

The Clinical Associate Program at  
Walter Sisulu University in South  
Africa

Lessons Learned

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# The Clinical Associate program

- In 2008 South Africa decided to start a Clinical Associate program to address the health care provider shortage in South Africa
- Greatest need is in rural areas
- Medical Professionals are clustered in urban areas

# South African health care needs

- Economic disparities
  - Public health insurance covers 80% of the population and 40% of all health care dollars are spent on the public
  - 60% of health care dollars are spent on the 20% of people with private insurance
  
- Sub Saharan African Medical School Study. SAMSS Site Visit Report, School of Medicine Walter Sisulu University, Mthatha, South Africa. 2009

# South Africa health care statistics

- Health care statistics in South Africa vary by race
- Infant mortality for non-whites is 63.3 per 100,000
- Infant mortality for whites is 15.3 per 100,000.
- the prevalence of HIV/AIDS is 21.5%
- Life expectancy as a whole is 47 years for men and 49 years for women
- Sub Saharan African Medical School Study. SAMSS Site Visit Report, School of Medicine Walter Sisulu University, Mthatha, South Africa. 2009

# Something needed to be done

- Clinical Associate Program

# Clinical Associate Program Walter Sisulu University

- They chose a educational curriculum that they thought would best fit their needs of caring for rural underserved populations
  - More focus on rural exposure
  - Recruit from rural areas
  - More practical hands on training
  - Use of Problem Based Learning

# A need for change

- Traditional medical educational models are more focused on didactic training in a University setting that is far removed from the rural communities and in South Africa's case, were more focused on “knowledge producing internationally achieving institutions” and not socially responsible.
- Breier M, Wildschut A. Doctors in a Divided Society: The profession and education of Medical Practitioners in South Africa. Capetown, South Africa: HSRC Press 2006

# Department of health – call for change

- 1997 the *White Paper for the Transformation of the Health System in South Africa* called for radical change in medical education and promoted “primary healthcare, ‘reality’ and ‘community problem based curricula, multi-disciplinarily, generalism, caring and compassion as well as competency in the major South African languages.”
- Breier M, Wildschut A. *Doctors in a Divided Society: The profession and education of Medical Practitioners in South Africa*. Capetown, South Africa: HSRC Press 2006

# The Education

- Students spend 4 months at University
- The remainder of the time at a Rural Hospital training Site
  - Problem Based Learning
  - Patient care
  - Bedside teaching
  - POMR – problem oriented medical record

# How are things going using this model ?

- Personal experience
- Studies

# Studies

- Dr Iputo and Kwizera conducted studies on use of PBL
- Followed medical students from 1985- 1995
  - 23% in traditional program dropped out
  - 10.3% in PBL dropped out

CONCLUDED THAT PBL HAD A POSITIVE EFFECT ON STUDENTS

Iputo J, Kwizera E. Problem-based learning improves the academic performance of medical students in South Africa. *Medical Education*, 2005, 39:388-393



# Follow up studies

- Students who went through PBL
  - More likely to use step by step approach and not jump to a diagnosis
  - Versatile learners
  - Iputo J, Kwizera E. Problem-based learning improves the academic performance of medical students in South Africa. *Medical Education*, 2005, 39:388-393

# Conclusions

- South Africa – Walter Sisulu university started a clinical associate program in 2008
- The medical educational model chose is perfect for their health care needs
- After meeting clinicians I believe that the early clinical exposure and PBL has helped prepare clinicians to work in rural areas

# Issues

- Loss of CA's to Medical School

  - Does the program need time to get established?  
Should WSU have more time in the classroom

    - the program went from 1 month to 4 months is  
this enough ?

- Scope of practice

  - Clinical Associates are unhappy that there is no scope  
of practice ( as of June 2014- could have changed )

  - Will this get resolved?

# Issues

- 1<sup>st</sup> class in some cases was recruited from potential medical students who did not get in to medical school ( not necessarily for grades )
  - Is this why there is a loss to medical school?
  - What will it be like to truly recruit from rural areas

# Issues

- The program has still not made inroads into the community
  - The hospital is in a rural location but the patients from the community don't necessarily come to the hospital
  - One study indicates that 80% of patients get care from traditional healers
  - More community outreach needs to be implemented
    - Other African programs are doing this – can wsu learn from them ?

# sources

- Breier M, Wildschut A. Doctors in a Divided Society: The profession and education of Medical Practitioners in South Africa. Capetown, South Africa: HSRC Press 2006
- Iputo J, Kwizera E. Problem-based learning improves the academic performance of medical students in South Africa. Medical Education, 2005, 39:388-393
- Sub Saharan African Medical School Study. SAMSS Site Visit Report, School of Medicine Walter Sisulu University, Mthatha, South Africa. 2009