Division of

Emergency Medicine

MPhil in Emergency Medicine

2014
AIM
South Africa faces many healthcare challenges. Our Healthcare system is seriously overburdened and the epidemics of HIV/AIDS and Trauma require that a large amount of time, resources and skills are spent managing acute emergencies. Emergency Medicine is a relatively new speciality and while specialist services are always required, there is a need to upgrade the knowledge and skills all individuals working in Emergency Care environments.

This programme will develop a group of highly competent Emergency Care workers with Clinical, Management and Research skills in order to promote Emergency Care in South Africa.

We aim to produce Masters graduates who will be able to analyse and assimilate the medical literature and develop evidence-based practices. They will be trained in critical appraisal and develop an understanding of clinical decision making skills. Graduates should be able to evaluate and manage Emergency Care systems and be able to promote quality team-based Emergency Care in South Africa.

Graduates will have an understanding of the principals of research methodology, clinical epidemiology and biostatistics. The research component will develop a foundation to promote and foster Emergency Care research in South Africa, encourage evidence-based practice and develop locally appropriate policies.

PROGRAM COMPOSITION

This is a 2 year “part-time” programme. You must be mindful of the time needed for study and assignments. Each credit = 1 notional hour = 10 “real world” hours for the “average student”. The programme can take a heavy toll if working full time concurrently. If concerned, consider first enrolling for individual modules rather than the whole programme! Remember that the university considers full-time study to be a 40-hour a week programme!

ADMISSION REQUIREMENTS

The MPhil Emergency Medicine will be open to Doctors, Nurses and Paramedics in Emergency Care. Occasionally, we will ask the candidate to first enrol and successfully complete one or two modules before being allowed onto the full programme.

**Doctors**  – MB ChB or equivalent; candidates should have a minimum of 1 year Emergency Care experience post internship and completed 2 of the Advanced Life Support courses (ACLS, ATLS, APLS or PALS)

**Nurses**  - 4 year Bachelor of Nursing or equivalent; minimum 2 years experience in Emergency Care environment and completed 2 of the Advanced Life Support courses (ACLS, ATLS, APLS or PALS)
[in motivated candidates, the 3 year nursing degree and the use of in service logbooks may be used to apply for recognition of prior learning according to the UCT RPL policy]  
*Preference will be given to Nurses with Trauma or Critical care training*

**Paramedics** - BTech degree; 2 years post registration as a paramedic; must have completed 2 of the Advanced Life Support courses (ACLS, ATLS, PHPLS or similar)

[in motivated candidates the 3 year NDip and the use of in service logbooks may be used to apply for recognition of prior learning according to the UCT RPL policy]

Exceptions: Only Medical Practitioners may enrol for the African Emergency Care programme. *Prior or current Emergency Care experience is not required for the Patient Safety Stream, as the programme is applicable to all specialities.*

Please bear in mind that “academic credits and exemption” for specific modules may not be assumed and needs to be formally applied for with the university before previous material at SAQA L9 may be considered in lieu of certain modules in this programme. In addition, any total credits and or exemption granted may not be equal or greater than 90 credits (≥ 50 of programme value).

**PROGRAM STRUCTURE**

4 Streams to choose from:

A. Clinical Emergency Care (6 core/2 electives)  
B. African Emergency Care (4 core/2 electives)  
C. Patient Safety & Clinical Decision Making – 90 Credit (5 core/1 elective)  
D. Patient Safety & Clinical Decision Making – 60 Credit (8 core)

NB. All core modules to be completed in the two years of registration. Credits listed with each module.

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<thead>
<tr>
<th></th>
<th>Clinical Emergency Care</th>
<th>African Emergency Care</th>
<th><em>Patient safety &amp; Medical Decision Making (90 Credit)</em></th>
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<td>Critical Thinking in Emergency Care</td>
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V8.9 — E&OE
# MPhil Emergency Medicine Programme Outline
## August 2013

### Core Yr 2

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<th>Course</th>
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<td>Resuscitation and Critical Care</td>
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<td>Healthcare Systems</td>
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<td>Management &amp; Leadership</td>
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<td>Education and Training in Emergency Care</td>
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### Elective

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<td>Disaster Medical Response Training</td>
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<td>Management &amp; Leadership</td>
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<td>Education and Training in Emergency Care</td>
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<td>Ambulatory Care &amp; Travel Medicine</td>
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## Credits for Coursework

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SEMESTER OUTLINE:

Clinical Emergency Care:

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African Emergency Care (* denotes elective module choice)

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Patient Safety & Clinical Decision Making (from 2013)

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MODULES

In-module work (assignments, etc.) will count towards 50% of the module mark, with the summative assessment at the end of the module counting an additional 50%. A 50% sub-minimum has to be achieved in either with an overall 50% to pass a module. Unless otherwise stated, upon failure in a final assessment, no supplementary examination is available, and the module will have to be retaken when it is offered again, if allowed by the university. (Also see Book 3 – General Rules & Policies: Master’s Degrees [GM1 to GM10])
If 50% or more modules taken in a year are failed, or the candidate is absent for the examinations, the candidate may not be allowed to re-register for the degree in the following year. Continuous registration at the university is a necessity to allow for completion of the programme, else a specific leave of absence needs to be applied for in special circumstances. Part-time students will only be allowed to continue beyond four years under with permission.

All modules can be enrolled for independent of the outcome of previous modules, except for “clinical research methods 2”, “clinical emergency care 2”, and “resuscitation and critical care” for which the candidates will have to have passed “clinical research methods 1” and “clinical emergency care 2” respectively.

The majority of the contact will be via the internet portal “Vula”: www.vula.uct.ac.za. Most resources will be available on there, communication will be through Vula and assignments are also submitted via this portal. Hence, the ability to access the internet frequently and to be able to negotiate the internet platform are a central prerequisite. It is the candidate’s responsibility to access the available information, ensure that he/she keeps their details up to date via the preference settings and/or informs the programme co-ordinators of any problems. The candidate also needs to ensure that he/she puts automated messages from Vula on the “safe senders” list, as non-receipt of messages will be the candidate’s responsibility.

Please note that we have to enforce strict deadlines for all assignments. Assignments handed in after the due date and time will be penalised by deducting 10% off the mark for every day that it is late. In the event of illness and other exceptional, unforeseen circumstances the module convenor may give the student an extension for the assignment submission. Again, strict deadlines need to be adhered to (see assignment submission policy).

Assignments are to reflect individual, original work and not that of a group of students working/studying together, unless it is specifically issued as a group assignment. University guidelines related to misconduct and dishonesty will apply and plagiarism will not be tolerated. The university utilises “Turnitin” for all assignments and the dissertation.

**Short Module Descriptions**

**Clinical Emergency Care I (CEC 1)**

This semester based module focuses on clinical emergency care. It will be a problem-based course with emphasis on evidence based medicine and critical thinking. Students will be required to read prescribed reading (as well as any further reading considered relevant), followed by an assignment case or problem and will be expected to critically appraise the evidence and develop their own answers and solutions to the posed questions. Module 1 will focus on emergency medical, surgical and paediatric cases. Assessment is by virtue of completing assignments during the semester (50%) and a final summative assessment comprising MCQ and SAQ paper (50%).

Year 1 Semester 1
Course co-ordinator: Dr P Louw / Dr B Cheema
Clinical Emergency Care II (CEC 2)
This semester based module focuses on clinical emergency care. It will be a problem-based course with emphasis on evidence based medicine and clinical decision-making. Students will be encouraged to critically appraise the evidence and develop their own management protocols. Module 2 will focus on Trauma, Toxicology and Environmental Medicine cases. Assessment is by virtue of completing assignments during the semester (50%) and a final summative assessment (MCQ & written paper).

Year 1 Semester 2
Course Co-ordinator: Dr A Kropman / Dr M Stander

Resuscitation and Critical Care (RCC)
This semester based module focuses on clinical Emergency Care in Resuscitative and Critical Care medicine. It will be a problem-based course with emphasis on evidence based medicine and clinical decision-making. Students will be encouraged to critically appraise the evidence and develop their own management protocols. Core clinical competencies in key emergency medicine related skills and procedures will be required. Assessment is by virtue of assignments and skill sessions, as well as a final formal assessment.

Year 2 Semester 1
Course co-ordinator: Dr A Parker

Healthcare Systems (HCS)
This is a semester based module designed to generate an understanding of the structure and financing within Healthcare systems. The structure and function of emergency care systems including global health systems, pre-hospital and in-hospital systems will be examined. An introduction to processes and flow in emergency systems, and how these are related to error and productivity will be examined. Assessment is by virtue of coursework (50%) and completion of a research project related to management principles and quality improvement (30%) and a final summative assessment (20%).

Year 2 Semester 2
Course Co-ordinator: Dr J. Fleming, Dr C Robertson, Prof LA Wallis

Clinical Research Methods I (CRM 1)
This is a semester based module designed to develop a coherent and basic understanding of the theory, research methodologies and techniques relevant to Emergency Medicine. Basic research methodologies, bias, confounders and basic biostatistics are covered. A DP requirement for the module exam will be the successful submission of a two-page research proposal to the Research and Ethics Committee. Final assessment will be based on coursework (50%) as well as a final examination.

Year 1 Semester 1
Course co-ordinator: Dr N van Hoving/ Dr T Welzel
Clinical Research Methods II (CRM 2)
This module builds on the basic epidemiology taught in CRM 1 and deals with specific research designs in greater detail (systematic reviews, diagnostic and screening trials, randomised controlled trials) and culminates in techniques of critical appraisal. In addition, the principles of research ethics will be dealt with. A DP requirement for the module exam will be the successful submission of the full research proposal to the university’s ethics committee. Assessment will be on the basis of coursework and a final assessment.

Year 2 Semester 1
Course Co-ordinator: Dr T Welzel / Dr N van Hoving

Ultrasound in Emergency Care
This semester based module covers the practical and theoretical aspects of Ultrasound in Emergency Care up to Level 1 (as defined by the College of Emergency Medicine). A prerequisite for this module is a recognised Emergency PoC Ultrasound Course (http://www.eci-sa.org/epcus-core). The module will include clinical skills training, basic principles of the physics of ultrasound and ultrasound modes. Emphasis will be on the clinical utility and capabilities of emergency ultrasound. Students will be expected to keep a logbook of ultrasound scans performed in the emergency environment. These will be reviewed by the instructor. Assessment will be on the basis of a practical and written assessment. Upon completion students will be eligible to sit the EMSSA level 1 Ultrasound provider exam. (The latter is an external exam and the cost for this is not included in course fees.)

Year 2, Semester 1
Course Co-ordinator: Dr M. Stander, Dr H. Lamprecht

Disaster Medicine
This is a semester based module. The module encompasses the underlying principles of Disaster medicine including risk assessment, preparation and planning, communication and response. The module delineates the multiservice response required for a major incident. Students will be given practical knowledge of tools, resources and processes utilised in a medical major incident response. The assignments will involve case reports evaluating aspects of current disasters/major incidents. Students will be required to complete a research project involving disaster, major incidents or mass gathering scenarios. Contact time will include a practical major incident response simulation. Assessment will be on the basis of coursework, a written test and a final project.

Contact sessions for this course includes the 5 Day Disaster Medicine course in Cape Town. (NB. The cost of the course manual and catering are not included in the course fees.)

Year 1 and 2, Semester 1
Course Co-ordinator: Dr W Smith, Dr S de Vries
Education and Training in Emergency Care
This is a semester based course which will cover aspects of Adult learning theory, small group teaching, use of virtual learning environments (VLE) and electronic learning resources and clinical skills-based teaching. The training module will aim to develop core teaching skills useful on a day-to-day basis when teaching undergraduates, postgraduates and paramedical students in the EC. The education section will build on the knowledge of the Clinical Research Methods Courses and focus on Evidence-based Medicine and knowledge translation in the EC. Assessment will be by coursework, final project and a formal end-of-semester assessment.

Year 1 and 2, Semester 2
Course Co-ordinator: Dr A Oosthuizen, Dr K Cohen

Disaster Medical Response Training (DisMeRT)
Medical personnel are often called upon to respond across provincial and/or international borders to offer emergency assistance. The recent earthquakes and other complex humanitarian emergencies are cases in point. Medical staff deployed to such incidents are faced with providing care in an often difficult or hostile environment. This module will start to address some of the issues and skill that such a response may require. Topics to be covered will be an introduction to INSARAG as well as medical considerations in an Urban Search and Rescue environment, an introduction to basic veterinary and dentistry skills as well as selective primary health care considerations, amongst others. Please note that entry requirements for this module include the successful completion of both the Disaster Medicine and Ambulatory Care modules.

Year 2, Semester 2
Course co-ordinator: Dr W Smith

Ambulatory Care & Travel Medicine (AC)
This module will cover aspects of the common primary health care complaints which may be managed by Emergency Care workers. The module will include clinical approaches and management of common chronic medical conditions, as well as selected topics in Travel Medicine. The course is aimed at Nurses, Paramedics and Medical Officers who want to improve their knowledge on conditions pertinent to extra-urban placements and deployment, such as on Expeditions, Rigs or Mining Operations in Africa. Assessment will be by coursework and final assessment.

Year 2, Semester 2
Course co-ordinator: Dr A Kropman, Dr P Louw

Management and Leadership in Healthcare
This is a semester based course which will introduce the candidate to both the theory and practicalities of effective management and leadership in healthcare in general, and the emergency department in particular. Using the online learning platform and contact sessions, delegates will develop an in-depth understanding of the principles of Leadership and Management which they can use to improve the care delivered in their own
environment and beyond. Over the course of the semester, candidates will need to learn to define management and leadership and see how this applies to effective functioning teams in healthcare. Related aspects that will be explored are leadership styles and situational leadership, Barrett’s levels of work, entrepreneurship and accountability, team dynamics and effectiveness, advocacy and enquiry and conflict handling strategies. Assessment will be by coursework, formal examination and a final project.

Year 2, Semester 2
Course Co-ordinator: Dr T Welzel, Dr J du Toit

**African Emergency Care (AEC)**
This semester based module will cover aspects of African epidemiology and Emergency Care systems both pre-hospitally and in-hospital. The aim is to explore Emergency Care in Africa in terms of initiating, developing and maintaining appropriate and adequate systems. Aspects of cost-effectiveness, continuous quality improvement and patient safety will also be covered. Assessment will be by virtue of coursework, oral examination and research paper.

Year 1, Semester 2
Course co-ordinator: Prof L.A. Wallis, Dr T Reynolds

**TEACHING AND LEARNING**

This is a master’s level course where emphasis is placed on the student as the primary determinant of his learning. *The course does not focus on covering a knowledge based curriculum but rather teaching the skills of critical appraisal, rational clinical decision making and knowledge translation.* The Masters student will need to learn independently to cover the required material.

A problem-based approach will be followed with an emphasis on the emergency care team and the incorporation of evidence based medicine. Much of the learning will be web based, so access to a computer and the internet is essential.

Each module will have between 2 and 5 contact days per semester. 80% attendance at these contact days is required in order to pass the module.

**RESEARCH**

In order to graduate with an MPhil in Emergency Medicine, each candidate has to complete a research project within the 2 years. The grounding of the Clinical Research modules will assist the student through the process of developing and completing their project. [Please also see the “General Rules for Master’s Degree Studies” in Book 8b of UCT.]

- For candidates in the Clinical Emergency Care or 60-credit Patient Safety streams, the completed project may take the form of a paper submitted to a peer-reviewed
journal plus a comprehensive literature review of the topic. If written as a dissertation, it should not be more than 20 000 words in length,

- For candidates in the African Emergency Care or 90-credit Patient Safety streams, the completed project must be more than 25 000 words in length and has to be written as a dissertation. [Rule FGM3.1]

A DP requirement for the module exam of CRM 1 will be the successful submission of a two-page research proposal. Before writing the module exam for CRM 2, candidates will have to have successfully submitted their full research proposal to the university’s ethics committee.

If candidates wish to finish by the end of year 2, it is however strongly recommended that they aim for the submission of their full research proposal by end-August of year 1, so that the document can proceed through the EM-DRC, Sx-DRC and Ethics Committees and allow time for funding applications, so that they are ready to start data collecting in year 2.

Candidates should submit their completed project by August of that year to allow for marking and corrections. To avoid paying for a further year, dissertations will need to have been formally submitted to the university before the beginning of the new academic year following on from the year registered for the dissertation module.

All candidates are encouraged to apply for research grants to allow them to complete their research and possibly travel to local or overseas congresses to present their results. Further information is to be found under www.uct.ac.za/apply/funding/postgraduate/applications.

The Division will only fund 2-hours’ worth of statistical services towards a dissertation.

For information on the Division’s Research focus areas and the process of Research in the division, see the Emergency Medicine Divisional Research Policy.
(www.emergencymed.co.za) Please also see the separate guideline on the research dissertation available in Vula.

**LEARNING PORTFOLIO**

A learning portfolio is to be maintained throughout the 2 years of registration. The aim of the portfolio is to encourage mature and reflective thinking about your academic and professional development during this Masters program. A good portfolio should guide your learning. The portfolios are DP requirements for the admission to the final examinations each year.

The portfolio should consist of narratives of scenarios, clinical cases or learning events. These can be both positive or negative. The key aspect should be the reflection of the event in the form of a reflective essay exploring deep understanding of the experience. The purpose of the portfolio is to demonstrate learning not document a series of experiences.
Tips on Reflection:

- Be specific - what went well/what went wrong/how did you solve this/what effect did this have
- Think about others involved in this incident such as patients, colleagues or teachers – what were their expectations/reactions?
- What emotions did you experience?
- Be honest – It is okay to be wrong sometimes, as long as you learn from it
- What have you learnt from the experience?
- What gaps do you have in your knowledge/skills/professionalism/teamwork/leadership?
- What are your personal goals and learning objectives?

Portfolios should consist of a minimum of 24 reflections, a minimum of 1 per month throughout the 2 year program (12 per year). This means it is advised to continue to gather reflections between the hand-in of reflections at the end of Sept in year one and the start of the new academic year (Oct to Feb) to make the quota.

The portfolio may be kept in electronic or paper based format, but has to be submitted electronically via Vula. The annual evaluation will occur 6/52 before the final examinations and a pass has to be obtained in order to achieve the DP requirement for the final examinations for that year.

Please see the document “Self-Reflection Portfolio Guideline” for more information.

**SUPERVISION**

Students on the MPhil will need to find their own supervisors for their topics of research, as the expertise needed for specific subject areas may not necessarily reside within the Division. The Division will however assign a university internal, or “administrative” supervisor for purposes of guiding the student through the processes required to pass this part of the Masters Dissertation.

**PROGRESSION RULES**

Candidates will have to not only follow the general rules laid out by the University (see book 3), as well as attain the DP requirements and pass subjects before being allowed to re-register in a subsequent year, they will also have to comply with the Divisional progression rules (please see similarly named document). Areas typically overlooked are the dissertation and the self-reflection portfolio, as well as failing more than one subject.
READING LIST

As some of these books may not necessarily be held in general stock, please purchase them way in advance of starting your module, as they may take time to arrive!

Prescribed Reading (CEC 1&2)

Textbook of Adult Emergency Medicine
Peter Cameron, George Jelinek et al
ISBN: 978-0443068195

Advanced Life Support Group

Prescribed Reading (CRM)

Essential Epidemiology – an introduction for students and health professionals, 2nd Ed
Penny Webb, Chris Bail and Sandi Pirozzo

Prescribed Reading (Disaster Medicine)

Disaster Medicine
Lee Wallis, Wayne Smith
ISBN: 978-0-7021-8670-7

Prescribed Reading (Patient Safety & Flow)

Patient Safety in Emergency Medicine
Pat Croskerry, Karen S Cosby
ISBN: 978-0-7817-7727-8

Prescribed Reading (Health Care Systems)

EMS: A practical global guidebook
J Tintinalli, P Cameron, CJ Holliman
PMHP-USA, ISBN: 978-1-60795-043-1, PLUS one of the following two:

- Essential of International Health
  M Sharma, A Atai
  Jones & Bartlett Publishers

- Textbook of International Health, 3rd Ed
  A Birn, Y Pillay, T Holtz
  Oxford University Press

Prescribed Reading (RCC)

The ICU Book, 4th Edition
Paul L Marino
Lippincott, Williams & Wilkins, ISBN: 978-1-45-112118-6

Prescribed Reading (Management & Leadership in Healthcare)

Managing
Henry Mintzberg

Strengths Based Leadership
*Tom Rath, Barry Conchie*

Managing Change in Organisations
*Edited by Johan Herholdt*

Optimising Talent in Organisations
*Edited by Johan Herholdt*

**Prescribed Reading (Continuous Quality Improvement)**
*The Improvement Guide - A Practical Approach to Enhancing Organizational Performance, 2nd edition*
*GJ Langley, RD Moen, KM Nolan, TW Nolan, CL Norman, LP Provost*
Jossey-Bass (a Wiley Imprint); ISBN: 978-0-470-19241-2

*The Health Care Data Guide: Learning from Data for Improvement*
*Lloyd P Provost, Sandra Murray*

**Prescribed Reading (Education & Training)**
*Practical Teaching in Emergency Medicine, 2nd edition*
*Rob Rogers, Amal Mattu, et al.*

**Recommended Reading**

**Books — CEC & RCC**

1. Rosen’s Emergency Medicine: concepts and clinical practice
   *John Marx, Robert Hockberger, et al*
   ISBN: 978-0-323-05472-0

2. Textbook of Paediatric Emergency Medicine
   *P Cameron (Ed), G Jelinek (Ed), I Everitt (Ed), GJ Browne (Ed), J Raftos (Ed)*
   Publisher: Churchill Livingstone; 2nd Revised edition (15 Dec 2011)

3. Practical Teaching in Emergency Medicine
   *Rob Rogers, Amal Mattu et al*
   ISBN: 978-1-4051-7622-4

4. Handbook of Paediatrics, 7th edition
   *Cassim Motala, Anthony Fugaji, Alan Davidson, Mike Levin*
Books — CRM
5. How to Read a Paper: The Basics of Evidence-Based Medicine
   Greenhalg P
   ISBN: 978-1-4443-3436-4

6. Designing Clinical Research: An epidemiological Approach
   Hulley et al
   ISBN: 978-0-7817-8210-4

7. Epidemiology – a research manual for South Africa, 2nd edition
   Gina Joubert and Rodney Ehrlich

8. Bad Pharma — How drug companies mislead doctors and harm patients
   Ben Goldacre

Books — Disaster Medicine
   K Koenig, C Schultz

Books — Patient Safety
    Charles Vincent

11. The Human Contribution – unsafe acts, accidents and heroic recoveries
    James Reason

12. Normal Accidents — living with high risk technologies
    Charles Perrow

    Eliyahu M. Goldratt, Jeff Cox

Books — Management & Leadership in Healthcare
14. The Opposable Mind — Winning through integrative thinking
    Roger Martin
15. Management: It’s not what you think  
H. Mintzberg, B Ahlstrand, J Lampel  

16. People Management Strategy in Organisations  
Edited by Johan Herholdt  

17. Managing Performance in Organisations  
Edited by Johan Herholdt  

Books — Continuous Quality Improvement  
18. The Improvement Handbook - Models, Methods and Tools for Improvement  
Associates in Process Improvement

Books — Critical Thinking in Emergency Medicine  
19. Thinking fast and slow  
D Kahneman,  

Recommended Reading (cont.)

Journals  
1. Emergency Medicine Clinics of North America  
2. Emergency Medicine Journal  
3. Annals of Emergency Medicine  
4. Disaster and Pre-hospital Medicine  

USEFUL LINKS

www.eci-sa.org — short courses from Division of EM  
www.afcem2012.co.za — AFEM Emergency Medicine conference  
www.lifeinthefastlane.com — great EM blog  
http://freeemergencytalks.net/ — download the audio of conference talks  
EMT podcast — available on iTunes  
www.emedicine.com — good reference site  
www.patientsafetyinstitute.ca — Canadian patient Safety Institute  
www.npsa.nhs.uk — UK National Patient Safety Agency  
http://www.mckinseyquarterly.com/Health_Care — analysis reports on healthcare matters  
http://al1gnm3nt.wordpress.com/ — blog on Management & Leadership  
www.humancapitalreview.org/ — Local M&L site
MPhil Emergency Medicine
Programme Outline
August 2013

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2nd Year................................................................. R 09 540
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2nd Year................................................................. R 06 360
Dissertation (90 credits) ......................................... R 19 040

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You will receive the steps to follow from the university once you have applied. Registration follows on from successful application. Once registered, student accounts and course registrations may be checked via PeopleSoft: http://studentsonline.uct.ac.za/

Please do not register for the dissertation if you do not intend submitting it in that year!

If you cannot set aside 18-20 hours a week to work on your Masters for the two years you would be registered, please consider registering for modules only, rather than the full degree. Contact us for further information!

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