SEFAKO MAKGATHO
HEALTH SCIENCES UNIVERSITY

FOCUS on SMU

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Mr Matome Modiba, the Chairperson of Professor MCM Modiba Scholarship Fund and Prof Peter Mbati, Vice-Chancellor showcasing the signed copies of MoU

SMU secures Scholarship Funding for Medicine Students

By Tumelo Moila

Sefako Makgatho Health Sciences University (SMU) and the Professor MCM Modiba Scholarship Fund signed a Memorandum of Understanding (MoU) that will positively contribute towards empowering individuals through education in their effort to effect the transformational needs of South Africa and the world. Both parties will collaborate for purpose of identifying and sponsoring suitable prospective students to pursue Bachelor of Medicine and Bachelor of Surgery (MBChB) degree at SMU. The Fund was created in memory of the late Professor Mphako Charles Martin Modiba who was the Head of the Department of Surgery during the Medunsa era, now known as SMU.

At the height of the funding challenges faced by students at institutions of higher learning, various prominent SMU stakeholders welcomed the newly established partnership between the two institutions. Vice-Chancellor Prof Peter Mbati said, "The challenges we face as higher education institutions in South Africa today, in real terms, the funding for institutions has dropped. Partnerships are therefore critical in

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our ability to continue to offer academic programmes at our institution, particularly deserving students who get access to education. The Professor MCM Modiba Scholarship Fund certainly is very important to us. We are looking forward to working with you in the future as this Foundation grows from strength to strength".

The Chairperson of Professor MCM Modiba Scholarship Fund Matome Modiba said, "Today we signed the MoU but in our heart and the way we operate this has always been the relationship that we cherish. SMU has always been an institution that we wanted to partner within success. We aim to help this University to continue being successful".

The first recipient of the Scholarship Fund and SMU alumna Dr Merick Khumalo said as a young person finishing the matric examination serves as a great milestone however most dreams are short-lived due to the mammoth task of having to secure funding to enable to pursue a career of choice by acquiring the ability to enrol at an institution of higher learning tailor-made for that specific career pathway.

SMU SRC President Thato Masekoa said the challenges that SMU student leadership face is about the clearance of student debts, and he is grateful that the Foundation seeks to eradicate the funding challenge.

Dean of School of Medicine Prof Risenga Chauke said, "Higher Education funding is a topical issue. The government funding to higher education in monetary terms has increased but percentage-wise it has decreased so government funding is no longer amenable to support higher education. When we have third stream support like the Professor MCM Modiba Scholarship Fund in terms of donations and sponsoring of our students, we are privileged and we want to appreciate the gesture shown by this foundation that amid our trouble they are available to assist us".

The MoU is testimony to the Institutional Advancement and Internationalisation Director Mr David Sedumedi's vision of establishing partnerships that will make people realise that collaboration with SMU is investing in the public health care system of the country.

Dr Nelson Fernandes - a part-time consultant in the Department of Prosthodontics

Dr Nelson Fernandes, who is a part-time consultant in the Department of Prosthodontics, had his research paper recognized as the most cited article by the Australian Endodontic Journal for 2019/2020. The research topic: ***The prevalence of second canals in the mesiobuccal root of maxillary molars – a cone-beam computed tomography study.*** This study was important clinically as an inability to locate and adequately treat all canals of a root canal system during endodontic treatment often results in persistent infection and treatment failure. Our results indicate that clinicians should assume that MB2 canals are present and should actively locate them when performing endodontic treatments on these teeth. Focus reporter **Tumelo Moila** interviewed Dr Fernandes to get more insight into the research.

How do you feel about your research being the top-cited paper in the Australian Endodontic Journal?

I am honoured and proud of accomplishing this achievement and being recognised for all the hard work. We aimed to get this research published in a high-impact journal, and to have it as being a top-cited publication for 2019/2020 went beyond our expectations.

What prompted you to conduct the study?

This study was conducted as part of the research component of my speciality program (Master of Dental Surgery in Prosthodontics). This formed part of the mini dissertation, which I completed as a component of my speciality requirements. I thoroughly enjoyed completing this research and felt that it warranted being published in an international peer-reviewed publication.

What conclusion can be drawn from the study?

The presence of additional canals in the mesiobuccal (MB2) root of maxillary molar teeth has been under-reported in the past. This study showed that MB2 canals have an exceedingly high incidence of being present in the maxillary first molar teeth, and to a lesser degree in the maxillary second molar teeth. This has implications for endodontic treatment success carried out on these teeth.

Could it be concluded that patients attending other hospitals can exhibit similar results?

This study was done on 3D radiographic scans of 100 Female and 100 Male patients. The study population was representative of the South African population, so I do believe that similar results would be found in other centres in South Africa. Our results were also similar to another study carried out in Brazil in 2013.

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY
www.smu.ac.za

Editorial Team

Phaladi Seakgwe *Editor*
Dineo Motshegare *Graphic Designer*
Tumelo Moila *Writer*
Maditsi Matlala *Writer*

CONTACT US
E-mail: phaladi.seakgwe@smu.ac.za
Sefako Makgatho Health Sciences University
Molotlegi Road | Ga-Rankuwa | Pretoria 0204

Getting to know more **about the SMU Interprofessional Education and Collaborative Practice**

By Tumelo Moila

SMU's teaching and learning policy and one of its institutional values speak to student-centeredness. Interprofessional Education and Collaborative Practice (IPECP) is the epitome of student-centeredness in addressing the increasingly complex health issues such as the HIV AIDS pandemic, people living with chronic diseases and the ageing population that negatively affect the performance of health professionals. The solution to resolve this is for health professionals to work collaboratively through the IPECP, with the end goal of improving the quality of health care and patient safety.

IPECP

IPECP consist of two components, namely Interprofessional Education (IPE) and Collaborative Practice (CP). IPE involves students from two or more professions learning about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). Collaborative practice (CP) is when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care (WHO, 2010).

The benefits of IPECP for SMU include the effective use of resources, more effective preparation of students for the world of work and increased collaboration between staff members at the institution that can contribute to job satisfaction and research opportunities. The need to explore opportunities for collaborative learning and teaching in IPECP at SMU is therefore quite clear. Subsequently, it is recommended that IPECP forms part of curriculum planning and discussion.

Students represent their respective professions and act as an important link in communication to and from the IPECP committee. They actively participate in the planning and implementation of the IPECP events. ***Below is their management team:***

FINAL YEAR STUDENTS			
Chairperson	Gugulethu Rojie	Bachelor of Science in Dietetics	gugulethurojie@gmail.com
Deputy Chairperson	Tshepiso Mohlaba	Bachelor of Occupational Therapy	201531364@swave.smu.ac.za
Marketing and Media Official	Marvel Hlungwani	Bachelor of Occupational Therapy	marvelhlungwani@gmail.com
Reflections Official	Remofilwe Poeng	Bachelor of Speech-Language Pathology and Audiology	rpoeng0@gmail.com
PRE-FINAL YEAR			
Chairperson	Luyanda Khumalo	Bachelor of Pharmacy	luyandakhumalo027@gmail.com
Deputy Chairperson	Thendo Tshingowe	Bachelor of Pharmacy	thendo.tt6@gmail.com
Marketing and Media Official	Jolene Swartland	Bachelor of Science in Physiotherapy	jolenerswartland@gmail.com
Reflections Official	Blessings Nechomo	Bachelor of Pharmacy	blessingsnechomo17@gmail.com

IPECP Week 2021

Undergraduate students from the School of Health Care Sciences, School of Pharmacy, as well as the Diagnostic Radiography students from the School of Medicine participated in the IPECP week. It was a disadvantage for the students from the School of Medicine (except for Diagnostic Radiography students) and School of Oral Health Sciences who were not able to participate due to pre-arranged academic commitments. Approximately 350 students and 35 facilitators participated in a blended learning programme, students attending online group sessions daily. Students were also divided into small groups of about twelve students with one or two facilitators.

Activities for the week included role clarification exercise, disaster management lecture, an introduction to International Classification of Functioning, Disability and Health (ICF), role-play educational games and project presentations. Pain SA supplied both a recorded presentation that students and facilitators could watch in their own time as well as a very informative lecture by an excellent scholar Prof Romy Marks of the University of Cape Town. Students submitted daily reflections, a pre and post-event questionnaire and a feedback form were also posted on Blackboard.

IPE for 3rd-Year Students

The TeamSTEPPS programme is presented to third-year students from Occupational Therapy, Physiotherapy, Speech-Language Pathology and Audiology as well as Diet and Human Nutrition. The course was presented over four Friday afternoons in April 2021 to 189 students. The students did three sessions online and one role-play session on campus. In 2022, nursing students are likely to join the programme.

Introduction to IPE for First-Year Students

It aims to expose students to a variety of health care professions and campus. To make them aware that we work together in a team to deliver quality health care service to our patients. Each profession plays a unique role though equally important in the team. The introduction of first-year students to IPE was supposed to take place during the annual Orientation Programme for First-Time Entering students. The IPECP committee made a video that will be shown to all students later in the year (2021).

Workshop for IPECP facilitators

The objective of this workshop was to ensure that academics from the different professions are conversant with IPECP and its ideologies. The participants also got tips on how to facilitate learning without overwhelming students. The idea is to enforce student-centred learning, promote confidence, improve self-esteem and improve communication in the students. In true IPECP tradition, facilitators learned with, from and about each other.

Research

The IPECP committee plans to present aspects of the IPECP programme at the South African Association of Health Educa-

tionalists (SAAHE) congress and has submitted four abstracts that were accepted as a "Symposium" – a new category at SAAHE. The committee has also submitted an abstract to the Africa Interprofessional Education Network (AfrIPEN). IPECP Coordinator Mrs Hanlie Pitout was a speaker in an **AfrIPEN Capacity Webinar**, which was recently held virtually on the 14th May 2021, with the **Theme: IPE going virtual: Experiences and lessons**.Two presentations were already given this year (2021) to international colleagues i.e. at the International Network for Health Workforce Education (INWHE) and National Health Systems Trust congresses in the United Kingdom (UK). An article on undergraduate research on IPE is in the process of being submitted. The SMU students and facilitators are again invited to attend an online Afri-Virtual Interprofessional Education (AfriVIPE) event in October 2021, with students from several African universities, as well as students from other continents.

IPECP Indaba 2021

Its goal was to share information on IPECP and engage in discussions on strengthening the programme at SMU and map the way forward. The Indaba also provided an opportunity for participants to engage with colleagues from other institutions, both locally and internationally on best practice and benchmark SMU current programme as well as consider opportunities for development and growth of the current programme. The event also provided a platform for the institution to display its Simulated Patient (SP) programme, which is based in the SMU Skills Centre. The SP programme is well established and plays an important role in IPECP and other clinical training programmes.

Recommendations of the IPECP Indaba 2021:

- A strategic plan needs to be developed for the programme to provide a roadmap for SMU.
- A curriculum-planning workshop will need to follow the strategic plan to provide stakeholders with an opportunity to engage on ideas to incorporate IPECP into the mainstream curriculum.
- The program requires greater marketing strategies to display its success, create awareness as well as attract more facilitators.
- Consideration should be given by the Heads of Departments for the involvement of facilitators in the programme to be included in their workload.
- As the programme continues to expand, it would be important for the programme to prepare clinicians with the expectations that students apply IPECP during their clinical blocks. There is a need for clinicians to role model teamwork.
- Schools are to ensure that their programmes are involved in all IPECP activities going forward and that effort is made for Schools to contribute facilitators that are proportional to the number of students involved in the programme, one facilitator per ten students.
- There is a need for the current and future work to be developed into research publications and IPECP should be seen as a niche area for research at SMU.
- The development of an IPECP Centre/Unit will be essential for the coordination and sustainability of IPECP at SMU.

For more information on the IPECP programme, contact any of the following representatives:

IPECP REPRESENTATIVES PER PROFESSION		
CONTACT PERSON AND COORDINATOR: HANLIE PITOUT		
Hanlie Pitout	Occupational Therapy	hanlie.pitout@smu.ac.za
Asnath Motsepe	Diagnostic Radiography	asnath.motsepe@smu.ac.za
Portia Khumalo	Speech-Language Pathology & Audiology	portia.khumalo@smu.ac.za
Lindi Zikalala	Pharmacy	lindi.zikalala@smu.ac.za
Ntombenkosi Sobantu	Physiotherapy	ntombenkosi.sobantu@smu.ac.za
Estelle Viljoen (for 4th years)	Human Nutrition & Dietetics	estelle.viljoen@smu.ac.za
Cornelia Phetla (for 3rd years)	Human Nutrition & Dietetics	cornelia.phetla@smu.ac.za
Jacobeth Maselela	Nursing	jacobeth.malesela@smu.ac.za
Thokozile Kgongwana	Nursing	thokozile.kgongwana@smu.ac.za
Gerda Botha	Medicine	gerda.botha@smu.ac.za
Louise Schweickerdt	Skills Centre	louise.schweickerdt@smu.ac.za
Lesego Phiri	Skills Centre	lesego.phiri@smu.ac.za
ADDITIONAL MEMBERS		
Caida Macdougall	Human Nutrition & Dietetics	caida.macdougall@smu.ac.za
Annette van Onsellen	Human Nutrition & Dietetics	annette.vanOnsellen@smu.ac.za

SMU department of surgery – a trailblazer

By Phaladi Seakgwe

The much celebrated SMU department of surgery under the leadership of internationally acclaimed surgeon Professor Zach Koto has recorded some notable achievements in the recent past and have huge plans to contribute more in the field of surgery. In an exclusive discussion, Professor Koto accompanied by Dr Chris Ziady and the Acting Dean of the school of medicine Professor Risenga Chauke, opened up about some of the key activities of the department.

“There have been several developments and I think one of them was the employment of one of the top gastroenterologist Dr Chris Ziady and we are fortunate to have him to be in charge of the endoscopy unit. We want to see how do we harness the expertise he has to train fellows in both medical and surgical gastroenterology. We also are having discussions to see how we can expand endoscopy and make it an internationally competitive unit”, says Prof Koto.

Prof Koto is also excited about the partnership on transplantation they are initiating with fellow institutions such as the Charlotte Maxeke and Steve Biko hospitals. They have put together a trans-provincial transplantation team to look at all aspects of transplantation such as kidney and liver transplants.

“This team has to start a transplantation service, so we had a discussion with a very good colleague Professor Paul Nyckowski from the university of Warsaw who has been spearheading liver transplant in that university for years and he is keen to come. Unfortunately, due to the Covid-19 situation, he could not make it last year but since the second wave seem to have receded, we resumed the discussions to have him. We have already discussed with the Gauteng province and a memorandum of understanding was drawn. We are looking forward to kick start this programme and in some cases equipment has already been bought”, added Prof Koto.

Explaining further on the collaboration with the university of Warsaw, he says that it's an ongoing arrangement and he is thrilled to have been appointed a visiting lecturer to that university. “I am expected to go to Warsaw university 4 times a year and spend about two weeks to give lectures and participate in departmental activities. We also have an exchange programme for Registrars. I must also mention that I was well received by the Vice- Chancellor of Warsaw university and is also looking forward to have engagements with our own Vice-Chancellor to have a formal agreement.

The unit also became the first in South Africa to make use of the Hot Axios Stent Technique (HAST) to relieve a patient suffering from jaundice, due to an obstruction in his bile duct. Although this technique has been in use for several years overseas, it was used for the first time to relieve bile duct obstruction in both the private and public sectors, in South Africa.

The man who performed the procedure Dr Chris Ziady, a veteran gastro enterologist explained that the stent can be the most sophisticated of its kind. “With the patient we worked on here, we used a completely different indication, and that was to drain obstructed bile duct, also the duodenum because the bile duct is in quite close proximity to the duodenum and at a certain point, you can access the bile duct from the duodenum and put a stent in there. It is typically done for a patient who has a cancer which cannot be drained in any other way for other technical reasons. So the patient was the first to use this specific stent”, said Dr Ziady.

Dr Ziady qualified as a physician in 1980 and has over 40 years' medical experience and was registered as a gastro enterologist in 1993 when the sub-specialty was recognized. He wants to see SMU having a training centre focusing on endoscopy and plans in this regard are at an advanced stage to realize this dream. “My achievements as a trainer in the field of endoscopy should be measured through enthusing the training endoscopists to be more excited about the experience they are gaining and see them leave the nest to fly on their own”, he says. He emphasized that safety comes first when performing procedures.

Turning to obesity and bariatric surgery, Professor Koto says Dr Anel Lengton has done well in the area of bariatric and metabolic surgery. He mentioned that the activities of the unit were disrupted by the Covid-19 pandemic as it could not perform surgeries but was excited that procedures will now resume. “We have several hundred patients on our database and operated some already. We also recently participated in the international obesity week and are excited with the team work in the department of surgery with experienced and knowledgeable people joining the department”, he said.

Prof Koto bemoaned the existing challenges of infrastructure that are currently serving as an obstacle citing internet connectivity as one of them and expressed hope that the management will look into it.

It is reported that 1 in 4 South Africans are overweight and this according to Prof Koto is a rising problem and places many at the risk of suffering from illnesses associated with obesity such as type 2 diabetes. He says there is evidence that through surgery, many patients were saved from type 2 diabetes associated with being overweight and there is consistency in patients who used surgery for sustained weight loss. However, there are other ways of dealing with obesity such as dietary changes, life-style changes and through medication.

The Acting Dean of the school of medicine Prof Risenga Chauke concluded the discussions by saying he is happy with the work done by the surgery department and other departments within the school. He said that when they came into office within the school, there were challenges or gaps in relation to issues of governance such as the committees that existed. He is happy that significant progress has been made to put in place the correct and necessary measures for committees and structures to function properly.

He said some of the challenges confronting the school of medicine included lack of infrastructure both in the form of brick and mortar as well as ICT infrastructure. He also expressed his pleasure with the new space that the school is permitted to use which was previously used by the NHLS. “The space is currently being renovated and I must say it looks good, it has to be furnished before being occupied”, he said.

Source:
https://pixabay.com/photos/medical-operation-surgery-doctor-5051147/

First Year Medical Students' Primary Emergency Care Training Maditsi Matlala spoke to Mr Gift Mlambo, Skills Facilitator & Dr Lesego Phiri, Director of Skills Centre, on the training that they conducted for first year Medical Students

Maditsi Matlala (MM): The Primary Emergency Care (PEC) training for 1st year medical students, what does it entail?
Primary Emergency Care (PEC) commonly referred to as First Aid, PEC is a prerequisite for **ALL** the Healthcare Sciences and Medical students before they can be exposed to clinical practice (clinics and hospitals).

Primary Emergency Care training forms the basis for Pre-hospital care which requires the provider to be well skilled, knowledgeable and possess skills and ability to use the available equipment in emergency situation. In the absence of a medical practitioner, nurse or paramedic, a person trained in First Aid must provide emergency care. In some instances, the PEC provider must improvise by using anything that is available in the vicinity to help the casualty, e.g., using casualties' clothes to improvise bandaging. PEC entails Emergency Scene Management, Primary and Secondary survey where students are taught how to assess the emergency scene by identifying hazards, while ensuring safety for self, scene and casualty. They are also taught how to assess and prioritize casualties according to the seriousness of the condition or injury, followed by activating required help.

MM: How many students were trained?
A total number of 43 (forty-three) first year medical students were assessed.

MM: Was the EPC Training a once of training or it is continuous?
The PEC is continuous over the years (1st -6th year) of training, where additional critical skills are added, i.e. according to the year of study and other competencies learned in their respective programs. PEC forms the basis of any medical program and beyond. When equipment fails or not available, PEC providers fall back on the basics of PEC.

Role of Skills Centre in PEC training
The Skills Centre is tasked with PEC training for all undergrad Healthcare Sciences and Medical students. The PEC training and assessments are usually conducted inside the Skill centre. In this year assessment of 1st year medical students, Skills Centre used Simulated Patients (SPs) to portray a real life type of scenario involving a taxi accident. Simulated/Standardised patients (SPs) are ordinary people trained/coached to simulate an actual patient/client, so accurately that even a skilled practitioner cannot detect the simulation. In performing the simulation, the SP presents the body language, physical findings as well the emotional and personality characteristics of the person to be portrayed. The whole idea was to make the simulation exercise as real as possible. Hence, the Clinical Facilitators who are the ones teaching PEC in Skills Centre, used SMU ambulance to act as responders to that accident. The students were exposed to what pre-hospital care entails, and were also assessed on how they would offer emergency help to their loved ones and fellow students should a need arise.

MM: How does the PEC training link or connect with medical training of medical students?
As mentioned earlier, PEC is a prerequisite for all the undergrad health Science students, with Medical students included.

MM: After being exposed to the PEC training, what competencies does this training give the students?
The aim of PEC module is to provide the student with the necessary skills, subsequently becoming competent in rendering basic care to victims of trauma, sudden illnesses and environmental emergencies. The PEC also allows students to be able to identify life-threatening conditions and offer help to the critically ill patient or severely bleeding casualty, while waiting for definitive medical care. The students are also taught to perform CPR to revive pulseless patients.

SMU alumna and dietician Moloko Mehlape

gives tips on how to manage our health through diet and exercise

Nutrition plays a significant role in our health even before an individual is born (preconception), and will continue affecting our health for better or worse, depending on the food choices we make every day. Some people think eating healthy means omitting starch/meat or dairy from their diet, others think it is eating organic or gluten free food, some follow weight loss plans that promise dramatic and unrealistic results through unhealthy and unbalanced diets in attempt to be healthy.

1. Exercising regularly

This doesn't mean one has to spend hours in the gym but at least at least 150 minutes moderate intensity exercise in a week, or an **average of 45 minutes 4 days of the week or doing** 8000 – 10 000 steps per day (phone app or pedometer)

2. Limiting sugar intake

- Sugar counts as empty calories: no nutritional value for a large amount of calories and when taken in excess, can easily exceed daily requirements and lead to weight gain
- Refined, added sugars will spike your blood sugar and thus insulin, and increase fat gain
- Being overweight/obese puts one at risk of chronic diseases of lifestyle

3. Optimise fluid intake

- Drink about 1.5-2 L per day
- Infusing fruits in water may help increase water intake and also increases vitamin and mineral intake

4. Avoid saturated fat that increase risk of chronic diseases of lifestyle

- Change to low fat/fat free dairy
- Avoid processed meats such as polony, vianna, bacon and Russian, bacon which contain a lot of fat and salt

- **Choose unsaturated fats that are protective to our hearts, these fats are found in**
  - Olive oil, avocado, avo oil, olives, nuts, fish and seed
  - Animal proteins, especially red meat, are higher in saturated fat and should be limited
  - Remove visible fats from meat and skin from chicken
  - Plant-based proteins are ideal and are fat and cholesterol free options, high in fibre and should be included
    * **Lentils, chickpeas, dried beans**
    * Eat several servings per week (>3)

* ½ cup = 1 serving
* Add to roast veg, ½ mince ½ lentils, soups, salads, sauces etc.

5. Aim for 5 portions of fruits and vegetables dailyVegetables

- Aim for 5 servings per day (½ cup cooked, 1 cup salad)
- Eat at least 2 ½ cups per day- raw or cooked
- Colour your plate with veg- try for at least 2 veg per lunch and dinner
- Make ½ plate salad or vegetables at lunch and dinner
- Aim for 1-2 fruit per day
- Spread these out during the day instead of having them at the same time
- Avoid dried fruits and fruit juices as they are higher in energy and sugar, can lead to weight gain when eaten in excess amount.

6. Increase your fibre intake

- Fibre keeps you **fuller for longer** without having to eat more, it balances blood sugar and cholesterol levels too
- It has a **Low GI** effect, in balancing your blood sugar and energy for the day.
- Found in:
  - **Whole grains- brown rice, wholegrain pasta, couscous, quinoa, barley, rye, bulgar wheat**
  - **Fruit and vegetables (skin & flesh)- keep unpeeled**
  - **Legumes (lentils, beans, chickpeas)**
  - **Seeds and nuts- chia is highest**
  - **Oats and oat bran**
  - **Oat bran** can be added in 1-2 TBSP portions, to meals to add fibre.
- Avoid refined, white starches: white bread and rice, brown bread, pasta, white couscous, pastries, pizzas, muffins, biscuits, rusks, sweets, chocolates, sugary drinks, these foods spike the blood sugar levels, increase insulin secretion and weight gain.

Source:
https://www.google.com/search?q=health%20tips&tbm=isch&tbs=isz:l&rlz=1C1GCEU_enZA835ZA835&hl=en&sa=X&ved=0CAEQpwVqFwoTCJjg7fGZpvACFQAAAAAdAAAAABAC&biw=1903&bih=912#imgrc=AjEFFe19K8TAnM&imgdii=fFQSGibehjTPpM

- **Alumni Webinar** : More info will follow soon
- **Africa Day Celebration:** 24 May 2021 | Time: 12h00 - 15h00 | Venue: SMU Sports Complex
  25 May 2021 | Time: 12h00 - 16h00 | Venue: SMU Sports Ground