will assist in the teaching.

The project has a great positive impact on the consultants and medical officers, it has helped improve their academic knowledge and skills. We have 12 students and I feel that is enough and we don't want to increase it yet.

Management is also happy with the project, but thinks it focuses more on the students rather than patients.

Students are happy with us, they have told us that they get more learning at Ngwelezane than in Pietermaritzburg and Medical school'.

Dr Suren Ramphal
Department of Obstetrics and Gynaecology Acting HOD
UKZN

‘We, as a Department, support the Decentralised Clinical Training Platform but it will only be successful if we have adequate human resources. Pietermaritzburg is not regarded as a DCTP site by my department as we already have a fully functional teaching platform there.

We believe that we need to increase numbers of medical students in order to have more doctors in the province which will alleviate the current Human Resources challenges’.



Department of Paediatrics staff with UKZN students at LUWMH

Dr Ndaye Kaphongo
Department of Paediatrics HOD
Lower Umfolozi War Memorial Hospital

‘So far the project is working very well for both the students and consultants. If we happen to meet with problems we normally address it with the University. The academic side is well, we have underperforming students, with attention deficit that we feel the university should address. Only two serious cases so far. Some wrote supplementary exams.

When the students arrived we were already prepared for them. We worked hard to make sure that we were ready, prepared, adequately equipped to receive undergrad students and to deal with the numbers.

It is easy to teach, but need more staff to help examine the students. The exams are too much for the consultants. If we could have two external consultants to assist with exam week, that would be very useful.

The presence of the students has a great impact at different levels. It keeps consultants on their toes to know they are teaching. It also has immediate benefit, ‘when we teach students about counselling mothers. They practice on real mothers.’

They being given good experience and we hope they might come back as interns in the long term. Their presence puts us on par with Pietermaritzburg and Durban. We are happy and comfortable with 12 students. 12 is reasonable and manageable as we always receive good feedback at the end of each block. They love the nicely renovated hospital’.



Department of Psychiatry staff with UKZN students at Ngwelezane Hospital

Dr Vusi Khanyile
Department of Psychiatry HOD
Ngwelezane Hospital

‘The Decentralised Clinical Training Platform (DCTP) is working but, not without challenges. The biggest challenge is capacity vs student numbers. We have one ward and groups of 12 need to access patients.

More thorough organisation to implement the platform is needed and is necessary and in the long run as the programme develops it will address the challenges.

We need to improve how the whole project is managed, start from slow and gradually develop it. We are of the view that we are adapting to the platform, communication within stake holders, student numbers. We were of the view that we will start at six, reality demanded more than six and we had to adapt.

We feel not really making an impact in the service delivery of it, we still need to train the students. The students have a positive impact on the community due to patient information. In a limited way they do assist clerking of out patients, more education.

We are happy with the students, they are eager to learn and very respectful. They show interest and the platform is still a work in progress as we continue to address the challenges and I believe the project has great potential’.

Dr Suvira Ramlall
Department of Psychiatry, Acting HOD
UKZN

‘Currently we are sending our fifth year students to Ngwelezane Hospital. The feedback from students has been very positive with respect to the clinical exposure and training. The staff there have embraced the teaching positively and enthusiastically which augurs well for a healthy and stimulating learning environment. There are finer aspects of academia as well as isolated and minor technical challenges that receive our attention.

It must be noted that we have been training registrars at the site for several years now. The postgraduate programme is most efficiently run at Ngwelezane Hospital and registrars consistently rate the training and exposure received there very highly.

Our province is a highly diverse setting, with differences in socio-demographic and economic factors impacting on clinical presentations. In order to produce a truly efficient and effective healthcare practitioner, exposure to all sectors of our population is necessary. A decentralized platform ensures that students get a realistic and wider exposure to the local clinical milieu. Being better equipped to deal with local healthcare needs, it is hoped that future doctors will in turn contribute to better health outcomes locally.

I therefore embrace the move; it allows for a closer and mutually beneficial working relationship between the DOH and the university. Rather than a selected few health institutions being classified as training sites, all healthcare sites have the potential to serve as hubs of learning. The initiative will not only enrich the learning experience for students but is sure to improve healthcare standards and outcomes in general.

The project is still in its early stages of rollout; communication and collaboration between all stakeholders (DOH and UKZN) will ensure that all the opportunities are realized while addressing the necessary challenges that arise as we make this significant paradigm shift in medical education.



A summary of 5th year Medical student comments:

- The organization, structured training program and clinical allocation to the various major areas that every student rotated through within the department (viz: Theater, ANC wards, Post Natal ward, High risk clinic, Labor ward) and the outreach clinic provided a learning opportunity in a conducive environment encompassing the core Obstetric curriculum.
- Students were happy with the daily consultant led clinical presentations of their cases and most topics were covered within the short time frame.
- The doctors signed the procedures in the logbooks even when the clinical demonstrations and procedures were supervised by the midwives. Midwives felt uncomfortable to sign medical student logbooks.
- General consensus was that students felt LUWMRH provided a very conducive learning and teaching environment, even with the limitation of a proper teaching venue (used staff tea room). Despite being a very busy hospital, students were made to feel welcome by both doctors and nurses. They expressed their gratitude to all staff and some expressed willingness to do their internship/ Community Service at Empangeni.

Challenges experienced by the students:

- Student felt that more emphasis on basic obstetric history taking and examination should be covered in the first week of the rotation, rather than later in the block. Also common conditions should be covered early including to have exposure to skills lab from the first week. Students also prefer that the consultant give them the clinical topic for the cases to be presented to prevent overlap of some case presentation topics.
- Liaising with PMB with regard to portfolios should be encouraged to allow for uniformity in terms of content and quality. Students felt that guidance given for writing the portfolio was good but was too detailed for their short period.
- It will help to state the number of cases/procedures they are required to observe, perform and assist. Also to note that students may not be exposed to all the cases as require – depending on their rotation at the time.
- The OSCE was well arranged and conducted. Students felt that 6 minutes time allocation for the OSCE exams was too short. Special mention was for the following

stations for which they were not able to complete because of time and not because of lack of knowledge.

- One-day outreach visit to a local clinic was adequate for their exposure and experience. Students were able to gather sufficient information for their outreach Portfolio write-up.
- More time should be allocated to performing and learning skills with the mannequins in the skills lab. Should have weekly demonstrations using the models

All challenges were addressed and after a successful block, the examination results were good.

April 2016

In April, 6 Optometry students were placed in CJ Crookes hospital whilst 11 were placed in Pietermaritzburg (Northdale hospital and the District mobile clinics) and this was extended to Port Shepstone hospital in the second semester.

Each student spends three weeks at each rotation. The optometry students were placed in the DCTP from April-October.

Students placed in the Ugu District are housed in private residences in Scottburgh and Port Shepstone.

July 2016

In April, 8 Dental Therapy students joined the platform at Ngwelezane hospital undergoing a 2 week rotation until the end of September.

Family Medicine also placed fifth year medical students in Pietermaritzburg for a semester. Students are housed in the UKZN Texal residence on the Pietermaritzburg campus.

Also in July, the MBChB 4th block began with rotations in Obstetrics and Gynaecology, Paediatrics and Psychiatry in LUWMH and Ngwelezane hospital.



Accommodation in a private residence in PortShepstone. New student accommodation is now in Kapenta Bay



Scottburgh Accommodation

Challenges experienced by staff:

- Student's misconduct in the decentralised platform. This has been addressed by ensuring that all students sign a Student Conduct rules on occupation of residences.
- Resistance from some of the DOH staff which has seen some of our Optometry students being recalled from Greys hospital.
- Threat to the safety of University equipment at Lower Umfolozi which has since been addressed
- The lack of facilities and resources at the hospitals- the success of the programme is highly dependent on the availability of resources in the training platforms.
- Urgent need to align curriculum to the Primary Health care Model.
- Space- Clinical Training space at Ngwelezane is a shared facility, therefore insufficient.
- Communication- E mails sent to DOH and University are not responded to.

Londi Mpofu

Department of Dental Therapy Ngwelezane Hospital

'The programme has impacted positively in my professional life also. I was once a student at UKZN, I know how much students are eager to get hands on experience. My role has been that of coaching, advising, motivating and being patient. I am happy that students here at Ngwelezane are getting more experience as they get to see a big number of patients daily and are learning new practical techniques.

One challenge I have noted is that two weeks at the site is not enough for students. Maybe UKZN can look at identifying others across the province. That might allow students more time to gain sufficient practice.'

Simphiwe Ngema

Dentistry Clinic Ngwelezane Hospital

'DCTP is an exceptional idea to expose students to a natural environment and students are excited with the practical experience that the programme has afforded them since theory should be backed by extensive experience, that's only how we will be able to produce dental therapists and dentists of real quality. The time period afforded to students is not enough. Most students need to be exposed to real dental cases. Most students believe in tooth-traction whereas there are techniques to save teeth. There is huge a gap between theory and cases on real dental practice. Students need to be afforded a fair amount to balance these in clinics.

The fact that I have always been part of the platform, I understood and supported it and was prepared for implementation, it became easy to lobby and continuously get buy-in from colleagues at Ngwelezane and at DoH. DCTP needs more buy-in to be sustainable.'

Dr Shenuka Singh

HOD: Dental Therapy UKZN

'The Discipline of Dentistry participated in the student clinical placement programme for the first time. All final year Dental Therapy students were placed on a two week rotation in Ngwelezane Hospital in the second semester of 2016. Students generally expressed positive feedback of their experiences at the placement site and were unanimous in supporting such a venture. They did indicate that this placement allowed them to develop confidence, independence and accountability for their clinical decision making.'

Mr Terence Adrian Hammond
Department of Optometry
Port Shepstone Hospital

'The DCTP has afforded me more of a teaching role, with management aspects; I have less time to see patients personally. However this new role as supervisor/teacher is something that I think I actually like to do. Initially I was a little apprehensive about not seeing as many patients as I used to (I am a clinician at heart), but after a few months of rotation I now look forward to supervising and teaching. The supervising and teaching does take a lot more effort than just seeing patients only.

I think that the idea is excellent, with the extra hands the students provide, I have been able to develop the optometry clinic into providing the full scope (almost) of optometry services like a BV, Paeds and LV clinic esp., when previously we were limited to just mainly refractions due to time and understaffing. The patients have obviously benefitted from this expanded scope, as more comprehensive services have already been rendered. This has a secondary impact on patients cost and unnecessary referral as most of the problems can now be addressed on the day of arrival.

Equipment and space are a limitation, more equipped consultation rooms would serve towards more individualistic supervision. And better equipment or a complete set of equipment would allow students to practice a complete scope. Accommodation problems have made students miss days on a few occasions.

- The rotation period should be a little longer per rotation
- Optometry department should have regular refresher courses for me, to keep up to date with the current information they are teaching their students, as well practical sessions regarding techniques they expect the student to know. The techniques I used now are refined from experience, and patient management and I have already found it can be very different to what is expected in an exam environment.
- Is it possible for me to have access to study notes that is given to students?**
- **Extend the rotation period for each rotation for at least a week longer, as by the time the students have just got comfortable in the working environment, they have to leave. A minimum of a week longer will provide greater benefit (in my opinion)**
- Would the university consider supplying or donating equipment which we do not have but may be of benefit to the students in terms of training?**
- **Can I get paid more for the work I am doing? :)**

Diane van Staden
Lecturer and External Clinic Coordinator: Discipline of Optometry
UKZN

On a practical level, the DCTP takes up so much of time, particularly since the program is still in its pilot phase and so much ground work is required, with little to no admin support. This time is not factored into my workload as I still have to teach and be in clinics, which means I am constantly juggling from one responsibility to the next and in and out of crisis management. On a personal level, I love the role that I play and believe in the overall value of the program, which should run more smoothly with more targeted planning and administrative / time allocation for not only logistics, but academic oversight which is more important.

It is a good initiative with lots of social value. However, I feel that programs of this scale and nature require much more intensive planning and resourcing for successful implementation, and this has been lacking.

Students appreciate the 'real-world' experience they gain and are better able to function under constrained conditions.

....Challenges noted so far

Lack of space, equipment and academic monitoring tools when students are placed in decentralized sites. Weak link between what is done within the academic environment and what is done at public health facilities.

Room for progress, what can be done better to improve DCTP

Both partners (DOH and UKZN) need an extensive infrastructure resourcing plan. Clinicians in the hospitals need to be oriented into academic oversight procedures; more intensive consultation with all stakeholder at operational level will ensure buy-in and smoother roll-out. Time be allocated to discipline staff who are responsible for implementing this model of training

Dr Andrew Ross

Department of Family Medicine

UKZN

Our students are placed in Primary Health Care Clinics, Rural District Hospitals and District Hospitals in Pietermaritzburg (PMB).

At clinics: We focus on Primary health care

PMB (Northdale): District Hospitals Dealing with out-patients

Rural District Hospitals: Dealing with in and out patients

6th years based at Mseleni, Manguzi and Mosvold are very positive about the experience. The project has yielded very positive experience for the students. It has also worked in the favour of clinicians because we are also providing them with much needed training in an effort to equip doctors as teachers. In turn the doctors are also happy and positive about the presence of students. The main challenges for these groups were time and accommodation. Accommodation is a real limiting factor in the project.

5th years based at Northdale and PMB experienced a few teething problems; lack of accommodation and no Wi-Fi, making it costly and difficult for students to study. Access to skills lab has been difficult for the students because it is a bit far from where they are being taught and accommodated. The students enjoy the out patients experience.

We also have teaching issues:

Most teachers are based in Durban and yet the teaching takes place in PMB. We also have an issue with the transition of teaching material from DBN to PMB.

Capacity issue in PMB

Staff is happy is generally happy with the students at Northdale and the General practitioners also.

IPC1 Clinics

This part of the project is not quite right yet. We are not sure if students are engaged enough. I would like to think we don't have it quite right. Clinic sisters are not really helpful, this is still a work in progress and we are still struggling to find additional clinics.

The clinicians are happy with the platform. It is similar to general practice, but less resources. So they make do with what is there. They would appreciate the provision of more equipment.

To address our challenges we meet every end of the year to discuss how things are going. This year we will focus on palliative care. There is a need to teach students caring for the self and behaviour change. Encourage students to motivate people and practice it. We will encourage them to make videos of themselves practicing behaviour change.

Plans for 2017

- Family Medicine have identified Dundee Hospital as a potential site for Family Medicine students in 2017.
- An invite was received from KZN Regional Training Centre (RTC-KZN) to explore the potential collaboration between Decentralised Clinical Training Programme (DCTP) and the RTC- KZN DOH. The RTC co-ordinates in-service training of healthcare workers dealing with HIV/AIDS and TB in the Primary Healthcare environment across all KZN districts. The collaboration will include amongst other things the sharing of resources to avoid duplication, i.e. training/teaching venues.
- Arrangements are currently being made to place students in the Madadeni/Newcastle areas.
- Accommodation is confirmed for the Madadeni/Newcastle area
- Arrangements are currently underway to include Stanger hospital as a potential site for 2017

College of Health Sciences Public Relations Office
Postal Address: P/Bag X54001, Durban, 4000, South Africa
Telephone: +27 (0) 31 2604718/3849/2525
Website: www.ukzn.ac.za
Facebook: [ukznHealthSciences](https://www.facebook.com/ukznHealthSciences)
Twitter: [@ukznchs](https://twitter.com/ukznchs)

