NELSON MANDELA
UNIVERSITY

MANDELA MED PULSE

Medical School

NEWSLETTER

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IN THIS ISSUE

Dr Reno Morar is Director of the Nelson Mandela University Medical School. He leads the School's socially accountable, community-immersed medical education model, with the inaugural Mandela Doctors group set to qualify at the end of 2026.

1. FROM THE DIRECTOR'S DESK:

As we step into 2026, watching our 6th-year medical student family take up their district rotations feels less like a routine academic transition and more like a defining milestone in the life of our Medical School.

When we opened our doors in 2021, we spoke boldly about reimagining medical education in South Africa. Today, that vision is no longer a distant aspiration; it is now a reality unfolding in clinics, hospitals and communities across our province.

We began with our dream: the idea that medical education should be socially accountable, community-immersed, and responsive to the realities of our health system. Now, as our students move confidently into district settings, that idea has found its feet. This moment reflects growth through consolidation. We are no longer simply designing a model; we are implementing and witnessing its impact on students, staff, and the patients and communities we will serve this year.

Nelson Mandela once reminded us that, "Vision without action is just a dream; action without vision just passes the time; vision with action can change the world." In many ways, 2026 represents our collective "vision with action." The district rotations are not an add-on to our curriculum - they are its heartbeat. They signal that we are serious about shaping graduates who understand South Africa not only from textbooks, but from lived community experience.

The district platform embodies the ethos of the "Mandela Doctor" in the most authentic way possible. We have often described our Mandela Doctors as socially conscious and community-focused, grounded in empathy and service. In district hospitals and primary care clinics, these are not abstract ideals -they are daily necessities. Here, medicine is not practised in silos. It is collaborative, resourceful, and deeply human.

We thank our students and staff for journeying with us as we pioneer this approach in the Western Region of our province and are grateful for their patience and resilience. We thank the staff and hospital management teams in Graaff-Reinet, Somerset East and Makhanda for their collaborative efforts. The Leadership team of the Sarah Baartman District Office have also been part of the solution in getting our seminal work off the ground.

No trailblazing journey is ever traversed with perfection, yet we have joined forces to forge ahead.

Our students are also learning that excellent clinical care and social awareness are inseparable. They encounter the social determinants of health not as policy concepts, but as realities reflected in patients' lives. They learn to listen carefully, to improvise thoughtfully, and occasionally to smile reassuringly even when the electricity is misbehaving or the printer refuses to cooperate. (If resilience were a clinical skill, our district sites would be Centres of Excellence.)

Ahmed Kathrada once said, "Without vision, you can't get anywhere." Yet vision must be sustained by courage and humility. The Mandela Doctor is not defined by perfection, but by presence and the willingness to stand alongside communities, to advocate for equity, and to serve with integrity. District rotations nurture precisely this kind of doctor: adaptable, reflective, and grounded in service.

The district rotations are not an add-on to our curriculum - they are its heartbeat.

Looking back to our inception in 2021, there is much of which to be proud. We established a curriculum rooted in workplace-based and work-integrated learning from the outset. We built partnerships with district health services that were not transactional, but relational. We navigated uncertainty and disruption with creativity, ensuring that learning remained rigorous and relevant. We cultivated a culture of collaboration across disciplines, recognising that healthcare leadership is collective, not individual.

This year also marks a quiet but powerful truth: our first family of Mandela Doctors in Training is progressing steadily toward qualification at the end of 2026. There is something profoundly moving about that. Institutions often measure milestones in buildings and budgets. We must also measure ours in people, namely, the future doctors shaped by a distinctive ethos. In their success, the School finds its purpose.

To our 6th-year students: this is your landmark year. Step into your district placements with confidence, curiosity and compassion. You will be challenged. You will be stretched. You may occasionally long for stronger Wi-Fi. Yet in these very moments, your professional identity will deepen. Remember that excellence in medicine is not only about diagnostic precision, but about humanity.

As Nelson Mandela reminded us, "It always seems impossible until it's done." A new medical school with an ambitious social mission may have seemed improbable. Today, it stands firmly on its values, sustained by committed staff, supportive partners and remarkable students. And the journey continues.

Let us embrace 2026 not merely as another academic year, but as a reaffirmation of who we are. We are building more than a medical qualification. We are shaping a generation of Mandela Doctors together with colleagues from the University, the Eastern Cape Department of Health and partners to the health system. Our joint staff and associated health system partners are all contributing to shaping clinicians who will lead with integrity, serve with empathy and work tirelessly for equity in healthcare.

To our students, staff, partners, and communities: thank you for walking this journey together. The milestone we celebrate today belongs to all of us. And if the first five years are any indication, the best chapters are still to come.

Dr Reno Morar
Director, Medical School
Nelson Mandela University

2. MEET OUR NEW STAFF

DEPARTMENTAL SECRETARY: HUMAN BIOLOGY & INTEGRATED PATHOLOGY

The Medical School warmly welcomes Ms Matapelo Noyi to the Human Biology and Integrated Pathology disciplines. With over a decade of administrative experience within Nelson Mandela University, she brings a strong foundation in faculty support, coordination and professional service to her new role.

Matapelo Noyi

- Departmental Secretary
- Human Biology & Integrated Pathology
- Nelson Mandela University
- Joined Nelson Mandela University: 2012
- Joined Medical School: February 2026

Qualifications:

- National Diploma in Office Management
- National Diploma in Human Resources Management
- Advanced Diploma in Teaching in Vocational Studies

Professional Background

Where are you originally from?

Plettenberg Bay, Western Cape

What qualifications do you hold?

ND Office Management (NMMU), ND Human Resources Management, Advanced Dip Teaching in Vocational Studies (NMU)

How has your previous experience across different Faculties prepared you for your new position as Departmental Secretary?

I joined Nelson Mandela University in 2012, where I initially worked in the Faculty of Humanities. I later moved to the Faculty of Law, gaining valuable experience in faculty administration and academic support.

On 2 February 2026, I began my current role as Departmental Secretary within the Human Biology and Integrated Pathology disciplines. I bring with me a wealth of experience, a strong administrative background, and a passion for excellence. I am excited to be part of this dynamic team and look forward to contributing in meaningful ways that will enrich the Department and the Faculty as a whole.

What does your current role involve, and what do you enjoy most about it?

My current role involves coordinating administrative processes and assisting the HOD in Human Biology and Integrated Pathology, supporting academic staff and students, managing departmental documentation, and ensuring that daily operations run smoothly within the Medical School. I work closely with various stakeholders to maintain efficiency and compliance with University policies.

What I enjoy most about my role is being able to contribute to an environment that supports the training of future healthcare professionals. It is rewarding to know that my work, even behind the scenes, plays a part in enabling student success and supporting academic excellence.

What drew you to working in the Medical School environment?

I was drawn to the Medical School environment because of its direct contribution to healthcare and community development. Being part of a space that trains future doctors and healthcare practitioners is both inspiring and rewarding, and I value the opportunity to contribute behind the scenes to such important work.

Vision & Values

What excites you most about being part of the Medical School team?

I value being part of an environment that plays a direct role in shaping future healthcare professionals. The Medical School represents excellence, dedication, and service to the community. Knowing that the work we do contributes - even indirectly - to improved healthcare outcomes is incredibly motivating and meaningful.

What strengths do you hope to bring to the department?

I look forward to contributing strong organisational skills, attention to detail, reliability, and a collaborative mindset. I value clear communication and efficient processes, and I strive to create a supportive environment for both staff and students. I am also committed to continuous learning and contributing positively to the team culture.

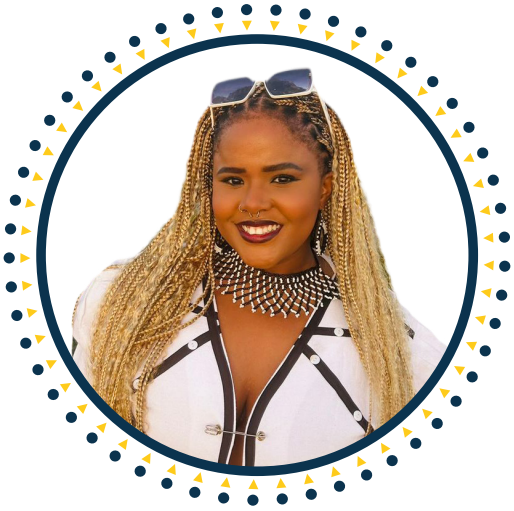
What do you enjoy doing outside of work?

I love spending quality time with family and friends, exploring new places, and maintaining a good work–life balance. I also enjoy activities that help me relax and recharge, spending time outdoors. These moments allow me to return to the office feeling refreshed and focused.

"It is rewarding to know that my work, even behind the scenes, plays a part in enabling student success and supporting academic excellence."

Dr Maqubela: Young Doctor, Fresh Perspective

As the Medical School enters its phase of institutional maturity, new voices are shaping the narrative of what it means to be a "Mandela Doctor." Dr Lolwakhe Maqubela, a 4th-year MBChB Coordinator and recent graduate, brings a unique perspective to the clinical platform. Having recently transitioned from intern to independent practitioner, she offers our students more than just clinical instruction - she presents a roadmap for navigating imposter syndrome, systemic challenges and the messy but beautiful process of 'becoming'.



> ***If you feel tired, uncertain and behind you are in the middle of becoming***

A non-linear path to the calling

Dr Lolwakhe Maqubela's journey into medicine was, by her own admission, a "strange one". Growing up, her aspirations shifted from teaching to law and eventually to engineering, for which she had prepared with subjects like Engineering, Graphics and Design (EGD).

However, a love for her Natural Sciences teacher led her to take Life Sciences and a provisional acceptance from UCT Medicine became the "sign" that set her current path in motion. She has never looked back.

Now, as an educator at Nelson Mandela University, she is drawn to the "hope and potential" she sees in the 4th-year students. For her, being a "young doctor" in an academic setting is a specific identity: she defines a junior doctor as an independent practitioner with less than five years of experience. This proximity to her own student days allows her to bridge the gap for those currently making the daunting leap into clinical medicine.

"Dr. Maqubela's Energy Restorers"

List:

- The Beach
- LEGOs
- Podcasts
- "Yapping"
- Painting
- Fiction

> ***Ask all the questions in your head... You will not be excellent in all rotations but if you don't ask, you won't learn.***

The clinical leap: asking the "dumb" questions

Reflecting on her own training, Dr Maqubela notes that students often underestimate the sheer "time and energy" the clinical platform requires. The transition is intense, requiring students to simultaneously revise old concepts and master new ones while managing their time in the wards.

Her primary wisdom for the Class of 2026? Be inquisitive. "Ask all the questions in your head, speak and engage in tutorials more," she advises. Dr Maqubela emphasises that active engagement - reading ahead to identify points of confusion and taking diligent notes - is the only way to truly learn in an environment where no one is expected to be excellent in every rotation.

The human side of the scrubs

In a demanding healthcare environment, Dr Maqubela finds her "grounding" in a clear sense of purpose. On difficult days, she turns to "yapping" - long calls and texts to friends to process valid feelings of being overwhelmed.

To restore her energy, she looks to the simple things: "The beach, the beach, the beach," LEGOs, painting, fiction books and podcasts. This "doing nothing without guilt" is her prescription for the burnout that is often rife among young doctors.

A vision for the future

Looking forward, Dr Maqubela sees herself specialising in Psychiatry, with a sub-specialisation in Addiction Psychiatry, while maintaining her affiliation with Nelson Mandela University. She believes this Medical School is building something extraordinary: a space where students are heard and encouraged to "advocate fiercely" for themselves and their patients.

Her final message to those doubting themselves is a reminder that growth is often disguised as failure. Citing a reflection that resonated with her, she concludes: "If it's hard, it matters, because 'becoming' is messy. It breaks who you were into who you are meant to be".

Navigating the shadows of professionalism

Even for a mentor, the path is not without its hurdles. Dr Maqubela speaks candidly about navigating imposter syndrome, a challenge she manages through constant reflection and the support of a strong home and professional structure.

One of her greatest challenges has been overcoming the "intern" image held by senior clinicians who recently supervised her. "This is also something I battled with as my colleagues were recently my 'supervisors'," she admits.

Her teaching philosophy is rooted in a desire to ensure that students feel they belong. "I hope they remember that they deserve to be here and they earned their space," she says. She urges students to use all available resources such as friends, classmates and university support systems. It is essential that students are reminded that they are not alone in the "hard" parts of medicine.

"May your passion to 'save the world' not be extinguished by the dysfunctional system but motivate you to change the system"

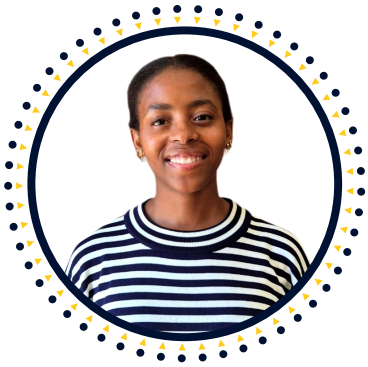
VOICES OF THE COHORT: MEET OUR 2026 CLASS RESPRESENTATIVES

FOUR STUDENT LEADERS REFLECT ON SERVICE, REPRESENTATION, AND THE RESPONSIBILITY OF GIVING THEIR COHORT A VOICE

As the Medical School moves from its founding vision toward a phase of consolidation, student leadership plays an increasingly vital role. We spoke to the 2026 class representatives - the voices bridging the space between academics and the student body - about their motivations, goals, and the leadership styles shaping their cohorts.

Pledging to Serve: The 2026 Student Leaders

As our Medical School matures, the transition from "forming" to "consolidating" is nowhere more evident than in our student leadership. This year's class representatives represent a diverse range of motivations, from the fresh enthusiasm of first-year students to the resilience of senior cohorts navigating the final stages of their training. In this Q&A, they share what it means to lead.



"I aim to create a space where others feel comfortable communicating honestly, so that we can work together toward shared goals." ***- Tsosoloso Moeng -***

TSOSOLOSO MOENG - MBCHB I CLASS REPRESENTATIVE

Why did you put yourself forward for this role?

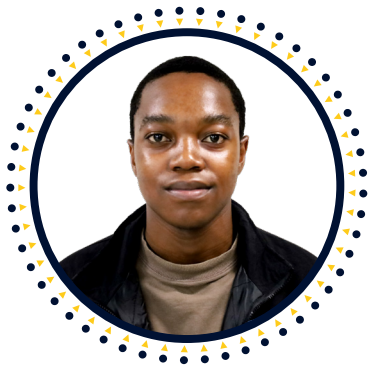
"As a Class Representative, I care about creating an engaging and supportive environment for students. I believe that effective communication between students and academics is essential, and I wanted to play an active role by ensuring that our class feels heard, represented and included."

What do you hope to achieve for your class this year?

"University can be overwhelming at first, so this year, I hope to help ease the transition while also building a strong sense of community and support within our class, to ensure a successful academic year."

What is one word that describes your leadership style?

"Approachable. I value openness, appreciate collaboration, and believe mutual respect is key."



"I lead with purpose. I listen carefully, think critically, and act deliberately to ensure that every decision benefits the collective."
- Ndumiso Mbuyazi -

NDUMISO MBUYAZI - MBCHB II CLASS REPRESENTATIVE

Why did you put yourself forward for this role?

"I wasn't completely ready for it. I had heard how demanding the role can be, and instead of being intimidated, I chose to step into the challenge. I wanted to discover my capacity and contribute something meaningful to my colleagues."

What do you hope to achieve for your class this year?

"I hope to be approachable, dependable and proactive; someone to whom my class can speak openly, knowing their concerns will not only be heard, but acted upon. This year, I aim to strengthen communication between students and faculty and help create a more supportive and enjoyable learning environment for MBChB II."

What is one word that describes your leadership style?

"Intentional. I lead with purpose."

NERVIN ORREN - MBCHB III CLASS REPRESENTATIVE

Why did you put yourself forward for this role?

"I wanted to step outside my comfort zone and grow both personally and professionally ... I saw this as an opportunity to serve my peers while developing skills that will be essential in my future career."

What do you hope to achieve for your class this year?

"I hope to contribute to a culture of success within our class; one where we support one another, stay accountable, and ultimately progress confidently toward completing our degree together."

What is one word that describes your leadership style?

Principled. I believe in being fair, objective and consistent in decision-making. I aim to represent everyone equally, ensuring that all voices are heard and respected."

"Medical school challenges us academically, but I believe leadership challenges us in different and equally important ways."
- Nervin Orren -

KAVIR DULLABH - MBCHB V CLASS REPRESENTATIVE

Why did you put yourself forward for this role?

"I was in a blessed position whereby I was elected by the class to become the Class Representative. It can truly be a challenging and overwhelming role but rewarding once you see the impact of your work."

What do you hope to achieve for your class this year?

"To continue being pioneers for this Medical School to the best of our ability. Our cohort has been through many highs and lows together, making us extremely resilient. I wish for solidarity and unity within our class to persevere through our final years of this degree."

What is one word that describes your leadership style?

"Altruistic. I would like to believe that I have wholeheartedly served my class and connected with my fellow colleagues on an individual and personal level ... over time, I've come to realise that you have to apply different leadership styles in different contexts, while still maintaining your values and morals."

"I wish for solidarity and unity within our class to persevere through our final years of this degree."
- Kavir Dullabh -

Together, these student leaders represent the evolving voice of the Medical School - a community grounded in collaboration, resilience and the shared responsibility of shaping the doctors of tomorrow.

FINANCIAL FITNESS: PREPARING FOR THE PROFESSIONAL REALITY

As the Medical School moves from its founding vision to a phase of institutional consolidation, preparing students for the "real world" of practice has become a strategic priority. In this feature article, we reflect on the recent conversation with students that was facilitated by Medical School colleagues. Veteran practitioner Dr Sean Volkwyn and recent graduate Dr Lolwakhe Maqubela shared their complementary insights. From the immediate "baptism of fire" of the first month's expenses to the long-term discipline of practice management, this session offered the pioneering class a vital roadmap for professional readiness.

Navigating the pitfalls of professional life

The inclusion of financial planning within our student development programme reflects the Medical School's commitment to producing graduates who are not only clinically competent but professionally resilient.

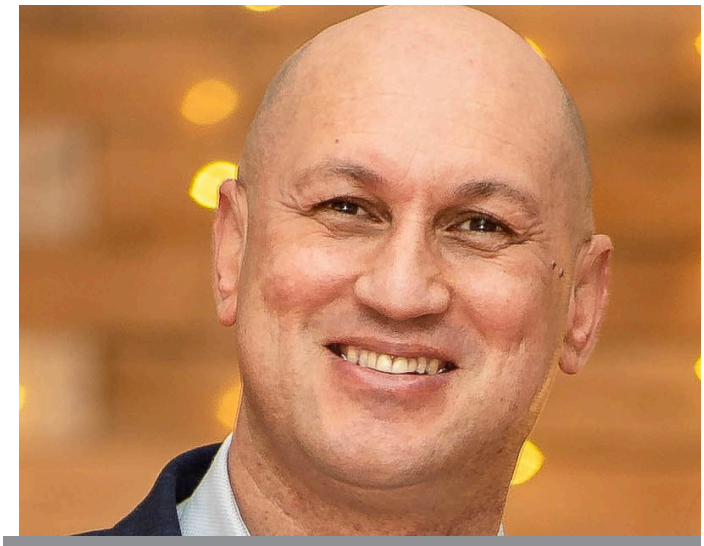
Dr Sean Volkwyn, who brought experience in Practice Management from 23 years in the private sector, noted that Financial Planning Readiness and Practice Management is not covered well in the medical school curriculum as it is already so full, making this workshop a vital intervention.

One of the most common mistakes Dr Volkwyn has witnessed among new graduates is the temptation to spend an intern's salary on luxury too quickly.

Some of the financial mistakes that young doctors make post-graduation are purchasing an expensive motor vehicle on an intern's salary," he warned, pointing out that monthly instalments remain a burden, even if a post-community service job is not secured.

Reflecting on his own journey, he shared that in hindsight, he should have used money earned from overseas stints to purchase property rather than a vehicle. His message was clear: being informed of these "real world" realities reduces the risk of financial difficulty and the burnout that is "rife among young doctors".

"Financial Planning Readiness and Practice Management is not covered well in the Medical School curriculum as it is already so full, so it is vital that the students are informed."
- Dr Sean Volkwyn



DR SEAN VOLKWYN

Discipline as a clinical skill

Dr Volkwyn's primary advice for building a secure future is early planning and discipline. "I would advise students to start an 'emergency fund' for life's unexpected situations, and to save at least three months' salary for this," he said. He also highlighted the power of compound interest, urging students to meet with a financial planner and start saving for retirement as soon as possible.

Dr Maqubela closed the session by linking financial literacy back to the "Mandela Doctor" identity. She argued that understanding the price of basic necessities - such as a R12 taxi fare -is fundamental to understanding the systemic challenges patients face.

By breaking the silence around money, she believes young doctors develop the discipline and foresight necessary to advocate for themselves and their communities. As Dr Volkwyn concluded, the goal is to assist future doctors with these "financial realities" so that they can focus on what matters most: serving their patients with excellence.

Survival in "Month Zero"

While Dr Volkwyn provided a long-term roadmap, Dr Maqubela provided a candid "boots on the ground" reflection on the immediate hurdles of entering the profession. She highlighted the reality of "Month Zero" - the period between graduation and the first pay cheque.

"The first month after graduating will require you to relocate, figure out transport to and from the hospital, feed yourself, buy simple furniture and pay rent ... this is all before you get your income," she explained.

Both panellists emphasised that professional entry comes with heavy mandatory costs. Dr Volkwyn stressed that "students should be aware that they would have to make provision for registration for the HPCSA, as without this they cannot practice," alongside professional indemnity cover like the Medical Protection Society (MPS) to navigate "today's litigious world".

Dr Maqubela added that graduates must distinguish between being taught money management by peers and being taught by the "expectations" of peers as this distinction that can define a young doctor's financial health.

"Unless it is an emergency, spending money you had no intention of spending will result in a net loss. You need to be okay with that."
- Dr Lolwakhe Maqubela

Intern's Financial Checklist

MONTH ZERO RELOCATION

- Security deposit and first month's rent
- Moving company/trailer hire costs
- Basic furniture (bed, desk, fridge)
- Utilities (electricity/water) connection fees.

MANDATORY PROFESSIONAL COSTS

- HPCSA Registration: You cannot practise without this
- SAMA/Trade Union Fees: Professional protection and advocacy
- Professional Indemnity Cover (e.g., MPS):
  Essential for your specific scope of practice
  (if not fully covered by the state).

CAR & TRANSPORT

- Monthly instalments and insurance
- Vehicle tracker and annual licence disc
- Maintenance fund (specifically for tyres and windscreens)
- Fuel and hospital parking fees.

ELECTRONICS & CONNECTIVITY

- Phone and laptop contracts
- High-speed Wi-Fi for remote learning/CPD.

PERSONAL PROTECTION

- Medical Aid (comprehensive)
- Retirement Annuity (RA) and Income Protection
- Emergency Fund: Aim to save at least three months' salary for life's unexpected situations.

CONTINUOUS EDUCATION

- Short Courses: R3 000-R12 000 (e.g., ACLS, ATLS)
- Travel and accommodation for out-of-town workshops
- Postgraduate application fees.

LIFESTYLE & MISCELLANEOUS

- Family responsibilities (The "Black Tax" or family support)
- "Fun" fund (travel, hobbies, mental health)
- Convenience costs (hospital cafeteria meals, garage snacks).

SECURING YOUR SUCCESS IN 2026: MORE THAN JUST "HUSTLE AND HOPE"

Studying medicine is a marathon run at a sprinter's pace. Between a mountain of content and the emotional weight of clinical work, it's easy to feel like you're just trying to keep your head above water. But what if success isn't about working more hours, but working more effectively?

Candice Chetty, our Student Success Coach, who has spent two years helping students navigate the highs and lows of academic life, explores common academic, psychological and practical challenges that medical students might face - and the habits, mindsets and support systems that help them achieve sustainable success.

By Beth Cooper Howell

CANDICE CHETTY

Candice holds a B.Psych (Counselling), Diploma in Human Research Management and Training, a BA Hons in Industrial and Organisational Psychology, an MA in Psychology and a Diploma in Education, Training, and Development Practices (ETDP). As a Student Success Coach, she supports medical students in developing the study, time management and learning skills needed to succeed in medical school.

> ***"Behind every medical student is a human being doing their best under pressure."***

After more than two decades working with students in higher education, including many years in student counselling and now as a Student Success Coach, what have you observed as the "X-factor" that separates students who hit the ground running from those who struggle to find their rhythm?

Success in medicine is rarely about intelligence alone; the real X-factor is self-management and adaptability. Students who find their rhythm early don't expect to feel in control straight away. They expect a heavy mental load and don't internalise difficulty as failure.

Instead of relying on motivation, they rely on routine—reviewing content daily and consolidating material weekly. They view help-seeking as part of professional growth and take ownership by changing strategies when something isn't working. Ultimately, they focus on steady, cumulative progress over time.
In summary, they employ six success tips:

- ✓ Expect the challenge
- ✓ Build a routine early
- ✓ Engage with learning early
- ✓ Take ownership of learning
- ✓ Prioritise understanding: focus on explaining, and not just recognising, concepts
- ✓ Recover quickly from difficult days.

What are some of the most common "top trips" or common mistakes that even the most brilliant medical students tend to stumble over early in the year?

One of the biggest "trips" is waiting too long to adjust study methods. Many students stick to school-based strategies like highlighting or rereading, but medical success depends on active learning. Passive studying - where you read more than you test or apply - is a major pitfall.
Psychologically, comparison is a hidden trap. Students assume others are coping better, which fuels self-doubt and prevents

them from asking for help. Finally, many neglect well-being early on, sacrificing sleep and nutrition. These habits directly support the memory and concentration needed for complex material.

Medical students are constantly shifting between rote memorisation and clinical application. What specific academic habits do you recommend to ensure that students aren't just "studying", but truly retaining and synthesising information?

The goal is to move beyond exposure to information and toward retrieval and application of that information. How best to do this? I prescribe four core habits:

- **Active Recall:** Test yourself from memory using brain dumps, practice questions or flashcards.
- **Spaced Repetition:** Revisit information over time to support long-term retention.
- **Teaching Others:** Explaining concepts to peers or out loud to yourself identifies your own knowledge gaps.
- **Clinical Integration:** Constantly ask why something happens and how it would present in a patient.

The 24-hour Reality: between labs, lectures and rotations, time is a medical student's most scarce resource! What's a great way to realistically structure the week to balance high-volume content with necessary downtime?

Think in energy blocks, not just time blocks. On high-energy days, lean into "deep work" like learning new content. On lower-energy or heavy clinical days, stick to maintenance work like quick consolidation.

Schedule your non-negotiables first - lectures and rotations - then build study and rest around them.

Quality beats duration! Protected 45-60-minute focus blocks are far more effective than five-hour exhausted sessions. Most importantly, schedule recovery intentionally. Breaks are part of the system, not a reward.

Prioritisation vs. Procrastination: when everything feels "urgent and important," how can students differentiate between busy work and the deep work that leads to academic mastery?

Procrastination is usually about overwhelm or not knowing where to start, not laziness. There is a difference between "safe productivity" - like reformatting notes - and deep work that grows understanding. Deep work feels harder and more uncomfortable because it involves testing yourself and sitting with concepts you don't yet understand.

I encourage students to ask: "Is this helping me understand medicine better, or just helping me feel less anxious right now?". Identify one or two high-impact tasks each day and do those first.

The Burnout Barrier: what are early warning signs of burnout that students often ignore – and how can they pivot before it becomes a crisis?

Burnout usually doesn't arrive suddenly. It often develops gradually. One of the biggest risks is that students normalise it. They start thinking, "This is just medical school. Everyone is tired. Everyone feels like this." Sometimes what's actually happening is early burnout.

Watch for constant exhaustion, brain fog, or making small, uncharacteristic mistakes. Emotionally, you might feel detached, irritable, or lose the "why" behind your choice of medicine. Physically, you could be experiencing more of headaches, digestive issues, muscle tension, getting sick more often, poor sleep, or just feeling physically run down.

Pivoting starts with being honest enough to say, "I'm not just tired, I am depleted". Reduce the pressure by saying no to one extra commitment, fixing your physical energy (sleep and hydration), and adding tiny recovery moments—like five slow breaths—to your day.

What I want students to understand is that burnout is much

easier to turn around early than when someone is already completely depleted. If you are noticing these signs in yourself, please don't wait until things get worse to reach out.

Holistic Success: how does a student's mental and emotional health directly correlate to their academic performance?

They are directly connected. When you are mentally well, your memory works better, and problem-solving is clearer. Conversely, high stress narrows attention and makes it physically harder for the brain to access memory. Taking care of your mental health isn't an "extra"; it is a core part of your academic success.

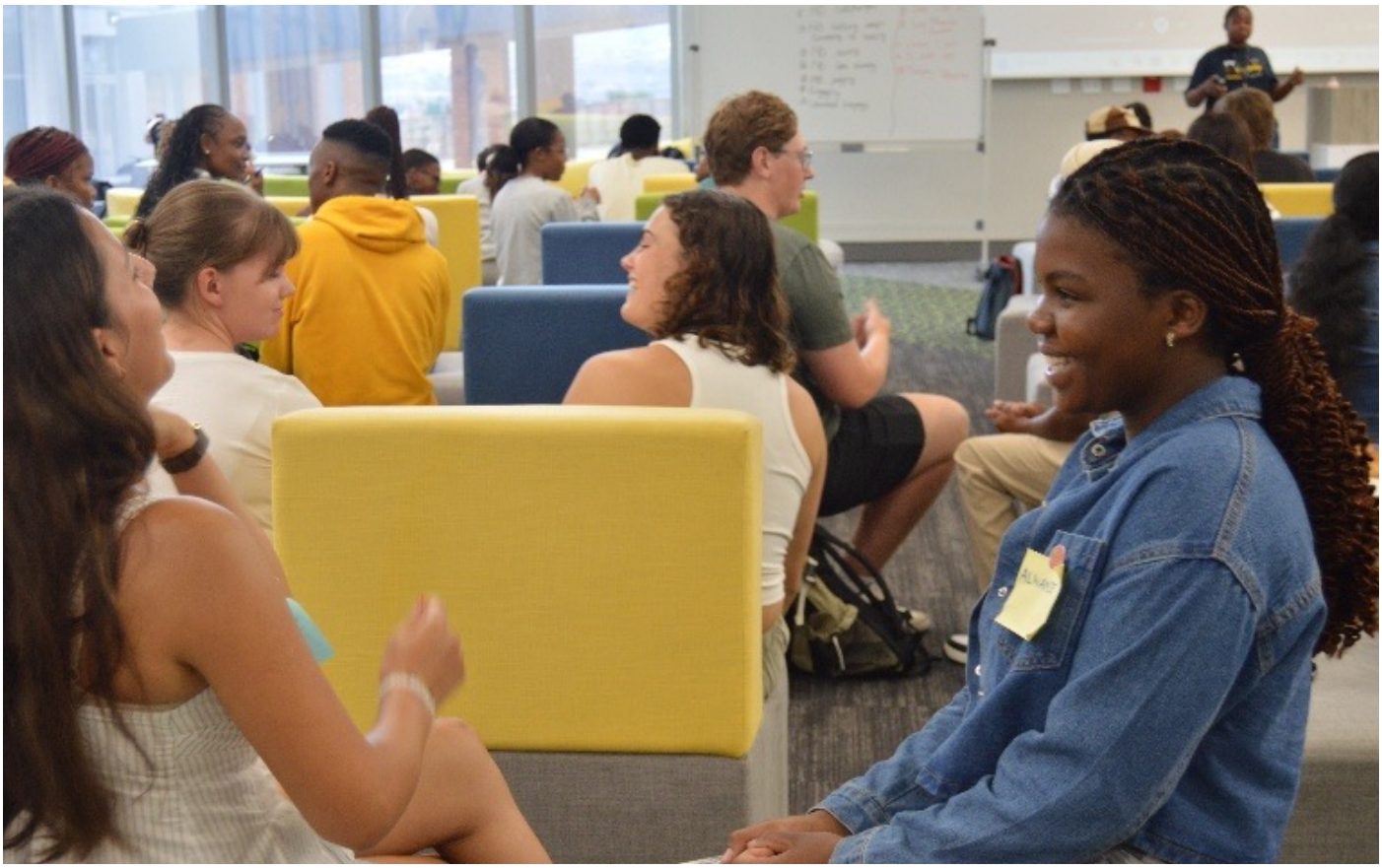
The Support System: for the student reading this, who might feel out of their depth or drowning in stress – whether academically or personally – what is your message to them?

If you're feeling out of your depth, know that this is far more common than it feels, even though it can be isolating. You don't have to figure everything out on your own. One of the biggest turning points is when students reach out early - not because they are failing, but because they're being proactive about their well-being. If things feel heavy, talk to someone and get support. That is how sustainable success happens.

Please know that struggling now does not predict the kind of doctor you will become. Many excellent doctors struggled along the way. Long-term success belongs to those who stay engaged, seek support, and keep growing. You are allowed to grow into this profession year by year. Sometimes you don't need to push harder but rather pause so you can keep going sustainably.

In moments of pressure, try not to lose sight of why you chose medicine. On days when you feel unsure, reconnect with that reason; your "why" is what steadies you when everything else feels uncertain. Medicine will stretch you, but remembering why you started helps you take the next step.

Success is not about being perfect; it's about consistency, self-awareness, and knowing when to pause. You are a person first, and a medical student second. It is okay to feel exhausted or behind. The work you are doing matters, even when progress feels invisible. Sometimes success is simply showing up, asking for help, and giving yourself space to breathe. If you ever need someone to listen or help you switch off for a while, I'm here.



2026 FIRST-YEAR ORIENTATION

The Medical School officially welcomed its newest cohort of first-year MBChB students during Orientation Week (4-6 February). The event is a vibrant programme designed to introduce students not only to the academic demands of medicine, but to the values, culture and community that define Nelson Mandela University.

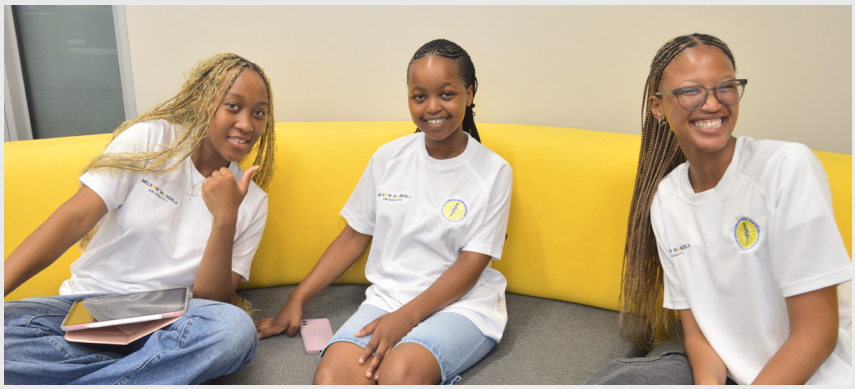
From campus tours and faculty welcomes to peer mentorship introductions and ice-breaker sessions, Orientation Week marked the first steps in what promises to be a transformative journey toward becoming Mandela Doctors.

Welcome
Class Of
2026

Orientation Week Highlights

- Faculty welcome address
- Introduction to peer mentoring
- Campus orientation
- Student support services briefing
- Professional identity formation sessions.

"Every great doctor was once a nervous first-year."



TAKING MEDICINE TO THE DISTRICTS

6TH YEAR DISTRICT ROTATIONS

In a landmark milestone for health professions education in the Western Region of the Eastern Cape, Nelson Mandela University Medical School has officially launched its first cohort of final-year students into the heart of the Sarah Baartman District. This transition from tertiary and regional hospitals in the Nelson Mandela Bay Metro to district hospitals marks a significant step in consolidating the Medical School's mission to produce socially responsive, community-engaged "Mandela Doctors".

On 10 January 2026, faculty transport carried more than just students; it carried the vision of a medical school built to bridge the gap in South Africa's healthcare system. Of the pioneering group of 50 students who began their journey amidst the global uncertainty of the COVID-19 pandemic in 2021, 42 have now entered their final year. For 23 of these students, the year began not in tertiary hospitals, but on the clinical platforms of Makhanda, Graaff-Reinet and Somerset East.

The launch of the district rotations signifies the School's transition from an establishment phase to a phase of institutional maturity. It is a tangible expression of the "Mandela Doctor" identity: clinicians who are not only technically competent but also deeply connected to the social fabric of the communities they serve.

Rural rotations launch: a first for Mandela Medical School

Prof Elma de Vries, MBChB Programme Coordinator, describes the departure as a historic occasion, marking the inaugural rural rotation for the Medical School. The selection of these sites was a deliberate, collaborative effort with the Eastern Cape Department of Health.

> ***"It strengthens the Medical School's commitment to socially accountable, community-embedded training and aligns education with district health system realities."***
>
> ***- Prof Elma de Vries -***

"Hospitals that provide a full district package of care, including doing caesarean sections, were selected, to give students a broad clinical exposure," explains Prof de Vries. The programme is currently rooted in the Sarah Baartman District, with plans in motion to expand to Humansdorp and Port Alfred in 2027. This geographic footprint is essential for training doctors who understand the realities of the district health system and are prepared to serve as fit-for-purpose generalists.

Students departing for their district placements

The LIC model: integrated learning for complex realities

At the heart of this 20-week academic programme is the Longitudinal Integrated Clerkship (LIC) model, coordinated by the Department of Family Medicine. While the official name is the longitudinal district hospital clinical placement module, it is often referred to internationally as the Longitudinal Integrated Clerkship Module (LICM).

Prof Keshena Naidoo, Head of the Department of Family Medicine, explains that the LIC model represents a shift away from traditional, siloed rotations. "In this rotation, students see patients in a single clinical setting not limited to a specific discipline," she says. "The emphasis is on providing comprehensive care with a focus on patient-centred care." This model allows students to follow patients over time while managing a wide range of undifferentiated health conditions as they present in real clinical settings.

> ***"In district settings, students often face undifferentiated patients and must take greater personal responsibility for management plans. This 'stepping up' from observer to active practitioner significantly builds clinical confidence."***
>
> ***- Prof Hoffie Conradie-***

Midland Hospital

Graaff-Reinet

Students at Midland Hospital - Graaff-Reinet

Getting to know their district are:
(front, from left) Caitlin Du Preez, Lindokuhle Sambo, Nokwanda Mthembu, Potsiso Pako and Sinhle Nyalunga
(second row, from left) Kelsey Rohrer, Zoe Williams
(back, centre) Keagan Brown

The curriculum is not merely a repeat of previous years but an advanced clinical immersion. Students are sensitised to the social determinants of health while gaining skills in innovative areas such as point-of-care ultrasound (POCUS), clinical governance, and team leadership.

Prof Hoffie Conradie, a team member with extensive experience in establishing longitudinal training at Stellenbosch and Walter Sisulu universities, places this move within a global context. He notes that there is a global Consortium of Longitudinal Integrated Clerkships (CLIC), a network that connects more than a hundred medical schools across North America, Europe, Australia and other regions that are implementing similar training models. According to Prof Conradie, "district rotations are increasingly considered essential because they provide unique transformative learning and professional development opportunities that traditional tertiary hospital settings cannot replicate"

Bridging concept and clinical implementation

Moving the LICM from a theoretical framework to a functional reality required intensive collaboration. Dr Roswyn Pasio, who played a key role in implementing the 6th-year programme notes that the focus was always on the "Day 1 of internship", preparing students for the exact responsibilities they will face as interns.

"My focus was on making the programme both feasible and sustainable within our clinical context," Dr Pasio says. This involved deep engagement with clinical departments to ensure that educational objectives and service delivery were mutually reinforcing rather than competing priorities.

In the final year, students are no longer passive observers; they are active, supervised members of the clinical team. "In the final year, it is not about students 'ticking boxes' or collecting signatures for logbooks, nor about being passive observers on the clinical platform - it is about becoming active, supervised members of the clinical team."

> ***"Students are expected to take greater responsibility under supervision, engage with undifferentiated patients, and begin integrating their knowledge in real time."***
>
> ***- Dr Roswyn Pasio -***

The transformative shift: from student to doctor

The transition into a district setting can be disorienting. Prof Conradie observes that "initially students often struggle to adapt to a new living and working environment," but this is part of the growth process. He notes that "usually after four to six weeks, the students settle into the new environment, become more confident as they become more familiar with the local health system and grow in confidence and make a contribution as part of the team".

In these settings, students develop competencies that are less visible in tertiary hospitals. "Students see undifferentiated patients as they make first contact with the health care system," says Prof Conradie. Living within the community where they work makes them "more sensitive to the contexts of the patients and the social determinants of health".

A support system for pioneering students

To ensure the success of this decentralised training, the University has adopted a blended learning approach. This includes work-based learning, eLearning, bedside teaching, and reflective practice. While the institution continues to work toward filling dedicated Family Physician posts at each hospital, students are currently supported by a network of hospital clinical preceptors, visiting tutors, consultants, and online seminars.

Prof Naidoo commends the resilience of this pioneering class. "Our students have demonstrated resilience in addressing the challenges of learning in a new clinical training platform." she says. The rotation is designed to be the final crucible that shapes their professional identity, allowing them to work within health teams to care for patients holistically within their communities.

"Medical students participate in the comprehensive care of patients over time, have continuing learning relationships with these patient's clinicians and meet... core clinical competencies across multiple disciplines simultaneously."

- Prof Hoffie Conradie-

Settlers Hospital
Makhanda

Welcoming students :
(back, left to right) are Dr Qolohle (District Family Physician), Dr Igbwe (medical officer), Mrs Ntshongweni (nurse manager), Mrs Ntsaluba (nurse manager), Ms Muava (district office - paediatrics), Asanda Mkalipi (student administrator) and Mrs Niehaus (nursing manager)***Students in front (left to right)*** are Mmatau Ellen Mosuoe, Anita Ellary, Rumaisa Bhayat, Avuzwa Maxhanti and Zandi Cawe.

As the programme evolves, early lessons are already being integrated. Dr Pasio observes that when students are trusted with appropriate responsibility, their confidence and clinical reasoning develop more rapidly. Framing assessments around the expectations of a new graduate has resonated with both students and clinicians, providing a relatable benchmark for success.

As they provide much-needed care in Makhanda, Graaff-Reinet or Somerset East, they are not just fulfilling a curriculum requirement; they are strengthening the district health system and proving that high-quality medical education can - and should - take place where it is needed most.

Looking toward 2026 and beyond

As the first rollout continues, Dr Pasio observes that integration into the clinical team significantly enhances learning. "When students are trusted with appropriate responsibility under supervision, their confidence and clinical reasoning develop more rapidly."

In ten years' time, Dr Pasio hopes the graduates will look back and "recognise this year as the point at which they truly began to think and function as doctors."

The impact of these rotations extends to the future of the healthcare workforce. Prof Conradie points to worldwide research indicating that "students who train in rural and underserved areas are more likely to return to these areas once qualified."

Andries Vosloo Hospital

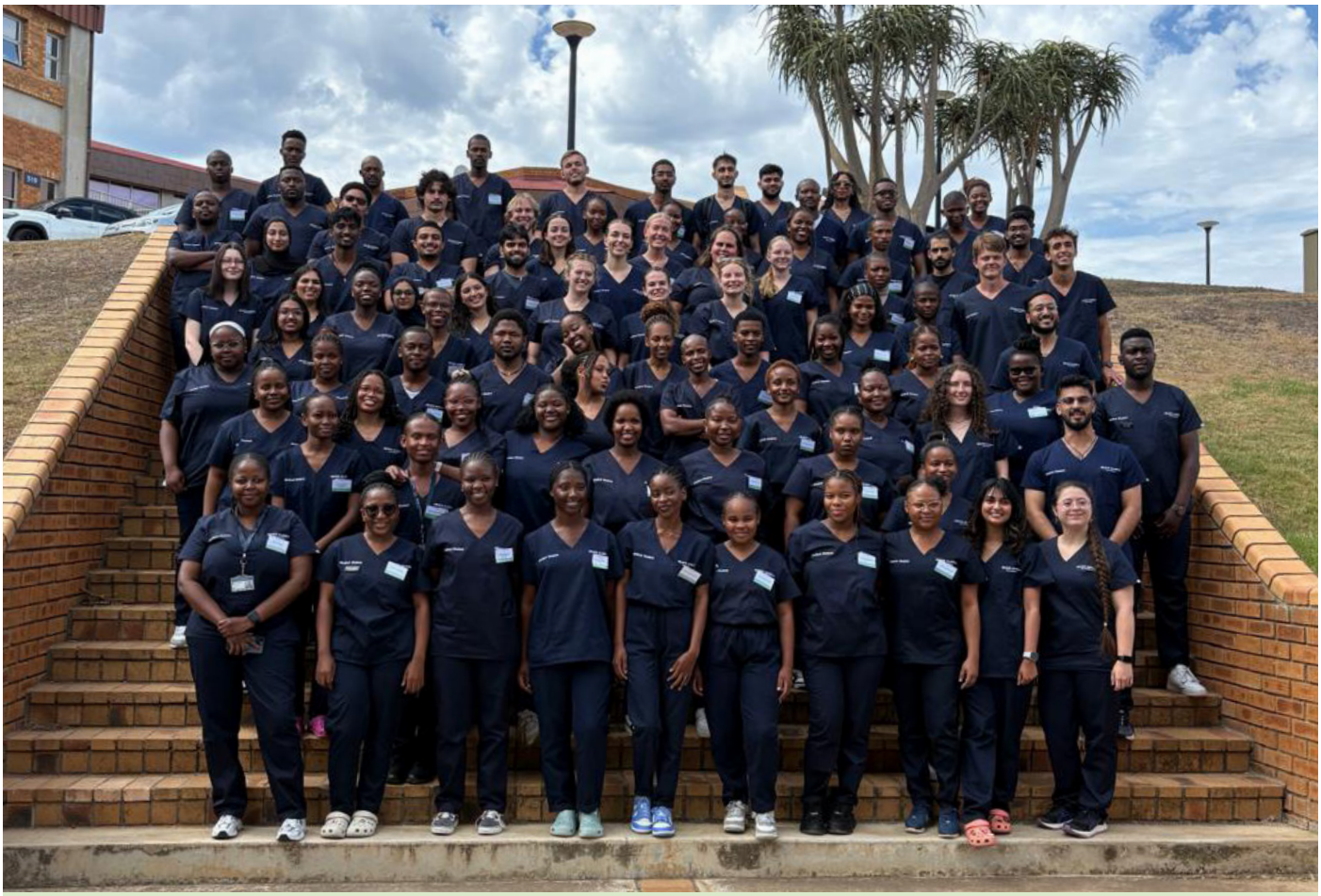
Somerset East

Students at Andries Vosloo Hospital - Somerset East

Getting to know their district are: (left to right)
Arrise Ngobeni, Nhlonipho Mndawe, Zamokuhle Ngema, Samukelisiwe Zondo, Sinelethu Ngalonkulu, Sisipho Mcetywa, and Zukhanyo Hlazo, with Family Physician Prof Hoffie Conradie ***(back, third from left).***

MBCHB CLASS OF 2026 ENTERS THE CLINICAL PLATFORM

Fourth-year MBChB students gathered at Missionvale Campus to reaffirm their professional commitment through the Medical School Oath, marking their transition from classroom learning to the responsibilities of clinical practice.



THE MEDICAL SCHOOL OATH

A formal pledge in which students reaffirm their commitment to ethical medical practice, patient dignity, and service to society as they enter clinical training.

On Tuesday, 27 January 2026, the MBChB IV Class of 2026 gathered on the Missionvale Campus for their Oath Taking Ceremony. This ceremony is a pivotal milestone marking their official transition into the clinical phase of training.

The student-centred ceremony offered a moment of reflection as students prepared to step onto the clinical platform and begin engaging directly with patients, communities and the realities of hospital-based care. It signals a shift from simulated cases and classroom discussions to the lived realities of patient care within hospitals and clinics.

Having first pledged themselves to the profession in their first year (1st-Year White Coat Oath Taking Ceremony), this occasion provided an opportunity to revisit and reaffirm that commitment with deeper understanding and greater responsibility.

The ceremony commenced with an official welcome by Dr Sean Volkwyn, Head of the Department of Medical Practice, followed by addresses from Professor Saiendhra Moodley, Acting Director of the Medical School; Dr Zithulele Tshabalala, Head of Human Biology and Integrated Pathology; Dr Lolwakhe Maqubela,

MBChB IV Coordinator; and Dr Sadiya Seedat, Internal Medicine Coordinator.

Each speaker emphasised the significance of the transition from learning about patients to caring for them. The importance of grounding clinical competence in compassion, humility and professionalism was a recurring theme.
In the presence of their teachers from the Medical School and clinicians from the clinical platform and led by Dr Sean Volkwyn and Dr Khuliso Ramashia, the 4th-year students stood together to recite the Nelson Mandela University Medical School Oath in unison, reaffirming their commitment to ethical practice and service to humanity.

"I found the oathtaking ceremony to be emotional, but impactful as it reaffirmed the 4th year's students of the pledge they made in their first year of study. It is quite apt to be reminded of this as they take their first steps onto the clinical platform on their journey to becoming future Mandela doctors."

- Dr Sean Volkwyn -

While the 1st-year White Coat Ceremony marks entry into the profession, the 4th-year ceremony represents something deeper, the assumption of responsibility within the clinical environment. As students begin interacting directly with the public, the oath takes on renewed meaning. The words spoken are no longer aspirational; they become guiding principles for daily practice.

This ceremony reflects the Medical School's enduring commitment to developing "Mandela Doctors" as healthcare professionals who are clinically competent, socially accountable and rooted in service. It is a visible reminder that medicine remains a profoundly human endeavour, grounded not only in knowledge and skill, but in integrity, empathy and respect.

The Class of 2026 now steps forward into the clinical platform not only as students advancing in their training, but as emerging professionals who have pledged themselves, once again, to the service of humankind.

6. FUNDING

THANK YOU TO OUR DONORS

We are deeply grateful to our donors for their contributions. Your kindness and support have made a significant impact on the lives of students, and we are truly appreciative of your selfless act. Thank you for making a difference.

Your contributions bring hope and relief, and we are honoured to have such compassionate individuals as part of our network.

With sincere gratitude.
The Nelson Mandela University Medical School

HOW YOU CAN HELP

NELSON MANDELA UNIVERSITY TRUST
MEDICAL SCHOOL BURSARIES AND SCHOLARSHIP DONATIONS

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The Trust may issue Section 18A tax certificates for certain categories of donations that qualify for tax rebates. Amendments to the B-BBEE framework also mean that donors who support Black South Africans, as defined in the BB-BEE codes, may receive certification to assist them with their B-BBEE scorecard.

Sound corporate governance is at the heart of the responsibilities of 11 Trustees. The Trust is independently audited each year and has achieved unqualified audit opinions for many years. More information on the Trust, as well as copies of its annual reports and audited financial statements, can be found at **https://srma.mandela.ac.za/Nelson-Mandela-University-Trust. Change the World.**

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Comments, compliments, complaints? Please connect with us to share your thoughts and feedback on our Medical School newsletter, **MandelaMed Pulse.**

Your voice counts. Please send us suggestions, stories and ideas for future issues – this is your newsletter, and we'd love to grow it with you.

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

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Answer these quick questions to help The MandelaMed Pulse team improve our newsletter. Together, we can!

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NELSON MANDELA UNIVERSITY

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DONATIONS: STEP-BY-STEP GUIDE

1) ENGAGEMENT

Medical School engages with potential donors

2) EMAIL CONFIRMATION

Donor sends email to Medical School **sherwin.king@mandela.ac.za** confirming amount and general conditions (e.g. first-year)

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

B-BBEE certification (if required) arranged with Faculty of Health Sciences after funds have been disbursed.