



Dr Mpho Phalatse -
*Executive Mayor
of the City of Joburg*

**SMU Alumna
Rendani Tshilambwana**
*shares her Research Study
on Global Stage*

Dr Tiny Mhinga
*takes us through
the journey of his life*

Down
memory lane
with music maestro
Dr Tumi

Dr Tumi

Internationally celebrated musical sensation and medical doctor Dr Tumi, real name Tumisang Makweya opened up to speak about his childhood, medical and musical careers as well as his life as a student of Medunsa now SMU. Born in Seshego Limpopo and the last of six children, three brothers and 2 sisters, Dr Tumi's father was a pastor who was well respected in his community. The "Nothing without you" hit maker continues to enthrall and heal people through his contemporary genre of music.



Take us through your early years and how did you end up at SMU? I started primary school at Letlotlo and later went to Pemp's in Polokwane, then later Capricorn High school where I matriculated. My initial plan was to study actuarial sciences and was admitted at UCT to study for that, however, my parents said it was not going to work. My second choice was still not medicine.

So I filled in a number of application forms to various universities including Medunsa and gave the forms to my brother to submit. He forgot to submit my forms, so as a result, I had to come physically to do a late application at the beginning of the year and was admitted to study for Medicine. My brother who was in the SRC had a bit of knowledge of how the institution worked and he guided me throughout.

It looks like I was meant to study here because I don't think anything is by coincidence, I believe journeys, are charted, I was probably meant to be at SMU.

How was your experience as a student at this University?

When I arrived during the first year, I stayed in Lost City with my brother's friend who was a senior student as I was not allocated residence for six weeks and later went to residence 5B - I still remember it like it was yesterday. I stayed with a guy from Sudan in the same room. The guy loved studying all the time. My initial plan was to have the time of my life since I have been at church my whole life, I was always at home and I now saw some freedom. The first night, there was a bash at the stadium, so together with a group of new friends thought it was an opportunity to go wild and live our lives.

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Unfortunately, one of the friends I planned to go with to the bash fell sick and I thought I should be a gentleman and stay with the friend. So in a way my whole plan was thwarted. The following day as I walked through the cafeteria, I met 2 people from my father's church – very staunch Christians. The first words they uttered were brother, are we seeing you in church? So there was no way I could turn back. The first night I attended SCF, I even played a piano because someone recognized me from the crowd. So I guess the developments helped me to focus even though the initial plan was to have fun away from home. I hanged around with like-minded people and this kept me grounded. My life was dull because it was not explorative.

Because of my experiences here, you realize that this is the place I was meant to be at because of the influences, the relationships I built, the opportunities the university created for me and others. I did a lot of music when I was in the Student Christian Fellowship, it was really good, the environment itself was different from the one at home even though I did music there as well. It was just a whole different exposure with students here and also being in the leadership of the SCF. When I look back, it makes sense why I had to be at this University.

How did your medical career start?

When I qualified, I did my internship at a hospital in Klerksdorp and later went to Bela Bela at the MDR TB hospital for a couple of years before going into private practice.

There is a lot you learn from studying and practicing medicine, especially about how you deal with people. My life is centred on being around people. The training on how you manage relationships, how you manage people who are coming to seek help, and the hard training you receive while a student gives you a thick skin. You go through different blocks while studying medicine, it's hard. So, when I did my internship in Klerksdorp, the head of department there was just not good to me. If I did not quit at that point, there is nothing that can make me quit. I was the only black person in his unit. The racism was so intense that at some point, I would wake up in the morning and ask myself if I should quit and look for some other hospital.

So the whole journey taught me lessons. I was relieved that for the rest of my internship at the same hospital, I worked with amazing people after him. My first 2 months was just torture. I had no choice but to continue. But I am not a quitter. The experience has made me tough over the years.

What about your musical career, what drove you to follow this path and how has it been?

I realized that part of the journey of my music is training through experience, I did it practically all my life, but studying gives you certain tools that you naturally do not have, but if you are gifted in a certain space you still gifted. I could not practice medicine without being trained, but I could do music with no training. It has come in handy because the whole understanding about music is that it is not sustainable as a career, for a lot of people, they cannot make a living out of it. On my side, I have made a good living out of it, like over the past years.

At some point I was doing both music and private practice. My practice in Mabopane was very busy. I would be in during the week every day, come back home late and I had family with two young kids at the time and had no time for them. Seeing 50 to 60 patients per day was hectic, it also meant that one got home very late each day, go through claims and finish at 12 and I realized that this was not what I wanted to continue doing.

I looked at what I was making through music over a weekend and made a comparison and thought this does not make sense as I made more money in a weekend through music than seeing patients.

I was very intentional with the type of music I wanted to do - it is specific to a particular target group. South Africa is a traditional based gospel platform. My music is very contemporary, I do not do hymns and so. I did not have pressure to do what someone wanted but what I wanted. I financed my own music so that no one could dictate to me.

Tell us about your first album that introduced you to the scene?

My first album was released in 2017 and I think it cost me about R950 000 which I financed. Record labels would not normally pay such, or if they do, they dictate what you need to do. So I did not have such a problem.

The funny part is that when I was done with my album, I took it to some record label and the gentleman there told me that my music will not work in South Africa. I wrote all my songs, new sound etc. and he said he will not release it and I requested him to give it some thought. I then decided to put it on YouTube and it did well. Then the same person calls me and said come let us talk.

So we eventually worked together and my music was in stores because I could not do it on my own. The problem is that you could not get into music stores without aggregators. They sign deals with certain companies that they will only take content from them. We released the album later and at the same time with a popular gospel group. After a week on the shelf, the album was the number 2 bestselling in the country for all genres. The following week, the album was number one on all charts. My album was one of the best selling and it is still selling to date including online. I later left the stable because I only signed a distribution contract.

It is very busy as I write and produce all my albums. Half of my year I am not in the country, there is a lot of traveling involved and as we speak. I am fully booked until end of June 2023. My wife is my manager and she books all the dates. Her background in Marketing is helping a lot in terms of my work.

What should SMU do differently to remain relevant and take up its rightful space?

When I started my internship, there was a wrong notion that if you came from this university, you were not good. Almost as if the training received here was not in par with other institutions. You will get bad treatment but this pushed us to work very hard because of those existing perceptions. We constantly had to prove ourselves and this benefited us as we were underdogs. But you could see that the other interns from other institutions did not get as much exposure that we received here. I am not sure if the perception still exists, perhaps the name change helped. SMU should conduct an exercise of how its interns are received now compared to others.

However, I know that with the Dental students, it was a different issue altogether as the clinic was rated high in the continent. The training we received here made us confident when we had to deal with cases out there. Medicine is not for the faint hearted. Students who are trained elsewhere wanted to act higher than us. We were the best in terms of practical stuff compared to others, our confidence was boosted by the knowledge that we were trained well and taught by the best.

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About the Lottery case and the hawks?

The lottery case was a very silly one. It was not supposed to happen in the first place. When it happened I was immediately in court and could not talk about it or explain to anyone as to what happened as the matter was sub judice. The fact is, I went into a partnership with an NGO and applied for funds at the lottery and we followed every process, the funds were granted even though paid late when I had already paid for all the costs for the show that we hosted.

I woke up one morning with a call from the hawks in 2018 that they were investigating a case that money meant for computers was used for an event. The problem is that there are a lot of scams when you are in the public eye. So I thought it was one of those scams. A case was built against me without checking with the lottery. There was no case as the lottery had all the information relating to what happened. The officer could have easily gone to the lottery and requested access to our documents and could have seen that there was no case to answer.

To cut it short, after being charged, we later made representations to the prosecutions authorities and after thoroughly studying our documents and asking questions, it was decided that we had no case to answer at all and charges were dropped.

I think someone wanted to ruin my reputation. Many people tried to scam me from that point. I stayed off social media for a very long time. I did not lose anything as we were all just at home.

It was a very testing time as one had to deal with public opinion. However, the life at SMU prepared me for everything, I felt it during this testing time. There is nobody who can stop your destiny.

Were you affected by Covid-19 both personally and in terms of your music career?

I lost my father to Covid. I had an episode around the same time with him. I also decided to go and offer help at Tembisa hospital when Covid became a serious issue even though I was no longer in practice – I just wanted to help save lives. I discovered that the management there did not really wanted me to be exposed as they constantly checked on me. I had to assure them that I was fine. I had a lot of experience around infectious diseases due to the years I spent at the MDR-TB facility in Limpopo, so there was no need for anyone to worry about me. After some months, I had it on Christmas day when I thought I would go see my family in Polokwane. My father passed

away 2 days later after he confirmed that he was not well. I also lost my aunt and a couple of other people due to Covid.

When it comes to my career, I saved enough not to feel the effects of Covid financially. The practice in Polokwane was functional and I own a record label and did a lot of content. The shift from hard copy sales to digital helped some of us who had a lot of content. I also recorded a session in my studio and did about 20 songs. A lot of churches and people were doing online sessions. So I would be booked for online shows. So what I would do is to just record a greeting and closing messages. I charged R40 000 for a 20 minutes' slot and did many of them. I recorded a series of 30 episodes that I did in 2 days and started using that content for TV as well.

Do you miss the stethoscope?

I think my kids miss it more than me. I still do a bit of medicine there and there. But I must be honest, I don't. I value the lessons, the experience, it gave me a voice that I am not some guy who ran away from school, people take me seriously. But I will pick music. I also find value in what I do. I probably reached more people this way that I could have done through medicine. I am healing people through music. I acknowledge that there are those who are going to do it for the rest of their lives including teaching. I served my time. It was a very important journey with many lessons.

What is your message to readers, current SMU students and Alumni?

Myself and a friend of mine have always hoped that one day, we will give back to this University. We need to figure out a way of helping others in a significant way. My passion is around students who come from poor backgrounds. It makes it hard for them to worry about what to eat. We need to help alleviate some of the issues they face.

The social life of students and the culture has to be improved. The fact that the institution is not in an urban set up also mean people are always studying. Many students liked the residences in town as compared to campus because it gave them an opportunity to do other things.

Alumni should look at adopting students. It would really not cost a lot if that has to be done. Feeding and clothing needy students can be one of the things to be considered. We need to build a sustainable program that is socially interactive that will assist students. However, this should not be something that distract students but something that allows them to take a moment and just breathe.



N.B:
Dr Tumi
has committed to engage with the University in future to discuss how he can be part of the programmes to help SMU students. He has adopted some students in a different place where he pays their fees.

Dr Tiny Mhinga

takes us through the journey of his life – born a premature baby to a renowned medical doctor

Dr Tiny Mhinga was born in Limpopo. The son of a Chief, he considers himself lucky to be alive as he had a difficult start in his early months after he was born a premature baby. “I was born a premature. I was lucky to have met the midwife who was present when I was born years later when I was already a university student. When I was in that premature ward, my other friends unfortunately died, 5 or 6 of them, I was the only survivor”, he says.

Mhinga suspects that there must have been some Klebsiella infection in the ward. “I was discharged and placed in a shoe box so that I can go and die at home”, recalls Dr Mhinga. He credits his grandmother for his survival after she instructed everyone not to touch him upon his return from hospital and applied some science. “We had plenty of cattle, goats and sheep and she issued an instruction that I must be fed fresh goat milk only every day from morning to evening. This happened for the first two months of my life. By our tradition, if a child is very sick, the first sign of recovery is when they start sneezing, there is a good reason for that as it means you now have enough and strong muscles. After I sneezed, they clapped hands and proclaimed that I am alive. It was a very dramatic beginning. But I can tell you that since the day I was discharged at that hospital, I was never admitted in hospital up to now at this age”, he proudly said.

Initially, he studied Pharmacy at Turfloop, now University of Limpopo and switched to Medicine after completion of the first degree because he wanted to understand more about premature babies and to motivate mothers who gave birth to premature babies, to say he is a good example and has survived. “It was also important for me because I wanted to see myself again in the trolleys of those little ones. I had to take a turn”, says Mhinga.

Dr Mhinga is proud to be amongst the first group of students who were admitted to Medunsa in 1978 and completed their studies in 1982. He refers to themselves as the guinea pigs as no one knew whether this will work or not. in 1982. “We opened the university and Prof Mokgokong inspired us a lot at the time and ensured that we were kept motivated. He also made sure that we later had access to clinics around the area so that we could gain experience. Medical training had less to do with a lecturer but everything to do with a student, it was about how much are you prepared to go and learn directly about patients. You needed to spent time in the wards, you had to know how to treat a TB patient and how to deliver babies”, he remembers.



We were only 42 at the time. When they came in to the University in their first year, the admin block was still under construction and they were expected to wear construction hats as they moved around for safety reasons. Mhinga recalls the trips they did to the University of Pretoria to do some work as the facilities were not ready. "So twice a week, we had to be ferried to UP to do post mortems. The strange part is that we as black students were not allowed to perform post mortems on the bodies of white people. Remember that these types of procedures are done under police guard. It was mainly gunshots and accidents. A policeman would be there all the hours to ensure that we do not do that. We had to buy the policeman some sandwiches and a coke for him to allow us to pull the white corpses and work on them", he said.

He explains that the name change of the University following the merger and de-merger process was at first a difficult episode for him and those who graduated from Medunsa. He mentions that this was a painful period and they felt like step children as graduates of Medunsa after the name change. "We lost lots of specialists during the era of the University of Limpopo and many of us felt a bit lost at some point.

"Being involved in the activities of the Alumni helped me and others to accept the name change and embrace SMU. The core mandate of the University and what it stands for has not changed. We are prepared to move the mandate of this SMU forward", he said.

Dr Mhinga says SMU students must have a full understanding of the environment in terms of where the country is on matters of health and the needs and challenges it is facing. "We still have areas in our country where people still don't have access to medical facilities and care. The students need to know that medical services should be offered everywhere, it does not mean if you come from Venda for instance, you should go and serve there upon completion, the services are required everywhere and the students must be prepared to go anywhere to serve the country. I am currently located in Johannesburg but serving people from everywhere. Students must also begin to offer some medical education wherever they are. I still do a lot of education around health matters. The media has also given me a platform to do this. Patient education is also vital; people need to know about hereditary diseases for instance", he emphasized.

On his involvement with the Nelson Mandela Children's hospital he had this to say: "I was part of the people who started the hospital from scratch when the idea was not even on paper. Madiba himself called me and I was scared after I received the call. I even thought it was one of my naughty friends trying to mimic Nelson Mandela when that call came through. He said, hey Tiny I want you to come for lunch and it will be me you, Dr Motlana and Sibongile Mkhabela. I was shaking. I had to organise a locum immediately. I was there on time. He asked if I took wine and I said yes. So I looked around and saw Dr Motlana whom I knew very well and became a bit comfortable but was still not sure why Madiba called me to his home.

Madiba then said "Look here Tiny, there are no children's hospitals in the country but children's wards. I want you to work with the two to drive the establishment of the Project. So you become the chair of the steering committee with Dr Motlana.

He said there are people who were willing to help. We did not have anything except the instruction. He told us to have this hospital anywhere in the country but preferably Johannesburg. He used his contacts across the world for us to have discussions with them and to raise the necessary funds. He also organized for us to travel to France and see how other governments run such facilities so that we could develop our own model", recalls Mhinga.

Later on, they started recruiting people of different skills for the hospital to start running and he decided to step back once the hospital was established, but was appointed to be part of the advisory committee of the hospital. He regards this as a successful project as people still put in resources to date to ensure that the hospital functions as Madiba envisaged.

Dr Tiny Mhinga has been married for 33 years to musician Yvone Chaka Chaka. "There is no formula on marriage. I don't even know why people count the number of years. Find somebody that you can relate to easily. It's a very demanding task that can be made easy. For me, we decided to keep it simple. I believe that if you give each other time and space to do certain things it will be fine. The mistake that some people make is to go into marriage hoping to change other people. In my home, there is no permission book, if one wants to go to Cape Town for instance, you just say fine, as long as you have been informed about it. We don't ask too many questions. My wife travels all over the world because of her other work and I allow her to do that without asking many questions. My children as well grow better because they know you trust them. There is no tree that can grow under the shadow of another as they both need sunshine", concluded Dr Mhinga.



SMU Alumna shares her Research Study on Global Stage



SMU Alumna and Pharmacy Junior Lecturer Rendani Tshilambwana was among more than 2300 participants from 104 countries that recently attended the 80th International Pharmaceutical Federation (FIP) World Congress in Seville, Spain. Through her poster presentation, Rendani shared her experiences and solutions to advance the well-being of her fellow South Africans when she showcased her research which illustrated what is being done in South Africa to improve access to medication for patients with chronic conditions, especially during the COVID-19 pandemic. Her presentation adhered to one of the congress focal points on **Science and evidence supporting the response to COVID-19** under her research topic: **Medication refill adherence amongst patients in the Central Chronic Medicines Dispensing and Distribution programme in two districts of Kwazulu-Natal, South Africa, before and during the COVID-19 pandemic.**



can the CCMDD improve in future to ensure patients on chronic medication have access to their medication always.

She qualified to represent South Africa at the FIP congress, and while she was at the congress, she won the Health and Medicine Information Systems (HaMIS) poster competition as a result of meeting the rigorous assessment criteria. The FIP Conference allowed her to learn from other researchers, network and establish collaborations with international institutions of higher learning. "A lot of pharmacists and non-pharmacist attendees at the FIP congress were curious to know more about my study, the university, and South Africa as a whole. I was able to share some insight about the excellent work we do at SMU. My work will contribute to the research output of the School of Pharmacy and the university at large," explains the Tivumbeni (Elim, Limpopo) born Pharmacist.

"It was an experience I will cherish forever. I learnt so much during my stay in Seville about the pharmacy profession, the challenges we face across the world and how we can work together to improve it globally to continue providing quality health care to all. I will share what I learnt with my colleagues at the school so that they can also share this information further," reminisces Rendani.

Rendani said her poster presentation sparked a lot of interest in Seville, with several people finding the Central Chronic Medicines Dispensing and Distribution (CCMDD) interesting and innovative in addressing the challenges related to chronic diseases. COVID-19 regulations such as lockdowns restricted a lot of movement even for chronic patients. She researched to find out if these regulations affected medication adherence for these patients, with a special focus on the CCMDD. Her findings indicated that COVID-19 affected the adherence levels, raising questions on how did it do so and how

The year 2022 was the most challenging one for Rendani as she was supposed to have completed her master's degree in 2021, subsequently starting with her community service in January 2022. "Due to circumstances beyond my control, one of them being my study taking a sharp turn late last year (2021), I had to start all over again, eventually losing my community service post. It was the most devastating thing because if it were all up to me and circumstances were different, I know I would have completed it on scheduled time. However, it was a blessing in disguise because I used 2022 to achieve what I achieved in Spain, and also got to grow my digital marketing business while completing my dissertation, it will probably be at the external examination by the time this story goes out. I also got another community service post and I am set to start in January 2023. Everything is working out better than I initially thought it would," she concludes.

SMU Alumna compassionate about serving Joburg Residents

Dr Mpho Phalatse - *Executive Mayor of the City of Joburg*

Sefako Makgatho Health Sciences University (SMU) alumna Dr Mpho Phalatse's name was inscribed in the annals of history books when she was elected as the first female Executive Mayor of the City of Joburg. Dr Phalatse's venture into the political sphere emanated from the living conditions of the Alexandra community, north of Johannesburg which translated into ongoing public health challenges in a vicious cycle that required principled government leadership. She is elated to finally use her passion for humanity in taking the leading Africa's economic hub to lofty heights. Focus on SMU reporter *Tumelo Moila* interviewed Dr Phalatse to get insight into her role as the Executive Mayor for the City of Joburg.

After enduring your journey in the medical field, what triggered your transition into politics?

I was compelled to help heal an entire City not just individuals. I wanted to make a greater impact on a larger scale.

You have rewritten history books as the first female Executive Mayor of the City of Joburg, looking back, how is the journey so far?

Being the Executive Mayor of Johannesburg is a mammoth task for anyone, but I feel that in the few months that I have had the responsibility of leading Africa's economic hub, is that you cannot repair and rebuild as an individual – the entire team needs to be on board.

I might be the Mayor, but I work with ten other people who must run the programmes and priorities we agree upon. We must also work on a basis of trust and respect.

I am also aware that I represent the dreams and aspirations of women, and my status in society is also the outcome of the sacrifices and labour of generations before mine. I hope I can open doors for more women and pave a smoother path for the women that walk this similar journeys.

You are a champion of service delivery, what challenges does the city experience in your quest for rendering efficient service to residents?

For our first year in office, we have focused on getting the basics right, the core mandate of local government. Joburg is a massive and advanced City, but over the years infrastructure and programmes that prioritise basic service delivery have been neglected.

If you look at the budget that was activated on 1 July 2022, it focuses on critical and economic infrastructure, especially electricity. If we cannot keep the lights on and water running, and move people safely and efficiently, we cannot repair, rebuild, and grow the City and its economy. So, we had to look at the available and limited resources and look at how we prioritise projects and programmes.

As the Executive Mayor, I lead the A Re Sebetseng accelerated service delivery campaign for a cleaner and safer City. It has visited three of the seven regions at a macro level, and we concurrently working to bring it down to a ward level.

The feedback thus far is that residents are starting to see and feel a different City, and this pushes us to do even more.

As a people-oriented person, which engagement methods do you use when addressing residents' issues?

Geographically, Joburg is small, but it is massive in terms of population, diversity, stakeholders, and interests. Therefore, you need to be creative and understand where and how people consume information and how they prefer to engage with their government.

We use social media, we go into communities to directly listen to and address issues, and we use traditional media platforms – both commercial and community – to speak with larger numbers.

Addressing communities is a constant and ongoing part of being a public representative, especially in a local sphere, which is the closest government to residents.

Which service delivery projects will you oversee during your term of office and their time frame?

As the Executive Mayor, I oversee all projects, but my role is primarily providing the political vision and drive to ensure that the projects we identify revive the necessary budget from the MMC of Finance, adequate administrative support from the City Manager, and strong enough political and legislative support from the Council led by the Speaker.

One of the projects, I have taken a very hands-on approach to is solving the City's energy emergency.

Over the next 18 -36 months, we are looking to procure an additional 500MW of energy, which enable us to offset rolling blackouts and reduce our dependency on Eskom. Further to this, as an outcome of the Joburg Energy Indaba, we want to use greener energies and bring on the IPPs to form part of the City's energy mix.

City Power has been allocated the largest cut of the capital budget – R1, 2-billion of R7,7-billion. It is a clear signal to residents and businesses that we are serious about, among other things, that we are serious about sustaining much-needed economic activity.

The safety of Joburg's residents is also a priority area I am managing very closely through building relationships with national and provincial policing structures as well as strengthening the efficiency and operations of the Johannesburg Metro Police.

Lastly, To advance service delivery programmes efficiently, you need a strong and nimble City Administration that can resist political interference and instability while delivering services.

How far are you with the construction of a daycare facility as part of your legacy project?

The world is rapidly changing, and with it so too must how we as a City work and incentivise the best and most capable people to work for and serve the City. One such intervention, which is already going through the administrative and regulatory is to see a day-care centre at the Joburg Metro Centre, the seat of local government.

I believe we can see this through before the end of our term.

Your role as a mayor takes a lot of your time, how do you strike a balance between your work, family and other commitments?

It's not easy. It sometimes requires me to integrate the two. If for example I am invited to a family-friendly event at the Joburg Theatre, I will ask my kids to come along. They have fun and we get to spend some quality time together, all while I am at work.

What has made the 'balance' easy is that my children are very aware of the work that I do, and they don't only come to work with me when I am doing the fun parts of the job, but also when I am with and in communities addressing service delivery shortfalls.

What are your prospects beyond the role of being a mayor?

It might sound like a cliché, but I am focused on Joburg. It is a big job and responsibility that requires a singular focus. Ideally, I would like to finish two terms as mayor. Ultimately, I want to build a better and stronger City, where its development continues on a positive trajectory even when I am not there.

Are you done with your medical career?

My current patient is Joburg. God has blessed me with the resources to heal and repair, and I will use those skills wherever He leads me.

What message do you have for your alma mater, SMU?

You are certainly some of the best and brightest in our country, use those skills to not only better yourselves and your communities. Our country needs all of us to play a role in its healing and repair.



Dr Kedibone Golele – parents, once were employed at SMU, inspired her to study at SMU

Alumni News: You are a daughter of a retired security official, who was working at SMU whilst you were still a student. What role did he play to get you to consider enrolling at SMU, for the degrees that you enrolled and completed?

Dr Kedibone Golele (KG): Actually, both my parents were employees of the then Medunsa and later University of Limpopo (Medunsa campus) for over 30 years. As you've already mentioned, my father was a security official and my mother a cleaner. While growing up, my mother would tell me inspirational stories of students that she had the privilege of interacting with from disadvantaged backgrounds. The stories were always narrated with so much joy that came from understanding and believing that there's nothing in life that is unattainable through God and the pure intent to be of service to others. My parents, the University offered great hope to black children to succeed in their chosen field and seeing how they both proudly served the University, was encouraging to me, more so that I also wanted to be part of the SMU community.

AN: When did you complete your first degree, and how long did you practice dentistry, and where?

KG: I completed my Bachelor of Dental Science (BDS) in 2014. I did my community service in 2015 in the South African Military Health Service (SAMHS- Limpopo), before going into private practice. I still practice dentistry every chance that I get, however, I only practiced dentistry full time for 2 years.

AN: When did you enrol for your MBChB degree and conferred to you cum laude?

KG: I enrolled for MBChB in 2017 till 2021.

AN: What inspired you to transit from dentistry to study medicine and complete it?

KG: Well, I won't use the word transition because I still practice dentistry and I still shadow my colleagues in different specialities, my favourites being Orthodontics, Maxillo-Facial and Oral Surgery and Oral Pathology. So, every chance that I get I try to learn as much as I can and to refine my skills. My decision to study Medicine came about because I believed that there is a certain role that I need to play in the health care system in relation to non-Communicable diseases. When I started on the journey, things were a bit unclear, I was unable to articulate properly what I wanted to do with my medical degree. I started to find my feet and my purpose as I advanced through my Studies.

AN: How was the transition, was it difficult to switch from one to the other?

KG: The decision to enrol for MBChB was not an easy one to make. Firstly, the financial strain had to be considered and secondly, I had a lot of people telling me that I am wasting my time especially considering what I want to do with the degree as this is thought of, to be



unconventional. As I found my feet in both the degrees it became easier for me to stand firmly and to do what I am passionate about without fear of criticism and judgement.

AN: How do you want me to address you – a medical professional or an oral health professional?

KG: Career wise, dentistry is and will always be my first love. I still get excited when I see a person wearing braces or reading a report compiled by the Oral Pathology Department. However, with the projects that I am currently involved in, I am happy to just be addressed as a health care professional because the projects cut across the entire health care system not just specifics.

AN: As a medical doctor, or oral health professional, you are a role model for young SMU students studying medicine and or dreaming of becoming dentists, one day. Please share with these students, the highlights, in your practice?

KG: The highlight for me is always having the privilege to serve others. Good health is a fundamental aspect for everyone, and it encompasses not just physical well-being but also mental, spiritual, social and even financial well being. As health care providers, we can help people in so many aspects of their lives, just by talking to them and that is very fulfilling.

AN: Please share with them the kind of preparations they need to do to be able to realise your academic feat and ultimately become a health professional like you?

KG: It is very important that each person gets an understanding of who he/ she is as an individual, to have a sense of identity outside a career or field of study. For me, my identity was rooted in knowing Christ. Knowing who you are helps in acknowledging your weaknesses and strengths. From my observation, it is easy for one to go into careers looking at financial gain and status and disregard other things. The problem comes, when things don't go as planned and when one is tested and so often people are unable to stand. I also

find it helpful to shadow the people that are currently doing what I want to get into (for example with the different specialities). It gives me an opportunity to see if I would honestly love the day-to-day work and to see how other aspects of my life will be affected by what I do. I would also like to encourage all the students not to despise seasons in their lives where it seems as though the steps that they are taking are not getting them quickly to where they want to go. Every journey starts with a decision and determination and regardless of the many times in which things may fall apart, may they be reminded of the reason(s) why they took the first step and may they continue to take each step boldly towards their dreams.

AN: Are there any low lights, in your profession, that you would like your peers and students to learn about and avoid falling into or even experience them?

KG: When it comes to the medical profession, the hours are extremely long and the work can become very stressful. It is very easy to neglect other aspects of your life and, sadly, your health, as well. I have found internship to be one of the challenging parts of my medical training. There are certain things, mostly administrative that you are not taught at medical school but you get to learn along the way as you progress in the career. Mental health, spiritual connection and strong social support network are extremely crucial during internship.

AN: Which of the two professions, occupy a greater percentage of your professional life?

KG: I am currently doing my internship, so at this point, medicine is occupying a greater portion of my time. However, I am also working with the South African Lifestyle Medicine Association (SALMA), the aim is prevention of diseases that are caused by our lifestyle choices and this gives me more opportunities to use what I learned in dental school to address such conditions, some are actually dentally related. Besides the internship, I would say that the projects that I am involved in make it easy for me to use both my degrees, which in turn helps me not to put more focus on one while neglecting the other. Conditions that are associated with lifestyle choices, include, but are not limited to diabetes, cardiovascular diseases, some cancers, bone/ mineral diseases, dental diseases and some forms of mental illnesses. SALMA and other projects that I am involved in, are really trying to get to the root cause of these diseases to lessen the burden not only on our already strained health care system but more importantly to ensure that all individuals adopt and sustain healthy behaviours that will lead to better a quality of life. For more information on SALMA please visit www.salifestylemedicine.co.za.

AN: What did your father say, when you informed him of your plans to study medicine? KG: Initially, my parents did not understand my decision to study medicine, they thought that I would immediately specialize in one of the dental specialities but with time they understood the route that I wanted to take and they were very supportive. AN: What did he say when you informed him that you had successfully completed MBChB?

KG: Sadly, my mother passed away before I completed my degree, she was looking forward to being part of the journey till the end, I am forever grateful for all that she has done for me and my siblings. My father was extremely excited and even now it seems surreal. I think that he is increasingly proud of the fact that I obtained both the degrees in a community which he had served for decades. I am grateful for the support that I received from both my parents and siblings.





SMU Harambee Annual Fund Challenge

In the Spirit of Harambee, Ubuntu and Oneness, we pledge to pull together to raise a minimum of One Million Rands for SMU's needy students.



OUR MISSION

SMU is to deliver a high level cadre of health care professionals trained by experts from the Schools of Medicine, Pharmacy, Oral Health Sciences, Health Care Sciences and, Science and Technology.

We have a large number of brilliant students but lack sufficient resourcing to finance their various needs to fully experience a dignified university student life.

It is against this background that SMU has initiated the **SMU HARAMBEE ANNUAL FUND CHALLENGE** to raise funds to support our needy students.

THE NEED

Join our Vice Chancellor, Prof. Peter Mbatia and SMU in raising funds for a bursary program designed to assist academically qualified but financially disadvantaged students. Additionally, the initiative intends to donate to the university's Hands of Compassion food security project, which delivers meals to underprivileged students on campus.

THE CHALLENGE

Prof. Mbatia encourages students, staff, academics and alumni to participate in a structured giving program. We are called to make a minimum monthly contribution of R10 for students, R100 for staff, and R200 for alumni. In response, Prof has given a lead donation of R10,000 and invites SMU executives to donate as well.

Ways to give

1. Payroll donations
2. Online donations: <https://smu.devman.co.za/devman/online/giving/>
3. Pay Scan – Zapper
4. SMU banking details - Ref: Standard bank, Acc: 070754128, Branch code 020909, Q013 - Name Surname

Contact Details:

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