





20 HAND 25 BOOK

HANDBOOK FOR 2025

FACULTY of HEALTH SCIENCES

DEPARTMENT of BIOMEDICAL and CLINICAL TECHNOLOGY

The above department offers two programmes: Biomedical Technology/Medical Laboratory Science & Clinical Technology

This handbook offers information on both programmes.

WHAT IS A UNIVERSITY OF TECHNOLOGY?

A university of technology is characterized by being research informed rather than research driven where the focus is on strategic and applied research that can be translated into professional practice. Furthermore, research output is commercialized thus providing a source of income for the institution. Learning programmes, in which the emphasis on technological capability is as important as cognitive skills, are developed around graduate profiles as defined by industry and the professions.

NOTE TO ALL REGISTERED STUDENTS

Your registration is in accordance with all current rules of the Institution. If, for whatever reason, you do not register consecutively for every year/semester of your programme, your existing registration contract with the Institution will cease. Your reregistration anytime thereafter will be at the discretion of the institution and, if permitted, will be in accordance with the rules applicable at that time.

IMPORTANT NOTICES

The rules in this departmental handbook must be read in conjunction with the General Rules (G Rules) contained in the DUT General Handbook for Students as well as the relevant subject Study Guides.

Your attention is specifically drawn to Rule G1 (8), and to the process of dealing with students' appeals.

FACULTY of HEALTH SCIENCES **FACULTY VISION, MISSION, GOALS & VALUES**

The faculty and the department are committed to upholding the ENVISION2030 values and principles which can be summarised as follows:

ENVISION 2030 transparency • honesty • integrity • respect • accountability fairness • professionalism • commitment • compassion • excellence

Vision:

"Leading Transformative and Innovative Health Sciences Education"

Mission Statement:

- "Developing Holistic Professionals responsive to Healthcare needs" through Excellence in:
- Teaching and Learning
- Research, Innovation and Engagement
- Fostering Entrepreneurship

Values

Transparency (To conduct ourselves with openness and honesty through shared governance.)

Honesty (To do what is free from deceit or fraud, and show truthfulness, frankness, sincerity.)

Integrity (To conduct ourselves with strong moral principles. To be honest and authentic. To do what is ethical and just.)

Respect (to have due regard for the feelings, wishes and rights of others)

Accountability

(To accept responsibility for one's actions.)

Principles

Fairness (To treat people justly and individually)

Professionalism (To work within regulatory frameworks of professional conduct. To maintain and develop professional expertise and good work ethic.)

Commitment (The state of being dedicated to a cause or work)

Compassion (To show concern/be sympathetic to the suffering or wellbeing of others)

Excellence (The quality of being outstanding or extremely good)

Goals

The Faculty aims to:

- Respond to the National health human resource and industry needs within the health sector.
- 2. Ensure the offering of entrepreneurial and leadership skills as a core component of all programmes within the Faculty of Health Sciences.
- 3. Continue to develop community-based projects to foster social responsibility through collaborative projects between programmes.
- 4. Enhance established quality management frameworks to support teaching and learning.
- 5. Develop applied research responsive to community and industry needs.
- 6. Develop mechanisms for the dissemination and application of research outcomes to inform teaching and learning, assessment, community engagement and further research.
- 7. Improve research participation and output through increased post-graduate student enrolment, publications and establishment of research groups.
- 8. Enable the generation of third-stream income through research and innovation (patents / artifacts) in order to supplement existing sources of income for the next five years.
- 9. Attract and retain diverse quality staff, while promoting advancement of individual potential.
- 10. Position DUT Health Sciences nationally

DEPARTMENTAL MISSION & GOALS

The department offers two programmes:

Biomedical Technology and Clinical Technology

The department subscribes to the institutional strategic envision 2020-2030 four strategic perspectives which are:

Society ...that leads to mutually beneficial collaborations, the practical application of knowledge and future ready graduates

Sustainability... resulting in the delivery of distinctively DUT experience within an environmentally responsible and financially sustainable environment.

Systems and Processes...We will build an enabling environment that supports dynamic curricular that inspire innovation and entrepreneurship.

Stewardship, Lived values...by living our values and principles within a culture of shared responsibility and accountability and embracing creativity

VISION

Globally recognised for Medical Laboratory Science and Clinical Technology
Education

MISSION

"Developing Professionals for Diagnosis and Disease Management"

Through excellence in

- Teaching and Learning
 - Research
 - Engagement
 - Entrepreneurship

VALUES

Professionalism

(To conduct oneself within established standards and norms. To demonstrate professional skills and behaviours.)

Accountability

(To be answerable for one's actions. To be accountable to our society. To be committed.)

Integrity

(To be honest and trustworthy. To be ethical and fair in critical analysis and reporting.)

Respect

(Treat people with courtesy, politeness, and kindness.)

Patients' Lives Matter

Graduate attributes:

- Use a range of information technologies to identify, gather and disseminate information.
- 2. Engage in the generation of new knowledge in their specialist professional disciplines and academic fields which will be investigated and recorded scientifically.
- 3. Work independently, identify, critically analyse and solve problems in their professional, individual and societal environments
- Lead and effectively manage team members in an organisation and within their communities.
- Be aware of cultural diversity and show respect to indigenous knowledge, cultures and values
- 6. Think critically and have excellent decision-making skills including awareness of personal strengths and limitations.
- 7. Communicate effectively within the health care and educational environment, using visual, mathematical and/or language skills in the modes of oral and or written presentation
- 8. Use science and technology effectively and critically, showing responsibility towards the environment and health of others
- 9. Participate as responsible citizens in the life of local, national and global communities

Goals

The department aims to:

- I. Provide quality teaching, learning and support to students
- 2. Respond to national human resource and industry needs
- Provide excellent professional value-driven education, promote entrepreneurship and leadership skills.
- 4. Produce graduates that are independent thinkers functioning within a team
- 5. Foster professional and ethical conduct
- 6. Keep abreast with current and future technological trends
- 7. Enhance the quality management frameworks to support teaching, learning, assessment and research
- 8. Encourage research responsive to community and health needs
- 9. Position the Department of Biomedical and Clinical Technology nationally and internationally.
- 10. Attract and retain diverse quality staff while promoting advancement of individual potential
- II. Maintain relationships within the institution, relevant professional bodies, industry, educational institutions, alumni and other stakeholders.
- 12. Foster national and international collaboration and partnerships
- 13. Strive for excellence and success
- 14. Embrace an attitude of life-long learning with the aim to improve professional clinical practice through research

CONTENTS

| I. | DEPARTMENTAL & FACULTY CONTACT DETAILS | Page | I |
|--|---|------|--|
| 2. | DEPARTMENTAL STAFF | | 2 |
| 3. 3.1 3.2 3.3 3.4 | DEPARTMENTAL INFORMATION &RULES Programmes offered by the department Qualifications offered by the department Departmental Information Departmental Rules | | 3 3 3 5 |
| SECT | ION A: BIOMEDICAL TECHNOLOGY | | 6 |
| 4 4.1 4.1.2 4.3 4.3.1 4.3.2 4.3.3 7.3.4 4.3.5 4.3.6 | Bachelor of Health Sciences: Medical Laboratory Science Programme Information Learning Programme Structure Programme Rules Minimum Admission Requirements Minimum Admission Requirements in respect of work experience Selection criteria Pass requirements Re-registration rules Exclusion rules | | 6 7 10 10 11 11 12 13 |
| 4.3.7 | Interruption of studies | | 13 |
| 5.1 5.2 5.3 5.3.1 5.3.2 5.3.3 5.3.4 5.3.5 5.3.6 | Master of Health Sciences in Medical Laboratory Science Programme Information Learning Programme Structure Programme Rules Minimum Admission Rules Selection criteria Pass requirements Re-registration Rules Exclusion Rules Interruption of studies | | 14 14 14 14 15 15 15 |
| 6 | Doctor of Medical Laboratory Science | | 15 |
| 6.1 6.2. 6.3. | Programme Information Programme Learning Structure Programme Rules | | 15 16 16 |
| SECT | ION B: CLINICAL TECHNOLOGY | | 17 |
| 7 7.1 7.2 7.3 7.3.1 7.3.2 7.3.3 7.3.4 7.3.5 7.3.6 | Bachelor of Health Sciences in Clinical Technology Programme Information Learning Programme Structure Programme Rules Minimum Admission Requirements Selection procedures Exclusion Rules Re-registration Rules Interruption of Studies Clinical Technology Practice (CTP) | | 17 18 24 24 25 26 26 26 26 |
| 7.3.7 | Registration with the HPCSA | | 27 |

| 8 81 82. 83 | Master of Health Sciences in Clinical Technology Programme Information Learning Programme Structure Programme Rules | 27 27 27 27 |
|-----------------------------|--|-----------------------------|
| 9 9.1 9.2 9.3 | Doctor of Medical Clinical Sciences Programme Information Learning Programme Structure Programme Rules | 28 28 29 29 |
| 10 10.1 10.1.1 11. | Subject Content Biomedical Technology (Medical Laboratory Science) Bachelor of Health Sciences in Medical Laboratory Science Subject content Clinical Technology BHSc: Clinical Technology | 30 30 30 55 |

ı **DEPARTMENTAL & FACULTY CONTACT DETAILS**

All departmental enquiries to:

Secretary: Mrs Bongekile Nene Tel No: (031) 373 5411 (031) 373 5295 Fax No: Fmail: nenebg@dut.ac.za

Location of Department: ABO209 ML Sultan Campus

All Faculty enquiries to:

Faculty Officer: Miss FT Mayisela Tel No: (031) 373 2701 Fmail thembim@dut.ac.za

Health Faculty Office, Gate 8, Location: Steve Biko Road, Mansfield Site

Area, Ritson Campus

Executive Dean: Prof GG Mchunu **Executive Dean's Secretary** Mrs Bilkish Khan (031) 373 2704 Tel No:

Fax No: 0866740237

Fmail: bilkishk@dut.ac.za Location: Executive Dean's Office, Gate 8.

Steve Biko Road, Mansfield Site

Area, Ritson Campus

2. DEPARTMENTAL STAFF

Staff NAME AND QUALIFICATION

Head of Department Dr J N Mbatha PhD: Medical Micro (UKZN)

Senior Lecturers Dr B T Mkhize, PhD: Medical Microbiology (UKZN)

Dr P Pillay, PhD: Public Health (UKZN)
Dr S C Benjamin DTech: Clin Tech (DUT)

Dr D R Prakaschandra, PhD (Cardiology) (UKZN)

Lecturer Mr. M E Memela¹, MTech: Clin Tech (DUT)

Miss T S Ndlovu, MTech: Biomed Tech (DÚT)

Mr. D Govender, M HSc in MLS Mr. C Sydney², M Med Sc (UKZN)

Mr. DC Mdluli (MSc Med; BTech: Clin Tech)

N Gap Lecturer Miss S Govender MTech: Clin Tech (DUT)

Senior Lab Technician Mrs N Naidoo ND Biomed Tech Clin Path and Blood

Transfusion; BTech Biomed Tech

Laboratory Technicians Mr J Mbuyazi, ND: Pharmaceutical Marketing (MLST)

Ms T C Qangule, ND: Med Tech Micro (Pen Tech)

Ms S. Z. Msane ND Biomed Tech (Cyto); BTech Biomed

Tech

Laboratory Assistant Miss H Ramphal, BTech: OMT (DUT) **Departmental Secretary** Mrs B G Nene, BTech: OMT (DUT)

¹ Head of Programme: Clinical Technology

² Head of Programme: Biomedical Technology and Medical Laboratory Science

3. DEPARTMENTAL INFORMATION & RULES

3.1 PROGRAMMES OFFERED BY THE DEPARTMENT

This department offers two programmes, namely:

- Biomedical Technology/Medical Laboratory Science
- Clinical Technology

3.2. Qualifications offered by the department

Learning programmes are offered in this Department which will, upon successful completion, lead to the award of the following qualifications:

| Qualification | Qualification Code | SAQA NLRD Number | Important Dates |
|--|--------------------|---------------------|-----------------|
| Biomedical Technology Programme | | | |
| Master of Health Sciences in Medical Laboratory Science | MHMLSI | 96822 | Not applicable |
| Doctor of Medical Laboratory Science | DRMLSI | 96805 | Not applicable |
| BHSc in Medical Laboratory Science | | 101689 | |
| Clinical Technology Programme | | | |
| Masters of Health Sciences in Clinical Technology | MHCLTI | 96956 | Not applicable |
| Doctor of Medical Clinical Sciences | DRMCSI | 96809 | |
| BHSc in Clinical Technology | BHCLT1 | 96409 | |

3.3. DEPARTMENTAL INFORMATION

3.3.1. Academic Integrity

Please refer to the General Rules pertaining to the academic integrity G13 (1)(o). These will be enforced wherever necessary to safeguard the worthiness of our qualifications, and the integrity of the Faculty of Health Sciences at the DUT.

3.3.2. Code of Conduct for Students

In addition to the General Rules pertaining to Student Conduct SR3 (3), a professional code of conduct pertaining to behaviour, appearance, personal hygiene and dress shall apply to all students registered sessions with the Faculty of Health Sciences, at all times.

3.3.3. Uniforms

Students must adhere to instructions regarding specific dress code required during practical sessions and/ hospital visits. All students are required to wear laboratory coats and closed shoes including masks and gloves during practicals.

3.3.4. Attendance

Students are encouraged to achieve 100% attendance for all planned academic activities as these are designed to provide optimal support for the required competency. Where absence is unavoidable, the student must timeously advise the department of the reason. Only exceptional reasons will be accepted for absence from guest lectures, industry or field trips. Poor attendance records may lead to penalties as per programme rules. Where absence impacts on assessment, please refer to Section 3.4. (Departmental Rules) below.

3.3.5. Health and Safety

Students must adhere to all Health and Safety regulations both while at DUT and in Work Integrated Learning (WIL) placements. Failure to do so will be treated as a breach of discipline.

3.3.6. Registration with the Professional Board

As a student: Within two weeks of registration with the Department, students are required to register as Student Medical Laboratory Scientist or Student Clinical Technologists with the Health Professions Council of South Africa as determined in the regulations set out in the Allied Health Service Professions Act, 1982 (Act 63 of 1982) (Regulation R629, Government Gazette No 11221 of 31 March 1988).

As a Graduate (Medical Laboratory Science)

A graduate, on successful completion of the qualification and the required internship, and after passing a competency assessment to satisfy the requirements of the Professional Board for Medical Technology, may register as a Medical Laboratory Scientist (as applicable) with the Health Professionals Council of South Africa (HPCSA). After registration with the HPCSA, graduates may work in government, private health care laboratories and research laboratories. Unregistered Medical Laboratory Scientists may work in non-diagnostic laboratories. To practice independently as a Medical Laboratory Scientist, two years post-registration experience is required.

As a Graduate (Clinical Technology):

A graduate, on successful completion of the qualification and after having satisfied the requirements of the Professional Board for Radiography and Clinical Technology, may register as a qualified Clinical Technologist (as applicable) with the HPCSA.

3.3.7. Student appeals:

Rule GI (8) in the DUT General Handbook apply.

3.4. DEPARTMENTAL RULES

3.4.1 Special Tests and condonement

No summative assessments will be condoned. Summative means all assessment marks that contribute to the final mark of a subject, but not including examinations for the purpose of this rule.

- If a student misses a summative written, oral or practical test, for reasons of illness, a special test may be granted if the student provides a valid medical certificate specifying the nature and duration of the illness, and a declaration that for health reasons it was impossible for the student to sit for the test. The date on the valid proof (e.g. Medical certificate must be the same as that of the missed assessment. This certificate must be submitted to the lecturer or head of programme, no later than one week after the date of the missed test.
- If a student misses a summative written, oral or practical test, for reasons
 other than illness, a special test may be granted if the student provides a
 valid declaration that for unavoidable reasons it was impossible for the
 student to sit for the test. This declaration must be submitted to the head
 of programme, no later than one week after the date of the missed test.
- In addition, a special test may be granted to students with borderline academic results. The special test which may take the form of an oral test, may be set at the end of the period of registration, and may include a wider scope of work than the original test.
- Any student who misses an assessment and who does not qualify for a special test, and any student who qualifies for a special test but fails to write it, shall be allocated a zero mark for the missed assessment. A student who qualifies for a special test granted for borderline academic results, but fails to write it, or achieves lower than their original results, shall be allocated their original results.

3.4.2 Student Appeals

• Rule G1 (8) of the general handbook applies.

SECTION A: BIOMEDICAL TECHNOLOGY PROGRAMME

4. BACHELOR OF HEALTH SCIENCES IN MEDICAL LABORATORY SCIENCE 4.1. PROGRAMME INFORMATION

The Bachelor of Health Sciences in Medical Laboratory Sciences is a professional degree with a minimum number of 480 SAQA credits and is offered at NQF level 8 of the HEQSF. Whilst the majority of the modules are core, some of them are generic in nature and these are offered by both the Faculty of Health Sciences and the institution at large. At each level of study the student has an opportunity to choose from at least two of the elective modules and students will also register for research modules.

Medical laboratory Science is a profession of highly knowledgeable and skilled individuals who perform diagnostic tests on patient samples in a clinical laboratory and are skilled to conduct research. The service offered by Medical Laboratory Scientists is an important component of patient health care, as the results obtained from these laboratory tests are a vital tool in the diagnosis, treatment and prevention of disease. The qualifying student will be able to organize and perform laboratory operations in clinical diagnostic laboratories and related fields in compliance with statutory requirements for ethics, safety and quality assurance. Supervisory, management and research skills are developed.

4.1.1 Duration of the Programme

Successful applicants for study towards a BHSc: Medical Laboratory Science will be accepted into a four-year minimum programme of study. This four-year degree level 8 curriculum has been designed in order to enhance student development produce a holistic, diagnostic and research grounded graduate who will directly articulate to the Master's degree.

Students in Medical Laboratory Science must attend formal lectures and practical sessions at the Durban University of Technology in all modules for the duration of their studies. The minimum study period for the BHSc: Medical Laboratory Sciences is four years, including a six (6) months of work integrated learning component and one-year clinical training in a Clinical Diagnostic Laboratory. The maximum period of study for this four-year degree is six years.

4.1.2 Assessment and Moderation

Most modules in this programme have main and supplementary final examinations. Certain modules in this programme do not have a final examination. The results for these modules are determined through a weighted combination of assessments. As such, there are no supplementary examinations. Students are encouraged to work steadily through the period of registration in order to achieve the highest results possible. Some assessments might have to be changed in keeping with COVID-19 related restrictions at the time at which

assessments are scheduled as explained in Section 3.4.1 of this handbook. Assessment details are listed under each module at the back of this handbook. Moderation follows the DUT requirements.

4.1.3 Registration with the Professional Board

As a student: Within two weeks of registration with the Department, students are required to register as Student Medical Laboratory Scientist with the Health Professions Council of South Africa as determined in the regulations set out in the Allied Health Service Professions Act, 1982 (Act 63 of 1982) (Regulation R629, Government Gazette No 11221 of 31 March 1988).

As a Graduate

A graduate, upon successful completion of the qualification and the required industry exposure and having passed a final competency assessment in the fourth year to satisfy the requirements of the Professional Board for Medical Laboratory Science, may register as a qualified Medical Laboratory Scientist (as applicable) with the HPCSA. After registration with the HPCSA, graduates may work in government, private health care laboratories and research laboratories. Unregistered Medical Laboratory Scientist may work in non-diagnostic laboratories. To practice independently as a Medical Laboratory Scientist, two years post-registration experience is required.

4.1.4 Work Integrated Learning Rules (Clinical Practice Training)

The clinical practice component includes a 20-week placement which occurs in the sixth semester and a one-year placement which occurs in the seventh and eighth semesters. This is a compulsory component of the programme. The student must be registered at the Durban University of Technology for the duration of this period. The student must comply with the rules and regulations as set out in the diagnostic laboratory where placed and HPCSA requirements.

4.2 Learning Programme Structure: Bachelor of Health Sciences in Medical Laboratory Science

| Module code | Module Title | Year of Study | HEQSF level | HEQSF Credit | Period of Study | HEMIS Credits | Pre- requisite |
|-------------|---|------------------|-------------|-----------------|--------------------|------------------|-------------------|
| CMTR101 | Chemistry | I | 5 | 16 | l a | 0.111 | |
| PHISTIT | Physics (Module 1) | 1 | 5 | 8 | l a | 0.057 | |
| PHIS121 | Physics (Module 2) | I | 5 | 8 | b | 0.057 | |
| FMLS101 | Fundamentals of Medical Laboratory Science | I | 5 | 12 | a | 0.086 | |
| STTS101 | Statistics | I | 5 | 8 | l p | 0.051 | |
| ANPA102 | Anatomy and Physiology 1A | I | 5 | 12 | l a | 0.086 | |
| ANPB102 | Anatomy and Physiology 1B | I | 5 | 12 | l b | 0.086 | |
| CBIO101 | Cell Biology | I | 5 | 16 | l a | 0.112 | |
| IMLG101 | Immunology | I | 5 | 16 | l a | 0.111 | |

| CSTN101 | Cornerstone 101 | I | 5 | 12 | l a | 0.094 | |
|-------------------------------|---|----|---|----|------------|-------|---|
| VWKPI0I | Values in the workplace | lı | | | l a | 0.067 | |
| CLDVI0I | Cultural Diversity | i | 5 | 8 | 1 4 | 0.007 | |
| EVAH101 | Environmental Awareness for healthcare Practitioners Issues of Gender & Society within Health care | 1 | 5 | 12 | 1 | 0.082 | |
| IGSH101 | | | | | | | |
| CLCM101 | Clinical Chemistry I | 2 | 6 | 16 | 2 a | 0.107 | Cell Biology |
| MMCR101 | Medical Microbiology I | 2 | 6 | 8 | 2 a | 0.053 | Anatomy & Physiology |
| MDMA201 | Medical Microbiology IIA | 2 | 7 | 16 | 2ь | 0.106 | Medical Microbiology I |
| HMTLI0I | Haematology I | 2 | 6 | 16 | 2ь | 0.107 | Immunology |
| IMHTI0I | Immunohaematology I | 2 | 6 | 16 | 2a | 0.106 | Immunology |
| HPTH101 | Histopathology I | 2 | 6 | 16 | 2ь | 0.106 | Anatomy & Physiology |
| CYTLI0I | Cytology I | 2 | 6 | 16 | 2ь | 0.106 | Anatomy & Physiology |
| MLCB101 | Molecular Biology | 2 | 6 | 8 | 2 a | 0.053 | Cell Biology |
| FPTHI0I | Fundamentals of Pathology | 2 | 6 | 8 | 2 a | 0.054 | Anatomy & Physiology |
| SYSP101 | Systemic Pathophysiology | 2 | 6 | 8 | 2 ь | 0.054 | Anatomy & Physiology |
| TENEI0I GENVI0I EQDVI0I | The entrepreneurial edge The global environment Equality and diversity | 2 | 6 | 8 | 2 a | 0.067 | |
| CLCM201 | Clinical Chemistry II | 3 | 7 | 16 | 3 a | 0.138 | Clinical Chemistry I |
| MDMB201 | Medical Microbiology IIB | 3 | 7 | 16 | 3 a | 0.138 | Medical Microbiology |
| HMTL201 | Haematology II | 3 | 7 | 16 | 3 a | 0.138 | Haematology I |
| CYTL201 | Cytology II | 3 | 7 | 16 | 3 a | 0.138 | Cytology I |
| CLLPIOI | Clinical Laboratory Practice I | 3 | 7 | 16 | 3 ь | 0.139 | All year I and year 2 modules |
| PMTG101 | Principles of management | 3 | 7 | 8 | 3 ь | 0.068 | |
| RSJS101 | Restorative justice | 3 | 7 | 8 | 3 a | 0.069 | |
| EDUTI0I ETMLI0I | Educational Techniques** Ethics and Medical Law | 3 | 7 | 12 | 3 a | 0.103 | |
| PRRS101 | Principles of Research | 3 | 7 | 8 | 3 ь | 0.069 | Pass all third year modules |
| RPTA101 | Research Project Ist Registration | 4 | 8 | 20 | 4 a | 0.167 | Principles of Research |
| RPTB101 | Research Project | 4 | 8 | 16 | 4 b | 0.139 | Principles of Research |
| IPPA101 | Integrated Pathophysiology Registration | 4 | 8 | 12 | 4 a | 0.089 | Clinical Chemistry 2 Medical Microbiology 2 |
| | | | | | | | Haematology 2 |
| | | | | | | | Cytology 2 |

| IPPB102 | Integrated Pathophysiology | 4 | 8 | 8 | 4 b | 0.086 | Clinical Chemistry 2 Cytology 2 2 Haematology |
|---------|---|---|---|----|------------|-------|---|
| | | | | | | | 2 Medical Microbiology 2 |
| LBTM101 | Laboratory Management | 4 | 8 | 12 | 4 a | 0.106 | Principles of management |
| | Clinical Laboratory Practice 2: includes the following specialisation options from I – I0 below (the student will have to select one of these advanced specialization modules at 52 credits): | | 8 | | | 0.433 | |
| CPHA101 | Clinical Pathology I st Registration | 4 | 8 | 28 | 4 a | | Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2 |
| СРНВІОІ | Clinical Pathology | 4 | 8 | 24 | 4 b | | Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2 |
| CLCA301 | Clinical Chemistry III Ist Registration | 4 | 8 | 28 | 4 a | | Clinical Chemistry 2 |
| CLCB301 | Clinical Chemistry III | 4 | 8 | 24 | 4 b | | Medical Microbiology 2 Haematology 2 Cytology 2 |
| MDMA301 | Medical Microbiology III st Registration | 4 | 8 | 28 | 4 a | | Clinical Chemistry 2 |
| MDMB301 | Medical Microbiology III | 4 | 8 | 24 | 4 b | | Medical Microbiology 2 Haematology 2 Cytology 2 |
| CYTA301 | Cytology III Ist Registration | 4 | 8 | 28 | 4 a | | Clinical Chemistry 2 |
| CYTB30I | Cytology III | 4 | 8 | 24 | 4 b | | Medical Microbiology 2 Haematology 2 Cytology 2 |
| HMTA301 | Haematology III Ist Registration | 4 | 8 | 28 | 4 a | | Clinical Chemistry 2 |

| НМТВ301 | Haematology III | 4 | 8 | 24 | 4 b | Medical Microbiology 2 Haematology 2 Cytology 2 |
|---------|--|---|---|----|------------|---|
| HISA201 | Histopathology II Ist Registration | 4 | 8 | 28 | 4 a | Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2 |
| HISB201 | Histopathology II | 4 | 8 | 24 | 4 b | Clinical |
| IHMA201 | Immunohaematology II Ist Registration | 4 | 8 | 28 | 4a | Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2 |
| IHMB201 | Immunohaematology II | 4 | 8 | 24 | 4 b | Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2 |
| VRLG401 | Virology Is Registration | 4 | 8 | 28 | 44 | Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2 |
| VRLG402 | Virology | 4 | 8 | 24 | 4 b | Clinical Chemistry 2 Medical Microbiology 2 Haematology 2 Cytology 2 |

^{*}A pre-req means this subject must be passed prior to registration (prerequisite)

4.3 Programme Rules

4.3.1 Minimum Admission Requirements

In addition to Rule G7, the minimum entrance requirement is a National Senior Certificate (NSC) valid for entry into a Bachelor's Degree endorsement and must include the following at the stated minimum ratings below:

a denotes first semester, b denotes second semester

^{**} this module will not be offered in 2022

| NSC REQUIREMENTS | SENIOR CERTIFICATE REQUIREMENTS | | |
|--|---------------------------------|---------------------|--------------|
| Compulsory subjects | NSC Rating | Compulsory subjects | SC Symbol |
| English (Home language) OR English (1st additional language) | 4 | English HG | D |
| Mathematics | 4 | Mathematics HG | D |
| Life Sciences | 4 | Biology HG | D |
| Physical Sciences | 4 | Physical Science HG | D |
| And two other 20 credit subjects of which only one may be a language | 3 | | |

In addition to Rule G7, the minimum entrance requirement for a holder of a valid National Certificate (Vocational) for entry into a Bachelor's Degree must include the following subjects as the stated minimum ratings below:

| Compulsory Subjects | NC (V) |
|--|--------|
| English | 60% |
| Mathematics | 60% |
| Physical Sciences | 70% |
| Life sciences | 70% |
| Four other subjects, only one of which may be a language | 60% |

4.3.2 Minimum Admission Requirements in respect of Work Experience, Age, Maturity, RPL and International Students

The DUT general rules G7(3) and G7(8) respectively will apply. The DUT's Admissions Policy for International Students and General Rules G4 and G7 (5) will apply.

4.3.3 Selection Criteria

All applicants must apply through the Central Applications Office (CAO).

In accordance with Rule G5, acceptance into the programme is limited. Since more applications are received than can be accommodated, the following selection process will apply:

- Initial shortlisting for selection is based on the applicant's academic performance in Grade 12 (Grade 11, or Grade 12 trial marks, will be used for current grade 12 learners).
- Applicants obtaining more than 23 points in their matriculation examination stand a better chance of selection.
- The point scores for each National Senior Certificate (NSC) subject or the Senior Certificate (SC) results is obtained by using the table below:

Senior Certificate (SC)

| Symbol | Α | В | С | D | Е | F |
|----------------|---|---|---|---|---|---|
| Higher Grade | 8 | 7 | 6 | 5 | 4 | 3 |
| Standard Grade | 6 | 5 | 4 | 3 | 2 | ı |

National Senior Certificate (NSC)

| 8 | = | 90 – 99% |
|---|---|----------|
| 7 | = | 80 – 89% |
| 6 | = | 70 – 79% |
| 5 | = | 60 – 69% |
| 4 | = | 50 – 59% |
| 3 | = | 40 – 49% |
| 2 | = | 30 – 39% |
| | = | 0 –29% |

No points are allocated for ten (10) credit subjects.

 Applicants who meet the minimum departmental admission requirements for the Bachelor of Health Sciences in Medical Laboratory Science will be ranked according to the points scored in Grade 11 and Grade 12 and may be invited to participate in the selection process.

| Assessment | Weighting |
|--|-----------|
| Results of the Senior Certificate or National Senior Certificate | 60% |
| Interview Score | 40% |

- The percentage weighting assigned to each of these scores will be as follows:
- Selected applicants will be placed into either the four-year degree or an Extended Curriculum Programme.
- Provisional acceptance is given to selected applicants awaiting (NSC) and National Certificate (Vocational) results. If the final Grade 12 NSC/ National Certificate (Vocational) results do not meet the minimum entrance requirements, this provisional acceptance will be withdrawn.
- In addition to grade 12, graduates with ND: Biomedical Technology may also apply for admission into the BHSC: Medical Laboratory Sciences. These applicants will need to apply directly to the department rather than applying to the CAO.

4.3.4 Pass Requirements

Notwithstanding the DUT pass requirements (G14 and G15), and those detailed as follows, students are encouraged to apply themselves to their learning, and strive for the best academic results possible in order to adequately prepare themselves for their future careers, and to maximize possible employment opportunities.

 In addition to the DUT General Rule G17*, a first year student who fails six or more of the modules with an average of less than 40% in the failed modules during that year is not permitted to re-register for the Bachelor of Health Sciences in Medical Laboratory Science programme. A student who fails 6 modules with an average of 40% in the failed modules, is not precluded from proceeding to the second semester. De-registration from any module is subject to the provisions of Rule G6 (2)*.

- Promotion to Level 2 of study requires a pass in at least 50% of the
 previous level modules, i.e. year I modules; notwithstanding prerequisites
 and co-requisites. Students' academic progress is considered
 unsatisfactorily if they have passed less than 50% of their modules in a
 level
- Promotion to Level 3 of study requires a pass in at least 50% of Level 2
 modules; notwithstanding prerequisites. Students who have passed less
 than 50% of their modules in a level are considered to be not making
 satisfactory academic progress.
- Promotion to Level 4 of study requires a pass in at least 50% of the
 previous level modules, i.e. Level 3 modules; notwithstanding
 prerequisites. Students who have passed less than 50% of their modules
 in a level are considered to be not making satisfactory academic progress.
- Prior to commencing with Clinical Laboratory Practice 1, a student must have passed all Level 1 to Level 3 modules.
- Promotion to Level 4 requires successful completion of all lower-level modules.

4.3.5 Re-registration Rules

Rule G16 applies

4.3.6 Exclusion Rules

In addition to Rule G17, the following departmental rule applies:

- A first-year student who fails six or more modules with a final mark of less than 40% will not be allowed to re-register for the programme: BHSc: Medical Laboratory Science.
- Deregistration from any module is subject to the provisions of Rule G6 (2).

4.3.7 Interruption of Studies

In accordance with Rule G21A (b), the minimum duration for this programme will be four (4) years of registered study and the maximum duration will be five (5) years of registered study, including any periods of WIL. Should a student interrupt their studies by more than three (3) years, the student will need to apply to the department for permission to reregister and will need to prove currency of appropriate knowledge prior to being given permission to continue with registration.

5 MASTER OF HEALTH SCIENCES IN MEDICAL LABORATORY SCIENCE (MHMLS1)

5.1 PROGRAMME INFORMATION

This full research qualification is aligned to Rule G24 and the guidelines in the Post Graduate Student Handbook.

- The student who successfully completes this qualification will be able to apply advanced problem-solving skills and critical, reflective thinking to perform independent research in a chosen field and report their findings in a dissertation that meets the accepted criteria and ethical principles for the profession. In this way they will make a contribution to the existing body of knowledge and initiate change that will help develop and advance the profession of medical technology.
- The qualifying student will be able to conduct independent research under minimal guidance in a chosen field and contribute to knowledge production in that field. The research problem, its justification, process and outcome is reported in a dissertation which complies with the generally accepted norms for research at that level.

5.1.1 Assessment and Moderation

In addition to Rule G24 (4), postgraduate assessment of dissertations will be aligned to Postgraduate policies and guidelines. Please refer to the General Student Handbook and the Postgraduate Student Handbook.

5.2 LEARNING PROGRAMME STRUCTURE

| Code | Module | Year of Study | Assessment Type | NATED Credits | Pre-requisites | Co-requisites |
|--------|--------------|------------------|-------------------------|------------------|----------------|---------------|
| MHMLSI | Dissertation | 2 | External Examination | 1.0 | None | None |

5.3 PROGRAMME RULES

5.3.1 Minimum Admission Requirements

In addition to the General Handbook for Students Rule G24 (I), candidates must be in possession of a Bachelor of Health Sciences Degree in Medical Laboratory Science (NQF Level 8) or must be in possession of a Post Graduate Diploma (NQF 8) with a research component.

Candidates may also apply for admittance via Recognition of Prior Learning (RPL) in accordance with Rule G7 (8) and / or G10B.

5.3.2. Selection Criteria

In accordance with Rule G5, acceptance into the programme is limited and entry into the Master of Health Sciences in Medical Laboratory Science is not automatic. Students are selected into the programme once they have submitted an intention to study / a concept paper and the department has

discussed and approved of the suitability of the proposed topic for the master's Qualification. The intention to study/ concept page must include the following: Problem statement or Title of the intended study, Objectives / sub-problems / Research Questions, Rationale/motivation of the study, Brief Literature Review. Brief Methodology.

5.3.3 Pass Requirements

Rule G24 and the Postgraduate Student Guide apply. Students are encouraged to apply themselves to their research and strive for the best academic results possible in order to adequately prepare themselves for their future careers.

5.3.4 Re-registration Rules

Rule G24 (2), Rule G26 (5) and the Postgraduate Student Guide apply.

5.3.5 Exclusion Rules

Rule G24 (1) (d); Rule G24 (2), and the Postgraduate Student Handbook apply.

5.3.6 Interruption of Studies

In accordance with Rule G24, the minimum duration for this programme will be one (I) year of registered study and the maximum duration will be three (3) years of registered study. Should a student interrupt their studies by more than three (3) years, the student will need to apply to the department for permission to reregister and will need to prove currency of appropriate knowledge prior to being given permission to continue with registration.

6. DOCTOR OF MEDICAL LABORATORY SCIENCE (DRMLSI)

6.1 PROGRAMME INFORMATION

This full research qualification is aligned to Rule G25 and G26 and the guidelines in the Post Graduate Student Handbook. The purpose of this qualification is to ensure that the student who successfully completes this qualification will be able to apply advanced problem-solving skills and critical, reflective thinking to perform independent research in a chosen field and report their findings in a dissertation that meets the accepted criteria and ethical principles for the profession. In this way they will make a contribution to the existing body of knowledge and initiate change that will help develop and advance the profession of medical technology.

6.1.1 Assessment and Moderation

Post graduate assessment will be aligned to Postgraduate policies and guidelines. Rule G25 (4) and the Postgraduate Student Handbook apply.

6.2 PROGRAMME LEARNING STRUCTURE

| Code | Module | Duration of Study | Assessment Type | HEMIS Credits | Pre- requisites | Co-requisites |
|--------|--------------|-------------------|-------------------------|------------------|--------------------|---------------|
| DRMLSI | Dissertation | 3 | External Examination | 2.0 | None | none |

6.3. PROGRAMME RULES

6.3.1 Minimum Admission Requirements

In addition to Rule G25 (1), candidates must be in possession of a Master in Health Sciences in Medical Laboratory Science degree (NQF 9), or have been granted status or advanced standing according to Rule G10 when in possession of a Master's degree in Biomedical Technology. Please also refer to the Postgraduate Student Handbook.

6.3.2 Selection criteria

Students are selected into the programme once they have submitted an intention to study/ concept page and the department has discussed and approved of the viability of the proposed topic for the qualification. A sound knowledge of the fundamental principles and concepts of research and statistical methods is required.

6.3.3 Re-registration Rules

Rule G26 (5) and the Postgraduate Student Handbook apply.

6.3.4 Exclusion Rules

Rules G25 (2)(b; c(ii)) in the General Student Handbook; and the Postgraduate Student Handbook apply.

6.3.5 Interruption of Studies

In accordance with Rule G25 (2), the minimum duration for this programme will be two (2) years of registered study and the maximum duration will be four (4) years of registered study. Should a student interrupt their studies by more than three (3) years, the student will need to apply to the department for permission to reregister and will need to prove currency of appropriate knowledge prior to being given permission to continue with registration. Please refer to the Postgraduate Student Handbook.

SECTION B: CLINICAL TECHNOLOGY PROGRAMMES

7. BACHELOR OF HEALTH SCIENCES IN CLINICAL TECHNOLOGY

7.1 PROGRAMMEINFORMATION

This qualification develops a learner to possess the necessary knowledge, skills, attitudes and values to practice as a Clinical Technologist, as a part of a multi-disciplinary team, in one of the following specialist categories: Cardiology, Cardiovascular Perfusion, Critical Care, Nephrology, Neurology, Pulmonology or Reproductive Biology. The qualifying learner will be able to independently perform diagnostic, therapeutic and corrective procedures on patients using specialised health technology and techniques for the treatment of pathophysiological conditions in a hospital-based or in a private practice setting.

This qualification will enable the learner to engage in research and contribute to the creation of new knowledge within the field. Lastly the qualification is designed to provide learners with specific clinical technology skills and competencies that are included in management and research.

The programme will be delivered full-time at DUT, with exposure to the clinical environment from first year to fourth year. The grounding for basic medical and clinical sciences will be provided in the first year, comprising of both theoretical and practical components. The theoretical component will be integrated with the practical component in the Skills Laboratory and through clinical rotational observations in the specialist categories of Clinical Technology. These clinical rotations will be undertaken at HPCSA and DUT accredited training units, and will take place on a fort-nightly basis.

The second level of study will equip the student with more complex knowledge by applying introductory concepts to understand the anatomical and physiological systems, as well as pathogenesis and progression of diseases and conditions, related to Clinical Technology.

In the 3rd level of study, the student is placed in the specific specialist category and rotates through various accredited training units up to the 4th level. Both these levels (i.e. III and IV) will employ an integrated teaching and learning approach where the student will be able to apply scientific and technological knowledge to perform diagnostic, therapeutic and life support procedures, and the evaluation thereof. The delivery of the 3rd and 4th level will be offered in both block lectures and block practical in a 50:50 ratio. The practical block will be facilitated by DUT-appointed clinical instructors and specialist lecturers in an integrated teaching and learning approach (using e-learning, case studies, journaling, for example) to ensure that the learning outcomes are achieved, and that the quality of the delivery is maintained.

7.1.1 Duration of the programme (4 years)

In accordance with the DUT Rule G23B (2)* and Rule G23B (3)*, the minimum duration of study is four years, including any periods of clinical practice, and the maximum duration will be six years of registered study, including any periods of clinical practice.

7.1.2 Assessments and Moderation

Some modules in this programme do not have a final examination. The results for these modules are determined through a weighted combination of assessments. As such, there are no supplementary examinations. Other modules do have final examinations. Students are encouraged to work steadily through the period of registration in order to achieve the highest results possible. Assessment details are listed under each module at the back of this handbook. Moderation follows the DUT requirements.

7.1.3 Registration with the Professional Board

As a Student: On enrolment, it is mandatory that a student register as a student Clinical Technologist with the Health Professions Council of South Africa as determined in the regulations set out in the Government Gazette (No. R.1608 dated 24 July 1987).

As a Graduate: A graduate who has completed the qualification successfully and has complied with all the conditions as set out may register as a qualified Clinical Technologist with the Health Professions Council of South Africa in terms of the current rules for registration.

7.1.4 Clinical Practice Level 1 - 4

All components of the Clinical Technology Practice modules assessment are compulsory as this module is continually assessed. Failure to submit any component of the assessment will lead to a fail in the module.

7.1.5 Clinical Technology Practice (Clinical Proficiency assessment component)

The subminimum pass mark is 70%. This applies to level 3 and 4 of study.

7.1.6 Clinical Technology Practice IIb (Oral Structured

Clinical Examination component)

The subminimum pass mark for Oral Structured Clinical Examination component is 70%. This applies to level 4 of study, Clinical Technology practice 2B modules

7.2 PROGRAMME LEARNING STRUCTURE

Insert programme name

| | ogramme name | | | | | | |
|----------------|---|----------------|-----------------|--------------------|---------------|--------------------------------------|------------------|
| Module code | Module Title | HEQSF level | HEQSF Credit | Period of Study | Block Code | Pre- requisite module/s | HEMIS credits |
| INCLI01 | Introduction to Clinical Technology | 5 | 8 | I | 21 | N | 0.0645 |
| CMTR 101 | Chemistry | 5 | 16 | I | 21 | N | 0.129 |
| PHISTIT | Physics 101 | 5 | 8 | I | 22 | N | 0.065 |
| | | | | | | | |
| PHIS121 | Physics 201 | 5 | 8 | I | 22 | N | 0.065 |
| AAMYI0I | Anatomy | 5 | 16 | I | 21 | N | 0.129 |
| PYSLI0I | Physiology | 5 | 16 | İ | 21 | N | 0.129 |
| PTPY101 | Pathophysiology I | 5 | 8 | I | 22 | N | 0.0645 |
| ITCT101 | Instrumentation and Techniques for Clinical Technology I | 5 | 12 | I | 22 | N | 0.0968 |
| CSTN101 | Cornerstone module | 5 | 12 | I | 22 | N | 0.0968 |
| IZAPI0I | Isizulu I | 6 | 12 | 2 | 22 | N | 0.094 |
| ITCHI0I | Introduction to Technopreneurship | 5 | 8 | I | 22 | N | 0.0645 |
| VNVLI0I | Violence and non- violence* | 5 | 8 | I | 22 | N | 0.0645 |
| IGSH101 | Issues of Gender and Society | 5 | 12 | I | 21 | N | 0.0968 |
| PPDVI0I | Personal and Professional Development I | 5 | 12 | ı | 21 | N | 0.0968 |
| | | | | | | | |
| AAPA101 | Applied Anatomy and Physiology I a | 6 | 12 | 2 | 21 | Anatomy Physiology | 0.094 |
| AAPB101 | Applied Anatomy and Physiology I b | 6 | 12 | 2 | 22 | Anatomy Physiology | 0.094 |
| CLTP101 | Clinical Technology Practice | 6 | 12 | 2 | 22 | INCLI01 ITCT101 | 0.094 |
| ITCT201 | Instrumentation and Techniques for Clinical Technology II | 6 | 16 | 2 | 21 | ITCT101 INCL101 | 0.125 |
| PTPY201 | Pathophysiology II | 6 | 16 | 2 | 22 | Pathophysiol ogy I; Physiology | 0.125 |
| PRCLI01 | Pharmacology | 6 | 16 | 2 | 21 | Anatomy & Physiology | 0.125 |
| | Research Methodology I | 6 | 16 | 2 | 22 | N | 0.125 |
| HCDK10 | HIV and communicable diseases in KZN | 6 | 8 | 2 | 21 | N | 0.062 |
| EQDVI0I | Equality and Diversity | 6 | 8 | 2 | 21 | N | 0.062 |
| PPRM 101 | Professional Practice & Management | 6 | 12 | 2 | 22 | N | 0.094 |

| IZAP201 | Isizulu II | 6 | 12 | 2 | 22 | N | 0.094 |
|----------|---|---|----|---|----|------------------------------|--------|
| | | | | | | | |
| | | | | | | | |
| RMTD201 | Research Methodology II | 7 | 16 | 3 | 21 | Research Methodology I | 0.129 |
| HLCM101 | Health care management I | 7 | 8 | 3 | 22 | N | 0.0645 |
| RSJS101 | Restorative Justice | 7 | 8 | 3 | 21 | N | 0.0645 |
| ETML 101 | Ethics & Medical Law | 7 | 12 | 3 | 22 | N | 0.096 |
| PPDV103 | Personal and Professional Development III | 7 | 12 | 3 | 22 | N | 0.096 |
| IZAP301 | Isizulu III | 6 | 12 | 2 | 22 | N | 0.094 |
| | ELECTIVES | | | | | | |
| | Specialisation in Cardiology | | | | | | |
| PTCD101 | Pathophysiology for Cardiology | 7 | 16 | 3 | 21 | Pathophysiol ogy II | 0.129 |
| PMCD101 | Pharmacology for Cardiology | 7 | 8 | 3 | 22 | All Level 2 Subjects | 0.0645 |
| CTCA101 | Clinical Technology Practice in Cardiology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| CTCB101 | Clinical Technology Practice in Cardiology Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| ITCA101 | Instrumentation and Techniques for Clinical Technology in Cardiology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| ITCB101 | Instrumentation and Techniques for Clinical Technology in Cardiology lb | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| | Specialisation in Critical care | | | | | | |
| PPCC101 | Pathophysiology for Critical Care | 7 | 16 | 3 | 21 | All Level 2 Subjects | 0.129 |
| PHCC101 | Pharmacology for Critical Care | 7 | 8 | 3 | 22 | All Level 2 Subjects | 0.0645 |
| CCCA101 | Clinical Technology Practice in Critical Care la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| CCCB101 | Clinical Technology Practice in Critical Care Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| ICRA101 | Instrumentation and Techniques for Clinical Technology in Critical Care la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| ICRB101 | Instrumentation and Techniques for Clinical Technology in Critical Care lb | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |

| | Specialisation in Neurophysiology | | | | | | |
|------------|---|---|----|---|----|-------------------------|--------|
| PTNP101 | Pathophysiology for Neurophysiology | 7 | 16 | 3 | 21 | All Level 2 Subjects | 0.129 |
| PHNP101 | Pharmacology for Neurophysiology | 7 | 8 | 3 | 22 | All Level 2 Subjects | 0.0645 |
| CTNA101 | Clinical Technology Practice in Neurophysiology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| CTNBI0I | Clinical Technology Practice in Neurophysiology Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| ITNA101 | Instrumentation and Techniques for Clinical Technology in Neurophysiology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| ITNB101 | Instrumentation and Techniques for Clinical Technology in Neurophysiology Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| | Specialisation in Nephrology | | | | | | |
| PTNR101 | Pathophysiology for Nephrology | 7 | 16 | 3 | 21 | All Level 2 Subjects | 0.129 |
| PHNR101 | Pharmacology for Nephrology | 7 | 8 | 3 | 22 | All Level 2 Subjects | 0.0645 |
| CTPA101 | Clinical Technology Practice in Nephrology Ia | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| CTPB101 | Clinical Technology Practice in Nephrology Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| ITPA101 | Instrumentation and Techniques for Clinical Technology in Nephrology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| ITPB101 | Instrumentation and Techniques for Clinical Technology in Nephrology lb | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| | Specialisation in Perfusion | | | | | | |
| PTPF101 | Pathophysiology for Perfusion | 7 | 16 | 3 | 21 | All Level 2 Subjects | 0.129 |
| PHPF101 | Pharmacology for Perfusion | 7 | 8 | 3 | 22 | All Level 2 Subjects | 0.0645 |
| CPPA101 | Clinical Technology Practice in Perfusion la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| CPPB101 | Clinical Technology Practice in Perfusion Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| ITFA I 0 I | Instrumentation and Techniques for Clinical Technology in Perfusion la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| ITFB101 | Instrumentation and Techniques for Clinical Technology in Perfusion Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| | Specialisation in Pulmonology | | | | | | |
| PTPL101 | Pathophysiology for Pulmonology | 7 | 16 | 3 | 21 | All Level 2 Subjects | 0.129 |

| PHPL101 | Pharmacology for | 7 | 8 | 3 | 22 | All Level 2 | 0.0645 |
|------------|--|---|----|---|----|---------------------------------------|--------|
| 1111111111 | Pulmonology | , | | | 22 | Subjects | 0.0043 |
| CTLA101 | Clinical Technology Practice in Pulmonology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| CTLB101 | Clinical Technology Practice in Pulmonology Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| ITLA101 | Instrumentation and Techniques for Clinical Technology in Pulmonology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| ITLB101 | Instrumentation and Techniques for Clinical Technology in | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| | Pulmonology lb | | | | | | |
| | Specialisation in Reproductive biology | | | | | | |
| PTRB101 | Pathophysiology for Reproductive Biology | 7 | 16 | 3 | 21 | All Level 2 Subjects | 0.129 |
| PHRB101 | Pharmacology for Reproductive Biology | 7 | 8 | 3 | 22 | All Level 2 Subjects | 0.0645 |
| CTRA101 | Clinical Technology Practice in Reproductive Biology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| CTRB101 | Clinical Technology Practice in Reproductive Biology Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| ITBA101 | Instrumentation and Techniques for Clinical Technology in Reproductive Biology la | 7 | 12 | 3 | 21 | All Level 2 Subjects | 0.096 |
| ITBB101 | Instrumentation and Techniques for Clinical Technology in Reproductive Biology Ib | 7 | 16 | 3 | 22 | All Level 2 Subjects | 0.129 |
| | | | | | | | |
| HCMPI01 | Healthcare Management Practice | 8 | 12 | 4 | 22 | All Level 3 Subjects | 0.091 |
| PPDV 104 | Personal and Professional Development IV | 8 | 12 | 4 | 22 | Community Healthcare and Research III | 0.091 |
| RPJA101 | Research Project a | 8 | 12 | 4 | 21 | All Level 3 Subjects | 0.091 |
| RPJB101 | Research Project b | 8 | 16 | 4 | 22 | RPJA101 | 0.12 |
| HLCM201 | Health care management | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| CLINI01 | Clinical Instruction | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| SBSM101 | Small Business Management | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| IZAP40I | Isizulu IV | 6 | 12 | 2 | 22 | N | 0.094 |
| | Specialisation in Cardiology | | | | | | |
| CTCA201 | Clinical Technology Practice in Cardiology Ila | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |

| CTCB201 | Clinical Technology Practice in Cardiology Ilb | 8 | 16 | 4 | 22 | CTCA201 | 0.12 |
|---------|--|---|----|---|----|-------------------------|-------|
| ITCA201 | Instrumentation and Techniques for Clinical Technology in Cardiology IIa | 8 | 12 | 4 | 21 | All Level 3 Subjects | 0.091 |
| ITCB201 | Instrumentation and Techniques for Clinical Technology in Cardiology IIb | 8 | 16 | 4 | 22 | All Level 3 Subjects | 0.12 |
| | Specialisation in Critical care | | | | | | |
| CCCA201 | Clinical Technology Practice in Critical Care lia | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| | | | | | | | |
| CCCB201 | Clinical Technology Practice in Critical Care lib | 8 | 16 | 4 | 22 | CCCA201 | 0.12 |
| ICRA201 | Instrumentation and Techniques for Clinical Technology in Critical Care Ila | 8 | 12 | 4 | 21 | All Level 3 Subjects | 0.091 |
| ICRB201 | Instrumentation and Techniques for Clinical Technology in Critical Care IIb | 8 | 16 | 4 | 22 | All Level 3 Subjects | 0.12 |
| | Specialisation in Neurophysiology | | | | | | |
| CTNA201 | Clinical Technology Practice in Neurophysiology IIa | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| CTNB201 | Clinical Technology Practice in Neurophysiology IIb | 8 | 16 | 4 | 22 | CTNA201 | 0.12 |
| ITNA201 | Instrumentation and Techniques for Clinical Technology in Neurophysiology IIa | 8 | 12 | 4 | 21 | All Level 3 Subjects | 0.091 |
| ITNB201 | Instrumentation and Techniques for Clinical Technology in Neurophysiology IIb | 8 | 16 | 4 | 22 | All Level 3 Subjects | 0.12 |
| | Specialisation in Nephrology | | | | | | |
| CTPA201 | Clinical Technology Practice in Nephrology Ila | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| CTPB201 | Clinical Technology Practice in Nephrology lib | 8 | 16 | 4 | 22 | CTPA201 | 0.12 |
| ITPA201 | Instrumentation and Techniques for Clinical Technology in Nephrology lla | 8 | 12 | 4 | 21 | All Level 3 Subjects | 0.091 |
| ITPB201 | Instrumentation and Techniques for Clinical Technology in Nephrology Ilb | 8 | 16 | 4 | 22 | All Level 3 Subjects | 0.12 |
| | Specialisation in Perfusion | | | | | | |
| CPPA201 | Clinical Technology Practice in Perfusion IIa | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| | - | | | | | | |

| CPPB201 | Clinical Technology Practice in Perfusion IIb | 8 | 16 | 4 | 22 | CPPA201 | 0.12 |
|---------|---|---|----|---|----|-------------------------|-------|
| ITFA201 | Instrumentation and Techniques for Clinical Technology in Perfusion IIa | 8 | 12 | 4 | 21 | All Level 3 Subjects | 0.091 |
| ITFB201 | Instrumentation and Techniques for Clinical Technology in Perfusion IIb | 8 | 16 | 4 | 22 | All Level 3 Subjects | 0.12 |
| | Specialisation in Pulmonology | | | | | | |
| CTLA201 | Clinical Technology Practice in Pulmonology lia | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| CTLB201 | Clinical Technology Practice in Pulmonology | 8 | 16 | 4 | 22 | CTLA201 | 0.12 |
| | lib | | l | | | | |
| | | | | | | | |
| ITLA201 | Instrumentation and Techniques for Clinical Technology in Pulmonology IIa | 8 | 12 | 4 | 21 | All Level 3 Subjects | 0.091 |
| ITLB201 | Instrumentation and Techniques for Clinical Technology in Pulmonology IIb | 8 | 16 | 4 | 22 | All Level 3 Subjects | 0.12 |
| | Specialisation in Reproductive Biology | | | | | | |
| CTRA201 | Clinical Technology Practice in Reproductive Biology Ila | 8 | 16 | 4 | 21 | All Level 3 Subjects | 0.12 |
| CTRB201 | Clinical Technology Practice in Reproductive Biology IIb | 8 | 16 | 4 | 22 | CTRA201 | 0.12 |
| ITBA201 | Instrumentation and Techniques for Clinical Technology in Reproductive Biology Ila | 8 | 12 | 4 | 21 | All Level 3 Subjects | 0.091 |
| ITBB201 | Instrumentation and Techniques for Clinical Technology in Reproductive Biology Ilb | 8 | 16 | 4 | 22 | All Level 3 Subjects | 0.12 |

7.3 PROGRAMMERULES

(Approved by SENATE August 2014)

7.3.1 Minimum admission requirements

In addition to Rule G7*, the minimum entrance requirements for the holder of a valid National Senior Certificate (NSC) or a Senior Certificate or National certificate (Vocational) for entry into a Bachelor's Degree and must include the following subjects at the stated minimum ratings in Table I

Table I: Minimum Admission Requirements

| NSC REQUIREMENTS | SENIOR | NC (V) |
|------------------|-------------|--------|
| | CERTIFICATE | |

| Compulsory subjects | NSC Rating | SC Symbol HG SG | | |
|--|---------------|-----------------------|---|--|
| English (Home language) OR English (1st additional language) | 4 | D | В | 70% |
| Mathematics | 4 | D | В | 70% |
| Life Sciences | 4 | D | В | 70% |
| Physical Sciences | 4 | D | В | 70% |
| And two other 20 credit subjects of which only one may be a language | 3 | | | Four other subjects, only one of which may be a language |

7.3.2 Minimum Admission Requirements in respect of Work Experience, Age, Maturity, RPL and International Students:

The DUT General Rules G7 (3)* and G7 (8)* respectively will apply. The DUT's Admission Policy for International Students and General Rules G4* and G7 (5)* will

apply.

7.3.3 **S**election procedures

All applicants must apply to the Central Applications Office (CAO).

In accordance with Rule G5*, acceptance into the programme is limited. Since more applications are received than can be accommodated, the following selection processes will apply:

- Initial short listing for selection is based on the applicant's academic performance in Grade 11 and/or 12.
- Applicants obtaining more than 25 points increase their chance of selection into the programme.
- The point scores for the **NSC** or the **SC** or the **NC(V)** results is obtained by using the table 2.

Table 2: Point Scores

| | NSC | SC | | NC(V) |
|----------|-----|----|----|-------|
| RESULTS | | HG | SG | |
| 90 – 99% | 8 | 8 | 6 | 4 |
| 80 – 89% | 7 | 7 | 5 | 4 |
| 70 – 79% | 6 | 6 | 4 | 4 |
| 60 – 69% | 5 | 5 | 3 | 3 |
| 50 – 59% | 4 | 4 | 2 | |
| 40 – 49% | 3 | 3 | I | |
| 30 – 39% | 2 | 2 | | |
| 0 – 29% | I | I | | |

NOTE: No points are allocated for ten (10) credit subjects.

- Applicants who meet the minimum departmental admission requirements for the Bachelor of Health Sciences in Clinical Technology will be ranked according to the points scored in Grade 12, and may be invited to participate in the selection process.
- The selection is based on the criteria and weightings in the Table 3:

Table 3: Weighting of assessments

| Assessment | Weighting (%) |
|---|---------------|
| Results of the Senior certificate/National Senior Certificate | 60 |
| Interview scores | 40 |

- Applicants invited to the selection process should have a sound knowledge of the Clinical Technology profession.
- Successful applicants will be placed into either the four-year degree or the fiveyear Extended Curriculum Programme.
- Provisional acceptance is given to selected applicants awaiting National Senior
 Certificate (NSC) and National Certificate (Vocational) results. If the final Grade

- 12 NSC/ NC (V) results do not meet the minimum entrance requirements, the provisional acceptance will be automatically withdrawn.
- Applicants whose application has been declined due to poor academic achievement in grade 11 may reapply to the programme should they be able to show improved academic performance in the final grade 12 examinations. Those applicants who wish to reapply should immediately notify the programme of their intention to reapply. In order for the application to be reconsidered, the applicant must submit the final grade 12 results to the Department as soon as these results are available.
- In addition to the minimum requirements explained above, graduates in receipt of ND: Clinical Technology may also be considered for entry into the BHSC: Clinical Technology.

7.3.4 Progression rules

In addition to Rules G16*, students must pass all prerequisite modules as per Table 1 before progressing to a higher level.

7.3.4 Exclusion rule

In addition to the DUT General Rules G17*, a first year student who fails three or more modules with an average of less than 40% in the failed modules during that year, is not permitted to re-register for the Programme. Deregistration from any module is subject to the provisions of rule G6 (2)*.

7.3.5 Re-registration

Rule G17* of the General Handbook for Students applies.

7.3.6 Interruption of studies

Should a student interrupt their studies for a period or more than three consecutive years, the student will need to apply to the department for permission to re-register and will need to prove currency of appropriate knowledge prior to being granted permission to continue with registration.

7.3.7 Clinical Technology Practice (CTP)

In addition to Rule G28*, the following should be noted:

- I. The department is responsible for placement of students for Clinical Practice Learning from level I IV. Transportation arrangements to the clinical training sites is the responsibility of individual students from level III and IV.
- 2. It must be note that placement for CPL in level III and IV is based on the industry demands for each year.
- 3. Students will not be allowed to change specialist categories in the third and the fourth registered level.
- 4. Disciplinary matters occurring in the unit will, in the first instance, be subject to the disciplinary code of conduct of that specific unit, and then be referred to DUT for student disciplinary action.
- 5. Students must achieve clinical competencies in a Health Professions Council

7.3.8 Registration with the Health Professions Council of South Africa Students are required to register as a student Clinical Technologist with the Health Professions Council of South Africa (Board of Radiography and Clinical Technology) in their first year of study. Registration fees and submission of registration documents will be for the responsibility of the student. Upon successful completion of studies, including CPL period, student must register with HPCSA as a Graduate Clinical Technologist under independent Practice category

8. MASTERSOFHEALTHSCIENCESINCLINICALTECHNOLOGY (MHCLTI) 8.1 PROGRAMME INFORMATION

This full research qualification is aligned to Rule G24 and the guidelines in the Post Graduate Student Handbook.

- The Student who successfully completes this qualification will be able to apply advanced problem solving skills and critical, reflective thinking to perform independent research in a chosen field and report their findings in a dissertation that meets the accepted criteria and ethical principles for the profession. In this way they will make a contribution to the existing body of knowledge and initiate change that will help develop and advance the profession of medical technology.
- The qualifying Student will be able to conduct independent research under minimal guidance in a chosen field, and contribute to knowledge production in that field. The research problem, its justification, process and outcome is reported in a dissertation which complies with the generally accepted norms for research at that level.

8.1.1 Assessment and Moderation

In addition to Rule G24 (4), postgraduate assessment of dissertations will be aligned to Postgraduate policies and guidelines. Please refer to the General Student Handbook and the Postgraduate Student Handbook.

8.2 PROGRAMME LEARNING STRUCTURE

| Code | Module | Year of Study | Assessment Type | NATED Credits | Pre-requisites | Co-requisites |
|--------|--------------|------------------|-------------------------|------------------|----------------|---------------|
| MHCLTI | Dissertation | 2 | External Examination | 1.0 | None | none |

8.3. PROGRAMME RULES (Approved by SENATE August 2014)

8.3.1 Minimum Admission Requirements

In addition to the General Handbook for Students Rule G24 (I), candidates must be possession of a Bachelor of Health Sciences Degree in Clinical Technology (NQF Level 8), or must be in possession of a Post Graduate Diploma (NQF 8) with a research component. Candidates may also apply for admittance via Recognition of Learning (RPL) in

accordance with Rule G7 (8) and / or G10B.

8.3.2 Selection Criteria

In accordance with Rule G5, acceptance into the Masters of Health Sciences programme is limited, and not automatic. Students are selected into the programme once they have completed an intention to study and the department has discussed the viability of the proposed topic for the Masters Qualification. The intention to study/ concept page must include the following: Problem statement or Title of the intended study, Objectives / sub-problems / Research Questions, Rationale/motivation to do the study, Brief literature review, Brief methodology.

8.3.3 Pass Requirements

Rule G24 and the Postgraduate Student Handbook apply.

Students are encouraged to apply themselves to their research, and strive for the best academic results possible in order to adequately prepare themselves for their future careers.

8.3.4 Re-registration Rules

Rule G24 (2), Rule G26 (5) and the Postgraduate Student Handbook apply.

8.3.5 Exclusion Rules

Rule G24 (1)(d); Rule G24 (2), and the Postgraduate Student Handbook apply.

8.3.6 Minimum and maximum duration

The minimum duration for this programme shall be one (1) year of registered study and the maximum duration shall be three (3) years of registered study.

8.3.7 Interruption of Studies

Should there be bona fide reasons for the interruption of studies for a period of one (I) year or more once the candidate is formally registered, the student may apply for an interruption of registration. Registration may be interrupted under exceptional circumstances only and is not done retrospectively.

9. DOCTOROFMEDICALCLINICALSCIENCES(DRMCSI)

9.1 PROGRAMME INFORMATION

This full research qualification is aligned to Rule G25 and G26 and the guidelines in the Post Graduate Student Handbook. The purpose of this qualification is to ensure that the student who successfully completes this qualification will be able to apply advanced problem-solving skills and critical, reflective thinking to perform independent research in a chosen field and

report their findings in a dissertation that meets the accepted criteria and ethical principles for the profession. In this way they will make a contribution to the existing body of knowledge and initiate change that will help develop and advance the profession of Clinical Technology.

9.1.1 Assessment and Moderation

Post graduate assessment will be aligned to Postgraduate policies and guidelines.

Rule G25 (4) and the Postgraduate Student Handbook apply.

9.2 LEARNING PROGRAMME STRUCTURE

| Code | Module | Duration of Study | Assessment Type | HEMIS Credits | Pre- requisites | Co- requisites |
|--------|--------------|----------------------|-------------------------|------------------|--------------------|-------------------|
| DRMCSI | Dissertation | 2 | External Examination | 2.0 | None | none |

9.3 PROGRAMME RULES

9.3.1 Minimum Admission Requirements

In addition to the General Handbook for Students Rule G24 (I), candidates must be possession of a Master's Degree in Clinical Technology (NQF Level 9), or must have been granted conferment of status according to Rule G10A. Candidates may also apply for admittance via Recognition of Learning (RPL) in accordance with Rule G7 (8) and / or G10B. Students are selected into the programme once they have completed an intention to study and the department has discussed the viability of the proposed topic for the qualification. A sound knowledge of the fundamental principles and concepts of research and statistical methods is required.

9.3.2 Re-registration Rules

Please refer to Rule G26 (5) and the Postgraduate Student Handbook.

9.3.3 Exclusion Rules

Please refer to Rules G25 (2)(b; c(ii)) in the General Student Handbook; and the Postgraduate Student Handbook.

9.3.4 Minimum and maximum duration

In accordance with Rule G25 (2), the minimum duration for this programme will be two (2) years of registered study and the maximum duration will be four (4) years of registered study.

9.3.5. Interruption of Studies

Should a student interrupt their studies by more than three (3) years, the

student will need to apply to the department for permission to reregister and will need to prove currency of appropriate knowledge prior to being given permission to continue with registration. Please refer to the Postgraduate Student Handbook

10. SUBJECT CONTENT AND ASSESSMENTS

NB:

- The information below might change from time to time to suite national, institutional, faculty and departmental needs as may be approved by the Department of Higher Education, the HPCSA and the DUT relevant committees.
- Students are to read this section in conjunction with the relevant study guide.

10.1 BIOMEDICAL TECHNOLOGY

10.1.1 BACHELOR OF HEALTH SCIENCES IN MEDICAL LABORATORY SCIENCE

| CHEMISTRY | Apply knowledge and principles of general and organic | | |
|--------------------|---|--------------------------------|------|
| CHEMISTRY | chemistry. | | |
| | Explain with examples the role of chemistry in | Theory tests (average of all): | 24% |
| | | Practical tests | 10% |
| | everyday life. | | 2% |
| | Perform calculations required for solution chemistry. | | |
| | Prepare solutions following accurate procedures. | Assignments/oral presentation: | |
| | Demonstrate understanding of the periodic table of | | 2% |
| | elements and apply knowledge to general principles of | Examination: | 60% |
| | chemistry. | | |
| | Draw up balanced chemical reaction equations. | | |
| PHYSICS (MODULE I) | MECHANICS | | |
| | Fundamental Units & Dimensional Analysis | | |
| | Vectors and Scalars | | |
| | One Dimension Kinematics | | |
| | Newton's Laws of Motion | | |
| | Work, Energy & Power | | |
| | Impulse and Momentum | | |
| | Rotational Dynamics | | |
| | PROPERTIES OF MATTER | Theory tests (average of all): | 26% |
| | Phases of Matter | Practical tests | 14% |
| | Elasticity | Examination: | 60% |
| | Density and Specific Gravity | Examination: | 00% |
| | Pressure in Fluids | | |
| | Atmospheric Pressure and Gauge Pressure | | |
| | Pascal's Principle | | |
| | Buoyancy and Archimedes' Principle | | |
| | Surface Tension | | |
| | Capillary Action | | |
| | Viscosity | | |
| | Poiseuille's Law | | |
| PHYSICS (MODULE 2) | THERMAL PHYSICS | TI | 2/0/ |
| | Temperature | , | 26% |
| | Heat and Temperature Change | Practical tests | 14% |
| | Thermal Expansion of Solids | Examination: | 60% |
| | | | |

| | Heat and Phase Change | |
|--------------------|---|--|
| | Calorimetry | |
| | Heat Transfer Mechanisms | |
| | WAVES & SOUND | |
| | Oscillatory Motion | |
| | Wave Motion & Types of Waves | |
| | Frequency, Amplitude and Wavelength | |
| | Speed of Waves on Strings | |
| | Reflection of Waves | |
| | Sound Waves | |
| | Energy and Intensity of Sound Waves | |
| | Doppler Effect | |
| | GEOMETRICAL OPTICS | |
| | Reflection | |
| | Refraction & Snell's Law | |
| | Dispersion | |
| | Critical Angles & Total Internal Reflection | |
| | Images Formed by Plane Mirrors | |
| | Images Formed by Spherical Mirrors | |
| | | |
| | Images Formed by Refraction: Thin Lenses ELECTRICITY& MAGNETISM | |
| | | |
| | Electric Charge | |
| | Insulators and Conductors | |
| | Charging by Friction, Conduction and Induction | |
| | Coulomb's Law | |
| | Electric Field & Electric Field Lines | |
| | Electric Current & Potential Difference | |
| | Resistance & Ohm's Law | |
| | Series & Parallel Circuits | |
| | Fundamentals of Magnetism | |
| | RADIOACTIVITY & RADIATION | |
| | Properties of Nuclei | |
| | Binding Energy | |
| | Decay Processes (Alpha, Beta & Gamma) | |
| | Decay Constant & Half-Life | |
| | Activity | |
| | Medical Applications of Radioactivity | |
| | Biological Effects of Ionizing Radiation | |
| | o o | |
| | QUANTUM PHYSICS | |
| | Blackbody Radiation and Plank's Hypothesis | |
| | Photoelectric Effect | |
| | Photons & Electromagnetic Waves | |
| | Wave Properties of Particles C | |
| FUNDAMENTALS OF | Pipetting. | |
| MEDICAL | Use of balances. | |
| LABORATORY SCIENCE | Units, measurements and calculations related | |
| LABORATORT SCIENCE | | |
| | | |
| | to solution preparation. | |
| | to solution preparation. Operate specified equipment in accordance | |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using | |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including | |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of | CONTINUOUS ASEESSMENT Theory test: 50% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. | Continuous aseessment |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and | CONTINUOUS ASEESSMENT Theory test: 50% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and correct disposal of waste in accordance with | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and correct disposal of waste in accordance with safety regulations acknowledging occupational | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and correct disposal of waste in accordance with safety regulations acknowledging occupational health and safety principles. | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10% |
| | to solution preparation. Operate specified equipment in accordance with standard operating procedures, using different equipment including spectrophotometers, pH meters, weighing of chemicals. Laboratory equipment made of glass and plastic appropriately Sterilization procedures applicable to different medical laboratory equipment, reagent and surfaces. Apply and uphold safety procedures and correct disposal of waste in accordance with safety regulations acknowledging occupational | CONTINUOUS ASEESSMENT Theory test: 50% Practical Tests: 20% Practical Reports: 10% Assignment/project: 10% |

| ANATOMY AND | Applied Sciences) The human body. The cell: Fluids and electrolytes, | |
|-------------|---|--|
| | | |
| | tian continue dinamina alama alama anta anta anta anta anta anta anta a | |
| | will be exposed to the basic probability concepts and its various distributions that exist and its relevance to | |
| | Basic Probability and its distributions (The learners | |
| | use in the Applied Sciences) | |
| | will be accomplished through these analyses and its | |
| | understanding of the relationships between variables | 50/8 |
| | . , | Examination: 2% |
| | be taught the various calculation methods on the data collected and presented) | Assignments/oral presentation: 2% Tutorials, class/homework 2% |
| | Measures of Location and Variation (The learners will | |
| | will be discussed) | Practical tests 10% |
| | form of frequency distributions, graphs and charts | |
| | method of collection will be discussed) Presentation of Data (The presentation of data in the | |
| | Collection of Data (The different types data and its | |
| | Sciences and the use of computers in statistics) | |
| | inferential statistics and its use in the Applied | |
| 3141131103 | Introduction to Statistics (The learners will be exposed to the differences between descriptive and | |
| STATISTICS | Filing | |
| | Record books | |
| | Terminology used in QC | |
| | Refrigeration Use of quality control (QC) | |
| | deionisation) | |
| | Water purification (distillation and | |
| | Microscopes | |
| | Laboratory glassware and plastic ware Autoclaving | |
| | pH meter and pH measurement | |
| | Spectrophotometer and photometry | |
| | Balances and weighing | |
| | General laboratory safety rules Centrifuges and centrifugation | |
| | Evacuation drills | |
| | Biological, physical and chemical hazards | |
| | Disinfection | |
| | Storage Decontamination | |
| | Anticoagulants | |
| | Transportation | |
| | Specimen types | |
| | Bathopele principles | |
| | Course structure CPD | |
| | Hierarchy | |
| | OHS act | |
| | SMLTSA | |
| | TOPICS HPCSA | |
| | techniques | |
| | Fundamental knowledge of statistical | |
| | communication. | |
| | Communicate within a group using verbal, written and electronic means of | |
| | Stock control procedures in the laboratory. | |
| | specimen testing | |
| | when dealing with different laboratory | |
| | Apply ethical, professional, and medico-legal principles and rules in the laboratory as applied | |
| | scientist. | |
| | Role and function of the medical laboratory | |

| PHYSIOLOGY IA | Histology | A supplementary test will be read- |
|---------------------------|---|--|
| IIII SIOLOGI IA | Histology Describe the language relating to anatomy and physiology. | A supplementary test will be made available. |
| | Describe the organisation of the body, metabolism, and the structure and function of the cell | Each theory test will carry a weighting of 50% |
| | Identify, describe, label & draw tissue types | |
| | Explain homeostasis at cellular level | |
| | Explain the importance and role of electrolytes and fluids in cells and tissues. | |
| | Skeletal system. Joints. Skin. Thermoregulatory system Describe the integumentary system is in terms of structure and function | |
| | Classify & describe the anatomy of the skeleton | |
| | Describe the anatomy and physiology of the voluntary muscles. | |
| | Explain the structure of the skin & its components. | |
| | Consider the role of the skeletal system muscle & skin as it relates to issues that may occur in the environmental health scenario .e.g. ergonomics | |
| | Nervous and endocrine systems. Senses. Describe the nervous system in terms of organization, structure and function. | |
| | Explain the four special senses and their relationship to each other (taste, smell, hearing and sight) Describe the endocrine system terms of hormones and their effects. | |
| ANATOMY AND PHYSIOLOGY IB | Heart and circulatory system. Lymphatic system. Respiratory system. Immunology Explain the composition of blood is identified and essential functions are explained. | |
| | Describe anatomy and physiology of the heart and vascular systems. | |
| | Describe anatomy and physiology of the lungs and respiratory tree. | 2 X two hour theory test A supplementary test will be made |
| | Explain gas exchange in the lungs and body tissues. | available. |
| | Explain mechanism of breathing. | Each theory test will carry a weighting of 50% |
| | Urinary system & reproductive system Describe he anatomy and physiology of the urinary system. | |
| | Explain the anatomy of the male and female reproductive systems is described. | |
| | Discuss the essential functions of the male and female reproductive systems | |
| | Digestive system & nutrition. | |

| | Describe the anatomy and physiology of the digestive tract and associated organs. | |
|-------------------|---|------------------------------------|
| | Explain the process of digestion. | |
| | Consider the effects of food and nutrition on the human body as it relates to digestion. E.g. Food poisoning/ chemicals. | |
| | Describe the role of good nutrition in terms of macro & micro nutrients and the importance of good diet. | |
| | Discuss the effects of poor nutrition on the human body e.g. malnutrition. | |
| CELL BIOLOGY | pH and buffers | |
| CELE BIOLOGI | l' | |
| | biomolecules and bio elements | TI / (II) 2.49/ |
| | carbohydrates | Theory tests (average of all): 24% |
| | nucleic acids | Practical tests 10% |
| | amino acids | Practical reports 2% |
| | proteins | Assignments/oral presentation: 2% |
| | enzymes | Tutorials, class/homework 2% |
| | lipids | Examination: 60% |
| | metabolism | 247 |
| | | |
| 1144411101 0 0 V | introduction to Polymerase Chain Reaction (PCR) | |
| IMMUNOLOGY | Development if immunology as a science; specific | |
| | immune response; non-specific immune response; | |
| | adaptive and innate immune response; antigen; | |
| | antibody; self and non self; primary and secondary | |
| | immune response; lymphoid organs; cells; functions | |
| | and structure | |
| | | |
| | Structure of antigen and antigen receptor; growth | |
| | factors; relationship between growth factors and | Theory tests (average of all): 24% |
| | immune response | Practical tests 10% |
| | Structure of the antibody; functions; induction of | Practical reports 2% |
| | antibody; effector functions; switch between classes; | |
| | classification and function of classes | Assignments/oral presentation: 2% |
| | Humoural immunity; cell mediated immunity; human | Tutorials, class/homework 2% |
| | lymphocytic antigens; Histocompatibility | Examination: 60% |
| | | |
| | Shielding of antigen – recognition as self; disorders of compliment deficiencies; hypersensitivity autoimmune disorders; immune deficiencies; human | |
| | immunodeficiency virus | |
| | · · · · · · · · · · · · · · · · · · · | |
| | Properties of complement; nomenclature; complement cascade; amplification loop; tick over; regulation | |
| CORNERSTONE 101 | • | |
| CORNERS I ONE 101 | The module content will be developed around the | |
| | concept of journeys, across time, across space, and | |
| | across human relationships; the first use of the | |
| | concept will take the journey of the Umgeni River | |
| | (which is close to all DUT campuses) as a metaphor. | A weekly blog written by each |
| | The module will bring different disciplinary | |
| | perspectives to this content. | student 20% |
| | 1 | Tutorial attendance (forfeited if |
| | The module will start with the analysis of a particular | student attends less than 80% of |
| | issue or metaphor (one critical event or development | tutorials) 10% |
| | | Visual artefact 15% |
| | will be and analysed; the event in focus will be selected | Written report 30% |
| | on the basis of its connections to the theme of | Oral presentation 15% |
| | journeys and its relevance to the issues of ethics, | Peer assessment 10% |
| | diversity and critical citizenry). | 10/6 |
| | The final section of the module will identify and | |
| | integrate learning from earlier sections, and examine | |
| l | implications for further learning. At each stage of | |
| | | |

| | - | The state of the s | T | | |
|--------------------|-----|--|------------------------|------|-----|
| | | the module, students will be required to engage in | | | |
| | | activities that involve reflection and build | | | |
| | | communicative practices. There will be a concluding | | | |
| | | section in which students will identify their learning | | | |
| | | and examine the implications for their roles as | | | |
| | | students and as citizens. | | | |
| VALUES IN | THE | The module will begin with a reflection on personal | | | |
| WORKPLACE | | values and move to a discussion on how they intersect | | | |
| | | with values in the workplace. Small group discussions | | | |
| | | will be formed around how to build positive values in | | | |
| | | the workplace and the vital themes of ethics, respect, | | | |
| | | interconnectedness, honesty, creativity and human | Assignments | 40 % | |
| | | diversity will form the basis for building "sacred | | 20% | |
| | | spaces at work." This will set the tone to unpack | Reflection | 20% | |
| | | issues around leadership values and ethics and ethical | | 20% | |
| | | decision making. The final section of the module will | | | |
| | | integrate all these aspects and students will be | | | |
| | | required to identify the implications of what they have | | | |
| | | learnt to develop social responsibility and their roles | | | |
| | | as citizens. | | | |
| LAW FOR LIFE | | Introduction | | | |
| LAW FUR LIFE | | Civil and criminal law | | | |
| | | | Assignment | | 60% |
| | | Law of insurance | Assignment | | |
| | | Road accident fund | Poster | | 20% |
| | | Law of contract | Will document | | 20% |
| | | Marriage | | | |
| | | Succession | | | |
| WORLD OF WORK | | Traditional and Modern CV Writing; | | | |
| | | Who Am I?; (DISC, MBTI etc) | | | |
| | | Job Searching; | | | |
| | | Job Applications; | | | |
| | | Networking; | | | |
| | | Interviewing; | | | |
| | | Body Language; | | | |
| | | Verbal Communication; | | | |
| | | Visual/Graphical Presentation; | | | |
| | | What Is "Business"? | | | |
| | | Career Path Options; | | | |
| | | Work Readiness Expectations | | | |
| | | Business Processes and Goals; | | | |
| | | Organisational Aspects; | | | |
| | | Stress: | | | |
| | | Business Ethics | | | |
| | | Etiquette - Telephone; Social Media, General | Tests (average of all) | | 60% |
| | | Goal Setting & Time Management; | Assignment | | 30% |
| | | Personal Finance | Classwork | | 10% |
| | | Numeracy | | | |
| | | Project Management; | | | |
| | | Meetings | | | |
| | | Technical Report Writing; | | | |
| | | | | | |
| | | Productivity in the Workplace Quality in the Workplace | | | |
| | | , | | | |
| | | Health & Safety in the Workplace; | | | |
| | | Housekeeping; | | | |
| | | Computer and Technology Applications | | | |
| | | Problem Identification & Solving; | | | |
| | | Creativity, innovation and questioning | | | |
| | | Interpersonal Skills; | | | |
| | | Power & Conflict Management, (Johari) | | | |
| | | Planning; Organising; Motivation; Leadership and | | | |
| | | Teamwork | | | |
| | | | | | |
| | | | | | |
| Cultural diversity | | The module will be introduced by defining culture and | Assignments: 20% | | |
| | | | | | |

| | | 10 1 11 1001 |
|--|---|---|
| | establishing the salience of culture in the local and global context. There is also some attention paid to diverse cultural groups in the SA and global context. The core content focuses on aspects of social responsibility and gives strong attention to issues of anti- discriminatory and anti- oppressive practices. Social justice is unpacked and the effect of marginalization on oppressed groups discussed. Consciousness raising and social action and dialoguing across differences is used to interweave the introductory and main aspects of the module. It forms an appropriate way to conclude the module as it requires students to engage in activities that involve reflection and personal commitment to anti- | |
| | oppressive practices. | |
| | оррі еззіче рі аспсез. | |
| Environmental Awareness for healthcare Practitioners | Introduction to concepts of the environment i.e social, professional and natural. Psychological health issues of the environment. Public health issues relating to the environment. Health care issues in situations of natural or anthropogenic disasters. Health care and the social environment. | Project report and presentation: 70% weighting. Assignment: 30% weighting. |
| Issues of Gender & Society | Gender and related concepts: gender power | Project report and |
| within Health care | relations, gender roles, manifestation of gender bias, | presentation: 50% |
| | gender as one of the many social determinants of | weighting. |
| | health. | Assignment I: 30% |
| | | weighting. |
| | The effects of gender discrimination on health matters of the individual. | Assignment 2: 20% weighting. |
| | Effective communication with patients in a health care setting, demonstrating an awareness of the practitioner-patient power differential and gender and cultural differences. | |
| | The impose of health come delivery everyone in | |
| | The impact of health care delivery systems in relation to gender. | |
| | The workplace impact of gender-based societal and cultural roles and beliefs on health care practitioners. | |
| CLINICAL CHEMISTRY I | Anticoagulants and preservatives Collection and handling of specimens Spectrophotometry Quality Assurance Reference ranges Automation principles and methods Amino acids, Plasma protein and albumin Principles of electrophoresis Kidney function tests including urinalysis, osmolality, urine tests, calculi Liver metabolites Use and maintain lab equipment Electrochemical techniques Electrolytes. Uric acid Acid/base balance | Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60% |
| | Laboratory mathematics/calculations | |
| MEDICAL | Introduction to medical microbiology | Theory tests (average of all): 24% |
| MICROBIOLOGY I | Good laboratory practices in the microbiology | Practical tests 10% |

| | To | Tp |
|-----------------|---|---|
| | laboratory Instrumentation and its application in the laboratory | Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% |
| | Development of microbiological techniques and application Taxonomy and nomenclature of microorganisms | Tutorials, class/homework 2% Examination: 60% |
| | Microscopy and staining | |
| | Bacterial cultivation and measurement | |
| | Microbial metabolism (biochemical tests) | |
| | Symbiotic relationship and establishment of disease | |
| | Control of microorganisms | |
| | Microbial genetics and recombinant DNA technology | |
| MEDICAL | BACTERIOLOGY | |
| MICROBIOLOGY 2A | Microbiology terminology and personnel responsibilities | |
| | Collection, transport, processing of biological | |
| | specimens | |
| | Storage and disposal of biological specimen and | |
| | waste | |
| | Classification of medically important bacteria | |
| | Laboratory identification of microorganisms | |
| | Microbiological tests and techniques(routine | |
| | and specialised) | |
| | PARASITOLOGY | Theory tests (average of all): 24% |
| | Classification of medically important parasites | Practical tests 10% |
| | Life cycles of medically important parasites | Practical reports 2% |
| | Parasites pathogenesis | Assignments/oral presentation: 2% |
| | Epidemiology | Tutorials, class/homework 2% |
| | Laboratory identification | Examination: 60% |
| | VIROLOGY | |
| | Classification of medically important viruses | |
| | Epidemiology | |
| | Replication cycles | |
| | Cell culture preparation and identification of | |
| | medically important viruses | |
| | MYCOLOGY | |
| | Classification of medically important fungi | |
| | Fungal structures and reproduction | |
| HAEMATOLOGY I | Classification of mycoses | |
| HAEMATOLOGT I | Blood formation, Cell development: Red cells, white cells, platelets | |
| | Structure and function of the bone marrow, cells, | |
| | haemoglobin | |
| | Growth factors and their effects: erythropoietin, | |
| | thrombopoietin, Interleukins, cytokines, other | |
| | growth factors Factors affecting release of mature cells from the | |
| | marrow | |
| | Nutritional requirements in cell development: iron, | Theory tests (average of all): 24% |
| | vitamin B ₁₂ , folate | Practical tests 10% |
| | Metabolic requirements of cells: Hexose | Practical reports 2% |
| | monophosphate shunt; | Assignments/oral presentation: 2% |
| | Rapaport-Leubering pathway; Glycolytic pathway; | |
| | Methaemoglobin reduction pathway; Glutathione | D. 2011 |
| | metabolism pathway | |
| | Processes leading to red cell destruction, features of haemolysis | |
| | Structure and function of organs involved in | |
| | haematopoiesis: spleen, thymus, lymph nodes, liver | |
| | The immune system: types of immune mechanisms, | |
| | immune responses | |
| | The process of haemostasis including the coagulation | |
| | 1 | 1 |

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|-------------------|---|------------------------------------|
| | cascade and fibrinolysis | |
| | Properties of a good anticoagulant and their effects on | |
| | specimens, good quality samples | |
| | Sites of blood and bone marrow collection, principles | |
| | and methods of tests and techniques: full blood count, | |
| | differential count, reticulocyte count, coagulation | |
| | studies, polymerase chain reaction, diagnostic | |
| | usefulness of bone marrow specimens | |
| | Storage protocol and the effects of storage on | |
| | haematological specimens | |
| | Protocols on reporting of laboratory results | |
| | Good laboratory practice including ethics, safety | |
| | principles | |
| | Principles of quality control programmes in | |
| | haematology | |
| IMMUNOHAEMATOLOGY | Blood donation criteria and testing. | |
| I | Procedures for the collection, processing and testing. | |
| | Storage and issuing of blood and blood products. | |
| | Clinical indications for the use of blood and blood | |
| | products | |
| | Haemovigilance and biovigilance | |
| | Apheresis. | |
| | Clinical significance of blood group system antigens | Theory tests (average of all): 24% |
| | and antibodies. | Practical tests 10% |
| | Basic serological techniques. | Practical reports 2% |
| | Blood group interpretation | Assignments/oral presentation: 2% |
| | Causes of false results in laboratory testing | Tutorials, class/homework 2% |
| | Blood group reaction patterns and interpretation | Examination: 60% |
| | Compatibility and transfusion testing. | Examination. 00% |
| | Selection of blood for cross-match | |
| | Risks and benefits associated with blood transfusion. | |
| | Transfusion transmitted diseases. | |
| | | |
| | Haemolytic disease of the foetus and new-born | |
| | (HDFN) Quality management systems. | |
| HISTOPATHOLOGY I | , , | |
| HISTOPATHOLOGT 1 | Laboratory administration – collection, logging, | |
| | distribution, | |
| | data recording, reporting, accession and retrieval of | |
| | data. | |
| | Safety in the histopathology laboratory – recognize | |
| | dangers by fresh, | |
| | unfixed tissue biopsies. Storage and safe handling of | |
| | chemical and dyes. | |
| | Light and electron microscopy – behaviour of light and | |
| | electrons. | |
| | Fixation and fixatives – effects of specific fixatives on | Theory tests (average of all): 24% |
| | tissue and organs. | Practical tests 10% |
| | Poor fixation and fixation artefacts and corrective | Practical reports 2% |
| | action. | Assignments/oral presentation: 2% |
| | Tissue processing – familiar with the handling of the | Tutorials, class/homework 2% |
| | tissue processor and | Examination: 60% |
| | reagents used. Recognize processing artefacts and | 30,0 |
| | take corrective action. | |
| | Tissue embedding – embedding techniques of various | |
| | tissue biopsies. | |
| | Microtomy – familiar with the safety features and how | |
| | to use a microtome | |
| | for sectioning of various tissue types. | |
| | Staining - preparation and use of reagents used to | |
| | stain specific tissue | |
| | components and structures to contribute to | |
| | diagnosis. | |
| CYTOLOGY I | The origins and role of Cytology as a discipline as well | Theory tests (average of all): 24% |
| | | |
| | as outline the professional and ethical role of a | Practical tests 10% |

| | cytotechnologist functioning in a Cytology laboratory. Quality Assurance programme in a Cytopathology LaboratoryThe role of automation in a cytology | Tutorials, class/homework 2% |
|-------------------|--|---|
| | laboratory, including Liquid- based Cytology and Automated Screening Systems. Growth and differentiation of cells and tissues. | Examination: 60% |
| | The normal cells and tissues found lining the female genital tract (FGT). | |
| | Collection and processing of cytological samples specimens from the FGT. Cytological evaluation of specimens of the FGT | |
| | including normal constituents of the cervical smear, | |
| | infective agents (bacteria, fungi, parasitic and viral | |
| | agents), inflammatory, degenerative and regenerative | |
| | changes and other non-neoplastic changes, (Acute | |
| | inflammation, chronic inflammation, Tissue repair, follicular cervicitis, atrophic vaginitis, metaplasia, | |
| | parakeratosis and hyperkeratosis) | |
| | The effects of the reproductive hormones on the cells of the FGT | |
| | The morphogenesis and cytological presentation of | |
| | premalignant and malignant conditions of the FGT | |
| | (Natural history of cervical cancer, Pathogenesis of cervical cancer, LSIL, HSIL, Squamous carcinoma, | |
| | ,Adenocarcinoma, Rare Tumours (Clear cell | |
| | carcinoma, Hydatidiform mole; Choriocarcinoma; | |
| | Adenosquamous carcinoma, Lymphomas; Melanoma; | |
| | Sarcomas/ Mixed Mesodermal Tumours, Extrauterine | |
| | malignancies (ovary/ vulva); Metastatic tumours) | |
| | Treatment of pre-malignant lesions, cytologic effects | |
| | of radiation and chemotherapy. General diagnostic application of | |
| | immunocytochemical techniques and molecular | |
| | biology to cytological samples including PCR of HPV and genotyping. | |
| MOLECULAR BIOLOGY | Basic overview of DNA and RNA, the history and their structure | |
| | Prokaryotic and Eukaryotic Genomes and DNA | |
| | replication DNA extraction; PCR Working with RNA; RNA extraction; Reverse Transcription and | |
| | RT-PCR | Practical tests (average of all). 24% |
| | Gel Electrophoresis | Practical reports 2% |
| | DNA Sequencing | Assignments/oral presentation: 2% |
| | Restriction enzymes, Restriction mapping | Tutorials, class/homework 2% |
| | Cloning Vectors: plasmids, bacteriophages, cosmids | Examination: 60% |
| | Cloning: Ligation, transformation; construction of Gene (genomic) | |
| | libraries Cloning of cDNA libraries; Screening for | |
| | recombinant DNA | |
| FUNDAMENTALS OF | Medical terminology and internationally recognised | |
| PATHOLOGY | acronyms | Theory tests (average of all): 32% |
| | Cell adaptation and injury | Assignments/oral presentation: 5% |
| | Inflammation and healing. Classification, types and nomenclature of neoplasia | Tutorials, class/homework 3% Examination: 60% |
| | Body fluid regulation and disturbances | Examination. 60% |
| SYSTEMIC | Classification of body organs and systems | |
| PATHOPHYSIOLOGY | Disorders and diseases in the following systems: | |
| | - Cardiovascular system | Theory tests (average of all): 32% |
| | - Respiratory system | Assignments/oral presentation: 5% |
| | - Lymphatic system | Tutorials, class/homework 3% |
| | Digestive system Endocrine system | Examination: 60% |
| | - Renal system | |
| | - Skeletal system | |
| <u> </u> | | i |

| | T | | |
|------------------------|---|--------------------|------------------|
| | The physiological effects of each disorder. | | |
| | The effects of the disorders on other body systems | | |
| The global | Environmental Pollution (Air, water and soil) | | |
| | Differences between air, water and soil pollution in | | |
| environment | terms of cause and effect. | | |
| | Social, economic and personal impact on | | |
| | environmental pollution. | | |
| | Pollution control strategies. | I) Present | ation at a |
| | Local case studies. | Student | |
| | | Summit | |
| | Population growth vs. natural resources | | |
| | Population growth trends in developed vs developing | | ation on a given |
| | countries. | topic | at mock |
| | Social, economic and environmental impacts of | | nce (30%) |
| | human population growth in the global context. | , | sed assignment |
| | Strategies to curb population growth | | bon footprint |
| | ou ategies to care population 8. over | (30%) | |
| | Climate change and global warming | | n based learning |
| | Causes of increased global mean temperatures. | Ü | ent on the |
| | Impact of climate change on extreme weather | | ationships |
| | conditions. | betwee | n the different |
| | Consequences of climate change on human health, | issues | affecting the |
| | natural resources and biodiversity. | environ | ment (40%) |
| | flatural resources and blodiversity. | | |
| | Sustainable development | | |
| | Concept of sustainable development within the | | |
| | South African and global context | | |
| | Inter-relationships between sustainable development, | | |
| | social responsibility, economic development and | | |
| | environmental protection. | | |
| Equality and diversity | Concepts and terminology – e.g. diversity, equality, | | |
| | inclusion, power, oppression | Theory test | 100/300 |
| | Parameters of diversity as listed in section 9 of the | Reflective writing | 50/300 |
| | SA Constitution | assignment | |
| | Prejudice, discrimination and inequality | Group | 50/300 |
| | The diversity competence continuum | presentation | 30/300 |
| | Steps to develop competence/sensitivity in relation | Diversity festival | 100/300 |
| | to diverse others | TOTAL | 300 |
| | Selected topics | IOTAL | 300 |
| | delected topics | | |

THE ENTREPRENEURIAL EDGE

BECOMING AN ENTREPRENEUR

Understanding yourself

What kind of business will suite me best

A vision for the business

Why become an entrepreneur

Who are entrepreneurs

Entrepreneurial Resources

Entrepreneurial myths

Entrepreneurial transition

ADDRESSING RISK

Risks the banks are concerned with

From the perspective of the bank

Risks and interest rates

Researching to reduce my risks

Understanding my risks and prospects

Problem solving

Competitive advantage

Business successes and failures

UNDERSTANDING MY MARKET

What does my market look like

Sharing the market

Competitors

Suppliers

Customer Relations Management

PLANNING

The environment

Strategic planning

Operation al planning

Types of plans

Setting the business vision

Determining the business mission

Setting business objectives

Finding and evaluating suppliers

FINANCIAL OBJECTIVES

Costing a product / service

Funding the business

MARKETING

What you should now about products and

services

Considering the price

Finding the proper location What to consider when advertising and doing

promotions

ETHICS AND SOCIAL RESPONSIBILITY

Considering ethical issues to address

Drawing up an ethics standard

Being held ethically responsible

Being responsible to your stakeholders

THE

GLOBAL The module content will include the following themes:

- 44 -

two tests and one assignment. The weighting of all assessments are equal. These three marks need to exceed 50% for a pass.

| ENVIRONMENT | T | | |
|----------------|--|-------------------------------|------|
| EIAAIKOIMMEIAI | Environmental Pollution (Air, water and soil) | | |
| | Differences between air, water and soil pollution in | | |
| | terms of cause and effect. | | |
| | Social, economic and personal impact on | | |
| | environmental pollution. | | |
| | Pollution control strategies. | | |
| | Local case studies. | | |
| | Population growth vs. natural resources | | |
| | Population growth trends in developed vs developing | | |
| | countries. | | |
| | Social, economic and environmental impacts of human | | |
| | population growth in the global context. | | |
| | Strategies to curb population growth | | |
| | Climate change and global warming | | |
| | Causes of increased global mean temperatures. | | |
| | Impact of climate change on extreme weather | | |
| | conditions. | | |
| | Consequences of climate change on human health, | | |
| | natural resources and biodiversity. | | |
| | Sustainable development | | |
| | Concept of sustainable development within the South | | |
| | African and global context | | |
| | Inter-relationships between sustainable development, | | |
| | social responsibility, economic development and | | |
| | environmental protection. | | |
| EQUALITY AND | Concepts and terminology - e.g. diversity, equality, | | |
| DIVERSITY | inclusion, power, oppression | | |
| | Parameters of diversity as listed in section 9 of the SA | Theory | 33% |
| | Constitution | Reflective writing assignment | |
| | Prejudice, discrimination and inequality | Group presentation | 17% |
| | The diversity competence continuum | Diversity festival | 33% |
| | Steps to develop competence/sensitivity in relation to | 2 | 33/6 |
| | diverse others | | |
| | Selected topics | | |

| CLINICAL CHEMISTRY 2 | Endocrinology | |
|----------------------|---|--|
| CLINICAL CHEMISTRY 2 | Endocrinology Secretion and regulation, hormones of | |
| | hypothalamus, pituitary, pineal, thyroid, adrenal, gonads, pancreas, GIT | |
| | Carbohydrate metabolism | |
| | Intermediary carbohydrate metabolism, hormonal regulation, disorders [glucose, | |
| | lactate], ketogenesis, glycosylated Hb, fructosamine, xylose | |
| | Lipid metabolism | |
| | Lipid constituents, lipoproteins and disorders, serum lipid and lipoprotein analyses, total fecal fat/steatocrit/oral fat loading test | |
| | Body fluid analysis | Theomy tooks (avenues of all), 249/ |
| | CSF [glucose, proteins], amniotic fluid [congenital disease, neural tube defects, | Theory tests (average of all): 24% Practical tests 10% |
| | hemolytic disease, gestational age, fetal pulmonary development], sweat [inc | Practical reports 2% Assignments/oral presentation: 2% |
| | sweat analysis], synovial fluid, serous fluid [pleural, pericardial, peritoneal], | Tutorials, class/homework 2% Examination: 60% |
| | transudates and exudates | |
| | Tumour markers | |
| | Properties, classification, markers: PSA, AFP, CEA, CA 125, 153, 199 | |
| | Pharmacology | |
| | Introduction [classification, routes of administration, terminology], receptor theory, elementary | |
| | pharmakokinetics, drugs subjected to TDM [Digoxin, Phenytoin, Phenobarbitol, Carbamazapine, | |
| | Theophylline, Valproic acid, Lithium, Paracetamol, Salicylates, Tricyclic Antidepressants, Cyclosporin, | |
| | Amikacin, Gentamycin and Vancomycin], techniques of drug analysis [EMIT, ELISA, El, HPLC, GLC, TLC], | |
| | toxicology [ethanol, salicylates, paracetamol, | |
| MEDICAL | barbiturates] Laboratory administration - collection, logging, | |
| MICROBIOLOGY 2B | distribution, data recording, reporting, accession and retrieval of | |
| | data. Safety in the histopathology laboratory – recognize | |
| | dangers by fresh, | |
| | unfixed tissue biopsies. Storage and safe handling of chemical and dyes. | |
| | Light and electron microscopy – behaviour of light and electrons. | Theory tests (average of all): 24% |
| | Fixation and fixatives – effects of specific fixatives on tissue and organs. | Practical tests 10% Practical reports 2% |
| | Poor fixation and fixation artefacts and corrective | Assignments/oral presentation: 2% Tutorials, class/homework 2% |
| | action. Tissue processing – familiar with the handling of the | Examination: 60% |
| | tissue processor and reagents used. Recognize processing artefacts and | |
| | take corrective action. Tissue embedding – embedding techniques of various | |
| | tissue biopsies. Microtomy – familiar with the safety features and how | |
| | to use a microtome | |
| | for sectioning of various tissue types. | |

| | Staining – preparation and use of reagents used to stain specific tissue components and structures to contribute to diagnosis. | |
|------------------------|--|---|
| Ethics and Medical Law | Study Unit 1: Professional ethics. Study Unit 2: International ethics principles. Study Unit 3: Professional body and National Health requirements. Study Unit 4: Scope of practice. Study Unit 5: Multidisciplinary and interdisciplinary interactions. Study Unit 6 Legal aspects of medical care. Study Unit 7: Applications in authentic settings. | Theory tests: 60% Projects/ Case Studies/ Assignments : 40% |
| HAEMATOLOGY 2 | Classification and clinical features, causes, laboratory features and management of anaemias, leukaemias, malignancies, platelet and haemostatic disorders and disorders associated with systemic nonhaematological disorders Principles of quality control and quality assurance and troubleshooting Assessment of specimen suitability Correct terminology when reporting results The clinical significance of laboratory results, including reticulocyte counts, full blood counts, coagulation tests, screening tests, confirmatory tests | Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% |
| | Collection and preparation of cytological specimens and the normal cells and tissues found lining the following sites in the body: - respiratory tract -serous effusions - urinary tract -central nervous system -gastro intestinal tract. Cytological evaluation of specimens including normal constituents, infective agents (bacteria, fungi, parasitic and viral agents), inflammatory, degenerative and regenerative changes and other non-neoplastic changes of the respiratory tract, serous effusions, urinary tract, central nervous system and gastro intestinal tract. The morphogenesis and cytological presentation of premalignant and malignant conditions of the respiratory tract, serous effusions, urinary tract, central nervous system and gastro intestinal tract. General diagnostic application of immunocytochemical techniques and molecular biology to cytological samples including PCR as applicable. Respiratory Tract: collection and microscopic features in sputa and bronchial brushings/ lavages and FNAB. Inflammation: Non-specific inflammation, Tuberculosis, Eosinophilia Common infective agents and characteristic cytopathic effect for each agent, including Entamoeba sp, Actinomyces sp, Candida sp, Blastomyces sp, Cryptococcus sp, Pneumocystis sp, Echinococcus sp, Entamoeba sp. Other elements: Ferruginous bodies, Curshmann's spirals, Vegetable cells, Charcot-Leyden crystals. Benign reactive: Bronchial hyperplasia and bronchial | Theory tests (average of all): 24% Practical tests 10% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 60% |

metaplasia, without/ with atypia.

Lung cancer and its pathogenesis, including known carcinogens

Malignant: Squamous carcinoma, Bronchogenic adeno and Bronchoalveolar carcinoma ,Small cell (neuro carcinoma, Large cell undifferentiated carcinoma, Ou primary/ metastatic tumours

The effects of radiation and chemotherapeutic agents on benign and malignant cells

Urinary tract: Collection techniques, Cytological changes that occur with different inflammatory processes, including those associated with pathogens (esp. Schistosoma haematobium) Casts (e.g. hyaline, granular, cellular) and pathologically significant crystals. Potential sources of diagnostic error in evaluating urinary tract specimens including ileal bladder urine, lithiasis, malakoplakia, etc Malignancies of kidney and urinary tract: (urine/ FNAB): Epithelial tumours of renal pelvis, ureter and urinary bladder: Transitional cell carcinoma, Adenocarcinoma, Squamous carcinoma, Renal cell carcinoma, Wilms' tumour. Other Metastases

Effects of radiation and chemotherapeutic agents on benign/ malignant cells, transplant rejection. atypia and its causes, including lithiasis and malakoplakia. latrogenic changes (incl. ileal conduits) and potential pitfalls. Transplant rejection changes.

Central nervous system: Anatomy of brain and spinal cord Macroscopic presentation and significance, fixation, preparatory techniques. "Normal" cells (shunt picture). Meningitis: Bacterial, Viral, TB, Cryptococcal; Parasites. Primary tumours of the CNS; Neural crest tumours; Lymphoma/ leukaemia, midline tumours and miscellaneous 10 tumours, metastatic malignancy.

Gastro intestinal tract

Anatomy of brain and spinal cord. Macroscopic presentation and significance, fixation, preparatory techniques. "Normal" cells (shunt picture). Meningitis: Bacterial, Viral, TB, Cryptococcal; Parasites Primary tumours of the CNS; Neural crest tumours; Lymphoma/ leukaemia. Miscellaneous 10 tumours.

Metastatic malignancy

CLINICAL LABORATORY

PRACTICE I

Clinical Chemistry

Specimen / chemical safety procedures.

Quality control and workflow.

Laboratory calculations and preparation of solutions.

Description of the automated instrument.

Compulsory analytes: Sodium, potassium, chloride, total C02, urea, creatinine and glucose.

All laboratory tests / profiles in chemical pathology.

Selection of the following topics: -

Atomic absorption

Blood gases

Chromatography

Drugs

Electrophoresis

Endocrinology

Nephelometry

Urinalysis

Medical Microbiology

Biosafety protocols applicable to the Microbiology laboratory.

Explain the principles of automated instruments used in the laboratory (where applicable).

Process the following specimens in the laboratory: -

Faeces

Swahs and Pus

CSF

Sputum

l İrine

(Range Statement: Includes staining, microscopy, culture, antibiotic susceptibility and identification of organism/s).

Culture media preparation

(Range Statement: Basic principles of selective, enriched and differential media including antibiotic containing media).

Ouality assurance systems.

Virology

Safety

Processing of viral specimens:

Culture and identify viruses in specimens

Media preparation and cell cultures

Serology (HIV, Hepatitis other)

PCR

Blood Transfusion discipline

Donor selection

ABO and Rh Crossmatching

ABO and Rh blood typing

Cytology

Set up microscope incl. Köhler illumination

Female genital tract

Inflammation; Benign proliferative reactions

Reactive cellular changes; Microorganisms/ agents of infection

Squamous abnormalities: ASCUS, LSIL, HSIL, SCC Glandular abnormalities: AGUS (outline),

adenocarcinomas

Urinary tract

Normal, Agents of infection (esp Schistosoma)

Average mark obtained from discipline based assessments 60% Portfolio 30% Learning logs 10%

Malignancy: transitional cell carcinoma, squamous ca, adenocarcinoma

Respiratory tract

Normal; Non-cellular findings (incl. ferruginous bodies): Agents of infection

Inflammation (incl. asthma); Bronchial metaplasia and hyperplasia:

Malignancy: adenocarcinoma, squamous carcinoma,

Serous effusion

Normal; Inflammatory/ non-malignant disease states; Malignancy 10 / 20 tumours, incl. carcinoma, lymphoma, melanoma

Serous effusion: prepare and stain two samples (Pap; MGG stain)

Complete assignment on filter preparations independent

Histopathology

Embedding; Microtomy; Routine H&E staining and mounting

Trim blocks and cut 8 sections of kidney tissue biopsies for special staining techniques.

Special staining techniques:

PAS; PAS/D; Alcian blue; Verhoeff's; Methanamine silver, Toluidine blue; Reticulin, Masson's Trichrome Special techniques: Transmission electron microscope; Immunohistochemistry Frozen sections Stain two sections: one by rapid H&E method and the other for fat.

Electron Microscopy.

Molecular laboratory.

Haematology

Specimen processing, handling, safety procedures and ethics.

Quality control principles.

Perform tests and techniques, following standard operating procedures.

Interpretation of laboratory results, correlation of FBC with the findings of

the peripheral blood film.

Professional conduct, principles of good laboratory practice including ward visits for BM, finger-prick and/or blood collection

| DDINIGIDI EG | | | |
|---|-------------|--|---|
| PRINCIPLES | OF | Management Principles (Planning, leading organizing | |
| MANAGEMENT | | and control, problem identification & solving, decision | |
| | | making, communication, negotiation, conflict | Theory tests (average of all): 32% |
| | | resolution, leadership, motivation) | Assignments/oral presentation: 5% |
| | | Organisational Development | Tutorials, class/homework 3% |
| | | Change Management | Examination: 60% |
| | | Resource Management | Examination: 60% |
| | | Industrial Relations | |
| | | Quality Assurance and Safety including Legislation | |
| RESTORATIVE JUSTICE | | Relevance of a restorative approach in the SA | |
| , | _ | context. | |
| | | Aspects of legislation and policy. | |
| | | Restorative philosophy and practice in indigenous | |
| | | communities. | Lectures 20% |
| | | Factors in crime, violence and conflict in modern | Group work 10% |
| | | societies. | Practicum Case studies 10% |
| | | | Independent study 40% |
| | | The social control window. | Presentations 10% |
| | | Restoration versus retribution. | |
| | | Shaming, integration, healing and forgiveness. | |
| | | The restorative practices continuum. | |
| | | Informal and informal restorative conferencing. | |
| | | | |
| | | | |
| PRINCIPLES | OF | The use of the library | Theory tests (average of all) 15% |
| RESEARCH | | Referencing | |
| | | Plagiarism | Journal article 10% |
| | | Writing up of research findings; posters, publication, | Poster 10% |
| | | dissertation thesis | Research Proposal 10% |
| RESEARCH PROJECT | st | Statistics reinforce | |
| registration | • | Literature review | This module will remain incomplete |
| r egisti ution | | Research methods | in Semester I of the fourth year of |
| | | Research ethics | study. The module is linked to the |
| | | Plagiarism | Research Project Module B offered |
| | | | in Semester 2. |
| | | Writing of research report: introduction, literature | |
| | | and the control of the sale of | |
| DESCENDANT DROUGET | | review and methodology | |
| RESEARCH PROJECT | | Research methods | Research project Mod A mark 30% |
| RESEARCH PROJECT | | Research methods Literature review | Research project Mod A mark 30% Draft chapters 20% |
| RESEARCH PROJECT | | Research methods Literature review Writing up of research findings: posters, publication, | Draft chapters 20% |
| · | | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis | |
| INTEGRATED | | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease | Draft chapters 20% |
| · | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease Chromosomal disorders | Draft chapters 20% |
| INTEGRATED | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease | Draft chapters 20% |
| INTEGRATED PATHOPHYSIOLOGY | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease Chromosomal disorders | Draft chapters 20% |
| INTEGRATED PATHOPHYSIOLOGY | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease Chromosomal disorders Pathophysiology of the following systems and | Draft chapters 20% |
| INTEGRATED PATHOPHYSIOLOGY | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease Chromosomal disorders Pathophysiology of the following systems and integrating these with other systems and laboratory | Draft chapters 20% Complete light bound dissertation50% |
| INTEGRATED PATHOPHYSIOLOGY | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease Chromosomal disorders Pathophysiology of the following systems and integrating these with other systems and laboratory results | Draft chapters 20% Complete light bound dissertation50% No exam, mark contributes to course |
| INTEGRATED PATHOPHYSIOLOGY | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease Chromosomal disorders Pathophysiology of the following systems and integrating these with other systems and laboratory results Central nervous system | Draft chapters 20% Complete light bound dissertation50% No exam, mark contributes to course |
| INTEGRATED PATHOPHYSIOLOGY | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease Chromosomal disorders Pathophysiology of the following systems and integrating these with other systems and laboratory results Central nervous system Endocrine system Cardiovascular | Draft chapters 20% Complete light bound dissertation50% No exam, mark contributes to course |
| INTEGRATED PATHOPHYSIOLOGY | st | Research methods Literature review Writing up of research findings: posters, publication, dissertation thesis General aspects of disease Chromosomal disorders Pathophysiology of the following systems and integrating these with other systems and laboratory results Central nervous system Endocrine system Cardiovascular Respiratory | Draft chapters 20% Complete light bound dissertation50% No exam, mark contributes to course |
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| | interpretation and correlation of the tests with the | |
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| | clinical presentation. | |
| | Basic blood transfusion techniques including blood grouping and direct antiglobulin test (Coombs test). | |
| CLINICAL PATHOLOGY | Clinical Chemistry | |
| CENTICAET ATTICEOUT | Workflow, transportation and processing of specialised | |
| | tests in a Chemical Pathology laboratory. | |
| | Knowledge of quantitative, semi-qualitative and qualitative | |
| | tests (automated or manual) for analytes on faeces and | |
| | amniotic fluid with particular reference to: | |
| | Operation of instrument/ method procedure | |
| | Safety and GLP. | |
| | Medical Microbiology | |
| | Infection control | |
| | Laboratory accreditation and administration | |
| | Water examination | |
| | Milk examination | |
| | | TI |
| | Haematology: | Theory tests (average of all): 15% Practical tests + workbook 30% |
| | | Assignment 5% |
| | The full blood count including all calculations and | F |
| | interpretation of scatter grams; manual and | 50/0 |
| | automated cell counts Collection and handling of blood samples | |
| | pathogenesis, laboratory diagnosis and interpretation | |
| | of morphology of peripheral blood and bone marrow | |
| | smears of normal white cell and haematological | |
| | malignancies | |
| | Tests used in the diagnosis and monitoring of white | |
| | cell disorders, the interpretation and correlation of | |
| | the tests with the clinical presentation. | |
| | Understanding the current classifications including | |
| | both WHO and FAB. | |
| | CD4 counting with all gating strategies | |
| | Cytochemistry, immunophenotyping (principles, | |
| CLINICAL CHEMISTRY Ist | application and interpretation of flow cytochemistry) Knowledge of quantitative, semi-qualitative and | |
| registration | qualitative tests (automated or manual) for the | |
| r egisti acion | following analytes on either blood, serum, plasma, | |
| | urine (timed and random), CSF, aspirates/ fluids, | |
| | faeces and amniotic fluid with particular reference to: | |
| | Reagent, controls and calibrators preparation; | |
| | Calibration and Q.C procedure; | |
| | Operation of instrument/ method procedure; | |
| | Sodium, Potassium, Chloride, Bicarbonate (TCO ₂), | |
| | Urea, Creatinine, Cystatin C, Uric Acid, Calcium, | |
| | Ionized Calcium, Magnesium and Inorganic Phosphorous. | |
| | l . · | |
| | Glucose, Ketones, Hb A1c (Glycated Haemoglobin), Fructosamine and MAU (Microalbumin). | No exam, assessment marks |
| | Cholesterol, High Density Lipoprotein (HDL), Low | contribute to course mark. |
| | Density Lipoprotein (LDL), Triglyceride, | |
| | Lipoprotein (a) and Apolipoprotein A&B. | |
| | Total Protein, Albumin, Globulin, Total Bilirubin, | |
| | Conjugated and Unconjugated Bilirubin, ALP, GGT, | |
| | AST, ALT and LDH. | |
| | Amylase, Lipase & Cholinesterase (serum & red cell). | |
| | CK, CKMB (mass/Activity), Troponin (T/I), | |
| | Myoglobin, Pro-BNP/ BNP and Homocysteine. | |
| | Iron Studies: Ferritin, Iron and Transferrin | |
| | Lactate, Ammonia. | |
| | Digoxin, Phenytoin, Phenobarbitol, Carbamazapine, | |
| | Theophylline, Valproic acid, Lithium, Paracetamol, | |

| Salicylates, Tricyclic Antidepressants, Cyclosporin, Amikacin, Gentamycin and Vancomycin, Benzodiazepine, Cannabis, Amphetamine, Barbiturate, Cocaine, Methadone, Methaqualone, Opiate and PCP TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; Calibration and Q.C procedure; |
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| Vancomycin, Benzodiazepine, Cannabis, Amphetamine, Barbiturate, Cocaine, Methadone, Methaqualone, Opiate and PCP TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Amphetamine, Barbiturate, Cocaine, Methadone, Methaqualone, Opiate and PCP TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Methaqualone, Opiate and PCP TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| TSH, T3, T4 (Free and Total), Qualitative and Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Quantitative bHCG, FSH, LH, Estradiol (E2), Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Growth Hormone, Testosterone, Progesterone, Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Prolactin, Aldosterone, Cortisol, Gastrin, Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Histamine, Insulin, Renin, Vitamin B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| B12, Folate, PTH and ACTH PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| PSA, AFP, CEA, CA markers 125, 153 & 199. CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| CRP, Ultra-sensitive CRP, PCT (procalcitonin). IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| IgE, IgM, IgG, IgA, b2 Microglobulin, C3 and C4, Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Haptoglobins, SACE, Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Caeruloplasmin. Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Xylose, Phenylalanine, Ascorbic acid Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Osmolality Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Blood Gases and Co-oximetry Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Neonatal bilirubin Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Catecholamines, 5HIAA, 17 Hydroxycorticosteroids. Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Total Faecal Fat/ Steotocrit/ Oral Fat Loading Test. CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| CLINICAL CHEMISTRY 3B Knowledge of quantitative, semi-qualitative and qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| qualitative tests (automated or manual) for the following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| following analytes on either blood, serum, plasma, urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| urine (timed and random), CSF, aspirates/ fluids, faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| faeces and amniotic fluid with particular reference to: Reagent, controls and calibrators preparation; |
| Reagent, controls and calibrators preparation; |
| |
| Calibration and Q.C procedure; |
| |
| Operation of instrument/ method procedure; |
| Serum and urine Protein Electrophoresis, IFE / Kappa |
| and Lambda free light chains. |
| Urine bHCG and Dry Chemistry (dipstick and |
| ketostix). |
| Faecal & urine reducing substances, Porphobilinggen, |
| Porphyrin. |
| Ocult Blood/ Faecal Haemoglobin/ Colon Albumin. |
| Calculus analysis |
| Knowledge of the following laboratory function tests Theory tests (average of all): 15% |
| or profiles with reference to: Practical tests + workbook 30% |
| Association/ relevanc to the specific organ, Assignment 5% |
| |
| Association/ correlation between the tests, Examination: 50% |
| The significance and interpretation of abnormal |
| results, |
| Procedure when results do not concur with clinical |
| picture |
| Renal: Sodium, Potassium, Urea and Creatinine |
| including Creatinine Clearance, pH and Base Excess. |
| Liver: ALT, AST, GGT, ALP, LDH, Total Protein, |
| Total and Conjugated Bilirubin. |
| Cardiac: CK, CKMB, Troponin and Myoglobin. |
| Lungs: pH, PCO2, PO2, TCO2 and O2 Saturation; |
| Actual and Standard Bicarbonate, and Base excess. |
| Thyroid: TSH, Free T3 & T4. |
| |
| Pancreas: Amylase (Total and Pancreatic), Lipase. |
| |
| Pancreas: Amylase (Total and Pancreatic), Lipase. |

| MEDICAL | Specimen collection, transport, processing and | |
|---------------------------|--|------------------------------------|
| MICROBIOLOGY Is | disposal of specimen with rare / unusual | |
| registration | microorganisms | |
| | Identification of rare / unusual microorganisms from | |
| | clinical specimens. | |
| | TB/HIV management system | |
| | Genotyping characterisation of microorganisms | |
| MEDICAL | Infection control and epidemiology | Theory tests (average of all): 15% |
| MICROBIOLOGY | Laboratory accreditation and administration | Practical tests + workbook 20% |
| I HEROBIOLOGI | Quality management system | Assignment 5% |
| | Public Health | Examination: 50% |
| CYTOLOGY Ist | | Examination. 50% |
| CYTOLOGY 1st registration | Anatomy, histology, cytology, applications and techniques, benign lesions and malignant lesions from | |
| | the following sites: | |
| | breast and nipple secretions, thyroid, lymph nodes, | |
| | salivary glands, liver, | |
| | pancreas, testes, ovaries, prostate. | |
| | Principles of specialised sample collection techniques | |
| | from the sites of the organs listed above including fine | |
| | needle aspiration biopsies (FNAB). | No exam |
| | Tests and techniques for the interpretation and | 140 CAUTT |
| | distinction between normal and abnormal cytology | |
| | results. | |
| | Correlation of results with clinical information. | |
| | Safety, ethics and quality control principles | |
| | General diagnostic application of | |
| | immunocytochemical techniques and molecular | |
| | biology to cytological samples including PCR as | |
| | applicable including PCR of HPV and genotyping. | |
| CYTOLOGY | Anatomy, histology, cytology, applications and | |
| | techniques, benign lesions and malignant lesions from | |
| | the following sites: | |
| | Rare Tumours of the female genital tract (Clear cell | |
| | carcinoma, Hydatidiform mole; Choriocarcinoma; | |
| | Adenosquamous carcinoma, Lymphomas; Melanoma; | |
| | Sarcomas/ Mixed Mesodermal Tumours, Extrauterine | |
| | malignancies (ovary/ vulva); Metastatic tumours). | |
| | Principles of specialised sample collection techniques | Theory tests (average of all): 24% |
| | from the sites of the organs listed above including fine | |
| | needle aspiration biopsies (FNAB). | Practical reports 2% |
| | Tests and techniques for the interpretation and | |
| | | Tutorials, class/homework 2% |
| | distinction between normal and abnormal cytology results. | Examination: 50% |
| | | LAATHIIAUOTI, 50% |
| | Correlation of results with clinical information. | |
| | Safety, ethics and quality control principles. | |
| | Treatment of pre-malignant gynaecologic lesions and | |
| | cytologic effects of radiation and chemotherapy. | |
| | General diagnostic application of | |
| | immunocytochemical techniques and molecular | |
| | biology to cytological samples including PCR as | |
| | applicable including PCR of HPV and genotyping. | |
| | Routine and specialised haematology investigations: | |
| registration | the full blood count including all calculations and | |
| | interpretation of scatter grams; manual and | |
| | automated reticulocyte counts; differential counts | |
| | including the preparation of all types of smears and | |
| | the calculation of absolute counts; erythrocyte | |
| | sedimentation rate; collection and handling of blood | |
| | samples; CD4 counting with all gating strategies. | |
| | Pathogenesis, laboratory diagnosis and interpretation | |
| | of morphology of smears of peripheral blood and | |
| | bone marrow of normal; all anaemias; inclusion bodies | |
| | in red cells; blood parasites; haemolysis and | |
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| | haemolytic anaemias. Basic blood transfusion techniques including blood grouping and direct antiglobulin test (Coombs test). Good laboratory practice including laboratory safety and ethics | |
| HAEMATOLOGY | Routine and specialised haematology investigations: the full blood count including all calculations and interpretation of scatter grams; differential counts and the calculation of absolute counts; CD4 counting with all gating strategies. Pathogenesis, laboratory diagnosis and interpretation of morphology of smears of peripheral blood and bone marrow of normal; benign white cell disorders; myeloproliferative disorders; acute leukaemias; platelet disorders; inclusion bodies in white cells; the effects of HIV on blood smears and the theoretical knowledge of bone marrow features of disorders; tests used in the diagnosis and monitoring of haemostatic disorders including thrombosis and anticoagulant therapy; vascular disorders; factor inhibitors; theoretical knowledge of haemophilia disorders and PK assay. The pathogenesis and laboratory diagnosis of all haematological malignancies, the interpretation and correlation of the tests with the clinical presentation, understanding the current classifications including both WHO and FAB including cytochemistry, immunophenotyping (principles, application and interpretation of flow cytochemistry), principle of ISHAGE gating strategy of the enumeration of CD34+ stem cells, cytogenetic techniques, FISH and molecular diagnostic techniques in haematopathology. Good laboratory practice including laboratory safety and ethics | Theory tests (average of all): 24% Practical tests 20% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 50% |
| HISTOPATHOLOGY Ist | Embedding of various tissue biopsies according to their structural features. Microtomy – thorough knowledge of microtomes and microtome knives. Able to section various tissue biopsies and recognise cutting artefacts and employ corrective measures. Frozen sections – assist in the diagnosis of urgent biopsies that require the use of a cryostat to produce frozen sections. Staining of specific elements – deduce which stain to use for a specific component / structure. Recognise staining artefacts and use corrective measures. 'Trouble-shoot' out of the ordinary staining reactions. Histology of tissues – Identify and describe the tissue types as well as the structure of each organ system. Identify the | |
| HISTOPATHOLOGY | structures specific to each organ or system. Molecular Biology – have a thorough knowledge of the tests required in Molecular biology to diagnose tumours and bacteria. Knowledge of in situ hybridisation (DISH) Enzyme histochemistry – Simultaneous capture, post-incubation coupling, | Theory tests (average of all): 24% Practical tests 20% Practical reports 2% Assignments/oral presentation: 2% Tutorials, class/homework 2% Examination: 50% |

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| | Self coloured substrate and intramolecular | | |
| | rearrangement. | | |
| | Metal precipitation for enzyme detection. | | |
| | Immunocytochemistry – able to distinguish | | |
| | between the various | | |
| | antibodies used to aid in the diagnosis of complicated | | |
| | cases that cannot be | | |
| | assessed with special staining procedures. | | |
| | Electron microscopy – fixation and processing of | | |
| | specimens for analyses | | |
| | under an electron microscope. Recognise | | |
| | ultrastructural organelles and | | |
| | components of the cells using an electron | | |
| | microscope. | | |
| IMMUNOHAEMATOLOGY | Ethics | | |
| | | | |
| 1st registration | Health and Safety | | |
| | Transfusion transmitted diseases | | |
| | Blood donation | | |
| | Blood Processing and component therapy | | |
| | Donation testing | | |
| | Storage and issue of blood and blood products | | |
| | Blood cold chain | | |
| | Clinical indications for the use of blood and blood | | |
| | products | | |
| | Introduction to risks and benefits associated with | | |
| | transfusion. | | |
| | Introduction to the haemolytic disease of the foetus | | |
| | and new-born (HDFN) | | |
| | Haemovigilance and biovigilance | | |
| | Apheresis. | | |
| | Clinical significance of blood group system antigens | | |
| | and antibodies. | | |
| | Basic serological techniques | | |
| | Causes of false results in laboratory testing | | |
| | Antigen antibody reactions in transfusion testing | | |
| | Blood group reaction patterns and interpretation | | |
| | Selection of blood for crossmatch | | |
| | Compatibility and transfusion testing. | | |
| | , , | | |
| IMMUNICULATIVATOLOGY | Quality management systems. | | |
| IMMUNOHAEMATOLOGY | Risks and benefits associated with transfusion. | | |
| | Haemolytic disease of the foetus and new-born | | |
| | (HDFN) | | |
| | Reagent preparation and standardization | | |
| | Paternity testing | Theory tests (average of all): 24% | |
| | HLA testing | Practical tests 20% | |
| | Transfusion reaction investigations | Practical reports 2% | |
| | Antenatal Investigations | Assignments/oral presentation: 2% | |
| | Postnatal (Cord and Maternal) Cases | Tutorials, class/homework 2% | |
| | Transfusion reaction investigations | Examination: 50% | |
| | Antenatal Investigations | | |
| | Postnatal (Cord and Maternal) Cases | | |
| | Quality management systems. | | |
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II. CLINICAL TECHNOLOGY

II.I. Bachelor of Health Sciences in Clinical Technology (BHCLTI) NB: Students to read this section in conjunction with the relevant Student guides

| Module | Content | Assessment plan |
|------------------------|--|--|
| Introduction to | Introduction and overview of the seven | Continuous assessment |
| Clinical Technology | specialist categories in Clinical Technology 2. Role of the Clinical technologist in each category 3. Laboratory techniques (microscopes, incubators, refrigerators and autoclaves 4. Health care system (clinical health governance structure and Health legislative acts & policy). 5. Organizational structure of the hospital (human resource and sectors) 6. Basic principles of health-care ethics (applied ethics, biomedical ethics, Batho Pele principles) National Health Act, Basic conditions of | Oral presentations (20%) Reflective journal (20%) Written theory assessment (60%) |
| | Employment, Health Professions Act | |
| Chemistry | introduction to chemistry measurements energy and matter atoms and elements compounds and their bonds chemical reactions and quantities gases solutions acids & bases nuclear radiation alkanes and cycloalkanes unsaturated hydrocarbons organic compounds with oxygen and sulphur carboxylic acid and esters amines and amides | THEORY TESTS Two Tests on General Inorganic and Physical Chemistry and Two Tests on Organic Chemistry). PRACTICAL ASSESSMENT FINAL EXAM MARK = CM x 0,4 + EM x 0,6 |
| Physics 101 | MECHANICS PROPERTIES OF MATTER | Continuous Assessment 70 % of the average of the 2 Theory Tests 30 % of the Practical Mark, where [Practical Mark = 35% practical book + 65% practical test] |
| Physics 201 | thermal physics waves & sound | Continuous Assessment 70 % of the average of the 2 Theory Tests |

| | geometrical optics | 30 % of the Practical Mark, |
|-------------------|--|---|
| | 8 | where |
| | electricity& magnetism | [Practical Mark = 35% practical book + 65% |
| | a madianativita (| practical test] |
| | radioactivity & radiation quantum physics | practical tests |
| | quantum physicswave properties of particles | |
| Anatomy I | wave properties or particles | Continuous assessment |
| Anatomy i | • Unit I | unit 1- theory (20%) and |
| | Introduction | practical (15%) |
| | Respiratory Anatomy | ' ' ' |
| | Cardiovascular anatomy | unit 2- theory (20%) and |
| | Genitourinary Anatomy Unit 2 | practical (15%) |
| | Neuroanatomy | |
| | Head and neck | unit 3- practical (15%) and |
| | 5 Fload and flock | assignment (15%) |
| | • Unit 3 | Internally moderated |
| | Limbs | • |
| Physiology I | Anatomy and physiology are defined. | Continous Assessement |
| | The relationships between anatomy and | Each of the three units will |
| | physiology are explained. | be assessed as follows: A two hour theory test |
| | UNIT I Cells and tissues | A two hour theory test at the end of the unit |
| | Cells and tissues,Integumentary system, | (Minimum of 120 |
| | Muscular system | marks) |
| | Skeletal system | One practical test at |
| | 5 Skeletal system | the end of the course |
| | UNIT 2 | |
| | Nervous system | |
| | Endocrine system, | |
| | Cardiovascular system, | |
| | Immunity and the Lymphatic system, | |
| | • Blood | |
| | UNIT 3 | |
| | Respiratory system, | |
| | Reproductive system | |
| Pathophysiology I | Basic Immunology: introductory concepts | Semester mark calculations: |
| | Cells of the immune system | - Two written theory |
| | • Innate and adaptive immune responses | assessment (20% each) |
| | (humoural and cellular) | - Assignments (Essay 15%; |
| | Antigen-antibody interactions | Presentation 30%) - Reflective journaling: (15%) |
| | Immunological tolerance and memory | exam=60%; semester mark |
| | Autoimmunity Pagia migraphialagy | = 40%] |
| | Basic microbiology Introduction to Medical microbiology | |
| | (micobacterium bacilli, streptococcus, | |
| | staphylococcus, HI virus) | |
| | Infection control, medical and surgical | |
| | asepsis | |
| | Communicable disease patient control | |
| | Communicable disease patient control | 1 |

| Instrumentation | Introduction to Man-instrumentation | Semester mark calculations: |
|--|--|--|
| for Clinical | systems; | - Two written theory |
| Technology I | Biometrics | assessment (20% each) |
| | o Introduction to the Man- | - Assignments (Essay 15%; Presentation 15%) |
| | Instrument System O Problems Encountered in | - Practical assessment (30%) |
| | Measuring a Living System | - Moderation: Internally |
| | Basic physiological parameters; | moderated. Final marks: Course mark 40% Exam mark 60% |
| | 2.1. Heart rate / pulse rate | |
| | 2.2. Blood pressure | |
| | 2.3. Stroke volume / Cardiac output | |
| | 2.4. Respiratory rate | |
| | 2.5. Tidal volume / minute volume Basic Physiological transducers; | |
| | The Transducer and | |
| | Transducer Principle | |
| | Active Transducers | |
| | Passive Transducers | |
| | Electrodes | |
| | Electrode theoryBiopotential electrodes | |
| | Biochemical electrodes | |
| | Medical terminology | |
| | Electrical safety. | |
| | | |
| Second level | | |
| Applied Anatomy and Physiology | Unit 1: The Cardiovascular System Blood & Heart | Continuous assessment: |
| and Filysiology | Unit 2: The Respiratory Physiology | A two and half hour test at the end of a unit |
| | Functions of the Respiratory System | (including theory and |
| | l B L B | |
| | Pulmonary Diseases | applied practical |
| | Unit 3: Nervous system | components). |
| | Unit 3: Nervous system Unit 4: Endocrine System | components). • Minimum of 150 marks |
| | Unit 3: Nervous system | components). • Minimum of 150 marks of which a minimum of |
| | Unit 3: Nervous system Unit 4: Endocrine System | components). • Minimum of 150 marks of which a minimum of 10% will comprise the |
| | Unit 3: Nervous system Unit 4: Endocrine System | components). • Minimum of 150 marks of which a minimum of |
| Clinical Technology | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems • Setting-up of equipment: | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as |
| Clinical Technology Practice | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: |
| | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment |
| | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems - Setting-up of equipment: - Basic haemodynamic monitoring - Basic Electrophysiological procedures: - Other basic diagnostic and therapeutic | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) |
| | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment |
| | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) |
| | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) |
| | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. Anthropometric measurement. | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) |
| | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. Anthropometric measurement. Activating clotting time testing. Oral and axillary temperature measurement. | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) |
| | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. Anthropometric measurement. Activating clotting time testing. Oral and axillary temperature measurement. Non- provocative nebulisers. | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) |
| Practice | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. Anthropometric measurement. Activating clotting time testing. Oral and axillary temperature measurement. Non- provocative nebulisers. Oxygen therapy (mask and nasal cannula). | components). Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) Presentations (20%) |
| Practice Instrumentation | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. Anthropometric measurement. Activating clotting time testing. Oral and axillary temperature measurement. Non- provocative nebulisers. Oxygen therapy (mask and nasal cannula). BIOMEDICAL INSTRUMENTATION | components). • Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) |
| Practice | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. Anthropometric measurement. Activating clotting time testing. Oral and axillary temperature measurement. Non- provocative nebulisers. Oxygen therapy (mask and nasal cannula). | components). Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) Presentations (20%) |
| Practice Instrumentation for Clinical | Unit 3: Nervous system Unit 4: Endocrine System Unit 5: Reproductive systems Setting-up of equipment: Basic haemodynamic monitoring Basic Electrophysiological procedures: Other basic diagnostic and therapeutic procedures: Spirometry measurement. Anthropometric measurement. Activating clotting time testing. Oral and axillary temperature measurement. Non- provocative nebulisers. Oxygen therapy (mask and nasal cannula). BIOMEDICAL INSTRUMENTATION | components). Minimum of 150 marks of which a minimum of 10% will comprise the practical component. Continuous assessment as follows: Proficiency assessment (60%) Hospital Visit Reports (20%) Presentations (20%) |

| | BIOMEDICAL INSTRUMENTATION OVERTICAL CARE OVERTICAL CAR | Semester mark calculations: |
|-----------------------|---|---|
| | SYSTEM FOR CRITICAL CARE | 3 theory tests (60%) Assignments and |
| | BIOMEDICAL INSTRUMENTATION FOR CARDIOVASCULAR PERFLICION | Assignments and presentations (40%) |
| | FOR CARDIOVASCULAR PERFUSION | presentations (40%) |
| | BIOMEDICAL INSTRUMENTATION SYSTEM FOR NEUROPHYSIOLOGY. | |
| | | |
| | BIOMEDICAL INSTRUMENTATION FOR RENAL SYSTEM | |
| | BIOMEDICAL INSTRUMENTATION | |
| | SYSTEM FOR | |
| | REPRODUCTIVE BIOLOGY | |
| | NEI NOBOCITY E BIOLOGI | |
| Clinical | Epidemiology and related medical | Examination |
| Pathophysiology I | terminology | Semester 40%; exam mark |
| . , 0, | Overview of Blood disorders | 60 % |
| | Selected Infectious diseases | semester mark calculation: |
| | Neoplasia | 3 written theory tests (60%) |
| | Cardiovascular system | 2 x assignments |
| | Neurological system | [presentation and written] |
| | Respiratory system | (40%) |
| | Pathophysiology of selected disorders of | Moderation: Internal |
| | Calcium Metabolism | according to DUT policies |
| | Pathophysiology of selected Hypothalamic | |
| | and pituitary diseases and overview of | |
| | Thyroid disease | |
| | Diabetes Mellitus | |
| | Liver Disease | |
| | Selected Pancreatic disorders | |
| | Digestive system and Skin disorders | |
| | Selected disorders of the Renal system | |
| | Selected disorders of the male and female | |
| | Reproductive system | |
| Basic Pharmacology | This module is divided into 3 Units : | Assessment will be |
| Dasic I Hai Hiacology | UNIT I | continuous. |
| | General aspects of drug therapy | A two hour theory |
| | Pharmacokinetics | test at the end of each |
| | Pharmacodynamics | unit. |
| | Administration of drugs to patients | Each theory test will |
| | Adverse effects of drugs | be weighted as follows |
| | Autonomic, Somatic and Sensory Nervous | _ |
| | systems | Theory test I − 30% |
| | -/5555 | Theory test 2 – 35% |
| | UNIT 2 | Theory test 3 – 35% |
| | Antimicrobials and other anti-infectives | - |
| | Drugs affecting the CNS | |
| | Drugs affecting the CVS | |
| | Haemopoetic drugs | |
| | Analgesics and anti-inflammatories | |
| | | |
| | UNIT 3 | |
| | Hormones and Hormone antagonists | |
| | | |
| | Antihistamines | |

| | CIT D | T | |
|----------------|---|---------------------|---|
| | GIT Drugs Poisoning and emergency drug treatment | | |
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| Research | Research Paradigms | | Continuous assessment |
| Methodology I | - The 3 basic res | earch paradigms | Each assessment has a |
| 11001100000 | (positivism, interprets ar | | specific weighting i.e. counts |
| | | | a certain % towards the final |
| | Research study design (L | | mark: |
| | sectional, bi-direction | ,, | |
| | qualitative, mixed-me | ethod; reliability, | Article critique (20%) |
| | validity and ethics) | | 2 x assignments (80%) |
| | Research methods and r | nethodology | |
| | Sampling methods | (observations, | |
| | questionnaire, interviev | | |
| | studies, laboratory expe | | |
| | , , | ques (descriptive | |
| | statistics) | daes (describuse | |
| | , | | |
| | Introduction to the | review of the | |
| | Literature | | |
| | Referencing styles and p | agiarism | |
| Research | The steps and stages | in the research | Continuous assessment |
| Methodology II | process. | | The final marks: |
| | The research purpose ba | ised on a problem. | • Submission of a |
| | The literature review | 1 " | research proposal |
| | Selecting an appropriate | research design | (70%) |
| | 0 11 1 | 0 | I x assignment (30%) |
| | Developing an appropr | | - 1 × assignment (30%) |
| | for a hypothetical sti | , | Moderation will be |
| | feasibility, representative | eness and available | |
| | resources. | | conducted in accordance |
| | Developing an appropris | ate data collection | with DUT rules. |
| | plan | | |
| | Statistical analysis for | the data analysis | |
| | process. | | |
| | • | o the conduct of | |
| | Ethical issues relating t | o die conduct of | |
| | research | | |
| | | | |

| Health Care Management I | Basic concepts of Healthcare management (managers and management) | Continuous assessment the final mark: |
|-----------------------------|---|--|
| | Basic principles of Healthcare management (organizational culture, quality management, time management, | I written theory test (60%) I x assignment |
| | Teamwork) Basic Healthcare information systems | [presentation and written] (40%) |
| | CARDIOLOGY | _ |
| Pathophysiology | Congenital Heart disease | Continuous assessment |
| for Cardiology | Arrhythmias | The final mark: 2 written theory tests (60%) |
| | Valvular Heart disease | 2 x assignments |
| | Coronary artery diseasePericardial disease | [presentation and written] |
| | Hypertension | (40%) |
| | Heart Failure | |
| | Oedema | |
| | Peripheral vascular disease | |
| Pharmacology for | Understand the application for the | Examination |
| Cardiology | following therapeutic classes: Anti- | |
| | arrhythmia therapy, Anti-anginals, | Final mark = 40% course |
| | Antihypertensives, Diuretic, Pressins, | mark + 60% exam mark |
| | cardiostimulatories and inhibitors, thrombolytics, vasoconstrictors and | Course mark calculated as |
| | thrombolytics, vasoconstrictors and vasodilators | follows: |
| | Understand the pharmacological | 2 written theory tests (60%) |
| | applications for the following | I x assignment |
| | cardiovascular disorders: | [presentation and written] |
| | Angina | (40%) |
| | Arrhythmia | |
| | Oedema | |
| | Heart failure | |
| | Systemic and pulmonary hypertension | |
| | Hypotension | |
| Climinal | Myocardial infarction | Cartianana |
| Clinical Technology | Perform the following procedures and explain the indications, contra-indications, advantages | Continuous assessment The final mark: |
| Practice in | and disadvantages or limitations and | Continuous Proficiency |
| Cardiology la | complications of the following procedures: | Assessment based on the |
| | Exercise stress testing | application and performance |
| | Arrhythmia monitoring (Holter) | of the procedures or |
| | Cardiac catheterization left and right heart | techniques as outlined in |
| | procedures | module content (80%) |
| | Intra-aortic balloon pumping | Compilation of a logbook of |
| | Single and dual chamber pacing Besis placement by sign and several disc. | procedures (20%) |
| | Basic electrophysiology studiesEchocardiography | . , , |
| Clinical | Describe the haemodynamics related to | Continuous assessment |
| Technology | angiography and echocardiography for the | The final mark: |
| Practice in | following conditions: | Continuous Proficiency |
| Cardiology Ib | pericardial disease | Assessment based on the |
| | Congestive heart failure | application and performance |
| | Coronary artery disease | of the procedures or |
| | Valvular heart disease | techniques as outlined in module content (80%) |

| | Constant to the second | |
|-------------------|---|------------------------------|
| | Congenital heart disease | Compilation of a logbook of |
| | Cardiac resynchronization therapy Describes the synchronization at the business of the synchronization and the synchronization at t | procedures (20%) |
| | Describe the underlying pathophysiology of symptom production in the conditions in (2) | procedures (20%) |
| | above. | |
| | Infection control | |
| | Cardio-version. | |
| | Defibrillation. | |
| | General equipment management. | |
| | Assist with ICU/Trauma/Theatre clinical | |
| | procedures. | |
| | Physiological data management. | |
| Instrumentations | Electrocardiography Telemetry | Continuous assessment |
| and Techniques | Basic terminology relating to Biomedical | The final mark: |
| for Clinical | instrumentation and transduction | 2 written theory tests (60%) |
| Technology in | Instrumentation used and procedures for | 2 x assignments |
| Cardiology I | arrhythmia monitoring or | [presentation and written] |
| J | termination(non-invasive): | (40%) |
| | Exercise stress testing laboratory | - |
| | equipment | |
| | Holter | |
| | Internal and external defibrillation | |
| Instrumentations | Invasive monitoring and diagnostic | Continuous assessment |
| and Techniques | instrumentation and procedures: | The final mark: |
| for Clinical | Monitoring and blood gas equipment in the | 2 written theory tests (60%) |
| Technology in | cardiac catheterization laboratory | 2 x assignments |
| Cardiology Ib | Catheters used and procedures in the | [presentation and written] |
| | cardiac catheterization laboratory on adult | (40%) |
| | patients (diagnostic angiography and | |
| | intervention, cardiac output, IVUS, IABP, | |
| | pericardiocentesis, electrophysiology and | |
| | pacing) | |
| | Resonance and damping; | |
| | Cardiac output measurements | |
| | Blood gas machine | |
| | Coagulation instrumentation; | |
| | Equipment bench testing, diagnostics and | |
| | quality control; | |
| | Simulators; | |
| | Left ventricular assist devices | |
| | CRITICAL CARE | |
| Pathophysiology | Myocardial infarction; | Continuous assessment |
| for Critical Care | Heart failure (left & right); | The final mark: |
| | Compensatory mechanisms for a | 2 written theory tests (60%) |
| | falling CO; | 2 x assignments |
| | Shock; | [presentation and written] |
| | Abdominal compartment syndrome; | (40%) |
| | Liver failure; | |
| | Pancreatic failure; | |
| | Coagulopathies, DIC; | |
| | Endocrine disorders; | |
| | COPD, Asthma, Pneumonia and | |
| | Aspiration; | |
| | | |

| | Pulmonary embolism, pneumothorax; Respiratory failure; Gaseous exchange abnormalities; ARDS; Neurological assessment for altered | |
|-----------------------------------|--|---|
| | levels of consciousness | |
| Pharmacology for Critical Care | Understand the application for the following: | Examination |
| | Drugs used in Hypertension and Angina | Final mark = 40% course mark + 60% exam mark |
| | Drugs used in Heart failure.Resuscitation drugs | Course mark calculated as |
| | • Local Anaesthetics, Anesthetic | follows: 2 written theory tests (60%) |
| | agents (Inhalational and intravenous), Drugs acting at Neuromuscular Junction and Autonomic Nervous System. | I x assignment [presentation and written] (40%) |
| | Antibiotics, Antimicrobial, | |
| | Antifungal and Antiviral Drugs.Understand the pharmacological | |
| | applications for the following disorders: | |
| | Myocardial infarction; | |
| | Heart failure (left & right); | |
| | Compensatory mechanisms for a falling CO; | |
| | Shock; | |
| | Abdominal compartment syndrome; | |
| | Liver failure; | |
| | Pancreatic failure; Consular thins DIC: | |
| | Coagulopathies, DIC;Endocrine disorders; | |
| | COPD, Asthma, Pneumonia and | |
| | Aspiration; | |
| | Pulmonary embolism, | |
| | pneumothorax; | |
| | Respiratory failure;Gaseous exchange abnormalities; | |
| | ARDS; | |
| | , | |
| Clinical | Infection control | Continuous assessment |
| Technology | Quality Control of life Support equipment. | The final mark: |
| Practice in Critical Care Ia | Statistical analysis and patient scoring. | Continuous Proficiency Assessment based on the |
| Critical Care la | Blood gas sampling, measurement and interpretation | application and performance |
| | Invasive heamodynamic monitoring | of the procedures or |
| | procedures. | techniques as outlined in |
| | Set up equipment for Intra-hospital | module content (80%) |
| | transportation of critically ill patients, non- invasive heamodynamic monitoring, monitoring of an anesthetized patient. | Compilation of a logbook of procedures (20%) |

| | Preparation of ICU drugs. | |
|---------------------------------------|---|---|
| | Handling of Infusion devices and drugs. | |
| | Capnography. | |
| Clinical Technology Practice in | Assists with bronchoscopy and right heart catheterization. | Continuous assessment The final mark: |
| Practice in Critical Care Ib | Advanced Cardiac Life Support (ACLS). CPR. Intubation, intravenous cannulation, emergency drug therapy. | Continuous Proficiency Assessment based on the application and performance of the procedures or |
| | Ventilation therapy: monitoring and resuscitation. | techniques as outlined in module content (80%) |
| | Determine blood flow (Doppler). Cardio-version. Defibrillation. | Compilation of a logbook of procedures (20%) |
| | Electrolyte determination. | |
| | General equipment management. | |
| | Assist with ICU/Trauma/Theatre clinical | |
| | procedures. | |
| | Physiological data management. | |
| Instrumentations | Electrocardiography Telemetry | Continuous assessment |
| and Techniques | Invasive pressure monitoring | The final mark: |
| for Clinical Technology in | equipment; | 2 written theory tests (60%) 2 x assignments |
| Technology in Critical Care Ia | Resonance and damping; | 2 x assignments [presentation and written] |
| Critical Care la | Cardiac output measurements | (40%) |
| | Blood gas machine Ventilators and ventilation modes | (10,0) |
| | Anesthetic machine and accessories | |
| | Hemofiltration | |
| | Thermoregulatory devices | |
| | Coagulation instrumentation; | |
| | Arterio- venous flow measurements | |
| | Infusion devices | |
| | Gas and vapour analysers | |
| | Transcutanous gas measurements | |
| | Autologous cell recovery | |
| | Thromboelastograms | |
| | Point of care analysers (Glucose, Hb, | |
| | Bilirubin) | |
| Instrumentations | Endoscopes; | Continuous assessment |
| and Techniques | Endoscopes,Equipment bench testing, diagnostics | The final mark: |
| for Clinical | and quality control; | 2 written theory tests (60%) |
| Technology in | Simulators; | 2 x assignments |
| Critical Care Ib | Left ventricular assist devices | [presentation and written] |
| | Therapeutic gas delivery systems | (40%) |
| | Peripheral nerve stimulators; | |
| | | |
| | Level of consciousness monitors | |
| | | |
| | | |
| | NEUROPHYSIOLOGY | |
| Pathophysiology | Abnormalities of Consciousness | Continuous assessment |
| | | i |

| for Neurophysiology | Abnormalities of the brain Epilepsy Stroke Dementia Parkinson Multiple Sclerosis Encephalopathies Meningitis Headaches Hydrocephalus Haemorrhage Aneurysm Coma Brain death Abnormalities of Hearing and Vision Myasthenia gravis Peripheral nerve disorders Entrapment neuropathies Guillain Barre syndrome/CIDP Diabetic and HIV neuropathy Brachial plexopathies Drug related neuropathies Critical illness neuropathy Abnormalities of sleep General neurological abnormalities | The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
|--|--|---|
| Pharmacology for Neurophysiology | Understand the pharmacological application for the following: Neurotransmitters Blood-brain barrier Cholinergic pharmacology Adrenergic Pharmacology Local anaesthetic pharmacology Understand the pharmacological applications for the following disorders: Abnormalities of consciousness Abnormalities of Hearing and Vision Myasthenia gravis Peripheral nerve disorders Abnormalities of sleep General neurological abnormalities | Examination Final mark = 40% course mark + 60% exam mark Course mark calculated as follows: 2 written theory tests (60%) 1 |
| Clinical Technology Practice in Neurophysiology Ia | Brain mapping Assist in Electromyography Nerve conduction studies | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |

| | | procedures (20%) |
|--------------------------------|---|--|
| | | procedures (20%) |
| Clinical | Evoked potentials | Continuous assessment |
| Technology | Polysomnography | The final mark: |
| Practice in | Long-term epilepsy monitoring video | Continuous Proficiency |
| Neurophysiology | studies | Assessment based on the |
| lb | Memory testing and WADA testing | application and performance of the procedures or techniques as outlined in module content (80%) |
| | | Compilation of a logbook of procedures (20%) |
| Instrumentation | ELECTROENCEPHALOGRAPHY | Continuous assessment |
| and Techniques | | The final mark: |
| for Clinical Technology in | ELECTROMYOGRAPHY AND NERVE CONDUCTION STUDIES | 2 written theory tests (60%) 2 x assignments |
| Neurophysiology la | Principle utilised in EMG/ENG Recordings. | [presentation and written] (40%) |
| | MEDICAL TERMINOLOGY ELECTRICAL SAFETY | |
| Instrumentation | EVOKED POTENTIAL SYSTEMS | Continuous assessment |
| and Techniques | TRANSCRANIAL DOPPLERs | The final mark: |
| for Clinical Technology in | POLYSOMNOGRAPHY INISTRUMENTATION | 2 written theory tests (60%) 2 x assignments |
| Neurophysiology | INSTRUMENTATION | [presentation and written] |
| lb , , , , | | (40%) |
| | Nephrology | |
| Pathophysiology for Nephrology | Clinical Manifestations of Renal Diseases | Continuous assessment The final mark: |
| ior ideplifology | Major Clinical Renal Syndromes (renal failure, tubular defects, urinary tract | 2 written theory tests (60%) |
| | infections, calculi) | 2 x assignments |
| | Diagnosis of Renal Disease (biopsy, microscopy) | [presentation and written] (40%) |
| | Congenital abnormalities of the kidney | |
| | Glomerular disease | |
| | Nephrotic syndromeDiabetes mellitus | |
| | Renal hypertension | |
| | Anaemia | |
| Pharmacology for Nephrology | Understand the application for the following: | Examination |
| | Drug dosing methods and influencing factors | Final mark = 40% course mark + 60% exam mark |
| | Anti-hypertensives | Course mark calculated as |

| | ACE-Inhibitors, Angiotensin-receptor | follows: |
|------------------------|---|---|
| | blockers, | 2 written theory tests (60%) |
| | Diuretics | l x assignment |
| | Beta Adrenergic Blocking Drugs | [presentation and written] |
| | Calcium Channel Blockers | (40%) |
| | Dyslipidaemia management | |
| | Anaemia management | |
| | Understand the pharmacological | |
| | applications for the following disorders: | |
| | Major Clinical Renal Syndromes (renal | |
| | failure, tubular defects, urinary tract infections, calculi) | |
| | Diagnosis of Renal Disease (biopsy, | |
| | microscopy) | |
| | Congenital abnormalities of the kidney | |
| | Glomerular disease | |
| | Nephrotic syndrome | |
| | Diabetes mellitus | |
| | Renal hypertension | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Clinical | Handwashing technique and infection | Continuous assessment |
| Technology | control; | The final mark: |
| Practice in | Setting up of equipments for HD and PD | Continuous Proficiency |
| Nephrology Ia | therapies; | Assessment based on the application and performance |
| | Organise equipments for emergencies; | of the procedures or |
| | Priming and disinfection; Properties of access time (PD 8 LID): | techniques as outlined in |
| | Preparation of access sites (PD & HD); Subcutanous administration: | module content (80%) |
| | Subcutanous administration; Intravenous administration; | , |
| | Water sampling testing; | Compilation of a logbook of |
| | Preassement of patient | procedures (20%) |
| | Monitoring of hemodynamics of HD and PD; | |
| | Phlebotomy; | |
| | Commencement and discontinuation | |
| | techniques of HD and PD. | |
| | Post hemodynamic monitoring of HD and PD | |
| Clinical | Cannulation using sterile techniques of | Continuous assessment |
| Technology Practice in | arteriovenous fistula; | The final mark: Continuous Proficiency |
| Nephrology Ib | Sterile techniques for connection of cathotors: | Continuous Proficiency Assessment based on the |
| 1.100.11.01.06/ 10 | catheters; • Perform chronic hemodialysis therapy; | application and performance |
| | Perform chronic peritoneal dialysis | of the procedures or |
| | therapy; | techniques as outlined in |
| | Hemodynamic monitoring of both above | module content (80%) |
| | procedures; | |
| | Management of acute complications during | Compilation of a logbook of |
| | HD and PD; | procedures (20%) |
| | Management of chronic complications of | |
| | HD and PD; | |
| | Setting up of equipments for acute HD/PD And CRRT. | |
| | and CRRT;Hemodynamic monitoring acute HD/PD. | |
| Instrumentation | Development of dialysis equipment | Continuous assessment |
| mod unicitation | Development of draissis equipment | Continuous assessment |

| and Techniques for Clinical Technology in Nephrology Ia | Theory of haemo-dialysis and PD. Method of solute transport and ultrafiltration. Types Dialyzers Blood and dialysate compartments Monitoring devices Calibration, servicing and disinfection of equipments Design, operation and SOP of Hemodialysis equipments; Design, operation and SOP of Peritoneal equipments | The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
|---|--|--|
| Instrumentation and Techniques for Clinical Technology in Nephrology Ib | Optimization of dialysis with regards to acute- and chronic dialysis therapy. Dialysate used in haemodialysis, peritoneal dialysis and continuous therapies. Water treatment for haemodialysis Emergency equipment; General and health and safety in the renal unit. Design, operation and SOP of acute dialysis and CRRT equipments; Blood gas analysis | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
| | PERFUSION | _ |
| Pathophysiology for Perfusion | Ischemic Heart Disease Myocardial Infarction Valvular Heart Disease (Acquired and Congenital), Congestive Heart Failure Diseases of the Great Arteries (Dissection, Aneurysm, Pulmonary Embolism) Pulmonary Hypertension Bacterial Endicarditis and Rheumatic Fever Cardiomyopathy and Heart & Lung Transplant Congenital Heart Disease. | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
| Pharmacology for Perfusion | Understand the application for the following therapeutic classes: ACE Inhibitors, Angiotensin II Receptor Blockers, Antiarrhythmic Agents, Anticoagulants, Anticoagulants Antagonist, Antiplatelet Agents, Antihistamine, Beta Blockers, Bronchodilators, Calcium Channel Blockers, Cardiac Glycosides, Diuretics, Inotropic Effectors Positive, Local Anaesthetic, Narcotic Analgesia, Narcotic Antagonists, Oxytocic Agents, Steroids, Thrombolytic, Vasoconstrictor, Vasodilators, Nitrates. Understand the pharmacological applications for the following cardiovascular disorders: Angina | Examination Final mark = 40% course mark + 60% exam mark Course mark calculated as follows: 2 written theory tests (60%) 1 x assignment [presentation and written] (40%) |

| Clinical Technology Practice Perfusion la Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perfusion la Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anthropometric Measurement, Anthropometric Measurement, Perform Bloodgas Analysis; Oximetry Measurement, Perform Bloodgas Analysis; Oximetry Measurement, Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Operate Flowmeters; Perform Cardiopulmonary Resuscitation (CPR); Utilize the Left Ventricular Assist Devices (LVAD); Perform Basic Echocardiography (ECHO); Perform Basic Echocardiography (ECHO); Perform Basic Echocardiography (ECHO); Perform Basic Echocardiography (BCHO); Perform Secular Sonography; Interpretation and Analysis of Diagnostic Data; Perform External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG) Measurement, Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; | | | |
|---|---------------------------|--|---|
| Heart failure Systemic and pulmonary hypertension Hypotension Hypotension Myocardial infarction | | Arrhythmia | |
| Systemic and pulmonary hypertension Hypocardial infarction Clinical Technology Practice Perfusion la - Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Operate Flowmeters; Perform Assular Sonography; Interpretation and Analysis of Diagnostic Data; Perform External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG) Measurement, Perform Stess Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; | | | |
| Clinical Technology Practice in Perfusion la - Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; - Electrocardiography (ECG) Measurement; - Perform Advanced Cardiac Life Support; - Spirometry Measurement, - Anthropometric Measurement; - Anthropometric Measurement, - Temperature Monitoring, - Pulse Measurement; - Perform Bloodgas Analysis; - Oximetry Measurement; - Perform Bloodgas Analysis; - Oximetry Measurement; - Perform Capnography; - Use of Non-provocative Nebulizers; - Administer Oxygen Therapy, - Calibrate the Transducers; - Use of Ventilators; - Use of Infusion Devices; - Perform Phlebotomy; - Utilize Intra-Aortic Balloon Pumps; - Perform Phlebotomy; - Utilize Intra-Aortic Balloon Pumps; - Perform Phelbotomy; - Perform Matrologous Blood Salvage; - Monitor Haemodynamic Parameters; - Operate Flowmeters; - Operate Flowmeters; - Perform Sasic Echocardiography (ECHO); - Perform Basic Echocardiography (ECHO); - Perform Basic Echocardiography (ECHO); - Perform Basic Echocardiography (ECHO); - Perform External Counterpulsation (ECP), - 3-Dimensional Cardiography (3DVG) - Measurement, - Perform External Counterpulsation (ECP), - 3-Dimensional Cardiography (3DVG) - Measurement, - Perform External Counterpulsation of a logbook procedures (20%) | | | |
| Clinical Technology Practice in Perfusion Ia | | | |
| Clinical Technology Practice in Perfusion la - Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; - Electrocardiography (ECG) Measurement; - Perform Advanced Cardiac Life Support; - Spirometry Measurement; - Anthropometric Measurement; - Anticoagulation Testing (ACT), - Blood Pressure Measurement, - Temperature Monitoring, - Pulse Measurement; - Perform Bloodgas Analysis; - Oximetry Measurement; - Perform Bloodgas Analysis; - Oximetry Measurement; - Perform Diagodgas Analysis; - Oximetry Measurement; - Perform Capnography; - Use of Non-provocative Nebulizers; - Administer Oxygen Therapy, - Calibrate the Transducers; - Use of Infusion Devices; - Perform Phlebotomy; - Utilize Intra-Aortic Balloon Pumps; - Perform Autologous Blood Salvage; - Monitor Haemodynamic Parameters; - Operate Flowmeters; - Operate Schocardiography (ECHO); - Perform Sasic Echocardiography (ECHO); - Perform Vascular Sonography; - Interpretation and Analysis of Diagnostic Data; - Perform External Counterpulsation (ECP), - 3-Dimensional Cardiography (3DVG) - Measurement, - Perform External Counterpulsation (ECP), - 3-Dimensional Cardiography (3DVG) - Measurement, - Perform External Counterpulsation (ECP), - Application of Defibrillator and - Cardioversion; | | Hypotension | |
| Technology Practice Partice Perfusion la Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement, Anthropometric Measurement, Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Operate Flowmeters; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Sasic Echocardiography (ECHO); Perform Sasic Echocardiography (ECHO); Perform Sasic Echocardiography (ECHO); Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; | | Myocardial infarction | |
| Technology Practice Partice Perfusion la Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement, Anthropometric Measurement, Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Operate Flowmeters; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Sasic Echocardiography (ECHO); Perform Sasic Echocardiography (ECHO); Perform Sasic Echocardiography (ECHO); Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; | | | |
| Clinical Technology Practice in Perfusion Ib Perfusion Ib Perform Cardiopulmonary Resuscitation (CPR); Utilize the Left Ventricular Assist Devices (LVAD); Administer Drugs; Perform Basic Echocardiography (ECHO); Perform Vascular Sonography; Interpretation and Analysis of Diagnostic Data; Perform External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG) Measurement, Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; | Technology Practice in | Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Clinical Technology Practice Perfusion Ib Perfusion Ib Perfusion Ib Perform Cardiopulmonary Resuscitation (CPR); Utilize the Left Ventricular Assist Devices (LVAD); Administer Drugs; Perform Basic Echocardiography (ECHO); Perform Vascular Sonography; Interpretation and Analysis of Diagnostic Data; Perform External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG) Measurement, Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; | | Monitor Haemodynamic Parameters; | |
| Clinical Technology Practice Perfusion Ib Ib Ib Ib Ib Ib Ib Ib Ib Ib Ib Ib Ib Ib I | | Operate Flowmeters; | |
| Technology Practice Perfusion Ib (CPR); Utilize the Left Ventricular Assist Devices (LVAD); Administer Drugs; Perform Basic Echocardiography (ECHO); Perform Vascular Sonography; Interpretation and Analysis of Diagnostic Data; Perform External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG) Measurement, Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; | | • | |
| Integrate Hemodialyzer; Interpret Magnetic Resonance Imaging (MRI); Perform Extracorporeal Membrane | Technology Practice in | Perform Cardiopulmonary Resuscitation (CPR); Utilize the Left Ventricular Assist Devices (LVAD); Administer Drugs; Perform Basic Echocardiography (ECHO); Perform Vascular Sonography; Interpretation and Analysis of Diagnostic Data; Perform External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG) Measurement, Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; Integrate Hemodialyzer; Interpret Magnetic Resonance Imaging (MRI); | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |

| | Oxygenation (ECMO); | |
|----------------------------|---|----------------------------------|
| Instrumentations | Electrocardiography (ECG); | Continuous assessment |
| and Techniques | Advanced Cardiac Life Support; | The final mark: |
| for Clinical | Measurement of Spirometry, | 2 written theory tests (60%) |
| Technology in | Anthropometric, | 2 x assignments |
| Perfusion la | Anti Coagulation Testing (ACT), | [presentation and written] |
| | Blood Pressure, | (40%) |
| | Temperature, Pulse; | |
| | | |
| | Bloodgas Analysis; Bloodgas Analysis; | |
| | Blenders; Vaporizers; | |
| | Oximetry; | |
| | Capnography; | |
| | Non-provocative Nebulizers; | |
| | Oxygen Therapy, | |
| | Calibration of Transducers; | |
| | Ventilators; | |
| | Infusion Devices, | |
| | Phlebotomy, | |
| Instrumentations | Intra-Aortic Balloon Pumps; | Continuous assessment |
| and Techniques | Autologous Blood Salvage; | The final mark: |
| for Clinical | Cardiovascular Monitoring; | 2 written theory tests (60%) |
| Technology in Perfusion Ib | Cardiopulmonary Resuscitation (CPR); | 2 x assignments |
| Perfusion ib | Left Ventricular Assist Devices (LVAD); | [presentation and written] |
| | Drug Administration, Echocardiography | (40%) |
| | (ECHO); | |
| | Vascular Sonography; | |
| | Interpretation and Analysis of Diagnostic | |
| | Data. External Counterpulsation (ECP), | |
| | 3-Dimensional Cardiography (3DVG), | |
| | Stress Test, | |
| | Basic Electroencephalography (EEG); | |
| | Defibrillators, | |
| | Cardioverters, | |
| | Transducers, | |
| | Cell Savers; | |
| | Flowmeters; | |
| | PULMONOLOGY | |
| Pathophysiology | Lung injury | Continuous assessment |
| for Pulmonology | Respiratory diseases | The final mark: |
| | Infectious diseases | 2 written theory tests (60%) |
| | Immunological disorders | 2 x assignments |
| | Cardiovascular disorders | [presentation and written] (40%) |
| Pharmacology for | Understand the pharmacological | Examination |
| Pulmonology | application for the following classes: | |
| | Pressins | Final mark = 40% course |
| | cardiostimulatories and inhibitors | mark + 60% exam mark |
| | thrombolytics | |
| | vasoconstrictors and vasodilators | Course mark calculated as |
| | Understand the pharmacological | follows: |
| | applications for the following disorders: | 2 written theory tests (60%) |
| | ○ Lung injury | X assignment |
| | Respiratory diseases | [presentation and written] |

| | Infectious diseases Immunological disorders | (40%) |
|---|---|--|
| Clinical | Cardiovascular disorders Pulmonary function laboratory safety | Continuous assessment |
| Technology Practice in Pulmonology IA | Pulmonary function measurement Lung volume evaluation Ventilation tests and artificial ventilation Basic flow-volume curves Gas distribution evaluations | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) |
| | | Compilation of a logbook of procedures (20%) |
| Clinical Technology Practice in Pulmonology IB | Diffusion tests Bronchial provocation Bronchodilators Diagnostic bronchoscopy Allergy investigations | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) |
| | | Compilation of a logbook of procedures (20%) |
| Instrumentations and Procedures for Clinical Technology in Pulmonology Ia | Basic lung function equipment i. Spirometer ii. Flow measuring devices iii. Transcutaneous monitoring devices iv. Gas chromatography v. Mass spectrometer vi. Oxygen analysers vii. Nitrogen analysers viii. Blood gas analysers ix. Lung mechanics | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
| Instrumentations and Procedures for Clinical Technology in Pulmonology Ib | Systems for the determination of lung function i. Spirometry and flow-volume systems ii. Computerised lung function systems iii. Whole body plethysmograph iv. Diffusion capacity systems v. Exercise study equipment Bronchoscopy | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
| Pathophysiology | • Congenital Anomalies of Male and | Continuous assessment |
| for Reproductive Biology | Female Reproductive tract. Pathophysiology of Male and Female Reproductive organs & Systems | The final mark: 2 written theory tests (60%) 2 x assignments |

| Pharmacology for Reproductive Biology | Infertility and Persistent Pregnancy Failure Microbiology Ectopic pregnancy, placenta previa, sacrococcygeal teratoma Genetic disorders (eg Klinefelter syndrome, Turner's syndrome, Down's syndrome) Understand the pharmacological application for the following classes: Ovulation induction drugs Contraception Understand the pharmacological applications for the following disorders: Congenital Anomalies of Male and Female Reproductive tract. Infertility and Persistent Pregnancy Failure Microbiology Ectopic pregnancy, placenta previa, sacrococcygeal teratoma Genetic disorders (eg Klinefelter syndrome, Turner's syndrome, Down's | [presentation and written] (40%) Examination Final mark = 40% course mark + 60% exam mark Course mark calculated as follows: 2 written theory tests (60%) 1 x assignment [presentation and written] (40%) |
|---|--|--|
| Clinical Technology Practice in Reproductive Biology Ia | syndrome) Cardiovascular disorders Fundamentals of Clinical Embryology Introduction to In Vitro Fertilisation and Embryo Culture Congenital Anomalies of Male and Female Reproductive tract. Pathophysiology of Male and Female Reproductive organs & Systems Semen analysis Cervical mucus Examinations Semen (Spermatosoa) - Cervical mucus-interaction tests Extended antispermatosoa antibody tests in semen, cervical mucus and blood segum | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) |
| Clinical Technology Practice in Reproductive Biology Ib | Sexual transmitted infections and blood borne viruses in ART Identification, judgement and manipulation of ova. Fertilization of ova and embryos Cryopreservation of semen, ova and embryos Infertility and Persistent Pregnancy Failure (a). Fertility Preservation in Cancer Patients (b). Infections and Infertility (c). Male and Female Infertility (d). Artificial Insemination (e). Induction of Ovulation Quality Assurance, Risk management and Laboratory organisation Patient-Technologist-Relationship | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) |

| Instrumentations and Techniques for Clinical Technology in Reproductive Biology la | Apparatus for the following procedures: Semen analysis Preparation of media ART Laboratory Equipment Maintenance of Apparatus Quality control Reproductive Imaging | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) Continuous assessment |
|--|--|--|
| and Techniques for Clinical Technology in Reproductive Biology Ib | (Hysterosalphingography, Laparoscopy) Contraception Hormonal Contraception Modern Concepts in Intrauterine Devices Surgical Sterilization | The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
| Health Care Management II | Legal and social aspects of Healthcare Human resource management in healthcare settings Budgeting and financial management in Healthcare Leadership in Healthcare settings Community relations in Healthcare settings | Continuous assessment The final mark: 2 x written theory tests (60%) 1 x assignment [presentation and written] (40%) |
| Research Methodology III | Conduct a research project and collect data using appropriate research methodology. Perform data analysis using appropriate statistical tests and packages. Interpret findings and present these according to set criteria and formatting requirements in the form of a dissertation. Demonstrate an ability to act professionally and ethically when conducting research | Continuous assessment The final mark: Research project =70% Presentation of research = 30% Externally moderated |
| Clinical Instruction (Elective I) | Learning Process and Models of Instruction Teaching and Learning Styles Teaching, Learning, Assessment, and Study Skills Strategies Curriculum Development and Classroom Management Academic Writing and Presentation Mentorship | Continuous assessment with external moderation : Theory tests (60%) Assignments (40%) |

| Small business management (Elective 2) | Introduction to Entrepreneurship Theory Self-awareness and development of personal attributes Industry and business classification Business Plan development Marketing for Entrepreneurs Finance, business calculations and financial record keeping for Entrepreneurs Operations Management for Entrepreneurs Human Resources for Entrepreneurs Presentation Skills | Continuous assessment with external moderation: - Theory Tests - Open or closed Book 70% - Individual Participation/Graduate Attributes 10% Business Plan (group work) 20% |
|---|--|---|
| | CARDIOLOGY | |
| Clinical Technology Practice in Cardiology IIa | Setting up and monitoring of the following invasive procedures: Intra-aortic balloon pumping Intravascular ultrasound and fractional flow reserve Right and left heart catheterisation on paediatrics Electrophysiology and ablation Bi-ventricular pacing Implantable cardiac defibrillators Setting up and monitoring of the following invasive procedures: | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) |
| Clinical Technology Practice in Cardiology IIb Instrumentations and Techniques for Clinical Technology in Cardiology IIa | Head-up tilt testing External synchronised cardiac defibrillation Advanced cardiopulmonary resuscitation Perform echocardiography and correctly report on the following: adult and paediatric congenital heart disease valvular heart disease Infective endocarditis Pericardial disease Dobutamine stress echocardiography Intra-Aortic Balloon Pump. Intra-aortic balloon pump Intravascular ultrasound and fractional flow reserve equipment Right and left heart catheterisation on paediatrics: wires, catheters Electrophysiology and ablation | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
| | equipment and catheters | |
| Instrumentations and Techniques for Clinical Technology in | Bi-ventricular pacing: leads, wires and generators Implantable cardiac defibrillators: leads, wires, defibrillator | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments |

| Condition of the | | T. F |
|-------------------|---|----------------------------------|
| Cardiology IIb | Echocardiography: transoesophageal | [presentation and written] (40%) |
| | echocardiography and | ` ' |
| | • Dobutamine stress | |
| | echocardiography; | |
| | pericardiocentesis | |
| | Drug Administration and | |
| | management of side effects. | |
| | CRITICAL CARE | |
| Clinical | Intubation. | Continuous assessment |
| Technology | Assist with acute haemodialysis and | |
| Practice in | continuous renal replacement | |
| Critical Care IIa | therapy (CRRT). | Assessment based on the |
| | Autologous blood recovery. | application and performance |
| | Cell saving. | of the procedures or |
| | Monitor Intra-Aortic Balloon Pump | techniques as outlined in |
| | Metabolic studies. | module content (80%) |
| | Left ventricle assist therapy. | Compilation of the back of |
| | Coagulation studies. | Compilation of a logbook of |
| | Endoscopy. | procedures (20%) |
| | | |
| Clinical | Ultrasonography. | Continuous assessment |
| Technology | Drug Administration and | The final mark: |
| Practice in | management of side effects. | Continuous Proficiency |
| Critical Care IIb | Advanced patient transport (inter- | Assessment based on the |
| | hospital and international transport). | application and performance |
| | General equipment management. | of the procedures or |
| | Physiological data management. | techniques as outlined in |
| | Neonatal: | module content (80%) |
| | Set up, apply and maintain the following | |
| | equipment: | Compilation of a logbook of |
| | Incubators: | procedures (20%) |
| | Humidifiers: | |
| | Phototherapy; | |
| | Neonatal therapeutic gas | |
| | administration; | |
| | Respiratory support devices. | |
| | Invasive and non-invasive | |
| | monitoring | |
| Instrumentations | Intra-Aortic Balloon Pump. | Continuous assessment |
| and Techniques | haemodialysis machine | The final mark: |
| for Clinical | Continuous renal replacement | 2 |
| Technology in | therapy equipments (CRRT). | 2 × assignments |
| Critical care IIa | Autologous blood recovery. | [presentation and written] |
| | • | (40%) |
| | Cell saving. Ultrason agree by | ` ' |
| | Ultrasonography. | |
| | Neonatal: Incubators; Humidifiers and Photosthornour. | |
| | and Phototherapy; | |
| | Acute renal failure; | |
| | Chronic renal failure; | |
| | Hepatic failure; | |
| | Gullian-Barre syndrome, status | |
| | epilepticus, meningitis, and | |
| 1 | myasthenia gravis; | |

| | | During beautists to the control | |
|---------------------------------|--------------------------|--|--|
| | • | Brain herniation, intracranial | |
| | | pressure changes; | |
| | • | Drug Administration and | |
| | | management of side effects. | |
| Instrumentations | • | Intra-Aortic Balloon Pump. | Continuous assessment |
| and Techniques | • | haemodialysis machine | The final mark: |
| for Clinical | • | Continuous renal replacement | 2 written theory tests (60%) |
| Technology in Critical care IIb | | therapy equipments (CRRT). | 2 x assignments |
| Critical care IIb | • | Autologous blood recovery. | [presentation and written] (40%) |
| | • | Cell saving. | (40%) |
| | • | Ultrasonography. | |
| | • | Neonatal: Incubators; Humidifiers | |
| | | and Phototherapy; | |
| | • | Acute renal failure; | |
| | • | Chronic renal failure; | |
| | • | Hepatic failure; | |
| | • | Gullian-Barre syndrome, status | |
| | | epilepticus, meningitis, and | |
| | | myasthenia gravis; | |
| | • | Brain herniation, intracranial | |
| | | pressure changes; | |
| | • | Drug Administration and | |
| | | management of side effects. | |
| | NEURO | PHYSIOLOGY | |
| Clinical | • | Paediatric electroencephalography | Continuous assessment |
| Technology | | (EEG) | The final mark: |
| Practice in | • | The electroencephalogram in the | Continuous Proficiency |
| Neurophysiology | | unconscious patient in the intensive | Assessment based on the |
| lia | | care | application and performance |
| | • | Sleep and long term | of the procedures or |
| | | electroencephalography | techniques as outlined in |
| | • | Multiple sleep latency testing | module content (80%) |
| | | | Constitution College of the |
| | | | Compilation of a logbook of |
| Clinical | | The second secon | procedures (20%) Continuous assessment |
| Technology | • | Intra-operative monitoring | The final mark: |
| Practice in | • | Trans-cranial Doppler's | Continuous Proficiency |
| Neurophysiology | • | Sub-dural monitoring | Assessment based on the |
| lib | • | Drug administration and | application and performance |
| 1110 | | management of side-effects | of the procedures or |
| | | | techniques as outlined in |
| | | | module content (80%) |
| | | | (30,0) |
| | | | Compilation of a logbook of |
| | | | procedures (20%) |
| Instrumentation | • Cali | bration procedures on | Continuous assessment |
| and Techniques | | ophysiological equipment | The final mark: |
| for Clinical | | ign, operation and trouble-shooting | 2 written theory tests (60%) |
| Technology in | | s on the equipment for the following | 2 x assignments |
| Neurophysiology | | cedures: | [presentation and written] |
| lla | Paed | diatric electroencephalography (EEG) | (40%) |
| | • The | | |
| | | onscious patient in the intensive care | |
| | | | |

| Instrumentation and Techniques for Clinical Technology in Neurophysiology | Sleep and long term electroencephalography Multiple sleep latency testing Intra-operative monitoring Sub-dural monitoring Selection of clinical instrumentation and stock control | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] |
|---|---|--|
| lib | | (40%) |
| Clinical Technology Practice in Nephrology IIa | NEPHROLOGY Chronic Hemodialysis; Acute peritoneal dialysis; Management of transplant patients (pre and post); Anticoagulation Vascular Acesses- AVF/AVG Vascular Acesses-Venous catheter Heamodiafiltration Phlebotomy& Laboratory Investigations | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) |
| Clinical Technology Practice in Nephrology lib | Acute Hemodialysis (HD) Chronic HD Paediatric dialysis; Therapeutic apheresis Sorbent Dialysis &Hemoperfusion (HP) CRRT therapies: CVVH; CAVVH; SCUF, CVVHD Cell saveing Liver Dialysis | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) |
| Instrumentation and Techniques for Clinical Technology in Nephrology IIa | Blood transfusion Techniques & Procedures related to Vascular accesses Arterio Venous Fistulas (AVF) & Arterio Venous Graft Venous Catheters Phlebotomy techniques & skill in HD & PD Laboratory Investigations Selection /Administration of different dialysates Measurements of dialysis dose Profiling — ultrafiltration, Sodium, temperature peritoneal equilibration test Equipments related to cardiac resuscitation Defibrillators | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |

| | DI I : | |
|--|---|--|
| | Blood gas equipments | |
| | Administration of oxygen Suctioning | |
| | Suctioning Hemodifiltration (HDF) | |
| | Membranes for HDF | |
| | 144 G II I I I | |
| | Water Quality related equipments Techniques in Anticoagulation and | |
| | equipment used | |
| | equipment used | |
| | Equipments for CRRT therapies: | |
| | Plasma exchange; | |
| | o CVVHD; | |
| | Hemoperfusion | |
| | | |
| Instrumentation | Equipments for Acute Hemodialysis; | Continuous assessment |
| and Techniques | Acute peritoneal dialysis; | The final mark: |
| for Clinical | Paediatric dialysis; | 2 written theory tests (60%) |
| Technology in | Supportive equipment required for acute | 2 x assignments |
| Nephrology IIb | HD & PD | [presentation and written] (40%) |
| | Management of transplant patients (pre | (40%) |
| | and post); | |
| | Equipments for & related to CRRT | |
| | therapies: | |
| | o CVVH; | |
| | O CAVVH; | |
| | o SCUF, CVVHD, CVVHDF | |
| | Cell Saving &Transfusion | |
| | Sorbent Technology & Hemoperfusion | |
| | · . | |
| | I ● : Home Dialysis | |
| | ; Home DialysisLiver Dialysis | |
| | | |
| Clinical | Liver Dialysis | Continuous assessment |
| Technology | Liver Dialysis PERFUSION | Continuous assessment The final mark: |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; | The final mark: Continuous Proficiency |
| Technology | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; | The final mark: Continuous Proficiency Assessment based on the |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric | The final mark: Continuous Proficiency Assessment based on the application and performance |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) |
| Technology Practice in | Liver Dialysis PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Technology Practice in | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Technology Practice in | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Technology Practice in | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Technology Practice in | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Technology Practice in | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Cardiopulmonary Resuscitation (CPR); Utilize | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Technology Practice in | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Cardiopulmonary Resuscitation (CPR); Utilize the Left Ventricular Assist Devices (LVAD); | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |
| Technology Practice in Perfusion IIa | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Cardiopulmonary Resuscitation (CPR); Utilize the Left Ventricular Assist Devices (LVAD); Administer Drugs | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) |
| Technology Practice in | PERFUSION Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Spirometry Measurement, Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Temperature Monitoring, Pulse Measurement; Perform Bloodgas Analysis; Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; Use of Ventilators; Use of Infusion Devices; Perform Phlebotomy; Utilize Intra-Aortic Balloon Pumps; Perform Autologous Blood Salvage; Monitor Haemodynamic Parameters; Operate Flowmeters; Perform Cardiopulmonary Resuscitation (CPR); Utilize the Left Ventricular Assist Devices (LVAD); | The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of |

| Practice in Perfusion lib Instrumentations and Techniques for Clinical Technology in Perfusion II | and Analysis of Diagnostic Data; Perform External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG) Measurement, Perform Stress Test, Monitor the Basic Electroencephalography (EEG); Application of Defibrillator and Cardioversion; Integrate Hemodialyzer; Interpret Magnetic Resonance Imaging (MRI); Perform Extracorporeal Membrane Oxygenation (ECMO) 12 Lead Electrocardiography (ECG); Advanced Cardiac Life Support; Lung Dynamics and Measurement, Ventilation/Perfusion Monitoring, Haemodynamic Monitoring, Blood Gas Analysis; Blenders; Vaporizers; Capnography; Provocative Nebulizers; Ventilators; Infusion Devices, Phlebotomy, Intra-Aortic Balloon Pumps; Autologous Blood Salvage; Cardiovascular Monitoring; Cardiopulmonary Resuscitation (CPR); Left Ventricular Assist Devices (LVAD); | Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
|--|---|---|
| Instrumentations and Techniques for Clinical Technology in Perfusion II | Drug Administration, Echocardiography (ECHO); Vascular Sonography; Interpretation and Analysis of Diagnostic Data. External Counterpulsation (ECP), 3-Dimensional Cardiography (3DVG), Stress Test, Basic Electroencephalography (EEG); Defibrillators, Cardioverters, Transducers, Cell Savers; Flowmeters; PULMONOLOGY | Continuous assessment The final mark: 2 written theory tests (60%) 2 x assignments [presentation and written] (40%) |
| Clinical Technology Practice in Pulmonology IIa | Assessing the Physiological Health of Patient; Use Various Cardioulmonary Components; Electrocardiography (ECG) Measurement; Perform Advanced Cardiac Life Support; Anthropometric Measurement; Anticoagulation Testing (ACT), Blood Pressure Measurement, Oximetry Measurement; Blenders, Vaporizers, Perform Capnography; Use of Non-provocative Nebulizers; Administer Oxygen Therapy, Calibrate the Transducers; | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) |
| Clinical Technology Practice in Pulmonology IIb | CEPT (cardio pulmonary exercise testing) Skin allergy investigations using skin prick tests Provocation tests Sleep studies Nitric oxide testing) | Continuous assessment The final mark: Continuous Proficiency Assessment based on the application and performance of the procedures or techniques as outlined in module content (80%) Compilation of a logbook of procedures (20%) |
| Instrumentations and Procedures | Exercise study equipment Sleep study equipment | Continuous assessment The final mark: |

| for Clinical | | 2 written theory tests (60%) |
|--------------------|---|------------------------------|
| Technology in | | 2 x assignments |
| Pulmonology IIa | | [presentation and written] |
| i unifoliology ila | | (40%) |
| Instrumentations | Provocation testing equipment | Continuous assessment |
| and Procedures | Nitric oxide machine (NiOx) | The final mark: |
| for Clinical | | 2 written theory tests (60%) |
| Technology in | | 2 x assignments |
| Pulmonology IIb | | [presentation and written] |
| 0, | | (40%) |
| | REPRODUCTIVE BIOLOGY | |
| Clinical | Embryo scoring for | Continuous assessment |
| Technology | transfer/cryopreservation | The final mark: |
| Practice in | IVF and Embryo Culture | Continuous Proficiency |
| Reproductive | Micromanipulation | Assessment based on the |
| Biology lia | Cryobiology and Cryopreservation | application and performance |
| | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | of the procedures or |
| | | techniques as outlined in |
| | | module content (80%) |
| | | |
| | | Compilation of a logbook of |
| | | procedures (20%) |
| Clinical | Quality Assurance, Risk management and | Continuous assessment |
| Technology | Laboratory organisation | The final mark: |
| Practice in | Pre-implantation genetic disease | Continuous Proficiency |
| Reproductive | Fluorescence in-situ hybridization | Assessment based on the |
| Biology lib | Ethics and Law for Embryologists | application and performance |
| | | of the procedures or |
| | | techniques as outlined in |
| | | module content (80%) |
| | | |
| | | Compilation of a logbook of |
| | | procedures (20%) |
| Instrumentations | Equipment/APPARATUS for the following | Continuous assessment |
| and Techniques | procedures: | The final mark: |
| for Clinical | Aspiration, Identification, Evaluation and | 2 written theory tests (60%) |
| Technology in | Manipulation of Ova. | 2 x assignments |
| Reproductive | Fertilization and transfer of ova | [presentation and written] |
| Biology lia | Embryo transfer and artificial insemination | (40%) |
| | • | |
| Instrumentations | Cryopreservation of semen, ova, and | Continuous assessment |
| and Techniques | embryos | The final mark: |
| for Clinical | Testicular biopsy | 2 written theory tests (60%) |
| Technology in | Genetic screening and analysis | 2 x assignments |
| Reproductive | Quality control procedures | [presentation and written] |
| Biology lib | Ç 4 | (40%) |
| 2.0.087 115 | | (10/0) |