



‘Figuring this out as you go’: Emergency Medicine research supervisors’ perceptions of their supervisory role

H Zaayman,¹ MB ChB, DipPEC (SA), MMed (Emerg Med) (Stel), FCEM (SA) ; S van Schalkwyk,² BA (Hons), MPhil, PhD 

¹ Division of Emergency Medicine, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

² Department of Health Professions Education, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

Corresponding author: H Zaayman (hzaayman@sun.ac.za)

Background. Since the advent of the compulsory research component for the MMed degree, concerns have been raised regarding its effect on research output and clinical service delivery. Specialist physicians are tasked with supervising MMed students despite ever-increasing workloads. However, the challenges faced by research supervisors in the emerging field of Emergency Medicine in the South African (SA) context remain largely unexplored.

Objective. To explore the experiences of research supervisors in the Emergency Medicine MMed programme at two SA universities.

Methods. This study was situated within an interpretivist paradigm. Research supervisors in the Emergency Medicine MMed programmes at Stellenbosch University and the University of Cape Town were invited to participate in semi-structured interviews conducted either in person or online. Interviews were recorded, transcribed verbatim and analysed using thematic analysis.

Results. Ten participants with varying levels of research supervision experience were interviewed. Four main themes were identified: (i) the process of becoming a research supervisor; (ii) understanding their role as a research supervisor; (iii) the practice of a research supervisor; and (iv) the supervisory environment. Participants highlighted challenges such as impostor syndrome, the obligation to grow the field of Emergency Medicine and the need to instil a sense of lifelong learning in their students. Research supervisors also expressed a desire for better preparation and support in their roles.

Conclusion. Understanding the lived experiences of research supervisors within the MMed programme may inform the preparation and support of future supervisors. Faculty development, improved guidelines and structured research outcomes may strengthen the research capabilities of new specialists, ultimately enhancing postgraduate research training.

Keywords. MMed, research supervision, Emergency Medicine

Afr J Health Prof Educ 2026;18(2b):e3578. <https://doi.org/10.7196/AJHPE.2026.v18i2.3578>

The Health Professions Council of South Africa (HPCSA) introduced a mandate in 2011 requiring medical trainees to complete a research assignment before registering as specialists with the Council.^[1,2] The rationale for this requirement was threefold: first, to enable trainees to demonstrate competence in research;^[1,3] second, to resolve disparities in the way universities trained and assessed students;^[4] and third, to increase contextually relevant research output in the country.^[1] This change was controversial among many academics and clinicians, with concerns raised regarding supervisory capacity, its influence on service delivery, its potential to harm the scientific field and possible delays in specialist qualification.^[5-10] However, others highlighted potential benefits, citing the need for more contextually relevant research that could contribute to improved academic rigour and patient care.^[3,4,11]

The clinical Emergency Medicine postgraduate programme (MMed) in the Western Cape, a collaboration between Stellenbosch University (SU) and the University of Cape Town (UCT), originated in 2006 from a previous research degree, the MPhil in Emergency Medicine.^[12,13] The programme’s first graduates in 2011 subsequently became the clinical and research supervisors of new trainees. It is worth noting that, although the first graduate cohort completed their training before the 2011 requirement to complete a research assignment was implemented, some nevertheless opted to complete a research assignment electively. However, in 2012, Wen *et al.*^[13] found that 70% of these graduates felt that they had received inadequate research training, despite 50% indicating an interest in remaining in an academic post.

The MMed research assignment remains a contentious issue, with some suggesting that it is merely a tick-box exercise for many postgraduate students and labour-intensive for research supervisors, often diverting them from more meaningful research activities.^[6] The responsibilities of research supervisors typically include administrative oversight and ensuring that students meet the research competency required.^[14] This remains challenging, as new specialists must balance clinical duties, teaching, personal research and research supervision.^[4] Understanding the experiences of research supervisors within the MMed programme may assist in identifying challenges and allocating resources more appropriately. Within this landscape of evolving work and training requirements, and against the background of a relatively new cohort of specialist emergency physicians in the Western Cape, this study sought to explore the experiences of postgraduate (MMed) research supervisors as they accompany students on their research journey. Specifically, it sought to answer the following research question: What are the lived experiences of research supervisors in the Emergency Medicine MMed programme in the Western Cape?

Methods

This qualitative study was conducted within an interpretivist paradigm.^[15] Our ontological stance was that of relativism, whereby multiple interpretations of reality shape our worldview and, consequently, our worldview shapes our interactions with others.^[15] By interviewing numerous research supervisors,

we sought to develop an understanding of the lived experiences of supervisors within the MMed programme. Our epistemological stance was subjectivist, in that research supervisors' lived experiences and interpretations of their interactions with others shape their perceptions of research supervision.^[16]

This study was conducted among research supervisors at both SU and UCT, which share a postgraduate training platform colloquially known as Emergency Medicine Cape Town (EMCT). The two universities share a clinical, teaching and research platform through which MMed students complete their specialist training in Emergency Medicine. Postgraduate students often have research co-supervisors from both universities who are engaged in their research journey. The lead author (HZ) is a specialist emergency physician and clinical trainer within this platform and is therefore familiar with the current active MMed supervisors at both institutions. Invitations to participate in the study were sent to all MMed supervisors who had supervised an MMed student to completion within the previous five years.

Ethics approval was obtained from both universities' Human Research Ethics Committees (HRECs) (SU ref. no. S24/03/059; UCT ref. no. 334/2024) prior to commencement of this low-risk study. Institutional approval was also obtained from both universities (SU ref. no. IG-4628; UCT ref. no. HR194a). HZ conducted semi-structured interviews in English, both in person and online. Semi-structured interviews were selected as the data collection method because they provide insight into participants' subjective experiences^[17] and facilitate richer engagement between the interviewer and participant.^[18] English was selected as the interview language because both universities require research assignments to be submitted in English.

An interview schedule was developed based on a reading of the literature and HZ's experience of MMed supervision within the Emergency Medicine setting. HZ's position within the department provided insight into the supervisory relationship, which informed the development of the interview schedule used to explore these challenges. Based on the techniques of interview schedule development and piloting described by Barbour,^[19] the interview schedule was piloted with an MMed supervisor, and ambiguous questions were rephrased to ensure clarity.

All interviews were recorded and transcribed using Microsoft Teams (Microsoft, USA) after informed consent had been obtained from participants. Interviews were treated as confidential and stored in a password-protected folder on OneDrive (Microsoft, USA). The transcripts were reviewed for accuracy, after which member checking was performed by inviting the participants to review their transcripts, verify their accuracy and clarify and/or elaborate on their statements.^[17,20] During transcription verification, transcripts were anonymised using participant codenames to protect confidentiality. Using Braun and Clarke's six-step thematic analysis,^[21] HZ initially coded the data, after which the codes were reviewed by and discussed with SVS. Thereafter, the codes were grouped into categories and subsequently developed into themes through an iterative process of revision and refinement between the two authors.

Trustworthiness was maintained through a clear audit trail from data collection to analysis,^[22] including ongoing critical discussions between the two authors regarding methodology and analytical choices. Findings were also triangulated against the published literature on research supervision.^[23] To address reflexivity during data collection and further ensure trustworthiness and confirmability,^[24,25] HZ consciously sought to bracket his feelings and judgements by maintaining a reflexive diary, highlighting assumptions about participants and his own experiences as a student and supervisor in this realm, as well as his perceptions of self during the interview process. SVS, a health

professions educationalist, fulfilled a supervisory and consultative role throughout the study.

Results

Of the 19 potential participants invited from both UCT and SU, 10 agreed to be interviewed. Those who agreed to participate accurately reflected the distribution of supervisors across the two distinct programmes. The findings therefore reflect a range of perspectives from supervisors at both universities. To maintain anonymity and confidentiality, only limited biographical details have been provided.

Nine interviews were conducted in person and one online owing to scheduling challenges. Interviews ranged from 25 to 45 minutes in duration, and participants had diverse backgrounds and varying levels of experience in research supervision. Four participants were female, two were full-time clinicians and four were part-time clinicians. Supervisory experience varied considerably, ranging from a participant who had supervised four MMed students to one who had supervised 30. All participants had supervised research assignments in other degree programmes, notably the MPhil in Emergency Medicine, while some had also supervised MSc and PhD students in Emergency Medicine.

Four themes were identified that described the experiences of research supervisors:

The process of becoming a research supervisor

New graduates seldom intended to become research supervisors; instead, they often found themselves in the role by accident or as a result of external pressure. Regardless of how participants entered these positions, their reflections spoke to a process of 'becoming' supervisors characterised by several factors.

Table 1. Themes and subthemes developed from data analysis

Theme	Subtheme
The process of becoming a research supervisor	(The process of becoming was ...) <ul style="list-style-type: none"> by accident or as a result of external pressure intimidating by mimicking their supervisors hindered by a lack of preparation for this role an emotional experience
Their understanding of their role as research supervisors	(They understood their role to be ...) <ul style="list-style-type: none"> an obligation to grow the field of emergency medicine to produce high-quality research (However, their definition of their role ...) <ul style="list-style-type: none"> was without a uniform perspective
Their practice as research supervisors	(Their practice aims to ...) <ul style="list-style-type: none"> promote lifelong learning promote skills development to prepare them to be specialist consultants (However, it was ...) <ul style="list-style-type: none"> premised on certain expectations hindered by students not taking ownership of their research
The supervisory environment	(They felt the environment ...) <ul style="list-style-type: none"> was restricted by time constraints was hampered by bureaucracy lacked structure and support

'Accidentally. Emergency Medicine didn't have enough supervisors at the time ... From finishing my MMed to being a supervisor within probably six months.' (MC3)

'I think I was pulled in ... to co-supervise a project when I was in the division [Division is a senior MMed rotation]. So that was, I think, that hooked me into the supervision sphere, but I think it's only until a year or two later when I started doing my own primary supervisions that I really got into it.' (NS2)

Supervisors were often intimidated by the prospect of supervising research for degree purposes, citing a sense of 'imposter syndrome' that stemmed from feeling that they were still learning about research themselves.

'... but you've got so little actual research experience that the jump from, you know, just from completing MMed research to supervise someone else's research is, is so big.' (MC3)

'When I started supervising the MMeds, I was quite daunted because I'm not clinical. So, I was a bit like, I was, I felt quite nervous starting to supervise clinical registrars ... I felt, and I still do, but I felt a huge weight when I took on a student. I was, you know, you have this kind of imposter feeling like you're the supervisor, but actually, you're also figuring this out as you go.' (AB2)

Participants described how their supervisory practices were shaped by their own experiences of being supervised, either by emulating their supervisors' approaches or by deliberately adopting alternative strategies. Regardless of how they reflected on their own supervisory experiences, most participants indicated that a certain degree of flexibility was required when supervising research, noting that some students required close guidance, while others needed 'rescuing'.

'I am more a project manager than a research supervisor.' (MC3)

'I do sometimes end up with students that need, that are like late in the programme, and they need, I want to say rescuing.' (AB2)

'My research supervisor hadn't done much research. So, it was more me guiding him.' (WY3)

The importance of preparing supervisors for their roles was highlighted by multiple participants, many of whom described feeling inadequately prepared for the role. Although co-supervisors often provided support, some participants felt that this created a hierarchy that could strain relationships, and therefore preferred mentorship from more experienced supervisors.

'... Part of our roles as supervisors is to also train supervisors, and we're not doing that very well ... academia is seen as a, by some as this club of people, and only they have the, they have the knowledge. I feel it needs to be opened up.' (NS2)

'I'm not 100% sure there's a culture of, in Emergency Medicine, that there's a culture of, you know, making the other person grow ... passing on the information so that somebody else may benefit.' (DL4)

Multiple participants expressed openness to exploring and using cohort supervision, although none reported using this approach when supervising MMed research assignments.

'These cohort models of supervision, where the students can actually help each other through peer learning, and you are the supervisor, you're just sort of, not just, but you sort of assist and guide the group, makes the supervision load a lot easier.' (TE5)

Supervisors described a wide range of emotions as they accompanied students on their research journey. Many of these emotions were negative and stemmed from a perception that the students they were working with were often disinterested in research.

'I don't really think that there's anything that stands out as a highlight in the supervision journey of an MMed in general.' (TE5)

'So, I'm still trying to figure out who I am in this process. And in the beginning, I used to give a lot. I used to type, like, big paragraphs in the comment section. And then I realised that I was just being used.' (KM1)

Nevertheless, supervisors were able to identify some highlights along the journey, although these were mentioned less frequently.

'I think your first MMed, that is supervised to completion as a primary supervisor, is also a highlight. It's kind of a confirmation that you, I think, are capable and that you're doing the right thing.' (NS2)

Their understanding of their role as research supervisors

During the interviews, participants were asked how they understood their role as research supervisors. Many explained this in relation to what being a researcher meant to them. Participants described a sense of obligation to grow the field of Emergency Medicine in the South African (SA) context and viewed student outputs as one means of advancing the discipline.

'... the role of a research component requirement in potentially moving a field of study forward.' (TE5)

'... finding my own comfort in qualitative research through education meant that I could bring that research knowledge back into EM.' (MC3)

Participants also emphasised the need to produce high-quality research suitable for publication. However, views differed regarding whether MMed projects, which are typically small-scale, single-site studies, were sufficiently rigorous or relevant to warrant publication.

'... the output is important because I want the DHET [Department of Higher Education and Training] accreditation.' (DL4)

'I would toss that [MMed submitted for publication] without looking twice, as a single centre [single data collection site], meaningless to the rest of the world ... most of our MMeds are not publishable now, which is a sort of, maybe something we should be more upfront with the student.' (FM5)

Those who elaborated on their understanding of the role differed in how they positioned themselves as research supervisors, with some identifying primarily as researchers and others more strongly as teachers.

'My focus was on education and to me that [the research assignment] was part of progressing the education, the training of specialists.' (MC3)

'I would mainly like to do research. I don't really like the teaching part of it. Yeah, I find it very frustrating.' (KM1)

Their practice as research supervisors

Through their supervisory practice and feedback, participants sought to address a diverse range of outcomes that a student should achieve on completion of the research assignment. Most emphasised the importance of developing lifelong learners who understood research and practised evidence-based medicine.

'... different competencies that we want them to achieve in Emergency Medicine and especially if, you know, around critiquing research, doing research, being a lifelong learner.' (DL4)

'So, for me, I think the most worthwhile thing for them to get out of it is, "How do I access the literature? How do I search it? How do I interpret it? And how can I use the literature in my clinical practice?"' (WY3)

There was also considerable emphasis on academic writing skills, professionalism and communication. These were highlighted as essential competencies for future consultants within the discipline.

'So, it's not just about learning research skills, it's about learning the discipline, learning the ability to write and communicate, in which we structure sentences.' (MC3)

'You could probably do the clinical work without having done an MMed, but I think being a specialist that is well rounded and has the experience to look at future reading and summarising things, for simple things like audit or SOP [standard operating procedure] or staying on top of academic reading or current practice going forward for their careers, I think it does add value.' (PD1)

Some supervisors described having high expectations of students, particularly those who appeared strong and motivated. These students were often rewarded with additional opportunities to pursue research and, in some cases, to act as co-supervisors while still completing their MMed training.

'I tried to meet them, match them and then push them a little bit further ... all of them have [are awarded] second projects.' (NS2)

A frequently cited barrier was fostering student ownership of research projects. Most supervisors were cognisant of the competing demands faced by students, who were required to balance clinical duties, preparation for a predominantly clinical specialist examination and research activities. Consequently, many adjusted their supervisory approaches accordingly. The extent and nature of supervisory involvement were therefore important considerations.

'... They've got to self-drive largely and work out what they need and what they want. I don't spoon-feed them. They largely got to drive it themselves.' (FM5)

'... The student has got multiple competing responsibilities in terms of the clinical space, but for example, so do I ... for example, if we have a one-month deadline and after a month the student said, "I did nothing", that's a big lowlight for me.' (DL4)

Participants also highlighted the importance of aligning student research topics with their own expertise and areas of research.

'Finding myself supervising topics I could not care less about at all, because I was just being kind and said, "Yes". And it's the most boring topics in the world to me.' (LA4)

'... it also doesn't work very well on your research profile if you're all over the place.' (TE5)

The supervisory environment

The interviews also explored participants' perceptions of research supervision in relation to their day-to-day work and whether their work environments supported this research role. Participants reported that supervision was undertaken mainly after hours, with few perceived benefits beyond the possibility of publication. The need for protected research time for staff with joint appointments between the university and the Department of Health was raised as an issue. Most supervisors felt that their capacity for supervision reduced as they advanced in their careers.

'But the expectation is there that me as a joint staff member, I'm supposed to supervise research. But for what, what benefit am I getting for that? It's pure after-hours work, pure weekends and after-hours. What do I get back for doing that work? ... my actual employer views this as something that is inappropriate and wasteful of their time. So, like, my line manager is very discouraging about the thing, and I almost feel like I get into trouble from supervising research. Like I'm being naughty, misbehaving.' (LA4)

Supervisors, especially those working predominantly in clinical rather than academic settings, raised concerns about the lack of clarity surrounding administrative processes and ethics approval procedures. Although recent moves toward electronic systems for managing research proposals and preparing HREC submissions were viewed positively, participants also felt that these systems introduced administrative burdens and bureaucracy. Furthermore, concerns were also raised regarding perceived power imbalances between clinically focused supervisors and academic bodies such as HRECs.

'... you should always have, I want to say, a research assistant or something with you. I don't know whether that's in the form of a co-supervisor, or someone that is a Research Officer, or something that like checks. So, if you're going to submit something to ethics, that does the double-check.' (LA4)

'I feel unnecessarily being difficult, actually sent back the ethics application three times, only got approval on the fourth time, which I think sometimes people just want to show off that they actually "I can tell you No", "I want this to be done in my way"' (PD1)

Participants also raised concerns regarding academic administration. All participants agreed that the MMed programme lacked structure and clearly defined outcomes.

'This heterogeneity in both what students expect from the MMed and what supervisors expect ... we aren't clear about what we value.' (MC3)

‘... the uncertainty around the outcomes of their MMed, or their dissertation, creates a lot of frustration with supervisors and with students; it’s not clear what they are supposed to, what competencies and skills they are supposed to gain from this experience.’ (NS2)

An important characteristic of the supervisory relationship was clear communication and shared decision-making between student and supervisor. However, institutional tools intended to support clear communication, such as the Memorandum of Understanding signed by supervisor and student, were not routinely used and were generally not perceived to add value to the relationship.

‘... the first thing is that the idea, that and we should come up with these ideas together.’ (DL4)

‘... but I think that MOU [Memorandum of Understanding] is, has become a, it’s just a tick-box thing that ends up happening.’ (AB2)

Collectively, these quotes highlight the importance of a supportive supervisory environment, with clear outcomes, shared expectations and open communications between students and supervisors.

Discussion

Emergency Medicine is a relatively new field in SA, and since the introduction of the compulsory research assignment component, MMed graduates have often been expected to assume clinical and research supervisory roles for new trainees almost immediately after qualifying. This study explored their lived experiences of taking on this supervisory role and the challenges associated with it, including the factors that informed their understanding of research supervision and shaped their expectations of students. The intention of this work was to provide insight into how research supervisors may best be supported going forward. Given that the research requirement is common to all MMed programmes, we further believe that these findings may have relevance across various medical specialties.

The HPCSA prioritises the production of contextually relevant research output while also ensuring that students attain research competence.^[1,3] From the perspectives of the research supervisors in this study, the generation of contextually relevant research was a key priority and was closely linked to a sense of responsibility for growing the field of Emergency Medicine. However, participants described a broad range of expectations regarding the purpose of the research assignment and the outcomes that students should achieve. Supervisors also described substantial administrative burden associated with supporting students while ensuring that they reach research competency. These demands were compounded by bureaucratic processes and a lack of student ownership, requiring supervisors to ‘rescue’ students within short timeframes. The burden of administrative overload has been noted in previous work.^[14]

Furthermore, the supervisor’s clinical duties and a perceived lack of support within the clinical environment constrained their supervisory abilities. Concerns regarding supervisory capacity have been raised in the literature^[4] and remain relevant within the field of Emergency Medicine. In this study, research supervision in Emergency Medicine was frequently described as an after-hours activity that received little formal recognition, contributing to the perception that publication represented one of the few tangible rewards.

Participants highlighted the need for improved faculty development to prepare research supervisors. Such initiatives should focus on preparing

individuals by enhancing their understanding of the supervisory role and providing them with the tools needed to facilitate their practice within it. Clearer administrative transparency and a more structured MMed programme may also address some of the logistical challenges. Consideration could be given to developing faculty programmes that support junior supervisors through mentorship. Implementing cohort supervision and strengthening co-supervision strategies^[26,27] may help supervisors and students work toward attaining mutual goals. Furthermore, the development of guidelines that delineate the administrative processes of the MMed, as well as providing clear learning outcomes and resources for both supervisor and student, could support successful completion of the research journey.

Further research is needed to explore institutional factors that influence supervisory development and to inform the content of supervisor training courses. Research exploring students’ perceptions of research assignments and their expected goals may also contribute valuable insights. Incorporating student perspectives into the development of learning outcomes and supervisor development initiatives may promote greater alignment between supervisor and student goals and will likely improve the overall research experience.

Limitations

The Western Cape Emergency Medicine community is small, and members may be able to identify participants from their quotations. However, every effort was made to minimise the risk of identification while remaining true to participants’ responses. Detailed descriptions of their research supervision experience were therefore intentionally kept vague to preserve anonymity. Furthermore, this was a small-scale study conducted within a small training platform in a unique context, which limits the generalisability of these findings to other disciplines and universities. Lastly, it is important to acknowledge that the lead author is an insider researcher within this community, necessitating reflexivity and bracketing to minimise the influence of his assumptions on the research process. This was further mitigated through the involvement of a second author who was external to the context and had no prior assumptions regarding the community or participants’ perspectives.

Conclusion

Although Emergency Medicine in the Western Cape and SA has progressed significantly, research supervisors continue to face multiple challenges. These include limited protected time and recognition within the clinical environment, as well as a lack of shared expectations regarding student outcomes. Supervisors often feel unprepared for the role and describe learning about research supervision while actively undertaking it, quite literally ‘figuring it out as they go’. Future efforts should focus on improving the preparation and support of research supervisors, particularly those working primarily in full-time clinical settings. It is also essential to incorporate students’ perspectives before formalising outcomes and guidelines for research supervisors.

Data availability statement. None.

Acknowledgements. The authors would like to thank the MMed supervisors of the EMCT platform for their time and contributions to this study.

Conflict of interest. None.

Author contributions. HZ developed the research question, conducted the interviews and performed the thematic analysis. SVS provided methodological assistance and oversight and supervised the thematic analysis. Both authors approved the final version of the manuscript.

Funding. None.

- Szabo CP, Ramlall S. Research competency and specialist registration: Quo Vadis? *S Afr Med J* 2016;106(12):1183-1185. <https://doi.org/10.7196/samj.2016.v106.i12.11217>
- Health Professions Council of South Africa. New requirements for the registration of specialists in South Africa. Pretoria: HPCSA, 20 January 2010. https://anaesthetics.ukzn.ac.za/Libraries/Documents2011/HPCSA_Resolution_Re_New_Requirements_for_theRegistration_of_Specialists_in_South_Africa_20_January_2010_sflb.pdf (accessed 3 June 2026).
- Moxley K. The development of research competence among specialist registrars in South Africa: Challenges and opportunities for research education and capacity development. *Afr J Health Prof Educ* 2022;14(1):76-80. <https://doi.org/10.7196/AJHPE.2022.v14i2.1418>
- Aldous CM, Adhikari M, Rout CC. The research component of specialist registration – A question of alligators and swamps? A personal view. *S Afr Med J* 2015;105(1):21-22. <https://doi.org/10.7196/samj.8732>
- Biccard BM, Dyer RA, Swanevelde JL, Coetzee JF, Shafer SL. Is the HPCSA requirement for a research dissertation for specialist registration the best option? *South Afr J Anaesth Analg* 2017;23(4):4-6. <https://doi.org/10.4102/sajaa.v23i4.1364>
- Rodseth R, Wise R, Bishop D. Polluting the well. *South Afr J Anaesth Analg* 2017;23(6):a1361. <https://doi.org/10.4102/sajaa.v23i6.1361>
- Rout CC, Aldous C, Hift RJ. Response to concerns expressed in the journal regarding the HPCSA requirement for registrar (MMed) research. *South Afr J Anaesth Analg* 2018;24(2):48-49.
- Grossman E. How long does it take a registrar to complete the compulsory research project enabling specialist registration? *S Afr Med J* 2019;109(4):254-258. <https://doi.org/10.7196/samj.2019.v109i4.13377>
- Grossman E. Reporting quality of Master of Medicine (MMed) mini-dissertations using the STROBE checklist. *Afr J Health Prof Educ* 2022;14(4):165-170. <https://doi.org/10.7196/AJHPE.2022.v14i4.1594>
- Kisansa ME, Lubinga MH. Strategic and focused solutions to challenges faced by medical postgraduate students in performing research at a South African University. *S Afr J High Educ* 2020;34(2):59-73. <https://doi.org/10.20853/34-2-3666>
- Parrish AG, Grossman ES. But is it publishable? Mastering the MMed message. *S Afr Med J* 2020;110(8):753-755. <https://doi.org/10.7196/SAMJ.2020.v110i8.14770>
- Wallis LA, Garach SR, Kropman A. State of Emergency Medicine in South Africa. *Int J Emerg Med* 2008;1(2):69-71. <https://doi.org/10.1007/s12245-008-0033-3>
- Wen LS, Geduld HI, Nagurney JT, Wallis LA. Perceptions of graduates from Africa's first Emergency Medicine training program at the University of Cape Town/Stellenbosch University. *Can J Emerg Med* 2012;14(2):97-105. <https://doi.org/10.2310/8000.2012.110639>
- Abiddin NZ, Ismail A, Ismail A. Effective supervisory approach in enhancing postgraduate research studies. *Int J Humanit Soc Sci* 2011;1(2):206-217.
- Thanh NC, Thanh TTL. The interconnection between interpretivist paradigm and qualitative methods in education. *Am J Educ Sci* 2015;1(2):24-27.
- McMillan W. Theory in health professions education research: The importance of worldview. In: Cleland JA, Durning SJ, eds. *Researching Medical Education*. 2nd ed. West Sussex: Wiley, 2022:15-23. <https://doi.org/10.1002/9781118838983.ch2>
- Busetto L, Wick W, Gumbinger C. How to use and assess qualitative research methods. *Neurol Res Pract* 2020;2:14. <https://doi.org/10.1186/s42466-020-00059-z>
- Roulston K, Choi M. Qualitative interviews. In: Flick U, ed. *The SAGE Handbook of Qualitative Data Collection*. Los Angeles: SAGE Publications, 2018:233-249. <https://doi.org/10.4135/9781526416070.n15>
- Barbour R. Quality of data collection. In: Flick U, ed. *The SAGE Handbook of Qualitative Data Collection*. Los Angeles: SAGE Publications, 2018:217-230.
- Stahl N, King J. Expanding Approaches for Research: Understanding and using trustworthiness in qualitative research. *J Dev Educ* 2020;44(1):26-28.
- Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3(2):77-101. <https://doi.org/10.1191/1478088706qp0630a>
- Mertens DM. Ethics of qualitative data collection. In: Flick U, ed. *The SAGE Handbook of Qualitative Data Collection*. Los Angeles: SAGE Publications, 2018:33-47.
- Flick U. Triangulation in data collection. In: Flick U, ed. *The SAGE Handbook of Qualitative Data Collection*. Los Angeles: SAGE Publications, 2018:527-544.
- Nadin S, Cassell C. The use of a research diary as a tool for reflexive practice: Some reflections from management research. *Qual Res Account Manag* 2006;3(3):208-217. <https://doi.org/10.1108/11766090610705407>
- Greene MJ. On the inside looking in: Methodological insights and challenges in conducting qualitative insider research. *Qual Rep* 2014;19(29):1-13. <https://doi.org/10.46743/2160-3715/2014.1106>
- van Biljon JA, de Villiers MR. Multiplicity in supervision models: The supervisor's perspective. *S Afr J High Educ* 2013;27(6):1443-1463. <https://doi.org/10.20853/27-6-307>
- Bitzer EM, Albertyn RM. Alternative approaches to postgraduate supervision: A planning tool to facilitate supervisory processes. *S Afr J High Educ* 2011;25(5):874-888. <https://doi.org/10.4314/SAJHE.V25I5>

Submitted 2 May 2025; accepted 20 August 2025.