Postgraduate Diploma in Advanced Midwifery and Neonatal Care

It is not clear why the assessment of research is included in the strategy as there is no corresponding research module listed. The acronym MCQ needs to be defined. According to the application, the student will be registered with SANC after graduation. This implies the need for a work-based WIL component. According to the learning activity table, there is only non-work-based WIL which covers 60% of the learning time. More information is required. The lack of a summative theoretical examination should also be reconsidered.

UCT response

Regarding the assessment of research, the qualification has been recurriculated over time. The fundamental components were originally in four separate modules. These have been combined into the module Professional Development Studies. Therefore, the four original components were integrated into one module. This module now includes interpersonal and communication skills, leadership in management in a primary healthcare approach, ethics, human rights and social determinants of heath, and research competencies. All aspects of this module are continuously evaluated and there is also an integrated final assessment. When the students are assessed on research, they are assessed on research knowledge and utilisation of research in practice, not competencies as incorrectly indicated. There is therefore no requirement that students must be able to conduct research as this is not HEQSF requirement. It must be noted though that advanced health professionals studying at a PGDip level will be required to utilise research in their professional practice. The fundamental research knowledge/literacy that is taught in Professional Development is assessed on two levels - in an MCQ (Multiple Choice Questionnaire) as a formative assessment and then also via application of the skills is utilised and tested in the clinical courses. An example of this in Advanced Midwifery is where students are required to use the literature and their own assessments to design and plan an ideal maternal health centre (as indicated in the original application for accreditation). All health care practitioners are expected to practice evidence-based practice, within which research literacy is embedded and is therefore developed at this level of study.

The acronym MCQ is the acronym for multiple choice questions. Students are for example, assessed on research competencies via the following question: In quantitative research, which sampling method would be most appropriate to obtain a representative sample?

• Purposive sampling

• Convenience sampling

• Random sampling

• Snowball sampling

Regarding a summative examination of theory, there are two assessment components in the clinical practice A and B modules. Students need to compile a portfolio of up to 13 cases designed to cover major conditions at each level of care. These are written cases and include an oral assessment. The second is family study, which includes a design of a maternity centre, and mastery of patient-based assessment and clinical management skills in antenatal, intraparturm, postnatal and neonatal care. Here, students are assessed on integration and application of theory to practical. Specific to the clinical practice B module is the formal presentation of patient in hospital including anatomy, physiology, pathophysiology, diagnosis, tests, medication, and nursing care.

Regarding the WiL component, as per the DHET definition, we have drawn a distinction between practical learning that is integrally linked to the formal tuition process as opposed to workplace based learning that takes place after the formal instruction (WIL as per DHET definition). The HEQSF definition of WIL covers both forms. In this qualification, all practical/experiential learning takes place within the duration of the qualification. During the academic year, in the theoretical learning component, there are clinical practice days. In addition, the SANC has a set number of hours for practical learning - 962. We have therefore allocated 60% of the learning activities to practical learning. Students have supervised clinical learning experience and keep a logbook of clinical learning experiences, including hours, and particular skills that are assessed and signed for by an assessor. In line with the specialisation, students undergo clinical experience in cooperation with authorities at the clinical platform. UCT is responsible for placing the student and the convenor is responsible for monitoring. The experiential learning is done on a formal contractual basis and there is a formal process of feedback from the health facility and UCT input. Students may not enter the final exam without completing a minimum of 50% of the clinical learning time. Students are not allowed to graduate without having completed these hours.