

MANDELA MED PULSE



Medical School

NEWSLETTER

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“Leadership and mentorship in medicine are a bit like stethoscopes — essential, sometimes misplaced, and often more effective when used to listen rather than just detect.”

1. FROM THE DIRECTOR'S DESK

At Nelson Mandela University Medical School, we are privileged to witness leadership not as hierarchy, but as humanity in action. Whether it's a senior student guiding a peer, a lecturer staying behind after class to mentor, or a healthcare worker serving with dignity in under-resourced settings — these are the quiet, consistent acts that define true leadership. It's in these moments that we see how medicine is not only a science but a profoundly human endeavour.

From our peer mentors who walk alongside their classmates, to academic staff who teach with both rigour and heart, to our partners working in schools, kitchens and clinics — we see every day how service is as much about human connection as it is about clinical knowledge.

In a world that can feel increasingly divided, our work reminds us of something deeper: that illness does not discriminate, and neither should care. Mentorship allows us to pass on not just knowledge, but kindness; not just skill, but the spirit of service.

In this issue, we introduce new columns celebrating leadership, and we honour the staff and students who lead both from the front, and behind, as we navigate together the challenging world of health care.

From questions surrounding ethics and human evolution, to the intrinsic value of indigenous medicinal plants, community outreach initiatives and emergency medicine as a bedrock of care, we have so much of value to share.

Leadership rooted in our shared humanity is what builds trust, transforms communities, and ultimately, heals.

Let's continue to lead with empathy, mentor with humility, and build a medical school — and a world — where everyone feels seen, supported and valued.

Warm regards,

Dr Reno Morar
Director, Medical School
Nelson Mandela University

2. LEADER'S CORNER

Spotlighting the people who lead with purpose

Welcome to Leader's Corner — a space dedicated to recognising outstanding leadership within our medical community. We share the stories of individuals who inspire, uplift and lead by example. This month, we are honoured to feature Dr Jeff Govender — family doctor, social entrepreneur, community builder and dedicated Chairperson of the Medical School's inaugural Community Advisory Board (CAB).

JEFF GOVENDER: LEADING FROM EVERY FRONT

A household name in the Eastern Cape medical community, Dr Jeff Govender has spent over four decades caring for patients, mentoring future doctors and uplifting the underserved — all while building organisations that continue to shape South African healthcare.

Born in Durban and schooled at Chatsworth High, where he was head prefect, Dr Govender says the seeds of leadership and compassion were sown early. "My father sparked my interest in medicine before I even began primary school," he reflects.

He is proud of his own two sons – Prinesh, a chartered accountant based in London, and Kamlin, a dentist who is currently not practising, owing to a health setback.

Graduating with an MBChB from the former University of Natal in 1981, Dr Govender began his internship at Livingstone Hospital in Port Elizabeth. "It was a baptism of fire," he says of that first New Year's day in casualty, where he had to manage multiple emergencies on his own.

"A leader is like a shepherd. He stays behind the flock, letting the most nimble go out ahead, whereupon the others follow, not realising that all along they are being directed from behind."

- Nelson Mandela, Long Walk To Freedom



Dr Jeff Govender

Rooted in Purpose

Those early days shaped his resilience and passion for service. There were long shifts, lasting up to 36 hours, and challenging experiences, like the time a senior surgeon unexpectedly handed him the scalpel during a Caesarean section and told him to proceed.

Since then, Dr Govender has gone on to lead with a rare mix of humility and vision. In 2008, he founded Famhealth Medipark in Gelvandale, where he still practises today. Under his leadership, Famhealth has not only provided quality care, but also launched training programmes that have empowered over 4000 home-based caregivers and graduated 170 young leaders through the Youth Leadership Academy.

For his work at Famhealth, he received the Herald-GM Citizen of the Year award in the category of Sustainable Development in 2011.

As CEO and founding member of the Eastern Cape Independent Practitioners Association (ECIPA), Dr Govender, together with the ECIPA leadership team, have brought together over 70 general practitioners across the region. "We're a cohesive organisation," he says, "with regular CPD meetings and annual donations to local causes."

His business acumen is equally impressive. He was instrumental in founding Bophela Investments, a doctor-led initiative, and Palm Place, a conferencing venue in Theescombe. But it's his commitment to ethical, community-rooted healthcare that remains at the core of his mission.

Dr Govender also served for eight years as a member of the Nelson Mandela University Council.

A lesson in leadership

Appointed a year ago as Chairperson of the Community Advisory Board (CAB) — a body that ensures the Nelson Mandela University Medical School remains accountable to the

communities it serves — Dr Govender is leading yet another crucial conversation. “The CAB’s role is to make sure that teaching and research are grounded in real community needs,” he explains.

Leadership, for him, is never about ego. “Leaders don’t always lead from the front,” he says. “Sometimes, you lead from behind or alongside — what matters is consistency, action, and purpose.”

As for the future, his vision is clear: “I want the Nelson Mandela Medical School to be a global player. And for our Mandela Doctors to be competent, caring, ethical and socially responsible — comparable with the best in the world.”

| One Year Later - The Community Advisory Board (CAB)

Mandated by the Department of Higher Education, the CAB works to align medical programmes and research with community needs and values.

The CAB includes members from academia, civil society, public health and the non-profit sector, both locally and abroad. With a clean slate at its inception, the CAB has spent its first year on strategic planning, defining its areas of engagement and identifying community stakeholders — a process led by Dr Jeff Govender, with support from Dr Amber Anderson and Dr Bruce Damons.

Dr Govender expressed his thanks to the Medical School’s leadership, CAB members and the Mandela University staff for their tremendous support and valued contributions over the past year.

On the board are the University’s Executive Dean of the Faculty of Health Sciences, Professor Zukiswa Zingela, and Director of the Medical School, Dr Reno Morar, as ex-officio members.

The Chair of the Community Advisory Board is Dr Jeff Govender. Other members of the CAB are retired school principal and community developer, Dan Ngcaphe; senior lecturer in Psychiatry at Makerere University College of



Health Sciences in Uganda, Dr Dickens Akena; Dean of the Faculty of Health Sciences at University of Pretoria, Professor Flavia Senkubuge; Missionvale Care Centre clinic assistant, Bernadine Mpondo; Ubuntu Pathways outreach manager, Fezeka Mzalazala-Tyutyu, NeuroGAP-Psychosis Study programme director at Harvard Chan School of Public Health, Dr Anne Stevenson PhD, and Dr Amber Anderson, Senior Director: People and Institutional Capability, Human Resources at Nelson Mandela University.

The launch of the CAB effectively entrenches Mandela University’s engagement philosophy of convergence and its resolve to be in the service of society, which is also the undergirding value of the Medical School.

3. IN THE SPOTLIGHT

STAFF

Calm in the Chaos

Emergency medicine is messy, chaotic and often heart-wrenching – but Dr Sian Geraty makes it work. We spend a day in the life of the passionate specialist heading up Livingstone Hospital’s Emergency Department to find out what keeps her hopeful, grounded and fiercely committed to change.

For this dedicated Gqeberha professional, no two days are alike. From mentoring junior doctors to resuscitating patients and refining emergency systems, Dr Geraty thrives on variety, learning and leading.

A world perspective

Her journey into medicine has taken her across South Africa and beyond. A graduate of the University of Cape Town’s postgraduate Emergency Medicine programme, her path was shaped by early experience in rural retrieval medicine in the Northern Cape and later by her work with Médecins Sans Frontières (Doctors Without Borders) in Iraq.

A short stint in Tanzania, where she reused oxygen masks and splinted limbs with cardboard, left a lasting impression.

“Whenever I’m tempted to complain about lack of resources, I remember washing and re-using oxygen masks or sending parents to buy potassium chloride to give to their hypokalemic child. We actually have so much more than we realise, it feels a bit like the story of the Widow’s Oil in the Bible – how it always seemed like it was going to run out, but it never (quite!) does.”

These formative experiences reinforced her passion for emergency care and cemented her desire to grow the specialty in the Eastern Cape, where she now holds her “dream job.”

Learning and teaching

Leading the emergency department means balancing urgent patient care with long-haul improvement projects – and it’s a balance Dr Geraty embraces. “Watching a Medical Officer confidently intubate or defibrillate for the first time is incredible,” she says. “It’s about making space for the team to do their jobs well.”



Dr Sian Geraty

Two of her proudest achievements? Securing waveform capnography for resus areas and creating a decent rest space for exhausted staff. Her colleagues – especially her fellow EM specialists, Drs James Morrow, Cornelle Dunn, Laetitia Luttich and Ros Pasio – are central to her story of ongoing progress and daily hope.

A typical day includes working in the Emergency Department, lecturing on the Mandela undergrad and Walter Sisulu post-grad platforms, research projects, “a lot of administrative work” and much communication – meetings, phone calls and getting things done.

The human touch

Dr Geraty is as passionate about mentorship as she is about medicine. Whether it’s lecturing undergrads or supporting postgraduate registrars, she prioritises learning environments where humanness is honoured.

“We laugh, we cry, we learn – and we call patients by name,” she says. She’s currently completing an MPhil in Health Professions Education at Stellenbosch University, and says that understanding how people learn has transformed her approach to teaching.

“I also learn a lot about teaching from the other EM specialists, who have their own ways of communicating information and making difficult concepts make sense.”

Hope is a lifeline

With escalating demand and scarce resources, burn-out is an ever-present threat. Dr Geraty relies on early mornings, meditation, happy music and her husband's steady support to stay grounded.

He reminds her of what really matters, she says – and finding a work-life balance is key. After-hours pursuits include trail runs, hiking, dog walks and deliberate downtime. Rest is not indulgence, she says, quoting Audre Lorde. "It's self-preservation."

On the job, the EM team is extremely resourceful, working around problems and identifying and engaging resources to fix pathways where they can. "But the emotional burden of overwhelming tasks is very difficult," she admits.

"I've learnt to try not to multi-task. I keep a list, minimise interruptions and take a proper lunch. Also, teamwork is key – and every member of the team plays a massively important role."

Real talk

As emergency medicine grows in South Africa, Dr Geraty wants systems to reflect the high level of skill and leadership needed in the field.

EM, however, teaches you to think clearly, lead teams and stay human under pressure – invaluable skills. She advises students and new graduates not to rush to specialise – rather become a good doctor, and human, first.

"We listen (and) we take the time to talk to patients and their families about what to expect; we make mistakes and we learn from them in a healthy environment. "

MEDICAL MYTHBUSTERS

Emergency Medicine – like General Practice or Family Medicine – is often misconstrued as being "easy", or something that junior doctors can do without a lot of training or supervision, Dr Geraty says.

"I still sometimes fall into conversations where I realise that we are seen as a 'casualty' or sorting station, and it really worries me that systems and institutions in both the public and private

sector don't invest enough into the emergent 'golden hours' of patient care.

"Over the next few years, as EM grows as a specialty in the Eastern Cape and throughout South Africa, we look forward to seeing that change – specialists, registrars and experienced medical officers taking emergency care to the level at which it should be."

A Conversation with Dr Sadiya Seedat, 4th year coordinator

Gqeberha-born mother of two Dr Sadiya Seedat runs a busy personal and professional life. A Wits University MBChB graduate, she matriculated from Collegiate High School and worked as a medical officer in internal medicine, paediatrics and O&G before moving into the private practice space. In the academic sphere, she initially worked in communication skills with pre-clinical years, followed by clinical skills with 3rd years and in June last year was appointed 4th year internal medicine coordinator. She catches up with Candice Chetty, Student Success Coach at the Medical School.

Could you take us behind the scenes of a 4th year Internal Medicine coordinator?

As students join the clinical platform at Livingstone Hospital for the first time, my aim is to offer a structured yet gentle introduction to internal medicine. We kick off with a two-day bootcamp — an intensive, hands-on training covering core clinical skills in cardiovascular, respiratory, and neurological systems.

This also includes a communication skills session, which includes important topics such as breaking bad news and an approach to death and dying.

From weeks 2–5, students dive into weekly system-based learning, with tutorials and bedside teaching focused on real cases. My afternoon bedside teaching sessions are student-driven and patient-centred, encouraging clinical reasoning from day one. We explore findings, discuss differentials, and refine management plans — all while practising shared decision-making.

Working in a resource-limited setting demands accurate diagnostic thinking. I help students reflect daily, develop cognitive empathy and build confidence through meaningful patient interactions. Every patient has the potential to teach — and bedside teaching is where that transformation happens.

What are some of the common challenges faced during the rotation?

The majority of students enter the rotation with the dominant emotion of fear: fear around the workload of internal medicine; the pressure of the end of rotation assessment; time limitations in the wards; fears around gaps in knowledge; exposure to death and dying and most importantly, fear of failure.

I offer individual support to each student, highlighting their strengths and shortfalls and encouraging them to enhance those strengths, while working to improve those shortfalls.

Some of their concerns, especially with a more reserved student, is alleviated by our group mind map sessions, in which students have an opportunity to present a topic in the safety of a group setting.

I try to understand and support their personal challenges by taking time out to listen to their concerns and to offer assistance on an individual level. I aim to make each student feel heard and cared for and to cultivate resilience by framing a challenge as an opportunity to grow.

What do you enjoy most about working with 4th year students?

Their energy, curiosity and eagerness to learn! Each group brings a unique dynamic, and together we adapt to create the best possible learning environment.

I particularly enjoy our weekly mind map sessions, where students reflect on cases from bedside teaching in a safe, collaborative setting. Watching their growth from week 1 to 5 is incredibly rewarding.

Working at Livingstone Hospital exposes me to a wide range of pathologies, different from private practice. Each day challenges and inspires me to keep learning alongside my students.



Dr Seedat pictured in the middle in the Distribution of oranges to the entire Livingstone Hospital for Mandela Day 2024.

What advice would you give to a 4th year medical student?

Medicine is a commitment to the care of people and that may take years; be kind to yourself on your journey. Doctors must have empathy and compassion for their patients – this is nurtured during your years at medical school.

Other key takeaways are remembering your purpose, regularly revisiting your intention and purpose, especially when you feel a little lost, embracing your calling with passion and dedication and remembering, always, that mistakes are not failures.

What motivates and strengthens you?

Without a doubt, the team of doctors and staff at Livingstone Hospital Internal Medicine with whom I work.

Their dedication to the teaching platform, despite working under immense pressure and in a severely resource-constrained environment, is admirable. I am fortunate to work alongside a team sharing the core values of respect, hard work, humility and integrity.

Our senior medical officers, registrars and consultants provide the backbone of the teaching platform, allowing students to receive outstanding teaching. Our secretary of medicine, Mrs Zureena Smith, or “Zu”, as she’s fondly called, is the department’s much-loved nurturer. From her we receive such care and kindness, particularly on those ‘difficult days’.

Mentorship through Dr T Ellis, Dr E Gardiner and Dr Y Kooverjee provide me with the ongoing support, teaching and guidance. My students also motivate me on many levels; their dedication and hard work inspires me to forge ahead.

What do you wish students to learn from this rotation?

I hope that they learn the importance of value-based care – a principle that I emphasise from Day 1 of rotation.

Clinical skills at 4th year level are pivotal: they build a foundation for the next two years and all other specialties. I would like students to embrace their rotations with passion and dedication to internal medicine – passion is a life force that drives you to achieve, and to be a better doctor.

Medical students must also understand that being a doctor is a challenging job. Take time out for self-care – this allows you to cope better.

What is your teaching/mentorship approach?

I have a clear objective and structure. Students thrive when there is a clearly outlined plan. My approach is firm, but kind – it’s essential that they understand the platform’s expectations.

Other key goals are fostering an environment of growth and learning; a space for well-being, which impacts productivity and a desire to accomplish ‘significance’ in training, rather than only accolades and ‘tick boxes’.

I encourage engagement and sharing of ideas; in the fast-paced world of medicine, clinical coordinators are not only mentors and trainers, but aides to helping students navigate their challenges, building resilience and learning the value of professionalism.

CLINICAL COMPETENCE: DR SEEDAT EXPLAINS THIS CRITICAL ASPECT OF HEALTH CARE

Clinical skills competency forms the foundation of clinical medicine, allowing for the development of the ‘clinically competent Mandela Doctor’.

However, this doctor must also embody soft skills: integrity, consistency, empathy, compassion and trust.

The golden combination of clinical and emotional competence creates a health care worker who is fit to practice. We can then safely entrust these holistically competent professionals to our society.



Talking Health, Breaking Stigma: HPV and sexual Health Awareness at Ndzondelelo High School

By Mia Janse van Rensburg and Tyne Rouquette, 3rd year Medical Students

It's important to talk openly about health, especially sensitive topics such as HPV and sexual health. A recent outreach project saw medical students, a doctor and a school liaison team up to do just that at a high school in Gqeberha. It wasn't always easy, but creating a safe space led to real conversations and powerful connections, highlighting the vital role of community health education.

In March, a significant collaborative educational outreach took place at Ndzondelelo High School in Zwide – an initiative carefully designed as part of a broader effort to confront the silence surrounding human papillomavirus (HPV) and general sexual health among high school learners.

The core aim was to empower youngsters with knowledge, enabling them to make informed decisions about their well-being and to chip away at the stigma often associated with sensitive topics.

Team effort

This vital session was the product of a strong partnership. Dr Mzimela played a key role, expertly facilitating the discussions, with the visit made possible by Ms Ngoetsana, through her strong relationship with the school and expert arrangements.

Educational content was primarily led by medical students Mia and Tyne, who delivered information on both HPV and general sex education, with Dr Mzimela offered crucial support, providing reinforcement and necessary clarification, notably translating complex concepts into isiXhosa to ensure accessibility and cultural relevance.

Knowledge breaks barriers

While the initial focus was intended to be solely on HPV, the session expanded to cover a wider range of sexual health topics at the school's request.

These included essential information on sexually transmitted infections (STIs) and their transmission, symptoms, treatment and prevention. Crucially, the difference between curable and treatable STIs was clarified.



The HPV-specific education covered transmission, vaccine-preventable strains and its connection to various cancers, including the second most common cancer among South African women: cervical cancer. A significant focus was placed on debunking the common misconception that HPV is exclusively a women's health issue. South Africa faces a high burden of HPV-related diseases and other STIs, yet societal taboos often prevent open dialogue, leaving many young people uninformed or misinformed. Creating a safe and approachable space was paramount.

Finding their voices

The delivery method was deliberately interactive and conversational. Initial engagement proved challenging, with Grade 12 learners showing reservation and Grade 10 learners displaying discomfort.

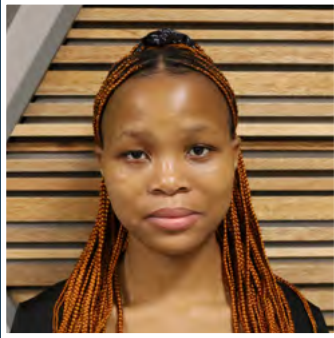
SEEDS PLANTED

Key messages reinforced throughout the session included the fact that HPV affects everyone and can cause various cancers. Prevention strategies were stressed as crucial, encompassing vaccination, safe practices, and regular screening like Pap smears. Learners were also guided on where and when to seek testing and treatment. The experience profoundly underscored the significance of community engagement in effective health promotion.

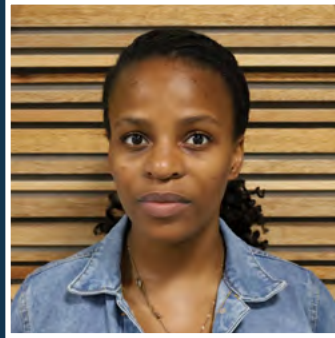
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Click here to listen to our podcast episode >

MEET OUR 2025 PEER MENTORS

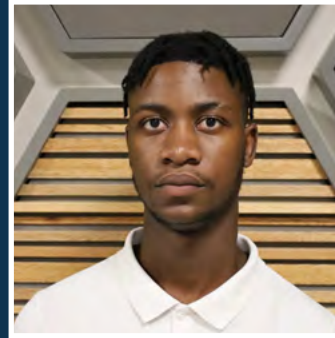
Guiding the journey, sharing the experience, growing together



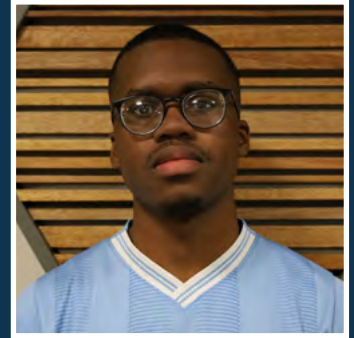
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Alwande Sibiya



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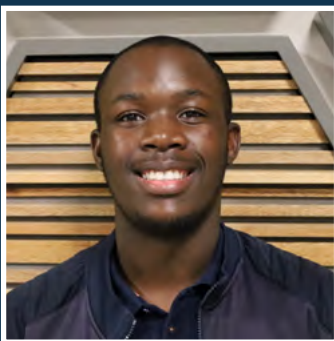
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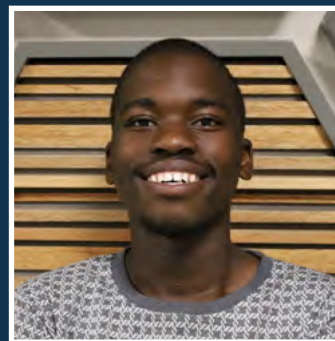
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Meet our 2025 Peer Mentors (continued)

Starting university can feel overwhelming—new city, new people, and a whole new way of learning. At Nelson Mandela University Medical School, we offer a Peer Mentoring Programme to help first-year students find their feet with the support of someone who's already been there.

By Ms Candice Chetty and Ms Zintle Yokwe, Student Success Coaches

Each first-year is matched with a trained senior student who offers guidance, support, and a listening ear. Mentors help with many things, from study tips to navigating campus life. The aim is to provide students with the support and skills they may need to cope with the demands of studying Medicine at Nelson Mandela University. Ultimately, the goal is to create a welcoming space where students feel connected, capable, and confident.

"At its heart, peer mentoring is about walking the journey together—because no one should have to do university alone."

Mentees gain valuable support in adjusting academically and emotionally, setting goals, building good study habits, and discovering their strengths. And the benefits go both ways. Mentors grow too—gaining leadership skills, renewed motivation, and deeper self-awareness. It's a chance to give back, strengthen employability, and make a real difference in someone's life.

Trained by the Learning and Teaching Collab and supported by Student Success Coaches, mentors help build a caring, connected student community. At its heart, peer mentoring is about walking the journey together—because no one should have to do university alone.

Since February, group and individual sessions have focused on key academic and personal development areas, including goal setting, time management, study strategies, exam preparation, stress management, and motivation. Sessions also included academic reflections, note-taking skills, and personal success stories.

In this issue, we're honoured to share personal reflections from some of our 2025 peer mentors:

NERVIN ORREN, 2ND YEAR MEDICAL STUDENT

Arriving late off the waiting list in first year was tough, and Nervin remembers the feeling of being lost. Now, as a peer mentor, he's determined to support others through those same challenges. "I want my mentees to know it's normal to feel overwhelmed—and that they're not alone." He offers study strategies, weekly mental health check-ins, and emotional support to help ease the pressure. His own mentor experience was underwhelming, which motivates him to be better. "What I've learned is how much I enjoy connecting—not just with mentees, but with the campus community." Mentoring has reignited his love for student life and reminded him how powerful peer support can be. "What I'm most looking forward to? Seeing my mentees in scrubs next year—ready to pay it forward."



"We have more in common than what separates us." – Kamala Harris

TSHENOLO MAILA, 2ND YEAR MEDICAL STUDENT

Tshenolo knows how overwhelming first year can feel—and how much it helps to have someone in your corner. “My mentor last year felt more like a brother,” he says. That warmth and guidance inspired Tshenolo to do the same for others. So far, he’s started a WhatsApp group for quick support, shared motivational images, and held his first mentor meeting. “I just want them to feel less alone, more connected.” He’s learning that leadership brings its own kind of joy—and that time management is still a work in progress. “I love being someone they can talk to—not just about academics, but life.” His hope? That they’ll see him as more than a mentor, but as a friend and teammate through the ups and downs of med school.



“Sometimes all you need is a guiding hand.”

NDIVHUWO MALIMA, 3RD YEAR MEDICAL STUDENT

Ndivhuwo became a mentor because he remembers how disorienting first year felt. “I wanted to be the support I sometimes wished I had.” As a mentee, small gestures—like a check-in or pep talk—made a big impact. Now, he passes that on. Whether it’s a chat about classes or navigating personal stress, he shows up, listens, and reminds his mentees they’re not alone. “Being there for someone in a real, human way has taught me patience, empathy, and how capable I actually am.” He offers practical advice and emotional reassurance, helping new students adjust at their own pace. Most of all, he looks forward to watching them grow in confidence and settle into their own path.



“You don’t need to know all the answers—you just need to show up.”

ALWANDE SIBIYA, 2ND YEAR MEDICAL STUDENT

For Alwande, mentorship is about inclusion and belonging. “University can be a tough space to find your footing, especially when you feel like an outsider,” she says. As a peer mentor, she aims to create a safe, supportive environment where every student feels recognised—no matter their background. Her own mentor helped her realise how powerful that support can be. “Having someone experienced beside you makes the unknown a little less scary.” She loves seeing her mentees challenge themselves and grow in confidence. Mentoring has helped her grow too—sharpening her leadership skills and reaffirming her belief in compassionate connection. “It’s about helping others thrive, while becoming a better version of myself in the process.”



“Everyone deserves to feel seen, valued, and cared for.”

4. EVENTS AND INITIATIVES

Boots on the Ground: IMA PE Community Outreach brings healthcare to Jeannie's soup kitchen



The Islamic Medical Association (IMA) Port Elizabeth (PE) hosted a successful community outreach programme at Jeannie's Soup Kitchen in March, providing essential healthcare services to those in need.

A total of 120 men, women and children received free medical, optometry, dental and biokinetics screenings, with children receiving thorough examinations to ensure their overall health and well-being. Biokinetics students, under the supervision of Dr Ayesha Kholvadia, also attended the outreach, contributing to the comprehensive care.

A highlight of the day was the participation of our 2nd, 3rd, 4th and 5th year medical students, who had the opportunity to hone their clinical skills under the supervision of three dedicated general practitioners, Dr Mashra Gani, Dr Mohammed Seedat and Dr Yasser Mowzer. Their professionalism, warmth and empathy shone through as they engaged with patients, reinforcing the spirit of compassionate healthcare.

This initiative reflects IMA PE's ongoing commitment to making quality healthcare accessible to underserved communities while providing invaluable hands-on experience to the next generation of medical professionals.



Holistic Health: medicine, culture, religion and the ultimate garden plant hunt

Medicine, culture and religion forms part of the learning topics for the first-year module 'Theory and Practice of Medicine'. This year Dr Yoshna Kooverjee decided to include a practical component into this module by including a visit to the Missionvale Medicinal Garden on campus.



Missionvale Medicinal Garden

She requested two colleagues with expertise in this area to assist with the activity. Mr Thabo Sempe and Dr Mea van Huyssteen developed and designed this unique learning experience, linked to the learning outcomes for the lecture, which included: the definition of culture and cultural competence, the impact of culture on healthcare, exploration of cultural influences on health and healing in South Africa, and, examination of different systems of medicine, including traditional African Medicine, encountered in South Africa.

First year student Owethu Mthethwa playfully explained: "It was last Thursday, around three and we had just finished about different cultures and their medicine experiences. We were

divided into groups and each group had two zones of plants that they had to locate in the garden. We firstly had to research about the plants, their common name, Afrikaans and Xhosa name and also what is it used for. The winning group would be decided based on the information that they give about their plant. The garden is located near the school gate, it has a small gate and then a path field with all the medical plants known to mankind."

"I thought to myself, 'Wow, this is different', it's not every day you get to go to a medicinal garden. I was very excited for the learning opportunity. Although I did wish that I hadn't forgotten my sun hat and had applied sunscreen," says Owethu Mthethwa.

Kaylyn Classen sums up her experience: "The good of this experience was seeing the different perspectives and backgrounds of certain individuals who shared their stories with regards to traditional healing. How they benefited by these medicinal plants which brought healing. This activity was good in the sense that you learn through physical experiences and not just seeing plants on a PowerPoint presentation, but by touching the leaves, seeing the textures and smelling their distinct smells leaves an unforgettable learning experience."

As staff we were impressed with the energy with which the students received this activity. We were also amazed at the vast amount of knowledge the students had about the plants and deeply thankful to the students who shared their personal experiences of working with the plants. Another matter that pleased us was that some students expressed their willingness to participate in the periodical maintenance and clean-up of the medicinal garden. We are looking forward to repeating this activity next year and are preparing to implement changes based on suggestions received from the students.

"...Artemisia Afra is more than just a medical plant but also used for traditional purposes. This plant is used for nasal congestion and other chest and nose related problems." - Luxolo Nonkula

I was happy during the visit, to see the plants that I know from home, in a university. I was introduced to the Artemisia afra, which is abundant back at home" - Yibanathi Bumka

I also enjoyed sharing my experiences about Umhlonyane which I am very familiar with and planted at my grandma's house. - Nhlakanipho Msiza



Artemisia afra or Umhlonyane ('Wilde Als' in Afrikaans and 'African wormwood' in English) as it is known here was one of the stars of the show.



Winning Group 1 (from left) Thandolwethu Buthelezi, Mercedes Moodley, Celine Dinie, Mandy Ngcece, Keitumetse Ramathe and Nazia Moosa.



Winning Group 2 (front row) Amelie Nel, Maseeha Hansrod, Husnaa Moosa; (back row) Yibanathi Bumka, Kuhle Tsholoba, Ntokozo Kunene, Darian Pillay, Kairah George, Lukhanyo Boozi and Nathi Mpenge.

Superbug of the Year Award: spotlight on antimicrobial resistance

Microbiology and Pharmacology modules successfully hosted their 3rd annual "Superbug of the Year Award" ceremony for the 3rd year MBChB class on 28 May.

This year's event featured a glamorous Grammy Awards theme, making educational content engaging. The innovative integrated session bridged microbiology and pharmacology concepts, following a comprehensive lecture and two tutorial sessions. Students demonstrated their understanding of various microbes, including bacteria and fungi, many appearing on the WHO priority pathogen list due to antimicrobial resistance (AMR).

Addressing the Silent Pandemic

AMR occurs when microorganisms resist medications, making standard treatments ineffective. This growing "silent pandemic" is responsible for approximately 1.27 million global deaths annually. Organisers highlighted the crisis, noting that without effective antibiotics, by 2050, deaths due to resistant microbes worldwide are expected to exceed 10 million per year. Introducing these crucial concepts during pre-clinical years is vital.

The Competition

The class was divided into 12 groups, each assigned a different pathogen to research and present. Students created engaging 3-minute "bug-a-mentary" videos introducing their assigned bug, covering classification, transmission, types and sites of infection, resistance developed, societal impact, and future concerns.



The Superbug of the Year Award

And the Winner Is...

After diligent work and a close competition, *Mycobacterium tuberculosis* claimed the prestigious "Superbug of the Year" title, receiving a trophy and medal.

The two runners-up, *Staphylococcus aureus* and *Enterococcus faecium*, also received medals. This victory was particularly significant as the activity coincided with World TB Day commemorations.

The event successfully highlighted the importance of understanding AMR, providing students with a creative platform to demonstrate their knowledge. The departments extended thanks to Majara Moshoeshoe (red-carpet host/MC), Wandisile Grootboom (official auditor and adjudicator), Dr Victoria Howell, Dr Ntokozo Mzimela and Dr Mea Van Huysteen (adjudication committee).



Winner of Superbug of the Year 2025



1st Runner Up



2nd Runner Up

Oath Taking Ceremony



On 11 April, Nelson Mandela University Medical School held its annual Oath Taking Ceremony for first-year MBChB students. This event is the official beginning of their journey into the medical profession, rooted in compassion, ethics and a deep commitment to community service. It's designed to ground new students in professional values and marks an important moment where aspiring doctors commit to ethical practice and service to society. Dr Reno Morar opened the event, followed by guest speaker Professor Zoleka Soji. Professor Soji noted that

healthcare offers an opportunity to heal, share, and mutually experience humanity. The heart of the ceremony was the Oath Taking, led by Dr Sean Volkwyn and Dr Khuliso Ramashia, where students proudly and solemnly pledged to uphold the ethical standards of the profession. This signifies their transition from students to future healthcare professionals. The ceremony concluded with a challenge for students to live by the words of the oath.



Professor Zoleka Soji





World Down Syndrome Day Celebrated

Kicking off the conversation on World Down Syndrome Day at Nelson Mandela University on 28 March, award-winning paediatrician and Medical School staff member Dr Nomlindo Makubalo made a powerful plea: "It's just an extra chromosome: we are not different." Her lecture highlighted the crucial need for better support systems for individuals with Down syndrome, a genetic condition impacting many families across South Africa.

The well-attended event was co-hosted by the Faculty of Health Sciences and Faculty of Science, working with Dora Nginza Hospital clinicians and local NGOs and drew many enthusiastic families.

The lecture was part of a collaborative initiative between the University, the National Research Foundation and the South African Agency for Science and Technology Advancement (SAASTA).

Dr Makubalo stressed that while Down syndrome affects up to one in 500 births annually in South Africa, the focus must be on inclusion, early intervention, and robust support. The event underscored significant gaps in healthcare, education, and employment, and the need for a shift in societal attitudes, ending stereotypes and stigma.



Dr Nomlindo Makubalo

Following the lecture, Mandela University Medical School Director Dr Reno Morar facilitated a discussion, with the University's Engagement Office Director Dr Bruce Damons leading an open forum with parents and caregivers.

University staff and students played with the children while parents and caregivers used the nurturing space to share their experiences.



For more on this heartwarming, informative event, please see Gillian McAinsh's report at <https://staff.mandela.ac.za/Bulletin/Down-syndrome-do-not-leave-anyone-behind>

Photo credits: Zama Baleni and Gillian McAinsh

World Hygiene Day: Medical School champions hand hygiene

Nelson Mandela University's Medical School marked World Hygiene Day with an engaging and educational event on 14 May, highlighting the vital role of hand hygiene in healthcare. Held during the lunch hour at the Missionvale Campus Student Cafeteria, the event echoed this year's theme, "It might be gloves, it's always hand hygiene," underscoring the importance of hand sanitisation—even when gloves are used.

In collaboration with the Eastern Cape Department of Health and Ampath Laboratories, the event transformed the cafeteria into an interactive learning space. Second- and third-year MBChB students took part in practical demonstrations, including a hand hygiene challenge, which was proudly won by the second years.

Organisers Cindy Booysen, Thabo Sempe and Dr Ntokozo Mzimela used the opportunity to reinforce the integration of theoretical knowledge with practical skills. "This inter-year collaboration is key to preparing our students for the realities of clinical care," said Dr Mzimela.

The event was guided by Mr Mark Domingo, who not only served

as Master of Ceremonies but also assisted with various activities throughout the day, contributing to the smooth running and success of the event.

Dr Funeka Matshakeni, 5th year MBChB coordinator, and guest speaker Lifukazi Ngcwangu from the Department of Health, stressed how essential hand hygiene becomes as students transition into clinical settings. "Hand hygiene is not just routine—it's your first defence against infection," Ngcwangu reminded students.

Adding a high-tech touch, Ampath's Sulene Nel and Tayla Matthews demonstrated a glow machine that revealed unwashed areas of the hands under UV light. "Seeing the missed spots is a powerful learning tool," Nel said. "It helps students tangibly improve their technique."

The commemoration highlighted Mandela University Medical School's ongoing commitment to producing mindful, well-trained healthcare professionals—starting with the basics of hygiene.



Ask Dr K: *Your medical ethics column*

We're pleased to introduce our quarterly Medical Ethics column, Ask Dr K. This is your chance to ask about the real-life ethical dilemmas you encounter as a medical student. Email us your questions and Dr Yoshna Kooverjee will explore options on the right thing to do.



Dr Yoshna Kooverjee

THIS MONTH, ASK DR K CONSIDERS THE QUESTION "AS A MEDICAL STUDENT, IS IT A MUST FOR ME TO ASSIST IF I WITNESS AN ACCIDENT?"

Over the years this question has cropped up a few times from students, who have shared their experiences of witnessing drownings, road accidents and the like. At first glance you may wonder why this could be a dilemma – surely it is our moral duty to help? This led me to consider what it is exactly that students are asking. Is it concern about not knowing what to do in the situation or public expectations for medical students to have skills the average passerby doesn't? Maybe it's fear for their own safety and how far one should go to save others? Could it be worry about getting into trouble with the law?

I haven't yet encountered a medical student who does not feel it is their moral duty to assist others wherever possible; so, I was curious to find out if anyone had done any studies about this ambivalence. I managed to find one – A UK study (Xie, et al., 2019) explored medical students' views on helping at emergencies in the public setting and found similar themes to those I outlined. Students felt unprepared to deal with these situations and sought clarity on their professional and moral duty. But whilst our students' attitudes might be similar, our context is different, and this must be considered when we figure out the right thing to do.

Let's look at each question in turn. The first centres on doing good whilst minimising harm or risk of harm. (Bonus points to my students who are thinking Beneficence vs Non-maleficence!) Medical students have completed BLS training and ought to assist within their scope but should not attempt procedures beyond their competence. HPCSA Ethical rules of conduct (HPCSA, 2023) state that medical students may only practice professional acts under the supervision of approved practitioners, and these are limited to education and training. Emergencies in the public domain do not fall within these criteria, therefore students should not feel pressured by public expectations of a professional duty to assist at emergencies (since no such duty exists for students).

Students who wish to learn more advanced skills before they reach the clinical years could do so, but there is no moral obligation to go beyond the call of duty. Students who choose to do this should select formally certified training courses (which will likely incur expenses at the students' own cost). Whilst this type of supererogatory initiative is commendable, other medical students who do not wish to do extra training have no obligation to follow suit.

Similar reasoning applies to the next question on risking one's own safety. There is no moral obligation for medical students to assist at emergencies if doing so threatens their lives. But what about legal obligations? Since I'm not a lawyer, some more research was needed. McQuoid-Mason's 2016 article provides insights into legal obligations for doctors at road accidents, but we can't assume that the same rules apply to medical students. Nonetheless, it's recommended reading for students, as the author outlines when threats to safety might release doctors from an obligation to assist.

The article also provides clarity on the third question. You may have heard of Good Samaritan laws in some countries, which

protect rescuers from litigation, but also create a legal obligation for doctors to assist at accidents. South Africa doesn't have Good Samaritan laws, but doctors (and everyone else) may be legally liable for failing to act in line with Constitutional values if they do not assist at accidents (McQuoid-Mason, 2016).

So back to our question – my conclusion is that it's a should, but not a must. Medical students ought to assist at accidents within their limits, and in line with Constitutional values and common morality.

What do you think is the right thing to do? Share your thoughts or dilemmas with us...

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Human Evolution: SAfm and Dr Zithulele Tshabalala discuss fascinating facts about humans, hair and animals

In May, during the University's recess and at very short notice, The Medical School's Dr Zithulele Tshabalala was invited to chat to SAfm's Michelle Constant on the unusual topic of hair, sweat and evolution. The host threw a few scientific curveballs his way, but Dr Tshabalala tackled the interview with aplomb.

Thank you for holding the Mandela flag high, Dr Tshabalala – you did us proud!



Dr Tshabalala

THE BODY BEAUTIFUL - SOME HIGHLIGHTS FROM THE SHOW

Humans evolved to have far less body hair than other mammals due to how we regulate body temperature. Unlike animals that rely on dense fur for insulation, humans use sweating—enabled by eccrine glands—to cool down through evaporation.

This adaptation allowed early humans to stay active and avoid overheating, especially in warm climates.

Though we still have fine body hair, it serves a different purpose: sensory perception. These hairs help detect external stimuli like insects or changes in the environment.

Over time, as humans developed tools, clothing, fire, and shelter, the need for insulating body hair diminished further.

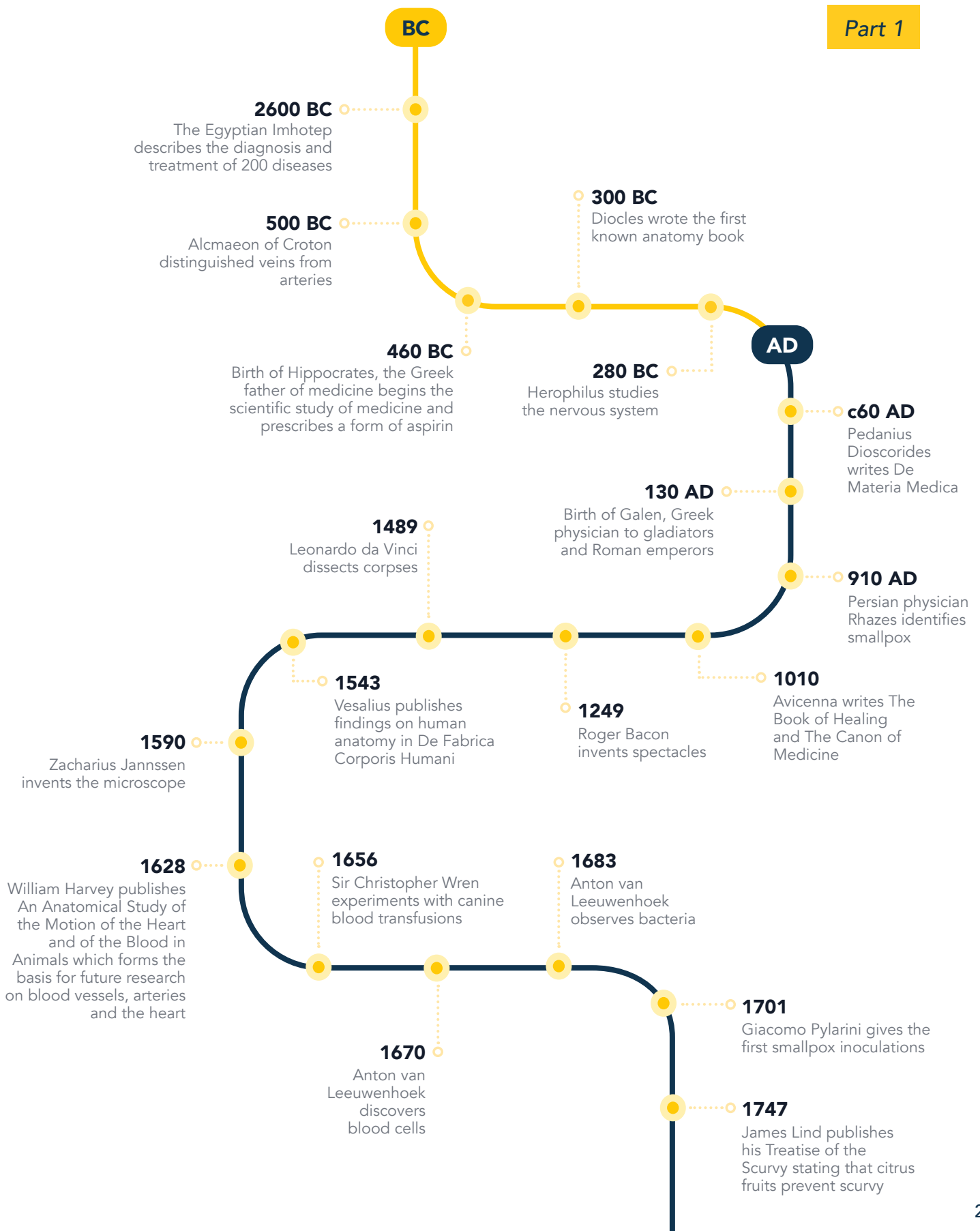
Genetics, hormones and environmental factors all influence how much hair individuals grow. Conditions like hypertrichosis can lead to excessive hair growth, while others may have more sparsely distributed hair across a large part of the body.

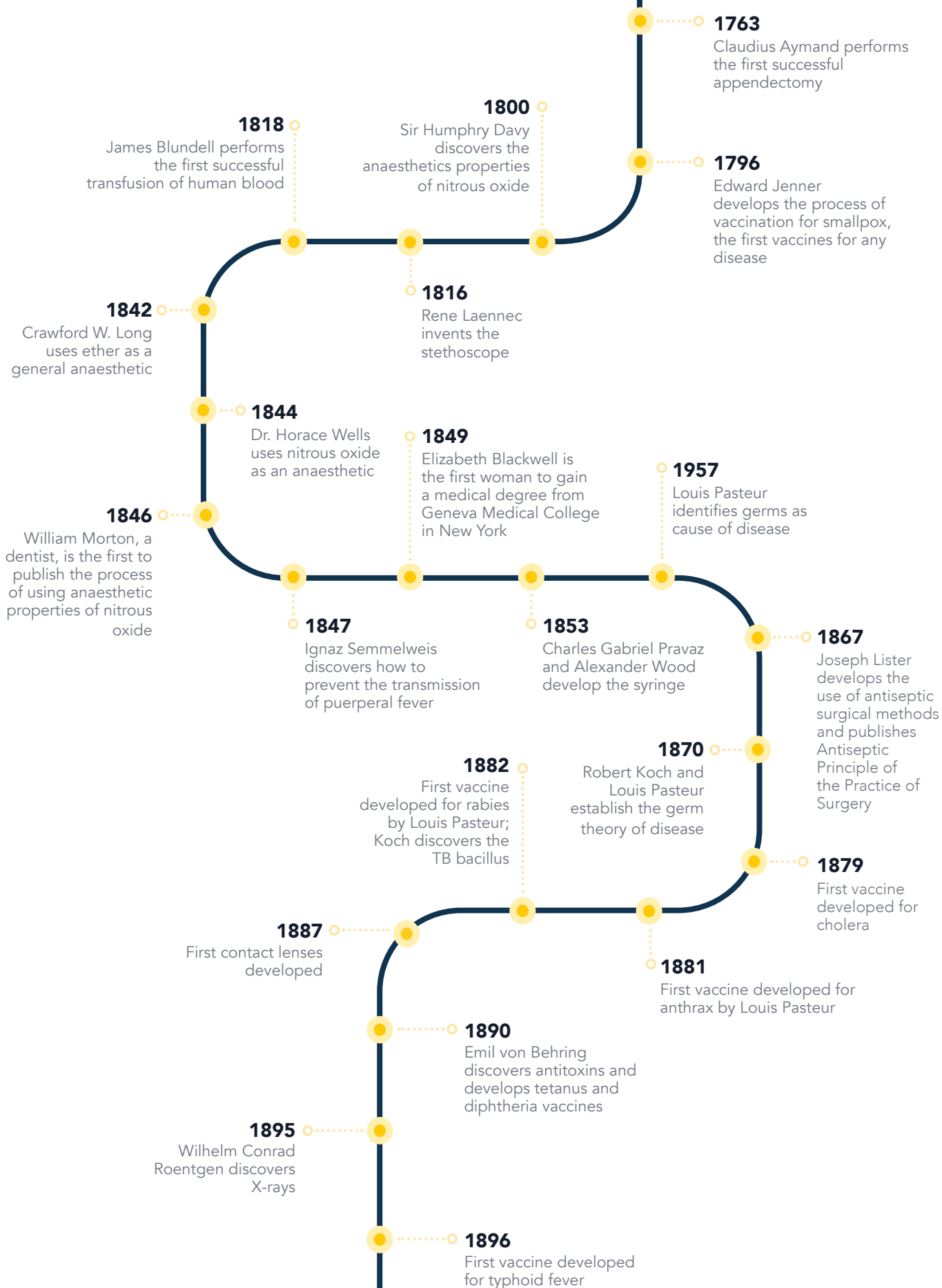
Overall, hair loss in humans reflects both an evolutionary advantage for heat regulation and societal changes that reduced our dependence on natural insulation.

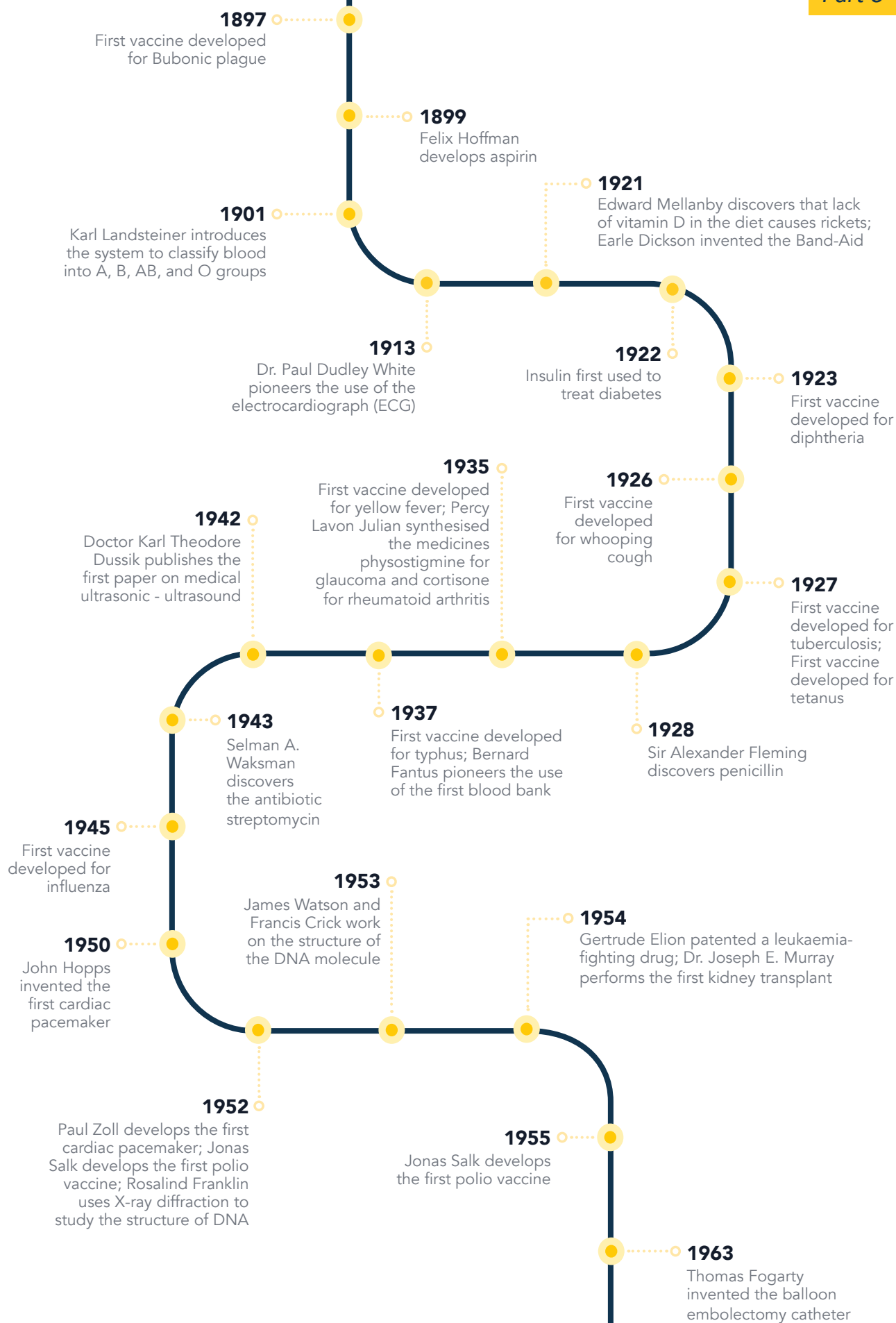
6. HISTORY OF MEDICINE

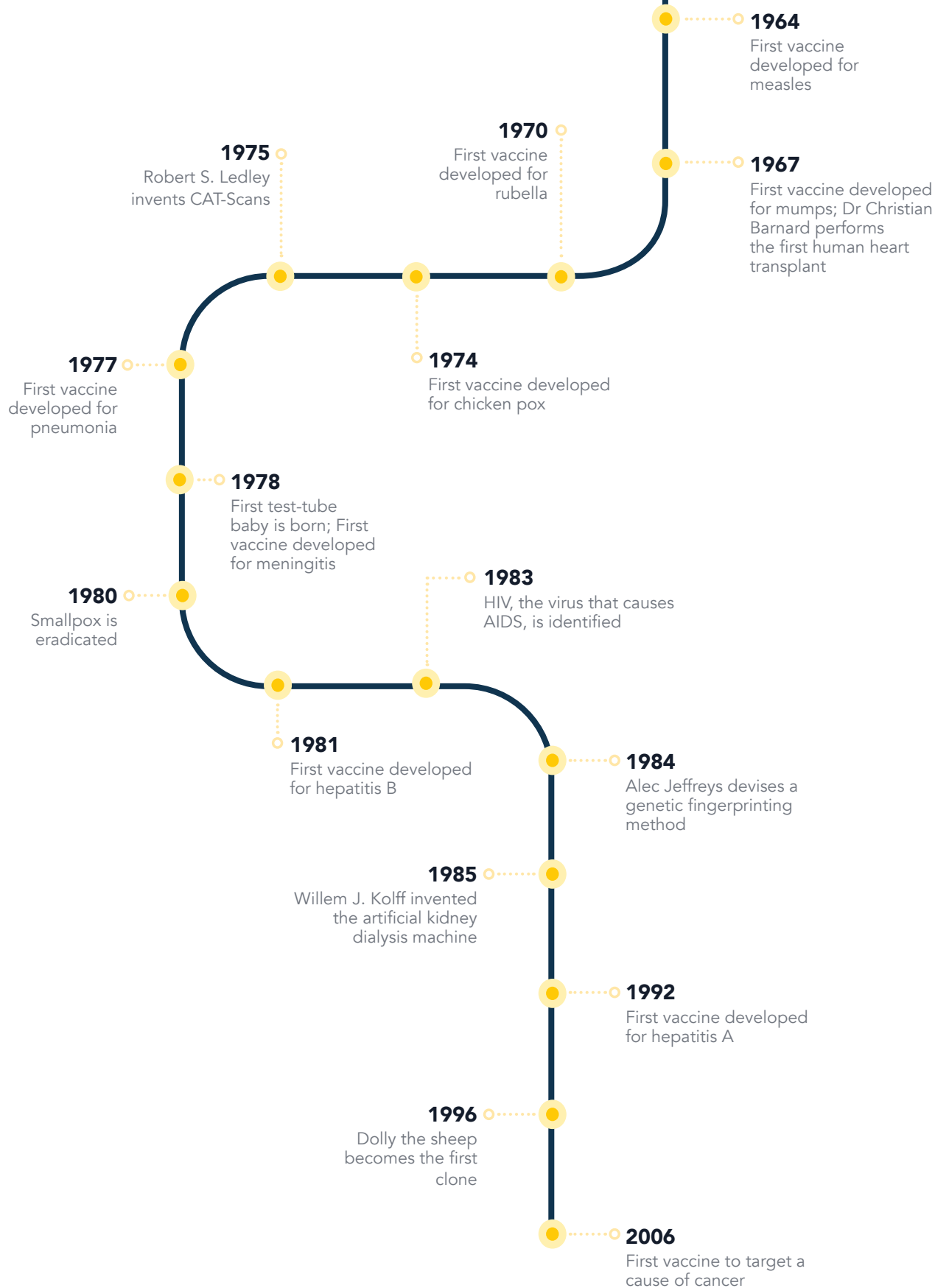
A Journey Through Time: milestones in medical history

Part 1









Source: <http://www.datesandevents.org/events-timelines/10-history-of-medicine-timeline.htm>

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With sincere gratitude.

The Nelson Mandela University Medical School

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3) GENERATION OF INVOICE

Email confirmation sent to Ms Jennilee Bezuidenhout **jennilee.bezuidenhout@mandela.ac.za** who issues Trust invoice to donor



4) ISSUING OF INVOICE

The invoice: bank details + short information form for Section 18A tax certificate



5) PAYMENT RECEIPT

Donor pays invoice – funds transferred to Financial Aid under donor conditions



6) FUNDING ALLOCATION

Medical School + Financial Aid allocate funding to student/s in need



7) ISSUING OF S18A CERTIFICATE

The Trust issues thank you letter + Section 18A tax certificate



8) ISSUING OF B-BBEE CERTIFICATE

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Contact us. Drop us an email @ candice.chetty@mandela.ac.za

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